



UNIVERSITY *of*
ROCHESTER
MEDICAL CENTER

Internal Review Manual

***Instruction Guide on how to prepare Documents
for Internal Reviews of ACGME Accredited Programs***

PREPARATION OF INTERNAL REVIEW DOCUMENTS

Review Process

COMPOSITION OF THE REVIEW COMMITTEE

- Must include faculty, residents/fellows and administrators from within the institution but from programs other than the one being reviewed.

TIMING

- At the mid-point between the ACGME external surveys. (An approximate date may be found on the last ACGME letter of accreditation.)

REQUIRED INTERVIEWEES

- Program director, faculty and residents/fellows in the program (one peer-selected trainee per program year).

COMPONENTS

- The committee will assess the training program's compliance with published ACGME standards by reviewing the program's completion of Part I and Part II of its Program Information Forms (PIF). Focus will be placed on how the program has addressed citations from both RC letters and previous internal reviews. The program's educational objectives, its effectiveness in meeting these objectives and the educational and financial resources available will also be evaluated. The committee will examine the program's use of dependable measures to assess resident/fellow competency in key areas as defined by all ACGME requirements. Attention will also be paid to assessing the effectiveness of the program in implementing a process linking educational outcomes with program improvement.
- The results of the review will be presented by the Chair of the Internal Review Committee to the GME Committee at one of its monthly meetings. A copy of the final review report will be sent to the program director, the department chair, and the Medical School Dean. An action plan will be generated by the program director in response to the recommendations of the Internal Review Committee. The GME Committee will monitor the action plan by reviewing periodic updates submitted by the program director at requested intervals.

Responsibilities of the Review Committee

Chairperson and Resident/Fellow

CHAIRPERSON

- Arrange for a resident or fellow from his/her own program to accompany the chairperson to the review meeting. It is essential that the individual be identified early in the process so that he/she can review the appropriate documents in preparation for the meeting. The chairperson is also responsible for making sure that the

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resident/fellow is relieved from all clinical responsibilities so that his/her attendance is assured.

- Present the findings of the review to the Graduate Medical Education Committee at one of its monthly meetings. (Mondays 4:00 – 5:30 p.m.)
- Evaluate the program's compliance with meeting the action plan in the timeframe established by GMEC.

CHAIR'S RESIDENT/FELLOW

- Arrange for appropriate coverage for clinical duties during the review meeting so that meeting attendance is assured.

CHAIRPERSON AND CHAIR'S RESIDENT/FELLOW

- Review all written materials prior to the meeting and formulate questions to be asked paying special attention to the areas outlined in the Institution's Internal Review Manual.
- Conduct the internal review meeting along with the Dean for Graduate Medical Education and personnel from the GME office.
- Edit the final report of the review that will be prepared by the GME office.

Responsibilities of the Program Director and Program Coordinator for the Program Under Review

- Meet deadlines for scheduling review and completing required Internal Review Documents.
- Accurately complete the information required in this Internal Review Manual. (Note: Program Directors may find the ACGME publication: **Program Director's Guide to the Common Program Requirements**, http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp to be very helpful in preparing Parts I and II of their PIF documents.)
- Arrange for an additional faculty member, knowledgeable regarding the program, to accompany you to the review.
- Arrange for one peer-selected trainee from each year in the program to be interviewed by the review committee. Coverage for the trainees' clinical duties must be arranged so they can attend the review.
- Discuss the review findings with the department chair/division director/education committee and develop an action plan to address areas that were identified as needing attention. Present that action plan to the GMEC.
- Report follow up of action plan progress as determined by the GMEC.

Presentation Format

Your program will be supplying two reports to the GME Office **10 business days** or more prior to your review date. The documents will be reviewed and checked for completeness prior to your review. Any questions regarding the documents will be discussed at your internal review meeting.

