

TACKLING THE ACGME SURVEY

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Disclaimer

- I'm a program director (15 years experience)
- I am not speaking on behalf of the ACGME nor any of its Residency Review Committees
- The following material is to assist programs in navigating, not ensuring, a successful Annual ACGME Resident and Faculty Survey
- No financial disclosures
- It is what it is.....

ACGME Survey

- ANNUAL ANONYMOUS REQUIRED survey rendered by the ACGME to all residents/fellows and CORE faculty (January-June)
- “Additional method” used to monitor GME and provide early warning of potential non-compliance with ACGME accreditation standards

Next Accreditation System (NAS)

- Programs are accredited ANNUALLY (continuous accreditation)
 - No more 3, 4, or 5 year cycles
 - No more Program Information File (PIF)
- RRCs ANNUALLY look at program data

What Data is Reviewed?

- All Data in WEB ADS (ACGME data base)
 - # residents, #faculty, changes in numbers, PD
 - Scholarly activity
 - Response to questions (safety, QI, supervision, duty hours, responses to previous citations)
- ACGME case logs
- **ACGME faculty and resident survey data**
- Board pass rate and % of residents/fellows who took the boards

Few notes

- SAME survey distributed to ALL programs (not specialty specific)
 - Does create some issues how various questions are interpreted
 - Practice Habits – Pathology RRC started to “ignore” this questions as majority of ALL pathology programs are “flagged”

ACGME Faculty and Resident/Fellow Survey

- Two components
 - COMPLIANCE
 - Resident: 70% completion rate
 - Faculty 60% completion rate
 - SURVEY RESULTS
 - Program mean, trends year to year within program
 - Program mean vs. national mean

Just a little more information....

- Resident Survey Reports – When at least 70% of a program's residents/fellows have completed the survey and at least 4 residents/fellows have responded, reports will be available annually. For those programs with less than 4 residents/fellows who meet the 70% compliance rate, reports will only be available on an aggregated basis after at least 3 years of survey reporting has taken place.
- Faculty Survey Reports – When at least 60% of a program's faculty members have completed the survey and at least 3 faculty members have responded, reports will be available annually. For those programs with less than 3 faculty members scheduled to participate who meet the 60% compliance rate, reports will only be available on an aggregated basis after at least 3 years of survey reporting has taken place.

Need to know who is getting the survey.....

- Residents/Fellows
 - CAN adjust for residents on LOA
- Faculty
 - Physicians only
 - CORE
 - Program Director

Core Faculty Check

- Do this ANNUALLY
 - Faculty come/go, roles change
- Core vs. Non-Core
- ACGME survey distributed to CORE faculty, physicians
- Need to balance
 - Competency and teaching abilities/capabilities
 - Compliance with evaluations/SURVEY
 - Scholarly Activity
 - RRC requirements

Faculty Ratio	
Reduced Ratio	
Physician Faculty / Residents:	1.0 : 0.3
Core Physician Faculty / Residents:	1.0 : 0.5
Actual Ratio	
Physician Faculty / Residents:	51 : 15.0
Core Physician Faculty / Residents:	28 : 15.0
Program Director is not included in core faculty	

In case you forget...on the website...

- Who will be scheduled to complete the survey?
- Not all faculty members will be scheduled to complete the survey. Physician faculty members will be surveyed based on their level of involvement in the program. The program director will always be surveyed. Non-Physician faculty members (as indicated on your program's faculty roster) will NOT be surveyed. Ensure your faculty members' information is up to date on the Faculty tab within the Accreditation Data System (ADS).

How hard can it be to get to 60-70%???

- Does take some effort
- USF has had a program in prior years with failure to comply with completion rate
- Failure is worthy of program citation

TACKLING COMPLETION

- Programs receive EMAIL notification of survey window
- It is the PROGRAM's responsibility to notify residents, fellows, faculty
 - Dr. Anne Champeaux,
 - The following program has been scheduled to complete the ACGME **Faculty** Survey:
 - Pathology-anatomic and clinical program, University of South Florida Morsani Program - [3001131078]
 - Survey begins: March 9, 2015
 - Survey deadline: April 12, 2015 at 11:59pm CST
 - Scheduled faculty: 29
 - Required response rate: 60% (*programs with fewer than three scheduled faculty must obtain 100%*)
 - *Programs are responsible for notifying and reminding faculty members. The ACGME DOES NOT contact survey takers directly.*
 - To view the faculty members that are scheduled in your program, log into the [Accreditation Data System \(ADS\)](#). Click the "Overview" tab and locate the "Faculty Survey" section. Click "View" to access your list of scheduled survey takers and their default login information (*only accessible during your survey window*).

