Internal Review Policy

I. PURPOSE:

1.1. This protocol has been developed by the Graduate Medical Education Committee (GMEC) to conduct the internal review of residency education programs at Morehouse School of Medicine (MSM).

1.2. The process for internal review will be activated at midpoint intervals between Residency Review Committee (RRC) surveys for each program.

1.2.1. The GMEC chair notifies the Program Director and the department chair of the time-line for review, and the identification, notification, and charging of an Internal Review Committee (a subcommittee of the GMEC).

1.2.2. This notification is submitted in writing through GME Administration.

1.3. The program is responsible to:

a) Collect and collate the required background documents (see Appendix A)

b) Perform and collate surveys of departmental leadership, faculty, and Residents

c) Use this information to prepare a narrative self-assessment and complete a departmental leadership survey

1.4. The Internal Review Committee and the Graduate Medical Education Office will provide a written report of this departmental self-assessment and the investigative information gathered by the internal review team along with interviews of leadership, faculty, and residents. This report is to be submitted to the Graduate Medical Education Committee (GMEC) and to the Dean's Office.

1.5. These guidelines are intended to allow investigative flexibility while establishing an acceptable evaluation framework. The ultimate goal of these guidelines is to promote the continuous quality improvement of the program under review.

II. SCOPE:

2.1. Internal reviews by selected individuals without bias affect the academic and administrative evaluations of Morehouse School of Medicine Residency Education Programs. The objectives of these reviews include:

2.1.1. To provide residency education programs the opportunity to assess or reassess their compliance with the ACGME Institutional Requirements and specialty program requirements

2.1.2. To ensure the program's compliance with institutional goals and objectives for graduate medical education and to gauge its adherence to established standards and policies

2.1.3. To reaffirm the institution's commitment to graduate medical education (residency) programs and to support comprehensive institutional planning to meet the educational needs of physicians-in-training (Residents)

2.1.4. To examine the degree to which the residency education program aligns its efforts in graduate medical education with other residency programs and with undergraduate medical education programs and provides the opportunity for faculty and residents to participate in scholarly activities

2.1.5. To evaluate participating educational affiliates and their suitability and support for the institution and/or residency program

2.2. The curriculum, faculty teaching, supervision, and evaluation system must ensure that Residents can demonstrate general competencies that can be evaluated and measured by both the faculty and the Residents, themselves. The following parameters are essential to ensure the compliance of an internal review of a program with these objectives:

2.2.1. Assess whether each program, in accordance with relevant program requirements, has defined the specific knowledge, skills, and attitudes required and provided educational experiences for the Residents to demonstrate competency in:

a) Patient care skills

b) Medical knowledge

c) Interpersonal and communication skills

d) Professionalism

e) Practice-based learning

f) Systems-based practice

2.2.2. Provide evidence of the program's use of evaluation tools to ensure that Residents demonstrate competence in each of the six areas

2.2.3. Appraise the development and use of dependable outcome measures by the program for each of the general competencies

2.2.4. Appraise the effectiveness of each program in implementing educational outcomes with program improvement

III. APPOINTMENT OF THE INTERNAL REVIEW COMMITTEE:

3.1. The Internal Review Committee is selected by the appointed Chair of the GMEC, through the GME office in consultation with the GMEC.

3.1.1. An Internal Review Committee Chair shall be designated and will work closely with the GME administration to ensure that the process moves forward in accordance with the protocol and schedule.

3.1.2. The Chair (leader) of the Internal Review Committee and GME administration are responsible for the resulting report.

3.1.3. The GME administration will schedule initial meetings and act as staff to the committee as required.

3.1.4. The Internal Review Committee slate is subject to review by the GMEC.

3.2. A typical Internal Review Committee will consist of the following members (implicitly from a variety of programs/departments):

3.2.1. The appointed Internal Review Committee chair (a Residency Program Director, or associate director, from a program not under review)

3.2.2. A member of the faculty who is not a participant of the program under review (who may be selected by the Internal Review team leader)

3.2.3. A Resident from a program that is not under review

3.2.4. The Associate Director of GME who shall be responsible for internal review records and for interviewing program administrative staff

3.2.4.1. Program managers may also be asked to fill this role when the review administrator is unavailable for a meeting.

3.2.4.2. Staff from the GME administration shall fulfill this assignment when the review administrator is unavailable for a meeting.

