

INTERNAL REVIEWS OF GRADUATE MEDICAL EDUCATION (GME) PROGRAMS
THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER (UMMC)

PROTOCOL

- I. Programs shall be reviewed between ACGME visits. This will occur at approximately mid-point between ACGME Residency Review Committee site reviews. Programs may be reviewed more often if deemed appropriate by the UMMC Graduate Medical Education Committee or the UMMC Residency Review Subcommittee (RRSC), or should a consultative review be requested by the program.
- II. The Review Team shall be assigned by the RRSC Chairman and must include faculty, residents and an administrator. Members of the Review Team may designate surrogates if unable to participate. Surrogates must be approved by the Team Leader.
- III. The report should follow the template attached and include examination of the documents listed and address issues in the report template.

The number of residents and faculty interviewed shall be appropriate to the size of the program and should include a peer-elected resident enrolled at every level of training (PGY-1, PGY-2, etc.).

A guide at a minimum for the number of residents/faculty to be interviewed by the review team follows (**questions for residents and faculty are attached at end of template**):

RESIDENTS

<i>Number of Residents in the Program:</i>	<i>Minimum Number of Residents to Interview**:</i>
1	1
2-4	2
5-9	3
10-15	4
16-20	5
20+	6

*** Note: At least 1 peer-selected trainee from **each PGY level** of training must be interviewed. For some programs (depending on the number of residents in the program), this minimal number will be higher. Do not list their names in the internal review report, but do record the number of trainees you interview at each PGY level.*

FACULTY

<i>Number of Faculty in the Program:</i>	<i>Minimum Number of Faculty to Interview:</i>
1	1
2-4	2
5-15	3
>15	4

- IV. The completed internal review will be: 1) presented to and approved by the RRSC; 2) presented to and approved by the GMEC; 3) the GMEC will then request a progress report (if required); 4) the progress report will be presented to and approved by the GMEC. This approval finalizes and completes the internal review process. If no progress report is required, the finalization and completion of the internal review process will take place after the GMEC approval of the completed internal review.
- V. See attached Template for Internal Review Reports.

INTERNAL REVIEW OF GME PROGRAMS
THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
TEMPLATE

The template outline and questions below are to be used as a guide for program director and faculty interviews completed as part of the University of Mississippi Medical Center's Internal GME Review Protocol.

At the end of this protocol:

- 1) questions for residents are listed,
- 2) questions for faculty/program director are listed, and
- 3) required questions for the program director to answer in written form and submit to the internal review team leader.

The review team should plan to explore all topics necessary to assure compliance with ACGME training program requirements.

It is required by the ACGME that at least (1) faculty member, (1) administrator, and (1) resident participate in the review team (residents meet with residents as specified in this protocol). **All team members are required to at a minimum, read and review provided documentation, and edit the final internal review report.**

I. Introduction:

- A. Name of Program Reviewed:
- B. Educational Program Director (list name):
- C. Date of Current Review:
- D. Current ACGME Status:
- E. Effective Date of Most Recent ACGME Accreditation:
- F. Date of ACGME Progress Report, if required:
- G. Date of next Anticipated ACGME Site Visit:
- H. Date of last Internal Review:
- I. Date of Last Internal Review Progress Report to GMEC, if required:

II. Interviews:

- A. Review Team:
 1. **Leader:** Responsibilities include arrangements for the internal review with the Review Team Members and the Program Director of the program to be reviewed; writing and presenting the final report to the RRSC
 2. **Faculty Member(s)**
 3. **Administrator**
 4. **Residents**
- B. Interviews conducted with the following individuals within the program:
 1. **Program Director and/or Chair of the Department**
 2. **Members of the Faculty**
 3. **Resident(s) at each level of the program**
(Do not list resident names – **only list the PGY levels**)
 4. **Additional individuals associated with the program as deemed appropriate**

