

UNIVERSITY AT BUFFALO
INTERNAL REVIEW PROTOCOL

Rev. 01/09/09

(Inst Req 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.)

Purpose:

Internal reviews are required for all University at Buffalo programs. The internal review will be a fact-finding, quality improvement exercise, designed to:

- achieve compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements
- assess the quality of educational programs;
- assess the performance of residents; and
- examine the use of outcome assessment and results for program improvement;

by promoting constructive criticism. This evaluation of the residency program will include interviews with the program director, faculty, and residents. The process will also serve to educate program faculty and staff on the requirements of the ACGME.

(ACGME Institutional Requirements – IV.A.3.a.b. – “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.”)

Timing:

(ACGME Institutional Requirements - IV.2. – “Internal Reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. [See ACGME Policies and Procedures, II.B.4.] More frequent reviews may be conducted if a program is experiencing difficulty.”)

Process:

1. The Office of Graduate Medical Education will distribute the following items to the Program Director of the program under review:
 - Internal Review Residency Program Evaluation Outline
This outline must be fully completed by the Program Director, and returned to the Office of GME by the date indicated.
 - GME On-line Annual Resident Program Evaluation
This questionnaire is completed on-line by all residents on an annual basis. The summary information will be available and discussed at the Internal Review meeting.
2. A committee appointed by the Chair of the GMEC will review each program. This committee should consist of:
 - Chair of Internal Review Committee: Assistant Dean, GME, Associate Dean, GME, AND/OR Senior Associate Dean, GME
 - Residents/Fellows from a program other than that under review
 - Faculty from a program other than that under review
3. The Office of GME will establish the date of the Internal Review, schedule the room, distribute information, and send notices to the internal review committee members, Program Director and Program Coordinator of the program under review.

4. Resident Meeting: A meeting with residents from the program being reviewed and the Internal Review Committee will be scheduled by the Office of Graduate Medical Education. This interview will include as many residents as possible with representatives from each PGY level, and may also include additional staff from the Office of GME. Residents attending this meeting must be PEER SELECTED. Topics covered include those asked on the Residency Program Evaluation Outline, (e.g. Curriculum, goals & objectives, general competencies, policies, evaluation tools, etc.) The purpose of this meeting is to seek verification of the Program Directors report and check for matching responses.
5. Internal Review Meeting: A meeting with the Program Director, a minimum of 2-3 key faculty, and pertinent administrators from the program being reviewed and the Internal Review Committee will be scheduled by the Office of Graduate Medical Education.

Materials to be reviewed

- The ACGME Institutional Requirements, Common Requirements, Specialty/Subspecialty-specific Program Requirements;
- Letters of accreditation from previous ACGME reviews;
- Previous Internal Review Report(s) and follow-up;
- Program Director's written response to the Internal Review Residency Program Evaluation Outline (which includes the program status of developing and using dependable measures to assess a resident's competence in the six competencies, as well as the status of developing a process that links educational outcomes with program improvement);
- Summary of responses to the on-line GME Annual Resident Program Evaluation;
- Three Resident/Fellow files with evaluations (representative of the different PGY levels);
- A written curriculum that includes goals and objectives of the general competencies as specified in the Program Requirements for each program year. These general competencies include:
 1. patient care,
 2. medical knowledge,
 3. practice based learning and improvement,
 4. interpersonal and communication skills,
 5. professionalism, and
 6. systems based practice;
- List of the learning activities and evaluation tools used by the program for evaluating the residents competence in the six competencies.
- Cite three examples of things in the program that were changed as a result of feedback from the program evaluation. Show how the program uses data and evaluation results to make changes and improvements to the educational process.
- Resident/Fellow manual or handbook, if applicable;
- Program specific policies (selection, evaluation, promotion, dismissal, grievance, probation, leave of absence);
- Duty Hour Surveys (UB & ACGME);
- Listing of all scholarly activities (publications, conferences, schedules, etc.) of residents & faculty since the last review;
- List of Program Affiliation Agreements (PLA), if applicable. Effective dates (must be current – within five years and in compliance with the Common Program Requirements.
- List of Residents transferring in or out of program;

- Minutes of Annual Program Evaluation Meeting.
 - Copy of faculty CV's from WebAds.
 - Copy of case log data (*if case numbers are required for this specialty*) from WebAds or other sources that your program uses.
6. The Chair of the Internal Review will issue a written report which will take into account all materials, interviews, and discussions of the Internal Review Committee. It will address inconsistencies found in responses of program directors, faculty & residents. The report may include, but is not limited to, **verification/evidence** of the following points:
- Stated program educational objectives that match RRC requirements
 - Adequate educational and financial resources are available to meet stated objectives
 - Effective educational experiences are provided to meet stated objectives
 - Program effectiveness in addressing citations from previous ACGME letters and prior internal review concerns
 - A curriculum with the following items defined for the general competencies: goals and objectives, specific knowledge, skills & attitudes required of the residents
 - Development and use of an assortment of evaluation tools to assess a resident's competence - include a summary and/or list of the types of evaluation tools used by the program for evaluating the competencies
 - Evidence of using dependable outcome measures to assess resident competency in the six areas
 - Evidence of a process that links educational outcomes with program improvement
 - Resident familiarity with the curriculum with program goals & objectives for teaching the competencies and the kinds of tools used by the program to evaluate them
 - Established and implemented formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents
 - Ability of residents to address concerns in a confidential & protected manner without fear of intimidation or retaliation
 - Appropriate supervision, work environment (e.g. on-call rooms, meals, patient support services, laboratory and radiologic information retrieval system, medical records system, security and safety) & duty hours
 - Instruction in quality-assurance/performance improvement & participation in institutional performance improvement programs
 - Development of personal programs of learning by residents
 - Resident participation in program educational and scholarly activities
 - Resident responsibility for teaching and supervising other residents and students & that residents are given progressively increasing clinical responsibilities
 - Resident participation on institutional educational/patient care committees
 - Submission of annual confidential written evaluations of faculty & educational experiences by residents
 - Program Letter of Affiliation Agreement (PLA)
 - Commendations
 - List of recommendations and suggested follow-up action(s)
7. GME will forward a copy of the final report to the Program Director, who may attach a letter of response.

8. The final report and response, if applicable, will be presented to and reviewed by the GMEC. The program under review may have a representative available to answer concerns raised by the committee. The GMEC may require follow-up reports to monitor areas of non-compliance and ensure appropriate action.