

UTHSCSA Graduate Medical Education Policies

<p>Section 3</p> <p>Policy 3.1.1.</p>	<p>Evaluation and Assessment Processes</p> <p>Internal Reviews of Graduate Medical Education Programs</p>	<p>Effective: October 2001</p> <p>Revised: September 2003, October 2006, December 2007</p> <p>Responsibility: Associate Dean for Graduate Medical Education</p>
<p>Policy for Internal Reviews of GME Programs</p>		
<p>Purpose</p>	<p>Internal Reviews of Graduate Medical Education Programs are performed in order to assess their compliance with the Institutional Requirements and the Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) Review Committees (RCs). This function is an essential responsibility of the Graduate Medical Education Committee (GMEC) of the UTHSCSA. All ACGME-accredited programs sponsored by UTHSCSA must undergo an internal review. Each RC assigns the month and year of accredited programs' next internal reviews in the Letter of Notification (LON).</p>	
<p>Policy</p>	<p>Process</p> <p>As per the ACGME Institutional Requirements, the GMEC is responsible for the development, implementation, and oversight of the internal review process. These responsibilities are discharged by the Accreditation Subcommittee of the GMEC. The GME Office, under the direction of the Associate Dean and Assistant Dean for GME, coordinates Internal Reviews.</p> <p>For each Internal Review, a panel of no fewer than five members will be constituted and will include faculty members, at least one resident, and at least one program coordinator from other GME programs, and administrators from participating institutions. No review may be conducted without a resident member on the panel. The Assistant Dean for GME or his designee will chair the panel.</p> <p>Frequency</p> <p>Each program's Internal Review will be conducted at the midpoint of the accreditation cycle during the month designated by the ACGME. Because of the significance of the internal review to the accreditation process, particularly the timeliness of the review and implementation of actions to correct deficiencies, delays or postponements will not be entertained.</p> <p>Protocol</p> <p>The Program Director and the Department Chair will be notified</p>	

approximately six months prior to the Internal Review. Because the Program Information Form (PIF) is critical to the accreditation process, the Program Director will prepare and submit a PIF for examination by the Internal Review panel. The Program Director will submit 12 copies of each of the following documents to the GME Office, at least 10 business days prior to the Internal Review:

- Completed PIF
- Copies of program-specific policies:
 - Resident Selection
 - Resident Evaluation
 - Resident Promotion
 - Resident Dismissal
 - Resident Evaluations of Program and Faculty
 - Moonlighting
 - Resident Supervision
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)
- The program letters of agreement (PLAs) with institutions in which residents rotate
- The resident manual (electronic or hard copy), particularly pertinent policies and procedures required by the GMEC and ACGME (if hard copy, one manual is sufficient)
- Competency-based goals and objectives specific by level, reflecting the program's specialty specific definition of competence
- Outcome measures (Attachment A)
- Minutes from the Annual Review of Program Effectiveness and the resultant Action Plan (see Attachment B)

The GME Office will distribute an Internal Review binder to the Internal Review panel members approximately 5 working days prior to the Internal Review. The binder will include:

- The documents listed above
- All correspondence to or from the ACGME since the last site visit, including the most recent LON and progress reports
- The ACGME Program Requirements for the specialty
- Results of the last ACGME Survey of Residents
- Results of the last Institutional GME Duty Hours Survey
- The most recent Internal Review Report of the program

Review

In conducting its review, the Internal Review Panel will review the aforementioned materials (and any other materials deemed appropriate by the Panel). The Panel will interview the following individuals in separate sessions:

- Department Chairman and Residency Program Director

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- Representative Faculty
- Peer selected Residents or Fellows

The purpose of these interviews will be to assess: the program's compliance with the ACGME program and institutional requirements, the completeness and accuracy of the completed PIF, and the general educational and clinical experiences of the residents.

In assessing the residency program's compliance with each of the program and institutional requirements, the Panel will specifically appraise (as mandated by the ACGME Institutional Requirements):

- The educational objectives of each program and the effectiveness of each program in meeting them
- The adequacy of available educational and financial resources to meet these objectives
- The effectiveness of each program in addressing areas of noncompliance and concerns in previous ACGME letters of accreditation and previous internal reviews
- The effectiveness of each program in defining, in accordance with the Program and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve specialty specific competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
- The effectiveness of each program in using evaluation tools developed to assess a resident's level of competence in each of the six general areas listed above
- The effectiveness of each program in using dependable outcome measures developed for each of the ACGME Competencies
- The effectiveness of each program in implementing a process that links educational outcomes with program improvement
- The effectiveness of each program in monitoring resident well-being, including residents stress, impairment, and fatigue
- The effectiveness of each program in helping residents develop a personal program of learning to foster continued professional growth
- The effectiveness of each program in preparing residents to assume responsibility for teaching and supervising other residents and students
- Faculty development relevant to the teaching and evaluation of the ACGME Competencies

	<ul style="list-style-type: none">• Faculty development relevant to teaching and mentoring skills• Faculty development relevant to the recognition of impairment and fatigue• Faculty board certification• Faculty scholarly activity <p>Report</p> <p>The Internal Review Panel Chair will compose a written report detailing its findings and submit a succinct summary for inclusion in the GMEC minutes per the UTHSCSA Internal Review Report Template (see Attachment C).</p> <p>The Internal Review report will be presented at the GMEC Executive Committee and GMEC meetings following the Internal Review for recommendations by the GMEC. The Program Director will be invited to these meetings for his/her comments on the report. A final report of each Internal Review will be filed in the GME Office for incorporation into the Institutional Review Document. The GMEC Accreditation Subcommittee, with support from the GME Office, will be responsible for the monitoring of areas of noncompliance and the program's progress toward correcting the deficiencies.</p> <p>Action Plan</p> <p>After presentation of the internal review report at the GMEC Executive Committee and the GMEC, the Action Plan of the report will be sent to the Program Director with a response requested in 90 days. The completed Action Plan will be evaluated by the GMEC Executive Committee and presented to the GMEC with dates assigned for follow up of Action Plan items if necessary.</p>
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