GME
Graduate Medical Education

Graduate Medical Education Policies and Procedures

Internal Review Protocol

A. Appointment of Review Committee

The Graduate Medical Education Committee (GMEC) will be responsible for constituting the Internal Review Committee at the approximate midway point in the external accreditation cycle. The GMEC will appoint the Chair and the members of the Committee. The Committee must include faculty, residents, and administration from programs not being reviewed. The Committee may include a person external to the College of Medicine faculty at Urbana. The Committee may include a non-physician education specialist.

The committee should convene its membership for a block period of time that is appropriate (usually three to four hours). During this time, those to be interviewed will be called in order to meet with the entire committee membership.

B. Reporting Responsibilities of Internal Review Committee

The Committee will generate a comprehensive written report to be submitted to the GMEC at a time designated by the GMEC. The report will be used by the GMEC for monitoring of deficiencies and for appropriate actions.

In addition, a succinct summary of the report is required as part of the Accreditation Council on Graduate Medical Education institutional review document. (F below)

C. Review of Written Documents

At a minimum, the Internal Review Committee will use the Common, Program and Institutional Requirements in effect at the time and will review the following data:

1. Most recent ACGME accreditation letters and documented response of the program and institution to cited deficiencies. The program should provide written documentation organized chronologically and dated.
2. Reports of previous internal reviews and program responses presented by the program in written documents which are organized chronologically and dated.
3. Written documents describing previous annual program improvements meetings including (resident performance using aggregated resident data; Faculty Development; Graduate Performance including performance of graduates on the certification exam; Program Quality).
4. Program budget.
5. Organizational chart.
6. Performance of residents in certifying and training examinations.
7. Written policies and procedures, program letters of affiliation and interinstitutional agreement for graduate medical education dated and indicating date for future review.
8. Written curriculum document with date of last approval and indicating date for future review.
9. Results from internal or external resident surveys.

D. Interviews with Those Knowledgeable of Program
At a minimum, the Internal Review Committee will develop a structured interview format and interview the following individuals to assess compliance with institutional and program requirements:

1. Program Director.
2. Associate directors and site coordinators.
3. Other key faculty.
4. Residents, including those elected to leadership positions by fellow residents.
5. Institutional administrators with responsibility to the program for each of those institutions that fund the program.

E. Items to be Included in Internal Review

At a minimum, the internal review will include the following:

1. Assessment of mission statement and the program's educational objectives.
   Documentation of the degree of compliance of the program with the Common, Program Specific and Institutional requirements.
2. Adequacy of educational and financial resources to meet the stated program objectives.
3. Effectiveness of the program in meeting its objectives.
4. Effectiveness of the program in addressing citations from previous ACGME letters of accreditation and previous internal reviews.
5. Assessment that learning objectives and opportunity for gaining the knowledge, skills and attitudes outlined are based on the six general competencies: patient care, medical knowledge, interpersonal communication skills, professionalism, practice-based learning, and systems-based learning.

Determine evidence of the program's use of evaluation tools that document resident competence in each of these six areas.

Assessment of the development and use of dependable outcomes measures by the program for each of the general competencies.

Appraisal of the effectiveness of the program in implementing processes that link educational outcomes with program improvements.

6. Assurance that the program establishes and implements formal written criteria and processes for the selection, evaluation, promotion and dismissal of residents in compliance with both the Institutional and Program Requirements.
7. Assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation and retaliation. This includes:
   a. Provision of an organizational system for residents to communicate and exchange information on their working environment and their educational programs. This may be accomplished through a resident organization or other forums in which to address resident issues.
   b. A process by which individual residents can address concerns in a confidential and protected manner.
   c. Establishment and implementation of fair institutional policies and procedures for academic and other disciplinary actions taken against residents.
   d. The residents' grievance process must be clear to all residents and easily accessible. The grievance committee must be appointed in advance of a potential grievance.
   e. Establishment and implementation of fair institutional policies and procedures for adjudication of resident complaints and grievances related to actions that could result in dismissal, non-renewal of a resident contract, or other actions that could significantly threaten a resident's intended career development.
8. Monitoring of the programs in assuring an appropriate work environment and duty hours of residents.

F. Written Report

At a minimum the written report must include:

a. The name of the program being reviewed
b. The date of the assigned midpoint and the status of the GMEC, oversight of the internal review at that midpoint
c. The names and titles of the internal review committee members
d. A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed
e. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s internal review protocol
f. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

Approved by GMEC: 10/24/2008