3.2.5. Additional members of the general faculty or staff as determined by the Internal Review Team Leader

3.2.6. GME Director as an ex officio member of the Internal Review committee

IV. <u>CHARGE OF THE INTENAL REVIEW COMMITTEE</u>:

The Internal Review Committee will be responsible for conducting a comprehensive, unbiased evaluation of a residency education program, always with the expectation of continued accreditation of the program. In this regard, the team will conduct its review in relation to the following major areas:

4.1. **Program and Curriculum** and its relationship to institutional goals and objectives and to ACGME institutional and program accreditation requirements, including:

4.1.1. Appropriate curricular elements, including the incorporation of the six (6) general competencies

4.1.2. Sufficient faculty (numbers, time commitment, availability, variety of areas)

4.1.3. Program/department support of scholarly activity by faculty and Residents

4.1.4. Appropriate educational formats and experiences

4.1.5. Appropriate and timely evaluation and feedback including evaluation of both the teaching and learning of the six (6) general competencies

4.1.6. The broad scope of program education modules, including:

- Program objectives
- Curriculum
- Progression criteria
- Interdepartmental educational responsibilities
- Scholarly activities

4.1.7. Use of a variety of evaluation approaches to determine educational effectiveness

4.2. Educational Process and Schedule

4.2.1. Resident selection process (according to ACGME and MSM policy)

4.2.2. The duration and levels of training (appointments, assignments, evaluations, progression)

4.2.3. Appropriate supervision and evaluation based on accreditation requirements and institutional standards

4.2.4. Duty schedules that are consistent with institutional and accreditation requirements

4.2.5. Appropriate program policies for supporting Residents' academic progress and for remediation and dealing with educational and disciplinary problem issues

4.2.6. Appropriate program documentation of Resident evaluation and progress including the maintenance of the Resident's educational record

4.2.7. Problem issues appropriately documented and addressed in accordance with MSM and program policies

4.2.8. Adherence to program and institutional policies and guidelines (including those of educational affiliates)

4.3. Evaluation of Program Affiliations

4.3.1. Facilities, sites, and demographics (patient/case variety and numbers) appropriate to the educational program

4.3.2. Institutional agreements or program letters of understanding (for limited rotations) to support ACGME requirements (at the minimum)

4.3.3. Affiliate's current accreditation and certification status, e.g., JCAHO and CMS

4.3.4. Participation of the residency program and Residents in Quality Assurance in affiliate quality management programs

4.3.5. Appropriate availability of ancillary support, including facilities, security, systems, and personnel

4.3.6. Appropriate financial support of the program

V. DEVELOPMENT OF A PROGRAM SELF-ASSESSMENT DOCUMENT:

5.1. At the naming and charging of the Internal Review Committee, the GMEC Chair and GME administration will direct (in writing) the Program Director to complete their Program Information Form not later than three (3) months from the date of notification (see Section VI: Schedule and Timeline for Reviews).

5.2. The basic structure of the review document will address the ACGME Institutional Requirements and highlight major areas within the program according to the Essentials for Accredited Residencies in Graduate Medical Education.

5.2.1. A sample Residency Program Self Assessment document format is included in Appendix A.

5.2.2. Residency Program Directors are encouraged to discuss this document with the Director of GME Administration concerning its content and the preparation of the document.

VI. SCHEDULE AND TIMELINE FOR REVIEWS:

6.1. Each residency education program should be reviewed at least once before an official accreditation visit at midpoint between visits.

6.2. The Director of GME Administration will maintain a schedule of accreditation visits and when internal reviews are to be conducted. *The timetable for internal reviews may vary and this process may be adjusted according to a specialized timetable developed by the GME Administration to ensure that all reviews are completed on time.* However, the following sequence of events should serve as a model.

6.2.1. Month One:

6.2.1.1. GMEC Chair provides written notification through GME administration to the residency Program Director and department chair that an internal review is to commence. This should include a timeline and due dates for the internal review report (three months from notification).

6.2.1.2. GMEC Chair/GMEC names and charges an Internal Review Committee. GME administration schedules the initial meeting. Core program documents for review by the Internal Review committee should be submitted to the committee within one (1) month of notification.

6.2.2. Month Two:

6.2.2.1. Residency program reviews requirements, internal meetings, and discussions.

6.2.2.2. Program Residents meet with non-faculty facilitator (such as program coordinator) to discuss program strengths and opportunities for improvement as a group. Residents prepare a brief narrative including a list of key strengths and key areas for improvement along with their suggestions for implementing needed changes.

6.2.2.3. Program collects and collates background documents and submits core residency program documents to the Internal Review Committee.

6.2.2.4. Program residency advisory committee (or equivalent) performs a survey of leadership, faculty, and Residents.

6.2.2.5. Residency program administration prepares Program Information Form.

6.2.2.6. Program faculty and Residents complete the Internal Review Surveys (Appendices C and D) and through the GME administration submit follow-up documentation to the Internal Review Committee.

6.2.2.7. GME administration schedules and holds meetings of the Internal Review Committee as necessary to review:

a) Institutional requirements

b) Program requirements

c) Residency Review Committee (RRC) reports

d) Institutional policies

e) Core Competencies Survey

f) Core documents submitted by the program

6.2.2.8. GME administration schedules the calendar (in month 3) for the Internal Review Committee to meet with Program Director, Department Chair, faculty, and Residents (in separate meetings) and program site visit.

6.2.2.9. When the Department identifies systemic and institutional core issues that significantly and adversely impact the program's compliance with requirements, the Program Director and chair shall notify the GME office in writing of these issues as they prepare the self review document.

6.2.3. Month Three:

6.2.3.1. Department submits the Program Information Form and the Residency Program Self Assessment document to the GME office three months from date of notification.

