

Most Frequent Citations in 2010

Core Internal Medicine (1-5)

| 72 Core Programs Reviewed Total of 284 Citations = 3.9 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Curricular Development - inadequate continuity experience; inadequate opportunities w/procedures; excessive #of physicians of record; no competency based G &O; inadequate exposure in IM subs | 26 | 9.2% |
| 2. Other Program Personnel - subspecialty education coordinator(s) not certified; MICU director not certified; consultations from other clinical services not provided in a timely manner; inadequate # of other health care professionals | 25 | 8.8% |
| 3. Evaluation of Residents - semiannual evaluation not documented; faculty do not routinely provide verbal feedback at the end of a rotation; inadequate summative evaluation; evaluations not competency based; inadequate multi-source evaluation | 25 | 8.8% |
| 4. Evaluation of Program - no action plan to address deficiencies; residents not included in annual review of the program; faculty development not tracked and monitored; does not share faculty performance data; no formal systematic review of the program | 21 | 7.4% |
| 5. Institutional Support - internal review did not occur mid-cycle; no program letter of agreement; internal review committee does not include all required components; environment of fear/intimidation; IM program not in department of medicine | 18 | 6.3% |

Most Frequent Citations in 2010

Core Internal Medicine (6-10)

| 72 Core Programs Reviewed Total of 284 Citations = 3.9 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 6. Service to Education Imbalance - excessive reliance on residents to meet service needs; inadequate teaching ratio; PGY3 has the ongoing care of more than 20 patients; PGY1 has the ongoing care of more than 10 patients; service responsibilities not limited to patients on the teaching service | 17 | 6.0% |
| 7. Responsibilities of Program Director - inadequate oversight of IM subs; no mechanism to monitor duty hours; inadequate/inaccurate PIF inadequate faculty supervision; inadequate oversight of all sites; more than eight learners on rounds w/ residents | 16 | 5.6% |
| 8. Patient Care Experience - inadequate patient population; residents don't write all patient care orders; insufficient opportunity to follow a panel of patients; insufficient ambulatory time; inadequate geriatric medicine experience; inadequate neurology experience; interruption of continuity clinic | 14 | 4.9% |
| 9. Supervision - inadequate consultations from other services; inadequate supervision in intensive care units; inadequate on-site supervision of first year residents | 13 | 4.6% |
| 10. On-call Rooms - Inadequate on-call facilities; inadequate food facilities | 12 | 4.2% |

Most Frequent Citations in 2010

Subspecialty Programs (1-5)

| 474 Subspecialty Programs Reviewed Total of 1,027 Citations = 2.2 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - semiannual evaluation not documented; faculty do not routinely provide verbal feedback at the end of rotation; inadequate multi-source evaluation; fellow's performance in continuity clinic not documented; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; Inadequate procedure logs; no summative evaluation | 187 | 18.2% |
| 2. Didactic Components - fellows not educated to recognize the signs of fatigue and sleep deprivation; no regularly-scheduled or -attended research conference; five hours of teaching rounds per week does not occur; instruction for basic sciences not provided | 135 | 13.1% |
| 3. Evaluation of the Program - program evaluation did not address all required elements; does not monitor and track program quality; no written improvement plan | 92 | 9.0% |
| 4. Patient Care Experience - Inadequate continuity clinic experience and/or continuity clinic patient volume; panel of patients does not include 25% of each gender; inadequate procedural experience(s) | 75 | 7.3% |
| 5. Responsibilities of the Program Director - does not oversee/ensure the quality of training at all participating sites; unapproved changes in complement; no CME for the program director; inaccurate PIF; unfamiliar with the ACGME policies and procedures; no reporting relationship with the IM program director; program director not at primary site; place undesirable stress on fellows | 70 | 6.8% |

Most Frequent Citations in 2010

Subspecialty Programs (6-10)

| 474 Subspecialty Programs Reviewed Total of 1,027 Citations = 2.2 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 6. Goals and Objectives - no evidence of level-specific and competency based goals and objectives for each assignment | 64 | 6.2% |
| 7. Institutional Support - internal review did not occur mid-cycle; inadequate faculty support; Inadequate faculty, facilities, and/or resources; No PLA; incomplete internal review committee | 58 | 5.6% |
| 8. Evaluation of Faculty - faculty evaluation by the fellows is not confidential; faculty are not evaluated at the end of each rotation/assignment; faculty are not evaluated semi-annually and/or annually | 40 | 3.9% |
| 9. Responsibilities of Faculty - inadequate faculty research; insufficient time devoted to the program; faculty do not routinely participate in conferences; faculty are not ABIM certified | 32 | 3.1% |
| 10. Performance Improvement (PI) Activities – no evidence of ongoing PI activity | 29 | 2.8% |

