

## **Policy for Internal Reviews of GME Programs**

*Effective 3/2/2010*

### **I. Purpose**

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).

### **II. Process**

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 Quality and Accreditation Subcommittee of the GMEC. The GME Office, under the direction of the Associate Dean and Assistant Dean for GME, coordinates Internal Reviews.

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 unless there is at least one resident member on the panel. The Assistant Dean or the Director of Education for GME will chair the panel.

### **III. Frequency**

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.

### **IV. Protocol**

The Program Director, Program Coordinator and the Department Chair or Division Chief will be notified by email 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 the following electronic documents to the GME Office, at least 10 business days prior to the Internal Review\*:

- Completed PIF (Common and Specialty-Specific)
- Copies of program-specific policies:
  - Resident Selection
  - Resident Evaluation
  - Resident Promotion
  - Resident Dismissal

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- Resident Moonlighting
  - Resident Supervision
  - Resident Discipline
  - Resident Transfer
  - All policies related to evaluation (refer to section V. of the Common Program Requirements)
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)
  - The program letters of agreement (PLAs) with institutions at which residents rotate
  - The resident manual
  - Competency-based goals and objectives specific by level, reflecting the program's specialty specific definitions of competence
  - The Outcome Assessment Addendum (Attachment A)
  - Minutes from the Annual Review of Program Effectiveness and the resultant Action Plan (see Attachment B)

*\*Because every attempt is made to replicate the structure and process of an ACGME Site Visit, it is imperative that the materials be submitted on time. Non-compliance may be documented on the Internal Review Report if materials are received later than 10 days in advance of the internal review.*

The GME Office will post a link to a secure website with all Internal Review materials and send the link to the Internal Review panel members at least 5 working days prior to the Internal Review. The materials will include the documents listed above provided by the program and the following provided by the GME Office:

- Correspondence from the ACGME since the last site visit, including the most recent LON, and any correspondence related to complement changes
- The ACGME Common Program Requirements
- The ACGME Program Requirements for the specialty
- Results of the last ACGME Survey of Residents (if applicable)
- Results of the last Institutional GME Duty Hours Survey
- The most recent Internal Review Report of the program

## **V. Preparation**

Preparation of the PIF and collection of the required materials is a substantial task. To assist in organizing the time of the program leadership to accomplish this task, a timeline and checklist is provided (see Attachment C).

## **VI. 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 on the same day:

- Department Chairman or Division Chief, Residency Program Director, Associate or Assistant Program Director (if applicable) and Program Coordinator

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- Five Faculty, selected by the Program Director, each representing key components of the training program
- *Peer-selected* Residents or Fellows (two from each level of training if the complement allows)

The purpose of these interviews is to assess: the program's compliance with the ACGME 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 ACGME 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 ACGME 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 ACGME Competencies
- 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 resident stress, impairment, and fatigue
- The effectiveness of each program in helping residents develop a personal program of learning to foster continued professional growth (i.e., individual learning plans)
- 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
- Faculty and resident development relevant to vendor relations
- Faculty development relevant to teaching and mentoring skills
- Resident development relevant to teaching skills
- Faculty and resident development relevant to the recognition of impairment and fatigue

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- Faculty board and sub-board certification (if relevant)
- Faculty and resident scholarly activity

## **VII. Report**

The Internal Review Panel Chair will compose a written report detailing its findings and submit a summary for inclusion in the GMEC minutes per the UTHSCSA Internal Review Report Template (see Attachment D). An amended template is used for one-year fellowships (see Attachment E).

The Internal Review report is presented at the GMEC Quality and Accreditation Subcommittee, GME Executive Committee and GMEC meetings following the Internal Review for recommendations. A final report of each Internal Review will be filed in the GME Office for incorporation into the Institutional Review Document. The GMEC Quality and 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 listed on the Action Plan included in the Internal Review report.

## **VIII. Action Plan**

After presentation of the internal review report at the GMEC Quality and Accreditation Subcommittee, the GME Executive Committee and the GMEC, and the Action Plan of the report will be sent to the Program Director with a response requested. The completed Action Plan will be evaluated by the GMEC Quality and Accreditation Subcommittee and presented to the GME Executive Committee and GMEC with dates assigned for follow up of Action Plan items if necessary.

