

TEMPLE UNIVERSITY HOSPITAL GRADUATE MEDICAL EDUCATION POLICIES AND PROCEDURES

NUMBER: TUH GMEC - 102
TITLE: Graduate Medical Education Committee: Internal Review Protocol
for GME Programs
EFFECTIVE DATE: 07/01/1999
LAST REVISED: 09/01/2005, 08/01/2006, 05/22/2007, 08/2009, 01/07/2011
REFERENCES:

PURPOSE

This policy delineates the process and materials used to conduct Internal Reviews of Graduate Medical Education Programs and ensure that internal reviews are completed in compliance with ACGME Institutional Requirements.

POLICY

It is the policy of Temple University Hospital Graduate Medical Education Committee (GMEC) to conduct regular internal reviews of all residency training programs at the midpoint between ACGME program surveys. Its objective is to ensure compliance with institutional policies, the ACMGE institutional requirements, and the ACGME program requirements. This review will occur approximately at the midpoint between surveys, in order to provide ample time for improvements to be implemented. Programs that receive citations from the ACGME may be reviewed several months after the ACGME notification in order to determine how the program is addressing the concerns of the ACGME. When a program has no residents enrolled at the midpoint of the review cycle the GMEC will conduct a modified internal review that ensures the program has maintained adequate faculty and staff resources, clinical volume and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and specialty-specific Program Requirements prior to the program enrolling a resident. After enrolling a resident, an internal review must be completed within the second six-month period of the residents first year in the program. The documentation of the Internal Reviews will be detailed summaries that include plans for correction of identified deficiencies.

PROCEDURES

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In addition to ensuring compliance with institutional and ACMGE requirements, the purpose of the review is to determine the strengths and weaknesses of the programs. The process is as follows:

1. The Chairman of GMEC will present a yearly schedule of required internal reviews to GMEC to ensure that such reviews occur at approximately the midpoint between ACGME reviews. A GMEC member will be identified to review specific programs, therefore becoming the Physician/Faculty leader of that programs Internal Review Team.
2. The Internal Review Team that will perform the review will be a faculty member from within the Sponsoring Institution (usually a GMEC member) a resident selected by the faculty member and the Director of Graduate Medical Education (or his/her designee). Neither the faculty member or resident can be from the GME program being reviewed
3. Six weeks prior to the scheduled internal review, the Graduate Medical Education Office will send the Internal Residency Program Review Document (**Document A**) to the Program Director outlining the Internal Review process. The Internal review team will request the program to supply an updated PIF three weeks prior to the review. On the day of the review the program is required to have the following documents available to the internal review team: Faculty Evaluation; current and most recent graduating resident/fellow files; Educational Goals and Objectives of the Program; Affiliation Agreements; Policy of Selection, Evaluation, Promotion and Dismissal; Policy on Duty Hours; Policy on Moonlighting, Program Letters of Approval.
4. Each Internal Review Team shall appraise the following:
 - a. Compliance with the Common, specialty/subspecialty-specific Program and Institutional requirements;
 - b. Educational objectives and effectiveness of the program in meeting its objectives;
 - c. The adequacy of available educational and financial resources available to meet its objectives;
 - d. The effectiveness in addressing areas of non compliance and concerns in previous ACGME letters of notification and previous internal reviews;
 - e. Effectiveness of educational outcomes in the ACGME general competencies;
 - f. Effectiveness in using evaluation tools and outcome measures to assess a residents level of competence in each of the ACGME general competencies.

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- g. Annual improvement efforts in: resident performance using aggregate resident data; faculty development; graduate performance including performance of program graduates the certification examination and program quality.
5. The Internal Review Committee shall receive for review complete copies of the following materials prior to the Internal Review Committee's first meeting:
 - a. The ACGME Common, specialty/subspecialty-specific Program and Institutional Requirements in effect at the time of review;
 - b. The instructions for the Internal Residency Review Site Visitor (**Document B**).
 - c. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC;
 - d. Goals and Objectives of the Teaching Program;
 - e. Previous annual program evaluations and results from internal and external surveys, if available and ACGME resident surveys.
 - f. Reports from previous Internal Reviews of the program to the reviewed;
 - g. All available statistical data regarding case and procedural experience of the residents; and
 - h. Relevant data and information obtained from institutional patient care quality assurance activities if available.
6. The Graduate Medical Education Office will coordinate the itinerary for the Internal Review Team.
7. The Internal Review Team shall convene to review and discuss the Internal Review Document prepared by the Program Director (**Document A**), randomly selected resident's files, the review process that will be followed, report preparation, and completion schedule.
8. The Internal Review Team shall interview the Program Director, faculty members of the program, at least one peer selected resident from each level of training in the program, and other members of the department deemed appropriate by the Internal Review Team.

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9. A final meeting of the Internal Review Team shall be held to discuss the findings of the review. The Administrator of the Internal Review Team, or his/her designee, shall prepare the Internal Review Summary Report.

The written report of the internal review for each program must contain, at a minimum: the name of the program, the date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint; 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 citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

Additionally the written review will address the following assessed areas:

- Curriculum (including Goals and Objectives)
- Institutional Support/Resources
- Supervision and Duty Hours
- Program Director and Faculty
- Conferences and Scholarly Activity
- Evaluations
- Documentation
- Strengths and Weaknesses
- Other topics deemed appropriate by the Internal Review Team

This written summary shall be sent to the Chairman of the Department and residency Program Director for review and comment.

10. The Program Director shall respond in writing to the Internal Review Summary Report findings and recommendations if necessary.
11. A final Report of the Internal Review, summary findings and recommendations, and is presented to the GMEC. The Program Director is present to provide feedback and comments.
12. GMEC reviews and approves the report of the Internal Review Committee's findings and any corrective action plans.
13. The Program Director of the reviewed residency program shall present any additional follow-up requested within the time frame specified by GMEC.

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14. The Chief Medical Officer and the Executive Director will receive the final Summary Report of the Internal Review. A permanent copy will be maintained in the Graduate Medical Education Office.

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