

John Q. Young, MD, MPP, PhD

ricoldent

Tracey Guthrie, MD President-elect

Rashi Aggarwal, MD Secretary

Ulrick Vieux, DO Treasurer

Consuelo "Chi-chi" Cagande, MD Program Chair

Erick Hung, MD Program Chair-elect

COMMITTEE/CAUCUS CHAIRS

John Q. Young, MD, MPP, PhD ABPN/ACGME Liaison

Dustin DeMoss, MD

Julie Sadhu, MD

Laurel Williams, DO
Child & Adolescent Psychiatry

Anuja Mehta, MD Curriculum

Ann Schwartz, MD Development

Theadia Carey, MD, MS J.E.D.I. (Justice, Equity, Diversity, and Inclusion)

Madhu Rajanna, MD IMG (International Medical Graduate)

Eitan Kimchi, MD Information Management

Lindsey Pershern, MD Membership

Isheeta Zalpuri, MD Mentorship and Professional Growth

Mayada Akil, MD Neuroscience Education

Ana Ozdoba, MD
Organizational Equity

Roopali Bhargava, BA
Program Administrator (non-voting)

Anne Ruble, MD Psychotherapy

Lia Thomas, MD Recruitment

Sandra Batsel-Thomas, MD Regional Representatives

Carrie Ernst, MD Subspecialty

Tanya Keeble, MD Workforce

Lillian "Joy" Houston, MD Wellbeing/Burnout

APPOINTED MEMBERS Ronke Babalola, MD, MPH Enrico Castillo, MD, MS Jacqueline Hobbs, MD, PhD

PAST PRESIDENTS Randon Welton, MD Sallie De Golia, MD, MPH

LIAISONS Donna Sudak, MD Academic Psychiatry July 31, 2024

Louise Castile, MD Executive Director, Psychiatry RC

Donna Sudak, MD Chair, Psychiatry RC

Art Walaszek, MD Vice Chair, Psychiatry RC

Dear Ms. Castile and Drs. Sudak and Walaszek,

I write on behalf of AADPRT to share a set of concerns regarding the annual ACGME Resident and Faculty Survey. We ask that you please share this with other relevant bodies within the ACGME if the authority and responsibility to address any of these concerns lay elsewhere in the organization.

PO Box 30413

Indianapolis, IN 46230

We want to highlight a structural and recurring problem with the timing of the administration of the annual surveys and the use of data generated by those surveys. The lesion is that a program director receives the results from the resident and faculty survey in year X and then receives the RC's decisions about citations and AFIs in year X + 1, often after their residents have just completed the next year's survey (year X +1).

This has several deleterious effects. First, PDs end up often having to respond with improvement plans twice – in year X (to their departments and DIO) and then again in year X + 1 (to the ACGME and again to their department and DIO). Second, the RC, when reviewing survey results, is seeing survey results that are roughly 12 months old. This means that RC decisions – which are meant to stimulate improvement, not to punish - is based on potentially outdated information.

This of course violates time-honored and established evidence regarding what makes feedback to organizations and individuals effective (e.g., feedback provided in as proximal to the event as possible, etc.).



We strongly urge the ACGME to fix this one-year gap between administration of the survey (and receipt of results) and the issuance of citation decisions based on that data. We also would appreciate if the Psychiatry RC could forward this request within the ACGME organization, as our understanding is that the RC does not directly have jurisdiction over the timing of surveys.

Thank you for considering these concerns.

Sincerely,

John Young, MD, MPP, PhD

President