Riding the Wave: Interpreting and Correcting Trends on the ACGME Resident/Fellow Survey

Christina A. Wilson, MD, PhD

Jacqueline A. Hobbs, MD, PhD

Disclosures

- Session Title: Riding the wave: Interpreting and correcting trends on your annual ACGME survey

- Speakers: Christina A. Wilson, MD, PhD and Jacqueline A. Hobbs, MD, PhD

- **None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.**

Learning Objectives

Identify common problems and trends noted on the annual ACGME resident/fellow/faculty surveys

Determine the issues underlying survey trends and concrete solutions to address them

Illustrate survey problems, trends, and solutions using case-based examples

Introductions

UF HEALTH

GME

A LITTLE BIT ABOUT

US ...

UF Health Graduate Medical Education (GME)

➢Over 140 Programs

➢Over 1000 residents and fellows

➢5 hospitals cities, 3 cities, 2 times zones

UF Health Shands Hospital

UF Health Shands Children's Hospital

UF Health Heart and Vascular Hospital

UF Health Cancer Hospital

UF Health at The Villages

UF Health at Sacred Heart

Christina A. Wilson, MD, PhD

- University of Florida Neurology Residency Program Director since 2015
  - Inherited "a problem" - multiple downtrends on ACGME survey, resident attrition, site visit
- Vascular Neurology Fellowship PD since 2016
- Neurology Associate Chair of Education since 2018

- UF GME Institutional Program Review Committee member since 2015
- American Academy of Neurology PD Mentor since 2019

Jacqueline A. Hobbs, MD, PhD

- Psychiatry Program Director X13 yrs
  - 44 residents (11 per year)
  - University Hospital and VAMC
- Vice Chair for Education X9 years
- Chair, Institutional Program Review Committee X9 years
- Associate DIO X4 years

- 2010 5-Year Site Visit/PIF
- Helped start Geriatric Psychiatry and Addiction Medicine programs
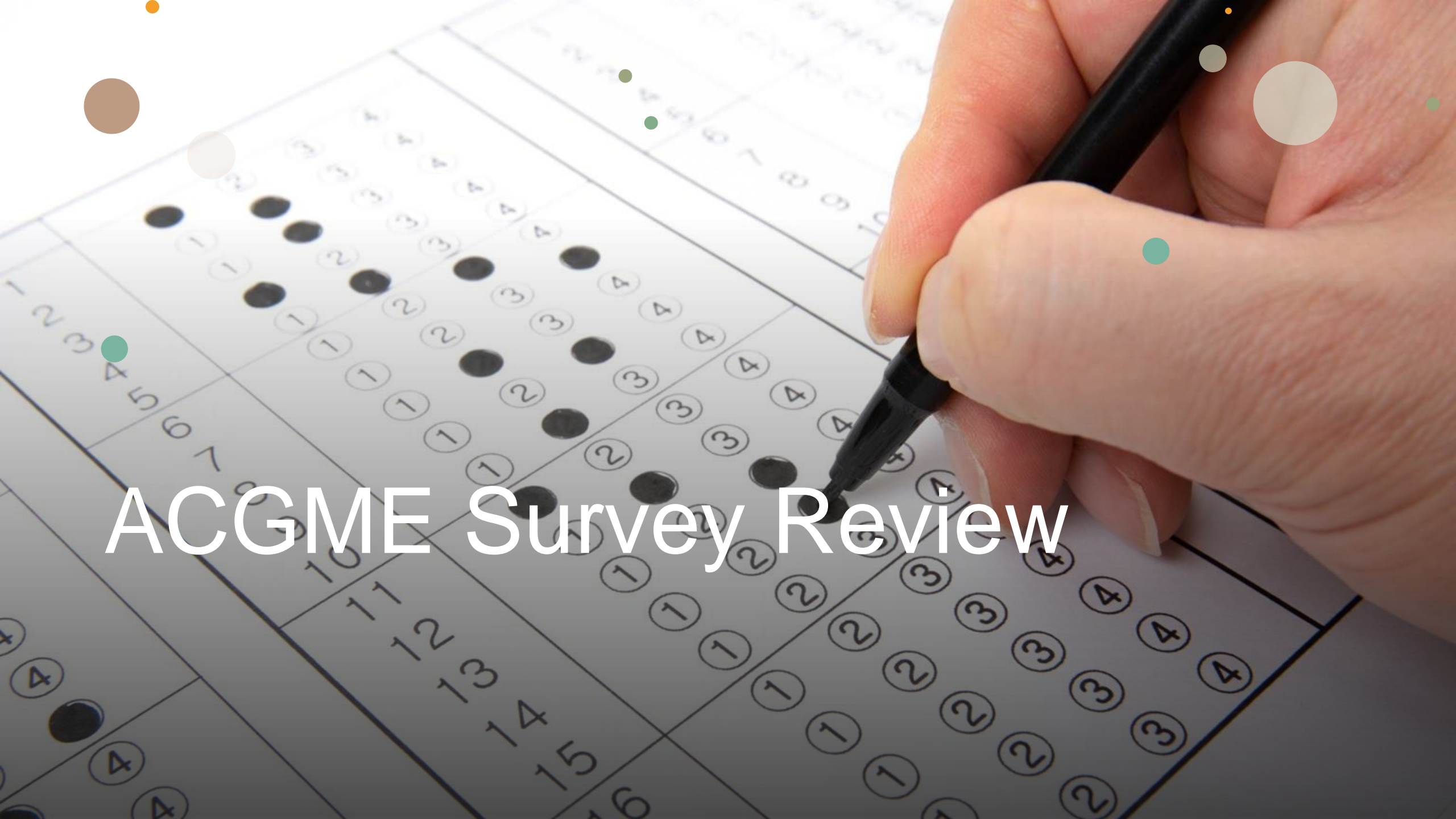- Has been riding the survey wave for many years!

