

# Internal Review Survival Tips

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# Objectives

- Describe the accreditation cycle
- Outline the function of the IRC
- Describe common pitfalls for programs at reviews
- Implications of Competency by Design

# Accreditation Cycle

## Internal reviews

### Jan 2015

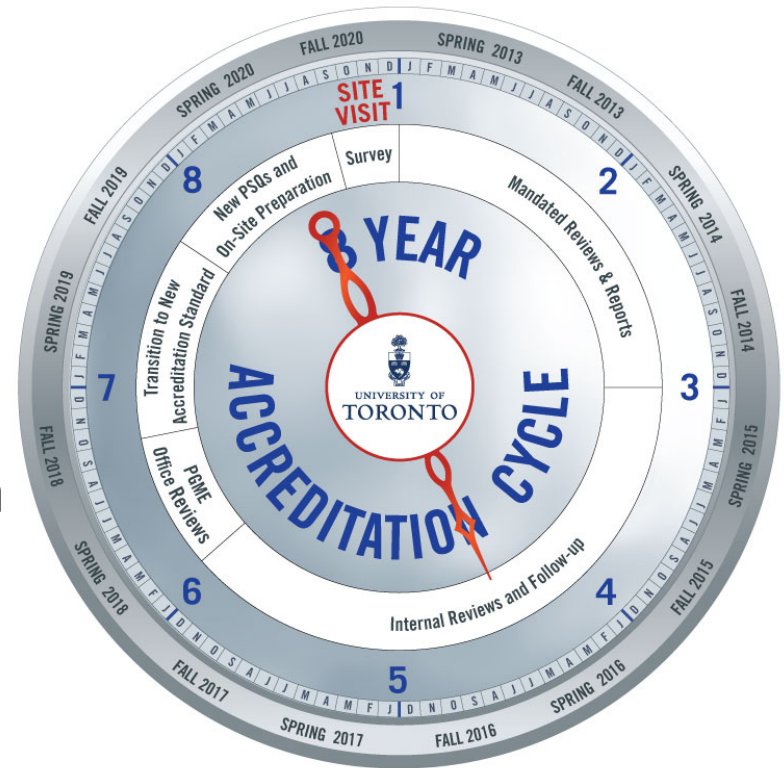
- Royal College reviews begin
- 73 residency programs

### Jan 2016

- Family Medicine reviews begin
- 2 programs (15 site reviews & Enhanced Skills reviews)

