

The George Washington University Graduate Medical Education Committee (GMEC)

POLICY: GMEC INTERNAL REVIEW PROTOCOL

PURPOSE:

The Accreditation Council for Graduate Medical Education (ACGME) requires that all institutions which sponsor ACGME-accredited GME programs have an organized process of internal review for all its programs. This process should provide a peer evaluation of the quality of the programs. In addition, it should assist program directors in preparing for their Residency Review Committee (RRC) site visits by assessing the programs' compliance with the ACGME Institutional and Program Requirements. It should also provide the University administration with feedback about the quality of its graduate medical education offerings, and with recommendations for policies and resources necessary to improve programs.

PROCEDURES

A. Timing

Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle as determined by the RRC. The approximate date for the internal review and the tentative assignment of the chair of each Internal Review Committee (IRC) for each GME program will be set by the GMEC following the GMEC review of each program's RRC Accreditation Letter, with a final date and chair assignment made at least six months before the internal review report is due to the GMEC.

B. Committee

The GME Committee will appoint an Internal Review Committee (IRC), which will include at least:

1. A member of the GME Committee (under normal circumstances this individual will chair the IRC) who is outside the department in which the program being reviewed exists.
2. An administrative representative from the GME Office (GME Director or other GME administrator)
3. A resident member.

In addition, the GME Committee will have the option, depending on the size of the program being reviewed, to appoint the following:

- A specialist in the discipline being reviewed from an outside institution
- Additional George Washington University faculty members from outside the department in which the program exists.

C. Documentation

The IRC will be provided the following documentation in advance of the internal review:

From the GME Office:

1. Letter of schedule and instructions for internal review participants
2. GMEC Internal Review Protocol
3. The program's last internal review report, including recommendations/follow-up.
4. The program's last accreditation letter and any other correspondence concerning the program from the RRC.
5. The results of the documentation review conducted by the Director of Graduate Medical Education and/or GME Education Administrator.
6. The relevant ACGME Program Requirements.
7. The ACGME Institutional Requirements.
8. Checklists for the ACGME Program and Institutional Requirements.
9. The most recent duty hours report and any related program responses.
10. Results from internal and external resident surveys, if available.
11. The current Program Information Forms (PIF) to assist the IRC in asking appropriate questions of the program director, faculty and residents.

From the Program Director:

Document Review: The Program Director will provide members of the administrative staff of the GME Office access to the following documents designed to demonstrate that the program is in compliance with ACGME Institutional and Program Requirements:

1. A written curriculum that incorporates the teaching and evaluation of the general competencies as specified in the specialty's Program Requirements.
2. An evaluation tools chart based on the goals and objectives that assess a resident's competence in the various areas. The Program Director should complete and submit to the document reviewers a grid listing the evaluation tools used by the program. For example:

General Competencies	List Evaluation Tools and Frequency Used by the Program			
Patient Care	OSCE/Wkly	Mini CEX/wkly	Patient Surveys/Monthly	Proced. Logs/Qtrly
Medical Knowledge	Chart Simulated Recall/Wkly	Oral Exam/Qtrly	Written Exam-Multiple Choice/Qtrly	
Interpersonal and Communication Skills	360 Degree/Monthly	Patient Surveys/Monthly	Standardized Patients/Annually	
Professionalism	360 Degree/Monthly	Standardized Patients/Annually		
Practice Based Learning	Resident Portfolios/Semi-annually	Oral Exam/Qtrly	Record Review/Qtrly	
Systems Based Learning	Resident Portfolios/Semi-annually	360 Degree/Monthly		

