

## **INTERNAL REVIEW PROGRAM DIRECTOR'S WORKSHEET**

This worksheet is designed to facilitate a comprehensive review of your training program. Questions have been designed to assist programs in identifying areas of particular strengths as well as areas which require attention. An internal review panel will also help to facilitate this process. Accreditation requirements are delineated to assist in understanding the reasons for the question. Several questions are designed to develop an institutional best practice database which will be available to all programs and are appropriately identified as such.

This tool is to be completed and submitted to the internal review panel at least two weeks prior to the date of the internal review.

### **PROGRAM CITATIONS**

IR IV A 4 The internal review should assess each program's effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews

### **RESIDENCY REVIEW COMMITTEE**

Please review the most recent residency review committee accreditation report. Please provide written responses to the opportunities for improvement identified therein. (Append and label Appendix 1).

### **INTERNAL REVIEW**

Please review the most recent internal review committee report. Please provide written responses to the opportunities for improvement identified therein. (Append and label Appendix 2).

### **PROGRAM LETTERS OF AGREEMENT**

CPR IB Participating Sites

1. There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The PLA must be renewed at least every five years.

The PLA should:

- a) identify the faculty who will assume both educational and supervisory responsibilities for residents;
- b) specify their responsibilities for teaching, supervision, and formal evaluation of residents, as specified later in this document;
- c) specify the duration and content of the educational experience; and,
- d) state the policies and procedures that will govern resident education during the assignment.

Please review all current program letters of agreement. Please revise names, objectives, etc as appropriate. Note any missing agreements. Report any discontinued rotation sites (Append and label Appendix 3).

### **PROGRAM DIRECTOR INFORMATION**

CPR IIA. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:

- a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
- b) approve a local director at each participating site who is accountable for resident education;
- c) approve the selection of program faculty as appropriate;
- d) evaluate program faculty and approve the continued participation of program faculty based on evaluation;
- e) monitor resident supervision at all participating sites;
- f) prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;
- g) provide each resident with documented semiannual evaluation of performance with feedback;
- h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;

- i) provide verification of residency education for all residents, including those who leave the program prior to completion;
- j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:
  - (1) distribute these policies and procedures to the residents and faculty;
  - (2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
  - (3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
  - (4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;
- m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- n) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information as outlined in the institutional policy.

Describe the program director's role (if any) in approving a local site director at each affiliate.

How does the program director monitor supervision of residents at all participating sites?

How does the program director monitor the need for and ensure the provision of back-up support systems when patient care responsibilities are unusually difficult or prolonged?

**PROGRAM FACULTY**

CPR IIB – Faculty

At each participating site, there must be a sufficient number of faculty with documented qualifications to instruct and supervise all residents at that location.

The faculty must:

- a) devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities; and to demonstrate a strong interest in the education of residents, and
- b) administer and maintain an educational environment conducive to educating residents in each of the ACGME competency areas.

The faculty must establish and maintain an environment of inquiry and scholarship with an active research component.

- a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.
- b) Some members of the faculty should also demonstrate scholarship by one or more of the following:
  - (1) peer-reviewed funding;
  - (2) publication of original research or review articles in peer-reviewed journals, or chapters in textbooks;
  - (3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or,
  - (4) participation in national committees or educational organizations.
- c) Faculty should encourage and support residents in scholarly activities.

Is there sufficient number of faculty with documented qualifications to instruct and supervise residents at all locations. If not, what additional faculty resources are required? What steps have been taken to address the deficiency? What barriers are there to addressing the matter?

Review, update and print the ACGME on-line faculty CVs. (Append and label Appendix 4).

Evaluate faculty scholarship. Comment on any concerns related to lack of scholarship including faculty participation in rounds, conferences, journal clubs, grant-related activities, peer reviewed publications, presentations at national meetings.

Describe any active research component of the program?

Complete Appendix 7 to reflect the percent participation for faculty in standard conferences (e.g. journal club, M&M, etc.) and describe how attendance is monitored.

**THE EDUCATIONAL PROGRAM**

CPR IID. The presence of other learners (including, but not limited to, residents from other specialties, subspecialty fellows, PhD students, and nurse practitioners) in the program must not interfere with the appointed residents' education. The program director must report the presence of other learners to the DIO and GMEC in accordance with sponsoring institution guidelines.

Evaluate and report any concerns over potential adverse effects of other learners on the resident's education. (Note that this is a standard question in the ACGME-administered resident survey.)

