Internal Review Guidelines and Internal Review Toolkit

Conducting Internal Reviews

for Residency and Fellowship Programs

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Internal Reviews

Thank you for participating in the internal review process. This toolkit will help you efficiently complete the review. Please retain this packet of information for future review panels. For further information about this packet, contact:

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"Oh no, an internal review!"

When a program director gets the call saying it's time for the program's internal review, it is usually answered with dread. The internal review process is designed to help programs, the program director, and indirectly each of the residents. A panel of educational professionals conducts each internal review. The Graduate Medical Education Committee (GMEC) oversees all reviews.

Internal reviews -- Who? What? Where? When? Why? These guidelines are all clearly detailed by the ACGME and are available at http://www.acgme.org.

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements

Effective: July 1, 2007

IV. INTERNAL REVIEW

IV.A. Process

IV.A.1. The GMEC must develop, implement, and oversee an internal review process as follows:

IV.A.1.a) An internal review committee(s) for each program must include at least one faculty member and at least one resident from within the Sponsoring Institution but not from within GME programs being reviewed. Additional internal or external reviewers may be included on the internal review committee as determined by the GMEC. Administrators from outside the program may also be included.

IV.A.1.b) A written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this Section IV of the Institutional Requirements.

IV.A.2. Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. (See *ACGME Policies and Procedures*, II.B.4)

IV.A.3. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

IV.A.3.a) The GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.

IV.A.3.b) After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.

IV.A.4. The internal review should assess each program's:

IV.A.4.a) Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;

IV.A.4.b) Educational objectives and effectiveness in meeting those objectives;

IV.A.4.c) Educational and financial resources;

IV.A.4.d) Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;

IV.A.4.e) Effectiveness of educational outcomes in the ACGME general competencies;

IV.A.4.f) Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and,

IV.A.4.g) Annual program improvement efforts in:

IV.A.4.g).(1) resident performance using aggregated resident data;

IV.A.4.g).(2) faculty development;

IV.A.4.g).(3) graduate performance including performance of program graduates on the certification examination; and,

IV.A.4.g).(4) program quality. (see Common Program Requirements, V.C.)

IV.A.5. Materials and data to be used in the review process must include:

IV.A.5.a) The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;

IV.A.5.b) Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;

IV.A.5.c) Reports from previous internal reviews of the program;

IV.A.5.d) Previous annual program evaluations; and,

IV.A.5.e) Results from internal or external resident surveys, if available.

IV.A.6. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the committee.

IV.B. Internal Review Report

IV.B.1. The written report of the internal review for each program must contain, at a minimum:

IV.B.1.a) The name of the program reviewed;

IV.B.1.b) The date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint;

IV.B.1.c) The names and titles of the internal review committee members;

IV.B.1.d) A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;

IV.B.1.e) Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;

IV.B.1.f) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

IV.B.2. The DIO and the GMEC must monitor the response by the program to actions recommended by the GMEC in the internal review process.

IV.B.3. The Sponsoring Institution must submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs must not be shared with the site visitor.

Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements

Institutional Review

DIO News – The Official Communication of the Institutional Review Committee

July 2006; Vol. 1, No. 1

Short Review Cycles

The program that receives a short review cycle frequently presents a problem for DIOs in scheduling internal reviews. When the cycle is two years or more, the IRC expects that a full internal review should occur. When the cycle is one year or less, the IRC still expects that an internal review occur. In such cases, when the GMEC, prior internal reviews, and/or the respective RRC have already identified issues for correction, the internal review can focus on corrections and remediation of the citations rather than on discovery and self-evaluation. This process should lead to a more directed review than occurs in programs with longer cycle lengths. The IRC expects documentation in the form of GMEC minutes, progress reports, or other meaningful ways that the GMEC and DIO are kept aware of the program's problems and are actively monitoring the program's remediation efforts.

