The Ohio State University Medical Center

GRADUATE MEDICAL EDUCATION
POLICY AND PROCEDURE

Policy: RESIDENCY TRAINING PROGRAM INTERNAL REVIEW POLICY FOR ACCREDITED PROGRAMS

Effective: 10/20/88

Revised: 7/27/05, 12/17/03, 8/28/02, 6/26/02, 1/30/02, 2/24/99

Procedure:

Consistent with the institutional mission to educate physicians for leadership in clinical and academic medicine, internal reviews of each ACGME-accredited program are regularly conducted by members of the Graduate Medical Education Committee (GMEC) and/or its designees. The purpose of the internal review is to assess whether each program is in compliance with the Institutional Requirements and Program Requirements of the ACGME Residency Review Committees. The internal review must assess whether each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and assess whether the program provides educational experiences for the residents 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.

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 at approximately the mid-point between the ACGME surveys. The internal review process can also be initiated at the request of the Program Director, Department Chair, or Chair of the GME Committee.

3. When a new program director has been appointed the GME Office will notify the appropriate Residency Review committee of the change in program leadership immediately after the date of the appointment.

4. A special focused review of the program will be conducted no earlier than six (6) months and no later than twelve (12) months after the new program director
appointment, regardless of the mid-point RRC site visit date. Timing of the special review may be adjusted based on the timing of the next RRC site visit.

5. 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 other than the one being reviewed. If appropriate, other faculty and/or external reviewers may also be included on the review body as determined by the GMEC and the Chair of the Internal Review Committee.

6. The review must follow a written protocol approved by the GMEC.

7. While assessing the residency program’s compliance with each of the program standards, 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. The effectiveness in addressing citations/comments from previous ACGME letters of accreditation and previous internal reviews;

   e. Compliance with program and institutional requirements, including duty hours;

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

   g. The program’s process to address the six general competencies and outcomes assessment. This includes assessing whether the program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and assessing whether the program provides educational experiences for the residents to demonstrate competency in the following six general competency areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice. This review of the process to address the six general competencies includes assessing the following:

      • Incorporation of the competencies into the curriculum by detailing what content (knowledge, skills, and attitudes) is covered, as well as describing where and how it is addressed;

      • Evidence of the program’s use of evaluation tools to ensure that the residents demonstrate competence in the six areas;

      • Development and use of dependable measures to assess residents’ competence in the six general competencies; and

      • The effectiveness of each program in implementing a process that links educational outcomes with program improvement.
h. Aggregated responses from the GME Internal Review Housestaff Survey. For programs with greater than ten trainees, a minimum 60 percent response rate from each program will be expected.

8. 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. Previous ACGME letter of accreditation
   
   b. Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs from the Essentials of Accredited Residency Programs
   
   c. All other communications with the ACGME (i.e., progress reports on citations, major changes in organization and/or leadership of the program)
   
   d. Internal review report from the most recent internal review.
   
   e. Program Description (brief description of the program including brief history, type of program, number of residents, general goals and learning objectives of training program, duration of program, training sites, pre-requisites, etc.)
   
   f. Educational Program Curriculum for both clinical rotations as well as the didactic component of the training program
   
   g. Roster of faculty, their involvement and time committed to the training program
   
   h. Procedures for faculty evaluation by the residents (please include written procedures and form(s) used)
   
   i. Procedure for resident evaluation (please include written procedure and form(s) used)
   
   j. 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.
   
   k. Procedures for monitoring resident stress, including mental or emotional conditions inhibiting performance or learning, and drug or alcohol dysfunction
   
   l. List of facilities and equipment available to trainees (e.g., call rooms, lounges, libraries)
m. The program should have available for the review committee, the most recent Program Information Form (PIF) or accreditation re-application sent to the ACGME-RRC

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

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

   a. Interview the Program Director to review in detail the ACGME institutional and program requirements for the training program, including compliance with the development and assessment of the core competencies;

   b. Interview at least four 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 peer selected trainees (one from each PGY level) to assess their perception and evaluation of the program, curriculum, and assessment processes. Only current trainees should be 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.

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

11. At the discretion of the GME Committee, the program director may be asked to provide the Office of Graduate Medical Education a progress report detailing departmental actions taken to correct any deficiencies identified in the internal review.