POLICY: GMEC Methods of Monitoring Including Monthly & Annual Reports

SCOPE: The Graduate Medical Education Committee (GMEC) of Valley Health Team, Inc. has the responsibility of monitoring and advising on all aspects resident and fellow medical education training.

PURPOSE: This policy provides the various methods of monitoring of training and outlines what needs to be included with in annual and monthly monitoring reports to be reviewed by the GMEC.

PROCEDURE:

The GMEC reaffirms the following as the policy and methodology of monitoring housestaff education:

a. Internal Reviews conducted through the Valley Health Team Subcommittee Internal Review (SIR) and the GMEC

b. Monthly Monitoring conducted through the Monthly Monitoring report. This document is to be submitted monthly to the Graduate Medical Education Office (GME) and compiled semi-annually for review by the GMEC. Each program will complete the form (included in this policy) and submit to the GME office. Activities to be monitored include the number of:
   - Housestaff on remediation
   - Failed rotations
   - Notices of concern
   - Reported patient complaints
   - Housestaff on probation and length
   - Voluntary housestaff resignations
   - Dismissals
   - Housestaff notified of non-renewal of contract
   - Medical or Family leaves of absence
   - Personal (conditional) leaves of absence
   - Other leaves of absence
c. Program Letters of Agreement (PLAs) are reviewed by the GME to determine if the PLA complies with necessary Residency Review Committee Guidelines and the ACGME Institutional guidelines. The PLA including goals and objectives of the rotation is available at the GMEC meeting for review and discussion if needed. All PLAs are to be approved through the GMEC on the consent agenda and once approved, copies are provided to the program submitting the PLA for review. Originals are kept on file in the GME office and are monitored for expiration dates.

d. The GMEC monitors program progress through the Annual Program Dashboard Reports presented by the program director to the GMEC. The program director will be responsible for submitting an electronic completed dashboard report prior to the GMEC meeting. The program dashboard report includes the following areas that are addressed by the program director during the annual program report presentation:

- Any changes in the areas:
  i. Goals and objectives
  ii. Program Director or Chief, faculty, # of housestaff including NRMP match results
  iii. Supervision of housestaff
  iv. Physical facilities
  v. Didactic or curricular changes
  vi. Rotation changes

- Accreditation issues
  i. Current status
  ii. Recent reviews by the Internal Review Subcommittee of the program
  iii. Letters of accreditation from the Residency Review Committee and action plan for correction of areas on non-compliance
  iv. Responses and updates to the Clinical Learning Environment Review (CLER) concerns or citations
  v. Expected site visit dates

- Educational effectiveness of the program
  i. Graduate placements
  ii. Housestaff board scores on national exams
  iii. In Service exam scores
iv. Housestaff and Faculty ACGME Surveys  
v. Scholarly activity of faculty/residents  
vi. Faculty development accomplishments and future plans  
vii. Follow up to action items identified during annual program evaluation  
viii. Conference attendance tracking  
ix. Procedure tracking update  
x. Faculty and resident education in recognizing fatigue and sleep deprivation  
xi. Educate all faculty members and housestaff in alertness management and fatigue mitigation processes  
xii. List of housestaff committee participation  
xiii. Manner in which the program director provides trainees with the ability to participate in quality improvement activities, institutional committees, and other activities to enhance the quality of patient care  
xiv. Participation in education regarding physician impairment, including substance abuse  
xv. Core competency and milestone review  

e. Surveys regarding major participating sites are to be completed by each program and results compiled and reviewed bi-annually at the GMEC. Survey data collected must include:  
   • Housestaff working conditions  
   • Educational environment  
   • Supervision  
   • Clinical Educational and Experience hours (duty hours)  

Significant issues noted in the compiled data is reviewed and discussed by the GMEC and also reported back to the participating sites for follow-up back to the GMEC when concerns are identified.  

f. Issues of eligibility, selection, evaluation, and promotion are reviewed and discussed during program director’s meeting quarterly with the Designated Institutional Official (DIO). The program dashboard report form is utilized and updated for continued oversight by the DIO and the GMEC. The dashboard is utilized to track and update the
DIO/GME Administrator of areas of concern that are identified and are reported to the GMEC for advisement and for further monitoring as appropriate.

g. The Institutional Report Card report tracks all ACGME training program letters regarding citations including those with broad institutional ramifications. Information discussed and updated regarding program citations is reported during the quarterly meetings between the program director and the DIO/GME Administrator. The Annual Institutional Review is reviewed and approved by the GMEC annually. Follow up of any identified institutional areas of concern will be in the form of Subcommittee for Internal Review monitoring and action plans for corrections to citations and areas of concern and will be reported back to the GMEC for review.

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Soyla Reyna-Griffin, CPA        Date
Chief Executive Officer

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Maggie Rubio                   Date
President, Board of Directors