We've seen a lot of ACGME Surveys!

How to NOT Wipe Out!

ACGME Survey Review

Survey structure

Released every spring (January-April), 8 weeks to complete

Program is responsible for monitoring completion rate

Who participates?

- All residents/fellows
- Subspecialty programs: all faculty members (physician and non-physician)
- Specialty programs: only those faculty members indicated as "Core Faculty" on the Faculty Roster will participate (physician and non-physician)
  - Confirm that faculty member information is up to date on the "Faculty" tab in ADS

The program director is not surveyed

Completion requirements

Required completion rate for both the Resident/Fellow and Faculty Survey is **70 percent**.

- Programs failing to meet this threshold will not receive reports and will be flagged as non-compliant for the Review Committees.

Programs that have fewer than four people scheduled to participate may receive aggregated reports, using multiple years of program survey data.

- Multiyear surveys often released later in the year!

Set yourself up for success!

An ounce of prevention...

1. Communicate

- Faculty and trainees
- Why is this survey important?
  - Accreditation
  - *Program improvement*

Dear all,

It's that time of the year again! If you are receiving this email, you are considered a core faculty member for our residency program and will receive a separate email directly from the ACGME to evaluate our program. Please take the time to complete this expeditiously. We need 100% participation.

These surveys are very important for continued accreditation of our program. Please fill them in honestly, with the caveat that I would hope that if there are major concerns you will/have brought them directly to my attention so that we have the opportunity to address them.

2. What will they ask?

- Program directors do not have access to the survey BUT you have...
  - Last year's survey
  - List of topics (ACGME.org)

Resident/Fellow Survey:

- Accessing the Resident/Fellow Survey (residents/fellows only) »
- FAQs for Programs (Resident/Fellow Survey) »
- Question Content Areas (Resident/Fellow Survey) »
- Resident/Fellow Survey-Common Program Requirements Crosswalk »

Faculty Survey:

- Accessing the Faculty Survey (faculty members only) »
- FAQs for Programs (Faculty Survey) »
- Question Content Areas (Faculty Survey) »
- Faculty Survey-Common Program Requirements Crosswalk »

Questions about these surveys or navigating the Accreditation Data System (ADS) should be sent to ADS@acgme.org. Residents/fellows and faculty members who are seeking login information for their survey can click here to Receive a Survey Reminder, and should use their email address and the program's 10-digit ACGME program code to request this information.