3. Evidence that there is an annual program improvement process addressing:
 - Use of aggregate resident performance data
 - Faculty development
 - Graduate performance including certification exam performance
 - Program quality
4. Documentation of meetings of the teaching staff to review program goals and objectives and the effectiveness in achieving them.
5. Documentation of meetings between the program director and affiliate program directors for the coordination of education, training, and supervision of residents at affiliate institutions and the continued need or desire for the affiliation.
6. Documentation of current Program Letters of Agreement.
7. Sample of materials supplied to the applicants (those invited for an interview) by the program informing them in writing or electronically of the terms and conditions of employment, employment benefits, and a sample contract.
8. Documentation of resident and faculty attendance at lectures and conferences at GWU Medical Center and affiliate institutions.
9. Documentation of process for residents to anonymously evaluate the faculty and the program, including the quality of the curriculum and the extent to which educational goals and objectives of the program have been achieved.
10. Documentation of final written evaluations by the program director for each resident who completes the program verifying that the resident has demonstrated professional ability to practice competently and independently.
11. Written program specific policies outlining:
 - a. Criteria for Selection and Appointment of residents
 - b. Criteria for Promotion of residents
 - c. Supervision of Residents, sometimes referred to by the RRC as a description of written supervisory lines of responsibility for residents in the care of patients
 - d. Resident Duty Hours
 - e. Other written policies as required by the program's specialty requirements or the GWU institutional policy;(for example, moonlighting, order writing).
12. Review of case logs.

D. Interviews:

The IRC must conduct interviews with the program director, key faculty members, residents and other individuals as deemed appropriate.

Interview of Program Director and Teaching Faculty:

The program director and teaching faculty should be prepared to address the following issues during the interview portion of the internal review:

1. How the program has addressed citations/concerns from previous ACGME reviews and GWU internal reviews.
2. Major changes in the program since the last RRC visit.

3. Program's compliance with the Program Requirements.
4. The educational objectives of the program and the effectiveness of the program in meeting these objectives.
5. The adequacy of available educational and financial resources to meet these objectives.
6. What evaluation tools and outcome measures are used to assess a resident's level of competence in each of the ACGME general competencies, and what these assessments show in the aggregate as to program educational effectiveness. The review must ensure that the program defines the specific knowledge, skills, and attitudes required, and that it provides the needed educational experiences.
7. Annual program improvement efforts based on monitoring of resident and graduate performance, faculty development, resident evaluations of the program, as well as other program evaluation methods.

Interview of Residents

The IRC must conduct interviews with at least one peer-selected resident from each level of training in the program and other individuals as deemed appropriate.

Residents should be able to corroborate the answers and evidence that the program director and the documentation provide, specifically, but not limited to:

1. Correction to RRC citations
2. Results of ACGME Resident Survey
3. Institutional support for education and clinical services
4. Faculty clinical teaching, supervision and participation in didactics
5. Scholarly activities
6. Duty Hours and work environment
7. Evaluation methods
8. Program-specific educational requirements (skills and knowledge)

E. Process

1. The GME Education Administrator will distribute materials to the IRC, including a report of the document review, prior to the internal review interview date. If the chair of the IRC wishes to meet to discuss the material distributed, the Education Administrator will coordinate this meeting.
2. The IRC meets with the program director and at least one other program faculty member, preferably more than one. All material is reviewed and questions are asked to establish current status of the program in meeting ACGME Program and Institutional requirements.
3. The IRC then meets with the program residents as a group (a minimum of one resident in each year of training) to discuss the residents' impression of how the program is functioning, as outlined above.
4. The IRC meets to discuss and analyze the program faculty and resident interviews.
5. The IRC Chair prepares a written report, with recommendations to the GME Committee. The written report must contain at a minimum:

- The name of the program reviewed;
 - The names and titles of the internal review committee members;
 - A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
 - Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol;
 - A list of the citations and areas of non-compliance or any concerns or comments from the previous RRC accreditation letter with a summary of how the program and/or institution subsequently addressed each item.
- Summary and Recommendations to the GMEC
 6. The IRC Chair meets with the program director to share the report prior to its distribution to the GMEC.
 7. The chair of the IRC summarizes the review at a meeting of the GME Committee no later than the midpoint for the RRC accreditation cycle. Each member of the GMEC receives a copy of the internal review report and the document review report. The program director is present at the meeting for comments and questions as appropriate.
 8. The GME Committee discusses the report of the IRC and makes recommendations for follow-up to be documented in the GMEC meeting minutes
 9. The Chair of the GME Committee forwards the internal review report, or a summary of the report, to the Chair of the Department, the Program Director, the Dean of SMHS, and the Vice President for Health Affairs & Provost.
 10. Follow-up by the GME Committee will be performed until the Committee is satisfied that recommendations and documentation issues have been addressed, and that the program is in compliance with the Institutional and Program Requirements. This will be documented in the GMEC minutes.

EFFECTIVE: March 29, 1994
REVISED BY GMEC: April 21, 1997
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