6.2.3.2. Department begins the internal review of the program, including interviews with Residents, faculty, program staff, and others, as necessary.

6.2.3.3. Team conducts a site visit to program facilities and to affiliates, as needed.

6.2.3.4. Internal Review Committee prepares the draft of the Internal Review Report.

6.2.3.5. Internal Review Committee submits the draft of the Internal Review Report to the GME office.

6.2.3.6. GME office submits final Internal Review Report to the Graduate Medical Education Committee.

6.2.3.7. If the Internal Review Committee identifies systemic and institutional core issues that significantly and adversely impact the program's compliance with requirements, the chair of the committee shall notify the Assistant Dean of Graduate Medical Education.

6.2.4. Month Four:

6.2.4.1. Internal Review Committee chair submits the report to the GMEC (due date is set at four months from date of initiation of process).

6.2.4.2. GMEC submits report to Program Director and chair.

6.2.4.3. These groups review the report; the report is recorded into the GMEC minutes after review and comment.

6.2.5. Month Five-Six:

6.2.5.1. GMEC conducts post-review follow-up with Program Director on recommended corrective action, if required.

6.2.5.2. GME Director revises the Internal Review Report and submits to GMEC, if necessary.

6.2.5.3. Dean and Senior Vice President for Academic Affairs submit the report to the Academic Policy Council (APC); the report is recorded into the APC minutes.

6.2.5.4. Administration and/or GMEC initiate a follow-up plan when necessary.

VII. INTERNAL REVIEW PROCEDURES:

7.1. At the initial meeting scheduled by GME administration, the Internal Review Committee chair will review the core documents received from the residency program and/or the GME office. These documents are listed in Appendix A.

7.2. Upon receipt of the Program Information Form, the Residency Program Self Assessment document, and pertinent supporting information from the residency Program Director, the chair of the Internal Review Committee will meet with the review team to perform a preliminary review of the submitted documents.

7.2.1. The date(s) will also be set for interviews and site visits.

7.2.2. These visits should be set in the second month as described above.

7.3. Special areas of focus or additional information to be available within the scheduled review will be identified and conveyed to the residency Program Director for action. It will also be determined at this time if additional site visits (other than at primary site) are required by the team.

7.4. The team will meet with the residency Program Director, the department chair, select faculty members, program administrative staff, and at least one Resident from each postgraduate year (PGY). Some of these visits may be scheduled prior to the site visit.

7.5. At the conclusion of the program review, the internal review team will schedule a follow-up meeting to compile information and record their findings. A draft report will be submitted to the residency Program Director and department chair for review and comments.

VIII. INTERNAL REVIEW REPORT:

8.1. The final Internal Review Report should be prepared within 30 days following the review.

8.1.1. Copies of the report should be forwarded to the Chair of the Graduate Medical Education Committee (GMEC) before the next scheduled GMEC meeting (first Tuesday of the month).

8.1.2. GME office forwards copies to the Program Director and Department Chair.

8.2. The Chair of the GMEC will include the report on the agenda.

8.2.1. The Internal Review Committee chair and the residency Program Director will present the report and will ask for committee discussion and comments.

8.2.2. The GMEC chair will call for acceptance of the report by the GMEC.

8.2.3. Within one month, progress reports or corrections may be added. If there are substantial changes, the GMEC will review the document again. If not, copies will be forwarded to the Dean as chair of the Academic Policy Council (APC). Follow-up plans will be made as necessary.

8.3. The Report should include the following sections:

8.3.1. Executive Summary

8.3.1.1. This section lists the members of the Internal Review Committee, schedule of events, and names of all program participants.

8.3.1.2. This section also includes an overview of the most recent RRC accreditation letter and previous internal review documents.

8.3.2. Program Evaluation

8.3.2.1. This section addresses each residency program component included in the review document (see Appendix A). The Internal Review Committee will evaluate compliance with ACGME Institutional Requirements, residency program requirements, and MSM policies and procedures.

8.3.2.2. New applications will meet the same scrutiny as existing programs.

8.3.2.3. The team will complete the same composite questionnaire (leadership) provided to the program for self assessment, and will rate each component using the following legend:

1: Noncompliant, completely inadequate
2: Partial compliance, key issues must be addressed
3: Compliant but needs improvement
4: Compliant
5: Exemplary
N/A: Not applicable

8.3.3. Recommendations/Commendations

8.3.3.1. This section provides narrative elaboration and addresses the ratings in the program evaluation.

8.3.3.2. Specific recommendations for program improvement must be based on requirements.

8.3.3.3. Findings by the Internal Review Committee and issues highlighted in the last RRC review that may cause an adverse accreditation action should be significantly emphasized. Past items that have not been corrected must be highlighted in the report for immediate action by the program and the MSM administration. Exemplary findings within the program are also to be recognized in a narrative.

8.3.4. Appendices—This section includes the following documents:

8.3.4.1. The original Residency Program Self Assessment document submitted by the residency Program Director

8.3.4.2. Any other evaluation documents used in the review

IX. POST REVIEW FOLLOW-UP:

9.1. After the Dean and the Academic Policy Council have reviewed the final report, the Dean may choose to meet with the chair of the Graduate Medical Education Committee (GMEC), the residency Program Director, and the department chair to discuss strategies for addressing any major deficiencies.

