SUBJECT: Internal Review Protocol
Internal Reviews of Graduate Medical Education Programs

INTENT: The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements require a regular review of all residency programs to assess their compliance with both the Institutional Requirements and the Program Requirements of the relevant ACGME Residency Review Committee (RRC). This function is a responsibility of the Graduate Medical Education Committee (GMEC). All ACGME accredited programs sponsored by the University of Florida College of Medicine must undergo an internal review at the program’s midpoint date.

POLICY STATEMENT: The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of the internal review process. These responsibilities are accomplished by the Internal Review Subcommittee (IRS) appointed by the GMEC. The GME Office, under the direction of the Associate Dean and the Chair of the IRS coordinates Internal Reviews in accordance with this written protocol. This committee will perform a review of each program between RRC site visits in accordance with this written protocol at approximately the midpoint of the accreditation cycle.

DESCRIPTION: 1. The subcommittee will consist of GMEC members, residents from several residency programs, faculty members not on the GMEC committee, hospital administrators and the manager of GME. From time to time, other individuals may be appointed at the discretion of the Chair, GMEC. The committee will select a chair from among its members. Alternatively, a chair will be appointed by the GMEC Chair with support from the DIO.

2. The Chair of the subcommittee initiates the review process by sending a letter to the program director informing the director of the anticipated RRC site visit date and the upcoming institutional mid-point internal review process. Included with the letter are the following: Institutional Requirements, Common Program Requirements, Program Requirements, Last Letter of Accreditation from the ACGME, Last Internal Review and Summary, Institutional Internal Review Protocol, “The Accreditation Process and Role of the Site Visitor”, “Frequently Asked Questions About the Accreditation Site Visit”, ACGME Outcome Project-General Competencies, ACGME Outcome Project-Toolbox of Assessment Methods, Sponsoring Institution’s Internal Review Document, Institution’s Core Competencies Checklist. The program director is requested to complete the Internal Review Document and Core Competencies Checklist and
return it along with adequate supporting documentation and an updated electronic copy of their program information forms (PIF) to the Manager of Graduate Medical Education.

In addition, a “GME Internal Review Resident Questionnaire” (Appendix A) is sent to all residents in a program about to undergo an internal review. The questionnaire is totally anonymous, and provides a way for all residents in the program to express concerns in a confidential and protected manner. In order for this survey to have any validity, it must be completed by at least 80% of the residents in the program. Failure to obtain an 80% completion rate will result in a resurvey of the residents or the DIO will follow-up directly with the residents, or if there is an appropriately timed ACGME resident survey with greater than 70% participation, that survey may suffice. An online version of the questionnaire with collated results may be substituted.

3. A program is selected for review at approximately the mid point of the accreditation cycle as specified in the ACGME Letter of Notification.

- All programs are reviewed at the midpoint regardless if residents are currently enrolled in the program. After enrolling a resident, another internal review is completed within the second six-month period of the resident’s first year in the program.

- Programs are also selected for review based on their last accreditation status. If a program receives an unfavorable status and/or has several citations, the program may be reviewed more frequently to review the program’s progress in meeting the ACGME requirements.

4. Upon receipt of the Program’s completed internal review documentation in the Graduate Medical Education Office, the Manager of GME posts the program’s documentation on the internal review subcommittee’s web site and notifies each member (via email) that the documents are posted and ready for their review. In addition, to the Program’s documentation, the following information is also posted:

- Institutional, Common Program Requirements, Program Requirements;
- Letters of accreditation from previous ACGME reviews, progress reports sent to the ACGME and all follow-up correspondence;
- Reports from previous internal reviews of the program; and
- Previous annual program evaluations
e) Results from internal or external resident surveys
f) Copy of the latest ACGME Resident Survey
g) Any pertinent program correspondence, which has transpired since the last RRC site visit.

5. A meeting is arranged between members of the subcommittee, Program Director, additional program faculty, and residents (peer selected from each level of training in the program). The subcommittee meets with the resident(s) without the program director being present to ensure confidentiality and free expression by the resident(s). The subcommittee may also interview individuals from outside the program if deemed appropriate.

6. While assessing the residency program’s compliance with each of the Institutional, Common Program Requirements, and Program Requirements, the subcommittee also appraises:

- The educational objectives and effectiveness in meeting those objectives
- The adequacy of available educational and financial resources to support the program;
- The effectiveness in addressing areas of non-compliance and concerns from previous ACGME letters of accreditation and previous internal reviews.
- Effectiveness of educational outcomes in the ACGME competencies.
- Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies.

The six general competencies are defined by the ACGME as:

- **Patient Care**
  Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- **Medical Knowledge**
  Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- **Practice-based Learning and Improvement**
Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals:

- identify strengths, deficiencies, and limits in one's knowledge and expertise;
- set learning and improvement goals;
- identify and perform appropriate learning activities;
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems;
- use information technology to optimize learning; and,
- participate in the education of patients, families, students, residents and other health professionals

- **Interpersonal and Communication Skills**
  Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.
  - communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
  - communicate effectively with physicians, other health professionals, and health related agencies;
  - work effectively as a member or leader of a health care team or other professional group
  - act in a consultative role to other physicians and health professionals, and,
  - maintain comprehensive, timely, and legible medical records, if applicable.

- **Professionalism**
  Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
  - compassion, integrity, and respect for others;
  - responsiveness to patient needs that supersedes self-interest
  - respect for patient privacy and autonomy
  - accountability to patients, society and the profession, and
  - sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
• **Systems-based Practice**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

- work effectively in various health care delivery settings and systems relevant to their clinical specialty;
- coordinate patient care within the health care system relevant to their clinical specialty;
- incorporate consideration of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
- advocate for quality patient care and optimal patient care systems;
- work in interprofessional teams to enhance patient safety and improve patient care quality; and
- participate in identifying system errors and implementing potential systems solutions.

In order to demonstrate and assure each program’s compliance with the ACGME Competencies, the Internal Review Subcommittee will specifically determine:

a) Whether 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 competencies in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.

b) Whether each program has developed specialty appropriate evaluation tools to ensure that the residents demonstrate competence in each of the six areas.

c) Whether the program has developed and utilized specialty appropriate and reliable outcome measures for each of the general competencies.

d) Whether the program develops and implements a process that links these educational outcomes with program quality improvement and development.

e) By interviewing residents in the program whether residents agree that the competencies are being systematically taught, how these competencies are evaluated and whether resident assessment of this process is in accordance with the descriptions provided by the program director.

f) Whether the overall educational environment of the program is safe and conducive to meeting these expectations.
7) The Manager of GME prepares a report in accordance with the Institutional Requirements and forwards a draft copy (VIA EMAIL) to each member of the subcommittee. Each member is asked to review the document and return it with any noted comments. Once all comments have been received, a final overview document is created and forwarded to the GMEC for approval. If it is found that the program needs to address issues identified during the internal review, the program will be requested to address these issues in writing to the IRS of GMEC. All follow-up responses are reviewed by the IRS and reported to the GMEC via the oversight monitoring spread sheet.

The final overview document and all subsequent follow-up responses constitute the Internal Review Report.

8) The summary and action of the GMEC is forwarded to the DIO, Senior Associate Dean for Education, Departmental Chair, Program Director, Dean College of Medicine and to the CEO of the participating hospitals.

9) Program compliance with the requests from the IRS will be tracked. Programs failing to fully comply within deadlines established by the GMEC and IRS committee will be subject to DIO-level administrative corrective action.

Last Review and Approved: Graduate Medical Education Committee
January 14, 2010