

University of California, San Francisco
Graduate Medical Education Internal Review Sub-Committee
Program Directors Self-Study

The Internal Review (IR) Committee will review your program on _____. To prepare for this meeting, we have outlined the IR process (PART I) followed by requests for various documentation needed to efficiently organize this review (PARTS II→VII). We ask that you submit data at least one week prior to the meeting so that the IR Committee can prepare for a constructive interaction with you.

If you have questions about any of our requests, please contact Heidy Garcia at 476-1578 or garciah@medsch.ucsf.edu.

Program Name:

Department:

Accreditation Status:

Length of Cycle: _____ years

Date of Internal Review Committee Interview:

Mid-Cycle Date:

Internal Review Committee Members:

Program Members Interviewed:

PART I: Description of Internal Review Process:

Midway between RRC site visits, the Internal Review Committee of the GMEC meets with the Program Director, other faculty from the program, and peer-selected trainees from each year of training. The Internal Review Committee must review the following data as part of this process (see Institutional Requirements).

1. The effectiveness of addressing the areas of noncompliance and concerns noted in previous ACGME accreditation letters and Internal Review.
2. Prior Internal Review reports
3. Program's RRC requirements (including Common Program Requirements)
4. ACGME Institutional Requirements
5. Adequacy of educational and financial resources
6. Program goals and objectives & the effectiveness of achieving these
7. General Competencies: The effectiveness in defining the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
8. Evaluation processes, in particular the effectiveness in using evaluation tools developed to assess the General Competencies (see #6).
9. The Program's outcome measures, in particular related to the General Competencies (see #6, 7)
10. Program policies
11. Rotation sites, Letters of Agreement, and a signed copy of the resident contract,
12. Duty hours/moonlighting data
13. Resident surveys

The following documents must be submitted to the Internal Review Committee at least 1 week prior to the Internal Review:

1. Self study

2. Copy of objectives for each required rotation for each year of training
3. Copy of formal, written evaluations: faculty, residents, program. Please provide of the frequency of the evaluations, a final evaluation of the resident, competency evaluations.
4. Completed competencies addendum

As part of the internal review, an example of a trainee’s permanent record will be reviewed. The file should contain:

1. Contract (please attach your current version to the Self-Study)
2. California medical license (PGY3’s and higher)
3. Proof of graduation from medical school
4. Proof of passing USMLE Step 2 + 3

PART II: General/Background

A. Description of Program:

Please provide a narrative description of the program and how RRC program requirements are met. (< 1 page)

B. Policies:

Check the “o” if the statement is true. If not, please describe the plan for addressing the deficiency.

- o Written program specific policies for selection, dismissal, grievance, well-being, promotion, supervision, duty hours/fatigue and moonlighting have been approved by the program. (Please attach current policies.)
- o The faculty document teaching & a log of all required lectures and other teaching conferences is maintained.
- o Faculty are involved and supervise all clinical care assigned to residents.

C. Faculty & Training Sites (Review Institutional & Program Requirements)

1. Faculty
Additions:

Losses:

Are all teaching faculty board certified?
If not, comment on the qualifications of faculty not holding certification.
What % of the teaching faculty are involved in research?

2. Training Sites
List all required rotation sites:

Required Rotation Sites	Letter(s) of Agreement (LOA) on File?	Expiration Date	Length of Rotation	Frequency Rotation Elected?

3. Please describe the choice of each training site for required rotations. Reasons for a site could include a unique patient population, case mix or available technology or teaching that provides a unique learning opportunity. (The goal is to examine the educational benefit aside from the service activity associated with each required rotation.)

Institution 1:

Institution 2:

Institution 3:

Institution 4:

4. Changes in training sites since the last RRC visit:

Approved by the GMEC? Yes__ No__

5. Changes in required rotations in 2006-07:

Approved by the GMEC? Yes__ No__

6. Changes in required rotations planned for 2006-07:

Approved by the GMEC? Yes__ No__

7. List all elective rotation sites:

Elective Rotation Sites	Letter(s) of Agreement (LOA) on File?	Expiration Date	Length of Rotation	Frequency Rotation Elected?

8. Changes in elective rotations in 2006-07?

9. Changes in elective rotations planned for 2007-08?

10. Changes in Curriculum in 2006-07

Approved by the GMEC? Yes__ No__

Changes in curriculum planned for 2006-07

Approved by the GMEC? Yes__ No__

11. Describe the Program Director's systems for ensuring oversight of participating Institutions/Rotations.
- Is there a designated faculty member (site director) at each institution who oversees daily resident activities? Yes__ No__
 - How do you formally evaluate these sites and the faculty who supervise the trainees?
 - How does the program ensure that residents know, at all times, who to contact for supervisory assistance?
12. Submit current copies of LOA's to GME Office via the IR report.

D. Resources for Training Program

- Do you have a defined % effort attached to your responsibilities as Program Director that is then attached to a % salary?
 _____No
 _____Yes _____% FTE
 _____% Salary
- Do you have Associate Program Directors?
 _____No
 _____Yes _____% FTE
 _____% Salary
- Describe the infrastructure for the administrative support of the training program (e.g., %FTE for program coordinator).
- Please estimate the cost of the following activities:

Recruitment	\$
Administration of the program	\$
Resident Retreat	\$
Number of trainees' salaries/benefits paid by department	\$
Housing Allowance	\$

- Other expenses:

California Medical License	\$
Board Exams	\$
Travel/Meetings	\$
Book Allowance	\$
Graduation	\$

Computers	\$
Other: _____ (Please Specify)	\$

6. Please identify deficiencies in resources in the training program:
 - ___ Level of financial support
 - ___ Call rooms
 - ___ Accessibility to patient information
 - ___ Space for residents to store personal items
 - ___ Space for residents to conduct research
 - ___ Reference material/computer support
 - ___ Other issues (describe)

7. Please describe any obstacles in achieving compliance with any aspect of your RRC's program requirements. Please describe topics of concern.