GMEC Executive Committee Approved October 9, 2006

OVERVIEW

The internal review panels must be diligent in their reviews, especially in programs with prior internal review and/or RRC citations. When an internal review panel finds deficiencies in a program, a formal follow-up program addressing each finding should be implemented. Multiple follow-up reports from a program director could possibly be required. Additional citations after the internal review, based on the follow-up data, may be necessary. Verbal reports are not adequate as follow-up reports. A written response including program documentation is required. (Approved by GMEC, December 4, 2003)

Internal Review Panel

Each internal review panel is composed of at least four members:

1. a panel chair
2. a faculty member
3. a resident (selected and invited by the panel chair)
4. an administrator

The faculty member and resident must be from within the sponsoring institution. Panel members must not be from the program being reviewed.

Internal Review Documents

In addition to this toolkit, the GME office will provide panel members:

1. ACGME requirement (institutional, common, and specialty-specific)
2. ACGME accreditation letters from previous review and progress reports to the RRC
3. ACGME resident survey
4. ACGME Web ADS report
5. Previous internal review report
6. Previous annual program evaluation
7. Narrative description of the program

Internal Review Sample Schedule

The internal review meeting should last approximately three hours. This sample schedule may be changed to accommodate the needs of the panel chair and/or program director. The panel chair should provide the final draft of the schedule to all members of the panel and to the program director.

30 minutes	Panel organizational meeting
60 minutes	Meeting with the program director and coordinator to discuss/review documentation
30 minutes	Meeting with the peer selected residents, one from each level of training in the program
30 minutes	Meeting with two to three faculty members (program director should not be present)
15 minutes	Meeting with the clinical chair, DME, or DIO, if desired (Optional)
15 minutes	Follow-up session with the program director (program director may invite coordinator)
15 minutes	Panel wrap-up and departure

List of Duties and Responsibilities

GME Office

- Track RRC review dates and inform the GMEC when internal reviews need to be scheduled
- Establish the internal review date with the program director and the panel members
- Obtain the paperwork of any program with adverse actions or warnings
- Obtain the following items:
    - ACGME requirement (institutional, common, and specialty-specific)
    - ACGME accreditation letters from previous review and progress reports to the RRC
    - ACGME resident survey
    - ACGME Web ADS report
    - Previous internal review report
    - Previous annual program evaluation
    - Narrative description of the program
- Share paperwork/documents with panel chair to determine items to be sent to the panel
- Create report template and send it to the panel chair
- Send documents to review panel members
- Place internal review report on GMEC agenda
- Update the final internal review report with the dates of GMEC review
- Send the final internal review report to the program director
- Keep an accurate record of GMEC recommendations that require follow-up
- Maintain schedule for follow-up review at GMEC meeting

Panel Chair

- Select the resident panel member and notify the resident of the review's date/time/location
- Decide if documentation is needed prior to the internal review for non-adverse actions
- Obtain input from other panel members for report
- Prepare a draft internal review report
- Send a copy of the draft report to the program director and the panel members for review
- Present the report to the GMEC
- Update the report with the information requested by the GMEC
- Submit the final report to the GME office

Program Director

- Assist the GME office in scheduling a review date and time
- Provide the GME office any paperwork addressing adverse actions stated in the latest ACGME letter(s)
- Provide a narrative description of the program to the GME office 30 days prior to the internal review. This document may be an essay or brochure written for applicants to the program or for other audiences and is provided to the panel members for general information.
- Select and coordinate appropriate faculty or administrators to meet with the panel members
- Facilitate peer selection of resident representatives to meet with the panel members
- Ask faculty and residents to be available during the appropriate times for interview
- Facilitate the review process by having documents available that might be requested
    - Computer-based: provide a file copy on CD to the panel chair
    - Web-based: provide a list of Web URLs to the panel chair
- Prepare a response to the draft internal review report addressing factual issues that need to be corrected in the report
- Attend the GMEC meeting to discuss the finding of the intern review
- Provide any information and/or follow-up as directed by the GMEC

The program coordinator/administrator is welcome to participate in the internal review process.

Review Panel Members

- Review all documents prior the review date
- Prepare questions in the context of the program's documents
- Attend the internal review
- Submit your impressions to the panel chair
- Review the draft report

Graduate Medical Education Committee (GMEC)

- Review the internal review report
- Make recommendations
- Establish a date for the follow-up report from the program director
- Approve the report

TOOLKIT

Guidelines for Completing the Internal Review Report

The internal review process is strictly mandated by the Accreditation Council for Graduate Medical Education (ACGME). The Dayton GME community involved in ACGME accredited training programs is committed to the internal review process and in meeting the ACGME requirements. All individuals involved in an internal review should be familiar with the entire internal review toolkit, which provides guidelines and helpful tips for conducting internal reviews.