Tips and Tricks

- Communication, communication, communication...
 - Emails: Use READ RECEIPT. May have to knock on doors for those folks who “don’t read email”
- Make it a competition.
 - First to 100% gets.....
- SET TIME ASIDE
- Use of part of department meeting, resident didactic time, work into clinic schedule
- Make adjustments in Web-ADS if necessary BEFORE window starts (residents on LOA, sabbaticals, *legitimate* adjustments)
- Monitor compliance

- Dr. Anne Champeaux,
- This is a reminder that the following program has been scheduled to complete the ACGME Faculty Survey:
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- Survey begins: March 9, 2015
- Survey deadline: April 12, 2015 at 11:59pm CST
- **Current response rate: 51.0% - [15] completed of [29] scheduled**
- Required response rate: 60% (*programs with fewer than three scheduled faculty must obtain 100%*)
- *Programs are responsible for notifying and reminding faculty members. The ACGME DOES NOT contact survey takers directly.*

Don't....

- Single out folks
 - ACGME lists assigned pending surveys
- Use non-compliance for negative feedback (evaluations, milestones, disciplinary actions)
- Assume your coordinator will take care of this
 - PROGRAM DIRECTOR RESPONSIBILITY
- Remember: Make completion of the survey into a POSITIVE experience

MONITOR COMPLIANCE AS A PROGRAM QUALITY INDICATOR

- Ensure compliance rate is reviewed and discussed as part of the ANNUAL PROGRAM REVIEW

ANNUAL PROGRAM REVIEW

- PROGRAM QUALITY*****
 - SURVEY COMPLIANCE RESIDENTS
 - SURVEY RESULTS
- RESIDENT PERFORMANCE
- FACULTY DEVELOPMENT*****
 - SURVEY COMPLIANCE FACULTY
 - SURVEY RESULTS
- GRADUATE PERFORMANCE

Winding up the survey....

- Thank residents and faculty for participation
- Positive buy-in (Use the survey to show the ACGME how fantastic the program is...rather than how many problems the program has....)
 - EVERY PROGRAM HAS PROBLEMS AND AREAS FOR IMPROVEMENT

PRE-SURVEY “INSTRUCTIONAL COACHING”

- Coaching...NOT COAXING.
- It can't hurt. I may not help.
- Sit personally (if you can) with residents and faculty
- You can't tell them HOW to answer the question, but you CAN explain HOW your program accomplishes the intent of the question
- No longer have sample survey
 - Use last year survey
 - Use categories from ACGME website
 - Use glossary of terms
- Make a “cheat sheet”
- Distribute scholarly activity and QI activities

SURVEY CONTENT

- DUTY HOURS – go over definitions, show new innovation data
- FACULTY EVALUATION- go over your evaluations (when, how many, what evaluations are ANONYMOUS)
- EDUCATION CONTENT -
- RESOURCES- Note improvements especially
- PATIENT SAFETY – training modules, meetings, actual practice (time outs, call-backs)
- TEAMWORK – List the teams (multidisciplinary tumor boards, multidisciplinary rounds with nursing, nutrition, pharmacy, committee work)
- PRACTICE HABITS- set aside time “today we are going to discuss practice habits”, give a form “this is the data on your practice habits”

UNDERSTAND THE DEFINITIONS: ACGME Definitions

- 1) RESIDENT/FELLOWS LEVEL OF TRAINING
- 2) DUTY HOUR DEFINITIONS

Resident/Fellow Levels of Training as Defined by Specialty

Specialty / Subspecialty Name	Beginning Level	Intermediate Level	Final Years of Training
Ophthalmology	PGY-1	PGY-2 and PGY-3	PGY - 4
Ophthalmic Plastic and Reconstructive Surgery	None	None	All
Orthopaedic surgery	PGY-1	PGY-2 and PGY-3	PGY-4 and above
Orthopaedic surgery subspecialties	None	None	All
Otolaryngology	PGY-1	PGY-2 and PGY-3	PGY-4 and PGY-5
Otolaryngology subspecialties	None	None	All
Pathology-anatomic and clinical	PGY-1	PGY-2	PGY-3 and PGY-4
Pathology subspecialties	None	None	All
Pediatrics	PGY-1	PGY-2	PGY-3
Pediatric subspecialties	None	None	All
Physical medicine and rehabilitation	PGY 1 (for those programs with PGY 1 designates)	PGY-2 and PGY-3	PGY-4
Physical medicine and rehabilitation subspecialties	None	None	All
Plastic surgery	None	None	All