9.1.1. There may be institutional, other departmental, or affiliate deficiencies involved that require broad-based efforts towards correction.

9.1.2. There may also be particular program strengths that can be shared across residency programs.

9.1.3. Post-review follow-up should stimulate an institution-supported planning process to ensure the continuous quality improvement of all MSM residency programs.

APPENDIX A

RESIDENCY PROGRAM SELF ASSESSMENT
Program Data Collection

Program _____ Director _____

Last RRC Review Date _____ Current Status _____

Next Anticipated Site Visit Date _____

BACKGROUND DOCUMENTS

The purpose of data collection and a materials review is to enable the program to conduct a self assessment. The following information should be collected and reviewed by the program administration to develop the **Residency Program Self Assessment** document.

The following materials are to be collected by the program and provided to the Internal Review Committee upon receipt of notification of review:

- ACGME accreditation notification letter after the last site visit
- Previous Internal Review Report
- Copies of all correspondence from ACGME to the Program and from the Program to ACGME since the last visit
- Recruiting materials and general program descriptions
- General rotation and educational session schedules
- Residency Program Handbook and Resident activity schedules (didactic and clinical)

The following background documents are to be collected, collated, and retained for review by the program and department:

- Records of didactic sessions, including dates, instructor, and records of Resident and faculty attendance
- Minutes of Program Residency Advisory Committee meetings
- Records of faculty teaching/supervisory assignments, including time actually spent teaching and supervising residents
- Evaluations of all Residents by the Program Director (required at least every six months)
- Evaluations of rotations and didactic sessions by Residents (analysis expected to be used for the annual Residency Advisory Committee review)
- Composite Annual Resident Survey of Program

PROGRAM MEETINGS/INTERVIEWS TO BE HELD

Notes or minutes on the meeting are to be kept and synopses provided as appendices to the Internal Review Report to the following personnel:

- Department chair and Program Director and with associate Program Directors, when appropriate
- Faculty, including residency advisory committees, individually or as a group; a dated record of meeting content should be included
- Residents, individually or as a group; a dated record of meeting content should be included

DATA TO BE COLLECTED

The following data should be collected for use in the self assessment:

- Leadership self-assessment forms completed by the Program Director, Associate Directors, and chair
- Self assessment questionnaires from at least 60% of the full-time faculty
- Self assessment questionnaires from at least 60% of the Residents
- Narrative of strengths and areas for improvement by program Residents
- Core competencies summary surveys completed by program/departmental leadership

CONCLUDING/SUMMARY MEETING

A departmental meeting should be held between the residency Program Director and/or chairman and the residency advisory committee to report outcomes, observations, concerns, and recommendations.

WRITTEN REPORT TO GRADUATE MEDICAL EDUCATION COMMITTEE

The self assessment document will consist of a comprehensive narrative report to be completed by the Program Director. This report is to be submitted to the Internal Review chair along with the Residency Internal Review Questionnaire for Departmental Leadership (Appendix B). These documents are a composite of the residency program requirements and a program self assessment.

Elaborate on the strengths, weaknesses, opportunities, and threats of the program as they correspond to the ACGME Institutional and Program requirements, MSM policies and procedures, and any other documents and events pertinent to the review.

In addition, include a discussion of previous citations and their remedies or the impediments to correcting the existing citations.

APPENDIX B

RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE
Residency Program Leadership
(Program Director, Associate Directors, Department Chair)

THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.

Use the following scale to evaluate and score the level of program compliance:

1: Noncompliant, completely inadequate
2: Partial compliance, key issues must be addressed
3: Compliant but needs improvement
4: Compliant
5: Exemplary
N/A: Not Applicable

I. INSTITUTIONAL RESOURCES AND RESPONSIBILITIES

MSM Sponsorship

Compliance Metric	1	2	3	4	5	N/A
A. School commitment	❑	❑	❑	❑	❑	❑
B. Resources allocated by school	❑	❑	❑	❑	❑	❑
C. Governance of GMEC	❑	❑	❑	❑	❑	❑
D. Policies and procedures (MSM GME)	❑	❑	❑	❑	❑	❑

Faculty Support (from MSM)

Compliance Metric	1	2	3	4	5	N/A
A. Faculty number and types	❑	❑	❑	❑	❑	❑
B. Faculty policies	❑	❑	❑	❑	❑	❑

Participating Institutions (repeat for every key education affiliate and answer specifically for the specialty program)

Compliance Metric	1	2	3	4	5	N/A
A. Agreement to support program exists	❑	❑	❑	❑	❑	❑
B. Program quality improvement at affiliate	❑	❑	❑	❑	❑	❑
C. Affiliate appropriately supports program	❑	❑	❑	❑	❑	❑

