(Revision 4.04)

Internal Residency Review

Medical College of Georgia
2003-2004

I. Process Overview

1. The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of the internal review process.
2. The GMEC must designate an internal review committee(s) to review each ACGME-accredited program in the Sponsoring Institution.
3. The internal review committee will include faculty, residents, and administrators from within the institution but from GME programs other than the one that is being reviewed. There will be at a minimum a three person team that will conduct the internal review sessions. There will be a physician team leader, a resident and an administrative person that are all external to the program undergoing review but internal to the organization. External reviewers may also be included on the committee as determined by the GMEC.
4. The review must follow a written protocol approved by the GMEC that incorporates, at a minimum, the requirements by the ACGME.
5. Internal residency reviews (IRRs) will be conducted at approximately the midpoint between the ACGME program surveys.
6. While assessing the residency program's compliance with each of the program standards, the review should also appraise the following:
    a. the educational objectives of each program;
    b. the effectiveness of each program in meeting its objectives;
    c. the adequacy of available educational and financial resources to support the program;
    d. the effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters and previous internal reviews;
    e. the effectiveness of each program in defining, in accordance with the Program and Institutional Requirements (Section III.E), the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following:
    f. patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice;
    g. the effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above;
    h. the effectiveness of each program in using dependable outcome measures developed for each of the six general competencies listed above; and,
    i. the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

II. Materials and Data

1. The Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs.
2. The accreditation letters from previous ACGME reviews and any progress reports or other communications sent to the RRC.
3. The reports from previous internal reviews of the program.

III. Internal Residency Review Program Visit

1. The IRR will follow the same format for program review as utilized by the RRC site visits. The initial interview will be with the program director and the program coordinator by the three member internal review team with all requested documents available for review (see attached checklist). The information requested on the document checklist should be available at the time of the initial visit. If the department chair or section chief is not the program director, a separate meeting can be arranged if desired by the department or section chief.
2. The second and third interview sessions will include the faculty, peer-selected residents from each level of training in the program, and other individuals deemed appropriate by the IRR committee.
3. In larger programs with greater than 10 faculty members, the review team will meet with at least four or five key faculty members as a group. In smaller programs, it is desirable that all faculty be present.
4. The review team desires to meet with a representative sampling of residents from all years, as a group. These residents should be selected by their peers. In smaller programs with fewer than 10 residents, it is desirable that as many residents as possible be present.

IV: Internal Review Report

1. There will be a written report of the internal review for each ACGME-accredited specialty and subspecialty program that contains, at a minimum, the following:
    a. the name of the program or subspecialty program reviewed and the date of the review;
    b. the names and titles of the internal review committee members to include the resident(s);
    c. a brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed;
    d. sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMEC's internal review protocol;
    e. a list of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter with a summary of how the program and /or institution addressed each one.
2. The report will be provided to the Internal Residency Review Committee for its review and approval of the findings and recommendations from the internal review team.
3. The Internal Residency Review Committee will make recommendations to the GMEC regarding areas of concern related to the program’s compliance with RRC requirements.

V. GMEC Action

1. The written report of each internal review will then be presented to and reviewed by the GMEC.

2. The GMEC findings and recommendations will be summarized in a report known as the Internal Residency Review Executive Summary Report. This report will reflect the areas of concern related to the program's compliance with specific RRC requirements.
3. The IRR Executive Summary Report may stipulate the need for a follow-up Internal Review Citation Progress Report back to the GMEC in a specified period of time. The Internal Review Citation Progress reports will be a standing agenda item on the GMEC schedule based upon the activity of the Internal Review Committee in its ongoing review of the ACGME accredited training programs.
4. The written Internal Residency Review Reports and the Internal Review Executive Summary Reports will be shown to the ACGME site visitor for the institutional review and will be included in the Institutional Review Document submitted to the IRC.

   NOTE: During the review of individual programs, these reports will not be shown to the ACGME site visitor or specialist site visitors, who will only ascertain that an internal review was completed in the interval since the program's previous site visit.

Internal Residency Review Document Checklist

1. The accreditation letters from previous ACGME reviews.
    - Responses to areas of concern on the last RRC site visit report
2. The reports from previous internal reviews of the program.
    - Responses to areas of concern on last Internal Review site visit.
3. Description of major changes in your program since your last review
    - Changes in faculty since the last review
    - Changes in resident complement since the last review.
4. A written copy of the written curriculum with goals and objectives for the program
    - Goals and objectives for each separate resident rotation.
5. Documentation that the faculty and residents have seen the written curriculum with its goals and objectives and have participated in its review and revision
6. Descriptions of learning activities such as lectures, conferences, reading assignments, and educational materials
7. Examples of rotation schedules for residents
8. Evidence that the program goals and objectives of the program are used for teaching the six general competencies:
    - Patient Care Skills
    - Medical Knowledge
    - Interpersonal and Communication Skills
    - Professionalism
    - Practice-based Learning
    - Systems-based Practice
9. Provide the program evaluation plan that spells out how the program is currently or planning to evaluate the six competencies
    - Description of tools developed to evaluate resident competencies in the six areas above.
    - Example(s) of changes in resident performance and changes in the training program based upon the above evaluation process
10. Examples of evaluation forms
    - Written documentation of bi-annual evaluations by the program director
    - Evaluations by faculty of residents at the end of rotations
    - Written evaluations of the faculty, residents and program (at least on an annual basis)
    - Summary evaluations of each resident who graduated from the program written prior to their graduation with the program director attesting to their competence in each of the six areas
11. Methods for keeping track of attendance of residents at conferences, meetings etc.

