

**Graduate Medical Education  
Annual Residency Program Report  
2008-2009**

**Residency Program:** \_\_\_\_\_

**Program Director(s):** \_\_\_\_\_

**Chair of Department:** \_\_\_\_\_

**Changes in Program Director in last calendar year?**  Yes  No  
**Approved by GMEC?**  Yes  No

**RESIDENT SELECTION**

**Does your program adhere to the UMC Resident Eligibility and Selection Policy?**  Yes  No

**Were all interviewed applicants provided a description of benefits, professional liability coverage, terms and conditions of appointment in writing, and a copy of the sample UMC contract?**  Yes  No

**Have or will all incoming houseofficers be provided with your program's written Leave of Absence Policy?**  Yes  No

**Describe any special houseofficer recruitment initiatives your program utilizes, especially efforts to recruit Mississippians or under-represented groups in medicine.**

**Does your program maintain a copy of each resident's current medical license in their file?**  Yes  No

**INSTITUTIONAL AGREEMENTS:**

**Total number of NON-UMC / VA sites at which your residents received training in the last academic year?** \_\_\_\_\_

**Do your educational agreements for each participating site include goals and objectives by level of training?** Yes No

**DUTY HOURS / MOONLIGHTING:**

Have you distributed your Duty Hours Policy to all residents and faculty?

Yes  No

Did you regularly monitor resident duty hours to confirm compliance with ACGME policy in the last academic year?  Yes  No

Briefly describe your current monitoring process:

Have you identified any areas of duty hour non-compliance in your program during this last academic year?  Yes  No

If so, what changes have you made to correct identified problems?

Have you provided training on sleep deprivation and fatigue to your residents and faculty in the last year?  Yes  No

Do you have policies in place to assure appropriate supervision of residents at all times?  Yes  No

Did your program allow residents to moonlight during the last academic year?  Yes  No

Was all moonlighting approved by the program director?  Yes  No

Do you monitor residents for adverse educational effects of moonlighting?  Yes  No

Have appropriate institutional documents been completed by each moonlighting resident?  Yes  No

**EDUCATIONAL ACTIVITIES:**

**List examples of educational activities provided for your program's residents in each of the following topic areas in the last academic year? List the Title/Forum and Speaker/Leader.**

**Physician Impairment &  
Substance Abuse**

**Resident Teaching &  
Evaluation Skills**

**Practice Based Learning and Improvement Skills**

**Ethical Issues / Socioeconomic Issues / Medical-Legal Issues**

**Development of Life-learning Skills**

**Scholarly Activity**

**Research Methodology**

**Cultural Sensitivity & Diversity In Health Care**

**Do you have a defined written curriculum that assures all residents achieve competency in the six critical areas as defined by the ACGME prior to the completion of your program? (Medical Knowledge, Patient Care, Communication Skills, Professionalism, Practice Based Learning and Improvement, & Systems Based Practice)  Yes  No**

**Please list specific tools and outcome measures your program uses to measure competency in each defined area:**

**Medical Knowledge**

**Patient Care**

**Communication Skills**

**Professionalism**

**Systems Based Practice**

**Practice Based Learning & Improvement**

**How is your program linking outcome measures to program improvement?**

**Do residents in your program develop personal learning plans?  Yes  No**

**If not, how do you assess and document the individual resident's skills in personal learning? (assessment at journal clubs, grand rounds presentations, etc.**

**Please list faculty development opportunities provided to your faculty over this last academic year:**

**Please list the percentage of your program's most recent graduates who took and passed your specialty's American Board of Medical Specialties Examination on first attempt:**

**Written**

**Year**

**Oral (if applicable)**

**Year**

**Do your faculty regularly complete resident evaluations which address progress in the 6 areas of core competency as defined by the ACGME?**

**Yes**  **No**

**How frequently are these completed for each resident?**

**Do final evaluations on each of your finishing residents document "achievement of competency in each area as defined by the ACGME"?**

\_\_\_\_ **Yes**

\_\_\_\_ **No**

**Do your residents complete confidential written evaluations of their faculty at least annually?  Yes  No**

Do your residents complete confidential written evaluations of their educational programs at least annually?  Yes  No

Do your faculty complete confidential written evaluations of the educational program at least annually? \_\_\_ Yes \_\_\_ No

Do your residents complete peer evaluations at least annually? \_\_\_ Yes \_\_\_ No

Do residents complete at least annual "self" evaluations? \_\_\_ Yes \_\_\_ No

Do patients evaluate residents? \_\_\_ Yes \_\_\_ No

Do nurses evaluate residents? \_\_\_ Yes \_\_\_ No

Have changes / interventions occurred in your program over the last academic year in response to program / faculty evaluations and review?

Yes  No

If yes, please describe in general terms:

Do you have policies in place defining evaluation, promotion, and dismissal of residents in your program?  Yes  No

Have any of your residents been referred for counseling services this year (academic or otherwise)?  Yes  No

Number of residents in your program placed on "probation" during the last academic year? \_\_\_\_\_

Outcome of probationary status?

Have any residents left your program for other reasons during the last academic year, excluding program completion?

\_\_\_ Yes

\_\_\_ No

If so, please explain.

**Do you survey graduates of your program?  Yes  No**

**If so, have you identified any areas of curricular weakness in your program?  Yes  No**

**What changes are you making in your program to address these issues**

**QUALITY ASSURANCE ACTIVITIES:**

**Are formal quality improvement activities on-going in your program?**

Yes  No

**List forums in which residents participate in these activities (M&M, Dept. committees, etc.):**

**Do your residents participate in any departmental and / or institutional committees?  Yes  No**

**Please list at least 2-3 examples of involvement in the last academic year:**

**Do you have suggestions for changes in any of the following areas which are needed to improve the resident training environment?**

**Food Services**

Yes – please describe

**No**

**Call rooms**  **Yes, please describe**

**No**

**Support Services (escort, etc.)**  **Yes, please describe**

**No**

**Laboratory Services**  **Yes, please describe**

**No**

**Pathology**  **Yes, please describe**

**No**

**Radiology**  **Yes, please describe**

**No**

**Medical Records**  **Yes, please describe**

**No**

**Security / Safety**  **Yes, please describe**

**No**

**Other:**

**Are there any AGGME program requirements that are not met by the current facilities/resources at UMC?**

**What additional services or support from the DIO / GME office could be helpful to you as program director?**

**Have you reviewed your program's ACGME Program Requirements in the last 12 months?**

**Yes**

**No**

**Survey completed by:**

**Name**

**Title**