A Look at the ACGME Resident Survey: 
Challenges and Opportunities

AHME October 2016 Webinar

Susan Guralnick, MD  
Chair, Transitional Year Review Committee

Cheryl Gross, MA, CAE  
Executive Director,  
Transitional Year Review Committee
DISCLOSURE

Susan Guralnick, MD

- Chair, Transitional Year Review Committee
- DIO, Winthrop University Hospital
  Associate Dean of GME and Student Affairs
  Winthrop Clinical Campus
  Stony Brook University School of Medicine
- Practicing pediatrician
- Member of the Working Group for Pediatric Milestones

Cheryl Gross, MA, CAE

- ACGME Staff Member
OBJECTIVES

- Discuss the evolution and purpose of the ACGME resident survey
- Present outcomes data for the ACGME survey for transitional year residencies compared to other programs
- Review strategies that may lead to success in areas such as review of practice habits in a preliminary program
- Address selected pre-submitted questions about the resident survey
PurposE of the Resident Survey

- Broaden resident input into the accreditation process
- Monitor clinical education and compliance with common program requirements
- Enhance site visit interviews
- Provide the Review Committee and ACGME with more information about programs and institutions
RESIDENT SURVEY HISTORY

- 2004 – 2006  1/3 of all programs with > 4 residents
- 2007 – 2008  1/2 of all programs with > 4 residents
- 2009  All programs with > 4 residents
  *Questions slightly revised based on comments*
- 2010  All programs with > 4 residents
  *Questions slightly revised based on comments*
RESIDENT SURVEY HISTORY

- **2011** Significant Revisions
  - Duty Hours
  - Question rewording
  - Additional teamwork-related questions

- **Since 2011**
  - **No changes**, to allow for historical tracking and reporting
RESIDENT SURVEY CONTENT

Five Domains:

- Duty Hours
- Faculty
- Evaluation
- Educational Content
- Resources
**Duty Hours**

- No more than 80 hours per week
- 1 day free in 7
- In-house call no more than 1 every 3 nights
- Night float no more than 6 consecutive nights
- 8 hours between duty periods
- Continuous hours scheduled
Reasons for exceeding duty hours

- Patient needs
- Paperwork
- Additional educational experience
- Cover someone else’s work
- Night float
- Schedule conflict
- Other
RESIDENT SURVEY CONTENT

FACULTY

- Sufficient Supervision
- Appropriate Level of Supervision
- Sufficient Instruction
- Faculty and staff Interest in Residency Education
- Faculty and staff create an Environment of Inquiry
RESIDENT SURVEY CONTENT

EVALUATION

- Able to Access Evaluations
- Opportunity to Evaluate Faculty members
- Satisfied that Evaluations of Faculty are Confidential
- Opportunity to Evaluate Program
- Satisfied that Evaluations of Program are Confidential
- Satisfied that program Uses Evaluations to Improve
- Satisfied with Feedback after Assignments
Resident Survey Content

Educational Content

- Provided goals and objectives for assignments
- Instructed how to manage fatigue
- Satisfied with opportunities for scholarly activities
- Appropriate balance for education
- Education (not) compromised by service obligations
- Supervisors delegate appropriately
- Provided data about practice habits
- See patients across a variety of settings
RESIDENT SURVEY CONTENT

RESOURCES

- Access to reference materials
- Informational ONLY (not required for compliance):
  - Use electronic medical records in hospital
  - Use electronic medical records in ambulatory setting
  - Electronic medical records integrated across settings
- Electronic medical records effective
- Provided a way to transition care when fatigued
RESIDENT SURVEY

RESOURCES

- Satisfied with the process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear
**Resident Survey Content**

**Patient Safety / Teamwork**

- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement
- Information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams
RECEIVING THE SURVEY RESULTS

Resident
- At least 70% resident/fellow response rate
- At least 4 residents/fellows have responded

Faculty
- At least 60% of faculty have responded
Caveats

- Small programs
  - One or two concerned residents can affect results (RC’s are well aware of this, and take this into consideration)
  - Confidentiality is more challenging

- Transitional Year
  - A single rotation may adversely affect overall program evaluation

- One Year Programs
  - Survey results can change markedly from year to year (RC’s are well aware of this, and take this into consideration)
WHAT THE SURVEY IS

- One of a number of NAS indicators which provides the RC insight into the health of a program

