

## **Graduate School of Medicine**

### **Internal Review Policy**

The University of Tennessee Graduate School of Medicine (UTGSM) will ensure that all sponsored programs, accredited through the Accreditation Council for Graduate Medical Education (ACGME), will undergo an Internal Review.

#### **I. Purpose**

Internal Reviews of Graduate Medical Education (GME) programs are performed to ensure programs are meeting or exceeding their educational commitment and to assess their compliance with ACGME Institutional, Common and Program-specific Requirements.

#### **II. Process**

As per the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) is responsible for the development, implementation, and oversight of the Internal Review process. The GME Office, under the direction of the Designated Institutional Officer (DIO) and Assistant Dean for GME, coordinates Internal Reviews.

For each Internal Review, the GMEC will appoint an ad hoc subcommittee of the GMEC, referred to as the Internal Review Committee (IRC). The IRC will consist of a Chair, at least two faculty members, one resident representative, a hospital administrator (optional) and a member of the GME Office. All IRC members will be from programs other than the one being reviewed. No review may be conducted unless there is at least one resident member on the committee.

#### **III. Frequency**

Each program's Internal Review will be conducted at the midpoint of the accreditation cycle, as designated by the ACGME. Each Review Committee (RC) assigns the month and year of an accredited program's next internal review in the Letter of Notification (LON). GME will use the date of the first Internal Review interview as the date the Internal Review was conducted and that date must be no earlier than the month preceding and no later than the month following the month assigned by the RC.

When a program has no residents enrolled at the mid-point of the review cycle, the GMEC must demonstrate continued oversight of those programs through 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 resident's first year in the program. Because of the significance of the Internal Review to the accreditation process, particularly the timeliness of the review and implementation of actions to correct deficiencies, delays or postponements will not be entertained.

#### IV. Protocol

The Program Director, Program Coordinator and the Department Chair will be notified by email approximately six months prior to the Internal Review. The Program Director will submit the following electronic documents to the GME Office, at least 10 business days prior to the Internal Review\*:

- Complete and up-to-date PIF (Common and Specialty-Specific)
- Copies of program-specific policies:
  - Resident Selection
  - Resident Evaluation
  - Resident Promotion
  - Resident Dismissal
  - Resident Moonlighting
  - Resident Supervision
  - Resident Discipline
  - Resident Transfer
  - All policies related to evaluation (refer to section V. of the Common Program Requirements)
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)
- Program letters of agreement (PLAs) with institutions at which residents rotate
- Resident manual
- Competency-based goals and objectives specific by level, reflecting the program's specialty specific definitions of competence
- Minutes from the Annual Program Review meeting and the resultant Action Plan
- Program's written curriculum
- Conference schedule
- Recent graduates final verification in New Innovations (NI)
- Summary of recent graduates' procedure logs
- Sample resident portfolios (unidentifiable) with evidence of evaluations, procedure logs, scholarly activity, etc.
- Scholarly activity of faculty and residents for the past year

\*Because every attempt is made to replicate the structure and process of an ACGME Site Visit, it is imperative that the materials be submitted on time. Non-compliance may be documented on the Internal Review Report if materials are received later than 10 days in advance of the internal review.

The GME Office will post all Internal Review materials to the Pulse Intranet and send the link to the IRC members at least 5 working days prior to the Internal Review. The materials will include the documents listed above provided by the program and the following provided by the GME Office:

- Correspondence from the ACGME since the last site visit, including the most recent LON, and any correspondence related to complement changes
- Internal Review Committee Guide with ACGME Common, Specialty/Subspecialty, and Institutional Requirements incorporated
- Results of the last ACGME Survey of Residents (if applicable)
- Results of the last Institutional GME Duty Hours Survey
- Most recent Internal Review Report of the program
- Annual Program Review Checklist and Summary
- Results of previous 12 months of duty hours reported in NI

## V. Review

In conducting its review, the IRC will review the aforementioned materials (and any other materials deemed appropriate by the committee). The IRC will interview the following individuals in two separate 1 ½ hour interview sessions:

- Department Chairman, Residency Program Director, Program Coordinator and faculty representatives
- At least one peer-selected Resident or Fellow from each level of training (if the complement allows)

The IRC will take approximately 5 minutes to debrief immediately following each interview.

The purpose of these interviews is to assess: the program's compliance with the ACGME Institutional, Common and Program-specific Requirements, the completeness and accuracy of the completed PIF, and the general educational and clinical experiences of the residents.

In assessing the residency program's compliance with each of the ACGME requirements, the IRC will specifically appraise (as mandated by the ACGME Institutional Requirements):

- Educational objectives of each program
- Adequacy of available educational and financial resources
- Effectiveness of each program in:
  - meeting educational objectives
  - addressing areas of noncompliance and concerns in previous ACGME letters of accreditation and previous internal reviews
  - defining, in accordance with the ACGME and Institutional Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve specialty specific competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice
  - using evaluation tools developed to assess a resident's level of competence in each of the ACGME Competencies
  - using dependable outcome measures developed for each of the ACGME Competencies

- in implementing a process that links educational outcomes with program improvement
- in monitoring resident well-being, including resident stress, impairment, and fatigue
- in helping residents develop a personal program of learning to foster continued professional growth (i.e., individual learning plans)
- preparing residents to assume responsibility for teaching and supervising other residents and students
- Program's commitment to faculty development relevant to:
  - teaching and evaluation of the ACGME Competencies
  - teaching and mentoring skills
- Program's commitment to resident professional development relevant to:
  - teaching skills
- Program's commitment to both faculty and resident development relevant to:
  - vendor relations
  - the recognition of impairment and fatigue
- Annual Program improvement efforts in:
  - resident performance using aggregated resident data
  - graduate performance (including on certification exams)
  - program quality
- Faculty board and sub-board certification (if relevant)
- Faculty and resident scholarly activity

## **VI. Report**

After the final Internal Review interview, the IRC members will be given up to 3 weeks to compose and submit the completed IR Committee guide detailing their findings to the IRC Chair. The Chair will then have up to 3 weeks to compile reports and submit a summary using the UTGSM Internal Review Summary Report Template. The completed Summary Report will be shared with the program director for comments before finalizing. Once finalized, the IR Summary Report is presented, by the chair of the review or a designee, at the GMEC for recommendations and inclusion in the GMEC minutes. The Summary Report must be presented to GMEC no later than 3 months after the program's initial Internal Review interview. A final report of each Internal Review will be filed in the GME Office for incorporation into the Institutional Review Document.

## **VII. Progress Report**

After presentation of the Internal Review report at the GMEC, the IR Progress Report will be sent to the Director of the program being reviewed, with a response requested within 90 days. The Program Director will present the Progress Report to the GMEC with dates assigned for follow up of Progress Report items, if necessary. The GMEC, with support from the GME Office, will be responsible for the monitoring of areas of noncompliance and the program's progress toward correcting the deficiencies listed on the Progress Report included in the Internal

Review report. The Annual Program Reviews submitted to GME help monitor the progress in addressing the concerns.

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