Faculty Survey/Common Program Requirements Crosswalk
Updated July 1, 2025

SURVEY REPORT DESCRIPTION	COMMON PROGRAM REQUIREMENT(S)
Resources	
Satisfied with professional development and education	2.8.e. Faculty members must pursue faculty development designed to enhance their skills at least annually: (Core) 2.8.e.1. as educators and evaluators; (Detail) 2.8.e.2. in quality improvement, eliminating health equities, and patient safety; (Detail) 2.8.e.3. in fostering their own and their residents' well-being; and, (Detail) 2.8.e.4. in patient care based on their practice-based learning and improvement efforts. (Detail)
Workload exceeded residents'/fellows' available time for work	6.12.b. The learning objectives of the program must ensure manageable patient care responsibilities. (Core) 6.20. 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)
Participated in faculty development and/or scholarly activities to enhance professional skills in: Education Quality improvement and patient safety Fostering your own well-being Fostering resident/fellow well-being Practice-based learning and improvement Contributing to an inclusive clinical learning environment	2.8.e. Faculty members must pursue faculty development designed to enhance their skills at least annually: (Core) 2.8.e.1. as educators and evaluators; (Detail) 2.8.e.2. in quality improvement, eliminating health equities, and patient safety; (Detail) 2.8.e.3. in fostering their own and their residents' well-being; and, (Detail) 2.8.e.4. in patient care based on their practice-based learning and improvement efforts. (Detail)
Professionalism	
Faculty members act unprofessionally	2.8. Faculty Responsibilities Faculty members must be role models of professionalism. (Core)

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	6.12.f. 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)
Residents/fellows comfortable calling supervisors with questions	6.6. 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) 6.10. Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). (Core) 6.10.a. 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)
Process for confidential reporting of unprofessional behavior	6.12.g. 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 to deal confidentially with problems and concerns	6.12.g. 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	6.12.f. 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 or patient transfers or the hand-off process	6.19.a. 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)

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	6.19.b. Programs must ensure that residents are competent in communicating with team members in the hand-off process. (Outcome)
Effective teamwork in patient care	6.18. Teamwork 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)
Interprofessional teamwork skills modelled or taught	6.18. Teamwork 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)
Effectively emphasizes culture of patient safety	6.12.d. 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 clinical patient safety investigation and analysis of adverse events	6.3. Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement 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	6.2. 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)
Process to transition patient care and clinical duties when residents/fellows fatigued	6.14. 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 unable to perform their patient care responsibilities. (Core) 6.14.a. The program must have policies and procedures in place to ensure coverage of patient care and ensure continuity of patient care. (Core) 6.14.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)
Faculty Teaching and Supervision	
Sufficient time to supervise residents/fellows	2.7. There must be a sufficient number of faculty members with competence to instruct and supervise all residents. (Core)

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	2.8.b. 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 members committed to educating residents/fellows	2.8.b. 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)
Program director effectiveness in administering and maintaining a learning environment conducive to educating residents/fellows	2.1. Program Director 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) 2.6.c. The program director must administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains. (Core)
Faculty members satisfied with process for evaluation as educators	5.4. Faculty Evaluation The program must have a process to evaluate each faculty member's performance as it relates to the educational program at least annually. (Core) 5.4.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) 5.4.b. This evaluation must include written, anonymous, and confidential evaluations by the residents. (Core) 5.4.c. Faculty members must receive feedback on their evaluations at least annually. (Core) 5.4.d. Results of the faculty educational evaluations should be incorporated into program-wide faculty development plans. (Core)
Educational content	
Residents/fellows instructed in cost-effectiveness	4.9.e. 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. (Core)
Residents/fellows prepared for unsupervised practice	6.9. 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)

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	4.2.b. [Educational Components 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) 4.2.c. [Educational Components 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	2.6.c. The program director must administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains. (Core) 2.8.c. Faculty members must administer and maintain an educational environment conducive to educating residents. (Core)