Administrative Support Services

Compliance Metric	1	2	3	4	5	N/A
A. Academic administration of MSM	❑	❑	❑	❑	❑	❑
B. Business and finance of MSM	❑	❑	❑	❑	❑	❑
C. Personnel/benefits of MSM	❑	❑	❑	❑	❑	❑

Education Facilities Support

Compliance Metric	1	2	3	4	5	N/A
A. General (adequacy of facilities)	❑	❑	❑	❑	❑	❑
B. Inpatient facilities	❑	❑	❑	❑	❑	❑
C. Ambulatory care facilities	❑	❑	❑	❑	❑	❑
D. Other facilities as needed for training	❑	❑	❑	❑	❑	❑
E. Availability of autopsies	❑	❑	❑	❑	❑	❑
F. Medical library (campus—Westview)	❑	❑	❑	❑	❑	❑
G. Medical library (training site)	❑	❑	❑	❑	❑	❑

Resident Working Environment

Compliance Metric	1	2	3	4	5	N/A
A. Patient population/cases per	❑	❑	❑	❑	❑	❑
B. Variety of cases	❑	❑	❑	❑	❑	❑
C. Ancillary support (medical records, lab, etc.)	❑	❑	❑	❑	❑	❑
D. On call quarters	❑	❑	❑	❑	❑	❑
E. Food availability on call	❑	❑	❑	❑	❑	❑
F. Security	❑	❑	❑	❑	❑	❑

Selection and Appointment of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Accordance with MSM policy	❑	❑	❑	❑	❑	❑
B. Appropriate to program academic standards	❑	❑	❑	❑	❑	❑
C. Appropriateness of compensation and benefits	❑	❑	❑	❑	❑	❑

Availability of Counseling Services

Compliance Metric	1	2	3	4	5	N/A
A. Impairment programs	❑	❑	❑	❑	❑	❑
B. General counseling	❑	❑	❑	❑	❑	❑
C. Employee Assistance Program	❑	❑	❑	❑	❑	❑

II. CURRICULUM AND TRAINING PROGRAM

General Program Assessment

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Organization and structure	❑	❑	❑	❑	❑	❑
B. Presence of other program(s) Residents	❑	❑	❑	❑	❑	❑
C. Peer interaction	❑	❑	❑	❑	❑	❑
D. Patient responsibility	❑	❑	❑	❑	❑	❑
E. Progressive responsibilities	❑	❑	❑	❑	❑	❑
F. Resident duty hours (explain below)	❑	❑	❑	❑	❑	❑
G. Resident supervision (explain below)	❑	❑	❑	❑	❑	❑

Comments:

F. _____

_____

G. _____

_____

Specific Training Experiences

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Sub-specialty care	❑	❑	❑	❑	❑	❑
B. Other disciplines	❑	❑	❑	❑	❑	❑
C. Consultation experience	❑	❑	❑	❑	❑	❑
D. Inpatient care	❑	❑	❑	❑	❑	❑
E. Ambulatory care	❑	❑	❑	❑	❑	❑
F. Emergency care/treatment	❑	❑	❑	❑	❑	❑
G. Critical care units	❑	❑	❑	❑	❑	❑

Other Educational Requirements

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Humanistic qualities	❑	❑	❑	❑	❑	❑
B. Preventive medicine	❑	❑	❑	❑	❑	❑
C. Laboratory studies	❑	❑	❑	❑	❑	❑
D. Rehabilitation	❑	❑	❑	❑	❑	❑
E. Medical ethics	❑	❑	❑	❑	❑	❑
F. Cost-effective medicine	❑	❑	❑	❑	❑	❑
G. Medical information sciences	❑	❑	❑	❑	❑	❑

Formal Didactic Program Effectiveness

Compliance Metric	1	2	3	4	5	N/A
A. Lecture series	❑	❑	❑	❑	❑	❑
B. Teaching rounds	❑	❑	❑	❑	❑	❑
C. Conferences and seminars	❑	❑	❑	❑	❑	❑
D. Other formal training	❑	❑	❑	❑	❑	❑

Basic Sciences and Research Activities Available

Compliance Metric	1	2	3	4	5	N/A
A. Basic sciences	❑	❑	❑	❑	❑	❑
B. Clinical research	❑	❑	❑	❑	❑	❑
C. Other	❑	❑	❑	❑	❑	❑

Written Curriculum

Compliance Metric	1	2	3	4	5	N/A
A. Comprehensive and complete	❑	❑	❑	❑	❑	❑
B. Provided to faculty	❑	❑	❑	❑	❑	❑
C. Provided to all Residents	❑	❑	❑	❑	❑	❑
D. Reviewed and updated yearly	❑	❑	❑	❑	❑	❑

Specialty Programs (evaluate the following areas specifically according to the specialty program)

Compliance Metric	1	2	3	4	5	N/A
A. Procedures and technical skills	❑	❑	❑	❑	❑	❑
B. Special educational experiences	❑	❑	❑	❑	❑	❑
C. Geriatric experiences	❑	❑	❑	❑	❑	❑
D. Child/adolescent experiences	❑	❑	❑	❑	❑	❑
E. Pharmacology	❑	❑	❑	❑	❑	❑

