Internal Review Meetings Guide

Document Review:
*RPC agenda and minutes x number/year*
- Terms of Reference for RPC and any subcommittees
- Policy reviews
- Attendance of committee members
- Resident report
- Follow through of issues
- Regular report from any subcommittees
  - Including Competence/Assessment committees
- Separate from Division meeting

Goals and Objectives/Competencies
- Program/rotation specific
- CanMEDS template
  - Objectives for Intrinsic Roles are noted to be different for each rotation;
- According to level of learner (including intrinsic roles)
- Overall plan to address each competency
- Curriculum plan/Map
  - Mapping of EPA’s to training experiences

Resident Assessment
- Documentation of discussion with resident re performance (e.g. meeting with PD)
- Timely completion of assessment forms
  - Comments on assessment forms or primarily ticks
- Based on specific goals and objectives
- Multimodal (i.e. more than just ITAR)
- Assessment of Intrinsic roles
- Any remediation files?
- Program process for Level 1 appeal
- Decision letters from Competence Committees

Educational Curriculum
- Is there an academic curriculum?
- How is it structured?
  - Covers Objectives of training?
  - How do they know? i.e. identification of gaps?
- Faculty or resident driven
- Evaluated and reviewed
- Includes intrinsic CanMEDS Roles

Meeting with Program Director
Describe the program
Strengths and areas for improvement
Weaknesses at last survey and how addressed
Support from Chair/Division Head/PGME
Any changes in the instrument (since submission)
Protected time and support
Resources for the program

Meeting with Program Administrator
Time allocated for program
Job description/responsibilities
Professional development for learning needs
Receive performance feedback/fair & transparent
Challenges with the program
Support from PGME

Meeting with the department/division head
Overview of strengths and weaknesses
Issues of concerns with this program
Relationship with the program director
PD performance
Recognition of the PD role
Involvement with the program and RPC
Process for Faculty teaching assessments
Process for remediation of faculty in difficulty
How are teachers rewarded for excellent in teaching/promoted?
Resources available to this program
What is the role of research?
Role in career planning with residents

Meeting with the residents
Explain what survey is all about; comments are confidential
Focus on standards
Avoid focusing on one issue

What are the strengths of the program?
What are the areas for improvement?
What is the relationship of the residents to PD?
Is the program director supportive?
  - Responsive? Available?
Responsiveness and availability of Program Administrator
How effective are their views represented on the RPC?
How do they elect/select a representative on the RPC?
How does the communication work with the RPC resident rep; resident report knowledge of residency program committee activities.

Do they receive the goals and objectives of the program?
Do you review objectives at the start of rotation?
How are technical or clinical skills taught and evaluated?
Is there transparency in the mechanism by which residents are assigned to particular rotations or educational experiences.
Are they satisfied with the number and variety of patients or laboratory specimens?
Meeting with residents continued

Is there increasing professional responsibility?
Opportunities for interdisciplinary and interprofessional collaboration - description (e.g. nurses, lab technologists etc.)
Is there adequate number and type of selectives?
Do senior residents feel prepared for practice?

How would you rate the AHD? Medical expert?
Communication skills? Collaboration with nurses, technologists and Path Assistants, etc.
How do you manage conflict? Allocation of resources?
Management/leadership skills? Committee work?
Teaching for Quality improvement and patient safety
Teaching for Cost effectiveness
Do you teach the junior residents and off service residents? Do they provide evaluations of your teaching?
What other sources of evaluation do you have?
What about lifelong learning skills?

How are your evaluations done? Mid rotation? Face to face? Delay in receiving?
What evaluation methods are used? EPAs orals/written, OSCE, STACER, CEX, National exam, 360, e-portfolio, focused observation, etc. How often?
- Are they aware of appeal mechanism?
If program has transitioned to CBD
- Assessment process
- Competence Committee
If struggling on a rotation with content or technique, what would you do?

How do you learn of the ethical issues of your specialty and to develop professional behaviours?
Is it mandatory to have a research project or scholarly project? What type of support?
Do you know the faculty member who is responsible for research and are you satisfied with the availability of individual research supervisors?
Are the residents satisfied with the availability and variety of research opportunities and scholarly activities?
How would you rate your educational experiences?

Do you have any concerns of mistreatment and/or safety?
- Experiences? Process if it occurs?
- Program response?
Are they aware of program/PG policies and where to find them? Assessment/Appeal; Safety/Supervision
What is the on call experience?
- Response of faculty if called.
Issues with supervision?
Can Residents describe the services to address stress and how to access?

