

## PROCEDURE GME 20

**Subject:**  
INTERNAL REVIEWS

**Effective Date:**  
NOVEMBER 2004

**Applies to:**  
THE METHODIST HOSPITAL--MEDICAL  
CENTER

**Date Revised:**  
FEBRUARY 2012

**Originating Area:**  
GRADUATE MEDICAL EDUCATION COMMITTEE

**Target Review Date:**  
FEBRUARY 2015

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### **I. GENERAL STATEMENT**

The Graduate Medical Education Committee (GMEC) must conduct an Internal Review of each Methodist-sponsored Graduate Medical Education Program to assess the Program's compliance with the Institutional Requirements and the Common Program Requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the applicable Program-specific Requirements of the Residency Review Committee (RRC). This function is an essential responsibility of Methodist's GMEC, which is responsible for the development, implementation, and oversight of the Internal Review process. All ACGME-accredited Programs sponsored by Methodist must participate in Internal Reviews, except for Programs that have been granted official "inactive" status by the ACGME. An Internal Review must be conducted on any Program seeking initial accreditation, re-accreditation, or re-activation from the ACGME.

An Internal Review of a non-ACGME accredited program will be conducted before the GMEC approves the program. An Internal Review may also be conducted on any Program seeking significant organizational changes that require GMEC approval, including but not limited to: increase in Resident Complement and increase in length of training.

Exhibit 1 depicts the role of the Internal Review in the continuous quality improvement cycle.

### **II. DESCRIPTION OF INTERNAL REVIEW PROCESS**

- A. Scheduling Internal Review: The Department of Graduate Medical Education will schedule all Internal Reviews, constitute all Internal Review panels, and provide clerical support. The Department will ensure that Programs are notified on time and that materials for the Internal Review have been assembled and distributed to the Internal Review Panel members.
- B. Frequency of Review: The Internal Review for all Programs will be conducted at approximately the midpoint between the ACGME Program Reviews. For non-ACGME programs, the Internal Review will be conducted at least every three (3) years. The Department of Graduate Medical Education will notify the Program Director at least six (6) months prior to the Program's Internal Review and will remind the Program Director monthly. Because of the seriousness of the Internal Review to the accreditation process, particularly the timeliness of the Review and effectiveness of actions to correct deficiencies, a Program Director who wishes to delay or postpone the Internal Review must notify the GMEC immediately and the GMEC must consider

and approve any delay or postponement.

- C. Selection of Internal Review Panel: With the advice of the DIO, the Graduate Medical Education Department will select no less than four individuals to review each Program. At a minimum, the Internal Review panel must consist of: the DIO (who is also a Methodist Administrator), one Program Director, one Program Coordinator, and a Resident. No Internal Review Panel member may be selected from the Program, or its sponsored subspecialty Programs, being reviewed.
- D. Duty of GMEC Members: Because the Internal Review process is helpful not only to the Program being reviewed but also to the Program Directors and Faculty who conduct the Review, each Program Director and Associate Program Director will participate annually in at least one Internal Review. All GMEC members; Program Directors, Program Coordinators, Faculty, and Residents, will participate on a rotating basis in Internal Reviews of other Programs. All residents on House Staff Council are expected to participate in at least one Internal Review per year.
- E. Program Materials to be Submitted: 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 one (1) copy of each of the following documents to the GME Office, at least two (2) weeks prior to the Internal Review:
- Completed PIF
  - Copies of program-specific policies:
    - Resident Eligibility, Selection, and Appointment
    - Resident Evaluation
    - Resident Promotion
    - Resident Dismissal
    - Resident Evaluation of Program and Faculty
    - Resident Duty Hours and Resident Moonlighting
    - Resident Supervision
  - Copies of all evaluation forms used by the Program (for Residents, Faculty, and Program)
  - Other documents that are listed on the Specialty Program PIF (part II) for review by the site visitor

The GME Office will provide the following:

- Results of the past year's Program surveys of Residents' duty hours
  - Results of the most recent ACGME Resident Survey and the program's responses to any deficiencies
  - The most recent Improvement Action Plan (see Exhibit 2)
  - Current program letters of agreement for rotations
- F. Materials for Internal Review Panel: The GME Office will distribute an Internal Review packet to the Internal Review panel members approximately 2 weeks prior to the Internal Review. The packet will include:
- The documents listed in E above
  - The ACGME Institutional Requirements and Program Requirements for the specialty (and subspecialties if appropriate)
  - Results of the most recent Methodist GME Annual Survey of Residents' Educational and Clinical Experiences
  - Results of the most recent Methodist GME Survey of Residents' Duty Hours
  - Other documents deemed appropriate by the Chair of the Internal Review Panel

such as reports of Internal Reviews of the Program}

G. Review Process: The Internal Review panel will review the aforementioned materials (and any other materials deemed appropriate by the Panel). To determine the completeness of documentation and whether data have been aggregated to assess the Resident's competence, the Panel will review at least one record of:

- A current Resident
- A Resident with ECFMG certification
- A recent program graduate

The Panel will review all records of transfer Residents.

