Resident Survey Key Terms and Content Areas

Duty Hours

Duty Hours include all clinical care, in-house call, night and day float, and transfer of patient care. For call from home, only the hours spent in the hospital are counted.

Scheduled duty periods are those assigned within the institution, encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

In-house call are duty hours in addition to the regular resident work day that are spent within a sponsoring or participating institution so that residents are immediately available, as needed, for clinical duties. In-house call does NOT include night float, being on call from home, nor regularly scheduled overnight duties. Residents in their beginning year of training (see Attachment 1) should not be assigned in-house call.

Night float is a rotation designed to eliminate in-house call or assist other residents during the night. Night "shift" assignments in specialties such as Emergency Medicine are not considered night float.

When the word "should" is used (as in residents **should have 10 hours,** and must have eight hours, free of duty), **should** indicates that patient care or an educational justification must be offered when the rest period is shorter than 10 hours.

After 24 hours on duty, PGY2 residents and above (see Attachment 1) may spend up to 4 hours to transfer care, but **may not care for new patients, attend continuity clinic, or participate in new surgical procedures**.

Faculty

Faculty is defined as individuals with a formal assignment by the residency program to teach resident/fellow physicians.

Supervising Physicians are either faculty members or more senior residents who have been designated by the program director as the supervisor of a junior resident.

Faculty members or more senior residents functioning as **supervising physicians** should delegate portions of care to those being supervised, based on the needs of the patient and the skills of the residents.

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.

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.**

Educational Content

Education about alertness management and fatigue mitigation means that residents and faculty learn about sleep loss and fatigue that may adversely affect patient safety, and about ways to mitigate it, including use of bright lighting, movement and caffeine or strategic napping.

Fatique Management is both the recognition (by either a supervisor or the resident him or herself) of resident fatigue that may adversely affect patient safety and the enactment of a solution to mitigate the fatigue.

One measure of a **balance of service and education** is that programs avoid routine reliance on residents to carry out activities that do not require a physician.

Residents should be provided with information such as surveys or comparative data to **promote self-monitoring** and to improve their clinical skills.

Supervision of assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

Resources

An **integrated** electronic medical record (EMR) system is one system used across inpatient and ambulatory settings. An institution with a separate ambulatory EMR or one without an EMR for ambulatory care does NOT have an integrated EMR system.

An **effective** EMR system allows residents to perform clinical activities such as accessing history and diagnostic information, ordering tests, and managing and updating patient care records.

A residency program's **process for dealing confidentially with problems or concerns** most likely is described in the program or institutional handbook for residents.

Programs must have a process in place to **ensure continuity of care i**n the event that a resident may be unable to perform his/her duties due to fatigue.

Patient Safety

Residents are expected to be integrated into and actively participate in clinical **quality improvement and patient safety** initiatives within their program or sponsoring institution.

Transition of care is the process of relaying complete and accurate patient information between individuals or teams when transferring responsibility for patient care in the healthcare setting.

Residents and Faculty should inform patients of their **respective roles** in each patient's care.

Programs must design clinical assignments to minimize the number of **transitions in care.**

Teamwork

An **interprofessional team** is a team made up of physicians and other health professionals appropriate to delivery of care in the specialty. A team made up solely of physicians is not an interprofessional team. Teams may include residents, fellow, faculty, and other clinical support personnel such as nurses, pharmacists, case workers, and dieticians.

ACGME Resident Survey Content Areas

All information you provide about your current program will be saved anonymously. No individual responses will be given to your program, your program director, your faculty, your institution, or the Residency Review Committee. The summarized data will be a part of the information considered by the accreditation site visitor and the Residency Review Committee for the accreditation of the program and sponsoring institution. Summary data from this survey may be used to inform ACGME policy decisions at the national level. Summary data and other information about programs, institutions, resident physicians or resident physician education which is not identifiable by person or organization may be published in a manner appropriate to further the quality of GME and consistent with ACGME policies and with law.

The survey will take approximately 20 minutes to complete. You may also be asked additional questions that are specific to your specialty and level of training.

Duty Hours

Areas in which ACGME rules were broken:	*Reasons for exceeding duty hours (if noted):*
80 hours per week	Patient needs
1 day free in 7	Paper work
In-house call every 3rd night	Additional educational experiences
8 hours between duty periods *(differs by level of training)*	Cover someone else's work
Continuous hours scheduled *(differs by level of training)*	Night float
Night float duty no more than 6 nights	Schedule conflict
	Other

Faculty

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

Evaluation

Able to access evaluations	Satisfied that evaluations of program are confidential
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	

Educational Content

Provided goals and objectives for assignments	Education compromised by service obligations
Instructed how to manage fatigue	Supervisors delegate appropriately
Satisfied with opportunities for scholarly activities	Provided data about practice habits
Appropriate balance for education	See patients across variety of settings

