POLICY

The University of Toledo’s Graduate Medical Education Committee (GMEC) will develop, implement, and oversee an Internal Review process. The Internal Review Team will be composed of a team of evaluators who will conduct internal review of all Accreditation Council for Graduate Medical Education (ACGME)-accredited residency programs to assess their compliance with the Institutional Requirements, the Common Program Requirements, and Specialty/Subspecialty specific Program Requirements from the respective ACGME Residency Review Committee (RRC).

PURPOSE

It is the responsibility of the institution to ensure that each specialty and subspecialty program fully meets the Institutional Requirements, Common Program Requirements, and the Program Requirements of the ACGME and RRC. The Graduate Medical Education Committee has been charged with the responsibility for The University of Toledo to assess whether each program has defined, in accordance with the relevant Program requirements; the specific knowledge, skills, and attitudes required. In addition, the GMEC must assess how each program provides educational experiences and evaluations for their residents to demonstrate competency in the areas of patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning, and systems-based practice.

In order to comply with the requirements the GMEC has initiated the following system to conduct internal reviews; as stated in the ACGME Institutional Requirements, each program must comply with these policies and procedures.

PROCEDURE

I. Structure of GMEC Internal Review Team for Internal Reviews
An Internal Review Team consisting of at least one faculty member, program coordinator, and at least one resident from the Sponsoring Institution, but from GME programs other than the one being reviewed. The faculty member will serve as the Internal Review Team leader. Additional internal or external reviewers may be included on the Internal Review Team as determined by the GMEC.

II. Responsibilities of Internal Review Team
The GME office will initiate communication with the Program Director of the program to be reviewed and the Internal Review Team Leader. The GME office will take the responsibility to schedule the internal review so that the report is presented to the GMEC mid-way between the effective date (date of the RRC meeting) and the approximate date of the next site visit.

The Internal Review Team will be provided guidelines from the GME office in which to formulate questions appropriate to the issues identified. The guidelines will serve as template for the internal review meetings.

The Internal Review Team Leader will generate a report with the assistance of the other team members. The report will be presented and discussed at the GMEC meeting for review and approval. The GMEC may recommend additional follow-up at that time.

III. Responsibilities of the Program Under Review

It is expected that the Program under review will cooperate fully with the GME office in scheduling the internal review.

The Program under review will be responsible for notifying and making available for the Internal Review Team key teaching faculty from the department and at least one peer selected resident from each level of training in the program.

The Program under review will be responsible for scheduling appropriate rooms for each of the review meetings.

The Program Director will be required to complete and submit the following documents to the GME office, at least two weeks prior to the internal review:

a. Program Director’s Self-Assessment of Fulfilling the Program Requirements;

b. Overview of Program as completed by Program Director;

c. Program’s Director’s ACGME Competency Assessment;

d. Completed ACGME Competencies checklist If applicable, the program may submit the most recent checklist from the Program Profile;

e. Copy of the previous Program Information Form (PIF) submitted to the ACGME;

f. Any additional materials the program would like to submit

The Program will have the documents from the Program Documentation Review Materials outline available on the day of the review for the Internal Review Team during the interview meetings.

IV. Schedule

An ongoing schedule will be implemented by the GME office with approval of the Chairman of the GMEC.

This schedule will be structured in the following format:

a. The internal review will be completed by approximately the midpoint between the effective date (date of the RRC meeting) and the approximate date of the next site visit. The internal review is considered complete when the report is approved by the GMEC.

b. The Program Director of the program being reviewed will present a follow-up report to the GME Committee of actions taken on the recommendations of the Internal Review Team at a date appropriate for the Program Director and the GME Committee and the Internal Review Team.
When a program has no residents enrolled at the mid-point of the review cycle, the GMEC will 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 will be completed within the second six-month period of the resident’s first year in the program.

V. Program Assessment
While assessing the residency program’s compliance with each of the program standards the internal review will also appraise:

a. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
b. Educational objectives and effectiveness in meeting those objectives;
c. Educational and financial resources;
d. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters or notification and previous internal reviews;
e. Effectives in providing learning experiences that lead to achievement of educational outcomes in the ACGME general competencies;
f. Effectiveness in using evaluation tools and outcome measures to assess a resident’s level of competence in each of the ACGME general competencies;
g. Effectiveness in linking educational outcomes with program improvement;
h. Policies on selection, evaluation, and promotion of residents, disciplinary action, supervision of residents, duty hours, and moonlighting.

The Internal Review Team will conduct the interview with the program director, key faculty members, at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the Internal Review Team and/or GMEC.

VI. Materials and Data Used for Internal Review
The following materials and data, at a minimum, will be used by the Internal Review Team in the review process:

a. The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review;
b. Accreditation letter of notification from previous ACGME reviews and progress reports sent to the respective RRC;
c. Reports from previous internal reviews of the program;
d. Resident evaluations of the faculty and the overall program;
e. Previous annual program evaluations;
f. Results from internal or external residents surveys (if available);
g. Program Director’s Assessment in Fulfilling the Requirements
h. Program Director’s evidence of, or plans to, develop dependable outcome measures
i. Program Director’s evidence of, or plans to, link outcomes with program improvement
j. ACGME Competencies and Measurement Tools Checklist
k. Annual Program Profile
l. Previous Program Information Form (PIF)
m. Sampling of residents’ folders
n. Patient/case logs
o. Rotation goals and objectives
p. Meeting minutes
q. Resident publications/scholarly activity
r. Program policies and criteria
s. Core Curriculum

VII. **Final Report**

The final written report will be completed by the Internal Review Team for each program and will contain, at a minimum:

a. The name of the program reviewed and the date the written report is approved by the GMEC;
b. The names and titles of the Internal Review Team members;
c. A brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
d. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC’s internal review protocol;
e. A list of 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.

The written report of each internal review will be presented to the GMEC for approval at approximately the mid-point of the review cycle.

The DIO and the GMEC will monitor the response by the program to actions recommended by the GMEC.

The Sponsoring Institution will submit the most recent internal review report for each training program as a part of the Institutional Review Document (IRD). If the institutional site visitor simultaneously conducts individual program reviews at the same time as the institutional review, the internal review reports for those programs will not be shared with the site visitor.

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