Resident Survey/Common Program Requirements Crosswalk
Last updated February 10, 2025

SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Education compromised by non-physician obligations	VI.B.2.a) [The learning objectives of the program must] be accomplished without excessive reliance on residents to fulfill non-physician obligations. (Core)
Impact of other learners	I.E. The presence of other learners and other health care personnel, including, but not limited to, residents from other programs, subspecialty fellows, and advanced practice providers, must not negatively impact the appointed residents' education. (Core)
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	VI.C.1. The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)
Faculty members discuss cost awareness in patient care decisions	IV.B.1.f).(1).(f) [Residents must demonstrate competence in:] incorporating considerations of value, equity, cost awareness, delivery and payment, and risk-benefit analysis in patient and/or population-based care as appropriate; and, (Core)
Time to interact with patients	IV.C.1. The curriculum must be structured to optimize resident educational experiences, the length of the experiences, and the supervisory continuity. These educational experiences include an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events. (Core)
Protected time to participate in structured learning activities	IV.A.4.a) Residents must be provided with protected time to participate in core didactic activities. (Core)
Able to access confidential mental health counseling or treatment	VI.C.1.c).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core) VI.C.1.e) [The responsibility of the program, in partnership with the Sponsoring Institution, must include] providing access to confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week. (Core)

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Satisfied with safety and health conditions	I.D.2. The program, in partnership with its Sponsoring Institution, must ensure healthy and safe learning and working environments that promote resident well-being and provide for: (Core) I.D.2.a) access to food while on duty; (Core) I.D.2.b) safe, quiet, clean, and private sleep/rest facilities available and accessible for residents with proximity appropriate for safe patient care; (Core) I.D.2.c) clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care; (Core) I.D.2.d) security and safety measures appropriate to the participating site; and, (Core) I.D.2.e) accommodations for residents with disabilities consistent with the Sponsoring Institution's policy. (Core)
Professionalism	
Residents/fellows encouraged to feel comfortable calling supervisor with questions	VI.A.2.a).(2) 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) VI.A.2.e) Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core) 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)
Faculty members act professionally when teaching	II.B.2.a) [Faculty members must:]be role models of professionalism; (Core)
Faculty members act professionally when providing care	II.B.2.a) [Faculty members must:]be role models of professionalism; (Core)
Process in place for confidential reporting of unprofessional behavior	VI.B.6. 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)
Able to raise concerns without fear of intimidation or retaliation	II.A.4.a).(7) [The program director must:] provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core)

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Satisfied with process for dealing confidentially with problems and concerns	II.A.4.a).(7) [The program director must:] provide a learning and working environment in which residents have the opportunity to raise concerns, report mistreatment, and provide feedback in a confidential manner as appropriate, without fear of intimidation or retaliation. (Core) VI.B.6. 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)
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion AND Witnessed abuse, harassment, mistreatment, discrimination, or coercion	VI.B.5 Programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is psychologically safe and 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, patient transfers, or the hand-off process	Section VI.E.3 Transitions of Care VI.E.3.a) Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure. (Core) VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-off 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-off process. (Outcome)
Culture reinforces personal responsibility for patient safety	VI.A.1.a).(1).(a) The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety. (Core)
Know how to report patient safety events	VI.A.1.a).(2).(a).(i) [Residents, fellows, faculty members, and other clinical staff members must:] know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events. (Core)
Interprofessional teamwork skills modeled or taught	VI.E.2. Residents must care for patients in an environment that maximizes communication and promotes safe, interprofessional, team-based care in the specialty and larger health system. (Core)
Participate in adverse event investigation and analysis	VI.A.1.a).(2).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvements

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	activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core)
Process to transition patient care and clinical duties when fatigued	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 medical, parental, or caregiver leave. Each program must allow an appropriate length of absence for residents to perform their patient care responsibilities. VI.C.2.a. The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. VI.A.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.
Faculty teaching and supervision	
Faculty members interested in education	II.B.2.c) [Faculty members must:] demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)
Faculty effectively creates environment of inquiry	Section IV.D.2. Faculty Scholarly Activity IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) • Research in basic science, education, translational science, patient care, or population health • Peer-reviewed grants • Quality improvement and/or patient safety initiatives • Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports • Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials • Contribution to professional committees, educational organizations, or editorial boards • Innovations in education IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods: [Review Committee will choose to require either IV.D.2.b).(1) or both IV.D.2.b).(1) and IV.D.2.b).(2)]