E. Status of Residents/Clinical Fellows

1. Voluntary withdrawal _____ (Please clarify.)
 Not promoted _____ (Please clarify.)

2. Contract not renewed for cause _____ (Please clarify.)

3. Grievances submitted by any trainee _____ (Please clarify.)

4. Do you have specific prerequisites (e.g., certain competencies, certain electives, specific academic rank) to be eligible for your program (in addition to routine criteria (successful completion of medical school, dean's letter, etc))?

5. Match Information
 - Does the program participate in a formal match? _____
 - How many positions are offered each year? _____
 - How many applicants does the program have for each position?

 - How many/what % of applicants for each position are invited to interview? _____

6. ACGME requires that all terms, benefits and conditions of appointment are available to applicants who are invited for interview in writing or electronic means prior to interview. Please describe your methodology for compliance with this mandate.

7. List trainee Membership on Committees

	Department	Hospital	School of Medicine	County/State/National
PGY1				
PGY2				
PGY3				
PGY4				
PGY5				

8. Describe your policy for trainees attending national/specialty meetings:

- a. Educational leave
- b. Vacation time
- c. Criteria for funding

PART III: Goals & Objectives/Curriculum

- A. Please attach your goals and objectives for each rotation, specific for each year of training.
- B. Please describe how the six General Competencies (patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and system-based practice) have been incorporated into the program's curriculum, goals and objectives, and clinical experience.
- C. How are faculty and residents made aware of the goals and objectives for each year and before each rotation? NOTE: All ACGME site visitors explore this issue with the residents.
- D. Is research a required component of the curriculum? If so, how are residents provided protected time for research? Can that protected time be documented on a block rotation diagram?
- E. Is there a practice management component in the curriculum?

PART IV: Evaluation *(review Common Program Requirements)*

- A. Attach copies of your forms/policies for all aspects of evaluation. Please be sure to describe your methods for and frequency of:
 - Faculty evaluation of residents
 - Residents' evaluation of faculty
 - Residents' evaluation of the program (e.g., didactics, clinical experience, etc)

- Annual Evaluation of the Program (include minutes of the meeting, if available).
- (Please note in the Common Program Requirements that the faculty/resident(s) must review the program's effectiveness in meeting goals and objectives, including an assessment of the residents' skills in the General Competencies. Please demonstrate a link between resident outcome and program improvement.)
- Mid-cycle (and before an RRC visit) evaluation of the Faculty by the Program Director

B. How are residents provided access to their evaluations?

C. Does the resident sign his semi-annual evaluation? Is the resident provided an opportunity to enter written feedback to this evaluation?

D. How are the evaluations of the teaching faculty by the residents shared with the program director? How is confidentiality maintained?

E. Do teaching faculty receive an annual evaluation from the department chair or division/section head? How are the data in the residents' evaluation of faculty used to effect modifications in inadequate teaching?

F. Are faculty trained about evaluation?

G. How do you evaluate the six General Competencies at least semi-annually? **Two tools** are required for each (Review Common Program Requirements. Attach copies of these evaluations (if they are not included in those submitted for IV.A.).

Medical knowledge

Patient Care

Interpersonal and communication skills

Professionalism

Practice based learning and improvement

System-based practice

PART V: Educational Outcomes

A. Process to link Educational Outcomes with Program Improvement:

1. How do you meet the requirement to evaluate the effectiveness of your program at least annually?

2. Does a committee [representative faculty and resident(s)] review the program goals and objectives and the effectiveness with which they are achieved once per year? Describe the process. How do you ensure input from all the residents? How do you document that input?

3. Have you made changes to your program in response to this required annual review of your program?

B. Describe how the program monitors the board pass rate for all residents and tracks career paths of graduates.

C. Outcomes of recent graduates:

	2004	2005	2006
Number(%) to higher training programs			
Number(%) to private practice			
Number(%) to academic position			
Number(%) publication during training			
Number(%) passing Board Exam			
Number(%) with satisfactory score in in-service exam			

PART VI: Duty Hours

- A. Explain your method for monitoring duty hours.
Have you identified any particular rotations that remain out of compliance with Duty Hour Requirements?

- B. Please attach your Duty Hours and Moonlighting Policies, if revised in 2005-06 or 2006-07.

- C. If moonlighting is permitted:
 1. Attach a summary of your trainees' activity during 2005-06

 2. Describe your system for monitoring moonlighting activity and its effect on performance in the program

 3. Have you denied or withdrawn moonlighting privileges from any trainee?
 No
 Yes Please explain.

PART VII: Quality Assurance

- A. Please describe formal Quality Assurance/Improvement Programs including the system for review of complications and deaths.

- B. Explain how residents participate in Performance Improvement Programs in the primary and participating institutions.

PART VIII: Previous RRC Citations and Current Status for resolution

Please describe how the Program has addressed the concerns of the RRC at the time of the most recent site visit. *Please be prepared to discuss in detail at the IR.*

- A. (*Italics=Citation*)
(Response)

- B. (*Italics=Citation*)
(Response)

- C. (*Italics=Citation*)
(Response)

PART VIII: Suggestions for GME

Please list any specific requests you have for the IR Committee to address.