Binder #1 (to be reviewed by Jeanne Cole)

Presentation of **binder #1 (one copy)** in a binding system of your choice with a label on the cover containing your program name and with appropriate tabs for item identification (as numbered below):

1. Per the ACGME common requirements, IIIC, on resident transfers: Before accepting a resident who is transferring from another program (this includes specialties that require a clinical R1 year prior to entering your program as a R2), the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. Please provide this documentation for any resident transfers or note that you have not accepted any resident transfers.
2. Program Policy Manual, including:
 - a) policies for resident appointment, eligibility, selection, and promotion.
 - b) policies and procedures for resident duty hours and the working environment.
 - c) moonlighting policy with a description of monitoring activities.
 - d) resident supervision policy that addresses (1) residents' responsibilities for patient care; (2) progressive responsibility for patient management; and (3) supervision of patient care.
 - e) Policies for the evaluation of the resident and for the evaluation of the faculty and program by the resident.
3. Affiliation Agreements (Program Letters of Agreement)

If your residents/fellows spend any training time outside of Strong Memorial Hospital (this includes Highland and other hospitals, ambulatory surgery centers, clinics not physically located within SMH, private doctors' offices, etc.) an affiliation agreement must exist for each site and be updated yearly. Please provide a listing of these agreements so that the GME Office can check to make sure that we have signed copies on file.

4. HIPAA Business Associate Agreements

Due to recent federal regulations regarding Protected Health Information, the ACGME must execute Business Associate Agreements with all health care entities where residents/fellows have access to patient information. This means ALL participating and clinical sites. If residents/fellows rotate to individual doctor's offices as part of their education experience, then a Business Associate Agreement is required between that Physician's Corporate Entity and the ACGME.

Note: The GME office has ACGME Business Associate Agreements with Rochester General, Highland Hospital, Unity Health, Strong Health, Monroe County, and

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Rochester Psychiatric Center. You are not required to execute additional agreements with these entities or any ambulatory sites that are owned by any of these entities.

- Have EACH participating or clinical site sign an ACGME Business Associate Agreement. This agreement can be found at www.acgme.org under HIPAA Compliance documents.
- Include in Binder 1 a listing of all your ACGME Business Associate Agreements so that the GME Office can check to make sure that we have signed copies on file.

Keep a copy of the Business Associate Agreements on file in your office. Your ACGME site reviewer will verify them during your external site visit.

Binder #2

For binder #2, **5 complete binder copies** will be needed in a binding system of your choice with a label on the front indicating the name of your training program and including the information ***in the order noted below***. For easy identification, each section should be preceded by a tab labeled as underlined below. These binders should be delivered to the GME Office **10 business days** before your review so that the committee has an opportunity to review your documents carefully.

TAB 1: General Information

Complete and include Attachment 1.

TAB 2: Quality Indicators

1. Your program's Quality Indicator Reports for the last two years.
2. If your program participates in the main NRMP match, go to: www.aamc.org/matchoutcomes. This link will open to Chart Outcomes in the Match, 2007 report. Select your specialty from the tabs on the left; and, print your specific specialty report.

TAB 3: Reviews (in this order)

1. Your program's last current state response to GMEC for your last ACGME letter of report.
2. Your program's last ACGME resident survey response to GMEC (if your program's trainees are required by the ACGME to complete this survey). If your last ACGME resident survey did not require a response to GMEC, just include a copy of your survey results.
3. The Resident Survey 2004-2006 National Report by Core Specialty. This may be found at www.ACGME.org – log into WEBADS – select, Reporting Tools – under Reports select the above report – select your specialty from the dropdown list and print the report.
4. Your program's last current state response to GMEC for your last internal review report.

TAB 4: Duty Hours

Include your program's last two internal duty hour violation reports.

TAB5: Patient Volume

1. If your program uses E*Value to collect this data, include your two most recent graduate classes' statistics.
2. If your program uses the ACGME case log system, include your two most recent graduate classes' statistics (Program Report).
3. Provide national means or minimums, if available, to illustrate the adequacy of your program's clinical material.

(If your program does not collect this data, please advise, or if your program uses a different collection method, please include.)

TAB 6: Goals and Objectives

Include the following:

1. Overall educational goals for your program.
2. Written competency-based goals and objectives for each educational level and rotation: provide a sample of **ONE ROTATION AND ONE LEVEL**.

TAB 7: Privileging: Delineation of Competencies (Program Letter of Agreement)

Include the following:

1. A copy of the document you send to the Medical Staff Office for the purpose of complying with this JCAHO requirement. (The document that lists what can be done by trainees under direct or general supervision.)
2. A copy of your program's policy that describes the steps trainees must complete to move from doing procedures under direct supervision to general supervision.