Most Frequent Citations in 2010

Cardiovascular Disease Programs

| 39 Cardiology Programs Reviewed (Not Counting Progress Reports) Total of 105 Citations = 2.7 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - semiannual evaluation not documented; faculty do not routinely provide verbal feedback at the end of rotation; fellow's performance in continuity clinic not documented; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; Inadequate procedure logs; no summative evaluation | 22 | 21% |
| 2. Didactic Components - no regularly-scheduled or -attended research conference; five hours of teaching rounds per week does not occur; review of pathological material does not occur; instruction for basic sciences not provided; insufficient continuity clinic | 12 | 11% |
| 3. Procedural Experience - program doesn't provide all fellows with clinical experience in required procedures; logbook or equivalent method not maintained | 10 | 10% |
| 4. Goals and Objectives – goals and objectives not competency based; goals and objectives are not level specific; all rotations and/or assignments don't have goals and objectives | 9 | 9% |
| 5. Evaluation of the Program - program evaluation did not address all required elements; does not monitor and track program quality; no written improvement plan | 9 | 9% |

Most Frequent Citations in 2010

Critical Care Programs

| 10 Subspecialty Programs Reviewed Total of 17 Citations = 1.7 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Clinical Space - the primary training site does not sponsor three of the required accredited subspecialty programs; program does not have an active open heart surgery program; does not sponsor an accredited residency program in general surgery at the primary training site; active emergency service is not present at the primary training site | 5 | 29% |
| 2. Evaluation of Fellows – not evaluated in the core competencies; a structured objective direct observation method is not used; inadequate logbook; not evaluated at the end of each assignment | 4 | 24% |
| 3. Didactic Components – fellows are not provided formal instruction and/or clinical experiences in required procedures | 2 | 12% |
| 4. Patient Care Experience – Inadequate ICU patient population; patient population not clinically diverse | 2 | 12% |
| 5. Responsibilities of the Program Director – no reporting relationship to the internal medicine program director | 1 | 6% |

Most Frequent Citations in 2010

Endocrinology Programs

| 30 Subspecialty Programs Reviewed Total of 55 Citations = 1.8 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows – fellows performance not evaluated in writing and/or verbally; multiple evaluators not used to assess fellows; fellows not evaluated semiannually in continuity clinic; inadequate logbooks; direct observation not implemented to assess competence | 15 | 27% |
| 2. Goals and Objectives – the curriculum does not contain competency-based goals and objectives for each assignment at each educational level; goals and objectives are not competency based; | 6 | 11% |
| 3. Responsibilities of the Program Director – inadequate/inaccurate PIF; inadequate reporting relationship between the endocrinology program director and the internal medicine program director; program director does not participate in academic societies | 5 | 9% |
| 4. Patient Care Experience – program does not provide adequate clinical experience/instruction for fellows in required procedures | 5 | 9% |
| 5. Evaluation of Faculty – evaluations are not confidential; fellows don't evaluate faculty at the end of each rotation/assignment; | 5 | 9% |

Most Frequent Citations in 2010

Gastroenterology Programs

| 30 Subspecialty Programs Reviewed Total of 74 Citations = 2.5 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - faculty do not routinely provide verbal feedback at the end of rotation; inadequate multi-source evaluation; fellow's performance in continuity clinic not documented; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; Inadequate procedure logs | 14 | 19% |
| 2. Didactic Components – fellows do not receive formal instruction and/or clinical experience in the required procedures; program does not provide an organized didactic curriculum; no monthly research conference; conferences are not scheduled and/or attended regularly | 10 | 14% |
| 3. Sponsoring Institution – internal review did not occur or was not done at the mid-point of the review cycle; inadequate PLAs | 7 | 10% |
| 4. Responsibilities of Faculty – faculty do not spend sufficient time educating the fellows; inadequate scholarly productivity; faculty don't regularly participate in conferences | 7 | 10% |
| 5. Evaluation of the Program - program evaluation did not address all required elements; does not monitor and track program quality; no written improvement plan; program review does not monitor or track graduates; program does not monitor or track faculty development | 7 | 10% |

