RESIDENCY ADMINISTRATIVE POLICY

INTERNAL REVIEW POLICY

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<tr>
<th>Document No.:</th>
<th>Revision:</th>
<th>Original Date:</th>
<th>Effective Date:</th>
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<tbody>
<tr>
<td>NUHS-RES-06</td>
<td>01-06-15</td>
<td>01-07-12</td>
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Process Owner: Clara Sin
Assistant COO &
Director, GME Office / Medical Affairs-Education

Approval: A/P Shirley Ooi
Designated Institutional Official, NUHS Residency

Description of Content/Change:
☐ New Document ☐ Major Content Change ☑ Minor Content Change ☐ Non-content Change ☐ Deletions Only

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Applicability:
☐ NUHS Corporate Office ☑ NUH ☐ NUS – SoM/FoD (Executive & Professional Employees Only)

1.0 Objectives

1.1 To ensure that residency programs are compliant with the ACGME-I requirements.
1.2 To assess such compliance with ACGME-I requirements at mid-point of the accreditation cycle.

2.0 Scope

2.1 The policy applies to any program seeking initial accreditation, re-accreditation, or re-activation from ACGME-I.

3.0 Policy

3.1 Internal Review occurs at the mid-point of the program’s accreditation cycle.
3.2 Internal review models the ACGME-I visit as closely as possible. In brief, the Internal Review assesses:

3.2.1 Compliance with the ACGME-I Institutional, Foundational, and Advanced Specialty/Subspecialty Program Requirements, as applicable;
3.2.2 Educational objectives and effectiveness in meeting those objectives;
3.2.3 Educational and financial resources;
3.2.4 Effectiveness in addressing areas of non-compliance and concerns in previous ACGME-I accreditation letters of notification, and previous internal reviews;
3.2.5 Effectiveness of educational outcomes in the ACGME-I general competencies;

3.2.6 Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME-I general competencies; and,

3.2.7 Annual program improvement efforts in:
   a) resident performance using aggregated resident data;
   b) faculty development;
   c) graduate performance including performance of program graduates taking the certification examination; and,
   d) program quality.

4.0 Guidelines

4.1 Composition of Internal Review Panel is as follows:
   a) DIO or designated representative,
   b) One Program Director not from the training program undergoing review or its department, and
   c) One resident not from the training program undergoing review.

4.2 Program Representatives include the following:
   a) Program Director (compulsory attendance),
   b) Associate Program Director(s), if applicable,
   c) At least one representative from core faculty,
   d) At least one resident representative from each level of training, who must be peer-nominated, and
   e) Program Coordinator(s).

4.2.1 For programs currently without residents, a modified review will take place. The panel should ensure that the program has maintained adequate faculty and staff resources, clinical volume and other necessary curricular elements to be in substantial compliance with ACGME-I program requirements prior to the program enrolling a resident.
5.0 Procedures

5.1 The GME Office notifies the Program Director of the Internal Review 3 months prior to the review.

5.2 The GME Office sends the Program Director the Internal Review Document for completion, 3 months before the review. The Program Director must return this document at least 1 week prior to the review.

5.3 Members of the Internal Review Panel will be appointed before the review.

5.4 DIO reserves the option of reassembling the Internal Review Panel and the program representatives or of speaking with members of the department if questions remain after the review.

5.5 The Internal Review Panel and the program representatives should have identical information regarding the program. This is presented in an Information Folio, which includes:

a) Document outlining the review process
b) The Internal Review Document
c) All correspondences with ACGME-I since the last site visit
d) Citations from the last site visit
e) Reports of all previous Internal Review of the programs
f) Foundational and specialty ACGME-I requirements
g) Residents duty hours policy and monitoring systems
h) The program’s evaluation systems and forms
i) Goals and objectives
j) Results from ADS resident survey and follow-up action plan
k) PEC and CCC meeting minutes for the past year
l) Residents’ certification exam results
m) Faculty development records
n) A sample of the resident portfolio

5.6 During the Internal Review, members of the Review Panel will:
a) document if the Program Director has addressed each citation

b) document if required follow-up responses to ACGME-I are updated

c) document if the program has written criteria and processes in compliance with the institutional & Resident Advisory Committee (RAC) requirements

d) document duty hour compliance and review the monitoring process

e) document evidence of didactic and clinical curricula with goals and objectives linked to the core competencies

f) document the use of assessments and outcome measures to evaluate residents’ attainment of the competencies

g) evaluate the status of the program’s link between educational outcomes and program improvement efforts

h) discuss relevant issues with residents

5.7 Review panel discusses the current condition(s) of the program with the residents without the presence of the program representatives.