CPR IID. The institution and the program must jointly ensure the availability of adequate resources for resident education, as defined in the specialty program requirements.

Evaluate the availability of resources for the program's resident education mission as defined by the program requirements. Comment on any resources required that are not currently available? (Include reference to RRC program requirements)

CPR IVA The curriculum must contain the following educational components: 1. Overall educational goals for the program, which the program must distribute to residents and faculty annually. 2. Competency-based goals and objectives for each assignment at each educational level, which the program must distribute to residents and faculty annually, in either written or electronic form. These should be reviewed by the resident at the start of each rotation)

Provide the document delineating the overall educational goals for the program (note: not individual rotation) (Append and label Appendix 5).

Please provide date and method of the two (2) most recent distributions of the above document to faculty

Date:

Method:

to residents

Date:

Method:

Provide the written competency-based goals and objectives for one rotation reflecting expectations at each educational level (Append and label Appendix 6).

CPR VA3. The curriculum must contain the following educational components: 3. Regular scheduled didactic sessions

Complete appendix 7.

CPR IVA4 The curriculum must contain the following educational components Delineation of resident responsibilities for patient care, progressive responsibility for patient management, and supervision of residents over the continuum of the program.

Provide a copy of the program's supervision policy including residents' responsibilities for patient care, progressive responsibility for patient management, and supervision of patient care (Append and label Appendix 8).

#### **THE EDUCATIONAL PROGRAM – GENERAL COMPETENCIES**

CPR IVA5 The program must integrate the following ACGME competencies into the curriculum

#### **PRACTICE-BASED LEARNING AND IMPROVEMENT**

CPR IVA5 Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals: (1) identify strengths, deficiencies, and limits in one's knowledge and expertise; (2) set learning and improvement goals; (3) identify and perform appropriate learning activities; (4) systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; (5) incorporate formative evaluation feedback into daily practice; (6) locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems; (7) use information technology to optimize learning; and, (8) participate in the education of patients, families, students, residents and other health professionals. [As further specified by the Review Committee]

**NOTE:** Each of the questions in this section are standard Program Information Form (PIF) question, as such, you should consider completion of these as an investment into the completion of the PIF. In all cases, give special consideration to including the following elements:

- Direct faculty oversight/involvement
- Active as opposed to passive learning
- Formal evaluation

**Examples of Learning Activities:** didactic lecture, assigned reading, seminar, self-directed learning module, conference, small group discussion, workshop, online module, journal club, project, case discussion, one-on-one mentoring, or other examples of learning activities.

1. Describe one learning activity in which residents engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; identify and perform appropriate learning activities to achieve self-identified goals (life-long learning).

Limit your response to 400 words.

2. Describe one example of a learning activity in which residents engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. The description should include:
- a) locating information
  - b) using information technology
  - c) appraising information
  - d) assimilating evidence information (from scientific studies)
  - e) applying information to patient care

Limit your response to 400 words.

3. Give one example and the outcome of a planned quality improvement activity or project in which at least one resident participated in the past year that required the resident to demonstrate an ability to analyze, improve and change practice or patient care. Describe planning, implementation, evaluation and provisions of faculty support and supervision that guided this process.

Limit your response to 400 words.

4. Describe how residents:
- a) develop teaching skills necessary to educate patients, families, students, and other residents;
  - b) teach patients, families, and others; and
  - c) receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review by the site visitor.)

Limit your response to 400 words.

#### **INTERPERSONAL AND COMMUNICATION SKILLS**

CPR IVA5 Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to: (1) communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; (2) communicate effectively with physicians, other health professionals, and health related agencies; (3) work effectively as a member or leader of a health care team or other professional group; (4) act in a consultative role to other physicians and health professionals; and, (5) maintain comprehensive, timely, and legible medical records, if applicable. [As further specified by the Review Committee]

1. Describe one learning activity in which residents develop competence in communicating effectively with patients and families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health related agencies.

Limit your response to 400 words.

2. Describe one learning activity in which residents develop their skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities.

Limit your response to 400 words.

3. Explain (a) how the completion of comprehensive, timely and legible medical records is monitored and evaluated, and (b) the mechanism for providing residents feedback on their ability to competently maintain medical records.

Limit your response to 400 words.

### **PROFESSIONALISM**

CPR IVA5 Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate: (1) compassion, integrity, and respect for others; (2) responsiveness to patient needs that supersedes self-interest; (3) respect for patient privacy and autonomy; (4) accountability to patients, society and the profession; and, (5) sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [As further specified by the Review Committee]

1. Describe at least one learning activity, other than lecture, by which residents develop a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Limit your response to 400 words.