III. Materials to be Examined:

- A. Institutional and Program Requirements from ACGME Essentials of Accredited Residency Programs (this is provided to all team members electronically).
- B. Documentation Checklist:

Done?	Resident Folder Documentation (recent graduate and current resident)
	Monthly rotation evaluation of resident by faculty
	Semiannual evaluation by Program Director
	360 evaluation of resident
	Procedural Skills, Case Logs
	Copy of resident contract
	Copy of medical license
	Moonlighting acknowledgement signed by the Program Director and resident
	Selection document (e.g. ERAS application and supporting documents)
	Board Scores/In-training exam scores
	Recent Graduate Folder Only: Program Director Statement in file - "Dr.____(resident) has demonstrated sufficient professional ability to practice competently and independently"

Done?	Program Documentation
	Letters of Accreditation and progress reports from ACGME
	Previous Internal Review documentation (e.g. reports, responses)
	Resident evaluation forms
	Annual Program Evaluation and written improvement plan
	Competency-based written curriculum with goals and objectives for each level of training and each rotation (competency milestones)
	Affiliation agreements for off-site rotations
	Resident Handbook
	Research and scholarly activity for faculty and residents
	Conference schedules and attendance roster
	Competency assessment tools (also see section VI below in protocol)
	Graduate Survey
	Presentations on special topics with dates (ethics, medical/legal, cost containment)
	Call schedules and copy of annual master schedule
	Duty hours monitoring

Done?	Policies
	Policy on resident supervision, duty hours, and moonlighting
	Policies on resident selection, promotion, dismissal, and grievance
	Policy on leave of absence and effects of leaves on satisfying criteria for program completion

IV. Effectiveness in addressing citations/comments (if any) listed in last ACGME Letter of Accreditation and previous Internal Reviews, including mechanisms to correct identified deficiencies

V. Educational Objectives:

A. Appraisal and analysis of documents reviewed:

1. Educational Objectives of the Program
2. Adequacy of Educational and Financial Resources to meet Objectives (faculty support, space, equipment)
3. Effectiveness of the Program in meeting the Objectives
4. Residency Curriculum: assessment of inclusion of the ACGME six general competencies (a portion of this will be answered by program director in required questions **in bold** at end of protocol template)
5. Faculty Participation in residency education program
6. Annual program improvement efforts in: resident performance using aggregated resident data; faculty development; graduate performance including performance of program graduates on the certification examination (e.g. board scores); and, program quality.
7. Facilities and Equipment (lounge, call rooms, computers, etc.)
8. Evaluation of Resident Teaching
9. Criteria and Processes for Selection, Evaluation, Promotion and Dismissal of Residents to meet Institutional and Program Requirements

VI. Competency-based Curriculum Development:

Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME six general competencies (**this is the portion addressed by the required questions/answers in bold at end of protocol template**). List tools used by program review Program Director Competency Addendum describing specific activities in detail.

VII. Best Practices of the Program:

VIII. Immediate Concerns and Recommendations (Internal Review Team response):

IX. Date Progress Report due to GMEC:

X. Date GMEC Reviewed/Finalized Report:

Program Director Competency Addendum

The questions below have been selected from the ACGME Program Information Form (PIF). The Program Director is to answer them in written form and submit completed addendum to Team Leader for inclusion in Internal Review Report.

Patient Care

Give one example and the outcome of a planned quality improvement activity or project in which at least one resident participated in the past year that required the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that guided this process (limit your response to 400 words).

Medical Knowledge

List regular departmental conferences, rounds, etc. that are a part of your educational program. Indicate the frequency, e.g., weekly, monthly, etc.

Conference	Frequency (weekly, monthly, etc.)	Persons(s) Responsible for Conducting Conference

Practice-based Learning and Improvement

Describe how residents (limit your response to 400 words):

- a) develop teaching skills necessary to educate patients, families, students, and other residents;
- b) teach patients, families, and others; and
- c) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

Interpersonal and Communication Skills

Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities (limit your response to 400 words).

