Beth Israel Deaconess Medical Center
Policy for Internal Reviews of GME Programs

Background Information

Internal Reviews are required by the ACGME for all accredited programs in graduate medical education. All ACGME-accredited programs sponsored by BIDMC must participate in internal reviews except those to which the ACGME has granted official "inactive" status. Any program seeking initial accreditation, re-accreditation, or re-activation from the ACGME must participate in an internal review.

Internal Reviews are performed in order to assess compliance with the Institutional and Program Requirements of the ACGME Residency Review Committees (RRCs). This function is an essential responsibility of the Graduate Medical Education Committee (GMEC) of the Beth Israel Deaconess Medical Center (BIDMC).

The Internal Reviews will attempt to model the ACGME visit as closely as possible. In brief, the ultimate goals of the Internal Review are:

- To provide objective assessment and constructive feedback on the program's compliance with ACGME requirements following a thorough review of the educational materials and administrative organization of the program
- To identify areas in which a program may need assistance meeting the goals of the ACGME. This may be through advocacy for programs that require assistance from the hospital or hands-on assistance in the development of educational venues.
- To obtain long accreditation review cycles between actual ACGME visits
- To identify Best Practices in programs that can be shared across the institution, and to recognize educational excellence within programs

Non-ACGME-accredited programs may elect to participate in an internal review; any program that desires such a review should submit a written request to the Director of Graduate Medical Education.

1. Internal Review Participants

As per the ACGME Institutional Requirements, the GMEC is responsible for the development, implementation, and oversight of the internal review process. These

responsibilities are discharged by a panel of reviewers, described herein. The GME Office, under the direction of the Director of Graduate Medical Education, coordinates the Internal Review process and provides staff support.

For each Internal Review, the panel will include at least one faculty member and one resident from GME programs other than the program being reviewed and administrators from within the institution. External reviewers may also be included on the panel.

The participants from the program under review include:

- The Program Director and Associate Director(s)
- Key faculty member(s)
- The Program Coordinator
- Peer-nominated representative residents or fellows (minimum of 1 per level)

It is very important that all participants attend the review. The Internal Review will be rescheduled if the full review panel (including a resident) is not present. The ACGME tracks both attendance and the timeliness of Internal Reviews carefully.

A delay or rescheduled review may result in an adverse action for the program by the relevant RRC, and the institution at the time of the actual ACGME visit.

2. Internal Review Dates

Each program's Internal Review will be conducted so that it is in process and documented in the GMEC minutes at approximately the midpoint between the ACGME site visits."In process and documented" allows for three options: 1) the date when the internal review recommendations are approved by the GMEC; 2) the date when a preliminary draft report of the internal review is presented to the GMEC; or, 3) any date of a GMEC meeting for which the GMEC minutes reflect that the particular internal review is in process.

As stated, the timeliness of the review and implementation of actions to correct deficiencies are critical elements of the accreditation process. The GMEC must be notified of any delay or postponement of an Internal Review. Both may result in an adverse action for the program by either the GMEC or the relevant RRC, or both.

The mid point of the review cycle will be determined using the effective date on the last letter from the ACGME and the estimated next ACGME visit. The ACGME also provides a "recommended" or "approximate" date for an internal review in RRC Result Letters and on the ACGME Accreditation Data System.

3. Internal Review Protocol & Materials

The Program Director will be notified at least 90 days prior to the Internal Review. The Program Director is responsible for preparing the Program Information Form (PIF). An electronic copy of the completed PIF should be emailed to the GME Administrative Director 14 days prior to the Internal Review. The following documents should be included in the PIF or submitted at the same time:

- The most recent ACGME accreditation letter, as well as other correspondence to or from the ACGME including questions, citations, or progress reports.
- A description of how areas of noncompliance and concerns in previous ACGME letters of accreditation and previous internal reviews were addressed if applicable.
- Program Goals and Objectives - these should be competency-based and fulfill expectations described in the ACGME program requirements
- Copies of all evaluation forms employed by the program (for residents, faculty, and program)
- List of program didactics/conferences
- Copies of program-specific policies:
    - Moonlighting
    - Resident Supervision
    - Duty Hours and monitoring
    - Any program-specific policies mandated by the relevant RRC
- The resident orientation manual (electronic or hard copy) if available. If hard copy, one manual is sufficient.
- Results of the last year's program surveys of duty hours
- List of affiliated institutions in which residents rotate
- Faculty List
- List of hospital committees in which residents participate
- Documentation of annual program evaluation meetings

The GME Office has the option to survey a program's trainees approximately two weeks prior to the Internal Review, using a "Mock-ACGME" survey, unless the program has recently received an actual ACGME survey, in which case, those results may be used instead. This survey will be distributed to your residents by the GME Office and all responses will be anonymous. The results of the survey will be reviewed with program participants at the time of the review.