Timeline

45-60 days before review	Program director, panel chair, and GME office set date for review
7-14 days before review	GME office provides all review documents to the panel
Review Day	Panel meets with the program director, faculty, and residents
1-7 days after review	Panel members submit their impressions to the panel chair
7-14 days after review	Panel chair prepares the draft report
7-14 days after review	Panel chair sends draft report to the program director and panel for review
12-19 days after review	Program director and panel return report to the panel chair
21 days after review	Panel chair submits the final report to the GME office

The GME office prepares the report for the GMEC meeting and informs the panel chair and the program director of the GMEC review date.

Internal Review Report

The internal review report is the summary document. The panel chair completes the final report. All panel members should provide input to the panel chair to assist in the completion of the report. The GME office will supply the report template to the panel chair.

The GMEC reviews the report in detail. The panel chair and/or a panel member and the program director must be present when the report is presented. The GME office will notify all participants the scheduled date of the GMEC meeting. The Designated Institutional Official (DIO) of the sponsoring institution will also be involved in the process.

Follow-Up to the Internal Review

The GMEC determines if any citations and/or recommendations need follow-up and will establish a date for the follow-up report. The GME office will place items for follow-up on the GMEC agenda at the appropriate times. The program director is required to provide the status of each item to the GMEC. A written report is required to ensure appropriate documentation and should be provided to the GME office at least three days prior to the GMEC meeting. The program director should attend the GMEC meeting when the follow-up report is discussed to answer any additional questions or concerns. The action taken by the GMEC will be documented in the minutes. Concerns regarding the internal review process should be addressed to the Graduate Medical Education Committee.

Internal Review Key Document List

Due to panel prior to review day

- ☐ ACGME accreditation letter from previous review and progress reports to the RRC
- ☐ ACGME requirements (institutional, common program, and specialty)
- ☐ ACGME resident survey
- ☐ Previous annual program evaluation
- ☐ Previous internal review report
- ☐ Web ADS report

Due on review day

- ☐ Master affiliation agreements
- ☐ Program letters of agreement
- ☐ Curriculum, policy and procedural skill standards as applicable
- ☐ Documentation of financial resources
- ☐ Written goals and objectives of the training program
- ☐ Faculty and resident rosters
- ☐ House staff manual
- ☐ Schedule of rotations
- ☐ Sample: Evaluations of residents (a few completed forms)
- ☐ Sample: Evaluations of the faculty
- ☐ Sample: Evaluations of the rotations
- ☐ Sample: Final/summative evaluations of residents
- ☐ Summary of compliance with obtaining faculty evaluations
- ☐ Summary of compliance with obtaining resident rotation evaluations
- ☐ Summary showing frequency and compliance with obtaining resident evaluations
- ☐ Process for accomplishing evaluations
- ☐ In-training examination scores
- ☐ Specialty board certification results (previous 5 years)
- ☐ Schedule of conferences presented by the program
- ☐ Attendance data from conferences
- ☐ Logs of procedures or surgical case experiences
- ☐ Procedures for determining resident responsibility based on education, ability, and experience
- ☐ PIF (if requested by the panel chair)
- ☐ Resident scholarly/research activities
- ☐ On call schedules for residents and supervising staff
- ☐ Resident duty schedules
- ☐ Resident duty hours logs
- ☐ System for monitoring duty hours data
- ☐ Procedures and protocol for supervision of residents
- ☐ Grid of outcome measurements to meet the ACGME competencies
- ☐ Written documentation addressing ACGME general competencies

ACGME General Competencies

The program director should have the following available for the internal review:

- The curriculum, complete with goals and objectives, that is used in teaching the general competencies
- The tools to evaluate resident competencies in the six areas based on the goals and objectives
- Evidence of developing or using dependable measure to access the residents' competence in each of the six competencies (*This may be a work in progress as the program evaluates its residents over a period of time using various evaluation tool and analyzing the results.*)
- Evidence of a process developed to link educational outcomes with program improvement (*Evidence of program improvement may not be available at first until the program has had an opportunity to develop and analyze its outcome measures over a period of time.*)
- A list of the evaluation tools NOTE: the internal review panel should review the evaluation tools.