Most Frequent Citations in 2010

Infectious Disease Programs

| 27 Subspecialty Programs Reviewed Total of 50 Citations = 1.9 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows – fellows performance not evaluated in writing and/or verbally; semiannual evaluations are not competency based multiple evaluators not used to assess fellows; fellows not evaluated semiannually in continuity clinic; inadequate logbooks; direct observation not implemented to assess competence | 10 | 20% |
| 2. Didactic Components – no opportunity for fellows to make up missed conferences; inadequate HIV related discussion topics; inadequate microbiology laboratory rotation experience; inadequate ambulatory experience; inadequate instruction in required experiences | 6 | 12% |
| 3. Patient Care Experience – patient population not diverse | 6 | 12% |
| 4. Evaluation of the Program – the program does not monitor and track faculty development and/or graduate performance; annual program evaluation is not confidential; annual program review did not incorporate all of the required elements | 6 | 12% |
| 5. Goals and Objectives – not competency based; not written for each educational level and/or assignment/rotation | 4 | 8% |

Most Frequent Citations in 2010

Nephrology Programs

| 23 Nephrology Programs Reviewed Total of 71 Citations = 3.1 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Didactic Components – inadequate continuity clinic experience; no clinical case conference; no mechanism for fellows to make up missed core conferences; no dedicated faculty whose primary responsibility is to supervise and teach the fellows; conferences are not attended regularly by both faculty and fellows; inadequate instruction in required procedures | 14 | 20% |
| 2. Evaluation of Fellows – no direct observation tool used to evaluate fellows' competencies; fellows not evaluated in continuity clinic on a semiannual basis; fellows not evaluated in all of the ACGME competencies; no verbal evaluation of fellow performance in continuity clinic; inadequate logbooks | 11 | 15% |
| 3. Sponsoring Institution – no internal review; no PLA; internal review committee did not contain all of the required members; does not adequately monitor the subspecialty program(s); excessive reliance placed on fellows | 6 | 8% |
| 4. Responsibilities of the Program Director - Inadequate response rate for the resident survey; inadequate oversight; does not evaluate or modify situations that place undesirable stress fellows; not located at the principal training institution | 4 | 6% |
| 5. Procedural Experience - fellows do not receive formal instruction and clinical experience in required procedures | 4 | 6% |

Most Frequent Citations in 2010

Pulmonary Disease Programs

| 11 Pulm Programs Reviewed Total of 14 Citations = 1.3 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Responsibilities of the Program Director - inaccurate PIF; did not seek prior approval for the addition of a participating site | 2 | 14% |
| 2. Didactic Components – inadequate continuity clinic; insufficient ambulatory support services | 2 | 14% |
| 3. Procedural Experience - inadequate procedure logs; fellows do not obtain proficiency in each of the required procedures of the specialty | 2 | 14% |
| 4. Evaluation of Fellows – The program does not evaluate the competencies using appropriate evaluation methods | 2 | 14% |
| 5. Facilities – insufficient administrative support | 1 | 7% |

Most Frequent Citations in 2010

Rheumatology Programs

| 21 Programs Reviewed 72 Total of Citations = 3.4 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Didactic Components – inadequate conferences; Fellows do not have formal instruction, clinical experience, and demonstrate competence in required procedures | 14 | 19% |
| 2. Evaluation of Fellows – no evaluation in continuity clinic; don't use direct observation tool; doesn't evaluate fellows at the end of each rotation/assignment; inadequate logbooks | 14 | 19% |
| 3. Evaluation of Program – no annual program review; no written improvement plan | 13 | 18% |
| 4. Goals and Objectives – not competency-based; not level-specific; not for each assignment; not reviewed with the fellows | 5 | 7% |
| 5. Responsibilities of the Faculty – faculty don't devote sufficient time to the program; faculty do not participate in scholarly activity | 4 | 6% |

