Nathan K. Blank Fellowship
How Can Field Representatives of the ACGME Enhance the Review of the Resident Survey During Site Visits?
Baldwin Seminar Series
June 27, 2018

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Disclosure:

None of the speakers have any conflicts of interest to report, we are all employees of the ACGME
Nathan K. Blank Fellowship

An endowment honoring Dr. Nathan Blank, prior Field Representative, to recognize Field Staff excellence and support continuing professional development by:

• Exploring a problem or area for improvement in elements of the accreditation site visit, accreditation data collection, or other elements of the accreditation process

With an outcome to:

• Contribute to the advancement in the field of accreditation and/or graduate medical education
Objectives

• To familiarize attendees with the accreditation site visit, the annual ACGME Resident Survey (RS) and the context in which it is used
• To identify potential shortcomings in using the RS to determine accurate information
• To describe the method used to objectively evaluate the educational experience of the trainee at the time of the site visit
• To suggest how the Field Representatives can improve their effectiveness by using the RS
• To determine other potential benefits of the project
Initially established in 2004, the annual ACGME Resident Survey (RS) is valuable for accreditation purposes to:

- Review Committees
- Executive Directors
- Field Representatives
- Programs and Designated Institutional Officials

**Question: How accurately does the RS reflect the educational experience at the time of a given site visit?**

It was anticipated that both a qualitative and quantitative analysis would be used.
The Site Visit in Context

Purpose
• Interview institutional and program leaders, faculty, residents/fellows, review documents and, on occasion, tour the facility
• To verify, clarify, supplement data the program has prepared and placed in the Accreditation Data System (ADS): i.e. ACGME Resident and Faculty Surveys, case log data, and experience data, etc.
• To provide an objective, factual and comprehensive report of compliance with Review Committee requirements
Variety of Program Site Visits

- Pre-accreditation/Continued Pre-accreditation
- Application for Accreditation
- Initial Accreditation Visit (2 yrs. after application approved)*
- Continued Accreditation Visit (i.e. with Warning, Probation)*
- Data Prompted Visit (full or focused)*
- 10-Year Accreditation Site Visit (with Self-Study)*
- Visit to assess the merits of a complaint or any other request by the RC
- Unannounced site visit for egregious complaint
Typical Agenda for Site Visit

- Program Director Opening Meeting
- Document Review/Coordinator interview
- Residents/Fellows
- Core and other Key Faculty
- Department Chair/Designee
- Institutional Representative (DIO or designee)
- Tour (optional)
- Program Director Clarification/Feedback/Closing Meeting
What role does the Resident Survey (RS) play in the Site Visit?

• Broaden resident input into the educational milieu
• Provide field representatives with information about educational domains
• Program director has prior knowledge of the RS and this provides talking points for interview
• Provides DIO a snapshot of the program
The Resident Survey has data divided into domains:

- Duty Hours
- Faculty
- Evaluation
- Educational Content
- Resources
- Patient Safety/Teamwork

There are thresholds for reporting non-compliance, but Field Representatives can also use their professional judgment in questioning trainees.
In NAS, each Review Committee performs an annual evaluation of the trends in key performance measurements using:

- ACGME Resident and Faculty Surveys
- Operative and case-log data
- Other data (i.e. attrition, etc.)

Using this data allows extension of the period of scheduled accreditation visits to ten years, freeing programs to innovate.
Timeline of 2016/2017 Resident Survey (RS) Data

• January-April 2017 Resident Surveys: Distributed to all trainees in all programs (n=139,000)
• Late May: Program Director and DIO receive 2016/2017 RS results
• July 2017: New academic year
• August 2017-May 2018: A site visit may occur
Because of the time lag (up to 16 months) between the RS completion and the site visit, there are changes that occur in any program. We wanted to know how accurate the RS is in reflecting the educational experience of the residents at the time of the visit. How can the Field Representative, representing the ACGME, best verify and clarify the survey data during the site visit:

How Can Field Representatives of the ACGME Enhance the Review of the Resident Survey During Site Visits?
Materials and Methods

• Three surveys (Resident, Program Director, Field Representative) were completed at the time of the site visit
• Permission to administer the surveys was obtained from the PD prior to the visit
• Participation by residents was totally voluntary
• Anonymous surveys, using SurveyMonkey, were linked to the program to facilitate collation of surveys
• Surveys were collated by Andrea Chow using a four-digit ID number
• Analysis of the data completed by DEK and DLL
Data crunching, but we had to dig out of the snow first.
Survey Design