Resident survey content areas

Clinical Experience and Education

- 80 hours per week
- Four or more days free in 28 day period
- Taken in-hospital call
- Taken in-hospital call more than every third night
- Less than 14 hours free after 24 hours of work

- More than 28 consecutive hours work
- Adequately manage patient care within 80 hours
- Pressured to work more than 80 hours
- Additional responsibilities after 24 consecutive hours of work

Faculty Teaching and Supervision

- Faculty members interested in education
- Faculty effectively creates environment of inquiry
- Appropriate level of supervision

- Appropriate amount of teaching
- Quality of teaching received
- Extent increasing responsibility granted

Evaluation

- Able to access evaluations
- Opportunity to evaluate faculty members

- Opportunity to evaluate program
- Satisfied with faculty members' feedback

Educational Content

- Instruction on scientific inquiry principals
- Opportunities for research participation
- Taught about health care disparities
- Education in assessing patient goals
- Instruction on maintaining physical and emotional well-being

- Instruction on minimizing effects of sleep deprivation
- Program instruction in when to seek care regarding:
  - Fatigue and sleep deprivation
  - Depression
  - Burnout
  - Substance abuse

Diversity and Inclusion

- Preparation for interaction with diverse individuals
- Program fosters inclusive work environment
- Diverse resident/fellow recruitment and retention

Resources

- Education compromised by non-physician obligations
- Impact of other learners on education
- Provided direct clinical patient care
- Time to interact with patients
- Appropriate balance between education and patient care
- Time to participate in structured learning activities
- Able to attend personal appointments
- Access to mental health counseling or treatment
- Satisfied with safety and health conditions
- Faculty members discuss cost awareness in patient care decisions

Patient Safety and Teamwork

- Culture emphasizes patient safety
- Know how to report patient safety events
- Information not lost during shift changes or patient transfers
- Interprofessional teamwork skills modeled or taught
- Participate in adverse event analysis
- Process to transition care when fatigued

Professionalism

- Faculty members act professionally when teaching
- Faculty members act professionally when providing care
- Residents/fellows comfortable calling supervisor with questions
- Able to raise concerns without fear or intimidation
- Satisfied with process for problems and concerns
- Experienced or witnessed abuse
- Process in place for confidential reporting of unprofessional behavior

Overall

- Overall evaluation of the program
- Overall opinion of program

Faculty survey content areas

Faculty Teaching and Supervision

- Program director effectiveness
- Faculty members committed to educating
- Faculty members satisfied with process for evaluation as educators

- Sufficient time to supervise residents/fellows
- Performance as educator evaluated at least once per year

Educational Content

- Learning environment conducive to education
- Residents/fellows instructed in cost-effectiveness

- Residents/fellows prepared for unsupervised practice

Diversity and Inclusion

- Efforts to recruit diverse residents/fellows
- Program fosters inclusive work environment
- Efforts to retain diverse residents/fellows

- Participated in efforts to recruit diverse:
  - Faculty members; residents; fellows; other GME staff; pre-residency learners, including medical students

Resources

- Satisfied with professional development and education
- Workload exceeded residents'/fellows' available time for work

- Participated in activities to enhance professional skills in:
  - Quality improvement and patient safety
  - Practice-based learning and improvement
  - Fostering residents'/fellows' well-being
  - Fostering own well-being
  - Education
  - Contributing to an inclusive clinical learning environment

Patient Safety and Teamwork

- Know how to report patient safety events
- Culture emphasizes patient safety
- Effective teamwork in patient care
- Information not lost during shift changes or patient transfers
- Interprofessional teamwork skills modeled or taught
- Residents/fellows participate in adverse event analysis
- Process to transition care when residents/fellows fatigued

Professionalism

- Satisfied with process for problems and concerns
- Experienced or witnessed abuse
- Residents/fellows comfortable calling supervisor with for questions
- Faculty members act unprofessionally
- Process for confidential reporting of unprofessional behavior

Overall

- Overall evaluation of the program

3. Define confusing terms

- "Taken in-house call more than every third night"

- "Education compromised by non-physician obligations"

4. Remind/update about program activities

Prior training
- How to report patient safety events
- Instruction on minimizing effects of sleep deprivation
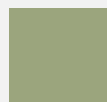
Resources
- Access to mental health
- Contacts for raising concerns

Review prior year's survey and action plans/accomplishments

"Behind the scenes"
- List trainee scholarly activity/QI projects
- Diversity/inclusion efforts

5. How is it scored?

- Overall metrics:
  - Percent of responses that are "compliant"
  - Program mean response

"Compliant"

Strongly Agree (5)
Agree (4)
Neutral (3)
Disagree (2)
Strongly Disagree (1)

