

SECTION FOUR – INSTITUTIONAL RESPONSIBILITIES

POLICY NO: 4.4

SUBJECT: INTERNAL PROGRAM REVIEWS

I. PURPOSE

To conduct internal reviews on all ACGME accredited sponsored Programs to ensure compliance with ACGME requirements.

II. RESPONSIBILITIES/REQUIREMENTS

A. Internal reviews are conducted on all residency/fellowship programs. A scheduled review takes place at approximately midpoint between the date of the meeting at which the final accreditation action was taken and the time of the next site visit using a GMEC approved review tool/questionnaire. Active participation in the internal review process is one of the most important responsibilities for members of the GMEC. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

1. A modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume, and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident.
2. After enrolling a resident, an internal review must be completed within the second six-month period of the resident's first year in the program.

B. Review Committee Composition

The sub-committee will be composed of program director/s and/or faculty member/s, DIO and a resident representative. Resident member will not be from the program being reviewed.

C. What the Committee Does?

The sub-committee will assess Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements. In addition, the sub-committee will also assess:

- Educational Objectives and effectiveness in meeting those objectives;
- The adequacy of educational and financial resources to meet these objectives.
- Effectiveness of educational outcomes in the ACGME general competencies;
 - a) Assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
 - b) Provide evidence of the program's use of evaluation tools to ensure that the residents demonstrate competence in each of the

six areas.

- c) Appraise the development and use of dependable outcome measures by the program for each of the general competencies.
- d) Appraise the effectiveness of each program in implementing a process that links educational outcomes with program improvement.
- Annual program improvement efforts in:
 - ✓ resident performance using aggregated resident data;
 - ✓ faculty development;
 - ✓ graduate performance including performance of program graduates on the certification examination; and,
 - ✓ program quality.
- The effectiveness in addressing the areas of concerns and citations from previous ACGME site visits and Internal Review reports.

D. Material & Data

Sub-committee will use the following materials and data in the program review process.

- The ACGME Institutional, common and program specific standards
- The completed internal review questionnaire (approved by the GMEC)
- Letters of Accreditation from previous ACGME reviews and Progress reports submitted to the RRC
- Reports from previous internal reviews and PD's response
- Annual program evaluations
- Interviews with program director, **Key** faculty & peer-selected residents from each level of training.

E. Review Report

- A written copy of the review will be shared with the Program Director of the program being reviewed prior to submission to the Office of Medical Education and presentation to the GMEC. The written report of the internal review will contain, at a minimum, the following::
 1. the name of the program or subspecialty program reviewed, the date internal review was carried by GMEC and written report was presented to the GMEC;
 2. the names and titles of the internal review committee members
 3. a brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed, their titles and the documents reviewed;
 4. sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
 5. a list of the citations and areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter of

notification with a summary of how the program and/or institution subsequently addressed each item.

- The Program Director must be present for his/her program to be reviewed. In addition to responding to the review, he/she is asked to comment regarding corrective actions on any citation from the most recent RRC review.
- The sub-committee will present its Report of the Internal Program Review to the GMEC for review/approval, recommendations and follow-up.
- Each program director will receive correspondence from the GMEC as a follow-up on the concerns and recommendations of the committee. The program director must respond directly to the chair in writing as to how the program will address concerns and report back to the GMEC at the next scheduled meeting.
- A copy of the internal review and summary of the discussion by the GMEC is included in the minutes of the GMEC.

GMEC Approved: 7/2005

Revised & Approved: 1/2007, 7/2007

Reviewed & Approved: 10/2010