

## PROCEDURE GME 20

<b>Subject:</b> INTERNAL AND SPECIAL REVIEWS	<b>Effective Date:</b> NOVEMBER 2004
<b>Applies to:</b> HOUSTONMETHODIST HOSPITAL – GME PROGRAMS	<b>Date Revised:</b> June 2022
<b>Originating Area:</b> GRADUATE MEDICAL EDUCATION COMMITTEE	<b>Target Review Date:</b> June 2025

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### **I. GENERAL STATEMENT**

The Graduate Medical Education Committee (GMEC) will conduct an Internal Review of any new ACGME or non-ACGME program submitted for initial accreditation. In addition, the GMEC must demonstrate effective oversight of underperforming Programs through a Special Review process with a defined protocol that establishes criteria for identifying underperformance and results in a report describing the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

This procedure describes the processes for both Internal and Special Reviews of ACGME and non-ACGME accredited Programs approved by the GMEC. Exhibit 1 depicts the role of these Reviews in the continuous quality improvement cycle of education.

### **II. DESCRIPTION OF INTERNAL REVIEW AND SPECIAL REVIEW PROCESS**

- A. Internal Review. An Internal Review will be conducted on any Program seeking initial accreditation from the ACGME. Internal Reviews will also be conducted for non-ACGME accredited Programs seeking GMEC approval. The DIO will determine the materials to be assembled for the Internal Review Panel by using the guidelines of the appropriate accrediting or approving agency, if available.

An Internal Review may also be conducted on any Program seeking significant organizational changes that require GMEC approval, including but not limited to: major changes in program structure or length of training; requests for exceptions to the Resident duty hours; and increases in Resident Complement (i.e., more than 20% increase in total resident Complement or more than 1 FTE increase at each year of training). The DIO will make the decision on whether to conduct a complete or modified internal review. For a modified Internal Review, the DIO will determine the materials to be assembled for the Internal Review panel and the process or agenda for the review.

1. Scheduling Internal Review: The Department of Graduate Medical Education will schedule all Internal Reviews, constitute all Internal Review panels, and provide clerical support. The Department will ensure that Programs are notified on time and that materials for the Internal Review have been assembled and distributed to the Internal Review Panel members.

2. Selection of Internal Review Panel: With the advice of the DIO, the Graduate Medical Education Department will select no less than four individuals to review each Program. At a minimum, the Internal Review panel must consist of: the DIO (or GME Director), one Program Director, one Program Coordinator, and a Resident. No Internal Review Panel member may be selected from the Program, or its sponsored subspecialty Programs, being reviewed.
  3. Program Materials to be Submitted for Internal Review:
    - A. For new ACGME programs: At least one month prior to the date of the Internal Review, the Program Director will submit the completed application through ADS, including all uploads required by ADS as well as any other documents required by the GME Office and which are set forth in Exhibit 2.
    - B. For new non-ACGME programs: At least one month prior to the date of the Internal Review, the Program Director will submit the completed application to the GME Office, including all documents identified in the application as well as any other documents required by the GME Office and which are set forth in Exhibit 2.
    - C. For Internal Reviews of existing programs as described in Section A, above, the Program will submit the records of: at least one current Resident, a Resident with ECFMG certification, a recent program graduate, and all transfer Residents. The GME Office will provide: results of the most recent ACGME and GME Surveys of Residents and Faculty, a listing the past year's duty hour violations; and the program's most recent Annual Program Evaluation.
  4. Materials for Internal Review Panel: The GME Office will distribute an Internal Review packet to the Internal Review panel members approximately 7-10 days prior to the Internal Review. The packet will include the documents listed in #3, above as well as the ACGME Institutional Requirements and Program Requirements for the specialty (and subspecialties if appropriate) or other program requirements applicable to non-ACGME programs.
  5. Conduct of the Internal Review: The purpose of all interviews will be to assess the Program's compliance with the ACGME Institutional, Common Program, and Program-specific requirements, the completeness and accuracy of the submitted PIF, and the general educational and clinical experiences of the Residents. The Panel will interview the following individuals in separate sessions: Program Director, Department Chair, Representative Faculty, and other individuals deemed appropriate by the Program or DIO.
  6. Assessing Compliance with ACGME Requirements: The Internal Review panel will specifically appraise the Program's: educational objectives and effectiveness in meeting them; compliance with Institutional, Common, and Program requirements; adequacy of resources to meet educational objectives and pertinent requirements; and effectiveness in addressing deficiencies, areas of noncompliance, and concerns identified by the Internal Review Committee.
- B. Special Review. The GMEC must demonstrate effective oversight of underperforming programs, both ACGME-accredited and GMEC-approved programs, through a Special Review process that addresses the following indicators of underperformance:
- Potential problems identified during the DIO's or the RRC's review of annually submitted data to the ACGME

