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**Institutional GME Internal Review  
of the \_\_\_ Training Program  
Full Report**

The Internal Review of a GME Program of the WUMS / BJH / SLCH Consortium was conducted as follows:

**Interview Panel**

1. The Internal Review was conducted by the Interview Panel consisting of Drs. \_\_\_\_, Program Director, \_\_\_\_, resident/fellow, both from the \_\_\_ Training Program, J. Neal Middelkamp, Internal Reviewer and Ms. Tia Drake, Director, both from the Office of the Associate Dean for Graduate Medical Education (GME).
2. The members of the Interview Panel reviewed the following materials prior to the internal review of the residents and faculty:
3. The Interview Panel met with the residents/fellows in for one hour on \_\_\_\_, between 9:30 and 10:30 AM in the \_\_\_ Conference Room in \_\_\_\_. The residents/fellows in attendance were Drs.,
4. The Interview Panel met with the faculty in or one hour on \_\_\_\_, between 11:00 AM and 12:00 noon in the Conference Room in \_\_\_ Hospital. Faculty in attendance were Drs.
5. The Internal Review Sub committee (IRS) met on \_\_\_ 2009, in the Shaffer Conference Room between 1:30 and 3:30 pm. The Internal Review Panel's preliminary report was presented and discussed by the GME Subcommittee on Internal Reviews and, after discussion, made recommendations for this training program to be submitted for approval by the GMEC.

6. The GMEC approved the IRS recommendations for the Training Program on \_\_\_\_, 2009, in their meeting in Becker Medical Library between 4:00 and 5:00 pm.
7. A report outlining the GMEC's recommendations was sent to Dr., Department Chairman, and Dr. Program Director for the \_\_\_\_ Training Program.
8. Review of the material provided by the Pediatric Training Program, in book form, included the following:

✍ ✍ **Updated** Program Information Form (PIF)

✍ ✍ Most recent RRC Accreditation letter and all interim correspondence with the RRC since the last RRC review of the program.

✍ ✍ Most recent internal review report and any progress reports since the last internal review of the program.

✍ ✍ Program Letters of Understanding/Agreement with all off-site rotation sites.

✍ ✍ The programs' written educational goals and objectives by rotation and PGY level.

✍ ✍ Program-specific policies established for the residents/clinical fellows in the following areas:

- ✍ Selection Process for new house staff
- ✍ Process for house staff, faculty and program Evaluations
- ✍ Expectations for Promotion/Graduation to the next PGY level and/or completion of training
- ✍ Disciplinary/Dismissal Policy: the written process used by the program to determine the appropriate course of action for disciplinary decisions and academic decisions that may lead to remediation, extension of training or non-reappointment.
- ✍ Policy on Duty Hours that includes expectations for house staff compliance, documentation and coverage for fatigued house staff.
- ✍ Policy on Moonlighting
- ✍ Written Lines of Supervision
- ✍ Effect of Leave of Absence from training

✍ ✍ Raw data confirming Duty Hours compliance of all current house staff.

✍ ✍ Documentation of house staff and faculty participation in scheduled "required" conferences, such as:

- ✍ ethical issues
- ✍ medical/legal issues,
- ✍ interpersonal and communication skills,

- ✍ scholarly activities,
- ✍ substance abuse and physician impairment,
- ✍ sleep deprivation and fatigue,
- ✍ HIV/AIDS and other blood-borne pathogens

✍ ✍ Examples of evaluation tools used by faculty to assess residents/clinical fellows performance. (Ex: global assessment, mini-CEX, 360 evaluations, in-training exams, procedure logs, patient logs)

✍ ✍ Example of confidential evaluations of faculty by residents/fellows.

✍ ✍ Example of confidential evaluations of the training program by residents/fellows.

✍ Minutes from the most recent Education Committee Meeting documenting:

- ✍ Attendees (faculty and house staff)
- ✍ Review of the Program's written Goals/Objectives
- ✍ Confidential evaluations by house staff
- ✍ Board performance by program graduates
- ✍ Review of the most recent RRC & IRS reports
- ✍ Update on areas identified for improvement at the prior Education Committee Meeting
- ✍ A list of new areas requiring improvement for the next academic year

✍ ✍ Example of a current resident/clinical fellow file, and a file for a recent graduate.