TAB 8: Evaluation

1. Include samples of items a & b below that have been **completed** for one trainee:
 - a) Trainee evaluation at the end of each rotation or similar educational experience. Please block out the trainee's name.
 - b) Written or electronic semiannual evaluation of the trainee with feedback. Please block out the trainee's name.
2. Include additional examples of blank forms used by the program to assess residents (360° evaluation, journal club evaluations, etc.).
3. Include a blank example of the form used by residents to evaluate faculty.
4. Evaluation Outcome Data (using E*Value's Compliance Threshold Report):

Please include Threshold Reports on every evaluation type your program is currently using. The start/end date should reflect the last 6 months. To pull these reports: Go to Reports Miscellaneous Compliance

 - Select the necessary date range.
 - Change the compliance rate to "Less than or equal to 100%".
 - Then, select the Evaluation Type you wish to pull data for and then click next.

Note: To print you will need to change your print options to Landscape.

5. Per the ACGME's common requirements, V.C.1., Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. Please include the **summative** results from your most recent annual program evaluations (those from your trainees and those from your faculty).

TAB 9: Outcomes Improvements

Include the written improvement action/monitoring plan your program prepared after a review of the aggregated results of your trainees' performance and/or other program evaluation results for each of the last two years.

TAB 10: PIF – Part I

Log into the ACGME's WebADS. Update any program/resident information as necessary. Then, from the left side of the screen, click on PIF Preparation.

1. Update your Faculty/Teaching Staff Section to include (1) Program director information and (2) Physician Faculty Roster/Curriculum Vitae section following the directions outlined by your RC. For this internal review, **DO NOT** include faculty CVs.
2. Complete the evaluation section. An example is included as Attachment 2a.

For one-year fellowship training programs, if the information requested in Attachment 2 is not asked for in Part 1 of your PIF, complete Attachment 2 and include it after your PIF-Part I.

3. Complete the Resident Duty Hours/Board Pass Rate section. If your program's PIF does not include a Board Pass Rate section, then complete on the General Program Information Form (at the end of Attachment 1).
4. Number pages and print out your Common PIF-Part I to include in binder #2. Include the table of contents with numbered pages as your first page of this section.

TAB 11: PIF – Part II

Include your completed Specialty Specific PIF-Part II following your common PIF-Part I. It is not necessary to fill out tables that require institutional numbers/data that are requested in your PIF, but do include any trainee-specific data requested. **PLEASE KEEP YOUR ANSWERS BRIEF AND TO THE POINT.**

TAB 12: Program Requirements

Include a copy of your program requirements. (If your program is a subspecialty that requires two or more sections of the requirements, include all parts.) These are found on the ACGME web site: www.ACGME.org. Select Review Committees from the menu on the left, and choose your Specialty. Then, click Program Requirements and print all documents that apply to your program.

General Program Information

Attachment 1

Program Name:	
Program Director Name:	
Program Director Title:	
Person(s) Completing this Form Name:	
Person(s) Completing this Form Phone	
Form Completed on: (date)	
The ACGME requires that a faculty member be interviewed along with the Program Director. This interview will occur at the same time as the program director. Please provide the name and title of the faculty member:	
Faculty Member Name:	
Faculty Member Title:	
The ACGME requires that the committee interview a peer-selected resident/fellow representing each year in the program. Please list the names of the trainees that will be interviewed and their year in the program:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Trainee Name / Program Year:	
Have you notified your RC of any changes in program director, chair, number of residents, training sites or curriculum since your last external review? (If yes, explain.)	No Yes
Have there been or do you expect any changes in hospital policies, bed occupancy, surgical procedure rates, or departmental policies that will affect your program? (If yes, explain.)	No Yes
How many residents/fellows do you have in each year of training? How many positions are approved for each year of training? (actual / approved)	Actual Approved
PGY1	
PGY2	
PGY3	
PGY4	
PGY5	
PGY6	
PGY7	

Board Pass Rates

PROVIDE THIS INFORMATION IF PART I OF YOUR PIF DOES NOT ASK FOR THIS INFORMATION.

Please provide data for your program's past five graduating classes:

Graduating Year*	Number Eligible	Number That Took Exam	Number that passed on the first attempt

* Include all trainees under the year they graduated, regardless of when they took the exam.