Issues with Hospital resources
- Call rooms, lounges
- Work spaces
meeting with Residency Program Committee
How does the RPC function? Are there any subcommittees?
What do they see as the strengths and weaknesses?
How do they communicate information to the faculty and residents?
Site coordinators or supervisor communication between them and the program.
There is evidence that the residency program committee participates in the planning, organization, and supervision of the program and has the authority to make residency educational decisions.
There is a clearly defined process for addressing residents who are experiencing difficulties in meeting the appropriate level of competence.
How do they evaluate the program?
How do they evaluate the teachers?
Are there sufficient resources?

Exit meeting with Program Director (may have Department Chair/division head present)

Remind them that under the new system, strengths are not listed but will be in the summary narrative and within the body of the report.
Provide highlights of the program in narrative form, rather than lists (what are they doing really well)
Summary of partially compliant/ non-compliant requirements- if there are a lot, focus on the ones that will require follow-up by PGME earlier than the 2020 Royal College/ CFPC on-site review
Provide accreditation decision
Questions from the PD regarding the process and findings
Further Resource - Presentation from Role of CanERA Reviewer Workshop

Program Accreditation Review Schedule

- Must include (in sequence):
  - Document review
  - Program director
  - Program Administrator
  - Department/division chairs
  - Residents (groups of 20)
  - Teaching faculty
  - Competence Committee (or equivalent)
  - Residency Program Committee
  - Program director (15 mins if needed)
  - Exit meeting (15 min) – the next morning at the hotel (7:30am)
- Include as appropriate:
  - Lunch (30 min)
  - Breaks (15 min) – mid-morning and mid-afternoon

Surveyors meeting with PD

- Discussion may focus on (but not be limited to):
  - Overall view of program (with respect to alignment with standards, strengths, areas for improvement)
  - How program addressed previous AFIs
  - Specialty committee questions
  - PA (e.g. role, support, professional development)
  - Resources
  - Collaboration with other programs
  - Resident performance/progress
  - Learning environment (safe? positive?, FRM, process to address concerns)
  - Teacher assessment/recognition
  - Leadership

Surveyors’ Meeting with the PA

- Discussion may focus on (but not be limited to):
  - Overall impression of the program
  - PA specific professional development opportunities, protected time, roles/responsibilities.
Surveyors’ Meeting with Division/Dept. Head

- Discussion may focus on (but not be limited to):
  - Overall impression of the program (strengths, areas for improvement)
  - Support/resources available to the program
  - Relationship, communication, and collaboration with the program/PD/RPC
  - Teacher assessment
  - Program collaboration with other programs within the division/department

Surveyor’s Meeting with Residents

- Discussion may include (but not be limited to):
  - Overall impressions of the program (strengths and areas for improvement)
  - Interaction with PD (accessibility, support, etc.)
  - Environment (supportive, positive, safe?, FRM)
  - Opportunities to provide feedback and communication throughout the program
  - Policies/processes (are they effective?)
  - Resources
  - Resident assessment
  - Supervision and educational experiences
  - Competence by Design (as appropriate)
  - Clinical responsibilities
  - Scholarship and research support/opportunities

Surveyor’s Meeting with Teachers

- Discussion may focus on (but not be limited to):
  - Overall impression of the program (strengths, areas for improvement)
  - PD leadership
  - Communication/collaboration/opportunities for input (PD/RPC)
  - Resources
  - Residents’ learning experiences, CanMEDS
  - Resident assessment
  - Teacher assessment & professional development
    - Recognition (teaching, CI, involvement in other medical education activities)
    - Learning/teacher environment (supportive, positive, safe, FRM, reflection on hidden curriculum)
    - Effectiveness of policies/processes
Surveyors’ Meeting with the RPC

- Discussion may include (but not be limited to):
  - Role of RPC and how it functions
  - PD (Accessible? Responsive?)
  - Policies/processes (are they effective? development/review process, communication of processes/policies to others, etc.)
  - Program review (CT) process
  - PG office (communication, leadership)
  - Learning site selection/review
  - Resident assessment/promotion
  - Educational experiences (curriculum planning, tailoring experiences to level of responsibility, etc.)
  - Resident mistreatment and/or resident and patient safety

(Program) Exit Meeting

Surveyors inform program director of:
- **recommendation** on the accreditation decision
- Any leading practices and/or innovations identified
  - There may not be any and that is ok!
- Any areas for improvement requiring follow-up in two years