Checklist of Evaluation Tools

- Indicate which evaluation tools are currently being used to access the general competencies
- Review each of the tools as part of the internal review process
- List any additional tools being used and the competency that is being measured.

COMPETENCY	TOOLS				OTHER TOOLS
Patient Care	OSCE	Mini CEX	Patient surveys	Procedure logs	
Medical Knowledge	Chart stimulated recall	Oral exam	Written exam (multiple choice)	Procedure log	
Interpersonal and communication skills	360 evaluation	Patient survey	Standardized patient		
Professionalism	360 evaluation	Checklist			
Practice based learning	Resident portfolios	Developing oral exam	Record review		
Systems based practice	Developing resident portfolio	360 degree *evaluation?*			

ACGME Duty Hours

Common Program Requirements

Effective July 1, 2007

VI. Resident Duty Hours in the Learning and Working Environment

VI.A. Principles

VI.A.1. The program must be committed to and be responsible for promoting patient safety and resident well-being and to providing a supportive educational environment.

VI.A.2. The learning objectives of the program must not be compromised by excessive reliance on residents to fulfill service obligations.

VI.A.3. Didactic and clinical education must have priority in the allotment of residents' time and energy.

VI.A.4. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

VI.B. Supervision of Residents

The program must ensure that qualified faculty provide appropriate supervision of residents in patient care activities.

VI.C. Fatigue

Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

VI.D. Duty Hours (the terms in this section are defined in the ACGME Glossary and apply to all programs)

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

VI.D.1. Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities.

VI.D.2. Residents must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call.

VI.D.3. Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

VI.E. On-call Activities

VI.E.1. In-house call must occur no more frequently than every third night, averaged over a four-week period.

VI.E.2. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

VI.E.3. No new patients may be accepted after 24 hours of continuous duty.

VI.E.4. At-home call (or pager call)

VI.E.4.a) The frequency of at-home call is not subject to the every-third night, or 24+6 limitation. However at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident.

VI.E.4.b) Residents taking at-home call must be provided with one day in seven completely free from all educational and clinical responsibilities, averaged over a four-week period.

VI.E.4.c) When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

VI.F. Moonlighting

VI.F.1. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

VI.F.2. Internal moonlighting must be considered part of the 80-hour weekly limit on duty hours.

VI.G. Duty Hours Exceptions

A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale.

VI.G.1. In preparing a request for an exception the program director must follow the duty hour exception policy from the ACGME Manual on Policies and Procedures.

VI.G.2. Prior to submitting the request to the Review Committee, the program director must obtain approval of the institution's GMEC and DIO.

Internal Review Checklist for Monitoring Duty Hours

- ☐ Are all the ACGME requirements monitored and adhered to?
  - Limit of 80 hours per week averaged over 4 weeks
  - One day in seven free from responsibilities averaged over 4 weeks
  - A ten-hour rest period between duty periods
  - In-house call no more frequently than every third night
  - A 24-hour limit on in-house duty with six hours for transition of care and no new patients
- ☐ What mechanism does the program use for monitoring work hours?
- ☐ Who reviews the data? How often?
- ☐ Does the program have occasional or frequent violations of duty hour requirements? How are these violations handled?
- ☐ What is the program's moonlighting policy? How does the program monitor moonlighting activities of the residents?
- ☐ Is there appropriate backup support when patient care responsibilities are especially difficult and prolonged or when unexpected needs create resident fatigue? Do residents us the backup system?
- ☐ How often is "home call" used throughout the residency? Are these hours considered in regards to resident fatigue?
- ☐ Are faculty and residents aware of resident fatigue symptoms? How does the program deal with a fatigues resident? Are steps in place for the program to prevent and counteract the potential negative effects of fatigue?
- ☐ How does the program ensure that residents get instruction on topics they miss due to duty hour limits?
- ☐ Is the appropriate calculation used to average duty hours over a four-week period?
  - 31 day month: divide total hours by 4.4
  - 30 day month: divide total hours by 4.3
  - 29 day month: divide total hours by 4.1

Internal Review Checklist for Supervision of Residents

All patient care activities must be supervised by qualified faculty. Residents must be provided with rapid, reliable systems for communicating with the supervising faculty.

