

ACGME Faculty Survey/Common Program Requirements Crosswalk

SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Satisfied with professional development and education	<p>II.B.2.g) [Faculty members must] pursue faculty development designed to enhance their skills at least annually: ^(Core)</p> <p>Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.</p> <p>II.B.2.g).(1) as educators; ^(Core)</p> <p>II.B.2.g).(2) in quality improvement and patient safety; ^(Core)</p> <p>II.B.2.g).(3) in fostering their own and their residents' well-being; and, ^(Core)</p> <p>II.B.2.g).(4) in patient care based on their practice-based learning and improvement efforts. ^(Core)</p>
Workload exceeded residents'/fellows' available time for work	<p>VI.B.2.c) [The learning objectives of the program must] ensure manageable patient care responsibilities. ^(Core)</p> <p>VI.F.1. Maximum Hours of Clinical and Educational Work per Week Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. ^(Core)</p>
Participated in skills to enhance professional skills in: Quality improvement and patient safety Fostering your own well-being	<p>II.B.2.g) [Faculty members must] pursue faculty development designed to enhance their skills at least annually: ^(Core)</p>

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<p>Fostering resident/fellow well-being Practice-based learning and improvement Contributing to an inclusive clinical learning environment</p>	<p>Background and Intent: Faculty development is intended to describe structured programming developed for the purpose of enhancing transference of knowledge, skill, and behavior from the educator to the learner. Faculty development may occur in a variety of configurations (lecture, workshop, etc.) using internal and/or external resources. Programming is typically needs-based (individual or group) and may be specific to the institution or the program. Faculty development programming is to be reported for the residency program faculty in the aggregate.</p> <p>II.B.2.g).(1) as educators; (Core)</p> <p>II.B.2.g).(2) in quality improvement and patient safety; (Core)</p> <p>II.B.2.g).(3) in fostering their own and their residents' well-being; and, (Core)</p> <p>II.B.2.g).(4) in patient care based on their practice-based learning and improvement efforts. (Core)</p>
Professionalism	
<p>Faculty members act unprofessionally</p>	<p>II.B.2.a) [Faculty members must] be role models of professionalism. (Core)</p> <p>VI.B.6. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)</p>
<p>Residents/fellows comfortable calling supervisors with for questions</p>	<p>VI.A.2.b).(1) The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation. (Core) [The Review Committee may specify which activities require different levels of supervision.]</p> <p>VI.A.2.e) Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core)</p> <p>VI.A.2.e).(1) Each resident must know the limits of their scope of authority, and the circumstances under which the resident is permitted to act with conditional independence. (Outcome)</p>

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	may be exercised through a variety of methods, as appropriate to the situation. (Core) [The Review Committee may specify which activities require different levels of supervision.]
Process for confidential reporting of unprofessional behavior	VI.B.7. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)
Satisfied with process for problems and concerns	VI.B.7. Programs, in partnership with their Sponsoring Institutions, should have a process for education of residents and faculty regarding unprofessional behavior and a confidential process for reporting, investigating, and addressing such concerns. (Core)
Experience or witnessed abuse	VI.B.6. Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff. (Core)
Patient safety and Teamwork	
Information not lost during shift changes or patient transfers	VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. (Core) VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process. (Outcome)
Effective teamwork in patient care	VI.E.2. Teamwork Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional teams that are appropriate to the delivery of care in the specialty and larger health system. (Core) IV.B.1.f).(1).(d) [Residents must demonstrate competence in] working in interprofessional teams to enhance patient safety and improve patient care quality; (Core)
Interprofessional teamwork skills modelled or taught	VI.E.2. Teamwork Residents must care for patients in an environment that maximizes communication. This must include the opportunity to work as a member of effective interprofessional

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	<p>teams that are appropriate to the delivery of care in the specialty and larger health system. ^(Core)</p> <p>IV.B.1.f).(1).(d) [Residents must demonstrate competence in] working in interprofessional teams to enhance patient safety and improve patient care quality; ^(Core)</p>
Effectively emphasizes culture of patient safety	VI.B.3. The program director, in partnership with the Sponsoring Institution, must provide a culture of professionalism that supports patient safety and personal responsibility. ^(Core)
Residents/fellows participate in adverse event analysis	VI.A.1.a).(3).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. ^(Core)
Know how to report patient safety events	<p>VI.A.1.a).(3).(a) Residents, fellows, faculty members, and other clinical staff members must:</p> <p>VI.A.1.a).(3).(a).(i) know their responsibilities in reporting patient safety events at the clinical site; ^(Core)</p> <p>VI.A.1.a).(3).(a).(ii) know how to report patient safety events, including near misses, at the clinical site</p>
Process to transition care when residents/fellows fatigued	<p>VI.C.2. There are circumstances in which residents may be unable to attend work, including but not limited to fatigue, illness, family emergencies, and parental leave. Each program must allow an appropriate length of absence for residents unable to perform their patient care responsibilities. ^(Core)</p> <p>VI.C.2.a) The program must have policies and procedures in place to ensure coverage of patient care. ^(Core)</p> <p>VI.C.2.b) These policies must be implemented without fear of negative consequences for the resident who is or was unable to provide the clinical work. ^(Core)</p>
Faculty Teaching and Supervision	
Sufficient time to supervise residents/fellows	II.B.1. At each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all residents at that location. ^(Core)

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Faculty members committed to educating	II.B.2.c) [Faculty members must] demonstrate a strong interest in the education of residents; (Core)
Program director effectiveness	II.A.1. There must be one faculty member appointed as program director with authority and accountability for the overall program, including compliance with all applicable program requirements. (Core)
Faculty members satisfied with process for evaluation as educators	<p>V.B. Faculty Evaluation</p> <p>V.B.1. The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core)</p> <p>V.B.1.a) This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. (Core)</p> <p>V.B.1.b) This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core)</p> <p>V.B.2. Faculty members must receive feedback on their evaluations at least annually. (Core)</p> <p>V.B.3. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)</p>
Educational content	
Residents/fellows instructed in cost-effectiveness	IV.B.1.f).(1).(f) [Residents must demonstrate competence in] incorporating considerations of value, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; and, (Core)
Residents/fellows prepared for unsupervised practice	<p>VI.A.2.d) The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. (Core)</p> <p>IV.A.2. [The curriculum must contain the following educational components] competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice. These must be distributed, reviewed, and available to residents and faculty members; (Core)</p>

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	IV.A.3. [The curriculum must contain the following educational components] delineation of resident responsibilities for patient care, progressive responsibility for patient management, and graded supervision; ^(Core)
Learning environment conducive to education	II.A.4.a).(3) [The program director must] administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains; ^(Core)
Diversity and Inclusion	
Program fosters inclusive work environment	I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. ^(Core)
Efforts to recruit diverse residents/fellows	I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. ^(Core)
Efforts to retain diverse residents/fellows	I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. ^(Core)
Participated in efforts to recruit: Pre-residency learners, including medical students Residents Fellows	I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. ^(Core)