"Non-compliant"
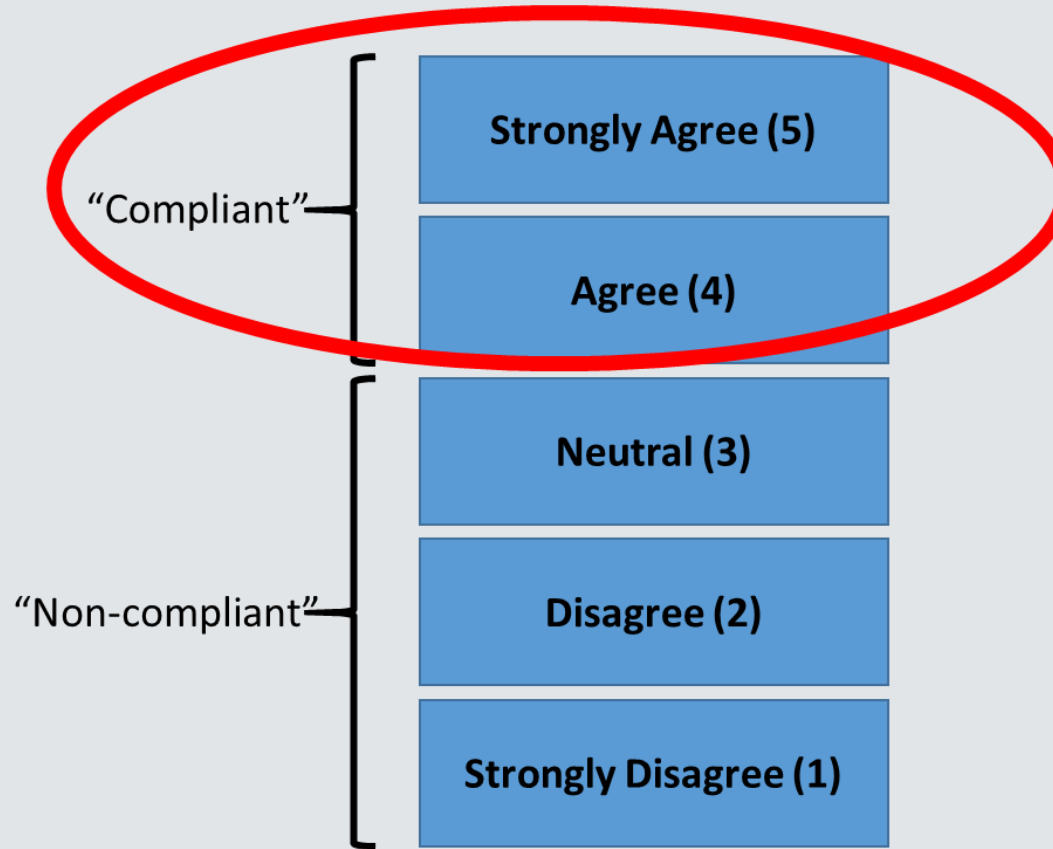
"Not influencing your vote, but rather providing you with information to ensure that your **selection** matches your **intention**"

6. Approach with positivity

- All programs have opportunities for improvement
- "Let's show the ACGME how great our program is!"
- Thank the faculty and residents for participation

Results!

Residents' overall evaluation of the program

0%	0%	6%	9%	84%
Very negative	Somewhat negative	Neutral	Somewhat positive	Very positive
1	2	3	4	5

▲ Program Mean   ▲ National Mean
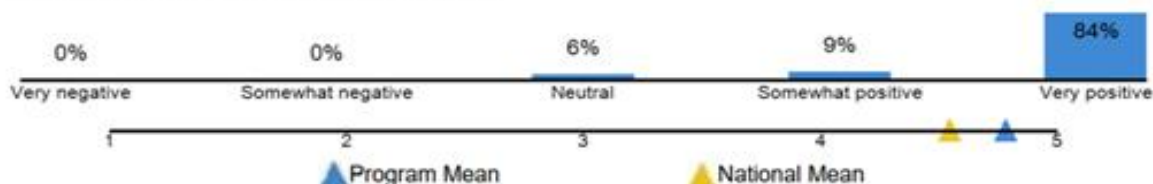
Residents' overall opinion of the program
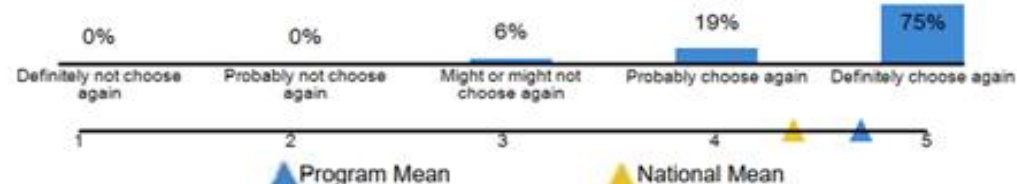
0%	0%	6%	19%	75%
Definitely not choose again	Probably not choose again	Might or might not choose again	Probably choose again	Definitely choose again
1	2	3	4	5