### Sep 2017

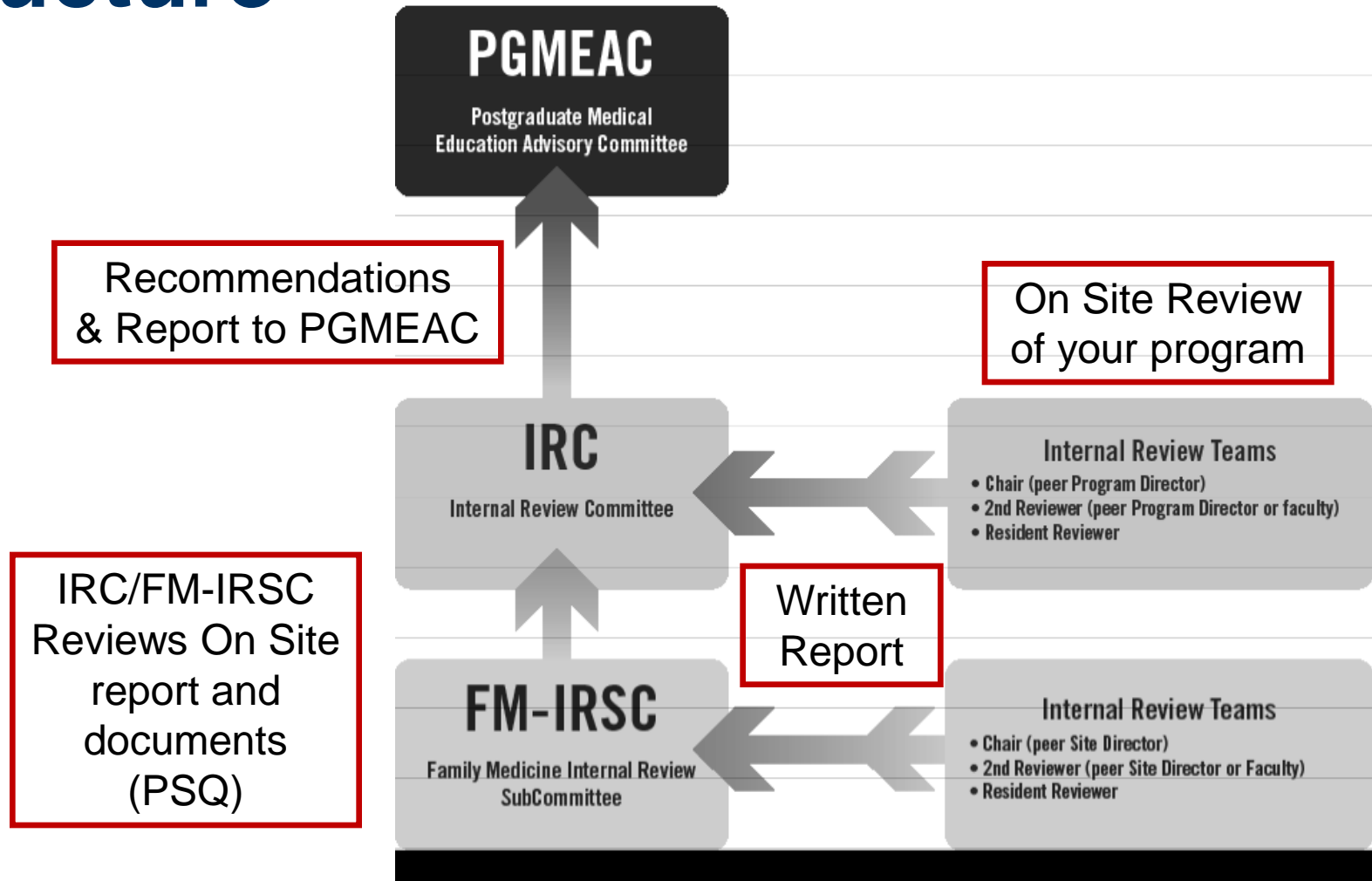
- Follow-up reviews



# Accreditation Updates

- Next accreditation on-site survey is 2020
- New accreditation system and standards including more frequent data monitoring and reporting
- Draft standards expected Fall 2016

# Internal Review Reporting Structure



# Role of the On Site Review Team

- Review the pre-survey documentation (PSQ)
- Perform and on-site review of your program
- Complete an Internal Review Report (outlining the programs compliance with accreditation standards)



**Each PD will be asked to do at least 2 reviews of other programs**

# Internal Review Committee (IRC)

- Membership:
  - PDs (current/former), teaching faculty, educators, residents
- Determine whether programs meet/do not meet **B Standards of Accreditation** by reviewing the On Site review report and documents (PSQ)