Scholarly Activity Cheat Sheet

Resident	Peer-reviewed Pubs	Non-peer-reviewed pubs	Abstracts	Ongoing Projects	QI Project
Seifert, R	<p>1) Seifert RP, Agosti SJ, Accomando JD, and Jukic D. <u>Crystal cryoglobulinemia</u> in a Patient with Underlying Monoclonal Gammopathy, of Undetermined Significance. ASCP Case Reports – publication <u>accepted</u>.</p> <p>2) Seifert RP, Bulkeley W 3rd, Zhang L, Menes M, Bui MM. A practical approach to diagnose soft tissue myeloid sarcoma preceding or coinciding with acute myeloid leukemia. <u>Ann Diagn Pathol</u>. 2014 Aug;18(4):253-260.</p>		<p>1) R Seifert, L Sokol, and L Zhang. <u>Unicentric and Multicentric Castleman's Disease</u> in HIV-negative patients: A Case Series. United States and Canadian Academy of Pathology, San Diego, California, March 3, 2014.</p> <p>2) R Seifert, E Sagatys, MM Bui, L Zhang. Lessons Learned From A Case Of Incidental Composite Small Lymphocytic Lymphoma and Sarcoidosis. College of American Pathologists meeting, Orlando, Florida, October 13, 2013.</p> <p>3) R Seifert, L Zhang. Rare Clinical Scenario: Aggressive Plasma Cell Myeloma Presenting With Breast <u>Plasmacytoma</u> In A 28-year-old Woman. College of American Pathologists meeting, Orlando, Florida, October 13, 2013.</p>	<p>Bennett AE, Nyanda H, Seifert R, Braue J, Haura E, Fenske NA, Messina J, and Lien MH. <u>Papular palmar granuloma annulare</u> clears with treatment of synchronous metastatic lung <u>adenocarcinoma</u>. <u>Journal of Thoracic Oncology</u> – submission <u>pending</u>.</p>	<p>1) Assisted in setting up new Hgb-A1c machine at JAHVA. Presented PPT at Tues conference regarding parts of the project.</p> <p>2) Made a web-app (work in progress) to help pathologists triage <u>epithelioid</u> soft tissue tumors.</p> <p>3) Assisted in bringing a controls issue regarding intra-operative IHC for breast cancer SNL touch prep at MCC to light</p>
Zibadi, S	<p>1) Zibadi S, Sexton WJ, Bui MM, Dhillon J. A large <u>polypoid</u> mass of the bladder: A diagnostic dilemma. <u>OA Case Report</u>, 2014 Jan 18;3(1):2.</p> <p>2) Zibadi S, Myers C, Stephenson C, Muro-Cacho C, Bui MM. Gastric leiomyoma with inclusions bodies. ASCP case report, 2014, SP14-8.</p> <p>3) Zibadi S, Coppola D. Review of Surgical and Molecular Pathology of Barrett's Esophagus, <u>Cancer Control</u>, Accepted for publication, 2014.</p>		<p>1) Zibadi S, Sexton WJ, Bui MM, Dhillon J. A large <u>polypoid</u> mass of the bladder: A diagnostic dilemma. 1st annual Moffitt Pathology Symposium, Clearwater, FL, 2014.</p> <p>2) Zibadi S, Shibata D, Coppola D. <u>Versican</u> in colonic adenocarcinoma: a late event in cancer progression. CAP Annual Meeting, Chicago, IL, 2014.</p> <p>3) Zibadi S, Dhillon J, Ghayouri M. SALL4 expression in gastrointestinal and pancreatic adenocarcinoma and hepatocellular carcinoma: an <u>immunohistochemical</u> study. ASCP Annual Meeting, Tampa, FL, 2014.</p>		
Gibbs, J				<p>1) EBV-associated <u>plasmacytoma</u>. We did a case submission to the SH-EAHP and will be writing it up with review of literature as soon as</p>	<p>With Dr Sagatys and Carolina Moreno: CMML diagnosis criteria and factors that affect prognosis and treatment</p>

DEFINITIONS..not always straight forward.....

