

INSTITUTIONAL REQUIREMENTS- INTERNAL REVIEW REFRESHER AND BEST PRACTICES (IDEAS) WORKSHOP

**INSTITUTIONAL REVIEW ISSUES, THE INTERNAL REVIEW
AHME SPRING INSTITUTE, MAY 13, 2005
Session B-21, Cynthia Taradejna, Executive Director, IRC**

Continuing Citation, Internal Reviews

Frequently cited deficiency during your first and second institutional reviews; however,

Remains a common citation today

- **For most, it's a continuing citation from the previous review that has not been corrected rather than a new citation for the first time.**

Most Common Citations Scheduling

Reviews not occurring at approximately the midpoint between ACGME program site visits—too close to the next ACGME survey, right after the ACGME survey, or not done at all!

Calculate midpoint: Use the actual date of last and next survey to calculate or use the date of the program's last accreditation letter that gives the program's status and the date of next survey.

Scheduling: Good Ideas/Common Sense

Set up scheduling charts for GMEC Review at each meeting to keep dates in the forefront and on target. Many are now Web-based or administrators have developed assorted matrixes.

Pre-select internal review panels and notify them early, get resident participation on panel. Idea-the PD selected for the panel gets one of his/her residents to serve.

Provide program directors and residents well in advance with any forms or questionnaires designed by the GMEC that need to be completed by them about their program.

Common Citation: Summaries Good Ideas/Common Sense

Summaries remain sketchy and usually don't cover the basic items—such as the Program's Requirements and especially the General Competencies.

Put Program Requirements in a checklist format, they stand out more and are easier to read and use.

Good Ideas/Common Sense

Put all “**must**” and “**should**” requirements in bold or underline all musts and shoulds.

Pediatrics example:

Throughout the three years of training, emphasis must be placed on enhancement of residents’ competence in the medical interview, physical examination, and communication and interpersonal skills.

Good Ideas/Common Sense

Highlight all numerical requirements, noting requirements in particular that state one month, two months, etc.—usually in the requirements describing the curriculum and specific rotations.

Highlight Numerical Requirements

- General inpatient pediatrics must constitute at least five **(5) months** of a resident's overall experience, exclusive of intensive care rotations.
- The experience in emergency and acute illness **must** constitute a minimum of four **(4) months**.
- **Two (2) of these months should** be in emergency medicine; at least **one (1)** of these months **must** be a block rotation in an emergency department that serves as the receiving point for EMS transport and ambulance traffic and is the access point for seriously injured and acutely ill pediatric patients in the service area.

Specific Program Requirements to Focus on in the Internal Review that Lead to Common Citations in Accreditation Letters:

- **Number of procedures, particularly operative;**
- **Evaluation processes to assess the residents, faculty, and program. (General Competencies);**
- **Scholarly activities, usually number of publications in peer-reviewed journals for most recent 3-5 year period;**
- **Duty hours, all numerical requirements, not just 80 hours.**
- **Board Scores, note percentage and period of time used in calculation—not always stated, but program directors should know what the national pass rate is for their specialty.**

Use of Board Scores, A Few Examples From the RRCs

Family Med: will cite a program if the failure rate over a 3-5 year period exceeds 10% (first attempt) and/or the program's composite score is at or below the national 25th percentile.

Pediatrics: will cite if over 3-5 years the pass rate is below 50% (first attempt) and/or fewer than 75% of graduates have sat for the exam. (Revised requirements, not yet approved) have upped these to 60% and 80%)

IM sets % pass and % take (3-year rates) for core and asks about both for Subspecialties, but does not specify a rate for either. The ABIM annually publishes the pass rate on their Web site for anyone to review. For 2001-2003, the Mean was 88% with 11% as one standard deviation.

Use of Board Scores, A Few Examples from the RRCs

Anesthesiology—70% pass rate

Diagnostic Radiology—50% pass rate for first-time takers on the Oral Exam

Obstetrics-Gynecology—2004—84% pass rate for first-time takers on Part 1 of the ABOG

General Competencies Good Ideas/Common Sense

For the General Competencies, have Program Directors use the ACGME'S Competency Addendum-Demo. On the ACGME Web site under PROGRAM DIRECTORS AND COORDINATORS or DIOS at the top of the page, go to PIF Competency Assessment Form – DEMO.

Common Citation

Citation: Review panels not properly constructed.

REQ: Need a faculty member, resident, and administrator as a minimum, but not from the program being reviewed.

Often only 2 people--resident most often missing.

Good Ideas/Common Sense

Panels—hold briefings for internal review panels outlining their responsibilities, the requirements (instructions), what is expected. Don't pick negative people to serve, initially.

Appoint one extra member who serves as an observer only, the first time. (See one, do one, etc.)

Have experienced panel do more than one review, but not all of them—may be too much!

Have DIO serve on all panels—has positive results such as good consistency in reviews and following Institutional Requirements for internal reviews.

Common Citation

Citation: Not enough people were interviewed in the process.

Reqs: Need to interview the program director, faculty (at least the key faculty) and peer-selected residents from each level of training.

Mostly the program director gets interviewed along with one faculty member and only one resident.

Good Ideas/Common Sense

Sometimes, former residents were brought in to be interviewed, if too few residents in the program. Follow-up surveys of previous residents who are in practice enriches reviews.

DIOs have brought faculty together in a meeting format to comment on/evaluate program—saves time.

If residents were in many locations/different institutions, DIO took advantage of a resident questionnaire to obtain input from all residents—mostly through Web-based questionnaires.

Good Ideas/Common Sense

In one institution, often a second administrator with experience in GME is appointed to the panel.

Once it's over, the GME office in this institution asks the program directors who had internal reviews in the past year to evaluate the process for improvement.

Good Ideas/Common Sense

CQI:

Some institutions do institutional internal reviews.

Some institutions do mock site visits of programs when new program directors are appointed in addition to their internal reviews.

Some institutions have mock site visits of their institutions conducted before their next institutional review.

Remember

All new programs need internal reviews, even if no residents are in the program yet.

Inactive programs are best reviewed just before you activate to ensure that the program as was proposed in the application is still in effect. No residents may be in the program, but see if any residents are rotating through from other specialties. Check for any IM, FP, or TY residents.

Good Ideas/Common Sense

- **Prior to submission of applications for new programs, the programs undergo internal reviews.**
- **In addition to internal reviews, one institution administers periodic surveys to residents to check on duty hours and working conditions.**
- **Effectiveness—as RRC accreditation letters come in, the DIO attaches the last internal to it for GMEC review to compare for any oversight of citations.**

Good Ideas/Common Sense

What else?

- **Some institutions have Annual Program Surveys in addition to internal reviews. This usually consists of filling out a Web-based survey questionnaire completed by faculty, residents, and administrators.**
- **Collected data are used by the GMEC to monitor areas of noncompliance that may not be found in the internal review and results are part of the institution's Performance Improvement program.**

Developing Trends

For the first time we see evidence of the number of adverse actions taken at RRC meetings on programs going down.

Have evidence that the number of Unfavorable actions taken on institutions is going down and institutions are getting better. More favorable actions for 5 years and more favorable actions for 5 years with commendations and few or no citations.
