



Resident Survey

Please give us your opinions of your residency program during this academic year. All information you provide about your program will remain confidential. No individual responses will be given to your program, your program director, your faculty, your institution, or your Residency Review Committee. These data will be a part of the information considered in accreditation of the residency program and sponsoring institution. Summary data from this Survey may be used to inform policy decisions at the national level.

For these questions, please consider your experiences in your residency program since the beginning of the current academic year.

You have 20 minutes to complete this section. If you do not click the "Submit results" button below within 20 minutes of logging in, your session will be disconnected.

Item #		None	Few	Some	Most	All
1	How many of your core faculty teach and supervise in ways that facilitate your learning?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	How many of your core faculty demonstrate a strong interest in the quality of the residents' education?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often (on a yearly basis) does your program:		No, never	<Once per year	Once per year	2-3 times per year	4 or more times per year
3	ask you to evaluate your faculty through confidential written evaluations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	distribute written statements of educational goals for your assignments and rotations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	communicate the results of your written performance evaluations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		No	Yes, to a limited extent	Yes, to a moderate extent	Yes, to a great extent	Not Applicable / I don't know
6	Have your performance evaluations been accessible to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Have your performance evaluations been helpful in improving your competence and performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	Does your program respond fairly to resident complaints?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	Does your program emphasize practices that ensure patient safety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10	Do you perform services (start IVs, transport patients, do routine blood draws) that should be done routinely by support staff?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11	Are there sufficient professional, technical, and clerical personnel to support your residency program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12	Have you been educated (e.g. orientation, classes, rounds, or discussions) by your program about the symptoms of fatigue and its effects on performance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13	Does your program ensure adequate and prompt supervision of residents?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14	Are you provided with the opportunity to participate in scholarly activities, such as working on research for publication or presentation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15	Does your program provide adequate resources (e.g., sufficient laboratory space and equipment, computer and statistical consultation services)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Does your program prepare you to:		No	Yes, to a limited extent	Yes, to a moderate extent	Yes, to a great extent
16	perform thorough assessment of your patients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17	develop treatment plans using clinical and scientific data and patient preferences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18	use medical knowledge to think through medical problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19	stay current with up-to-date medical knowledge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20	critically appraise evidence about treatment effectiveness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21	implement a method to assess the effectiveness of your patient care activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22	collaborate and communicate effectively with patients and their families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23	work effectively with other health care professionals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24	apply professional and ethical principles to your practice of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25	respond sensitively to patients' culture, age, gender, and disabilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26	identify ways delivery systems affect care quality and patient safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27	use system resources to provide cost-conscious care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the following questions, please answer for 2 time periods: the previous 4 week rotation, and the most time-intensive rotation in the past 6 months.

For more info, see [Duty Hour FAQ](#).

		Previous 4 week rotation	Most time-intensive rotation in past 6 months (4 week rotation)
28	On average, excluding call from home, how many hours were you on duty per week?	_____ (Hours per week)	_____ (Hours per week)
29	On average, how many days per week were you assigned in-house call (call beyond a normal workday)?	_____ (Days per week)	_____ (Days per week)
30	Excluding call from home, what was the maximum number of continuous hours you worked?	_____ (Longest continuous stretch in the 4 weeks)	_____ (Longest continuous stretch in the 4 weeks)

31	How many times did you work more than 30 continuous hours? (This continuous time includes in-house calls that directly follow a regular duty shift.)	_____ (Times in the 4 weeks)	_____ (Times in the 4 weeks)
32	How many days (24-hour periods) did you have completely free from all educational and clinical responsibilities?	_____ (Total days in the 4 weeks)	_____ (Total days in the 4 weeks)
33	On average, how many hours off duty did you have between duty shifts? (Duty shifts include in-house call, but exclude pager and at home call.)	_____ (Average across the 4 weeks)	_____ (Average across the 4 weeks)

34	<p>Do you have other comments about your program that you'd like to share with the ACGME?</p> <p>(These comments will not be shared with your Program Director, but will be shared with the site visitor at the time of accreditation review.)</p> <p>If you wish to submit a formal complaint to the ACGME, please access http://www.acgme.org and follow the "Complaint Procedures" found in the resident information section.</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div> <div style="text-align: right; margin-top: 10px;"> 0 (max. 750 characters) </div>
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