The Panel will interview the following individuals in separate sessions:

- Residency Program Director and Department Chair, if applicable
- Representative Faculty
- Peer-selected residents from each level of training in the Program
- Other Individuals deemed appropriate by the Panel

The purpose of the interviews will be to assess the Program's compliance with the ACGME Institutional, Common Program, and Program-specific requirements, the completeness and accuracy of the submitted PIF, and the general educational and clinical experiences of the Residents.

H. Assessing Compliance with ACGME Requirements: The Internal Review panel will specifically appraise:

- The Program's educational objectives and the Program's effectiveness in meeting them
- The adequacy of the Program's educational and financial resources to meet these objectives
- The Program's effectiveness in:
  - Addressing areas of noncompliance and concerns in previous ACGME Letters of Notification and Internal Reviews
  - Defining the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the six General Competencies
  - Using evaluation tools to aggregate performance data for assessing each Resident's level of competence in the six General Competencies
  - Using dependable outcome measures for each of the six General Competencies
  - Linking educational outcomes with program improvement
  - Monitoring Resident well-being, including stress, impairment, and fatigue
  - Helping Residents develop a personal program of learning to foster continued professional growth
  - Preparing Residents to assume responsibility for teaching and supervising other Residents and students
  - Facilitating Residents' participation on institutional committees and councils whose actions affect their education or patient care or both
  - Preparing Residents for transfer of care
  - Promoting Resident participation in Quality Improvement and Patient Safety

I. Written Report of Internal Review: The Internal Review Panel will compose a written report that describes its findings and will submit a succinct summary for inclusion in the GMEC minutes. Each Internal Review report must include the following:

- The name of the Program reviewed

- The date of the Internal Review
  - The names and titles of the Internal Review Panel members with identification of Resident members
  - A brief description of how the Internal Review was conducted, including the materials reviewed and the names and titles of those interviewed
  - A discussion of the specialty-specific Program (or Subspecialty) Program Requirements, including instruction and assessment of the General Competencies, the use of dependable measures developed by the Program, the use of aggregated performance data, and the process by which educational outcomes are linked with program improvement to demonstrate that a comprehensive review was conducted
  - A discussion of Resident duty hours and information by which the Internal Reviewers verified compliance with Program-specific duty-hour requirements, including input from Residents interviewed
  - A list of areas of noncompliance from the previous internal reviews and a summary of how the Program or Methodist or both addressed each
  - A list of citations, comments, or concerns from the previous ACGME Letter of Notification and how the Program or Methodist addressed each
  - Recommendations for Action Plan to correct identified deficiencies
  - The Program's "Best Practices," if any
- J. Documentation of Internal Review: The GME Department will complete the Documentation of Internal Review Form (Exhibit 3) and obtain the signature of the Internal Review Panel Chair. This form will be shown to the Program's ACGME Site Visitor as proof that an Internal Review was conducted and properly constituted.
- K. Presentation of Internal Review Report to GMEC: The Chair of the Internal Review panel will present its report at the first GMEC meeting after the Internal Review. The GMEC will formally approve the report and may make additional recommendations for correcting deficiencies. Copies of the complete Internal Review report as approved by the GMEC and signed by the DIO will be sent to the Program Director and to the Department Chair, who must acknowledge receipt of the Internal Review report but may offer corrections or clarification. The final report of each Internal Review with recommendations and response from the Program Director will be filed in the GME Office for incorporation into the Institutional Review Document. The GMEC, with support from the GME Office, will be responsible for monitoring areas of noncompliance and the Program's progress toward correcting deficiencies.
- J. Action Plan: If the Internal Review has identified deficiencies or areas of noncompliance, the GMEC will assist the Program Director in developing an Action Plan for correction. The GMEC will also monitor the Program's progress in correcting the identified deficiencies. (This process mirrors the one established for monitoring deficiencies or areas of noncompliance identified by the ACGME and the Program's actions to correct them.)
- M. Preparation of PIF for ACGME Program Survey: The Program Director is responsible for preparing and submitting a current PIF to the ACGME site visitor. The completed PIF must be forwarded to the DIO at least four (4) weeks before it is due to the site visitor. Per ACGME Institutional Requirements, the PIF must be signed by the DIO. A final copy of the PIF will be filed in the GME Department.
- N. Review of Non-ACGME accredited Programs: Internal Reviews are required for non-ACGME accredited Programs seeking GMEC approval. The Program Director and the DIO will determine the materials to be assembled for the Internal Review Panel by

using the guidelines of the appropriate accrediting or approving agency, if available.