Program Director's Self-Assessment of Compliance with Program Requirements

The questionnaire used by site visitors for the ACGME accreditation site reviews will be a mirror of your program requirements. (It is their responsibility to determine if each of the requirements is met.) Please, carefully read your program requirements to determine if you can answer YES to each **must** or **should** statement. An excellent guide, that explains each common program requirement and offers suggestions for meeting them, can be found on the ACGME website: *Program Directors Guide to the Common Program Requirements*.

http://www.acgme.org/acWebsite/navPages/nav_commonpr.asp

LIST BELOW UP TO FIVE MUST or SHOULD STATEMENTS THAT YOU CANNOT ABSOLUTELY ANSWER WITH A YES AT THIS TIME. There usually will be more, but pick the five you believe are the most important items. At this point, you do not have to describe how you plan to address these issues.

1.
2.
3.
4.
5.

Resources

Does the program have adequate teaching space, call rooms and resources for scholarly activities (research space, computers, etc.)? Yes or If no describe below.

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EVALUATION (for use ONLY for one year fellowship training programs that do NOT include this section in Part I of their PIF)

Question	Response
Are trainees evaluated on their performance following each learning experience?	
Are these evaluations documented in written or electronic format?	

Methods of evaluation used for assessing resident competence in each of the six required ACGME competencies:

See sample from Pediatrics at the end of this instruction packet.

Insert additional rows as necessary

Competency	Assessment Method	Evaluator(s)
Patient Care		
Medical Knowledge		
Practice-Based Learning & Improvement		
Interpersonal & Communication Skills		
Professionalism		
Systems-Based Practice		

Samples of assessment methods include, but are not limited to, standardized patient examination, videotape/recorded assessment, patient survey, project assessment, record/chart review, simulation models, direct observation, global assessment, multisource assessment.

Samples of evaluator(s) include, but are not limited to, allied health professional, attending, chief resident, clerical staff, faculty supervisor, families, junior resident, medical student, peers, patient, evaluation committee, technicians, faculty member, preceptor, program director, trainee supervisor, other.

Question	Response
Describe how evaluators are educated to use the assessment methods listed above so that trainees are evaluated fairly and consistently.	
Describe how trainees are informed of the performance criteria on which they will be evaluated.	
Describe the system to ensure that faculty complete written evaluations of trainees in a timely manner following each rotation or educational experience?	
Describe the process used to complete and document written semiannual trainee evaluations, including the mechanism for reviewing results (e.g., who meets with the trainees and how the results are documented in trainee files?	
Describe the system used by the trainees to provide annual confidential written evaluations of the teaching faculty. Include examples and forms.	
Describe the program's (or department's, if applicable) system for evaluating and providing feedback to the teaching faculty.	
Describe the approach used for program evaluation.	
Describe one example of how the program used the aggregated results of trainees' performance and/or other program evaluation results to improve the program.	

Example response (as suggested by Pediatrics) demonstrating substantial compliance with the six ACGME competencies:

Competency	Methods of Evaluation	Evaluator(s)
Patient Care	Global evaluation of competency-based objectives	Faculty attending physicians
	Observed history & physical using a checklist	Teaching attending on the general inpatient service
	Review of clinic and procedure logs	Clinic preceptors and Program Director, respectively
Medical Knowledge	Global evaluation of competency-based objectives	Faculty attending physicians
	Observation of a Journal Club with predetermined criteria for assessment	Program Director, Associate Program Director and Adolescent Attending
	American Board of Pediatrics In-Training Examination	Scores determined by Board but PD discusses scores and study plan with residents
Practice-Based Learning & Improvement	Global evaluation of competency-based objectives	Faculty attending physicians
	Review of a quality improvement activity with predetermined criteria for assessment	Faculty expert in QI who serves as mentor for resident QI projects
	Documented self-assessment	Resident
	Annual documented learning plans	Resident with mentor guidance
	Observation and documentation of teaching skills using a checklist	Primary care faculty
Interpersonal & Communication Skills	Global evaluation of competency-based objectives	Faculty attending physicians
	Evaluation by patients and allied health professionals using a checklist	Patients, nurses and other support staff in continuity clinic, PICU and NICU
Professionalism	Global evaluation of competency-based objectives	Faculty attending physicians
	Evaluation by patients and allied health professionals	Patients, nurses and other support staff in continuity clinic, PICU and NICU
Systems-Based Practice	Global evaluation of competency-based objectives	Faculty attending physicians
	Review of written reflections	Faculty expert in managed care who teaches this segment of curriculum
	Review of a system errors activity using predetermined criteria for assessment	Director of PICU and M&M activities and Program Director