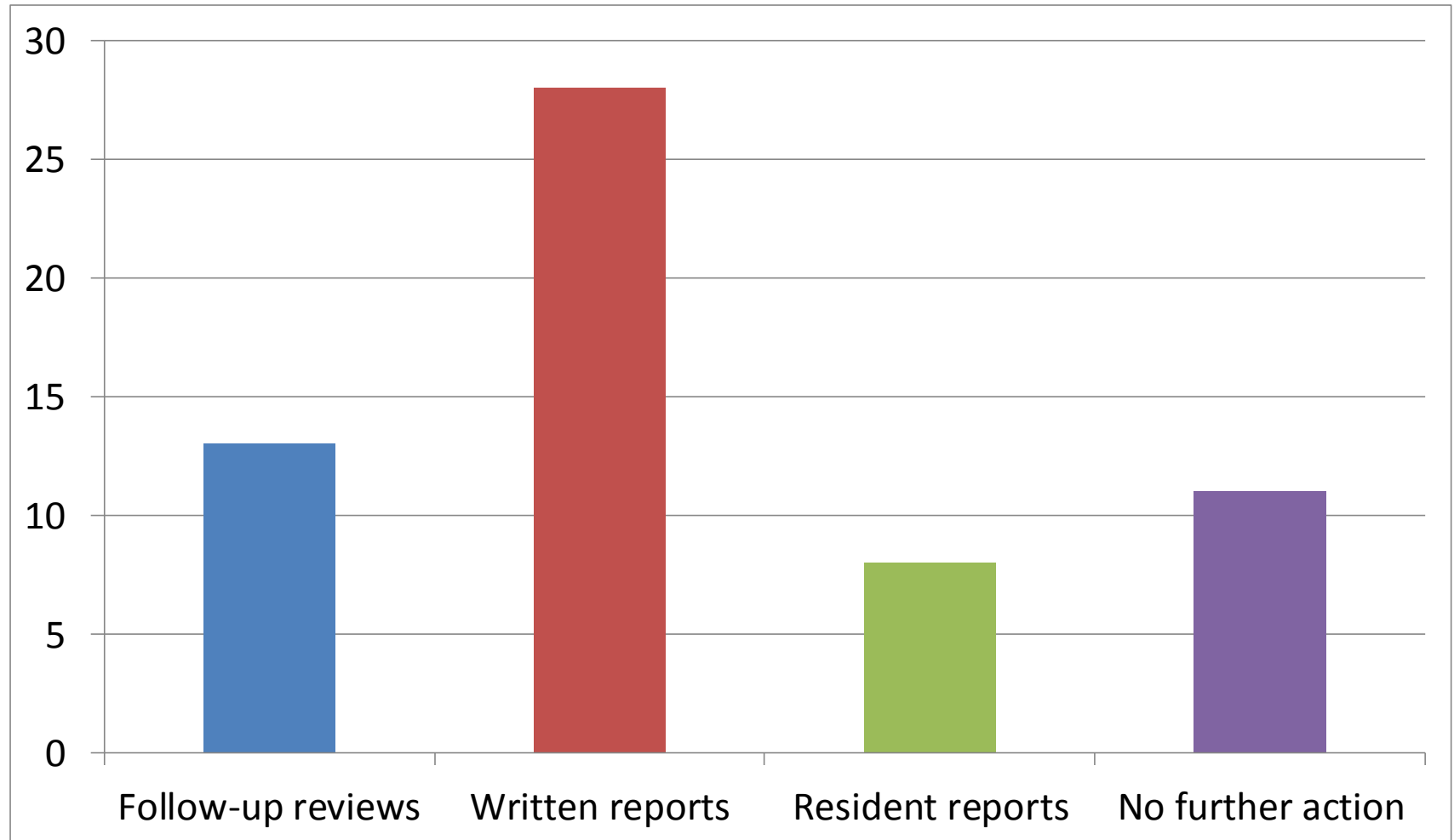


# IRC Decisions and Follow-up Actions

- No follow-up required
- Recommendation for additional strengths or weaknesses
- Recommendation for follow-up:
  - Progress report
  - Follow-up internal review



