

Policy for Internal Reviews of GME Programs

Effective 1/1/08

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 without a resident member on the panel. The Assistant Dean for GME or his designee 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 and the Department Chair will be notified 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 hole-punched 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
 - Resident Discipline
 - Resident Transfer
- 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 most recent ACGME Survey of Residents
- Results of the last Institutional GME Duty Hours Survey
- The most recent Internal Review Report of the program

V. 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 or designee, Residency Program Director and Program Coordinator
- Representative Faculty
- Peer selected Residents or Fellows (two from each level of training if the complement allows)

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
- Faculty development relevant to teaching and mentoring skills
- Faculty development relevant to the recognition of impairment and fatigue
- Faculty board certification
- Faculty scholarly activity

VI. Report

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).

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 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, and will periodically communicate those findings with the GMEC.

VII. Action Plan

After presentation of the internal review report at the Quality and Accreditation Subcommittee of the GMEC, the GMEC Executive Committee and the GMEC, and the Action Plan of the report will be sent to the Program Director with a response requested within 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.

Attachment A

UTHSCSA
Outcome Measures Addendum
Program: [Click here to enter text.](#)

Please use the table below to describe 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. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
2. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
3. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
4. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
5. Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Glossary of Terms

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.

Summary of specific areas addressed (meeting minutes): [Click here to enter text.](#)

Resident Performance:

Faculty Development:

Graduate Performance (including performance of program graduates on the certification examination):

Program Quality (including confidential written evaluations of the program by residents and faculty):

Action Plan for Program Improvement

Opportunity	Strategy	Resources	Timeline	Evaluation
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Attachment C

UTHSCSA Internal Review Report GME Office

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

Program Reviewed:

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 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)
- 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)

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)
2. (Program Coordinator)
3. (Faculty)
4. (Faculty)
5. (Faculty)
6. (Faculty)
7. (Faculty)

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

- a) (PGY1)
- b) (PGY1)
- c) (PGY1)
- d) (PGY1)
- e) (PGY1)
- f) (PGY1)
- g) (PGY1)
- h) (PGY1)
- i) (PGY1)
- j) (PGY1)

D. The following materials were reviewed:

- ACGME Institutional, Common and Program Requirements/Comments:
- Prior ACGME Accreditation Letters/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 Evaluations of Program and Faculty/Comments:
 - Moonlighting/Comments:
 - Resident Supervision/Comments:
 - Resident Discipline/Comments:
 - Resident Transfer/Comments
- Copies of all evaluation forms employed by the program (for residents, faculty, and program) /Comments:
- The program letters of agreement (PLAs) with institutions in 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:

- Outcome measures/Comments:
- Minutes from the Annual Review of Program Effectiveness and Action Plan/Comments:
- Results from the Institutional Duty Hours Surveys/Comments:
- Results from the ACGME Resident Survey/Comments:
- Annual Review of Program Effectiveness/Comments:
- Other:** /Comments:
- Other:** /Comments:
- Other:** /Comments:

II. Committee Findings

Past RRC Citations

The citations from the last RRC site inspection 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:	
9.	
Action Taken:	
10.	

Date GMEC Reviewed and Approved:

Internal Review Protocol
UTHSCSA GME
11 of 20

Action Taken:	
---------------	--

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

A. Areas of non-compliance for Action/Follow-Up by the GMEC Exec:

Area of non-compliance	Code/ 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.	

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

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:
- Residents are instructed in requesting autopsies. Comments:
- The didactic curriculum includes education in patient safety. Comments:
- Residents are educated regarding impairment and substance abuse.
- Residents are educated regarding the effects of sleep loss and fatigue.
- Residents are educated regarding the UTHSCSA vendor relations policy.
- Residents are educated in medical ethics.
- Residents are educated in practice management.
- Residents are educated in the use of information technology in the location, appraisal and assimilation of evidence into patient care.
- Residents are trained in supervisory skills.
- Residents are educated regarding the UTHSCSA vendor relations policy.
- 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:
- 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.
- 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 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 standards for scholarly activity. Comments:

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:

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

Comments:

ACTION PLAN

Areas of Non-Compliance

A. Areas of non-compliance for Action/Follow-Up by the GMEC Exec:

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

Comments:

Recommendations and/or Suggestions for Improvement

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

Response	
4.	
Response	
5.	
Response	
6.	
7.	
Response	
8.	
Response	

Comments:

Summary Internal Review Process

Program Reviewed:

Date of Internal Review:

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/Comments:
- Prior ACGME Accreditation Letters/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 Evaluations of Program and Faculty/Comments:
 - Moonlighting/Comments:
 - Resident Supervision/Comments:
 - Resident Discipline/Comments:
 - Resident Transfer/Comments
- Copies of all evaluation forms employed by the program (for residents, faculty, and program) /Comments:
- The program letters of agreement (PLAs) with institutions in 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:
- Outcome measures/Comments:
- Minutes from the Annual Review of Program Effectiveness and Action Plan/Comments:
- Results from the Institutional Duty Hours Surveys/Comments:
- Results from the ACGME Resident Survey/Comments:
- Annual Review of Program Effectiveness/Comments:
- Other:** /Comments:
- Other:** /Comments:
- Other:** /Comments:

Individuals Interviewed:

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

Internal Review Summary prepared by: Robert J. Nolan, MD, Asistant Dean for GME

Internal Review Report filed: Graduate Medical Education Office

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.