Most Frequent Citations in 2010

IM-GeriatricPrograms

| 12 IM-Geriatric Programs Reviewed (Not Including Progress Reports and Voluntary Withdrawals) Total of 38 Citations = 3.2 citations/program | | |
|--|--------------------|-------------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; no semiannual evaluation; no verbal feedback at the end of each rotation; direct observation method not used; does not use multiple evaluators | 6 | 16% |
| 2. Didactic Components - conferences are not regularly scheduled and/or provided; | 5 | 13% |
| 3. Clinical Space- inadequate clinical experience in rehabilitation; no letter of agreement between each long-term care facility and the director | 3 | 8% |
| 4. Responsibilities of the Program Director – program director does not adequately monitor home call; inadequate program information form; no reporting relationship with the internal medicine program director | 3 | 8% |
| 5. Responsibilities of the Faculty - faculty do not regularly participate in rounds; faculty do not devote sufficient time to the program; the majority of key clinical faculty does not demonstrate evidence of productivity in scholarship | 3 | 8% |

Most Frequent Citations in 2010

Interventional Cardiology Programs

| 30 IC Programs Reviewed (Not Counting Progress Reports) Total of 96 Citations = 3.2 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - semiannual evaluation not documented; faculty do not routinely provide verbal feedback at the end of rotation; inadequate multi-source evaluations; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; Inadequate procedure logs; no summative evaluation | 21 | 22% |
| 2. Didactic Components – formal instruction and/or clinical experience in required procedures are not provided; five hours of teaching rounds per week does not occur; conferences are not regularly scheduled and/or attended; instruction for basic sciences not provided; insufficient continuity clinic; fellows not educated to recognize the signs of fatigue and sleep deprivation | 12 | 13% |
| 3. Evaluation of the Program - program evaluation did not address all required elements; does not monitor and track program quality; no written improvement plan | 11 | 11% |
| 4. Responsibilities of the Program Director – insufficient PIF; inadequate oversight of the program; does not dedicate 20 hours to the program; does not participate in academic societies | 6 | 6% |
| 5. Goals and Objectives – goals and objectives not competency based; goals and objectives are not level specific; all rotations and/or assignments don't have goals and objectives | 6 | 6% |

Most Frequent Citations in 2010

CCEP Programs

| 24 CCEP Programs Reviewed (not counting Progress Reports) Total of 72 Citations = 3 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows - semiannual evaluation not documented; faculty do not routinely provide verbal feedback at the end of rotation; inadequate multi-source evaluation; fellow's performance in continuity clinic not documented; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; Inadequate procedure logs; no summative evaluation | 20 | 28% |
| 2. Didactic Components; no regularly-scheduled or -attended research conference; conferences not regularly scheduled and/or attended; five hours of teaching rounds per week does not occur; fellows are responsible for more than 4-8 patients during continuity clinic | 9 | 13% |
| 3. Evaluation of the Program - program evaluation did not address all required elements; does not monitor and track program quality; no written improvement plan | 7 | 10% |
| 4. Project Improvement Projects – no active, ongoing performance improvement projects. | 6 | 8% |
| 5. Responsibilities of the Program Director – inaccurate PIF; program director does not monitor duty hours | 5 | 7% |

Most Frequent Citations in 2010

Hematology/Oncology Programs

| 24 Subspecialty Programs Reviewed (does not include progress reports) Total of 71 Citations = 3 citations/program | | |
|--|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows – semiannual performance not documented; summative evaluation did not address the fellows’ competence; appropriate evaluation methods not used to evaluate the fellow's achievement of the competencies; no multi-source evaluations; faculty does not discuss the evaluation with the fellow; inadequate logbooks | 15 | 21% |
| 2. Didactic Components – insufficient patient volume; formal instruction and/or clinical experience in required procedures is not provided; fellows don’t reach competence in required procedures; fellows are not provided with a monthly research conference | 11 | 15% |
| 3. Sponsoring Institution – no internal review of the program; DIO inadequate oversight; internal review committee does not possess all of the required elements; | 7 | 10% |
| 4. Goals and Objectives – not educational level and/or rotation/assignment specific; not competency based; does not contain all of the required elements | 7 | 10% |
| 5. Evaluation of the Program – at least 80% of graduates do not take the certifying exam; does not evaluate faculty or graduate performance; program does not conduct a systematic review of the program | 6 | 8.5% |