- EVALUATION:
- A **confidential** evaluation by a resident means that resident responses cannot be identified. Many data collection systems can identify who has and has not responded and this does not compromise confidentiality. (???ANONYMOUS)
- Residents must have access, upon request, to their current and previous performance evaluations in electronic or hard copy.
- The program must use the results of the residents' assessment of the program, together with other program evaluation results, to improve the program.

Up to this point...

- Make sure your program data is up to date
- You were notified of your survey window
- Provide instructional “coaching”
- Distribute survey log-in instructions
- Monitor compliance

Sit and wait.....

- Results sent via electronic mail.
- Results are posted in ACGME (survey results)
- Results are accessible to GME office (institutional oversight)

What do I do?

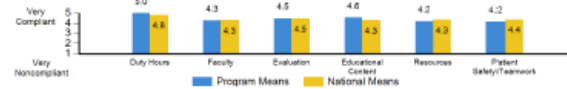
- 1) Look at resident survey
- 2) Look at the faculty survey
- 3) Survey results are REVIEWED annually in conjunction with PROGRAM EVALUATION COMMITTEE and ANNUAL PROGRAM REVIEW

*Set your own benchmarks (% , trend, etc)

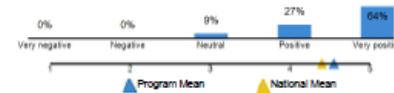
Annual Program Review

- REQUIRED FOUR AREAS
 - Resident Performance
 - Program Quality *****
 - Survey
 - Faculty Development*****
 - Survey
 - Graduate Performance

Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours



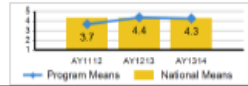
- 80 hours
- 1 day free in 7
- In-house call every 3rd night
- Night float no more than 5 nights
- 8 hours between duty periods (differs by level of training)
- Continuous hours scheduled (differs by level of training)

Reasons for exceeding duty hours:

Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	0%
		Other	0%

	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	5.0	95%	4.7
1 day free in 7	100%	5.0	98%	4.9
In-house call every 3rd night	100%	5.0	100%	5.0
Night float no more than 5 nights	100%	5.0	99%	5.0
8 hours between duty periods (differs by level of training)	100%	5.0	97%	4.7
Continuous hours scheduled (differs by level of training)	100%	5.0	97%	4.8

Faculty



- Sufficient supervision
- Appropriate level of supervision
- Sufficient instruction
- Faculty and staff interested in residency education
- Faculty and staff create environment of inquiry

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	91%	4.3	92%	4.3
Appropriate level of supervision	100%	4.7	96%	4.6
Sufficient instruction	91%	4.0	96%	4.2
Faculty and staff interested in residency education	100%	4.3	85%	4.3
Faculty and staff create environment of inquiry	82%	4.1	79%	4.1

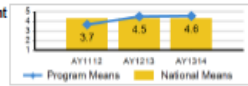
Evaluation



- 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

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	99%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	5.0
Satisfied that evaluations of faculty are confidential	91%	4.2	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	91%	4.4	96%	4.3
Satisfied that program uses evaluations to improve	82%	4.0	73%	4.0
Satisfied with feedback after assignments	73%	3.9	71%	3.9

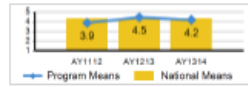
Educational Content



- 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 variety of settings

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	95%	4.8
Instructed how to manage fatigue	100%	5.0	93%	4.7
Satisfied with opportunities for scholarly activities	100%	4.5	76%	4.0
Appropriate balance for education	100%	4.5	81%	4.2
Education (not) compromised by service obligations	100%	4.3	71%	3.9
Supervisors delegate appropriately	100%	4.4	99%	4.6
Provided data about practice habits	73%	3.9	59%	3.4
See patients across variety of settings	100%	5.0	95%	4.8