The GME Office will distribute all required documents to the Internal Review panel members approximately two weeks prior to the Internal Review. These documents will include:

- The completed PIF and supporting documents
- The ACGME Institutional Requirements and Specialty-or Subspecialty Program Requirements

- Other documents deemed appropriate by the Internal Review Panel; for example the last summary report of internal review of the program.

4. Internal Review Process

The Internal Review Panel members will review the Internal Review Packet prior to the day of the actual review.

On the day of the review, the Internal Review members will interview the peer-nominated residents or fellows. Following this, in a separate interview they will speak with the Residency Program Director and Associate Director (optional), representative Faculty members and the Program Coordinator (optional).

What are the reviewers looking for?

The purpose of these interviews will be to assess the program's compliance with the ACGME program and institutional requirements, and the general educational and clinical experiences of the residents. The interviews and the online surveys are a way of exploring the written material in depth, as well as providing an opportunity to discuss issues not covered in the PIF.

In assessing the residency program's compliance with each of the program and institutional requirements, the Internal Review members will specifically assess the compliance of the program in these areas (as mandated by the ACGME Institutional Requirements):

1. The educational objectives of each program and the effectiveness of each program in meeting them
2. The adequacy of available educational and financial resources to meet these objectives
3. How the program addressed areas of noncompliance and concerns in previous ACGME letters of accreditation and previous internal reviews, if applicable.
4. The effectiveness of each program in education in each of the ACGME Competencies: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

   For each competency, programs are expected to:

   - Define the specific knowledge, skills, attitudes, and educational experiences and use evaluation tools to assess a resident's level of competence.

- Use dependable outcome measures for each of the six general competencies listed above e.g. test scores for “medical knowledge”.
- Be implementing a process that links educational outcomes with program improvement.

5. The Internal Review will look at how the program

- Monitors resident well-being, including trainee stress, impairment, and fatigue.
- Helps trainees develop a personal program of learning to foster continued professional growth.
- Prepares trainees to assume responsibility for teaching and supervising other residents and students.
- Facilitates trainees’ participation in institutional committees and councils whose actions affect their education or patient care or both.

5. Written Report of Internal Review

The Internal Review Panel will write a summary report based on both the PIF and the interview responses. The GME will write the report and circulate copies to all review members. Once the review members are satisfied the report reflects accurately on the practice of the program, a copy will be provided to the Program Director, who may offer corrections or clarification.

Each internal review report will include:

- The name of the program reviewed
- The date of the internal review
- The names and titles of the internal review committee members with identification of the resident member
- A brief description of the Internal Review process including the materials reviewed and the names and titles of those interviewed
- A discussion of the specialty-specific Program (or Subspecialty) Program Requirements, including instruction and assessment of the general competencies, the use of dependable measures developed by the program, and the process by which educational outcomes are linked with program improvement to demonstrate that a comprehensive review was conducted
- A summary on how the program and institution addressed each citation, comment, or concern in the previous ACGME accreditation letter
- A discussion of resident duty hours and information by which the internal reviewers verified compliance with program specific duty-hour requirements, including input from residents interviewed

- A discussion of the appropriateness of resident supervision
- The date of internal review report presention to the GMEC

Following review by the Internal Review members and the Program Director, the report will be presented at the next GMEC meeting following the Internal Review. The Program Director of the program under review will be asked to comment on the review process or findings. Any recommendations by the GMEC will be noted, and the committee will be asked to 'approve' the report and follow-up, as well as any necessary action plans required.

6. Action Plan

When deficiencies or areas of noncompliance are identified through the Internal Review process, the GMEC will assist the program in developing an action plan for correction. In addition, the GMEC may monitor the program's progress in correcting the identified deficiencies. (This process mirrors the one established for monitoring deficiencies or areas of noncompliance identified by the ACGME and the program's actions to correct them.)

The Program will receive clear deadlines and dates for additional material for follow up actions. The GMEC, with support from the GME Office, will be responsible for the monitoring of areas of noncompliance and the program's progress toward correcting the deficiencies.

7. Final Report

After final approval by the GMEC, a final report of each Internal Review including recommendations and any action plans will be sent to both the Program Director and Chair, and filed in the GME Office for incorporation into the Institutional Review Document.

8. Participants

All ACGME Programs are expected to participate in the Internal Review Process – not only when their program is under review but at other times during the academic year. Volunteer program directors and interested faculty will be sought from programs to serve as reviewers. All faculty reviewers will be expected to provide the name of a resident or fellow whom will act as an outside reviewer with them.

The GME office will post the reviewers by program in advance of the visit. Anyone interested in serving as a reviewer should contact the GME office or Director.