

**CNMC Graduate Medical Education  
Mid-Cycle Internal Review Protocol  
with 7/1/07 Requirements**

*(Institutional Requirements IV.A.B. “A written protocol approved by the GMEC that incorporates, at a minimum, the requirements in this Section IV of the Institutional Requirements.)*

**ACGME Institutional Requirements for Internal Review**

As part of its responsibilities, the GMEC will conduct an internal review of each training program in accordance with the ACGME Institutional and Program requirements. Each internal review will be conducted at approximately the midpoint between the ACGME program survey, as recommended by the ACGME. Because the timeliness of an internal review is critical to the accreditation process, any deviation from the schedule must be discussed and approved by the GMEC.

**Scheduling**

On behalf of the GMEC, the GME office will schedule the internal review two months prior to the ACGME suggested date so that the internal review will be completed and can be documented in the GMEC minutes by the recommended date.

When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:

- a) The GMEC must 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.
- b) After enrolling a resident, an internal review must be completed within the second six-month period of the resident’s first year in the program.

**Composition of Internal Review Team**

The team will be composed of at least one program director from an ACGME-accredited program and at least one resident from within the institution but not from within the program being reviewed. Additional internal and external reviewers may be included as determined by the GMEC. Administrators from outside the program may also be included.

**Materials & Data Used in the Review Process**

- ACGME Program Requirements for Residency Education in [PROGRAM NAME]
- Program Requirements for Residency Education in the Subspecialties of [NAME]

- Common Program Requirements
- Institutional Requirements
- Accredited Program Search Update
- Letter of Accreditation from most recent ACGME Review
- Prior Internal Review reports of Program.
- Previous annual program evaluations
- Most Recent internal & external resident surveys (*if applicable*)

### **Mandatory Interviews**

- Program Director of program under review
- Key faculty members (at least 2 must attend) from program under review
- At least one peer selected resident from each level of training in the program under review, or in some cases all residents.
- Other individuals deemed appropriate by the GMEC/DIO.

### **Documents for Review by Internal Review Team**

At least 6-weeks prior to the internal review, The GME office on behalf of the GMEC will request the following documents from the program. The Program Director must submit the materials to the GME office in a binder, separated by tabs at least two weeks prior to the internal review.

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|--------|---|
| Tab 1: | Prior RRC Citations & Method of Correction  |
| Tab 2: | Summary of most recent internal review report   |
| Tab 3: | Response to Mid-cycle Questionnaire   |
| Tab 4: | Letters of Agreement (if applicable)  |
| Tab 5: | Program Curriculum including Complete set of goals & objectives   |
| Tab 6  | ACGME Competencies <ul style="list-style-type: none"> <li>▪ Competency Assessment: Provide evidence of use of evaluation tools to ensure that residents demonstrate competence in each of the six competencies.</li> <li>▪ Outcomes Improvement: Describe the process used by the program to link educational outcomes and evaluations with program improvement. Also, discuss the program changes that came about as a result of the assessment methods that have been implemented.</li> </ul> |
| Tab 7: | Qualifications & Responsibilities of Program Director - (Include CV)  |
| Tab 8: | Qualifications & Responsibilities of each key faculty member (include CVs)  |
| Tab 9  | Educational Training Program <ul style="list-style-type: none"> <li>▪ Block Diagram</li> <li>▪ Conference Schedule</li> <li>▪ Call Schedule (sample of most recent 4 week period)</li> <li>▪ Resident participation in quality assurance</li> </ul>   |
| Tab 10 | Evaluations <ul style="list-style-type: none"> <li>▪ Resident</li> <li>▪ Faculty</li> <li>▪ Program (<b>by faculty and by residents</b>)</li> <li>▪ Final</li> </ul>  |

	<ul style="list-style-type: none"> <li>▪ 360 degree</li> </ul>
Tab 11	Meeting Minutes – Program Annual Self Assessment
Tab 12	Procedure Log/and or Case logs <ul style="list-style-type: none"> <li>▪ Most Recent Graduates (1 or 2)</li> <li>▪ Current Residents (1 senior)</li> </ul>
Tab 13	Program Policies <ul style="list-style-type: none"> <li>▪ Duty Hours</li> <li>▪ Moonlighting</li> <li>▪ Eligibility/Selection</li> <li>▪ Promotion/dismissal</li> <li>▪ Supervision</li> </ul>
Tab 14	Scholarly Activities <ul style="list-style-type: none"> <li>▪ Resident</li> <li>▪ Faculty</li> </ul>
Tab 15	Board Pass Rate within past 3 years
Tab 16	Program Strengths & Weaknesses
Tab 17	Program Best Practices & Innovations

The GME Office will distribute a copy of the program’s Internal Review Binder to all members of the Internal Review Team approximately 5 working days prior to the Internal Review.

**Things to Bring:**

Program directors may be asked to have the following documents on hand during the Internal Review:

- Draft copy of completed PIF (**including Common PIF which is completed at WebADS**)
- Resident/Fellow manual or handbook, if available
- Resident/Fellow files with completed evaluations (representative of the different PGY levels)
- Resident/Fellow Individual Learning Plan (representative of the different PGY levels)
- Most Recent Duty Hours Survey Report by Program

**Process:**

**A. Internal Review Team Responsibilities:**

The internal review team will review the supporting documents and materials provided by the program to assess the following:

1. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
2. Educational objectives and effectiveness in meeting those objectives;
3. Educational and financial resources;

4. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
5. Effectiveness of educational outcomes in the ACGME general competencies;
6. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
7. Annual program improvement efforts in: resident performance using aggregated resident data; faculty development; graduate performance including performance of program graduates on the certification examination; and program quality.

## **B. Written Report**

The Chair of the Internal Review team will develop and present a written report at the next GMEC meeting following the internal review. The report will take into account all materials, interviews, and discussions of the Internal Review Team. It will address inconsistencies found in responses of program directors, faculty & residents. The report will include, but is not limited to the following information:

- Name of program that was reviewed
- Names & Titles of Program Participants
- Names & Titles of Review Team
- RRC Recommended Internal Review Date
- CNMC Internal Review Date
- Date IR Report Reviewed by GMEC
- A brief description of how the internal review was conducted
- A summary of previous RRC concerns and how the program addressed each one.
- A summary of how previous internal review concerns were addressed
- Program Personnel & Resources
- Educational Program
- Working Environment
- Facilities
- Supervision
- Duty Hours
- Evaluations
- Policies
- Board Pass Rate
- Institutional Support
- Strengths & Weaknesses
- Review Team Recommendations

Internal Review presentations at GMEC meetings will be documented in the GMEC meeting minutes. Following approval by the GMEC, the GME office will log all citations and GMEC recommendations in the Program Status Grid. A copy of the final report, including the date it was presented to the GMEC will be sent to the program director and Division Chief of the program that underwent review. A copy will also be filed in the Internal Review Binder in the GME office.


The GME office on behalf of the GMEC will monitor all areas of non-compliance and the program's progress toward correcting the deficiencies by requesting an internal review progress report from the program as determined by the GMEC. The Chair of the Internal Review Team will present all progress reports to the GMEC.

**Action Plan for Deficiencies**

If a deficiency is still identified after a program director has submitted the first progress report, the GMEC/DIO must work to assist the program to develop a corrective action plan. The program director must attend the GMEC meetings thereafter and report on the status of the area(s) of concern.

Approved by GMEC: November 21, 2007

Modified and Approved by GMEC: September 17, 2008



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Bernhard L. Wiedermann, M.D.  
Chair, GMEC