Policy: INTERNAL REVIEW POLICY FOR NON ACGME ACCREDITED TRAINING PROGRAMS

Effective: 8/24/05

Approved/Revised: 8/24/05

Purpose:

Consistent with the institutional mission to educate physicians for leadership in clinical and academic medicine, internal reviews are regularly conducted by members of the Graduate Medical Education Committee (GMEC) and/or its designees. The internal review is designed to assess whether each program has defined the specific knowledge, skills, and attitudes required and assess whether the program provides educational experiences for the residents and fellows to demonstrate competency in the following general competency areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice. Also included in the review is an assessment of each program’s effectiveness in preparing physicians for leadership roles in clinical and academic medicine, and an assessment of the institution’s effectiveness in providing the support, oversight and resources necessary to meet our educational mission.

An internal review is required periodically for our accredited programs under the policy entitled “Residency Training Program Internal Review Policy for Accredited Programs”. This policy applies to non-accredited training programs. The GME Committee believes that non-accredited programs should also be periodically reviewed to ensure the quality of education and training provided as well as compliance with institutional policies.

Guidelines:

1. Internal review of the training program will be carried out under the auspices of the GME Committee and administration of the Office of Graduate Medical Education.

2. Internal reviews will take place once every four years. An off cycle internal review can also be initiated at the request of the Program Director, Department Chair, Medical Director, or Chair of the GME Committee.
3. When a new training program is approved, a review will be conducted within six months of the completion of the initial year of training program activity.

4. Internal reviews will be conducted by the GMEC, or a body designated by the GMEC, which must include faculty, residents, and administrators, from within the institution but from programs/departments other than the one being reviewed.

5. The review shall appraise the following:

   a. The educational objectives of the program;

   b. The adequacy of available educational, clinical and financial resources to meet these objectives;

   c. The effectiveness of each program in meeting its objectives;

   d. Adequacy of the participating institution’s resources for training of physicians (i.e., medical records, security, facilities, ancillary support, etc.);

   e. Evidence of the program’s use of evaluation tools to ensure that the residents demonstrate competence and use of dependable measures to assess residents’ competence.

6. The program director and Office of Graduate Medical Education are responsible for providing the review team with the following documents. Some documents that are too large to duplicate, such as curriculum guides, may be made available for the review team during the interviews.

   a. Program Description (brief description of the program including brief history, type of program, number of trainees, general goals and learning objectives of training program, duration of program, training sites, pre-requisites, etc.)

   b. Educational Program Curriculum for clinical rotations as well as the didactic component of the training program. For research based programs, include the research educational objectives.

   c. Roster of faculty, their involvement and time committed to the training program

   d. Procedures for faculty evaluation by the residents (please include written procedures and form(s) used)

   e. Procedure for resident evaluation (please include written procedure and form(s) used)

   f. Procedure for continuous overall evaluation of the training programs including effectiveness of program, quality of curriculum, the extent to which residents are
achieving the educational goals, resident working environment (including on-call duty hours), faculty participation, institutional support, etc.

g. Procedures for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol dysfunction

h. List of facilities and equipment available to trainees (e.g., call rooms, lounges, libraries)

i. The program should have available all written program-specific policies and procedures, and the resident handbook.

7. After reviewing the submitted documents, the reviewers shall:

   a. Interview the Program Director to review program requirements for the training program;

   b. Interview selected faculty to assess faculty evaluation of and commitment to the program. The selected faculty should not include the chair of the department. If the chair would like time with the committee, a separate interview will be conducted;

   c. Interview selected trainees (one from each PGY level) to assess their perception and evaluation of the program, curriculum, and assessment processes. Only current trainees are included in the interview;

   d. Prepare a report to be submitted to the GME Committee;

   e. Send the completed report, both electronically and on paper, and all supporting documents to the Office of Graduate Medical Education no later than one week prior to the presentation date.

8. A summary of the report highlighting the program strengths and areas of concern will be formally presented to the GME committee for approval and/or monitoring and appropriate action.