For Residents and Program Director:
• Voluntary and Anonymous
• Concise
• Intuitive, used a Likert/sliding scale
• Real-time data collection
• Takes less than two minutes
• Narrative opportunities

For Field Representatives:
• Intuitive, used a Likert/sliding scale
• Real-time data collection
• Completed, and submitted, in a few minutes
• Narrative opportunities
Field Representative Survey

Demographics

Prior to SV

After SV

Comments (optional)
Program Director Survey

Administered at the conclusion of the site visit

Comments (optional)
Resident Survey

Administered at conclusion of Resident interview, after reading script containing link to survey

Comments (optional)
Programs eligible for inclusion in the project

- Initial Accreditation
- Continued Accreditation
- Continued Accreditation with Warning
- Probation

No Pre-Accreditation or Application programs were eligible for this study
Data collection occurred over a six month period: November 1, 2017 to April 30, 2018

Following an expedited review by American Institutes for Research, this project was deemed exempt from IRB approval.
Results: Demographics

- Total # of programs eligible: 221
- Total # of programs volunteered: 76
- Completed surveys: 32
Results: Demographics

Full or Focused Site Visits N=32

- Data-prompted
- Initial or C.A.
- 10-Year
- 14 Medical (n=1)
- 6 Hospital
- 12 Surgical
- RS: 6-9 months (n=1)
- RS: >9 months (n=31)
Data Evaluation

• The Field Representatives provided the demographics and the standard by which the programs were evaluated against themselves
• The program directors were evaluated as a group
• The residents/fellows were evaluated as a group
• The congruence of program director and trainees of a given program were evaluated for correlation between domains
Responses and Observations: Field Representatives
Prior to the site visit (SV), based on the SV prep, what was your impression of the residency program?

- Non-compliant 10
- Uncertain compliance 5
- Compliant 17

**Conclusion:** Though the field representative may make a judgment based on the pre-visit preparation, this bias must be acknowledged and managed.
Did the RS provide valuable information?

- Did provide 14
- Equivocal 3
- Minimally provided 13

**Conclusion:** This identifies the RS as a detection signal.
Post site visit, how accurate was the correlation between the RS and current state of the program?

- Minimally accurate 13
- Equivocal 7
- Significant 11

**Conclusions:** In 20/31 surveys the RS did not “significantly” reflect the state of the program at the time of the visit.

Why? “the program had improved based on the RS”, “residents could have been coached”, etc.
Post SV, is the current state of the program different from the RS?

- 24 of 32 programs had a number >50 that reflects a difference in the program

**Conclusion:** The majority of programs had changes in their programs as determined by the field representative, these differences are usually included in the field representatives narrative report.
Field Representative Responses (post SV)

Reasons for the differences?
• Used RS 17
• No difference 10
• New PD, Questionable improvement, deteriorating RS

Conclusions: The majority of the programs used the RS to improve.
Field Representative Comments and Observations

“Program director did a great job in making improvements after the 2017 Resident Survey showed noncompliance in some domains.”

“Resident Survey was a good screening measure of problems in this program”

“The RS was an effective screening tool. The site visit, undoubtedly, hurried some of the changes along but most were in process prior to my arrival.”

“Although the resident survey did not differ from the information I received from the resident interview, I greatly appreciated the data in the resident survey.”
Field Representative Responses

How much did the RS provide information to the SV not otherwise obtainable?

• Minimal 12
• Equivocal 4
• Significantly 14

Conclusions: This adds integrity to the assumption that the RS is an important screening and information-gathering tool.
Field Representative Comments and Observations

“There were significant differences from the previous pristine 2015/2016 RS, this led to good discussion points not otherwise available”

“This program was driven to improvement by the RS that had declined significantly in just one year.”

“The RS guided my questioning of all stakeholders and was invaluable from an organizational standpoint.”
Responses and Observations: Program Director
How does the RS correlate with that of the program today?

- Strong correlation in all domains 5
- Equivocal 9
- Does not correlate in some domains 13

Conclusion: The RS reflects the possibility of change in the majority of programs.
### Responses and Observations: Program Director

#### Concern regarding work hour limits

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#### Concern regarding faculty participation

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<tr>
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# Responses and Observations: Program Director

## Concern regarding feedback

**All program responses**

- Not a concern: 12
- Slight: 14
- Somewhat: 4
- Moderate: 0
- Extreme: 0

## Concern regarding educational content

**All program responses**

- Not a concern: 25
- Slight: 7
- Somewhat: 0
- Moderate: 0
- Extreme: 0
Concern regarding raising problems and concerns

All program responses
- Not a concern: 26
- Slight: 4
- Somewhat: 3
- Moderate: 0
- Extreme: 0

