

**SAUSHEC Graduate Medical Education Committee  
Internal Review Process  
Resident/Fellow Interview Questions**

<b>Program:</b>	<b>Date:</b>
<b>Person completing/compiling report:</b>	

***RESIDENT OR CHIEF RESIDENT INTERVIEWER:** Several questions in this questionnaire require answers to be entered on a non-numeric Likert scale. You should get a general consensus from the group and then circle one of the following: **No, Mostly No, Equal, Mostly Yes, Yes**. Please provide explanations or descriptions for any items for which yes or mostly yes are not the consensus or for which you believe to be of concern. The term “trainee” refers to either residents or fellows.*

**Section 1: Goals and Objectives:**

The program director and teaching staff must prepare written educational goals for the training program with respect to the knowledge, skills, and other attributes that a trainee must attain at each level of training and for each major rotation. These must be distributed to trainees and faculty.

1. Have the trainees been provided with written educational goals for the <u>overall training program</u> ?	No	Mostly No	Equal	Mostly Yes	Yes
2. Have the trainees been provided with written educational objectives for <u>each rotation or each level of training</u> ?	No	Mostly No	Equal	Mostly Yes	Yes

When and how do they receive written goals and objectives? (eg, at beginning of each year, each rotation)

3. Do the trainees have input into review and revision of these educational goals and objectives through discussions with the chief resident, resident/fellow representation on the departmental education committee, or other means?	No	Mostly No	Equal	Mostly Yes	Yes
Do the trainees believe that the training program has been effective in meeting the:	No	Mostly No	Equal	Mostly Yes	Yes
a. Overall program objectives?					
b. Objectives of each rotation or each level of training?	No	Mostly No	Equal	Mostly Yes	Yes

Other Comments regarding Goals and Objectives:

## Section 2: Educational Curriculum & Clinical Care:

4. The training program must require its trainees to obtain competencies in the 6 core areas noted below. Toward this end, programs must define specific knowledge, skills and attitudes and provide educational experiences in order for trainees to demonstrate these competencies. For **each area**, determine if the topic is contained in the curriculum (written goals & objectives) or program activities and list the method(s) by which the trainees learn these topics (eg, teaching rounds, didactic sessions, small group sessions, grand rounds or journal clubs, computer-assisted modules, conferences provided by the department or institution during orientation or at other times).

<p>a. <b>Patient Care:</b> the trainee can provide care that is compassionate, appropriate, and effective for treatment of health problems and the promotion of health</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes
<p>b. <b>Medical Knowledge:</b> the trainee can demonstrate knowledge about established and evolving biomedical, clinical and social-behavioral sciences and the application of this knowledge to patient care (eg, evidenced-based medicine).</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes
<p>c. <b>Practice-based Learning and Improvement:</b> the trainee is able to investigate and evaluate his or her own patient care, appraise and assimilate scientific evidence, and improve his or her practice of medicine.</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes
<p>d. <b>Interpersonal and Communication Skills:</b> the trainee is able to demonstrate skills that result in effective information exchange and teaming with patients, their families, and professional associates (eg, foster a therapeutic relationship that is ethically sound, use effective listening skills with nonverbal and verbal communication, and work as a team member and at times as the team leader)</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes
<p>e. <b>Professionalism:</b> the trainee demonstrates commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes
<p>f. <b>System-based Practice:</b> the trainee demonstrates awareness of and responsibility to the larger context and systems of health care and is able to call on system resources to provide care of optimal value (eg, patients expect trainee to coordinate care across sites, serve as the primary manager when care involves multiple specialties, multiple health professions or multiple sites.)</p> <p>Method(s):</p>	No	Mostly No	Equal	Mostly Yes	Yes

5. Do trainees take part in resident/fellow and/or student teaching and supervision?	No	Mostly No	Equal	Mostly Yes	Yes
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If yes, how are trainees prepared for teaching students and other residents/fellows?

6. Do trainees have opportunities for continuity of patient care?	No	Mostly No	Equal	Mostly Yes	Yes
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If yes, describe:

7. How are trainees educated about physician impairment and substance abuse?	No	Mostly No	Equal	Mostly Yes	Yes
8. As part of the educational program, autopsies must be performed whenever possible and appropriate and a sufficient number representing an adequately diverse spectrum of diseases should be performed.	No	Mostly No	Equal	Mostly Yes	Yes
a. Can trainees describe the process for obtaining an autopsy?	No	Mostly No	Equal	Mostly Yes	Yes
b. Are trainees made aware of when autopsies are performed on patients for whom they have cared? Do they get reports?	No	Mostly No	Equal	Mostly Yes	Yes
9. How are trainees instructed about quality assurance/performance improvement (e.g. departmental QA or M&M conference)? . How are trainees instructed about documentation, such as E&M coding, for Medicare, and about the business of medicine?	No	Mostly No	Equal	Mostly Yes	Yes
10. How are residents trained in military unique duties? Is it effective?	No	Mostly No	Equal	Mostly Yes	Yes