Most Frequent Citations in 2010

Pulmonary/Critical Care Programs

| 31 Subspecialty Programs Reviewed Total of 71 Citations = 2.3 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Didactic Components - conferences are not conducted/attended regularly as scheduled; fellows are not provided formal instruction and/or clinical experiences in required procedures | 18 | 25% |
| 2. Evaluation of Fellows – fellows not evaluated at the end of each assignment; program does not implement direct observation methods; inadequate logbook; program does not use a structured objective assessment of practice-based learning | 10 | 14% |
| 3. Patient Care Experience – inadequate continuity clinic; fellows not provided with three months non-medical ICU experience | 7 | 10% |
| 4. Sponsoring Institution – no mid-cycle review; fellows not provided with adequate office or work space and/or computers; internal review did not contain all required elements | 5 | 7% |
| 5. Responsibilities of the Program Director – does not monitor moonlighting activities; inadequate PIF; not ABIM certified; does not maintained an adequate educational environment for fellows | 5 | 7% |

Most Frequent Citations in 2010

Sleep Medicine Programs

| 27 Subspecialty Programs Reviewed Total of 46 Citations = 1.7 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Responsibilities of the Program Director – does not participate in academic societies; inadequate PIF; not at the principal clinical training site | 6 | 13% |
| 2. Evaluation of the Program – the program does not document fellow performance and faculty development; faculty do not evaluate the program; no annual program evaluation; no performance improvement plan | 6 | 13% |
| 3. ACGME Competencies – inadequate core conferences and seminars; fellows are not provided formal instruction and/or clinical experiences in required procedures | 5 | 11% |
| 4. Evaluation of Fellows – program does not implement direct observation methods; evaluations are not competency based; are not evaluated at the end of each assignment; no summative evaluation; inadequate multi-source evaluation | 5 | 11% |
| 5. Sponsoring Institution - no PLA; did not notify the Review Committee of major changes; inadequate fellow compensation; no internal review | 4 | 9% |

Most Frequent Citations in 2010

Transplant Hepatology Programs

| 33 Subspecialty Programs Reviewed (Does not include progress or duty hour reports) Total of 60 Citations = 1.8 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Evaluation of Fellows – fellows not evaluated semiannually in continuity clinic; inadequate logbooks; evaluations do not include practice-based learning and improvement exercises; direct observation not implemented to assess competence | 13 | 22% |
| 2. Didactic Components – formal instruction not provided for required procedures; monthly research conference not provided; insufficient number of follow-up liver transplant patients | 12 | 20% |
| 3. Evaluation of the Program - annual program review does not monitor and track faculty development and/or graduate performance; no written action plan on initiatives to improve the program | 6 | 10% |
| 4. Goals and Objectives – curriculum did not contain competency-based goals and objectives for the fellow's continuity clinic; no goals and objectives for each assignment; goals and objectives does not include all of the required elements | 6 | 10% |
| 5. Evaluation of Faculty – evaluation is not confidential | 4 | 7% |

Most Frequent Citations in 2010

Med/Peds Programs

| 33 Programs Reviewed Total of 114 Citations = 3.5 citations/program | | |
|---|-------------|------------|
| Name and Description of Citations | times cited | % of total |
| 1. Patient Care Experience – insufficient number of patients in combined medicine-pediatrics continuity clinic; inadequate continuity clinic experience; no geriatric medicine rotation; inadequate experience in developmental/behavioral pediatrics; inadequate adolescent medicine rotation; neonatal intensive care unit rotation exceeds 3 months | 37 | 32% |
| 2. Responsibilities of Program Director - program directors of each core program and the program director of the combined program do not hold quarterly meetings; does not provide each fellow with documented semiannual evaluation; inaccurate and/or incomplete PIF; physician faculty do not possess current Board certification | 9 | 8% |
| 3. Service to Education Imbalance - imbalance between didactic and clinical education versus the service needs of the program; all rotations are not at least 4 weeks in duration; excessive reliance is placed on fellows to fulfill service obligations; residents receive an excessive amount of pediatric emergency medicine experience | 6 | 5% |
| 4. Evaluation of Program - program does not conduct an annual formal, systematic evaluation of the program curriculum; program does not prepare a written plan of action to address deficiencies | 6 | 5% |
| 5. Performance on Board Exams - less than 80% of eligible graduates have taken the certifying exam | 6 | 5% |