5.8 After the interview, members of the Review Panel remain to discuss the findings of the review and to develop a summary of the findings.

5.9 A member of the Internal Review Panel writes the report and this is reviewed by all members of the panel.

5.10 The Internal Review Report will include the following contents:

a) The name of the program reviewed;

b) The date of the assigned midpoint and the status of the GMEC’s oversight of the internal review at that midpoint;

c) The names and titles of the internal review committee members;

d) A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;

e) Sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s internal review protocol;

f) A list of the citations and areas of non-compliance or any concerns/comments from the previous ACGME-I accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.
5.11 The report is presented at the upcoming GMEC meeting for GMEC’s endorsement, and/or amendments.

5.12 The final report is signed by DIO and given to the Program Director for follow-up and GME Office for record purpose.

5.13 GME Office follows up with the Program Director on the responses to issues cited at the internal review. This continues till the Program Director has developed an action plan and resolved the cited issues and absolved the concerns of GMEC.

5.14 A collated final report of all programs reviewed is presented at GMEC meeting for closure.

Forms

6.1 The NUHS Residency – Internal Review Document is available in Appendix A.

6.2 When completing this document, please attach a separate sheet if the space given is insufficient. Reference must be made to the question for the answer provided.
Appendix A – Internal Review Document

**NUHS Residency - Internal Review Document**

### GENERAL PROGRAM INFORMATION

<table>
<thead>
<tr>
<th>Name of Program</th>
<th>Name of Program Director</th>
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<tr>
<th>Name of HOD</th>
<th>Date of Internal Review</th>
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Have there any administrative changes in the program/department since the last site visit?
- Yes ☐ (pls provide details separately)
- No ☐

### PROGRAM REPRESENTATIVES

<table>
<thead>
<tr>
<th>Name of Representative</th>
<th>Role in Program (Eg. Core Faculty, Resident)</th>
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### LIST OF HOSPITAL/SITES CURRENTLY USED

<table>
<thead>
<tr>
<th>Name of Hospital/Site</th>
<th>Program Letter of Agreement (PLA)</th>
<th>Remarks</th>
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<tr>
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<td>Current ☐</td>
<td>Lapsed ☐</td>
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</tbody>
</table>

**Process Owner**
Clara Sin
Assistant COO & Director, GME Office / Medical Affairs Education

**Approval**
A/Prof Shirley Ooi
Designated Institutional Official, NUHS Residency
What is the current number of residents in your program?

Compare this with ACGME-I accredited numbers. Please give reasons for the differences below.

<table>
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<tr>
<th>Current</th>
<th>Lapsed</th>
<th>In Progress</th>
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### CITATIONS

Please list the citations from your most recent ACGME-I site visit and report your efforts to address each citation. Kindly use a separate sheet if necessary.
Please provide your program’s goals & objectives. These goals & objectives must be organized by rotation then by competency. Assessments must be associated with each objective. Please use a separate sheet if necessary.

Does the Program have a committee that includes faculty members and residents that reviews goals, objectives & core competencies?
Yes ☐  No ☐ If no, please explain why below.

When did this committee last meet to discuss the current program format?

Were minutes of meeting and attendance taken?  Yes ☐ No ☐

ANNUAL PROGRAM EVALUATIONS
Do you conduct annual program evaluations?  Yes ☐ No ☐
If yes, please provide copies of all annual programs, evaluations conducted since the effective date of the most recent accreditation. If no, please explain why below.
POLICIES / STATEMENTS

Please include a copy of the following policy/statement:

a) Residents’ duty hours including specific data from a representative 4-week period. Included?
   Yes ☐  No ☐

b) Duty hour monitoring procedure. Included?  Yes ☐  No ☐

Please provide a copy of the program’s written policies regarding each of the following issues. These policies are required and must be individualized for the program. Each policy must start on a different sheet of paper with the title of the policy, name of the training program and the date of the last review of each policy at the top of each page.