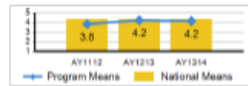
Resources



- Access to reference materials
- Use electronic medical records in hospital*
- Use electronic medical records in ambulatory settings*
- Electronic medical records integrated across settings*
- Electronic medical records effective
- Provided a way to transition care when fatigued
- Satisfied with process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear

	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	96%	4.9
Use electronic medical records in ambulatory settings*	100%	5.0	95%	4.8
Electronic medical records integrated across settings*	100%	5.0	81%	4.5
Electronic medical records effective	100%	4.2	94%	4.0
Provided a way to transition care when fatigued	55%	3.2	80%	4.2
Satisfied with process to deal with problems and concerns	82%	4.1	80%	4.1
Education (not) compromised by other trainees	100%	4.7	91%	4.5
Residents can raise concerns without fear	82%	4.0	80%	4.2

Patient Safety/Teamwork



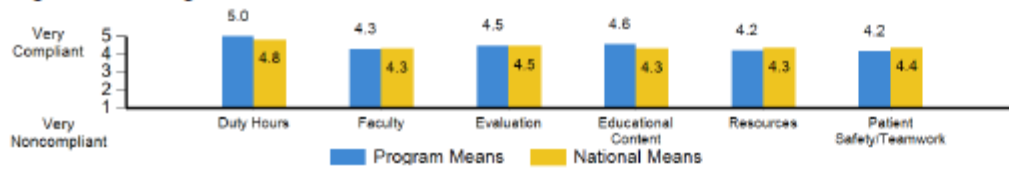
- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams

	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.4	99%	4.5
Culture reinforces patient safety responsibility	100%	4.5	99%	4.5
Participated in quality improvement information (not) lost during shift changes or patient transfers	94%	3.5	83%	4.3
Work in interprofessional teams	100%	4.5	97%	4.0
Effectively work in interprofessional teams	82%	3.6	98%	4.6
Effectively work in interprofessional teams	91%	4.3	99%	4.3

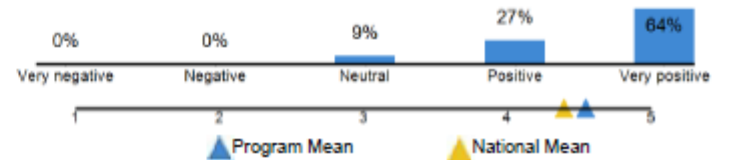
Total Percentage of Compliance by Category



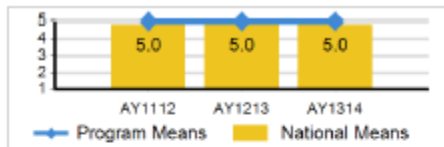
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

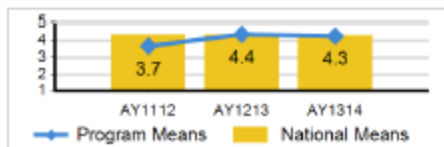


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1 day free in 7	100%	5.0	98%	4.9
In-house call every 3rd night	100%	5.0	100%	5.0
Night float no more than 8 nights	100%	5.0	99%	5.0
8 hours between duty periods (<i>differs by level of training</i>)	100%	5.0	97%	4.7
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Reasons for exceeding duty hours:

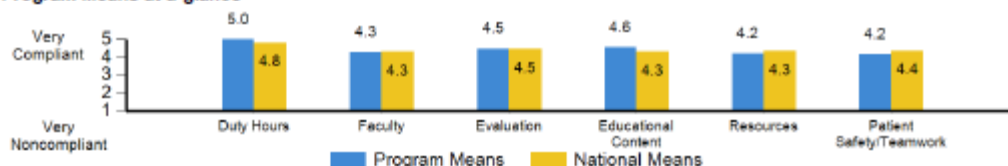
Patient needs	0%	Cover someone else's work	0%
Paperwork	0%	Night float	0%
Additional Ed. Experience	0%	Schedule conflict	0%
		Other	0%