- O. Review of Requests for Program Changes. The GMEC is responsible for reviewing program changes prior to submission to the ACGME and prior to approval of the DIO. The following changes that require GMEC approval (per Institutional Requirements III.10) are significant enough to warrant a complete or modified internal review.
- Major changes in program structure or length of training
  - Requests for exceptions of resident duty hours
  - Voluntary withdrawal of program accreditation
  - Significant areas of noncompliance as documented on the ACGME Resident Survey, the GME Annual Survey of Residents' Educational and Clinical Experiences, or both
  - Significant Resident or Faculty concerns raised to the DIO

The DIO may also request an Internal Review for significant changes in resident complement (i.e., more than 1 FTE increase at a single year of training).

The DIO will make the decision on whether to conduct a complete or modified internal review. For a modified Internal Review, the DIO will determine the materials to be assembled for the Internal Review panel and the process or agenda for the review.

#### **IV. COMMITTEE REVIEWING OR APPROVING PROCEDURE:**

1. Graduate Medical Education Committee [11 November 2004] [revised 13 July 2006] [9 February 2009]

#### AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Institutional, Common Program, and Program-Specific Requirements.

**Exhibit 1. Internal Review Process of Methodist-Sponsored GME Programs**

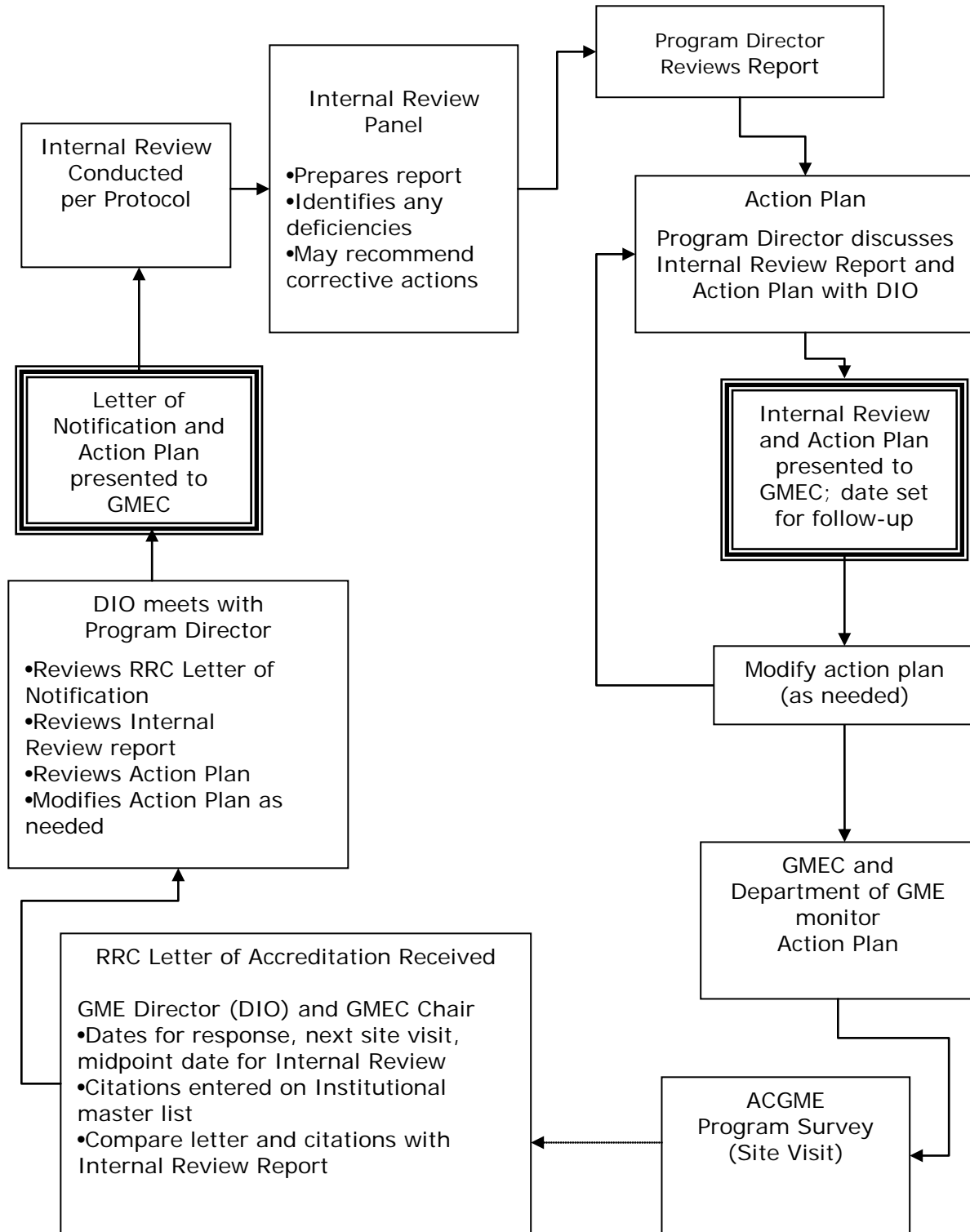


Exhibit 3. Documentation of Internal Review

<b>Program:</b>	<b>Date of Internal Review:</b>
<b>Names and Titles of IR Subcommittee Members:</b>	<b>Program/Institution:</b>
Judy Paukert, PhD - DIO, Chair of Panel	GME - The Methodist Hospital (TMH)
, MD - Program Director	- TMH
, MD - PGY Resident	- TMH
, MD - PGY Resident	- TMH
- Program Coordinator	- TMH
Brianna Masterson - Accreditation Manager	Education Institute - TMH
<b>Names and Titles of Panel Members Interviewed:</b>	<b>Program/Institution:</b>
- Department Chair	- TMH
- Program Director	- TMH
- Faculty	- TMH
- Faculty	- TMH
- Faculty	- TMH
- Faculty	- TMH
- PGY Resident	- TMH
- PGY Resident	- TMH
- PGY Resident	- TMH
<b>Common Program Materials Reviewed by IR Panel and Subcommittee</b>	<b>Y=Yes, N=No, N/A=Not Applicable</b>
