PROGRAM DIRECTOR CHECKLIST FOR INTERNAL REVIEW OF PROGRAM

Program for review: _____

Date of review: _____

Location: _____

1. Select faculty (at least 2) to attend with the program director.
2. Peer selected residents from each level of training instructed to attend.
   (Residents will attend the last hour of the review without the director)

3. Documentation (3 copies) that must be provided to Ala Jo Koonts at least **5 working days** in advance of the review date:

I. Program Compliance with Program/Institutional Requirements:
Please Make Copies of:

1. The ACGME common, specialty/subspecialty-specific program and institutional requirements in effect at the time of the review.
2. The Program Information Form from the previous ACGME program survey and a copy of the current PIF (Not necessary to update; but you should review the current PIF to be knowledgeable of any new information you may need.).
3. All accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC.
4. All reports from previous internal reviews and progress reports to GMEC.
5. Education letters of agreement with each participating institution where residents rotate for a month or longer.
6. Verification statements for any transfer residents.
7. List of residents appointed to committees or councils that affect resident education and patient care.
8. Educational program handbooks/manual/websites.
9. Departmental handbooks and or policy and procedure manuals – <u>Program Policies should include:</u>

   - Recruitment/selection and eligibility of residents
   - Evaluation – including a Summary Evaluation for a resident who has left the program.
   - Promotion, non-promotion, non-renewal
   - Grievance and due process
   - Leave Policy including the effects of leave on program completion
   - Moonlighting Policy
   - Duty Hours – action plan if duty hours are not compliant
   - Duty Hour exceptions, if applicable
   - Call schedule
   - Supervision – must include delineation of resident responsibility for patient care, progressive responsibility for patient management.

II. Education Objectives of the Program

Please Make Copies of:

1. Overall Educational Goals of the Program
2. Written curriculum formulated to achieve these goals incorporating the six competencies
3. Goals and Objectives of each assignment (rotation) at each educational level (year), including how the six ACGME competencies areas are being incorporated into the educational objectives for each rotation, level
4. Examples of evaluation tools used by faculty and non-faculty to assess each resident's level of competence in each of the ACGME six general competencies. (Please use the Evaluation Tool Chart.)
5. Relevant case logs or procedure documentation
6. Objective measurements for assessing outcomes (in-service exams, board pass rate)
7. Examples of Faculty Evaluations by resident/fellows
8. List of research and scholarly activities
9. List of regular Conference/Lecture Schedule
10. Documentation of Conference Attendance, if possible
11. Example of how resident teaching skills are developed
12. Provide evidence of faculty and resident education to recognize the signs of fatigue and sleep deprivation.

III. Program Quality/Improvement

Please Make Copies of:

1. Previous annual Program Evaluations from resident/fellows and faculty
2. Relevant reports/meeting minutes documenting annual program improvement efforts in:
   a. resident performance using aggregated resident date
   b. faculty development
   c. graduate performance including performance of program graduates on the certification examination
   d. program quality
3. Plan of action to document program improvement
4. Relevant data and information from the institutional patient care quality assurance and monitoring activities.
5. Results from internal or external resident survey, if available

***

The program director will make available to the internal review committee the following information:

IV. Financial Resources

1. Adequacy of available educational and financial resources to support the program
2. Program Director support
3. Resident support
4. Faculty support
5. Clerical support
6. Space/equipment allocations
7. Patient support services

V. Participating Sites: (If applicable)

1. Mechanisms used by the Program Director to maintain effective communication with site directors at each participating site to ensure the quality of clinical education

***

During the Program Director/Faculty interview, the Internal Review Committee will assess the program's effectiveness in the following recommendations from previous internal reviews and the program's effectiveness in addressing concerns and following recommendations from previous ACGME site surveys and the resident survey results (if applicable). Program Directors need to make every effort to review their program's current ACGME Residency Review Committee "Program Information Form (PIF)". Most of the questions during the faculty interviews will be taken from the current PIF. The Committee will also review the program's status in developing a process that links educational outcomes with program improvement.

During the interview, the resident will be asked for verification or confirmation as to the existence of a curriculum with goals and objectives for each rotation and each level of training that incorporates the six competencies, their involvement in the curriculum, and the kinds of tools used by the program to assess the competencies and to demonstrate program improvement based upon education outcomes. Duty hour issues, moonlighting requirements and research opportunities will also be addressed.

During the interviews, the residents and program director will be asked about the program's familiarity and compliance with institutional requirements.

Send 3 copies of the documentation to Ala Jo Koonts at least 5 working days in advance of the scheduled review.

Revised based on ACGME July 1, 2007 requirements: Updated: 7/2010
Reviewed by GMEC August 26, 2010