12. Methods for documenting resident clinical experiences and how the program director knows they are accurate

13. Documentation of faculty attendance at conferences and journal clubs

14. Program committee minutes and faculty meeting minutes with discussions of resident clinical competence and faculty meetings reviewing the program

    - Documentation of attendance of faculty and residents at the meetings.

15. Written policies and procedures for the program and the institution including guidelines for:

    - Supervision of residents: Selection, evaluation, promotion, dismissal of residents and any relevant program requirements

16. Information about any residents who have left the program prior to completion of training, including the reasons for leaving

17. Affiliation agreements and rotation agreements for all training that the residents participate in during their residency

18. Two current resident training files and two graduated resident files

19. Duty hours policies and procedures for the training program

20. Copies of resident duty hour logs

    - Evidence of program director review of resident duty hours and action taken for excessive hours

21. Moonlighting policies and procedures for the program

Interview Questions for Internal Residency Review

Faculty & Program Director List

1. What are the strengths of this program?
2. What are the weaknesses of the program?
3. Has your program developed a curriculum, including goals and objectives that will produce residents educated in the following six general competency areas?
    - Patient Care Skills
    - Medical Knowledge
    - Interpersonal and Communication Skills
    - Professionalism
    - Practice-based Learning
    - Systems-based Practice
4. Are you aware of specific tools that have been developed by your program to evaluate the resident competencies in the areas listed above?
    - Discuss examples of these tools
5. Are there available resources available to achieve the goals and objectives of the training program?
    - What major deficiencies in resources or facilities, if remediated, would improve the program?
6. Do residents evaluate faculty members?
    - How are the results communicated to you?
7. How do you participate in the selection, evaluation and promotion of residents?
8. How do you ensure that the residents do not have excessive duty hours?
    - What is your approach to recognition of excessive resident fatigue?
9. Do the residents moonlight in the training program?
10. How does the faculty supervise the residents in this program?
11. Do you believe the residents will pass the Boards when they finish the program? .
    - What are the first time taker board pass rates for your program?
12. Do residents participate in institutional activities and/or serve on institutional committees?
    - Evidence of resident participation in formal quality-assurance programs
    - Evidence of reviews of complications and deaths
    - Evidence of resident participation in appropriate components of the institution's performance improvement program in conformance with state law
13. What changes would you recommend for this program?

Interview Questions for Internal Residency Review

Residents' Question List:

1. What are the strengths of this program?
2. What are the weaknesses of the program?
3. Are you aware of the six general competency areas?
    - Patient Care Skills
    - Medical Knowledge
    - Interpersonal and Communication Skills
    - Professionalism
    - Practice-based Learning
    - Systems-based Practice
4. Are you aware of specific tools that have been developed by your program to evaluate the resident competencies in the areas listed above?
    - Discuss examples of these tools
5. Is your program's faculty supervision program structured as to permit you progressively increasing levels of responsibility according to a resident's level of education, ability and experience?
6. Are there available resources available to achieve the goals and objectives of the training program from your perspective?
    - Are you getting enough of the right kinds of cases/clinical experiences to meet your expectations and needs?
7. What is your opinion of the following services/systems at MCG?
    - Food services
    - Call rooms
    - Support services: IV team, phlebotomy, laboratory services, messenger and transport services
    - Laboratory/pathology/radiology services
    - Medical records
    - Security/safety
8. What major deficiencies in resources or facilities, if remediated, would improve the program?
9. Are you evaluated by the faculty and how are these evaluations shared with you?
10. Do you get biannual summative evaluations of your progress?
11. Is supervision readily available to you by your attendings?
    - How does the faculty supervise the residents in this program?
12. Do you evaluate the faculty and are your reviews anonymously done?

13. Do faculty attend conferences and journal club activities?

14. Do you formally evaluate your training program at least on an annual basis in a written format?

15. What are your average weekly work hours?

16. Is moonlighting permitted in your training program? If so, how is it monitored?

17. Do you believe the residents will pass the Boards when they finish the program?

18. Do you participate in institutional activities and/or serve on institutional committees?

19. Do you have opportunities and protected time for research activities in your training program?

20. What changes would you recommend for this program?

21. Where to you plan to practice upon completion of your residency education?

    - If in Georgia or the surrounding area, will you refer patients to MCG for tertiary care or consult MCG faculty on complex cases? Why or why not?