# NORTH CAROLINA BAPTIST HOSPITALS, INC. POLICY AND PROCEDURE

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#### SUBJECT: RESIDENCY TRAINING PROGRAM INTERNAL REVIEWS

#### I. POLICY

It is the policy of North Carolina Baptist Hospitals, Inc. that all Accreditation Council for Graduate Medical Education (ACGME) specialty and sub-specialty programs will be reviewed, as a minimum, mid-cycle of their accreditation process by an internal review committee to ensure compliance with institutional policies and the requirements of the relevant ACGME Residency Review Committee (RRC).

## II. PURPOSE

To ensure that all residency training programs are in compliance with institutional policies and the requirements of the ACGME and relevant RRC.

### III. PROCEDURE

The hospital policy is to review all residency training programs according to the following guidelines:

1. The internal review is to assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care

- skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
- 2. The internal review is to provide evidence of the program's use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas.
- 3. The internal review is to appraise the development and use of dependable outcome measures by the program for each of the general competencies.
- 4. The internal review is to appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
- 5. The Program Review subcommittee of the Graduate Medical Education Committee (GMEC) is the designated body responsible for periodic review of each program.
- 6. All residency programs will be reviewed mid-cycle between ACGME program surveys. If a program has "inactive" status, an internal review will be necessary prior to requesting RRC approval for reactivation.
- 7. The Program Review Subcommittee will designate the individuals to conduct each review. The review team includes at least one member of the Program Review Subcommittee as well as faculty and residents of institutional programs not being reviewed and administrative personnel. In addition external reviewers may also be utilized as determined by the Program Review Subcommittee.
- 8. The Program Review Subcommittee will follow a written protocol which includes at a minimum the following materials and data during the review process:
  - a. Institutional and Program Requirements from the <u>"Essentials of</u> Accredited Residency Programs"
  - b. Educational objectives of the residency training program
  - c. Program Information Form data from the previous ACGME program survey
  - d. All Correspondence from the ACGME related to the program including letters from previous site visits.
  - e. All reports from previous internal reviews of the program.
  - f. Program specific statistical data regarding case and procedural experience of the residents.
  - g. Relevant data and information from institutional patient care quality assurance and monitoring activities.

- h. Interviews with the program director, faculty, and residents in the program; and individuals outside of the program deemed appropriate by the Program Review Subcommittee.
- 9. The Program Review Subcommittee will appraise:
  - a. The educational objectives of each program
  - b. The instructional plans and the written curriculum formulated to achieve these objectives
  - c. The adequacy of available educational and financial resources to support the program
  - d. The effectiveness of each program in meeting its objectives
  - e. The effectiveness of each program in the utilization of the resources provided
  - f. The effectiveness of each program in following recommendations from previous internal reviews
  - g. The effectiveness of each program in addressing concerns and following recommendations from previous ACGME surveys
  - h. Verification of the existence of a curriculum with goals and objectives provided for each of the general competencies
  - i. A Summary or list of the types of evaluation tools used by the program for evaluating the competencies
  - j. Comments on the program's status in the development and use of dependable measures to assess resident competency in the six areas
  - k. Comments on the program's status in developing a process that links educational outcomes with program improvement
  - Verification or confirmation from the residents as to the existence of a
    curriculum with goals and objectives for teaching the competencies, their
    involvement in the curriculum, and the kinds of tools used by the program
    to assess the competencies and demonstrate program improvement based
    upon educational outcomes.
  - m. Completed questionnaires from the residents and faculty
  - n. Programs familiarity and compliance with institutional requirements
  - o. Educational letters of agreement with each participating institution where residents rotate for a month or longer.
  - p. Educational program handbooks/manual/websites
  - q. Department handbooks and or policy and procedure manuals
- 10. The Program Review Subcommittee will prepare a draft written report summarizing its' appraisal of the residency program. This report will be presented to the Program Review Subcommittee of the GMEC and to the chair of the GMEC, and Program Director of the residency program reviewed.
- 11. The Program Review Subcommittee will complete a written Final Report which will include initial mechanisms to correct identified deficiencies and

recommendations for progress reports. A summary of the Final Report will be presented to the GMEC.

- 12. Progress reports if requested by the GMEC will be due at the earliest four (4) months from the date of the GMEC meeting when the internal review report is presented.
- 13. On a regular basis the GMEC will review actions taken by the programs on deficiencies from both the internal review and formal RRC review.

References: Accreditation Council on Graduate Medical Education rules effective July 1, 2002