Faculty

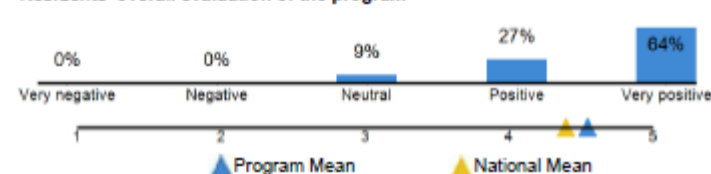


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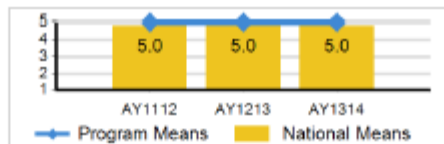
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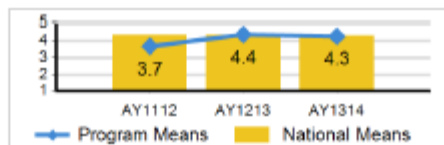
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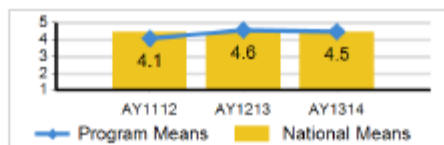
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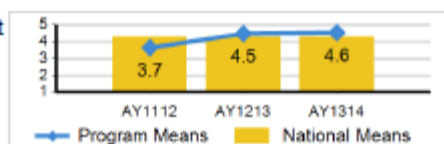
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Appropriate balance for education	100%	4.5	81%	4.2
Education (not) compromised by service obligations	100%	4.3	71%	3.9
Supervisors delegate appropriately	100%	4.4	99%	4.6
Provided data about practice habits	73%	3.9	58%	3.4
See patients across variety of settings	100%	5.0	95%	4.8

Resources



- Access to reference materials

	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0

Need to decide what to do with the information

- Act sooner than later
- Act on “outliers” (less than 80%, below National mean, etc..)
- Ideas:
 - Make command decisions/change policies
 - PEC meeting/ ad hoc PEC meeting
 - Develop Action Plan
 - “The Letter”
 - Develop Action Plan based on response

“The Letter”

- Resident driven
- Resident signed
- Include and file with surveys, annual program review data
- Immediate documentation
- Creates the dialogue with the intent not to single out anyone
- “What were the residents really thinking?”

The Letter.....

- Dear Dr. Champeaux,
- The results of our ACGME anonymous resident survey was discussed both at a resident meeting and over an email thread dated 7/15/2014 with all program residents. The specific survey items addressed included (1) “Satisfied with feedback of assignments,” (2) “Provided data about practice habits,” (3) “Provided a way to transition care when fatigued,” and (4) “Participated in Quality Improvement.” Residents were given a week to provide feedback. The issues were addressed as follows:
- 1. No specific issues were identified; however some residents have expressed frustration with the paper Medical Autopsy and Frozen Section evaluation forms to me in the past. If these forms can be transitioned to electronic they may be easier to distribute and collect. Also some residents in general feel the volume of evaluations is too great.
- 2. During the feedback period, one resident told me she marked this low because she did not understand what it meant. Frankly, I am not sure what it means. Do they mean about our own practice habits during our rotations? If so, we now have mid-rotation and mid-month eval forms to correct poor habits early.

- Use “The Letter” to guide what the responses *REALLY* meant (at least in the eyes of the responders)
- Gives some documentation to explain low percentages for misunderstanding the question, resident confusion, lack of knowledge of program content, procedures or policies
- Gives ideas on potentially to correct non-compliance areas from a resident point of view

FACULTY SURVEY DATA

- Due to the nuisances of USF, I have left review under the PEC/APE
- Single institution – chair more influential (protected time, etc***)
- Remember: Who is your core faculty? Core faculty buy-in
- Could also create “the letter” led by another faculty member

USF DATA

In the end...

- It is a SURVEY
- Internet surveys more likely to incur negative responses than telephone or in person
- Margin of error (not given and ALL surveys have margin of error)
- Early warning of potential non-compliance. A low score may or may not mean you are in non-compliance. Don't freak out!

If you get an ACGME letter...

- Don't panic
- You may be in compliance..they just need further information based on survey
- If asked (and only if asked), respond PROMPTLY with a WELL constructed letter. (have another program director read it)
- Send letter VIA GME office
- Remember “areas of concern” on accreditation letter DO NOT require responses (though your own INTERNAL response or response to GME/DIO should be advised)...only citations require responses

Questions

- achampea@health.usf.edu
- Brainstorm with other program directors
- www.acgme.org
- Contact your RRC