a) Recruitment and selection  Included?  Yes ☐  No ☐
b) Promotion  Included?  Yes ☐  No ☐
c) Grievance and due process  Included?  Yes ☐  No ☐
d) Warning, probation & dismissal  Included?  Yes ☐  No ☐
e) Supervision Policy  Included?  Yes ☐  No ☐
f) Fatigue and sleep deprivation  Included?  Yes ☐  No ☐
g) Moonlighting  Included?  Yes ☐  No ☐
h) Duty hours  Included?  Yes ☐  No ☐
i) Leave of absences  Included?  Yes ☐  No ☐

IMPROVEMENT EFFORTS

Please provide a summary or attachment of your program’s improvement effort in each of the following areas:

a) Resident performance using aggregated resident data

b) Faculty development
### c) Graduate performance, including performance of program graduates on certification exams.

### d) Program quality

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#### PATIENT SAFETY

Describe how your program promotes patient safety. In what patient safety and quality improvement activities do residents engage in? Please use a separate sheet if necessary.

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#### CONFERENCE & DIDACTIC LECTURES

Provide a statement concerning the program’s compliance with conference and didactic lecture schedules required by ACGME-I and also provide a list of your conferences. Please use a separate sheet if necessary.
### EVALUATIONS/FEEDBACK

How often do the residents evaluate the faculty?
Are these evaluations anonymous?  Yes [□]  No [□]

How often do the residents evaluate the program?
Are these evaluations anonymous?  Yes [□]  No [□]

How often do the faculty members evaluate the residents?

How often does the program director formally meet with residents to provide feedback and counseling?

Is there a final, written evaluation of each resident in the resident's file?  Yes [□]  No [□]

### OTHER CONCERNS

Do you have issues regarding financial and educational resources?  Yes [□]  No [□]
If yes, please state your concerns below.

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How can the GME Office better serve your program?
Using the information from the table below, please complete the attached forms.

<table>
<thead>
<tr>
<th>TEACHING METHODS</th>
<th>ASSESSMENT METHODS</th>
</tr>
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<tbody>
<tr>
<td>Anatomic models</td>
<td>Clinical performance ratings</td>
</tr>
<tr>
<td>Clinical expectations</td>
<td>Focused observation</td>
</tr>
<tr>
<td>Clinical teaching</td>
<td>360° evaluations</td>
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<tr>
<td>Computer modules</td>
<td>Evaluation committee</td>
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<tr>
<td>Didactics</td>
<td>Structured case discussions</td>
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<tr>
<td>Games</td>
<td>Stimulated chart recall</td>
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<tr>
<td>Individual or group projects</td>
<td>Review of case or procedure log</td>
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<tr>
<td>Performance feedback</td>
<td>Review of patient chart</td>
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<tr>
<td>Role models</td>
<td>Standardized patient</td>
</tr>
<tr>
<td>Role Play</td>
<td>OSCE</td>
</tr>
<tr>
<td>Standardized patients</td>
<td>High tech simulators</td>
</tr>
<tr>
<td>Stimulations</td>
<td>Role play or stimulations</td>
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<tr>
<td>Others (Please define)</td>
<td>Formal oral exam</td>
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<td>In-training exam</td>
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<td>In-house exam (pre- and post- tests)</td>
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<td>Multimedia exams</td>
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<td></td>
<td>Resident project reports (portfolio)</td>
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<td>Resident experience narrative (portfolio)</td>
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<td>Other portfolio</td>
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<td>Audits of drug prescribing and patient outcome</td>
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<td></td>
<td>Others (please define)</td>
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<tr>
<td>Core Competencies</td>
<td>List the teaching methods that your program uses to teach core competencies</td>
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<tr>
<td>Patient Care</td>
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<tr>
<td>Medical Knowledge</td>
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<td>Interpersonal &amp; Communication Skills</td>
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<tr>
<td>Professionalism</td>
<td></td>
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<tr>
<td>Practice Based Learning &amp; Improvement</td>
<td></td>
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<tr>
<td>General Competencies</td>
<td>List the assessment methods, not teaching techniques, that your program uses to evaluate residents’ progress in each of the general competencies</td>
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<tr>
<td>Systems Based Practice</td>
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PRACTICE-BASED LEARNING AND IMPROVEMENT

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.)
INTERPERSONAL AND COMMUNICATION SKILLS

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

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**

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 inter-professional 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.