

**Annual Residency Program Report to GMEC  
For Academic Year 2008-2009**

**Due in GME Office by August 1, 2009**

**Date Received by GME Office** \_\_\_\_\_

**Date Reviewed by GMEC** \_\_\_\_\_

Referenced Institutional requirement	Name of Program:
	Name of Program Director:
	Name of Program Coordinator:
	Date of Last RRC Review:
	Proposed date for next RRC review:
	Requested date for your next Internal Review (Month and Year):
	Listing of Residents in your Program (by year) with planned completion date.
	Who is your resident representative on the GME Committee? Was that resident selected by peers?
IB1	Briefly describe one initiative undertaken by your program to facilitate residents' professional, ethical, and personal development.
IB1b	Briefly describe one initiative undertaken by your program to support safe & appropriate patient care.
IB5b	Does the Program Director have sufficient financial support and protected time to effectively carry out their educational and administrative responsibilities to their respective programs?  <b>How much protected time does the PD have?</b>

IB6	Do your faculty and residents have ready access to adequate communication resources and technological support?
IB7	Do your residents have access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format? Are electronic medical literature databases with search capabilities available?
IC3	Please list your programs participating sites. <b>How does the PD maintain effective communication with the site directors at each participating site?</b>
IC3	Do you have current <b>program letters of agreement</b> with the above sites)? Please attach the (all) agreement(s).
IC3	Did your program have any residents on out of state rotations? If so, please provide the names and site with a copy of the “rotation letter of agreement”.
IIC	Does your program ensure that applicants (who are invited for an interview) must be informed, in writing or by electronic means, of the terms, conditions, and benefits of their appointment, including financial support; vacations; parental, sick, and other leaves of absence; professional liability, hospitalization, health, disability and other insurance provided for the residents and their families; and the conditions under which the Sponsoring Institution provides call rooms, meals, laundry services, or their equivalents.
IID4e	Do you provide your residents with a copy of the Due Process & Hearing Procedures policy annually?
IID4h2a-b	Do you provide your residents with a written policy in compliance with your program requirements concerning the effect of leaves of absence, for an reason, on satisfying the criteria for completion of your residency program <u>and</u> how it relates to eligibility for board certification. (Please attach the policy)
IID4i	Do you monitor duty hours and work environment for your residents?

	If so, how?
IID4j1a-c	Do you have a policy on how to monitor moonlighting activities? (Attach the policy) If applicable, is there a written acknowledgement of resident's moonlighting activities in the resident file?
IID6	Does your program or its affiliated hospitals require residents to sign a non- non-competition guarantee?
IIE1	Please provide an attachment of written objectives for your program. (Attach. 1)
IIE2a	Please provide a listing where residents participate on committees and councils whose actions affect their education and/or patient care  Please include resident name and level of training.
IIE2b	Please <b>provide documentation</b> that education is provided in <b>physician</b> impairment, substance abuse, <b>and sleep impairment</b> .
IIF1a	Is there an organization or other forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues?
IIF2a,b,c	Do sites provide adequate support services, medical records, laboratory services, radiologic information, retrieval systems in place to provide appropriate conduct of educational programs and quality and timely patient care?
IIF3a-c	Are appropriate security and person safety measures provided to residents in all locations but not limited to parking facilities, on-call quarters, hospital and institutional grounds and related clinical facilities?  Are food services available in all institutions 24 hours a day?  Are call rooms safe, quiet, and private?
IIIB1	Are resident's stipends/benefits adequate?

<p>IIIB4a-c</p>	<p>Does your program’s policy for supervision of residents ensure that supervision is consistent with:</p> <ul style="list-style-type: none"> <li>a) Provision of safe and effective patient care</li> <li>b) Educational needs of the residents;</li> <li>c) Progressive responsibility appropriate to resident’s level of education, competence, and experience, and:</li> <li>d) Other applicable command specialty specific program requirements (Please attach the policy)</li> </ul>
<p>IIIB5b</p>	<p>Describe how your residents participate in patient safety and quality of care education. <b>How does the PD communicate with medical staff leadership at your participating sites regarding:</b></p> <ul style="list-style-type: none"> <li>☐ Safety and quality of patient care;</li> <li>☐ Resident participation in patient safety and quality of care education; and,</li> <li>☐ Accreditation status of programs and any citations regarding patient care issues</li> </ul>
<p>IIIB6</p>	<p>Describe how your program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of each of the ACGME general competencies as defined in the Common and specialty specific Program Requirements.</p> <ul style="list-style-type: none"> <li>b) What plans do you have for improvement in the next year?</li> <li>c) What resources do you need to accomplish this?</li> </ul>
<p>IIIB7</p>	<p>In the past year, have there been any resident transfers, non-renewals, dismissals, or other disciplinary actions?</p>

Please attach references for any research and publications completed by residents and/or faculty. Scholarly activity includes:

- The scholarship of discovery, as evidenced by peer reviewed funding or publications of original research in peer-reviewed journals
- The scholarship of dissemination, as evidenced by review of articles or chapters in textbooks.
- The scholarship of application, as evidenced by the publication or presentation at local, regional, or national professional and scientific society meetings, for example: case reports or clinical series.
- Active participation of the teaching staff in clinical discussions, rounds, journal club, and research conferences in a manner that promotes a spirit of inquiry and scholarship; offering of guidance and technical support, e.g. research design, statistical analysis, for residents involved in research; and provision of support for resident participation as appropriate in scholarly activities.

	Please provide us with a listing of faculty development programs that were offered on your campus in the last year. Did faculty participate in the programs?
	Please submit evidence that residents are evaluating faculty and educational experiences at least annually. (Copies of evaluations will suffice)
	Did your program have any legal issues at affiliated hospitals (malpractice, resident complaints, etc)
	How many residents graduated from your program last year?
	How many residents took your specialty's certification boards?
	How many residents passed the above boards?