- A snapshot of resident perception of the program at a given point of time
**WHAT THE SURVEY IS NOT**

- A full picture of what is going on in a program
- May not be currently accurate
  - For longer residency programs, may represent residents’ previous concerns which are remembered but no longer true
  - For shorter programs (*especially 1 year programs*), may not be reflective of current resident perspectives
PREPARING RESIDENTS FOR THE SURVEY

- Provide an introduction and Q&A session for residents
  - Explain survey purpose
  - Answer clarifying questions
- Explain that specific complaints should be addressed outside of the survey
- Generally, it is helpful if someone other than the PD conducts this information session
PREPARING RESIDENTS FOR THE SURVEY

Remind residents of:

- Confidentiality of survey
- Duty Hours
- Availability of Goals & Objectives
- Resources and Systems Available for support
- Remind about Information provided during Orientation
PREPARING RESIDENTS FOR THE SURVEY

DO NOT !!!

Do Not tell residents that a bad survey will result in program closure

- This, by itself, is Not True
PREPARING RESIDENTS FOR THE SURVEY

There are no “practice” surveys available.

The specific questions are not available to programs, partly to avoid “coaching”.

A question was raised about adding a comment box for residents to clarify answers

This is not practical due to issues of confidentiality.

Many specialties have specific clinical experience questions that can add clarity.
WHAT THE RC LOOKS FOR IN THE SURVEY

▪ “Hot” Items
  ▪ Alone or in combination
    
    Example: “Residents can raise concerns without fear”
    AND
    “Satisfied with process to deal with problems and concerns”

▪ Trends – Up? Down? Zig-Zag?

▪ Correlation with other indicators
  
  Example: Was there significant faculty attrition which may have negatively impacted the residents’ perception of the program?

▪ Program Director’s statement in Major Changes
WHAT WILL THE RC DO WITH A CONCERNING SURVEY?

Review Committee evaluates each program individually

POTENTIAL ACTIONS:

- **Areas for Improvement** – concern raised, suggestions for next steps
- **Citation** – significant areas of concern, or persistent downward trend
- **Site Visit** – significant drop over previous year, usually along with other concerning indicators
READING THE REPORT

- **PDF Format**
  - *Program means*
  - *National means across All Specialties*

- **Separate PDF Report**
  - *Specialty-specific report, with specialty specific means*
  - *PDF format*

- **NEW! Excel format!**
  - *Program Means*
  - *National Means*
    - Overall averages across all specialties
READING THE SURVEY

Survey taken: January 2014 - February 2016
Residents Surveyed: 17
Residents Responded: 16
Response Rate: 94%

Program Means at a glance

Duty Hours

Reasons for exceeding duty hours:
- Patient needs: 31%
- Paperwork: 33%
- Additional Ed. Experience: 0%

Faculty
READING THE SURVEY
READING THE SURVEY
READING THE SURVEY

2015-2016 ACGME Resident Survey - page 1

Survey taken: January 2016 - February 2016

Residents Surveyed: 17
Residents Responded: 16
Response Rate: 94%

Program Means at-a-glance

<table>
<thead>
<tr>
<th>Program</th>
<th>Very Compliant</th>
<th>Very Noncompliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>4.6</td>
<td>3.6</td>
</tr>
<tr>
<td>Faculty</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Evaluation</td>
<td>4.2</td>
<td>4.2</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.3</td>
<td>4.3</td>
</tr>
<tr>
<td>Resources</td>
<td>4.0</td>
<td>4.0</td>
</tr>
<tr>
<td>Patient Safety/Teamwork</td>
<td>3.6</td>
<td>3.6</td>
</tr>
</tbody>
</table>

Residents' overall evaluation of the program

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Very negative</th>
<th>Negative</th>
<th>Neutral</th>
<th>Positive</th>
<th>Very positive</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0%</td>
<td>6%</td>
<td>6%</td>
<td>58%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Program Mean vs National Mean