▲ Program Mean   ▲ National Mean

Resources

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Education compromised by non-physician obligations	91%	4.6	87%	4.4	88%	4.4
Impact of other learners on education	88%	4.2	92%	3.8	89%	3.7
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	81%	4.3	71%	3.9	80%	4.1
Faculty members discuss cost awareness in patient care decisions	97%	3.9	87%	3.4	90%	3.5
Time to interact with patients	97%	4.4	85%	4.2	89%	4.3
Protected time to participate in structured learning activities	78%	4.3	75%	4.1	85%	4.3
Able to attend personal appointments	91%	4.6	89%	4.6	92%	4.7
Able to access confidential mental health counseling or treatment	97%	4.9	94%	4.8	95%	4.8
Satisfied with safety and health conditions	94%	4.6	86%	4.4	88%	4.5

Professionalism

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Residents/fellows encouraged to feel comfortable calling supervisor with questions	100%	4.8	87%	4.4	89%	4.5
Faculty members act professionally when teaching	97%	4.8	92%	4.6	92%	4.6
Faculty members act professionally when providing care	97%	4.8	96%	4.7	96%	4.7
Process in place for confidential reporting of unprofessional behavior	100%	5.0	85%	4.4	86%	4.4
Able to raise concerns without fear of intimidation or retaliation	97%	4.6	79%	4.1	78%	4.2
Satisfied with process for dealing confidentially with problems and concerns	91%	4.5	75%	4.0	76%	4.1
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	100%	4.9	92%	4.7	94%	4.7
Witnessed abuse, harassment, mistreatment, discrimination, or coercion	97%	4.8	92%	4.6	93%	4.6

Patient Safety and Teamwork

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Information not lost during shift changes, patient transfers, or the hand-over process	88%	4.2	84%	4.1	85%	4.2
Culture reinforces personal responsibility for patient safety	100%	4.6	87%	4.3	90%	4.4
Know how to report patient safety events	100%	5.0	96%	4.8	96%	4.8
Interprofessional teamwork skills modeled or taught	91%	4.5	74%	4.0	78%	4.2
Participate in adverse event investigation and analysis	75%	4.0	75%	4.0	77%	4.1
Process to transition patient care and clinical duties when fatigued	81%	4.3	88%	4.5	90%	4.6

Faculty Teaching and Supervision

	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
Faculty members interested in education	94%	4.7	85%	4.4	85%	4.4
Faculty effectively creates environment of inquiry	94%	4.8	83%	4.3	83%	4.3
Appropriate level of supervision	94%	4.7	90%	4.7	92%	4.7
Appropriate amount of teaching in all clinical and didactic activities	75%	4.3	81%	4.5	81%	4.5

When you get a "bad" survey...

It's hard not to take it personally.

...you will take it personally.

Take a moment or two to process before responding.

Remember that one person is not solely responsible for a program's success or failure. The entire faculty, including the chair, is responsible.

Survey response

Address promptly

Transparency – trainees, faculty, PEC, chair

Act on "outliers"

- Self-defined or institutionally-defined
  - <85% compliance
  - Mean <4.0
  - 15% below specialty average

Interpreting survey results in the context of your training program

Look for patterns...

- Consistencies
  - Across similar questions
  - Trends from one year to another
  - Trends across institution
- Inconsistencies – specific issue or poor question understanding?

Overall low responses – global dissatisfaction with *something* (may not be program-related)

- Think about <u>communication</u>!

Some issues *may* be external to program

- Sufficient time to supervise residents/fellows
- Learning environment conducive to education
- Satisfied with process for problems and concerns
- Workload exceeded residents'/fellows' available time for work
- Culture emphasizes patient safety

Potential red-flag results

Globally low results, or low overall evaluation of the program

Low program compliance on...