2. How does the program promote professional behavior by the residents and faculty?

Limit your response to 400 words.

3. How are lapses in these behaviors addressed?

Limit your response to 400 words.

### **SYSTEMS-BASED PRACTICE**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to: (1) work effectively in various health care delivery settings and systems relevant to their clinical specialty; (2) coordinate patient care within the health care system relevant to their clinical specialty; (3) incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; (4) advocate for quality patient care and optimal patient care systems; (5) work in interprofessional teams to enhance patient safety and improve patient care quality; and, (6) participate in identifying system errors and implementing potential systems solutions. [As further specified by the Review Committee]

1. Describe the learning activity(ies) through which residents achieve competence in the

elements of systems-based practice: work effectively in various health care delivery settings and systems, coordinate patient care within the health care system; incorporate considerations of cost-containment and risk-benefit analysis in patient care; advocate for quality patient care and optimal patient care systems; and work in interprofessional teams to enhance patient safety and care quality.

Limit your response to 400 words.

2. Describe an activity that fulfills the requirement for experiential learning in identifying system errors.

Limit your response to 400 words.

**RESIDENT SCHOLARLY ACTIVITIES:**

CPR IV 5B. The curriculum must advance residents' knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. 2. Residents should participate in scholarly activity. [As further specified by the Review Committee] 3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. [As further specified by the Review Committee]

Describe the program's means for addressing the residents' knowledge of research, including how research is conducted, evaluated, explained to patients and applied to patient care.

Complete Appendix 9 to reflect resident scholarly activities.

**RESIDENT EVALUATION**

CPR VA The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment, and document this evaluation at completion of the assignment.

The program must: (1) provide objective assessments of competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice; (2) use multiple evaluators (e.g., faculty, peers, patients, self, and other professional staff); (3) document progressive resident performance improvement appropriate to educational level; and, (4) provide each resident with documented semiannual evaluation of performance with feedback.

Describe how residents are instructed about the criteria that are used to evaluate their performance.

Describe any faculty development sessions related to use of the program evaluation of the resident tools? Include those development tools used to ensure that each faculty has a firm understanding of the criteria used to evaluate resident competence so as to contribute the reliability and consistency of the resident evaluations. If these are not provided, describe the means by which reliability and consistency in resident evaluation is achieved.

Evaluate the timeliness of faculty completing written evaluations of residents.

Describe specific program actions that have been taken to address deficiencies in the timeliness of faculty's evaluation of residents.

Describe the data provided residents at the time of their semi-annual review? Are the data in aggregate?

What role, if any, do residents have in outlining performance improvement plans based on the semi-annual review data?

Describe how opportunities for improvement identified in one semi-annual review are re-addressed and evaluated on subsequent reviews.

The following are examples of measurements which may be included in the semi-annual review. Programs are encouraged to utilize them as appropriate. The list will be expanded over time to facilitate the sharing of best practices. Please refer to the program-specific requirements to determine which of these may be required. Which of the following measurements are currently included in the review? (Note: Responses from this question will be used to build a database for best practices.)

	evaluation by faculty		conference/other attendance
	evaluation by students		medical records QA review
	evaluations by peers		compliance with completion of surveys and evaluations
	evaluations by nurse/technical/clerical		status of research project(s)
	self-evaluations		other (please delineate)
	procedure/surgical or other case logs		
	medical records compliance		

Provide a copy of the semi-annual review sample. (Append and label Appendix 10.)

Provide a copy of the final evaluation completed when a trainee successfully completes the program. (Append and label Appendix 11.)

### **FACULTY EVALUATION**

CPR V B At least annually, the program must evaluate faculty performance as it relates to the educational program. These evaluations should include a review of the faculty's clinical teaching abilities, commitment to the educational program, clinical knowledge, professionalism, and scholarly activities. This evaluation must include at least annual written confidential evaluations by the residents.

Describe the process to evaluate and approve the continued participation of faculty based on evaluation?

Describe the program director's role in this process?

Which of the following is used at the time of faculty review? How are these evaluated? (Note: the list of methods will be used to build a best practice library.)

y/n		How evaluated
	clinical teaching abilities	
	commitment to the educational program	
	clinical knowledge	
	professionalism	
	scholarly activities	
	confidential evaluations by residents	

Describe an example of an improvement plan which has resulted from a faculty review on the measures listed above.