✍ ✍ Print out of most recent ACGME Web Accreditation System (WebADS) program data for verification.

✍ ✍ Completed the attached General Competency Form

The purpose of the review was several-fold:

1. To provide an opportunity for the program to have a faculty member and residents from outside the department review the program to be certain that faculty and house staff were in concordance with the educational goals and execution of the program.
2. To provide a means for the institution involved in the oversight of the program (Washington University School of Medicine, Barnes – Jewish Hospital and St. Louis Children's Hospital), to be certain that aspects of the training program that fall broadly under aegis of Institutional Oversight are being addressed. Since there are many GME programs, this also provides a vehicle for identifying issues other programs or the institution might use as a resource to resolve the ir problems.

3. The internal review meets the requirements of the Institutional Review as established by the Graduate Medical Education Committee and for the ACGME, which encompasses all RRC's.

### **Overview/Assessment of Institutional Requirements**

The Internal Review Panel members reviewed all data listed in #8 above prior to the interviews with faculty and resident/fellows. A thorough review of the updated Program Information Form (PIF) and all supporting documentation required for the review was conducted by the panel members. After review of the information provided by the training program, any remaining questions or concerns raised by the panel were flagged to assure further review during the interviews with faculty and house staff. All documentation, including the updated PIF with noted areas of clarification, and all supporting documentation, should be considered by the Program Director and faculty when developing the final PIF for its \_\_\_ RRC review.

The Internal Review Questionnaire was used to obtain feedback from the faculty and house staff to assure compliance with current Institutional Requirements. The following areas were discussed:

- **GMEC Participation** – The Program Director attends the GMEC meetings and reviews minutes when he is unable to attend. The Educational Coordinator regularly attends the Coordinators meetings to assure they are fully updated on institutional policies, procedures and other GME issues.
- **Off-site Rotations/Electives** – Standard clinical rotations exist at \_\_\_ Hospital. Each of these institutions are JCAHO accredited.
- **Orientation** – The house staff interviewed confirmed they each participated in an orientation from \_\_\_. They each signed a contract with \_\_\_ and were aware that the contract included information on benefits, vacation, sick leave, maternal leave, dismissal/disciplinary policies, support services, medical and disability insurance coverage and psychological counseling.
- House staff also confirmed that the following support services were adequately provided and readily available to them at all times at \_\_\_ Hospital: Discounts for food services, night meals (if on night call), inpatient/outpatient facilities provided all necessary equipment to perform

their duties, laboratory services, radiology services, on-call room was appropriate, parking was available, the trainee's office provided a computer with Med-line capabilities, OR's were appropriately staffed and equipped, and nurses, social workers, OT/PT were all available as needed. There were no issues with security at any of the training locations.

- **Program Specific Policies** - The documentation provided by the training program included program specific policies on Selection, Evaluation, Promotion, Discipline and Dismissal, Duty Hours, Leave of Absence, and Lines of Supervision.

**ACGME Web Accreditation Data System**

The entire Program for \_\_\_ was updated on the ACGME Accreditation Data System on \_\_\_, 2008.

**Educational Program - Specific Program Requirements for Pediatrics**

The residents confirm the educational program, as outlined specifically under \_\_\_ ACGME Competencies are provided.

The residents/fellows state the following conferences occur:


**Procedure/Patient Logs**

**Duty Hours**

## **General Competencies**

## **Resident's Evaluation by Faculty**

## **Faculty Evaluation by Residents**

## **Program Evaluation by Residents**

## **Supervision of Residents**

## **Grievance Procedures**

## **Quality Assurance**

## **Strengths**

The residents/fellows state the following are the strengths of this training program:

1.

## **Recommended Areas of Improvement to the Program**

1.

## **Prior Internal Review Recommendations and Follow-up**

## **Prior RRC Citations and Follow-up**

## **Citation 1:**

**Institutional GME Internal Review Subcommittee (IRS) Recommendations:**

**Method of Follow-up**

The IRS requests a report be sent to the Associate Dean for Graduate Medical Education by \_\_\_\_, 2009, **via email and campus mail.**