- How is the supervision being accomplished?
- How is the communication with supervising faculty accomplished?
- Are faculty schedules structured to provide residents with continuous supervision and consultation?
- How are the schedules documented?

APPENDIX

Sample Questions

Program Director and Faculty

These sample questions are intended as a guide to assist the internal review panel in conducting program director and faculty interviews. The source is the October 1999 *ACGME Bulletin* articles: "What Happens during an ACGME Resident Interview" by Ingrid Philibert, "What Does the RRC 'Really' Look for When They Review Your Program" by Doris Stoll, PhD., and "Preparing for the ACGME Accreditation Site Visit" by David Leach, M.D.

Suggested opening comments

Explain the internal review process. State that the faculty interview is an important element of the ACGME required internal review and that the questions asked are based on the ACGME requirements for the program and the institution.

Suggested questions

These suggested questions are intended to be a mix of both closed and open-ended questions and are not intended to be an all inclusive list to be asked or to be considered mandatory.

Education Program

1. Are you familiar with the finding of the last RRC site review? Discuss the status of these findings. Do you believe the program has resolved those issues?
2. Are the program's educational goals and objectives documented and distributed to residents and faculty?
    a. Do they reflect what the program expects that residents will learn for all aspects of the program, including each major clinical assignment and each of the years of the program?
    b. Do you believe the program is meeting its stated educational goals and objectives? In other words are "good teaching and learning occurring?"
3. Are academic conferences scheduled and planned?
    a. Do the faculty and residents actively participate in discussions and make presentations?
    b. Does entry level content precede advanced information?
    c. Is academic information sequenced to precede clinical assignments?
    d. Are multiple teaching methods used?
4. Are all the ACGME requirements monitored and adhered to?
    a. Limit of 80 hours per week averaged over 4 weeks
    b. One day in seven free from responsibilities averaged over four weeks
    c. A ten-hour rest period between duty periods
    d. In-house call no more frequently than every third night
    e. A 24-hour limit on in-house duty, with six hours for transition of care and no new patients

   f. Are more than a sole faculty member or the residents themselves responsible for teaching?
   g. Do faculty members reinforce academic learning through resident and patient-centered clinical conferences?

Program Faculty Resources

1. Are there sufficient and qualified faculty to support the teaching – learning process?
2. Do you believe that faculty members serve as role models for the positive professional attributes of inquiry and zest for learning?
3. Do you believe that residents are supervised appropriately to their level in the program and the complexity of the assignment?
4. Do residents actively participate in the care of the faculty members' patients?
5. Are the faculty appropriately available?
6. Do the faculty keep current by participating actively in their own continuing education and professional improvement? (program director question only)
7. Are faculty members actively involved in scholarly activities? (program director question only)
8. How and how often are faculty evaluated by residents and the program director?
9. Describe your faculty development and guidance programs.
10. What is the adequacy of available educational and financial resources to support the program?

Patient Population Educational Resources

1. Is there too much or too little inpatient or ambulatory clinical experience?
2. Does the sponsoring institution have the capability to provide the appropriate variety of clinical experiences and to assign experiences at the appropriate level of individual residents?

Assessment of Educational Quality

1. Does the faculty meet routinely and at least annually to s=discuss the program?
   a. Has the educational effectiveness of the curriculum and the teaching-learning environment been discussed?
2. Is each resident evaluated at least semiannually, in writing, and informed of the results of the evaluation?
   a. Is the evaluation discussed with the resident?
   b. Is this meeting documented by the resident's signature on the evaluation?
   c. Are residents with learning problems monitored, evaluated, and counseled more frequently?
3. Has the Graduate Medical Education Committee reviewed the program using the internal review process?
   a. Does the program director act upon the identified areas of concern?
   b. Have improvements to the program been made?
   c. Has the impact of these improvements been documented?
4. Has a mechanism been implemented for residents to evaluate at least annually the quality of their program? Are they assured of freedom from retribution in this process?

