In coproduced education, the teacher and the learner are both engaged in designing, delivering, assessing and deciding the educational outcomes of the rotation.

ptanaka@stanford.edu
ACGME Resident/Fellow Survey
Professionalism

Ann Dohn
Jie Li
Lizzie Greer
Matt O'Neill
Pedro Tanaka
Trey Huynh-Ngo

ptanaka@stanford.edu
ACGME Survey Domains:

- Resources
- Professionalism
- Patient Safety and Teamwork
- Faculty Teaching and Supervision
- Evaluation
- Education Content
- Diversity and Inclusion
- Clinical Experience and Education
Questions

- Process in place for confidential report of unprofessional behavior
- Able to raise concerns without fear of retaliation
- Satisfied with process for dealing confidentiality with problems and concerns

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate Amount of Teaching in All Clinical and Didactic Activities</td>
<td>83%</td>
<td>86%</td>
<td>87%</td>
<td>85%</td>
<td>83%</td>
<td>82%</td>
<td>87%</td>
<td>84%</td>
<td>87%</td>
<td>79%</td>
<td>83%</td>
</tr>
<tr>
<td>Appropriate Level of Supervision</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
<td>93%</td>
<td>93%</td>
<td>91%</td>
<td>95%</td>
<td>95%</td>
<td>95%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Faculty Effectively Creates Environment of Inquiry</td>
<td>79%</td>
<td>84%</td>
<td>84%</td>
<td>81%</td>
<td>80%</td>
<td>80%</td>
<td>85%</td>
<td>83%</td>
<td>83%</td>
<td>82%</td>
<td>83%</td>
</tr>
<tr>
<td>Able to Raise Concerns without Fear of Intimidation or Retaliation</td>
<td>78%</td>
<td>82%</td>
<td>84%</td>
<td>79%</td>
<td>80%</td>
<td>80%</td>
<td>83%</td>
<td>83%</td>
<td>83%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>Satisfied with Process for Dealing Confidentially with Problems and Concerns</td>
<td>73%</td>
<td>82%</td>
<td>81%</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
<td>83%</td>
<td>81%</td>
<td>81%</td>
<td>75%</td>
<td>71%</td>
</tr>
</tbody>
</table>
Data: GME Annual Program Evaluation Survey

- Residency and fellowship programs: 54
- Responses: 554
- Overall comments: 534 (312 comments with no issues or concerns with the actual system in place, 222 comments related to recommendations validating what was working well and suggestions to improve).
<table>
<thead>
<tr>
<th>Code System</th>
<th>Frequency (295)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous platform</td>
<td>79</td>
</tr>
<tr>
<td>Scheduled check-ins</td>
<td>54</td>
</tr>
<tr>
<td>Chief residents/Fellow</td>
<td>33</td>
</tr>
<tr>
<td>Program director /APD</td>
<td>29</td>
</tr>
<tr>
<td>Accountability</td>
<td>29</td>
</tr>
<tr>
<td>External resource</td>
<td>21</td>
</tr>
<tr>
<td>Culture of psychological safety</td>
<td>20</td>
</tr>
<tr>
<td>Communication on existing channels</td>
<td>16</td>
</tr>
<tr>
<td>Evaluation system</td>
<td>14</td>
</tr>
</tbody>
</table>
Anonymous Reporting System:

- 360 anonymous feedback
- Surveys (APE GME; 2x year?)
- Town Hall meetings with anonymous questions.
- Digital form (Google Doc, Message Box, Box link, Department Website link)
- MedHub link
- PD15"" model of direct anonymous feedback to the PD
- Maybe bypassing Chief residents, directly to PD/Chair/Faculty
Regular Scheduled Check-ins:

- Quarterly built-in teaching activities
- Group checks
- Facilitated by the Chiefs or PD/APD
- CRR monthly meeting
- Monthly fellows meeting
- Open Door Policy
- Institution Chief Resident Council
- Annual Resident Feedback retreat
Program director/APD:

- Bi-weekly meetings, available by phone, e-mail, or in person
- Open-door policy (Office hours)
- Monthly/Quarterly meetings
- Anonymous PD question portal
- Diversity within leadership

Chief Resident/Fellow:

- Direct communication
- Resident-only check ins reporting to chiefs to bring concerns to the program leadership
- Anonymous feedback to the chiefs
- Administrative chief residents appointed for this role
Accountability:

Transparency with processes ongoing in the hospital (Dispersing fact sheets about the process of escalation of reported incidents, tracking system, dashboard)

Issues with mistreatment from nursing staff were escalated this year and due to different leadership between MD and RN groups, it seems that constructive solutions were never achieved.

Sense of concerns are not adequately addressed

Limited communication, documentation and transparency on the items that do get addressed.

Faculty evaluations from residents and fellow transparency on actions taken
External resource:

- External resource as moderators for those discussions (Another PD)
- Program ombudsman or something like that -- someone dedicated to confidentiality and supporting trainee concerns (Assistant PD, Faculty person not part of the leadership)
- Impartial 3rd party mediator
- Social Work
- Wellness Coordinator
Communication on existing channels:

- More information on if there is an anonymous way of giving feedback throughout the year
- More clarity on who to go to about particular issues (what is in the scope of a person's influence)
- SAFE reporting system is also not anonymous
- Give us a chain of command to report mistreatment at each facility

Institution resources:
- Anonymously Report a Concern
  https://med.stanford.edu/gme/housestaff/all-topics/anon_report.html

The Anonymous Hotline
Please call the compliance hotline for SHC (anonymity maintained):
1-800-216-1784
culture of psychological safety:

• “It does not feel there is a safe way to provide feedback on program leadership”
  • “First level of reporting to be GME”
• “I do not believe trainees can raise true concerns without fear of retribution or potential negative effects on future career aspirations”
Residency Fellowship Programs

- Infectious Diseases: Dr. Brian Blackburn
- Emergency Medicine: Dr. Sara Krzyzaniak
- Internal Medicine: TBD
- Urology: Dr. Simon Conti, Kathleen Kan
- ENT: Dr. C. Kwang Sung