

University of Colorado School Medicine Graduate Medical Education

Policies and Procedures

Policy: Internal Reviews of GME Programs	Policy #
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I. INTRODUCTION:

Consistent with our institutional mission to provide high quality of care by educating physicians for leadership in clinical and academic medicine, the Graduate Medical Education Committee (GMEC) conducts regular internal reviews of each accredited training program. The purpose of the internal review is to improve the quality of the program by assessing compliance with ACGME Program and Institutional requirements, evaluating program effectiveness in preparing physicians for leadership roles in clinical and academic medicine, and assessing institutional effectiveness in providing support, oversight and resources necessary to meet our educational mission.

II. DEFINITIONS

GMEC:	Graduate Medical Education Committee
Reviewee:	Program that will undergo an internal review.
IR Month:	Month when the internal review meetings are scheduled
OGME:	Office of Graduate Medical Education
Primary Reviewer:	Program Director from a program other than that being reviewed

II. POLICY

1. Internal review of training programs will be carried out under the auspices of the GMEC with administrative oversight provided by the OGME.
2. Internal Reviews are scheduled approximately mid-point between RRC site surveys. The internal review process can also be initiated at the request of the Program Director, Chair of the Committee, Department Chair, or Hospital Administration.
3. Internal Reviews will be conducted by an Internal Review Team (IRT); consisting of a Primary Reviewer, a Resident, generally from Primary Reviewer's program; and an Administrator from OGME (Associate Dean for GME and/or Accreditation and Education Director). When

necessary, other faculty or administrators will be invited to participate by the Chair of the GMEC.

4. Each May, the internal review schedule for the next year will be presented to the GMEC and mailed to each program director.
5. The internal review process shall address the following:
 - a. Training program's compliance with the program and institutional requirements
 - b. That each Residency 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 skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.
 - c. Adequacy of the of the evaluation system in ensuring, including the development and use of dependable outcome measures by the program for each of the general competencies.
 - d. Effectiveness of each program in implementing a process that links educational outcomes with program improvement.
 - e. Adequacy of educational and financial resources to meet program goals and objectives
 - f. Effectiveness of each program in meeting its goals and objectives
 - g. Effectiveness in addressing citations from previous ACGME Letters of Accreditation and previous Internal Reviews
 - h. Adequacy of the participating institutions' resources for the training of physicians (i.e. medical records, security, facilities, methods for capturing data necessary for compliance with program requirements, etc.)
 - i. Program use of dependable measures to assess resident competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communications skills, professionalism, and systems-based practice as defined in the Program Requirements.

IV. PROCEDURE

1. To initiate the process, two months before IR month, the GME administrative assistant will send the Program Director for the program under review:
 - Current program and institutional requirements
 - Blank Program Information Form for completion
 - Request for a summary of the program changes since the last site visit.
2. The Program Director is responsible to provide the OGME with ALL of the above information at least two weeks before the program's Internal Review Month and by the deadline indicated on the letter.

3. Upon receipt of information from the program under review the OGME Administrative Assistant will send the Review Team:
 - Completed Program Information Form
 - Most recent ACGME correspondence including Letter of Accreditation
 - Program Requirements
 - Program Review Worksheet
 - Documentation Review Worksheet
 - Internal Review Meeting Sign-In Sheet (1 copy double-sided)
4. Upon receipt the review Team shall:
 - a. Review Documentation
 - b. Meet with the Program Director and Coordinator
 - c. Meet with selected faculty to assess commitment to and involvement with the program.
 - d. Meet with selected trainees to discuss personal experiences and impressions of the program.
 - e. Collect evidence of the program's use of evaluation tools to ensure that residents demonstrate competence in each of the six competency areas.
5. Upon completion of the internal review the Primary Reviewer will utilize the OGME template to prepare a detailed Internal Review Report draft.
6. The completed Internal Review Report will be reviewed and edited by the Office of GME and the Program Director of the program under review for review and comment.
7. The Primary Reviewer is responsible for presenting the final Internal Review Report to the GMEC. The Program Director of the program being reviewed must be present at the meeting to respond to any of the issues raised.
8. The GMEC will approve the report and make recommendations.
9. The OGME will provide follow-up as directed by the GMEC.