If you are using an evaluation tool used other than standard SSOM form and are willing to share it with other programs, please append to this document and Appendix 12.

**PROGRAM EVALUATION**

CPR V Program Evaluation and Improvement The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: a) resident performance; b) faculty development; c) graduate performance, including performance of program graduates on the certification examination; and, d) program quality. Specifically: (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and (2) The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program. 2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

IR IVA5d Materials and data to be used in the internal review process must include previous annual program evaluations.

Supply the dates of the two (2) most recent formal, systematic evaluations of the curriculum. (Append copies of both reports and label Appendix 13. Include evidence that the action plan was reviewed and approved by the teaching faculty.)

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Delineate any focused educational faculty development activities undertaken in the past two years (please do not include those activities already outlined on the faculty CVs). (Append and label Appendix 14.)

Please indicate which of the following are utilized during the systematic evaluation of the program. (Note: the list of methods will be used to build a best practice library.)

y/n		
	Resident performance	Please delineate what specific measures are utilized in this review
	faculty development	Please delineate what specific measures are utilized in this review
	confidential evaluations of the program by residents	
	confidential evaluation of the program by faculty	
	graduate performance (job placement and satisfaction)	
	in-training exams	
	student evaluations	
	Other (please delineate)	

**DUTY HOURS**

CPR VI Faculty and residents must be educated to recognize the signs of fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential negative effects on patient care and learning.

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care; time spent in-

house during call activities, and scheduled activities, such as conferences. Duty hours do *not* include reading and preparation time spent away from the duty site.

Review duty hours survey results from both LUMC tools and the most recent ACGME survey, comment on areas of reported deficiency.

Through what method and with what frequency are residents and faculty educated to recognize the signs of fatigue and sleep deprivation?

What policies/procedures exist to prevent and counteract fatigue and sleep deprivation's negative effects on patient care and learning?

IR IVA5e Materials and data to be used in the internal review process include: results from internal or external resident surveys, if available.

Review the results from the most recent ACGME-administered on-line survey. Comment on all areas of reported deficiency. What changes in the program, if any, have resulted from the survey results?

Review the results of the most recent LUMC annual survey. Comment on all areas of reported deficiency. What changes in the program, if any, have resulted from the survey results?

The internal review should assess each program's: g) Annual program improvement efforts in: (1) resident performance using aggregated resident data; (2) faculty development; (3) graduate performance including performance of program graduates on the certification examination; and,(4) program quality.

Review the in-training exam scores for the most recent years equivalent to the accredited length of the training program (e.g. 3 years for IM, 4 years for Radiology) (Append a copy of the aggregate reports and label Appendix 15).

Comment on any trends identified by PGY-level or for the program as a whole. Comment on any areas of improvement identified during the review

Review the board certification pass rates for the most recent years equivalent to the accredited length of the training program (e.g. 3 years for IM, 4 years for Radiology) (complete the table provided in Appendix 16).

Comment on any trends identified by PGY-level or for the program as a whole. Comment on any areas of improvement identified during the review

List any educational-based faculty development activities undertaken since the time of the last RRC review.

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**CASE AVAILABILITY**

For surgical or procedure-driven specialties, print the case logs for the most recent graduates and for one trainee at each level of the program (Append a copy of the reports and label 17).

Comment on any concerns noted during review. Account for any significant variability between trainees.

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With what frequency are the cumulative lists reviewed? How is this documented?

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**DIDACTIC CONFERENCES**

Review the program-specific requirements regarding didactic conferences required. List any areas which are not covered or not adequately covered in the curriculum.

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**PROGRAM STRUCTURE**

Complete the block diagram provided for two of the current senior resident's (final year of training) actual educational experience. The participating site where the experience occurred should be readily identifiable. (See Appendix 18)

## **Appendix 1**

### **Previous RRC Citations and Responses**

**(Note this document is available on the Program set-up/Program Reminders section of E-value, please copy/paste the citations and respond to each individually.)**

## **Appendix 2**

**Previous Internal Review Opportunities for Improvement and Responses**  
(Note this document is available on the Program set-up/Program Reminders section of E-value, please copy/paste the citations and respond to each individually.)