Professionalism

Describe at least one learning activity, other than lecture, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles (limit your response to 400 words).

Systems-based Practice

Please describe how residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care (limit your response to 400 words).

QUESTIONS for the RESIDENTS:

- ✚ Is your lounge and call quarters space adequate?
- ✚ Is your workload or call schedule excessively difficult? How often are you on call?
- ✚ Do you have one day off each week on average (4 days per month)?
- ✚ Do you have adequate access to the Inter/Intranet within your department / division?
- ✚ Are you provided written curricula with learning objectives for all of your training experiences? Do you participate in curricular development?
- ✚ Are training program conferences educational and do they cover all topics key to your specialty training?
- ✚ Do you receive training in issues such as practice management, ethics, legal medicine, professionalism, substance abuse, etc.?
- ✚ How often do you update your experience (procedure) logs?
- ✚ Do you feel you do adequate numbers of procedures specific to your specialty area over the years of your training?
- ✚ Do you receive regular feedback on your performance and meet at least every 6 months with program leadership for a performance review?
- ✚ How often do you have the opportunity to evaluate faculty? To evaluate the program?
- ✚ Are you ACLS, ATLS, or PALS certified (whichever is appropriate)?
- ✚ Does the program help you prepare for Boards in any way? (Board review courses, study guides, etc.)
- ✚ Are you unhappy with any specific rotation experiences during your course of training? Do some rotations emphasize service to the exclusion of education?
- ✚ Does your training program have adequate numbers of faculty? Are "experts" available in all the key subspecialty areas of your field?
- ✚ Does the intern year prepare you well for advancement to PGY-2 status?
- ✚ Are you familiar with the six "competencies for physicians" as outlined by the ACGME?
- ✚ How are each of the six ACGME general competencies assessed in your Department (e.g., curriculum, didactics, evaluations, etc.)?
- ✚ Do you receive clinical instruction by non-physician personnel?
- ✚ Do you feel you are receiving adequate education to prepare you for clinical practice?
- ✚ How has your program addressed citations received in its last RRC site survey / review?
- ✚ Do you have specific suggestions for improving your residency training program?

QUESTIONS for the FACULTY/PROGRAM DIRECTOR:

- ✚ Is your resident lounge and call quarters space adequate?
- ✚ Is the resident workload/call schedule excessively difficult? How often are residents on call?
- ✚ Do your residents have one day off each week on average (4 days per month)?
- ✚ Do your residents have adequate access to the Inter/Intranet within your department?
- ✚ Are your residents provided written curricula with learning objectives for all of their training experiences? Do residents participate in curricular development?
- ✚ Are resident training program conferences educational and do they cover all topics key to residents' specialty training?
- ✚ Do your residents receive training in issues such as practice management, ethics, legal medicine, professionalism, substance abuse, etc.?
- ✚ How often do your residents update their experience (procedure) logs?
- ✚ Do your residents feel they do adequate numbers of procedures specific to their specialty area over the years of their training?
- ✚ Do your residents receive regular feedback on their performance and meet at least every 6 months with program leadership for a performance review?
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- ✚ Are your residents ACLS, ATLS, or PALS certified (whichever is appropriate)?
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- ✚ Does your training program have adequate numbers of faculty? Are "experts" available in all the key subspecialty areas of your field?
- ✚ Does the intern year prepare your residents well for advancement to PGY-2 status?
- ✚ Are you/your residents familiar with the six "competencies for physicians" as outlined by the ACGME?
- ✚ How are each of the six ACGME general competencies assessed in your Department (e.g., curriculum, didactics, evaluations, etc.)?
- ✚ Do your residents receive clinical instruction by non-physician personnel?
- ✚ Do your residents feel they are receiving adequate education to prepare them for clinical practice?
- ✚ How has your program addressed citations received in its last RRC site survey / review?
- ✚ Do you have specific suggestions for improving your residency training program?