III. EVALUATION PROCESS

Evaluation of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Evaluation is completed, reviewed, and documented	❑	❑	❑	❑	❑	❑
B. Evaluation uses appropriate tools	❑	❑	❑	❑	❑	❑
C. Evaluation is used to guide progression	❑	❑	❑	❑	❑	❑
D. Residents receive feedback in a timely manner	❑	❑	❑	❑	❑	❑
E. Evaluation is completed with appropriate frequency	❑	❑	❑	❑	❑	❑
F. Evaluation includes competencies	❑	❑	❑	❑	❑	❑

Residents' Evaluation of Faculty

Compliance Metric	1	2	3	4	5	N/A
A. Residents regularly review faculty	❑	❑	❑	❑	❑	❑
B. Evaluation is used to improve program	❑	❑	❑	❑	❑	❑

IV. OUTCOME ASSESSMENTS

Use of Assessments to Measure Program Effectiveness

Compliance Metric	1	2	3	4	5	N/A
A. Criteria exists to measure outcomes	❑	❑	❑	❑	❑	❑
B. Outcome parameters are regularly assessed	❑	❑	❑	❑	❑	❑
C. Outcome measures are used to guide changes	❑	❑	❑	❑	❑	❑

Comments on Program Strengths and Weaknesses in Survey Areas

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APPENDIX C

RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE
Residency Program Faculty

THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.

Use the following scale to evaluate and score the level of program compliance:

1: Noncompliant, completely inadequate
2: Partial compliance, key issues must be addressed
3: Compliant but needs improvement
4: Compliant
5: Exemplary
N/A: Not Applicable

I. EDUCATIONAL ENVIRONMENT

Training Facilities

Compliance Metric	1	2	3	4	5	N/A
A. General (adequacy of facilities)	❑	❑	❑	❑	❑	❑
B. Inpatient facilities	❑	❑	❑	❑	❑	❑
C. Ambulatory care facilities	❑	❑	❑	❑	❑	❑
D. Other facilities as needed for training	❑	❑	❑	❑	❑	❑
E. Availability of autopsies	❑	❑	❑	❑	❑	❑
F. Medical library (campus—Westview)	❑	❑	❑	❑	❑	❑
G. Medical library (training site)	❑	❑	❑	❑	❑	❑

Resident Working Environment

Compliance Metric	1	2	3	4	5	N/A
A. Patient population/cases per	❑	❑	❑	❑	❑	❑
B. Variety of cases	❑	❑	❑	❑	❑	❑
C. Working hours and supervisory support	❑	❑	❑	❑	❑	❑
D. Ancillary support (medical records, lab, etc.)	❑	❑	❑	❑	❑	❑
E. Quarters	❑	❑	❑	❑	❑	❑
F. Food availability	❑	❑	❑	❑	❑	❑
G. Security	❑	❑	❑	❑	❑	❑

Appointment of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Program academic standards	❑	❑	❑	❑	❑	❑
B. Compensation/benefits	❑	❑	❑	❑	❑	❑

II. CURRICULUM AND TRANING PROGRAM

Resident

Compliance Metric	1	2	3	4	5	N/A
A. Responsibilities	❑	❑	❑	❑	❑	❑
B. Duty hours and supervision	❑	❑	❑	❑	❑	❑
C. Lines of supervision	❑	❑	❑	❑	❑	❑

Specific Training Experiences

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Sub-specialty care	❑	❑	❑	❑	❑	❑
B. Other disciplines	❑	❑	❑	❑	❑	❑
C. Consultation experience	❑	❑	❑	❑	❑	❑
D. Inpatient care	❑	❑	❑	❑	❑	❑
E. Ambulatory care	❑	❑	❑	❑	❑	❑
F. Emergency care/treatment	❑	❑	❑	❑	❑	❑
G. Critical care units	❑	❑	❑	❑	❑	❑

Other Educational Requirements

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Humanistic qualities	❑	❑	❑	❑	❑	❑
B. Preventive medicine	❑	❑	❑	❑	❑	❑
C. Laboratory studies	❑	❑	❑	❑	❑	❑
D. Rehabilitation	❑	❑	❑	❑	❑	❑
E. Medical ethics	❑	❑	❑	❑	❑	❑
F. Cost-effective medicine	❑	❑	❑	❑	❑	❑
G. Medical information sciences	❑	❑	❑	❑	❑	❑

Teaching of Core Competencies in the Following Areas

Compliance Metric	1	2	3	4	5	N/A
A. Patient care	❑	❑	❑	❑	❑	❑
B. Medical knowledge	❑	❑	❑	❑	❑	❑
C. Practice-based learning and improvement	❑	❑	❑	❑	❑	❑
D. Interpersonal and communication skills	❑	❑	❑	❑	❑	❑
E. Professionalism	❑	❑	❑	❑	❑	❑
F. Systems-based practice	❑	❑	❑	❑	❑	❑