Educational Climate of the Program

1. Do you meet your program's RRC work rule requirements? For example, are residents assigned to no more than 80 duty hours per week, take call no more often than every third night in-house, and have an average of at least 1 day in 7 free from hospital duties? (Remember that each RRC may have different work rule requirements than indicated in our example.)
2. Is there evidence that the program strikes a balance between services expected from the residents and the quantity and quality of time residents are able to devote to their education?
3. Do residents have back up support when patient care responsibilities are prolonged or exhausting?
4. Do the clinical assignments progress from the simple to the complex? Are these assignments based upon the residents' educational needs and their experience?
5. Do the residents receive experiences in the breadth of patient care experiences so that they can practice competently when they graduate?

End of Interview

1. What are the strengths of this program?
2. What are the weaknesses of the program? What could be improved about this program?
3. What to you value most about being a faculty member with this program?

Resident

These sample questions are intended as a guide to assist the internal review panel in conducting resident interviews. The source is the October 1999 *ACGME Bulletin* article "What Happens during an ACGME Resident Interview" by Ingrid Philibert.

Suggested opening comments

Explain the internal review process. State that the resident interview is an important element of the ACGME required internal review and that the questions asked are based on the ACGME requirements for the program and the institution.

Suggested questions

These suggested questions are intended to be a mix of both closed and open-ended questions and are not intended to be an all inclusive list to be asked or to be considered mandatory.

1. Have you seen and received a copy of the program's educational goals and objectives?
2. Would you choose this program again?
3. How often do you evaluate the faculty, your rotations, and the educational program? Describe the process.
4. How and how often are you evaluated?
5. How are you supervised? Are you supervised too much, too little, just right? Describe.
6. If you or a colleague had stress or other difficulties, how would you get assistance? Would it be confidential?
7. Describe your call system.
8. Are you aware of resident work hour rules? Does your institution/program abide by these rules?
9. If you had to use the due process procedure, where would you find it and whom would you contact?
10. What is the adequacy of available educational and financial resources to support the program?

End of Interview

1. What are the strengths of the program?
2. What are the weaknesses of the program? What could be improved about the program?
3. What is your level of training?
4. Were you selected for this interview by your peers?

Worksheet for Panel Chair

Check the following ACGME institutional requirements topics that were covered in the review:

- ☐ ACGME accreditation letter from previous review and progress reports to the RRC
- ☐ ACGME requirements (institutional, common program, and specialty)
- ☐ ACGME resident survey
- ☐ Previous annual program evaluation
- ☐ Previous internal review report
- ☐ Web ADS report
- ☐ Master affiliation agreements
- ☐ Program letters of agreement
- ☐ Curriculum, policy and procedural skill standards as applicable
- ☐ Documentation of financial resources
- ☐ Written goals and objectives of the training program
- ☐ Faculty and resident rosters
- ☐ House staff manual
- ☐ Schedule of rotations
- ☐ Sample: Evaluations of residents (a few completed forms)
- ☐ Sample: Evaluations of the faculty
- ☐ Sample: Evaluations of the rotations
- ☐ Sample: Final/summative evaluations of residents
- ☐ Summary of compliance with obtaining faculty evaluations
- ☐ Summary of compliance with obtaining resident rotation evaluations
- ☐ Summary showing frequency and compliance with obtaining resident evaluations
- ☐ Process for accomplishing evaluations
- ☐ In-training examination scores
- ☐ Specialty board certification results (previous 5 years)
- ☐ Schedule of conferences presented by the program
- ☐ Attendance data from conferences
- ☐ Logs of procedures or surgical case experiences
- ☐ Procedures for determining resident responsibility based on education, ability, and experience
- ☐ PIF (if requested by the panel chair)
- ☐ Resident scholarly/research activities
- ☐ Work environment

Duty Hours

- ☐ On call schedules for residents and supervising staff
- ☐ Resident duty schedules
- ☐ Resident duty hours logs
- ☐ System for monitoring duty hours data
- ☐ Procedures and protocol for supervision of residents

ACGME General Competencies

- ☐ Grid of outcome measurements to meet the ACGME competencies
- ☐ Written documentation addressing ACGME general competencies

Other Notes