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	IV.D.2.b).(1) faculty participation in grand rounds, posters, workshops, quality improvement presentations, podium presentations, grant leadership, non-peer-reviewed print/electronic resources, articles or publications, book chapters, textbooks, webinars, service on professional committees, or serving as a journal editorial board member, or editor; (Outcome) IV.D.2.b).(2) peer-reviewed publication. (Outcome)
Appropriate level of supervision	VI.A.2.a).(2) 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)
Appropriate amount of teaching in all clinical and didactic activities	II.B.2.c) [Faculty members must:] demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)
Quality of teaching received in all clinical and didactic activities	II.B.2.c) [Faculty members must:] demonstrate a strong interest in the education of residents, including devoting sufficient time to the educational program to fulfill their supervisory and teaching responsibilities. (Core)
Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	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) VI.A.2.d).(1) The program director must evaluate each resident's abilities based on specific criteria, guided by the Milestones. (Core) VI.A.2.d).(2) Faculty members functioning as supervising physicians must delegate portions of care to residents based on the needs of the patient and the skills of each resident. (Core) VI.A.2.d).(3) Senior residents or fellows should serve in a supervisory role to junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow. (Detail)
Evaluation	
Access to performance evaluations	V.A.1.f) The evaluations of a resident's performance must be accessible for review by the resident. (Core)
Opportunity to confidentially evaluate faculty members at least annually	V.C.1.c) The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written

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	evaluations of the program, and other relevant data it its assessment of the program. (Core)
Opportunity to confidentially evaluate program at least annually	V.C.1.c) The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data it its assessment of the program. (Core)
Satisfied with faculty members' feedback	V.A.1.a) Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)
Educational Content	
Instruction on minimizing effects of sleep deprivation	VI.D.1. Programs must educate all residents and faculty members to recognize the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes; (Detail)
Instruction on maintaining physical and emotional well-being	VI.C.1.d) [The responsibility of the program, in partnership with the Sponsoring Institution, must include:} education of residents and faculty members in: VI.C.1.d).(1) identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) VI.C.1.).(2) recognition of these symptoms in themselves and how to seek appropriate care; (Core) and VI.C.1.d).(3) access to appropriate tools for self-screening. (Core)
Instruction of scientific inquiry principles	IV.D.1.c) The program must advance residents' knowledge and practice of the scholarly approach to evidence-based patient care. (Core)
Education in assessing patient goals, e.g. end of life care	IV.B.1.f).(2) Residents must learn to advocate for patients within the health care system to achieve the patient's and patient's family's care goals, including, when appropriate, end of-life goals. (Core)
Opportunities to participate in scholarly activities	IV.D.3.a) Residents must participate in scholarship. (Core)
Program instruction in how to recognize the symptoms of and when to seek care regarding:	
Fatigue and sleep deprivation	VI.D.1. Programs must educate all residents and faculty members to recognize the signs of fatigue and sleep deprivation, alertness management, and fatigue mitigation processes; (Detail)
Depression	VI.C.1.d) [The responsibility of the program, in partnership with the Sponsoring Institution, must include:} education of residents and faculty members in:

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	VI.C.1.d).(1) identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) VI.C.1.).(2) recognition of these symptoms in themselves and how to seek appropriate care; (Core) and VI.C.1.d).(3) access to appropriate tools for self-screening. (Core)
Burnout	VI.C.1.d) [The responsibility of the program, in partnership with the Sponsoring Institution, must include:} education of residents and faculty members in: VI.C.1.d).(1) identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core) VI.C.1.).(2) recognition of these symptoms in themselves and how to seek appropriate care; (Core) and VI.C.1.d).(3) access to appropriate tools for self-screening. (Core)
Diverse Patient Populations	
Preparation for interaction with diverse patient populations	IV.B.1.a).(1).(e) [Residents must demonstrate competence in:] respect and responsiveness to diverse patient populations, including but not limited to diversity in gender, age, culture, race, religion, disabilities, national origin, socioeconomic status, and sexual orientation. (Core)
Clinical Experience and Education	
80-hour week (averaged over a four-week period)	VI.F.1. 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)
Four or more free days in 28-day period	VI.F.2.c. Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
Taken in-house call more than every third night	VI.F.7. Residents must be scheduled for in-house call no more frequently than every third night (when averaged over a four-week period). (Core)
Less than 14 hours free after 24 hours of work	VI.F.2.b. Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)
More than 28 consecutive hours work	VI.F.3.a) Clinical and educational work periods for residents must not exceed 24 hours of continuous scheduled clinical assignments. (Core) VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or

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	resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core) (Core)
Additional responsibilities after 24 consecutive hours of work	VI.F.3.a).(1) Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education. Additional patient care responsibilities must not be assigned to a resident during this time. (Core)
Adequately manage patient care within 80 hours	VI.B.2.c) [The learning objectives of the program must:] ensure manageable patient care responsibilities. (Core) VI.F.1. 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)
Pressured to work more than 80 hours	VI.F.4.A) In rare circumstances, after handing off all other responsibilities, a resident, on their own initiative, may elect to remain or return to the clinical site in the following circumstances: to continue to provide care to a single severely ill or unstable patient; to give humanistic attention to the needs of a patient or patient's family; or to attend unique educational events. (Detail) VI.F.1. 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)