

**Texas Tech HSC – El Paso
Paul L. Foster School of Medicine
INTERNAL REVIEW Policy
for
Residency Programs**

All graduate medical education programs sponsored by Texas Tech HSC – PLFSOM El Paso undergo periodic internal reviews as mandated by the Institutional Requirements of the Accreditation Council for Graduate Medical Education (ACGME). In general, the intent of the Internal Review is to:

1. Assess a program's compliance with the ACGME Institutional and Common Requirements as well as program specific requirements.
2. Identify program strengths and areas in need of improvement.
3. Make recommendations for program enhancement.

The Internal Review protocol and activities will be managed and coordinated under the auspices of the Graduate Medical Education Committee (GMEC). It is expected that the Internal Review of a residency program will be handled expeditiously and within the timeline reflected below.

The internal review will be conducted at approximately the midpoint of the accreditation cycle as stated in the accreditation letter. The timeline for this process is as follows:

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| 3 – 4 months prior to internal review | The GMEC Chair will appoint the Internal Review Panel (IRP) and designate the chairperson of the Panel |
| 3 months prior to internal review | PD is responsible for completing the PIF |
| 1 – 2 months prior to internal review | PD submits PIF to the GME office |
| 1 month prior to internal review | GME office prepares the Portfolio and submits it to the Internal Review Panel 7-10 days after the PIF is submitted by the PD. |
| 1 month prior to internal review | The IRP reviews the portfolio |
| THE DAY OF THE INTERNAL REVIEW | The IRP interviews PD, Faculty, and Residents |
| After the internal review & before the next GMEC meeting | IRP-Chair prepares the Internal Review Report and submits it to the GMEC members for review. |
| At the GMEC Meeting | The Internal Review Report is presented by the IRP-Chair for discussion, modifications, and approval |
| After the Internal Review Report is approved | A copy of the report is provided to the PD and the original is kept in the GME office |
| After completion of above process, the Compliance Tracking Policy will be implemented | The Program Director must present a Progress Report to the GMEC on any recommendation(s) made in the Internal Review Report at least every 3 months – until matter(s) are resolved. |

An accreditation status log will be kept by the Office of Graduate Medical Education for purposes of tracking the program's progress reports and to schedule present and future internal reviews for any current calendar year.

THE INTERNAL REVIEW PANEL

In accordance with the institutional requirements the Panel will consist of at least one faculty member and at least one resident. The faculty and resident must not be part of the GME program being reviewed. Additional internal or external reviewers/administrators may be included in the internal review as determined by the GMEC.

INFORMATION COLLECTION FOR PORTFOLIO

The internal review will use several means of primary data collection that will be part of the Portfolio.

- Internal Review Protocol
- Internal Review Report Form
- The ACGME Program Information Form (PIF) for the respective residency
- ACGME Institutional and Common Program Requirements
- RRC Program Specific Requirements
- Previous Internal Review Report and Progress Report(s) to the GMEC
- Previous Annual Program Evaluations
- The most current Accreditation Letter(s) and Program Response(s)
- Summary of the results of the internal or external Resident Surveys
- The program's annual program review report and action plan for program improvement **may** also be reviewed.
- Other materials the IRP may request to review:
 - The Resident Handbook
 - The Program's overall Goals and Objectives
 - Evaluation Forms (Residents, Faculty, and Program)
 - Duty Hour Reports
 - Conference Lists
 - PLA's with participating sites

INTERNAL REVIEW PROCESS

It will be the responsibility of the IRP chairperson to thoroughly orient the Panel as to the conduct of the internal review (e.g., meeting dates, assignments, interview scheduling, discussion and preparation of the Internal Review Report). Members shall be expected to be familiar with both institutional and common program requirements, as well as, specific program requirements for the program under review. The Panel will review, discuss and assess the program's effectiveness based on accreditation standards.

The Internal Review Panel will assess:

- The residency program's compliance with institutional, common and specific program requirements
- The educational goals and objectives of the program and the effectiveness of the program in meeting its goals and objectives
- The extent to which the program has demonstrated effectiveness of its stated educational outcomes relative to the ACGME general competencies;
- Educational and financial resources
- The effectiveness of the program in using evaluation tools and dependable outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
- The effectiveness in addressing areas of noncompliance and/or concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- Annual program improvement efforts in:
 1. resident performance using aggregated resident data
 2. faculty development
 3. graduate performance – performance of graduates on the certification examination
 4. program quality

INTERVIEW PROCESS

The Internal Review Panel will conduct a series of interviews with the representatives of the training program, including the program director, associate program director, core faculty, and residents. These meetings will be divided into at least three separate group sessions where specific elements related to the program director/associate program director, core faculty, and residents will be discussed respectively. The main goal of the interviews is to verify the documentation provided and to allow an open forum for any concerns residents and/or faculty may want to bring to the IRP's attention.

INTERNAL REVIEW REPORT

The IRP will present at the GMEC a formatted internal review report that addresses each component. Included in this report, the IRP will highlight areas in which improvement is needed.

PROGRAMS WITH NO RESIDENTS

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

- The GMEC must demonstrate continued oversight of those programs through a modified internal review that ensures the program has maintained the following:
- adequate faculty and staff resources,
- clinical volume,
- 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 must be completed within the second six-month period of the resident's first year in the program.