<b>GME Office Responsibilities:</b> <ul style="list-style-type: none"> <li>- ACGME Common, Specialty/Subspecialty-Specific Program, and Institutional Requirements in Effect at Time of Review</li> <li>- Accreditation Letters of Notification from Previous ACGME Reviews and Progress Reports Sent to Respective RRCs</li> <li>- Current Program Letters of Agreement</li> <li>- Reports from Previous Internal Reviews of Program</li> <li>- Results from Internal (GME and Program) and External Resident (ACGME) Surveys</li> <li>- Documentation of Annual Program Evaluations and Written Improvement Action Plans</li> <li>- Documentation of Resident Duty Hours Reports</li> </ul>	
Completed PIF or Non-ACGME Application	
<b>Policies &amp; Procedures:</b> <ul style="list-style-type: none"> <li>- Policy for Program Eligibility, Selection and Appointment</li> <li>- Policies &amp; Procedures for Resident Duty Hours and Work Environment</li> <li>- Policy for Moonlighting</li> <li>- Policy for Supervision of Residents</li> <li>- Transfer Protocols and Sample Educational Materials Related to Hand-overs/Transfers</li> </ul>	
Overall Educational Goals & Objectives for the Program	
Competency-based Goals & Objectives for Each Assignment at Each Educational Level	
Conference Schedule	
Resident Logs of Attendance at Conferences/Lectures, etc.	
<b>Resident Files:</b> <ul style="list-style-type: none"> <li>- Transfer Resident Files (All)</li> <li>- Current Resident Files (At least one)</li> <li>- Foreign (ECFMG) Resident Files (At least one)</li> <li>- Graduate Resident Files (Recent)</li> <li>- Documentation of: <ul style="list-style-type: none"> <li>o Evaluations for Residents at Completion of Each Assignment</li> <li>o Evaluations for Residents Showing Use of Multiple Evaluators (Faculty, Peers, Patients, Self, Other Professional Staff)</li> <li>o Residents' Semiannual Evaluations of Performance with Feedback</li> <li>o Final (Summative) Evaluation of Residents, Documenting Performance and Verifying the Resident has Demonstrated Sufficient Competence to Enter Practice Without Direct Supervision</li> <li>o Completed Annual Written Confidential Evaluations of Faculty by Residents</li> <li>o Completed Annual Written Confidential Evaluations of Program by Residents</li> <li>o Annual Written Confidential Evaluations of Program by Faculty</li> </ul> </li> </ul>	
Sample Documents Offering Evidence of Resident Participation in Quality Improvement and Safety Projects	