Other Comments regarding Educational Curriculum & Clinical Care:

### Section 3: Research & Scholarly Activity:

1. The training program must ensure that trainees have time to develop a personal program of learning in order to foster continued professional growth with guidance from the teaching staff.

a. Are trainees able to do this?	No	Mostly No	Equal	Mostly Yes	Yes
2. Are trainees assigned an advisor or mentor who assists them through their years of training?	No	Mostly No	Equal	Mostly Yes	Yes
3. Are trainees given protected time to attend the educational activities of the program?	No	Mostly No	Equal	Mostly Yes	Yes
4. Are trainees given protected time for scholarly activities and research? (eg, time for self-study, reading, prepare a patient presentation or abstract or paper, research with a faculty mentor)	No	Mostly No	Equal	Mostly Yes	Yes
5. Do trainees receive an introduction to research design, statistics, and critical review of the literature? Describe how this occurs.	No	Mostly No	Equal	Mostly Yes	Yes
6. Are trainees given time to attend professional organization conferences?	No	Mostly No	Equal	Mostly Yes	Yes
7. Are trainees given financial support to attend professional organization conferences?	No	Mostly No	Equal	Mostly Yes	Yes

Other Comments regarding Research & Scholarly Activity:

### Section 4: Evaluation of Trainee:

1. Training programs must establish formal, written criteria and processes for the evaluation, promotion and dismissal of residents. Have the trainees been provided with written criteria and processes for the following:

a. Evaluation?	No	Mostly No	Equal	Mostly Yes	Yes
b. Promotion?	No	Mostly No	Equal	Mostly Yes	Yes
c. Dismissal?	No	Mostly No	Equal	Mostly Yes	Yes

If no, how do they learn about these issues?

2. Trainees must be evaluated in writing, and these evaluations must be reviewed with the trainee at least annually.

a. Do trainees receive timely feedback (either oral or written) from their attending physicians on each rotation?	No	Mostly No	Equal	Mostly Yes	Yes
b. Do trainees receive written evaluations that are reviewed with them at least semi-annually?	No	Mostly No	Equal	Mostly Yes	Yes
c. Do Trainees have an assigned staff mentor?	No	Mostly No	Equal	Mostly Yes	Yes

### Section 5: Evaluation of Faculty:

1. Trainees must submit confidential, written evaluations of the faculty at least annually.

a. Are trainees given the opportunity to submit evaluations of their faculty at least annually?	No	Mostly No	Equal	Mostly Yes	Yes
b. Are these evaluations confidential? (Confidential implies that the evaluation is provided to the person being evaluated with signatures or identifying marks removed)	No	Mostly No	Equal	Mostly Yes	Yes
c. Are trainees aware of how their faculty evaluations are used in the process of feedback to the faculty member?	No	Mostly No	Equal	Mostly Yes	Yes

- d. Describe the process by which trainees evaluate the teaching faculty. (Include how often these are requested)

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### Section 6: Trainee's Evaluation of the Program:

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1. Trainees must submit confidential, written evaluations of the educational experiences of the overall training program at least annually.

- a. Are trainees given the opportunity to submit evaluations of their training program at least annually?

No	Mostly No	Equal	Mostly Yes	Yes
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- b. Describe the process by which they evaluate their overall training program.

- c. Is there an annual GME survey in which the trainees participate? If so, has the program director and/or chief resident discussed the results (ratings of items) with the trainees or a representative group of trainees?

No	Mostly No	Equal	Mostly Yes	Yes
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2. Are trainees represented on the program's education committee (eg, chief resident or elected resident attends the committee meetings)?

No	Mostly No	Equal	Mostly Yes	Yes
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Other Comments regarding evaluation:

### Section 7: Supervision/Work Hours/Work Environment:

1. Are trainees informed about SAUSHEC and Service-specific policies and procedures by which they are governed?	No	Mostly No	Equal	Mostly Yes	Yes
How do they receive such information? (eg, general resident manual, mailings from the Dean's Office, electronic home page)					
2. Do residents have written guidelines for supervision and backup support? Is there a resident job description for each level of training that lets the trainee and the supervisors know what residents can and can not do?	No	Mostly No	Equal	Mostly Yes	Yes
3. a. Do trainees have adequate supervision by upper level residents or teaching staff?	No	Mostly No	Equal	Mostly Yes	Yes
b. Can trainees readily contact their attending physician at any time for assistance (eg, nights & weekends)?	No	Mostly No	Equal	Mostly Yes	Yes
4. Does the training program have a written policy on work hours and work environment?	No	Mostly No	Equal	Mostly Yes	Yes
5. Do the trainees have, on average, one in seven days free from clinical duties?	No	Mostly No	Equal	Mostly Yes	Yes

If No, give the circumstances in which they average less than one in seven days free from clinical duties:

6. In-house call should not average more than every 3 <sup>rd</sup> night.	No	Mostly No	Equal	Mostly Yes	Yes
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Does the average call fall within this guideline?					
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If No, give the circumstances in which they average more than every 3<sup>rd</sup> night call:

7. Must meet SAUSHEC & ACGME guidelines Does the workweek for this program meet these guidelines?	No	Mostly No	Equal	Mostly Yes	Yes
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If No, give the circumstances in which a trainee would average more than allowed hours per week of clinical responsibilities:

8. Are patient support services (phlebotomy, lab, x-ray, medical records, etc.) adequate at the following hospitals? (Mark N/A if trainees do not rotate to the facility)						
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a. Brooke Army Medical Center	N/A	No	Mostly No	Equal	Mostly Yes	Yes
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b. Wilford Hall Air Force Medical Center	N/A	No	Mostly No	Equal	Mostly Yes	Yes
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c. University Hospital (UTHSCSA)	N/A	No	Mostly No	Equal	Mostly Yes	Yes
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d. Darnall Army Community Hospital	N/A	No	Mostly No	Equal	Mostly Yes	Yes
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e. Audie Murphy VA Hospital:	N/A	No	Mostly No	Equal	Mostly Yes	Yes
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If no, describe hospitals and services that are inadequate:

9. Do the trainees feel that most procedures and services they are	No	Mostly No	Equal	Mostly Yes	Yes
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asked to perform are part of the educational experience?					
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If no, describe procedures they feel have no educational value (i.e., are “scut work”):

10. a. Is the trainee work environment (library, call rooms, meals, parking, security) adequate?	No	Mostly No	Equal	Mostly Yes	Yes
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If no, describe (be specific):

b. Do all trainees have access to computers (either in the department or at home) where they can access websites, GME homepage, electronic Resident Handbook, etc?	No	Mostly No	Equal	Mostly Yes	Yes
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If no, describe (be specific):

c. Do all trainees have opportunities to be trained in the computer information systems?	No	Mostly No	Equal	Mostly Yes	Yes
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If no, describe (be specific):

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 Other Comments regarding Supervision/Work Hours/Work Environment:
 

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11. Every program must assure an environment in which a trainee may raise and resolve issues without fear of intimidation or retaliation. This includes an organizational system for trainees to communicate and exchange information on their work environment and their educational programs. It also involves a process by which individual trainees can address concerns in a confidential and protected manner. (eg, discussion with the chief resident, residents meetings, submitting items for discussion by the Residents Council, program directors meeting, discussion with the program director or Associate Dean for GME, electronic mail, distribution list of trainees)

a. Are trainees aware of how to raise concerns in a confidential and protected manner within the department?	No	Mostly No	Equal	Mostly Yes	Yes
12. Do trainees have opportunities to serve on department, SAUSHEC, and/or hospital committees?	No	Mostly No	Equal	Mostly Yes	Yes
13. Have the trainees been informed about departmental and institutional policies and procedures for academic or other disciplinary actions?	No	Mostly No	Equal	Mostly Yes	Yes
14. Are the trainees aware of the institutional policy and procedure for adjudication of resident complaints and grievances?	No	Mostly No	Equal	Mostly Yes	Yes
	No	Mostly No	Equal	Mostly Yes	Yes
15. Are trainees aware of support services such as those provided by the Employee Assistance Program (EAP) (which assists with stress, personal problems, substance abuse, etc.) and/or the Physicians Health Committee which assists with substance abuse and medical related problems?	No	Mostly No	Equal	Mostly Yes	Yes
16. Can trainees describe the program's policy or guidelines for moonlighting?	No	Mostly No	Equal	Mostly Yes	Yes

**Section 8: Accreditation Citations**

1. During the last external site visit by the program’s Residency Review Committee, the following citations were listed. For each citation, please answer whether the residents think the program has adequately addressed the citation. If no, please discuss.

Citation 1	No	Mostly No	Equal	Mostly Yes	Yes
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Discussion:

Citation 2:	No	Mostly No	Equal	Mostly Yes	Yes
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Discussion:

Citation 3:	No	Mostly No	Equal	Mostly Yes	Yes
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Discussion:

Citation 4:	No	Mostly No	Equal	Mostly Yes	Yes
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Discussion:

Citation 5:	No	Mostly No	Equal	Mostly Yes	Yes
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Discussion:

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## **Other**

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1. Ask the trainees to describe the strengths of their training program:

2. Ask the trainees to describe areas of their education or training program they feel could be improved:

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## **Resident Interviewer**

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1. Complete the attached attendance sheet. This sheet will be used only to verify who was present and the level of training and will not be seen by any member of the department.

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2. Summarize the main concerns of the residents and any discrepancy between the resident interview and the Program Director's worksheet:

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3. Your overall impression of the resident comments:

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Signature:

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**Internal Review—Resident Attendance**

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**Please note that this attendance sheet is to only to document attendance. It will be kept confidential and not shared with the department chair, program director, or anyone in the department.**

Name	Level	Name	Level

(Forms developed at University of Arkansas for Medical Sciences; last SAUSHEC modification 04 JUN 2002)