

Internal Review

Franklin Square Hospital Center Graduate Medical Education Institutional Policy

Revised/Reviewed by GMEC: April 17, 2007

I. Purpose

To establish an institutional policy for internal reviews of all graduate medical education training programs sponsored by the Franklin Square Hospital Center.

II. Scope

This policy will apply to all graduate medical education (GME) training programs within Franklin Square Hospital Center.

III. Responsibilities/Requirements

- A. House Staff or House Officer - refers to all interns, residents and fellows participating in a Franklin Square Hospital Center post-graduate training program.
- B. Graduate Training Program - refers to a residency or fellowship educational program.
- C. Graduate Medical Education Committee - an organized, administrative, oversight system for residency training programs sponsored by an institution.
- D. Internal Review - periodic quality assessment of all residency training programs.

II. Procedure

- A. The Graduate Medical Education Committee (GMEC) is responsible for the periodic review of all residency training programs, and assuring their compliance with institutional policies and program requirements as outlined in the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements.
- B. The GMEC shall appointment a sub-committee to review each residency program. The committee will include a Chair, who will be a Director from another graduate training program, a House Staff member from another training program, and appropriate administrators. The GMEC may request on a case by case basis that additional internal or external individuals be part of the committee.
- C. The internal review will include appraisal of:
 - 1. If each program has defined, in accordance with the relevant Program Requirements, the specific knowledge, skills, and attitudes required and provides educational experiences for the residents to demonstrate competency in the following areas:
 - Patient Care
 - Medical Knowledge
 - Practice-Based Learning and Improvement
 - Interpersonal Skills and Communication
 - Professionalism

-Systems-Based Practice

2. Evidence of the program's use of evaluation tools to ensure that residents demonstrate competence in each of the six areas;
3. Use of dependable outcomes measures for each of the general competencies
4. Effectiveness of each program in implementing a process that links educational outcomes with program improvement;
5. Educational objectives of the program (as defined by respective Residency Review Committee (RRC) guidelines);
6. Adequacy of available educational and financial resources to meet the objectives;
7. Effectiveness of each program in meeting its objectives;
8. Effectiveness in addressing citations from previous ACGME letters of accreditation and previous internal reviews; and,
9. Effectiveness of faculty and resident education in the affects and signs of fatigue. And compliance with the details and philosophy of the ACGME Duty Hours requirements.
10. Annual program improvement efforts in:
 1. Resident performance using aggregated resident data
 2. faculty development
 3. graduate performance including performance of program graduates on the certification examination; and,
 4. program quality

D. Documentation to be used in the appraisal process must include:

1. Institutional, Common and Program Requirements from the Essentials of Accredited Residency Programs;
2. Letters of accreditation from previous ACGME surveys; and progress reports sent to the respective RRC
3. Reports from previous internal reviews of the program;
4. All correspondence between the program and the ACGME;
5. Curriculum with goals and objectives by PGY level and that address specific and core competencies;
6. Summary of the evaluation tools used by the program
7. Previous annual program evaluations
8. Results from internal, external resident surveys if available
9. Rotation schedules
10. Information from interviews with the program director, program key faculty and at least one peer-selected resident from each level of training in the program, and anyone outside of the program that is deemed appropriate.

E. Process:

1. The Internal Review Committee will convene to, not only completely evaluate the program, but to improve the quality of the educational program and to promote constructive criticism. The evaluation shall also serve to educate the committee on the institutional and program requirements.
 2. The Program Director and/or Coordinator will provide four copies of the required documentation to the Office of Graduate Education approximately two weeks prior to the date of the program's Internal Review.
 3. The process should include interviews with the Department Chair, Program Director(s), faculty, all residents in the training program, and other key individuals as necessary.
 4. Upon completion of the Committee's evaluation, a succinct summary of the Internal Review Meeting will be documented, and mechanisms to correct identified deficiencies will be recorded.
 5. The completed summary report will be provided to the Program Director and submitted to the GMEC for their next scheduled meeting, and presented by the Chair of the Internal Review Committee. The GMEC will vote to either fully endorse the evaluation and recommendations as reported, or to suggest additional evaluation. A copy of the final report will be maintained in the program's file and in the Office of Graduate Medical Education's files.
 6. In most cases, the program director will be asked to follow-up after six months by preparing a report of the status of the program in relation to the recommendations of the internal review committee. This report will be submitted to the GMEC. Serious issues may warrant more frequent follow-up, or an immediate, additional internal review.
- F. Reviews will be conducted at least once, by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit.
- G. Programs with no residents enrolled at the mid-point of the review cycle:
- a. The GMEC must demonstrate continued oversight of the program 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.
 - b. 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.
- H. Programs that are not accredited by the ACGME will be reviewed on the same basis and time schedule, and will be expected to adhere to the same quality standards for education.

