

INTERNAL REVIEW PROCESS OF  
GRADUATE MEDICAL EDUCATION PROGRAMS

AT

UNIVERSITY HOSPITAL UNIVERSITY AT STONY BROOK

**INTERNAL REVIEW PROCESS**

**Program Director Self-Study Questionnaire**

SELF-STUDY QUESTIONNAIRE

(To be completed by the Program Director of the Program being reviewed and submitted to the Chair of the review panel) In addition to preparing this self study, please review the ACGME program requirements and respond in writing how you specifically fulfill each requirement.

**I. ADMINISTRATION OF PROGRAM**

A. Briefly describe the departmental goals and objectives for graduate medical education and how the program is effectively meeting its objectives.

B. Describe the administrative system to oversee the training program.

C. Identify the committee to oversee graduate medical education within the department.

D. Briefly describe the mechanism the program director has to ensure that faculty, attending staff and trainees perform according to expectations.

E. Briefly describe how the program meets the needs of patients, trainees and attending staff.

**II. FACILITIES AND SUPPORT SERVICES**

A. Describe the inpatient facilities available to your training program.

B. Describe the outpatient facilities available to your training program.

C. Are support services adequate to ensure excellence in patient care, and at the same time enrich the educational program?

D. Are appropriate educational and financial resources available to your training program to carry out your mission?

**III. TEACHING FACULTY**

A. Do you have adequate number of teaching faculty? What is the ratio of faculty to trainee in your program?

B. Are faculty involved in teaching continuing education courses? If yes, what courses and how many hours per year?

C. Do you have attending faculty that do not participate in the educational aspects of the training program? If yes, briefly explain.

D. Are faculty actively involved in investigative research? If so, what percent of the faculty do investigative work?

E. Are trainees encouraged to participate in investigative work with the faculty? If yes, what percent participate in investigative research? What percent of the trainee's time is spent in research?

#### **IV. CLINICAL TEACHING**

A. Has the number and variety of patients to support the educational requirements of the training program changed since your last ACGME accreditation?

B. Are there opportunities to provide continuing care to a group of patients? (If yes, explain)

C. Do you have adequate supervision of trainee activities in the inpatient and outpatient facilities?

D. Do you have sufficient surgical procedures and/or medical procedures to ensure that trainees have adequate experience? (If yes, explain)

E. Are trainees allowed to take electives away from the affiliated hospitals? If so, how do these electives enhance the educational program and how are these electives funded?

#### **V. EDUCATIONAL PROGRAMS**

A. Outline a typical trainee rotation schedule.

B. Attach a copy of the departmental conference schedule. Is the schedule adhered to or are there frequent cancellations?

C. Do patient care responsibilities (other than emergency situations) interfere with attendance at teaching rounds or conferences. If so, are there particular rotations that always interfere?

D. Describe trainee participation in quality assurance activities.

E. Describe how deaths are reviewed within your department.

F. What percent of deaths are autopsied?

G. Are there sufficient number of autopsies performed to enhance patient care? (briefly explain how the program is enhanced or how the program and patient care benefit from autopsies.)

H. Which rotations are considered to be exemplary by the trainees and the faculty?

I. Which rotations are considered to be weak by the trainees and the faculty?

J. If there were deficiencies cited during the last ACGME site visit, how have these been addressed and/or corrected?

#### **VI. CALL SCHEDULE**

A. How frequently do trainees take call?

B. How many patients does the resident on call cover? How does the department ensure adequate back up for trainees on call?

C. How many hours per week do trainees work?

## **VII. TRAINEE EVALUATION AND COUNSELING**

A. How are trainees evaluated?

1. Attach copy of departmental evaluation form.

2. Are procedure sheets used as part of the evaluation process to show increased clinical competence?

B. How are trainees informed of their evaluations? (Describe procedure.)

C. Are trainees required to acknowledge they have reviewed their evaluations? (If yes, describe procedure.)

D. Are evaluations a part of the trainee's permanent record maintained in the department?

E. Describe your departmental procedures for confidential counseling and psychological support services for your trainees.

F. Describe policy for dealing with impaired trainees.

G. Are there instances in which trainees have:

- a. dropped out of the program?
- b. been dismissed from the program?
- c. not been promoted to the next level?
- d. incurred major disciplinary action?

If yes, describe situation and what actions were taken.

o

## **VIII. PROGRAM AND FACULTY EVALUATION**

A. How are faculty evaluated by trainees (attach copy of evaluation form.)

B. Are trainee evaluations of faculty and rotations anonymous?

## **X. QUALITY OF APPLICANTS AND TRAINEES**

A. Describe the quality of applicants.

B. How many applicants do you have each year? How many positions are offered each year?

C. Are chart reviews performed to audit trainee competence and completeness of history and physical exams?

D. Over the past five (5) years, how have your graduates performed on the board certification exam?

YEAR NUMBER TAKING NUMBER PASSED

1998

1997

1996

1995

1994

E. Are trainees involved in investigative activities? If so, do these activities lead to publications?

F. Over the past five (5) years, describe the activities of those who have completed training. Year Fellowship Practice Full-Time Academic Other

1998

1997

1996

1995

1994

o

o

o