<table>
<thead>
<tr>
<th>Theme</th>
<th>% Program Compliant</th>
<th>Program Mean</th>
<th>% National Compliant</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>75%</td>
<td>3.9</td>
<td>94%</td>
<td>4.7</td>
</tr>
<tr>
<td>1 day free in 7</td>
<td>100%</td>
<td>4.9</td>
<td>97%</td>
<td>4.8</td>
</tr>
<tr>
<td>In-house call every 3rd night</td>
<td>100%</td>
<td>5.0</td>
<td>99%</td>
<td>5.0</td>
</tr>
<tr>
<td>Night float no more than 6 nights</td>
<td>100%</td>
<td>4.9</td>
<td>99%</td>
<td>5.0</td>
</tr>
<tr>
<td>8 hours between duty periods (differs by level of training)</td>
<td>75%</td>
<td>4.0</td>
<td>97%</td>
<td>4.7</td>
</tr>
<tr>
<td>Continuous hours scheduled (differs by level of training)</td>
<td>75%</td>
<td>4.3</td>
<td>97%</td>
<td>4.8</td>
</tr>
</tbody>
</table>

Reasons for exceeding duty hours:

- Patient needs: 31%
- Cover someone else's work: 19%
- Paperwork: 38%
- Night float: 13%
- Additional Ed. Experience: 0%
- Schedule conflict: 6%
- Other: 6%

Faculty

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Sufficient supervision</th>
<th>% Program Compliant</th>
<th>Program Mean</th>
<th>% National Compliant</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>56%</td>
<td>3.6</td>
<td>92%</td>
<td>4.3</td>
</tr>
</tbody>
</table>

© 2016 ACGME
# Reading the Survey

## 2015-2016 ACGME Resident Survey - page 1

Program - Transitional year

### Survey taken: January 2016 - February 2016

- Residents Surveyed: 17
- Residents Responded: 16
- Response Rate: 94%

### Program Means at a Glance

<table>
<thead>
<tr>
<th>Program/Category</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Compliant</td>
<td>4.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Very Noncompliant</td>
<td>4.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Duty Hours</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Faculty</td>
<td>3.9</td>
<td>3.7</td>
</tr>
<tr>
<td>Evaluation</td>
<td>4.2</td>
<td>4.5</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Resources</td>
<td>4.3</td>
<td>3.6</td>
</tr>
<tr>
<td>Patient Safety/Teamwork</td>
<td>4.4</td>
<td>4.4</td>
</tr>
</tbody>
</table>

### Duty Hours

<table>
<thead>
<tr>
<th>Period</th>
<th>Program Compliant</th>
<th>Program Mean</th>
<th>National Compliant</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>80 hours</td>
<td>75%</td>
<td>3.9</td>
<td>94%</td>
<td>4.7</td>
</tr>
<tr>
<td>1 day free in 7</td>
<td>100%</td>
<td>4.9</td>
<td>97%</td>
<td>4.8</td>
</tr>
<tr>
<td>In-house call every 3rd night</td>
<td>100%</td>
<td>5.0</td>
<td>99%</td>
<td>5.0</td>
</tr>
<tr>
<td>Night float no more than 6</td>
<td>100%</td>
<td>4.9</td>
<td>99%</td>
<td>5.0</td>
</tr>
<tr>
<td>8 hours between duty periods (differs by level of training)</td>
<td>75%</td>
<td>4.0</td>
<td>97%</td>
<td>4.7</td>
</tr>
<tr>
<td>Continuous hours scheduled (differs by level of training)</td>
<td>75%</td>
<td>4.3</td>
<td>97%</td>
<td>4.8</td>
</tr>
</tbody>
</table>

## Reasons for exceeding duty hours:

- Patient needs: 31%
- Paperwork: 38%
- Additional Ed. Experience: 0%
- Other: 6%

- Cover someone else’s work: 19%
- Night float: 13%
- Schedule conflict: 6%
- Other: 6%
READING THE SURVEY
WHAT WILL THE RC DO WITH THE INFO FROM MY SURVEY?

POTENTIAL ACTIONS

Each Review Committee reviews each program individually

- **Area(s) for Improvement**
  Suggestions for possible next steps for the program

- **Citations**
  Significant areas of concern or multiple years trending downward

- **Site Visit**
  Significant drop over previous year or combination of a number of indicators
EXAMPLE: WHAT DID THE RC DO?

Site Visit
HOW SHOULD MY PROGRAM USE THE RESIDENT SURVEY DATA?

- Review with the Program Evaluation Committee (PEC)
- Review areas of concern with current residents
  
  **Clarification**
  
  Seek specific information about areas of concern
  
  Are there particular rotations that are problematic?

- Communicate to RC what improvements were made!!
  
