The Graduate Medical Education Committee is responsible for the development, implementation and oversight of the Internal Review Process for all American University of Beirut (“AUB”) training programs. This includes the responsibility for conducting regular reviews of all ACGME/ACGME-I accredited programs and subspecialty programs to ensure compliance with the ACGME’s institutional and program requirements and ACGME-I’s institutional, foundational and advanced specialty/subspecialty program requirements.

The Graduate Medical Education Committee appoints an Internal Review Team to review each training program.

The Internal Review Team is comprised of the following:

1. **Administration:** Representative(s) from Administration.

2. **Faculty:** Two Medical Staff members, one of whom is a Chairman/Program Director.

3. **Residents:** One or more residents.

4. **External Reviewer:** In selected cases.

The faculty members and the resident(s) should not be from the program under review by the Team.

The review of an individual program is scheduled at approximately the midpoint between ACGME/ACGME-I program surveys. The Chair of the GMEC maintains a schedule of midpoints for upcoming Internal Reviews and shares this schedule with the GMEC no less frequently than annually.

- **Phase I: Review and Appraisal of Documents**

  Prior to the actual meeting of the Internal Review Team, the GMEC will send a Questionnaire (the Residency Program Questionnaire for Internal Review) to each program to complete and submit to the GMEC. (Refer to Addendum 1 for a copy of the Questionnaire.)

  Upon submission of the Questionnaire (Addendum 1), the GMEC will provide each Internal Review Team member with the following materials and data:

  a. Copies of the Institutional and Program Requirements from the “Essentials of Accredited Residences in Graduate Medical Education;” or copies of the ACGME-I institutional, foundational and advanced specialty/subspecialty program requirements
b. Previous ACGME/ACGME-I Accreditation Letters and subsequent correspondence with the RRC (e.g., progress reports);

c. Previous Internal Review Reports;

d. Residency program curriculum, goals and objections, rotation schedules and the program’s house staff manual;

e. Performance on in-service exams and board scores of graduates;

f. Copy of the department’s plan for measuring resident performance in all competency areas required by the ACGME/ACGME-I, and evidence that the plan is being implemented (refer to Addendum 2 for Sample of Competency Evaluation Tools);

g. Previous annual program evaluations

h. Results from internal or external resident surveys, if available.

i. Program Requirements Compliance Checklist.

- **Phase II: Meeting with Program Director and Key Faculty**

  A meeting with the Program Director, Chairman, and key faculty will address and appraise the following issues:

a. Educational objectives of the program;

b. Instructional plans formulated to achieve these objectives that encompass the six general competencies: Patient Care, Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Practice-Based Learning and Systems-Based Practice;

c. Adequacy of available educational and financial resources to support the program;

d. Effectiveness of the program in:
  1) Meeting objectives
  2) Utilizing resources provided
  3) Addressing recommendations of previous internal reviews
  4) Addressing recommendations (including areas of noncompliance and concerns) of previous ACGME/ACGME-I surveys
  5) Developing a program to evaluate ACGME/ACGME-I core competencies that will include:
(a) Assessment whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice;
(b) Provision of evidence of the program’s use of evaluation tools to ensure that the residents demonstrate competence in each of the six areas;
(c) Appraisal of the development and use of dependable outcome measures by the program for each of the general competencies once the program has had experience with these tools over a period of time; and,
(d) Appraisal of the effectiveness of each program in implementing a process that links educational outcomes with program improvement.

6) Implementing a process that links educational outcomes with program improvements

   e. Residents’ performance on internal examinations and/or certifying boards; and

   f. Compliance with work hour regulations.

• **Phase III: Meeting with Residents**

The Internal Review Team will meet (in the absence of program faculty) with at least one peer-selected residents from each level of training to review their perceptions of the strengths and weaknesses of the program, utilizing a similar format to that noted above in Phase II. In addition, specific information will be obtained concerning the:

   a. Existence of a system to address issues regarding working environments and educational programs;
   b. Existence of a process to address all concerns in a confidential and protected manner;
   c. Means of redress for complaints and grievances that could result in dismissal from the program;
   d. Level of supervision provided during all clinical activities;
   e. Resident work hours;
   f. Ability to have access to their evaluations and the ability to confidentially evaluate the faculty and program; and
   g. Ability to receive instruction and support to provide compassionate, appropriate, and effective patient care and to meet the training objectives inherent in the core competencies.
• **Phase IV: Final Report**

Within two weeks of review, a final report will be forwarded to the Program Director, Department Chair and Chair of the GMEC. This report will contain:

- a. The name of the specialty or subspecialty program that was reviewed;
- b. The date of the internal review;
- c. The names and titles of the internal review team;
- d. The materials collected and reviewed for each program;
- e. A brief description of how the internal review was carried out, including the list of the groups/individuals who were interviewed and the documents reviewed;
- f. A discussion of areas of compliance with Institutional Requirements, foundational requirements, advanced specialty/subspecialty program requirements and specialty specific Program Requirements;
- g. A summary of how the program and institution addressed each citation/comment listed in the last ACGME/ACGME-I accreditation letter ("Letter of Report") that was used as part of the review, and, at the Internal Review Committee’s discretion, how the program and institution addressed citations/comments from the last internal review subcommittee;
- h. Verification of the existence of a curriculum with goals and objectives provided for several of the general competencies;
- i. Summary or list of the types of evaluation tools used by the program for evaluating the competencies (see example attached as Addendum 2);
- j. Comments on the program’s status in the development and use of dependable measures to assess resident competency in the six areas;
- k. Comments on the program’s status in developing a process that links educational outcomes with program improvement;
- l. Verification or confirmation from the residents as to the existence of a curriculum with goals and objectives for teaching the competencies, their involvement in the curriculum, and the kinds of tools used by the program to evaluate them;
- m. Recommendations for the program;
- n. Mechanisms for any follow-up by the program director; and
- o. A completed summary chart (*Internal Review Evaluation Summary, Addendum 3*).

The date the internal review results were presented to the GMEC and the actions of the GMEC will be added to the *Internal Review Evaluation Summary*.
• **Phase V: GMEC Review**

  The written report of each internal review must be presented to and reviewed by the DIO and the GMEC to monitor the areas of noncompliance and recommend appropriate action.

  As appropriate, programs will be required to report to the GMEC at future meetings on any issues requiring follow-up or further actions.
ADDENDUM 1:

Residency Program Questionnaire for Internal Review

Name of Program: ____________________________________________

(Name & Title of Person Completing Form) ____________________ (Signature)

Directions: Please repeat each question or request with your response. Attach any supporting documentation that will help us to get a clear picture of your program.

1. Goals, objectives, and curriculum of the training program:
   
   1.1. Please outline the goals and objectives of your program that are specific for each rotation in each year of training.
   
   1.2. What steps have you taken to ensure that residents and faculty are aware of these goals?
   
   1.3. Please describe your curriculum to achieve these goals.
   
   1.4. In accordance with specialty program requirements, describe how the curriculum is designed to teach the following six general competencies:
      
      • patient care skills
      • medical knowledge
      • interpersonal and communication skills
      • professionalism
      • practice-based learning
      • systems-based practice
   
   1.5. Please describe your process for reviewing that all curriculum requirements are met.

2. Criteria and processes for selection, promotion, and dismissal of residents. (See section 9 on resident evaluation.)

   2.1. Submit written program policies, documents, or data on selection:
      
      • Prerequisites for application
      • Process of review
• Criteria for acceptance
• The process for informing applicants of the institutional benefits and conditions of appointments
• A sample copy of the most recent resident contract letter. (Note the contract letter must either list explicitly or reference other documents in the following areas: terms of appointment, financial benefits, moonlighting, sexual harassment, grievance procedures, and non-renewal contracts.)

2.2. Submit written program policies, documents, and data on promotion.

2.3. Submit written program policies, documents, and data on probation and dismissal.

2.4. Please list all residents that have been dismissed by your department in the past four years.

3. Program Description – Faculty

3.1. Please describe the following elements regarding the program director:
• role
• authority
• time commitment
• coordination with Chairman

3.2. Please describe the policies by which the teaching staff is appointed.

3.3. Describe the procedures to ensure supervision in your program’s clinical settings (including nights and weekends).

3.4. How do you monitor compliance with these supervision policies? Describe in detail.

3.5. How do you become aware of and respond to exceptions or critical instances of breakdown of supervision? Describe in detail.

3.6. What mechanism do you have to ensure accessibility and availability of faculty?

4. Program Description – Training

4.1. Please describe the following elements regarding the training:
• Length of training program?
• Number of residents in training at each level and total number?
• Total number of residents approved by your RRC?
• Senior clinical fellows?
• ACS year?
4.2. Please attach explicit descriptions of the gradation of responsibility for each residency level in your program.

4.3 What counseling, health, and substance abuse services do you have available to your Department? If you refer residents to institutional services, what methods and written documents do you use to ensure that residents are aware of these services?

4.4 How do you ensure compliance with institutional and departmental policies regarding “moonlighting”? Attach any agreements that relate to moonlighting.

4.5 Are your residents engaged in “internal moonlighting”? If so, how do you ensure that internal moonlighting is counted toward duty hour limits?

4.6 Please describe the participation of residents in programmatic, departmental and/or institutional committees/councils (names of committees/councils; selection process; documentation of attendance).

4.7 Have any residents been cited in any malpractice, risk management or other quality assurance incidents? What was the institution’s response to them?

4.8 How do you monitor and evaluate complaints and grievances against residents from patients or employees?

5. Ancillary services

5.1. Do you and your residents find the ancillary services (e.g., transport, phlebotomy, radiology, etc.) adequate? If not, describe in detail.