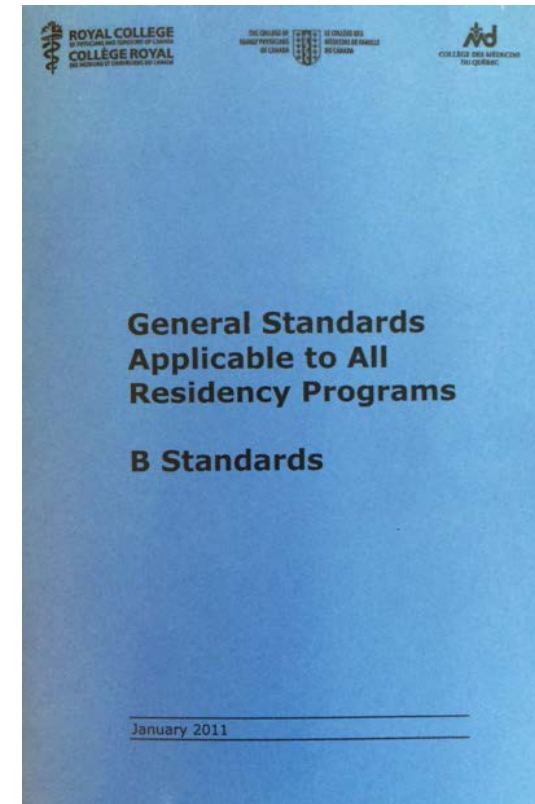
# IRC Decisions this cycle



# Accreditation Standards (Blue Book)

## Standard:

- B.1: Administrative Structure
- B.2: Goals and Objectives
- B.3: Structure and Organization
- B.4: Resources
- B.5: Clinical, Academic and Scholarly Content
- B.6: Evaluation of Residents



# B1: Administrative Structure

- **Program director (PD)** responsible for the overall conduct of the integrated residency program
- Must be **assured of sufficient time and support** to supervise and administer the program
- **Residency program committee (RPC)** to assist the PD in the planning, organization and supervision of the program

# B2: Goals and Objectives

- Must exist (overall and for individual rotations)
- Faculty and Residents are aware
- CanMEDS format
- Inform evaluation
- Reviewed by RPC every 2 years

# B3: Structure of the Program

- Rotations and sites have a purpose
- Provide components outlined in specialty-specific documents
- All residents have equal opportunity
- Graded responsibility
- Service to education balance

# B4: Resources

- Faculty
- Patients (design rotation so residents get equal exposure)
- Equipment and facilities (incl. access to computers, space)

# B5: Academic Content

- Clinical, academic and scholarly content of the program
- CanMEDS roles
- “Must be able to demonstrate.....”
- Example: *“Must be able to demonstrate that there are opportunities for residents to learn to manage conflict.”*

# B6: Evaluation

- Based on Goals & Objectives
- Multimodal
- Timely
- Face to face feedback



# Strengths & Weaknesses this cycle

- PGME will be compiling the themes emerging from this accreditation cycle, across programs
- Preliminary notes available only – not all reviews have been finalized



# Strengths:

**B1** Dedicated program director

**B3** Appropriate graded responsibility given to trainees over the course of the program

**B4** Engaged teaching faculty

**B4** Breadth, depth and volume of clinical experiences

**B5** Opportunities for research and scholarship

# Common Weaknesses:

**B1** Insufficient Program Director time and support

**B2** Goals and Objectives are not

- Rotation specific
- Linked to evaluations
- Discussed with residents

**B3** The curriculum does not meet the specialty training requirements

# Common Weaknesses:

**B3** Service requirements on one or more rotation are interfering with resident's ability to meet educational objectives

**B6** Timely assessments

(ITER completion rates and mid-rotation feedback)

**B6** Lacking multi-modal assessments of CanMEDS intrinsic roles

# Tips for On-Site Internal Review

- PSQ accurate, concise clear (make it easy for the reviewers)
- Organized on day of the review
- Mandatory attendance (poor attendance reflect poorly on program)
- Take feedback constructively
- Team effort (the weight is **not** on your shoulders)

# Tips for Written Reports

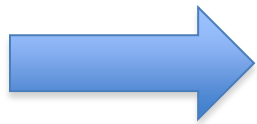
- Discuss weaknesses and options for solutions with RPC, Residents, PGME accreditation team, IRC Chair
- Attach **evidence** of
  - the process,
  - implementation, and
  - evaluation of outcomes
- Use the template provided by PGME

# Implications of CBD

- Not going to stop (or pause) current cycle
- IRC recognizes dual tracks of early CBD cohorts
- Individual cases should be discussed with PGME
- Be clear in update report where you are in the process, decisions that were made based on upcoming CBD changes

# You're Not In This Alone.....

- Share the load with your RPC
- PGME
  - PSQ workshops planned
  - Template answers
- Need Help with Educational Design OR Structural problems??



**Contact PGME**



# Internal Review Survival Tips

## Questions ?

