

PROCEDURES FOR INTERNAL REVIEWS

AND

EVALUATION OF RESIDENCY PROGRAMS

6/09/2009

BACKGROUND

In 1987 an Ad Hoc Committee chaired by Dr. Harold Maurer (former chair of Pediatrics and the 1st VCU GMEC chair) developed a procedure for Internal Reviews and evaluations of residency programs as was mandated in the general essentials of residency accreditation by the Accreditation Council for Graduate Medical Education (ACGME). The procedures, which were established, were based in large part upon procedures from Shadyside Hospital in Pittsburgh. In 1993, we changed to use a system similar to that from Yale University. In 1998, in an effort to streamline the process and make it more useful for the programs we revised the process again. In October of 2002 we amended the process based upon our experiences and to incorporate the ACGME competencies. In January 2005, it was again updated to be more meaningful for the programs and the institution. In June, 2008 we revised it again to reflect the third level of the outcomes project

We must be absolutely firm in our commitment to quality in our residency programs. Our dedication and commitment to quality will judge us both internally and externally. Therefore, we must be able to evaluate and honestly critique our programs.

With this background mind, thank you for agreeing to participate in this review and we look forward to your report. Please feel free to contact the Graduate Medical Education Office at (804) 828-9783, if we might provide any assistance or information.

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RESPONSIBILITIES OF THE PROGRAM

SELF-STUDY

1. Complete the current program information form (PIF) required by the Residency Review Committee (RRC) for program accreditation if it has changed tremendously since the last review or, with red ink, update and/or indicate the program changes since the last review the last PIF submitted to the RRC. Make sure that you have the current PIF. It is expected that the program director will review the updated program and institutional requirements and document the program's compliance if different from the previous program document.
2. The purpose of the internal review is to assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
3. What dependable outcomes has the Program developed to measure the success of the program and the resident in the General Competencies?
4. How does the Program measure the effectiveness of its educational outcomes in order to make improvements in the Program?
5. Faculty Surveys
6. Resident Surveys

Resident and Faculty Surveys will be done electronically through the GME office.

TIMING OF THE REVIEW

1. The internal review will take place midway between accreditation reviews before the expected review by the RRC or more frequently if the program is experiencing difficulty. The definition of midpoint for the Internal Review at VCUHS is the date of the Accreditation Committee meeting which is closest to the midpoint of the ACGME review cycle. We believe that this can be plus or minus 45 days.
2. Three to six months should be allotted for document preparation by the program. When a program is scheduled for review, the program director will receive the announcement of the internal review six months before the panel is to meet. The program director will be given 30 days to indicate why the internal review cannot meet at that time. The program director will also indicate several half days for the review to take place and a conference room for it. The program director will submit all required documents no later than 30 days before the internal review. Failure to do so will be reported to the Accreditation Committee of the GMEC and may affect continued sponsorship and funding.
3. The review panel will be appointed when the required program documentation is submitted to the GME Office. It will be the Internal Review Panel Chair's responsibility to work with the program director to set the date for the review and

write the report.

INTERNAL REVIEW PANEL

The Director of Graduate Medical Education will appoint an Internal Review Panel as an Ad Hoc subcommittee of the Accreditation Committee of the Graduate Medical Education Committee. The panel will be charged with the responsibility of reviewing the program. The review should be conducted according to a site visit format. (See Addendum #1)

The Internal Review Panel should consist of:

1. Chairperson - this individual will be a program director from a program other than the one being reviewed.
2. Clinical faculty - will be from a department other than the one undergoing review.
3. Educator/Basic Science Faculty - preferably one who is involved with the department.
4. Resident - this individual should be an upper level resident from a program other than the one being reviewed. This is usually a Chief Resident from the program of the panel chair.
5. Director or Assistant Director of Graduate Medical Education, or designee, will be an Ex Officio member.
6. For Fellowships, there will be only 1 faculty member be it a Clinical or Basic Science Faculty member.

An internal review should be a fact-finding evaluation, designed to improve the educational programs of the institution and to promote constructive criticism. The evaluations also should serve to educate people on the Institutional Requirements and Program Requirements. It also gives the Panel Chair a better perspective (hopefully) of their duties and responsibilities as program director. This is an opportunity to hear from the faculty and residents but to also educate them about the ACGME.