5.2. Do you and your residents believe that the resident on-call quarters are adequate? If not, describe in detail.

5.3. Do you and your residents believe that the hospital food services are adequate? If not, describe in detail.

5.4. Do you and your residents believe that the hospital security is adequate? If not, describe in detail.

6. Program Description - Educational Program

6.1 Please describe the following elements of your educational program:

- Conferences
- Rounds
- Didactic sessions
- Personal enrichment programs
- Opportunities for residents to teach and supervise
6.2. If required by your RRC, please describe the ambulatory care experience that your residents receive and document that it meets all RRC requirements.

6.3. Please describe the following items regarding quality assurance
   - resident participation in departmental quality assurance programs
   - instructional programs in quality assurance for residents
   - number of autopsies performed on patients cared for by your residents

6.4. Please describe your method for tracking technical procedures/operations by residents?

6.5. How do you ensure an adequate patient volume and case mix (including for technical procedures and operations where appropriate) to achieve the learning objectives?

6.6. Are there any elements of your program where the patient volume or case mix is inadequate to achieve the learning objectives? If so, please explain.

6.7. Please describe the impact of departmental subspecialty fellowship programs including Advanced Specialty Training Programs (fellowship training at the faculty level) on the residency training program.

6.8. Please submit your Program-specific Program Requirements Compliance Checklist.

7. Program Description – Structure (include charts, graphs, tables as desired)

7.1. Please describe the following elements of your program structure:
   - Duration
   - Rotations
   - Required
   - Elective
   - Research
   - Other

7.2. Please describe the role of all participating institutions. (Submit evidence of contractual agreements for each participating institution.)

7.3. Describe oversight of, and liaison with, participating institutions.

7.4. Please identify, by name and title, the person or agreements responsible for making appointments to the teaching staff in these participating institutions.

7.5. Please describe the system for monitoring the quality of off-campus rotations.

7.6. Please describe your role in the appointment and evaluation of teaching staff in each
8. Duty hours

8.1. Please submit your program’s formal policies on duty hours.

8.2. How does your program track resident duty hours?

8.3. How does your program monitor the residents’ work environment to ensure the proper balance between service and education?

8.4. What is the average number of resident duty hours per week averaged over 28 days?

8.5. Are there any residents or rotations in your program where duty hours per week exceed 80 hours averaged over 28 days? (If so, please explain.)

8.6. Are there residents or rotations in your program where on-call duty extends beyond 24 hours plus an additional 6 hours for transfer and educational activity? (If so, please explain.)

8.7. Are there circumstances where hospital duty is separated by less than 10 hour intervals?

8.8. Are there rotations or residents with less than 1 day out of 7 without any clinical or educational obligations?

8.9. What training have your residents and faculty received in the recognition of sleep deprivation and fatigue?

9. Evaluations

9.1. Please describe the following elements of your resident evaluation system:

- Method of evaluation (attach a copy of any evaluation forms)
- Frequency of evaluation
- Method and documentation of feedback
- Method of dealing with unsatisfactory performance by trainees

9.2. Please provide a list and examples of evaluation tools being used to assess each of the six competencies.

9.3. Is your program developing or using dependable measures to assess resident competence in these six areas? (Note: Dependable measures may not be developed
9.4. Can you provide any evidence of a process developed to link educational outcomes with program improvement? (Note: Evidence of program improvement may not be available at first until the program has had an opportunity to develop and analyze its outcome measures over a period of time.)

9.5. Please describe how residents are involved in *program* evaluation.

9.6. Please give an example of changes made to your residency *program* based on resident evaluation and feedback.

9.7. Please describe how residents evaluate the teaching by the faculty. (Please attach any pertinent evaluation forms.)

9.8. Please describe your policies/procedures for evaluating the scholarly activity of your teaching staff.

9.9. Describe in detail how you evaluate your program internally. How do you use this information to improve the program?

10. Program Effectiveness and Outcomes

10.1. Please provide the following information on outcomes of your training program over the past 4 years.

- Results of in-service exams
- Number of trainees not completing the program
- % first-time pass rate on specialty board examinations
- Immediate post-residency career paths
- Long-term outcomes, if available

10.2. Please attach the most recent letter from your RRC documenting your accreditation and listing your deficiencies.

10.3. Please attach the results of your last GMEC internal review listing any deficiencies and actions taken to correct them.

11. Overview of Program

11.1. Please discuss the following items about your program.

- Strengths of the training program
- Areas to be improved
• Areas of anticipated change

11.2. Please summarize the major changes to the program since the last institutional review.
ADDENDUM 2:

Sample of Competency Evaluation Tools

<table>
<thead>
<tr>
<th>General Competencies</th>
<th>List Evaluation Tools Used or in Development by the Program</th>
<th>Other Tools Designed by Program?</th>
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<td></td>
<td>(Completed by Program Director in Internal Medicine at Sample Hospital)</td>
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<td><strong>Patient Care</strong></td>
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# ADDENDUM 3

## INTERNAL REVIEW EVALUATION SUMMARY

**PROGRAM NAME:** _________________________________  
**DATE:** ________________

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