Assessment and Feedback on the Core Competencies

Compliance Metric	1	2	3	4	5	N/A
A. Patient care	❑	❑	❑	❑	❑	❑
B. Medical knowledge	❑	❑	❑	❑	❑	❑
C. Practice-based learning and improvement	❑	❑	❑	❑	❑	❑
D. Interpersonal and communication skills	❑	❑	❑	❑	❑	❑
E. Professionalism	❑	❑	❑	❑	❑	❑
F. Systems-based practice	❑	❑	❑	❑	❑	❑

Formal Didactic Program Effectiveness

Compliance Metric	1	2	3	4	5	N/A
A. Lecture series	❑	❑	❑	❑	❑	❑
B. Teaching rounds	❑	❑	❑	❑	❑	❑
C. Conferences and seminars	❑	❑	❑	❑	❑	❑
D. Other formal training	❑	❑	❑	❑	❑	❑

Availability of Basic Sciences and Research Activities

Compliance Metric	1	2	3	4	5	N/A
A. Basic sciences	❑	❑	❑	❑	❑	❑
B. Clinical research	❑	❑	❑	❑	❑	❑
C. Other	❑	❑	❑	❑	❑	❑

Written Curriculum

Compliance Metric	1	2	3	4	5	N/A
A. Comprehensive and complete	❑	❑	❑	❑	❑	❑
B. Provided to faculty	❑	❑	❑	❑	❑	❑
C. Provided to all Residents	❑	❑	❑	❑	❑	❑
D. Reviewed and updated yearly	❑	❑	❑	❑	❑	❑

Specialty Programs (evaluate the following areas specifically according to the specialty program)

Compliance Metric	1	2	3	4	5	N/A
A. Procedures and technical skills	❑	❑	❑	❑	❑	❑
B. Special educational experiences	❑	❑	❑	❑	❑	❑
C. Geriatric experiences	❑	❑	❑	❑	❑	❑
D. Child/adolescent experiences	❑	❑	❑	❑	❑	❑
E. Pharmacology	❑	❑	❑	❑	❑	❑

III. EVALUATION PROCESS

Evaluation of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Form and process for evaluation	❑	❑	❑	❑	❑	❑
B. Evaluation is used to guide progression	❑	❑	❑	❑	❑	❑
C. Evaluation includes core competencies	❑	❑	❑	❑	❑	❑

Residents' Evaluation of Faculty

Compliance Metric	1	2	3	4	5	N/A
A. I receive regular feedback on my teaching	❑	❑	❑	❑	❑	❑
B. I can use this information to improve	❑	❑	❑	❑	❑	❑

IV. OUTCOMES AND MEASUREMENTS

Compliance Metric	1	2	3	4	5	N/A
A. The program uses appropriate outcome measures	❑	❑	❑	❑	❑	❑
B. The program uses outcomes to guide changes	❑	❑	❑	❑	❑	❑

General Comments from Faculty
(Use additional sheets as needed)

Strengths of This Residency

Areas for Improvement

Other Comments

APPENDIX D

RESIDENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE
Residents in Specialty Programs

THIS SELF ASSESSMENT IS DESIGNED TO BE USED IN CONJUNCTION WITH THE ACGME INSTITUTIONAL AND PROGRAM REQUIREMENTS.

Use the following scale to evaluate and score the level of program compliance:

1: Noncompliant, completely inadequate
2: Partial compliance, key issues must be addressed
3: Compliant but needs improvement
4: Compliant
5: Exemplary
N/A: Not Applicable

I. EDUCATIONAL ENVIRONMENT

Training Facilities

Compliance Metric	1	2	3	4	5	N/A
A. General (adequacy of facilities)	❑	❑	❑	❑	❑	❑
B. Inpatient facilities	❑	❑	❑	❑	❑	❑
C. Ambulatory care facilities	❑	❑	❑	❑	❑	❑
D. Other facilities as needed for training	❑	❑	❑	❑	❑	❑
E. Availability of autopsies	❑	❑	❑	❑	❑	❑
F. Medical library (campus—Westview)	❑	❑	❑	❑	❑	❑
G. Medical library (training site)	❑	❑	❑	❑	❑	❑

Resident Working Environment

Compliance Metric	1	2	3	4	5	N/A
A. Patient population/cases per	❑	❑	❑	❑	❑	❑
B. Variety of cases	❑	❑	❑	❑	❑	❑
C. Ancillary support (medical records, lab, etc.)	❑	❑	❑	❑	❑	❑
D. Quarters	❑	❑	❑	❑	❑	❑
E. Food availability	❑	❑	❑	❑	❑	❑
F. Security	❑	❑	❑	❑	❑	❑

Appointment of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Program academic standards	❑	❑	❑	❑	❑	❑
B. Compensation/benefits	❑	❑	❑	❑	❑	❑

II. CURRICULUM AND TRANING PROGRAM

Resident

Compliance Metric	1	2	3	4	5	N/A
A. Responsibilities	❑	❑	❑	❑	❑	❑
B. Duty hours and supervision	❑	❑	❑	❑	❑	❑
C. Supervision and academic support	❑	❑	❑	❑	❑	❑

Specific Training Experiences

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Sub-specialty care	❑	❑	❑	❑	❑	❑
B. Other disciplines	❑	❑	❑	❑	❑	❑
C. Consultation experience	❑	❑	❑	❑	❑	❑
D. Inpatient care	❑	❑	❑	❑	❑	❑
E. Ambulatory care	❑	❑	❑	❑	❑	❑
F. Emergency care/treatment	❑	❑	❑	❑	❑	❑
G. Critical care units	❑	❑	❑	❑	❑	❑

Other Educational Requirements

How well does the program meet requirements for each of the following areas?

