

GME INTERNAL REVIEW

The Internal Reviews (IRs) assist Program Directors and the GME Committee (GMEC) to continuously improve the GME programs sponsored by Nationwide Children's Hospital (NCH) and to ensure compliance with all ACGME and RRC guidelines. Specifically, IR assesses Programs':

- Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements
- Educational objectives and effectiveness in meeting those objectives
- Educational and financial resources
- Effectiveness in addressing areas of non-compliance and concerns in previous accreditation letters of notification and previous internal reviews
- Effectiveness of educational outcomes in the ACGME general competencies
- Effectiveness in using evaluation tools and outcome measures to assess a trainee's level of competence in each of the ACGME general competencies
- Annual program improvement efforts in:
 - o resident performance using aggregated resident data
 - o faculty development
 - graduate performance including performance on the certification examination if available
 - o program quality

Internal Review Process

- 1. The GMEC oversees and approves the IRs for each NCH GME program.
- 2. IR is conducted according to the protocol approved by GMEC. The protocol is based on the information needed to complete a thorough educational evaluation, including the data requested by ACGME or other accrediting organizations. Materials and data to be used in the review process must include:
 - Approved GME Internal Review data collection tool
 - Interviews of Program Director(s), faculty, peer-selected residents from each level of training, and any other individuals deemed critical to the program's success
 - Institutional, Common and Residency Review Committee (RRC) Program Requirements from ACGME or other accrediting organization
 - Program Information Form (PIF) for the residency program
 - Last accreditation letters of notification from previous reviews
 - Progress Reports submitted to the RRC since the last survey, if any
 - Previous Internal Review
 - Annual reports since last accreditation survey
 - Any other historical information relevant to the review of the program
 - Resident evaluations of the faculty and program

- Results from internal or external resident surveys, if available
- 3. The IR must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The IR is complete upon approval by the GMEC.
- 4. The Designated Institutional Official (DIO) regularly reviews the accreditation status of each GME program and appoints an IR team. This team, consisting of a physician faculty member, a GME administrator, and a trainee, coordinates data gathering and review. The physician and the resident must be from outside of the department/section to review core programs or from a different section to review subspecialty programs.

5. The IR team:

- Reviews documents, including curricula, call schedules, program-specific policies and procedures, and any other information required by the RRC
- Interviews faculty and trainees to validate data gathered through document review and collect additional information
- Identifies concerns, areas for improvement, and areas of exemplary compliance
- Recommends a plan of corrective action and timeframe
- 6. Members of the IR team jointly participate in conducting the review. At a minimum the physician faculty member discusses the clinical aspects of the training program and verifies that all RRC requirements for clinical experiences are being met. The trainee member must independently discuss the program with the trainees and verify that the review findings accurately reflect their experiences. The administrative member verifies records, e.g., semi-annual reviews, contracts and program policies, and gathers institutional data.
- 7. The administrative member of the IR team drafts a preliminary comprehensive IR report and reviews it with the other IR team members. The IR team discusses its findings with the Program Director prior to presentation at GMEC. The IR team submits the draft IR to the GMEC. The GMEC reviews and discusses the findings, finalizes recommendations, and approves the IR report.
- 8. After approval by GMEC, the administrative IR team member prepares the final summary report. This report IR is maintained by the Program Director and the GME Office. It is available for the ACGME program and institutional surveyors. The data collected during the review process is confidential. The summary IR report must contain, at a minimum:
 - Name of the program reviewed
 - Date of the assigned midpoint and the status of the GMEC's oversight of the internal review at that midpoint
 - Names and titles of the internal review committee members.
 - Brief description of how the internal review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed

- Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's internal review protocol
- 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.
- Any recommendations for improvement and specific requirements/timeline for Program Director follow up (e.g. 6 month follow up report and documentation to GMEC)
- 9. The GMEC and DIO monitor the response by the program to actions recommended by the GMEC.
- 10. If a program has no trainees enrolled at the midpoint of the accreditation cycle, the GMEC will conduct 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 trainee, an internal review will be completed within the second sixmonth period of the resident's first year in the program.
- 11. Programs on RRC-approved "inactive status" do not require mid-point internal reviews.

 An internal review must be conducted prior to requesting RRC approval for reactivation.

Approved by GME Committee: 4/5/94; 3/8/00; 3/28/01; 3/20/0; 8/16/02; 3/09/04; 4/20/07; 8/18/2010