Conclusions:
- Faculty participation and feedback appear to be areas of “slight” to “somewhat” concern to program directors.
- The other domains (duty hours, educational content, ability to raise problems without concern) were of much less concern to program directors.
Responses and Observations: Residents/Fellows
## Responses and Observations: Residents/Fellows

### Concern regarding work hour limits

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### Concern regarding faculty participation

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# Responses and Observations: Residents/Fellows

## Concern regarding feedback

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## Concern regarding educational content

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<td>7</td>
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<td>• Extreme</td>
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</table>
Resident concern with educational content
Concern regarding raising problems and concerns

All program responses
• Not a concern 176
• Slight 13
• Somewhat 6
• Moderate 6
• Extreme 0

Conclusions:
• Faculty participation, feedback and educational content appear to be areas of “slight”, “somewhat” or even greater concern to trainees.
• The other questions (duty hours, ability to raise problems without concern) were of much less concern to most trainees.
Resident concern regarding raising problems
Congruence within a program between the Program Director and its Residents on “Level of Concern” in the domains of the Resident Survey
Work hour limit congruence of PD and Residents within a program

Level of concern regarding work hour limits

• Unconcerned    15
• Slightly        15
• Somewhat        4
• Moderately      0
• Extremely       0

Conclusion: There is a high level of agreement by PD and residents/fellows that work hour limits are of “no” or “slight” concern.
Faculty participation congruence of PD and Residents within a program

Level of concern regarding faculty participation
- Unconcerned 5
- Slightly 13
- Somewhat 16
- Moderately 0
- Extremely 0

**Conclusion:** There is a lower level of agreement by PD and residents/fellows regarding concern about faculty participation.
Feedback congruence of PD and Residents within a program

Level of concern regarding feedback:

- Unconcerned: 3
- Slightly: 15
- Somewhat: 16
- Moderately: 0
- Extremely: 0

Conclusion: The PD and residents/fellows were equally concerned about feedback.
Educational content congruence of PD and Residents within a program

Level of concern regarding educational content:
• Unconcerned 8
• Slightly 17
• Somewhat 9
• Moderately 0
• Extremely 0

Conclusion: There is concern by both PD and residents/fellows regarding educational content.
Ability to raise problems and concerns congruence of PD and Residents within a program

Level of concern regarding raising problems and concerns:
• Unconcerned 21
• Slightly 8
• Somewhat 5
• Moderately 0
• Extremely 0

Conclusion: There is a high level of agreement by PD and residents/fellows that “the ability to raise problems and concerns” is not a problem.
At the program level, both the program director and residents were concerned about:

- faculty participation
- educational content
- Feedback

While work hour limit and ability to raise problems and concerns was of much less concern to both parties.

**The Good News:** These areas of concern can be addressed by faculty development instruction and open discussion of PD and residents.
How Can Field Representatives of the ACGME Enhance the Review of the Resident Survey During Site Visits?

Practical application of data for use by Field Representatives:

- It would appear that there is no great difference between medical, surgical and hospital-based programs in any of the data reviewed.
- As judged by field representatives, when a program has improved, it used the RS to direct that improvement.
- Field representatives might give increased focus during the site visit to the areas in which this study found a lack of congruence between the PD and the residents:
  - faculty participation
  - educational content
  - feedback
Benefits of the Project

• Reaffirmed the value of the RS in conducting a site visit
• Raises the profile of the RS, particularly for residents, and its application to all stakeholders
• Enhances residents’ appreciation of the mission of the ACGME
• Reaffirms the utility of the RS in providing valuable information to the Review Committees and the Field Representatives
Impressions of the Authors

• This was truly a joint effort of the authors
• There was a wide range of visit types and accreditation status
• The data will be of practical value to the Field Representatives
• The RS is a valuable tool to all stakeholders:
  • To the Field Staff to direct areas to probe in a site visit
  • To the PD to identify areas needing improvement
  • By inference, the Review Committee and DIO use the RS to
determine the integrity of a program and to provide direction in
internal review of a troubled program
• Affirms strong programs
Limitations of the Study

• There is not sufficient difference between responses to provide statistical significance to any of the data.
• There is data to provide trends and descriptive analysis for the conclusions.
• There is a selection bias because the programs were self-selected, only 32 of 221 eligible programs were evaluated.
• The study would have had greater validity had the respondents answered all the questions.
Special Acknowledgments

Thanks to Ingrid Philibert, PhD, MBA and our fellow field representatives for their support, suggestions and participation

Thanks to Nick Yaghmour for his suggestions and technical support
Thank you!

Questions?