  Use the “Major Changes” section in ADS to inform the RC about how the program is addressing concerns, especially about high-stakes items (e.g., Duty Hours)
  
  Don’t let the RC think nothing’s being done to improve!
WHAT CAN A PROGRAM DO FOR CONCERNS IN THE FACULTY “BUCKET”?  

- Faculty Development Workshops  
- Mentoring  
- Training on provision of feedback  
- Training on teaching methods  
- Resources  
  - Faculty development opportunities (program requirement)  
  - GME Office  
  - Dean’s Office
WHAT CAN A PROGRAM DO FOR CONCERNS IN THE EVALUATION “BUCKET”?

- Review current feedback process
- Review evaluation methods with residents to clarify concerns
- Faculty development regarding the provision of feedback
- PEC review of available data and evaluation of the process
- Document improvements made in response to concerns
- Confidentiality concerns – Consider pooling rotation and faculty evaluations, collect them once or twice a year
WHAT CAN A PROGRAM DO FOR CONCERNS IN THE EDUCATIONAL CONTENT “BUCKET”? 

- Evaluate time available for research
  - Protected? Scheduled in the curriculum?

- Evaluate balance between education and service
  - Are residents/fellows performing clerical duties, transport duties?
  - Do fellows understand what “service” does and does not include?

- Continuous Quality Improvement
  - Evaluate quality of didactics/educational methods on an ongoing basis

- Faculty mentorship
  - Need faculty to mentor residents/fellows
  - Need mentors to mentor the faculty
WHAT CAN A PROGRAM DO FOR CONCERNS IN THE RESOURCES “BUCKET”? 

- Dealing with problems confidentially
  - Institutional resources / GME office

- Dealing with problems without fear of intimidation or retaliation
  - Resident-only meetings
  - Institutional resources / GME office
WHAT CAN A PROGRAM DO FOR CONCERNS IN THE PATIENT SAFETY “BUCKET”? 

- Provide opportunities to work in Interprofessional Teams
  - Ensure that residents/fellows know what this includes
    - Tumor Board
    - Case conferences
    - Combined Grand Rounds
    - QM or QI teams
    - Etc...

- Provide training on appropriate Transitions of Care
- Patient Safety training and resources
Programs should **actively present** to resident/fellows some data regarding their individual practice habits

**A “Dashboard” of data relevant to their field**
Review with resident/fellow data that have been collected on measurable clinical activities:

- Adherence to disease-specific standard protocols
  - Rate of Flu shots given to diabetic or asthmatic patients
- Number of tests ordered
- # Studies read
- Patient Safety surveys
- Productivity (e.g., the number of patients/cases seen, or number of procedures performed)

Discuss progress towards achievement of programmatic goals:

How does this progress compares with that of his or her peer group of residents/fellows.
Pathology Has Opportunity in their Milestones

PC4: Reporting: Analyzes data, appraises, formulates, and generates effective and timely reports (AP)

Level 2 is aware of accepted standards for turn-around time

Level 3 completes routine preliminary and final reports within standards for turn-around time

Level 4 completes complicated preliminary and final reports within standards for turn-around time
ANOTHER EXAMPLE FROM PATHOLOGY

PC6: Procedure: Intra-operative consultation/frozen sections:
Demonstrates attitudes, knowledge, and practices that enables proficient performance of gross examination, frozen section (analysis and appraisal of findings, synthesis and assembly, and reporting) (AP)

Level 3 -

is able to perform high quality intra-operative consultation/frozen section/intra-operative cytology (IOC/FS) on technically difficult and multiple specimens; performs IOC/FS within turn-around time standards
How can we improve results for “Provided data about practice habits”?

- Discuss with the resident during the semiannual evaluation meeting

- PD should explicitly state that within that review, the resident’s progress on specific practice habits will be discussed
**Resident Survey Success Stories**

- **Increased communication** –
  
  Create opportunities for program input throughout training year
  
  - Regular meetings with Residents/Fellows
  
  - Regular meetings with Faculty

- **Increase overall morale**
  
  Take action on concerns – Even small changes in response to concerns is effective
Resident Survey Success

- How was this achieved?
  - DIO met with fellows
  - DIO met with Division Head
  - DIO met with Division Head and PD together
  - Program made changes in response to fellow concerns
  - Fellows
RESIDENT SURVEY RESOURCES

- General Resident Survey Information
  - Program FAQs
  - Content Areas
  - Levels of Training Guide
  - Key Terms
  - Duty Hours FAQ
Questions?