

## **User Guide: Interpreting ACGME Well-Being Survey Results from Residents, Fellows, and Faculty Members on the Annual ACGME Resident/Fellow and Faculty Surveys**

### **The Items: A Brief History**

Well-being questions have been included as a supplemental section of the ACGME Annual Resident/Fellow and Faculty Surveys since the 2018-2019 academic year. The module includes 12 items: six burnout items and six items that assess key aspects of the learning environment. The burnout items are drawn from the Oldenburg Burnout Inventory, a well-validated scale. The learning-environment items query perceptions of workload, time pressure, respect, support, and autonomy. Results for all 12 items are provided annually to designated institutional officials (DIOs) and program directors, along with national mean scores for comparison.

### **Purpose**

These results are provided as *formative* feedback to help programs and institutions identify potential areas for improvement. The ACGME does not use these results for accreditation decisions, and they are not shared with Review Committees. Importantly, the well-being questions are intended as a screening tool, not a diagnostic assessment. They can help flag general areas of concern that warrant additional inquiry and, when appropriate, targeted action.

This User Guide is provided to help programs and Sponsoring Institutions interpret and apply information from the well-being questions on the annual ACGME Surveys. By offering guidance on interpretation and suggestions for follow-up, the Guide aims to support ongoing efforts to enhance the well-being of residents, fellows, and faculty members.

## How to Do a Deeper Dive

If results suggest potential concerns, additional exploration is recommended to better understand what is driving the findings and what actions may be most helpful. Follow-up can include both quantitative and qualitative approaches. Note: The following links are intended as example resources, not as required or as the only tools to use.

- **Quantitative assessments** (to further assess well-being outcomes and contributing factors) – Some examples:
  - Professional Fulfillment Index ([https://www.advisory.com/content/dam/advisory/en/public/Advisory/Topics/Physician-engagement-and-burnout/Resource-library/Stanford\\_Professional\\_Fulfillment\\_Index.pdf](https://www.advisory.com/content/dam/advisory/en/public/Advisory/Topics/Physician-engagement-and-burnout/Resource-library/Stanford_Professional_Fulfillment_Index.pdf))
  - American Medical Association (AMA) Organizational Biopsy (<https://www.ama-assn.org/practice-management/sustainability/practice-transformation-measure>)
  - Well-Being Influencers Survey for Healthcare (WISH) Consortium (<https://wishwellbeing.com>)
- **Qualitative approaches** (to provide context and identify potential interventions) – Examples:
  - Program and/or department meetings
  - Focus groups
  - One-on-one conversations

## Limitations and Cautions

Interpret the results of the survey questions with caution. They should not be used to assess program director performance, as many determinants of resident/fellow well-being are outside of a program director's control. Responses may also be influenced by pressure to answer positively; therefore, favorable results may not rule out underlying concerns. Always consider these results alongside other data/information and remain attentive to other signs of resident, fellow, and faculty member distress.

Email questions about the well-being questions on the ACGME Surveys or this User Guide to [wellbeing@acgme.org](mailto:wellbeing@acgme.org).