# Key Points for ACGME Resident Survey

**IMPORTANT: This is a high stakes survey on which investigatory site visits and accreditation decisions are based.**

* No individual responses are given to the program, program directors, faculty members, Sponsoring Institutions, or the Review Committees.
* The aggregated data will be part of the data considered by the accreditation site visitor and the Review Committee for the purposes of determining the need for an investigatory site visit or an accreditation decision.
* There may be additional questions specific to a survey taker’s specialty and level of training.
* The **yes/no** questions are **not** included in the program means and their purpose is to obtain statistics about the program.
* Think about the **entire year**, not just the last few days/weeks when responding

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| Clinical Experience and Education |
| Areas of Requirement:* 80 hours per week
* 1 day free in 7
* In-house call every 3rd night (this does not pertain to night float)
* 14 hours free after 24 hours of in-house call
* 8 hours between clinical experience and educational work hours
 | Reasons for exceeding requirements:* Patient needs
* Paperwork
* Additional educational experience
* Covering someone else’s work
* Night float
* Schedule conflict
* Other
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| Faculty |
| * Sufficient supervision
* Appropriate level of supervision
 | * Faculty and staff interested in residency education Faculty and staff create an environment of inquiry
* Sufficient instruction
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| Evaluation |
| * Able to access evaluations
* Opportunity to evaluate faculty members
* Satisfied that program uses evaluations to improve
 | * Satisfied that evaluations of faculty are confidential
* Satisfied with feedback after assignments
* Opportunity to evaluate program
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| Educational Content |
| * Education compromised by excessive reliance on non-physician obligations (transport, scheduling other than continuity clinic)
* Instructed how to manage fatigue (discussed fatigue management at orientation, at mid-year review)
* Supervisors delegate appropriately
* Satisfied with opportunities for scholarly activities
 | * Provided data about practice habits (provided patient data at your mid-year review)
* Appropriate balance between education and other clinical demands
* See patients across a variety of settings
* Provided goals and objectives for assignments
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| Resources |
| * Access to reference materials
* Provided a way to transition care when fatigued (Jeopardy call can be used)
* Satisfied with process to deal with problems and concerns (multiple pathways for resolving issues/concerns)
* Residents/fellows can raise concerns without fear
* Education compromised by other trainees (other trainees create a rich training environment)
 | * Use electronic medical records in hospital (Y/N)
* Use electronic medical records in ambulatory settings (Y/N)
* Electronic medical records integrated across settings (Y/N)
* Electronic medical records effective in daily clinical work
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| Patient Safety and Teamwork |
| * Culture reinforces patient safety responsibility
* Tell patients of respective roles of faculty members and residents
* Work in interprofessional teams
 | * Effectively work in interprofessional teams
* Information lost during shift changes or patient transfers
* Participated in quality improvement or patient safety activities
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| Wellness Questions  |
| * Not part of the Survey; data are being gathered for baseline data; will **not** be used for accreditation purposes
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