DOCUMENTATION CHECKLIST

The Internal Review Panel will be provided with five (four for Fellowships) copies of the following information:

1. **The completed Program Information Form (PIF) currently required by the RRC if it is different from the last PIF or the last PIF submitted to the RRC with the program changes in red ink since the last review. Compliance with changes to the Program Requirements since the last review is to be added. Additional pages may be added to show changes and/or improvements.**
2. **The Program Requirements for the program being reviewed.**
3. **Any notification letters or other RRC correspondence received since the last RRC site visit.**
4. **Proof that all citations from the previous report have been corrected. The citations should be typed in bold and then written answers for each citation are to be provided.**
7. **Documentation of how the program monitors duty hours.**

The following will be essential to the review aside from the objective data listed above:

- a). The goals and objectives of the program.
- b). The Program plans formulated to achieve these goals.
- c). The effectiveness of the program in meeting its goals and objectives.
- d). The effectiveness of utilization of the resources provided.

There should be documentation of these analyses and of the mechanisms to correct identified deficiencies.

The Program Director must have available on the day of the internal review:

1. Sample resident files including all transfer files and a sample of the most recent graduate files.
2. Minutes of at least one annual meeting of the faculty which included at least one resident/fellow documenting the systematic review of the program goals and objectives and the success in meeting them. Be prepared to provide an example of one valid measure identified and used to improve the program.
3. Copies of faculty evaluations, resident evaluations in residents' files, and program evaluations (program evaluations by the residents and faculty).
4. Copies of all policies including but not limited to: selection, assessment, grievance, moonlighting, duty hours, leave, and supervision.
5. Completed Program Position Profile (Addendum #2).
6. Copies of goals and objectives of each rotation by level.

7. Copies of EACH program letter of agreement including the VA.

The Internal Review Panel will prepare a written report describing the process, evaluating the program, listing its strengths and weaknesses citing deficiencies requiring corrective action and making recommendations using the attached format (Addendum #3). The completed report is to be submitted to the Associate Dean for Graduate Medical Education. After the review from the Accreditation Committee of GMEC with its comments and concerns, the report with the GMEC's findings will be sent to the Program Director and Chair with a request for clarification and/ or response.

The review will be conducted as follows:

1. After reviewing the materials submitted by the program, members of the panel will meet to discuss the goals and methods by which the panel will proceed. This can either be done by email or by a separate meeting but it is most often done by email with assignments and a brief (half hour) meeting before and after the internal review. (See Addendum #1).
2. The Internal Review panel will first meet with the chair or program director, who will orient them to the program and offer his/her perceptions of its strengths and weaknesses. The committee will primarily review questions and concerns about information provided in the PIF.
3. The Internal Review panel will interview either all or a representative number of faculty. All affiliated Site Directors should be part of this interview.
4. The Internal Review panel will interview either all or a representative number (per level) of residents/fellow. If greater than 10 residents/fellows, then 2 per level, who are peer selected (NOT chosen by PD, PC or Chief residents), is acceptable.
5. Each member of the panel will prepare a written statement responding to those sections of the outline that have been assigned to him/her. Discussion will ensue which may necessitate modification of the individual reports such that they reflect the consensus of the group. Recommendations may evolve from the discussion of the findings of the review. This may be done in a meeting or by email.

The completed report is submitted to the Associate Dean of Graduate Medical Education within **two weeks** of completion of the review.

ADDENDUM #1

Sample letter for committee assignments and schedule:

Date:

To: Drs.
Panel for the GME Internal Review for _____Program

From: Dr. (Program Director who is the Panel Chair)

Re: GME Internal Review for _____Program

I am pleased to be able to work with each of you on this panel. I understand that each of you has received a memo from Dr. O'Donnell regarding the GME Internal Review Committee for_____. This correspondence will hopefully help us complete this project in record time and with as little inconvenience to your busy schedules as possible.

As required by the ACGME, the panel consists of 2 faculty members (1 clinical and 1 basic science), 1 resident, the Director of GME, and a chair. (Fellowships will only have 1 faculty member besides the chair.) We each have a specific function in the panel, which I will outline below.

We are required to meet prior to the official internal review and again afterwards. I propose that we combine all of these meetings. That is, we will meet for 30 minutes immediately prior to the review and for an additional 30 minutes, as needed, following it. The review itself may last 2 hours. Following the review, each of you will submit a written report to me via email, which I will collate and edit and send to you for comments or agreement. Then I will submit it to the GME Office. It will then be reviewed by the GMEC and sent to the program's Chair and Program Director with the GMEC's comments and concerns. The deadline for report submission will be 2 weeks after the site visit.

The information you will need in order to prepare for the review and subsequent documents will be delivered to your office within the next week. The first 2 sections of this file contain the ACGME Institutional and Program Requirements. These should be reviewed in detail prior to the review, paying close attention to your respective assignments (outlined below). The remaining information includes the PIF, relevant correspondence, surveys, and documentation of duty hours monitoring. Program policies, curriculum outlines, conference and teaching schedules are available during the review. Again, according to the specific assignment, each committee member should comb these documents to ascertain or assure that the Program Requirements are being met. The purpose of the formal review is to clarify any questions that arise during the committee members' detailed review.