Compliance Metric	1	2	3	4	5	N/A
A. Humanistic qualities	❑	❑	❑	❑	❑	❑
B. Preventive medicine	❑	❑	❑	❑	❑	❑
C. Laboratory studies	❑	❑	❑	❑	❑	❑
D. Rehabilitation	❑	❑	❑	❑	❑	❑
E. Medical ethics	❑	❑	❑	❑	❑	❑
F. Cost-effective medicine	❑	❑	❑	❑	❑	❑
G. Medical information sciences	❑	❑	❑	❑	❑	❑

Teaching of Core Competencies in the Following Areas

Compliance Metric	1	2	3	4	5	N/A
A. Patient care	❑	❑	❑	❑	❑	❑
B. Medical knowledge	❑	❑	❑	❑	❑	❑
C. Practice-based learning and improvement	❑	❑	❑	❑	❑	❑
D. Interpersonal and communication skills	❑	❑	❑	❑	❑	❑
E. Professionalism	❑	❑	❑	❑	❑	❑
F. Systems-based practice	❑	❑	❑	❑	❑	❑

Assessment and Feedback on the Core Competencies

Compliance Metric	1	2	3	4	5	N/A
A. Patient care	❑	❑	❑	❑	❑	❑
B. Medical knowledge	❑	❑	❑	❑	❑	❑
C. Practice-based learning and improvement	❑	❑	❑	❑	❑	❑
D. Interpersonal and communication skills	❑	❑	❑	❑	❑	❑
E. Professionalism	❑	❑	❑	❑	❑	❑
F. Systems-based practice	❑	❑	❑	❑	❑	❑

Formal Didactic Program Effectiveness

Compliance Metric	1	2	3	4	5	N/A
A. Lecture series	❑	❑	❑	❑	❑	❑
B. Teaching rounds	❑	❑	❑	❑	❑	❑
C. Conferences and seminars	❑	❑	❑	❑	❑	❑
D. Other formal training	❑	❑	❑	❑	❑	❑

Quality of Basic Sciences and Research Activities

Compliance Metric	1	2	3	4	5	N/A
A. Basic sciences opportunities	❑	❑	❑	❑	❑	❑
B. Clinical research opportunities	❑	❑	❑	❑	❑	❑
C. Other interests (name below)	❑	❑	❑	❑	❑	❑

Other Interests:

C. _____

_____

Written Curriculum

Compliance Metric	1	2	3	4	5	N/A
A. Comprehensive and complete	❑	❑	❑	❑	❑	❑
B. Provided to faculty	❑	❑	❑	❑	❑	❑
C. Provided to all Residents	❑	❑	❑	❑	❑	❑
D. Reviewed and updated yearly	❑	❑	❑	❑	❑	❑

Specialty Programs (evaluate the following areas specifically according to the specialty program)

Compliance Metric	1	2	3	4	5	N/A
A. Procedures and technical skills	❑	❑	❑	❑	❑	❑
B. Special educational experiences	❑	❑	❑	❑	❑	❑
C. Geriatric experiences	❑	❑	❑	❑	❑	❑
D. Child/adolescent experiences	❑	❑	❑	❑	❑	❑
E. Pharmacology	❑	❑	❑	❑	❑	❑

III. EVALUATION PROCESS

Evaluation of Residents

Compliance Metric	1	2	3	4	5	N/A
A. Form and process for evaluation	❑	❑	❑	❑	❑	❑
B. Evaluation is used to guide Resident progression	❑	❑	❑	❑	❑	❑
C. Feedback is regular and helpful	❑	❑	❑	❑	❑	❑
D. Progress is clearly linked to evaluations	❑	❑	❑	❑	❑	❑
E. Evaluation includes core competencies	❑	❑	❑	❑	❑	❑

Residents' Evaluation of Faculty

Compliance Metric	1	2	3	4	5	N/A
A. Faculty are regularly evaluated	❑	❑	❑	❑	❑	❑
B. Evaluations of faculty are taken seriously	❑	❑	❑	❑	❑	❑
C. Program curriculum is evaluated annually	❑	❑	❑	❑	❑	❑

V. OUTCOMES AND MEASUREMENTS

Compliance Metric	1	2	3	4	5	N/A
A. The program uses appropriate outcome measures	❑	❑	❑	❑	❑	❑
B. The program uses outcomes to guide changes	❑	❑	❑	❑	❑	❑

General Comments from Residents
(Use additional sheets as needed)

Strengths of This Residency

Areas for Improvement

Other Comments