Resources

Access to reference materials	Provided a way to transition care when fatigued
Use electronic medical records in hospital	Satisfied with process to deal with problems and concerns
Use electronic medical records in ambulatory setting	Education compromised by other trainees
Electronic medical records integrated across settings	Residents can raise concerns without fear
Electronic medical records effective	

Patient Safety/Teamwork

Culture reinforces patient safety responsibility	Tell patients of respective roles of faculty and residents
Work in interprofessional teams	Participated in quality improvement or patient safety activities
Effectively work in interprofessional teams	Information lost during shift changes or patient transfers

Overall evaluation of program

Overall evaluation of the program

Resident/Fellow Levels of Training as Defined by Specialty

Residents, if you have any questions about your year in training, please consult with your Program Director.			
Specialty / Subspecialty Name	**Beginning Level**	**Intermediate Level**	**Final Years of Training**
Allergy and immunology	None	Those in their first year who come to residency with a specialized education schedule.	All who do not have a specialized education schedule.
Anesthesiology	CBY	CA-1, CA-2, CA-3, CA-4 and those who _have not_ yet achieved the goals and objectives of all core rotations or fulfilled all minimum case requirements.	Those who _have_ completed all core rotations and fulfilled all minimum case requirements.
Anesthesiology subspecialties	None	None	All
Colon and rectal surgery	None	None	All
Dermatology	PGY 1 (for those programs with PGY 1 designates)	First year (PGY-2) and Second Year (PGY-3)	Third year (PGY-4)
Dermatology subspecialties	None	None	All
Emergency medicine	PGY 1 (for those programs with PGY 1 designates)	PGY-2	PGY-3 and beyond
Emergency medicine subspecialties	None	None	All
Family medicine	PGY 1	PGY-2	PGY-3
Geriatric medicine	None	None	All
Hospice and palliative medicine	None	None	All
Internal medicine	PGY 1	None	PGY-2 and PGY-3

Resident/Fellow Levels of Training as Defined by Specialty

Specialty / Subspecialty Name	Beginning Level	Intermediate Level	Final Years of Training
Internal medicine subspecialties	None	None	All
Medical genetics	None	Yr 1	Yr 2
Medical genetics subspecialties	None	None	All
Neurological surgery	PGY 1	PGY 2	PGY 3 and beyond
Endovascular surgical neuroradiology	None	None	All
Neurology	PGY 1 (for those programs with PGY 1 designates)	PGY-2	PGY-3 and PGY-4
Child neurology	None	Yr 1	Yr 2 and Yr 3
Clinical neurophysiology	None	None	All
Neuromuscular medicine	None	None	All
Neurodevelopmental disabilities	None	Yr1 and Yr2	Yr3 and Yr4
Vascular neurology	None	None	All
Nuclear medicine	None	Yr 1 and Yr 2	Yr-3
Obstetrics and gynecology	PGY-1	PGY-2	PGY-3 and PGY-4

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

Resident/Fellow Levels of Training as Defined by Specialty

Specialty / Subspecialty Name	Beginning Level	Intermediate Level	Final Years of Training
Plastic surgery - integrated	PGY-1	Yr-2 and Yr-3	Yr-4 and beyond
Plastic surgery subspecialties	None	None	All
Preventive medicine	PGY 1 (for those programs with PGY 1 designates)	Yr-1	Yr-2
Preventive medicine subspecialties	None	None	All
Psychiatry	PGY-1	PGY-2	PGY3 and beyond
Addiction psychiatry	None	None	All
Child and adolescent psychiatry	None	PGY-2	PGY-3 and beyond
Forensic psychiatry	None	None	All
Geriatric psychiatry	None	None	All
Psychosomatic medicine	None	None	All
Radiation oncology	None	PGY-2, PGY-3, PGY-4	PGY-5
Radiology-diagnostic	None	Yr1, Yr2, and Yr3	Yr4
Radiology subspecialties	None	None	All

Resident/Fellow Levels of Training as Defined by Specialty

Specialty / Subspecialty Name	Beginning Level	Intermediate Level	Final Years of Training
Surgery	PGY-1	PGY-2 and PGY-3	PGY-4 and beyond
Surgery subspecialties	None	None	All
Vascular surgery	None	None	All
Vascular surgery - integrated	PGY-1	PGY-2 and PGY-3	PGY-4 and PGY-5
Thoracic surgery	None	None	Y1, Y2, Y3
Congenital cardiac surgery	None	None	All
Thoracic surgery - integrated	PGY-1	PGY-2 and PGY-3	PGY-4 and beyond
Urology	None	Yr1 and Yr2	Yr3 and Yr4
Pediatric urology	None	None	All
Transitional year	All	None	None
Sleep Medicine	None	None	All
Pain Medicine	None	None	All
Internal Medicine/Pediatrics	PGY-1	PGY-2	PGY-3 and PGY-4

Resident/Fellow Levels of Training as Defined by Specialty

Specialty / Subspecialty Name	Beginning Level	Intermediate Level	Final Years of Training
Unaccredited/Combined Programs	PGY-1	PGY-2	PGY-3 and higher