Attachment A

UTHSCSA  
Outcome Assessment\* Addendum

Program: [Click here to enter text.](#)

Please use the table below to describe at least 3 outcome measures (other than certification or in-training examination scores) that your program tracks using aggregated data:

Outcome Measure	ACGME Competency(ies) Addressed	Data Collection Method	Curriculum Changes Based on Data Analysis	Evaluation of Curriculum Changes
1. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
2. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
3. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
4. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
5. <a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

**\*Outcomes Assessment (educational):**

Outcomes are results providing evidence that goals and objectives have been accomplished. In the context of the ACGME Outcome Project, educational outcomes assessment refers to intermediate or end results of the educational process. General categories of outcomes relevant to determining educational program effectiveness include: student/resident outcomes (e.g., learning or development of knowledge, skills, and attitudes); graduate/alumni outcomes; faculty outcomes (e.g., improved teaching, increased knowledge, etc.); patients and society in general (e.g., better treatment, access to care, improved health); departmental outcomes (e.g., improved facilities, clinical benchmarks, etc.); and institutional outcomes (e.g., improved quality rating, staff satisfaction, etc.) Outcomes can occur (and be measured) at any time or point in a process, such as during a patient encounter, during a conference, throughout a rotation, throughout the educational program, etc. Outcomes can be immediate, short term, delayed, and long term.

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Attachment C

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Attachment D

UTHSCSA  
Internal Review Report

Program: [Click here to enter text.](#)

Report submitted by: Robert J. Nolan Jr., MD, Assistant Dean for GME

Date of Internal Review:
Date of Report:
Date of Last Site Visit:
Effective Date of Accreditation:
Estimated Date of Next Site Visit:
Date presented to the GMEC Quality and Accreditation Subcommittee:
Date presented to the GME Executive Committee:
Date presented to the GMEC:
Current Accreditation Status:
Program Length: 1
Maximum Number of Residents:
Residents per Level:

*I. Method and Materials:*

The internal review consisted of three interviews: 1) the Program Director and Departmental Chair, 2) representative faculty, and 3) peer selected residents from each level of training. The Program Director and faculty were asked specific questions by the panel on the information submitted, past RRC concerns and on the ACGME requirements. The residents were asked similar questions to corroborate information provided by the Program Director. The following summary outlines the materials and process used to evaluate the program's administration, clinical experience and didactic elements.

A. The program was reviewed by a [Click Here](#) - Select Number member panel:

- 1) Robert Nolan, MD (Panel Chair – Asst. Dean for GME)
- 2) Jennifer Peel, PhD (Director of Education, GME and Faculty, Anesthesiology)
- 3) (Faculty Panel Member)
- 4) (Faculty Panel Member)
- 5) (UHS Panel Member)
- 6) (VA Panel Member)
- 7) (Additional Panel Member Christus Santa Rosa Hospital)
- 8) (PGY-3 Resident in )
- 9) (PGY-3 Resident in )
- 10) (Program Coordinator from )

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B. Panel members reviewed program administration documentation as indicated below utilizing the GMEC Internal Review Procedure. Specific individuals interviewed include:

1. (Program Director)
2. (Departmental Chair)
3. (Program Coordinator)
4. (Faculty)
5. (Faculty)
6. (Faculty)
7. (Faculty)
8. (Faculty)

C. The following peer-selected residents from each level of training in the program were interviewed:

1. (PGY1)
2. (PGY1)
3. (PGY1)
4. (PGY1)
5. (PGY1)
6. (PGY1)
7. (PGY1)
8. (PGY1)
9. (PGY1)
10. (PGY1)

D. The following materials were reviewed:

- ACGME Institutional, Common and Program Requirements/Comments:
- Prior ACGME Letter(s) of Notification/Comments:
- Previous Internal Review Reports and Follow-Up Reports/Comments:
- Completed PIF/Comments:
  - Program-specific policies:
    - Resident Selection/Comments:
    - Resident Evaluation/Comments:
    - Resident Promotion/Comments:
    - Resident Dismissal/Comments:
    - Resident Moonlighting/Comments:
    - Resident Supervision/Comments:
    - Resident Discipline/Comments:
    - Resident Transfer/Comments:
    - All policies related to Evaluation/Comments:
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)/Comments:
- The program letters of agreement (PLAs) with institutions at which residents rotate/Comments:
- The resident manual/Comments:
- Competency-based goals and objectives specific by level, reflecting the program's specialty specific definition of competence/Comments:
- The Outcome Assessment Addendum (Attachment A)/Comments:

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- Minutes from the Annual Review of Program Effectiveness and Action Plan (Attachment B)/Comments:
- Results from the Institutional Duty Hours Surveys/Comments:
- Results from the ACGME Resident Survey/Comments:
- Program Specific Duty Hours Policy/Comments:
- Resident Portfolios/Comments:
- Other: /Comments:

**II. Committee Findings**

**Past RRC Citations**

The citations from the last LON were reviewed. The Internal Review panel’s review of those citations, and the actions taken or not taken to comply with the RRC requirements are noted below.

RRC Citation	Code
1.	
Action Taken:	
2.	
Action Taken:	
3.	
Action Taken:	
4.	
Action Taken:	
5.	
Action Taken:	
6.	
Action Taken:	
7.	
Action Taken:	
8.	
Action Taken:	

Comments:

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**Previous Internal Review Findings (Date of last Internal Review: )**

A. Areas of non-compliance for Action/Follow-Up by the GMEC Quality and Accreditation Subcommittee:

Area of non-compliance	Follow-up Date
1.	
Response:	
2.	
Response:	
3.	
Response:	
4.	
Response:	
5.	
Response:	
6.	
Response:	
7.	
Response:	
8.	
Response:	

Comments:

B. Recommendations and/or Suggestions for Improvement

Recommendations/Suggestions for Continuous Quality Improvement	Follow-up date
1.	
2.	
3.	
4.	
5.	

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6.	
7.	
8.	

Comments:

**Educational Program**

Clinical Material

The program does meet minimum numbers for patients and procedures established by the RRC. Comments:

Facilities/Support Services

The resident work environment is adequate in the following areas:

- on call rooms
- meals
- patient support services
- laboratory and radiologic information retrieval systems
- medical record system
- security and safety
- parking
- resident work space
- resident computer access
- resident access to print and electronic medical literature

Comments:

- The available educational and financial resources to support the program are inadequate. Comments:
- Residents can address their concerns to the program director and faculty in a confidential, non-punitive manner. Comments:
- The program director does have an effective mechanism for communicating with site directors. Comments:

**Resident Education**

- The program educational objectives match the RRC requirements. Comments:
- Residents are provided with a copy of the program goals and objectives every year. Comments:
- Effective non-clinical (didactic, workshop, seminar, simulations, etc...) experiences are provided to meet the stated objectives. Comments:
- Effective clinical experiences are provided to meet the stated objectives. Comments:
- The program has developed specialty specific definitions of competence in the six ACGME Competency domains. Comments:
- Residents participate in a quality improvement project. Comments:
- The didactic curriculum includes education in patient safety. Comments:
- Residents are educated regarding impairment and substance abuse. Comments:
- Residents are educated regarding the effects of sleep loss and fatigue. Comments:
- Residents are educated in medical ethics. Comments:
- Residents are educated in practice management. Comments:
- Residents are educated in the use of information technology in the location, appraisal and assimilation of evidence into patient care. Comments:
- Residents are trained in supervisory skills. Comments:
- Residents are educated regarding the UTHSCSA vendor relations policy. Comments:
- Residents participate in scholarly activities. Comments:
- Residents are given progressively increasing clinical and supervisory responsibilities. Comments:
- There is an adequate resident supervision policy. Comments:
- The process for documentation of procedures or surgical cases is adequate. Comments:
- Resident attendance at conferences is monitored. Comments:
- Residents are trained in teaching skills. Comments:
- Residents do participate in teaching activities. Comments:

**Resident Evaluation**

- The program does have a process and tools for evaluating residents in all six ACGME Competency domains. Comments:
- The program uses resident portfolios as evaluation tools. Comments:

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- The program uses 360° assessments as evaluation tools. Comments:
- Faculty complete written evaluations of the residents on a daily basis. Comments:
- The written final evaluation of residents meets the standards outlined by the UTHSCSA and the ACGME. Comments:
- Residents do create individual learning plans. Comments:
- There are formal written criteria and a process for the selection, evaluation, promotion, remediation and dismissal of residents. Comments:

### **Faculty Evaluation**

- The program does have a process and tools for evaluating faculty. Comments:
- Residents confidentially evaluate the faculty daily. Comments:
- Faculty are provided results of their evaluations every week. Comments:

### **Program Evaluation**

- The program does written documentation addressing the outcome measurements of the ACGME Competencies. Comments:
- The residents do confidentially evaluate the program in writing monthly. Comments:
- The faculty do confidentially evaluate the program in writing monthly. Comments:
- The program uses data and evaluation results to make changes and improvements to the educational process. Comments:
- The educational effectiveness of the program is assessed on at least a yearly basis. Comments:
- The program has a first time pass rate of \_\_\_\_\_ on the specialty boards. Comments:

### **Faculty Development and Scholarly Activity**

- Faculty development is provided to promote understanding of the ACGME Competencies. Comments:
- Faculty are educated regarding the effects of sleep loss and fatigue. Comments:
- Faculty are trained in teaching skills. Comments:
- Faculty meet the Common Requirements and Program Requirements standards for scholarly activity. Comments:

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**Duty Hours**

- The program Click Here - Select Response a system to monitor ACGME duty hours. Comments:
- The program Click Here - Select Response consistently meets ACGME Duty Hours requirements. Comments:

Results of the most recent Institutional Duty Hours Survey:

<b>Duty Hours Standard</b>	<b>Most Recent 4 Weeks (number of violations/percent)</b>
<b>Hours on duty per week</b>	
<b>Days per week assigned in-house call</b>	
<b>Maximum number of continuous hours worked</b>	
<b>Time worked more than 30 continuous hours</b>	
<b>Days completely free from all educational and clinical responsibilities</b>	
<b>Hours off duty between duty shifts</b>	

Comments:

## GME Internal Review Action Plan for Continuous Program Improvement

**Program:**

**Internal Review Date:**

Opportunity (Area of Non- Compliance or Concern)	Strategy	Resources	Timeline	Evaluation

**Comments:**

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## Summary Internal Review Process

### Program Reviewed:

#### Announcement of Internal Review in GMEC Minutes:

Date of Internal Review:

Presented to Quality & Accreditation Subcommittee of the GMEC:

Presented to GMEC Executive Committee:

Presented to and Approved by GMEC:

#### Members of the Internal Review Panel:

- 1) Robert Nolan, MD (Panel Chair)
- 2) Jennifer Peel, PhD (Faculty Panel Member)
- 3) (Faculty Panel Member)
- 4) (Faculty Panel Member)
- 5) (UHS Panel Member)
- 6) (VA Panel Member)
- 7) (Additional Panel Member Christus Santa Rosa Hospital)
- 8) (PGY-3 Resident in )
- 9) (PGY-3 Resident in )
- 10) (Program Coordinator from )

#### Materials Reviewed:

- ACGME Institutional, Common and Program Requirements
- Prior ACGME Letter(s) of Notification
- Previous Internal Review Reports and Action Plans
- Completed PIF

#### Program-specific policies:

- Resident Selection
  - Resident Evaluation
  - Resident Promotion
  - Resident Dismissal
  - Resident Moonlighting
  - Resident Supervision
  - Resident Discipline
  - Resident Transfer
  - All policies related to Evaluation
- 
- 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
  - Competency-based goals and objectives specific by level, reflecting the program's specialty specific definition of competence
  - Outcome measures
  - Minutes from the Annual Review of Program Effectiveness and Action Plan
  - Results from the Institutional Duty Hours Surveys
  - Results from the ACGME Resident Survey
  - Program Specific Duty Hours Policy/Comments:

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- Resident Portfolios/Comments:
- Other: /Comments:

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**Individuals Interviewed:**

(Program Director)	(PGY1)
(Departmental Chair)	(PGY1)
(Program Coordinator)	(PGY1)
(Faculty)	(PGY1)
(Faculty)	(PGY1)
(Faculty)	(PGY1)
(Faculty)	(PGY1)
(Faculty)	(PGY1)

**Internal Review Summary prepared by:** Robert J. Nolan Jr., MD, Assistant Dean for GME

**Internal Review Report filed:** Graduate Medical Education Office

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I certify that an Internal Review was performed on the date above, as required by the Institutional Requirements of the ACGME.

\_\_\_\_\_  
Assistant Dean for Graduate Medical Education

\_\_\_\_\_  
Date

This document is to be included in the materials presented for the RRC Site Visit.

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