### **Appendix 3**

#### **Program Letters of Agreement Corrections, Additions, Deletions**

**1. Missing agreements for the following sites:**

**2. The following sites are not longer utilized:**

**3. Attach copies of current agreements with any revisions.**

**Appendix 4**

**Web ADS Faculty CVs**

**Appendix 5**  
**Overall Program Educational Goals**

**Appendix 6**  
**Sample Rotation Goals and Objectives**  
(With graded responsibility where available)

**Appendix 7**  
**Didactic Conferences and Attendance**  
 (Add rows as necessary)

Conference type/name (e.g. journal club, M&M)	Mandatory y/n	Frequency (e.g. weekly, every other week)	Avg res attenda nce (in %)	Avg fac attenda nce (in %)	How attendance monitored

**Appendix 8**  
**Program Supervision Policy**

## Appendix 9 Resident Scholarly Activities

(Expand tables as necessary)

List the articles authored or co-authored by residents in your program that have been published in refereed journals during the last five years. (Note: The resident must have been in your program while doing the research, but not necessarily when the article was published.) Add or delete rows as necessary.

Name of Resident, Graduation year	Author(s) ( <b>Resident Name in bold</b> ), Name of Article, <i>Name of Journal</i> , Volume, pages, Month Year
Sample Resident, MD, 2004  (Please delete this row before submitting your internal review)	1. Surgeon IM, <b>Resident S</b> , The Impact of Activity A on Body Part B, <i>Orthopaedic Journal</i> , Vol 9 (6), pp 221-229, July 2005 2. Researcher BT, Boneman GS, <b>Resident S</b> , Complication with Body Part C: Comparison of Treatment D and Treatment E, <i>Journal of Orthopaedics</i> , Vol 80-B (5), pp 336-348, June 2005

List the research presentations by residents during the last five years that resulted from resident research activity *during the program*. (Note: The resident must have been in your program while doing the research, but not necessarily when the presentation was made.) Add or delete rows as necessary.

Name of Resident, Graduation year	Presenter(s) ( <b>Resident Name in bold</b> ), Topic, Audience (or Name of Meeting), Location, Date
Sample Resident, MD, 2005  (Please delete this row before submitting your PIF)	1. Orthoped FR, <b>Resident S</b> , Prevalence of Condition H in Population I, Orthopaedic Society, Chicago, Illinois, February 8, 2005 2. Orthoped FR, <b>Resident S</b> , The Use and Risks of Hardware J for the treatment of Condition K, Orthopaedic Academy, San Francisco, California, April 11, 2005

**Appendix 10**  
**Sample Complete Semi-annual Review Tool**  
(Please delete trainee name)

**Appendix 11**  
**Sample Final Evaluation Tool**  
(Please delete trainee name)

**Appendix 12**  
**Faculty Evaluation Tool**  
(If other than standard SSOM tool)

**Appendix 13**  
**Annual Reviews – including action plans (2 years)**

**Appendix 14**  
**Focused Educational Faculty Development Activities**  
(Please do not include activities outlined on the faculty CVs)

## **Appendix 15 In-training Service Exams**

Provide program-level in-training exam scores for the most recent year's equivalent to the accredited length of the training program (e.g. 3 years for IM, 4 years for Radiology).

## Appendix 16 Board Certification

Complete the following table for the most recent year's equivalent to the accredited length of the training program (e.g. 3 years for IM, 4 years for Radiology).

### Part 1

Academic Year	Number of grads	First time takers			Repeaters		
		# sat	# pass	%pass	# sat	# pass	%pass

### Part 2

Academic Year	Number of grads	First time takers			Repeaters		
		# sat	# pass	%pass	# sat	# pass	%pass

**Appendix 17  
Case Logs**

## Appendix 18 Block Diagram

Resident Name		Date to Complete Program										
	1	2	3	4	5	6	7	8	9	10	11	12
PGY-1												
PGY-2												
PGY-3												
PGY-4												
PGY-5												



## Appendix 16

**Please have the following documents available for the internal review committee:**

1. The written competency-based goals and objectives for one rotation reflecting expectations at each educational level
2. Files for current residents/fellows and most recent program graduates
3. Sample file of resident/fellow who have transferred into the program from another program (e.g. prelim or categorical to core program or core program graduate into fellowship), including documentation of previous experience and competency-based performance evaluation. (CPR IIIc. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.)
4. Program Policies (indicate last revision date, last date of distribution to residents, last date of distribution to faculty), 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
5. Documentation of resident evaluation including:
  - a) Resident evaluation at the end of each rotation or similar educational experience
  - b) Written or electronic semiannual evaluation of the resident with feedback
  - c) A final (summative) evaluation for each resident that documents the resident's performance during the final period of education and verifies that the resident has demonstrated sufficient competence to enter practice without direct supervision (files for the most recent year's graduates for review by the site visitor)