Assignments:

BASIC SCIENCE FACULTY PANEL MEMBER will be asked to address the scholarly activity of the department, the basic science teaching and curriculum, the qualifications of the faculty, the presence of the required academic assignment (with faculty supervision) and whether or not there are resources available for research for residents.

CLINICAL FACULTY PANEL MEMBER will be asked to address more of the clinical training, specifically the resident to faculty ratio, case supervision, clinical curriculum, existence of detailed written goals and objectives for each rotation by level, if appropriate, the presence of electronic procedure logs with verification that the minimum required elements are met comparison to national data if available. In addition, please assess the evaluation process of residents, faculty and the program, noting what specific tools and program improvements are in place to evaluate the residents in the 6 competency domains.

CHIEF RESIDENT PANEL MEMBER will be asked to specifically address the resident's opinions regarding teaching, faculty supervision, duty hours, call rooms, call schedule, accessibility to learning resources, and any possible issues with non-physician training or teaching staff.

PROGRAM DIRECTOR CHAIR OF THE PANEL will review all requirements, verify affiliation agreements, confirm facility adequacy, coordinate and chair the site visit, as well as collate and finalize the Committee's findings in writing to the GME.

The Director of Graduate Medical Education or designee, will advise the panel and review policies, affiliation agreements and program letters of agreement, resident files, and program and faculty evaluations. A partially completed report will be sent electronically before the review.

I realize that your time is valuable and limited. I look forward to working as a team in order to complete this project quickly and efficiently. It is our responsibility as faculty and residents to help the department we review to be fully prepared to undergo to their official ACGME site visit. We would each hope the same from those who conduct internal reviews of our own programs.

THANKS!!!!

SAMPLE SCHEDULE

Committee meets to review assignments and prepare	30 minutes
Committee meets with Program Director	30-45 minutes
Committee meets with Chair	15-30 minutes
Committee meets with selected faculty	30-45 minutes
Committee meets with residents*	30-60 minutes
Committee meets to recap, address issues, and assign deadline for submitting reports to Chair	30 minutes

ADDENDUM #2

Program Position Profile

Please complete this profile for each year since the last ACGME site visit.

Position Information:

Positions for 200_ to 200_

PGY	1	2	3	4	5	6	7	8
Accredited								
Filled								

Number of applicants for year-listed above _____
Number interviewed _____
Number ranked (if applicable) _____
Number filled through Match (if applicable) _____
Number filled through Scramble _____

Attrition:
Number Withdrawn or Terminated _____

ADDENDUM #3

Green bold information will be provided electronically by the GME office just before and after the review.

Internal Review Report:

Name of Program:

Accreditation status:

Of approved slots

Of filled slots

Date of last external review:

Date of next external review:

Date of Internal Review:

Date reviewed by ACR:

Date reviewed by GMEC

Internal Review Panel (names and titles, including resident):

Description of Internal Review Process:

Materials reviewed:

Faculty interviewed:

Residents interviewed (confidential: yes no)

Program Strengths:

Program Information Form: Complete Incomplete

Missing Items:

Description of Curriculum

Written Goals and Objectives for each rotation

Didactics

Journal Club

Interdisciplinary Conferences

Research Activity

Implementation of Competency Requirements

1. Patient Care

Instruction:

Assessment:

2. Medical Knowledge

Instruction:

Assessment:

3. Interpersonal and Communication Skills

Instruction:

Assessment:

4. Professionalism:

Instruction:

Assessment:

5. Practice-based Learning:

Instruction:

- Assessment:
 6. Systems-based Practice:
 Instruction:
 Assessment:

Outcome Measures and Benchmarks Used by Program:

Process used to link outcomes with program improvement:

Current Specialty Accreditation Requirements:

Duty Hours

1. Average resident working hours/week _____
2. One day in seven free of educational and clinical responsibilities (averaged over 4 week period) yes no
3. Minimum 10 hour time period between daily duties and after in-house call yes no

Documentation reviewed:

Confirmed by residents: yes no

Written Program Policies current and complete

Selection of Residents	yes	no	
Supervision	yes	no	
Leave	yes	no	
Moonlighting		yes	no
Promotion/Probation		yes	no
Grievance	yes	no	
Duty Hours	yes	no	

Resident Evaluation Files including final evaluations:

Program and Faculty Evaluations:

RRC concerns/citations

1. **Current status**
2. **Current status**
3. **Current status**

Correspondence with RRC since last external review:

Internal review concerns and/or recommendations:

- 1.
- 2.
- 3.

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