- Faculty/trainee effectiveness:
  - Faculty interested in education/create environment of inquiry
  - Program director effectiveness
  - Residents/fellows prepared for unsupervised practice
- Health and safety conditions
- Professionalism
  - Experienced or witnessed abuse
  - Faculty members act professionally
- Process for change
  - Process for confidential reporting of unprofessional behavior
  - Raise concern without fear or retaliation

Gather more data

Fireside Chats

Small/Focus/Breakout Groups

Annual Program Evaluation

Chief Residents

Residents: "The Letter"

- Anne Champeaux (USF)
- "What were the residents **really** thinking?"
- Chiefs collate anonymous written feedback from all residents
  - Residents participate in dialogue without being identified/singled out
- Provides written documentation
  - Resident acknowledgement that non-compliance was related to misunderstanding the question, lack of knowledge of program policies
- Uncensored resident feedback on how to fix genuine problems

Online Anonymous Comment Box

Internal follow-up survey

Another Program Director or GME Staff

Objective point of view

Can maintain confidentiality/anonymity

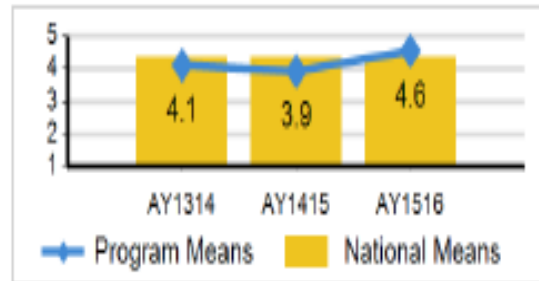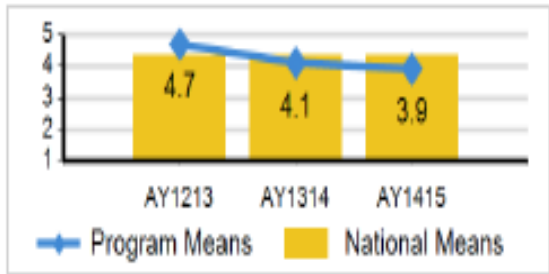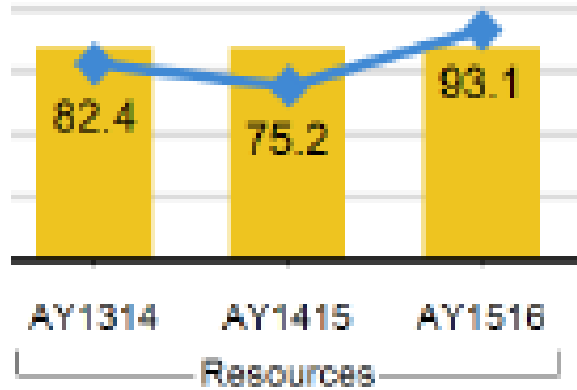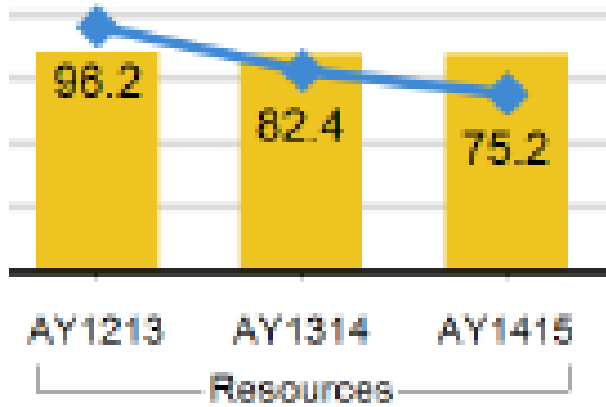Can "see/hear" things that internal can't

"Trusted"

What about the faculty survey?

Chair

PEC/small group review

Core faculty internal survey

External reviewer (non-program faculty, GME/DIO)

Example 1:
Residents can raise concerns without fear of intimidation or retaliation

Fear of intimidation: Differential diagnosis

Faculty – program (all, one), ancillary specialties

Program leadership

Senior residents/fellows

Feedback and evaluation process: disconnect between verbal/written feedback, confidentiality concerns

Inherent lack of transparency of remediation process

Concern that complaints will result in being labeled "the problem resident"

Confidentiality breaches

Institutional "fear" – may be reflected in faculty as well

Example 2:
Faculty effectively creates an environment of inquiry

Faculty Teaching and Supervision
%
C

Faculty members interested in education
Faculty effectively creates environment of inquiry
Appropriate level of supervision
Appropriate amount of teaching in all clinical and didactic activities
Quality of teaching received in all clinical and didactic activities
Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability

"Environment of inquiry": Differential diagnosis

What does this mean?	Trend with other survey items:	Faculty issues	Departmental/institutional issues
• Cardiology program: • Fellows: faculty encourage asking 'why', do not embarrass or intimidate • Faculty: faculty encourage pursuit of knowledge through literature review and research by fellows • J Am Coll Cardiol. 2017, 69: 2517	• Faculty teaching • Faculty members interested in education • Appropriate amount of teaching • Quality of teaching received • Fear/intimidation, faculty professionalism questions • Scholarly activity, opportunities for research	• Burnout • Protected teaching/rounding time	• Service obligations, census • Lack of opportunities for scholarly activity

Identifying causes...

- Resident feedback - how did the residents interpret this question and what are their suggestions for improving it?
  - Group discussion
  - Chief discussion/summary
  - Internal survey

Internal survey – directed questions

- 1) Do you feel that the residency as a whole promotes an environment of inquiry? (yes/no, no=move to question 5)
- 2) Which inpatient clinical services do NOT promote an environment of inquiry? (select all that apply)
- 3) Which outpatient rotations do NOT promote an environment of inquiry? (select all that apply):
- 4) Please list 1-2 **specific and realistic** suggestions to better promote an environment of inquiry: (*free text*)

Tapping resources to make change

Buy-in is key!

- Be transparent and intentional about change – say it loud and often
  - Residents
  - Core faculty
  - Program evaluation committee
- Resources
  - Core faculty
  - Department chair
  - GME office
  - Other departments, institution
  - Finances (institution but also consider philanthropy, prior graduates)

Example: "Environment of inquiry"

- Problem: Consult service is too busy, residents perceive limited teaching on rounds

- Resources?
  - Extra resident (resident buy-in)
  - Extra faculty to split into multiple services (chair, faculty support)
  - Rotators (other departments, programs)
  - Non-teaching service (chair, faculty, institutional support)
  - Advanced practice providers (chair, institutional support)
  - Protected teaching time (faculty, chair, resident buy-in)

Example: "Environment of inquiry"

- Problem: Residents perceive limited opportunities for research

- Resources...
  - Connect residents with research faculty (Research Blitz introductions, journal club)
  - Research curriculum/support
  - Dedicated research elective time (faculty and resident support)
  - Formal research expectations (eg longitudinal research project for graduation, annual Research Day)
  - Funding for projects, conference travel (philanthropy, prior graduates, faculty)

- **S**pecific
- **M**easurable
- **A**chievable
- **R**elevant
- **T**ime-Bound

SET SMART GOALS

•Reference: Doran G. There's a S.M.A.R.T. way to write management's goals and objectives. Management Review. 1981;70(11):35-6.

SMART Goals for Survey Issues

- Personal SMART goal: I will do 5 1-minute mindful moments of focusing on my breath daily for 1 week and track on my Apple watch app.

- Raise concerns without fear: Appoint and institute an ombudsperson (from outside the department) by July 1, 2022. Evaluate effectiveness by December 15, 2022.

- Creating an environment of inquiry:

  - Department will assign a second faculty member to the Consult service beginning July 2022. Evaluate resident perception of effectiveness by September 1.

  - Program will hold a Research Forum in May 2022 during which all departmental faculty will provide a brief summary of ongoing projects available to residents.
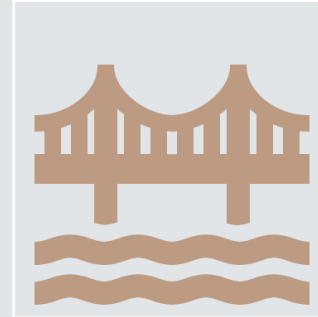
Things to keep in mind
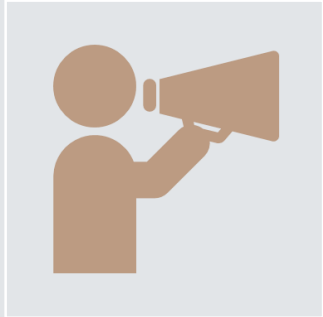
"Bad" survey—don't panic

Use it to take a deep dive into the issues and your program

Use it to advocate for the resources and support you need to continuously improve

Share updates frequently – and before the next survey cycle!

We've all been there at some point. We're all just riding the wave!

Evaluation and Thank you!

- This concludes our presentation. Be sure to complete the evaluation for this session to receive CME credit. **Thank you for attending today's session.**