- Potential problem areas identified during review of the Annual Program Evaluation.
- Factors underlying deterioration in a program's performance, including but not limited to:
  - Decrease in board pass rate, particularly below the RRC's established rate
  - Increase in resident, faculty, or program director attrition
  - Increase in the number of Adverse Academic Actions against the Program's residents
- Repeated problems rated substantially less than the Institutional Quality Benchmarks (4.0 or 90%) on the GME Annual Resident and Faculty Surveys
- Repeated problems identified on the ACGME Resident and Faculty Surveys
- Complaints against a program
- Failure of the program to address duty hour violations
- Failure of the program to make significant progress on the previous year's action plans described in the written and Annual Program Evaluation

In general, a Program will not be required to produce any detailed written documentation for a Special Review. The DIO will identify all materials to be given to the Special Review Panel based on the reasons for conducting the Review. Materials to be reviewed may include:

- ACGME Common, specialty/subspecialty Program and Institutional Requirements;
- ACGME Letters of Notification;
- Prior Annual Program Evaluations and resultant action plans;
- ACGME and GME resident and faculty surveys;
- Other materials the DIO deems necessary and appropriate.

The composition of the Panel and the interviews to be conducted will follow the description for Internal Reviews except the Panel will also include peer-selected residents from each level of training. The DIO may also request that another academician or Hospital Senior Administrator may be asked to be a member of the Special Review Panel.

- C. Written Report of Internal and Special Reviews: The Internal Review Panel will compose a written report that describes its findings and will submit a succinct summary for inclusion in the GMEC minutes. Each report must include the following:
- The name of the Program reviewed
  - The date of the Review
  - The names and titles of the Review Panel members with identification of Resident members
  - A brief description of how the Review was conducted, including the materials reviewed and the names and titles of those interviewed
  - A discussion of the specialty-specific Program (or Subspecialty) Program Requirements
  - A list of deficiencies, areas of noncompliance, or concern from the ACGME, previous Internal Reviews, or the Program's Annual Program Review
  - The report of a Special Review must describe:
    - i. the quality improvement goals
    - ii. the corrective actions
    - iii. the process for GMEC monitoring of outcomes

- D. Documentation of Internal or Special Review: The GME Department will complete the Documentation of Internal or Special Review Form (Exhibit 2) and obtain the signature of the Internal or Special Review Panel Chair.
- E. Presentation of Internal and Special Review Reports to GMEC: The Chair of the Review panel will present its report at the Accreditation and Oversight Subcommittee meeting followed by the next GMEC meeting after the Review. The GMEC will formally approve the report and may make additional recommendations for correcting deficiencies. Copies of the complete Internal Review report as approved by the GMEC and signed by the DIO will be sent to the Program Director and Chair, who must acknowledge receipt of the Internal Review report but may offer corrections or clarification. The final report of each Review with recommendations and response from the Program Director will be filed in the GME Office for incorporation into the Annual Institutional Review. The GMEC, with support from the GME Office, will be responsible for monitoring areas of noncompliance and the Program's progress toward correcting deficiencies.
- F. Action Plan: If the Internal or Special Review identified deficiencies or areas of noncompliance, the GMEC and DIO will assist the Program Director in developing an Action Plan for correction. The GMEC will also monitor the Program's progress in correcting the identified deficiencies.

#### **IV. COMMITTEE REVIEWING OR APPROVING PROCEDURE:**

1. Graduate Medical Education Committee [11 November 2004] [revised 13 July 2006] [9 February 2009] [October 11, 2018] [May 2022]

#### AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Institutional, Common Program, and Program-Specific Requirements.

**Exhibit 1.1 Internal Review Process of Houston Methodist-Sponsored GME Programs**

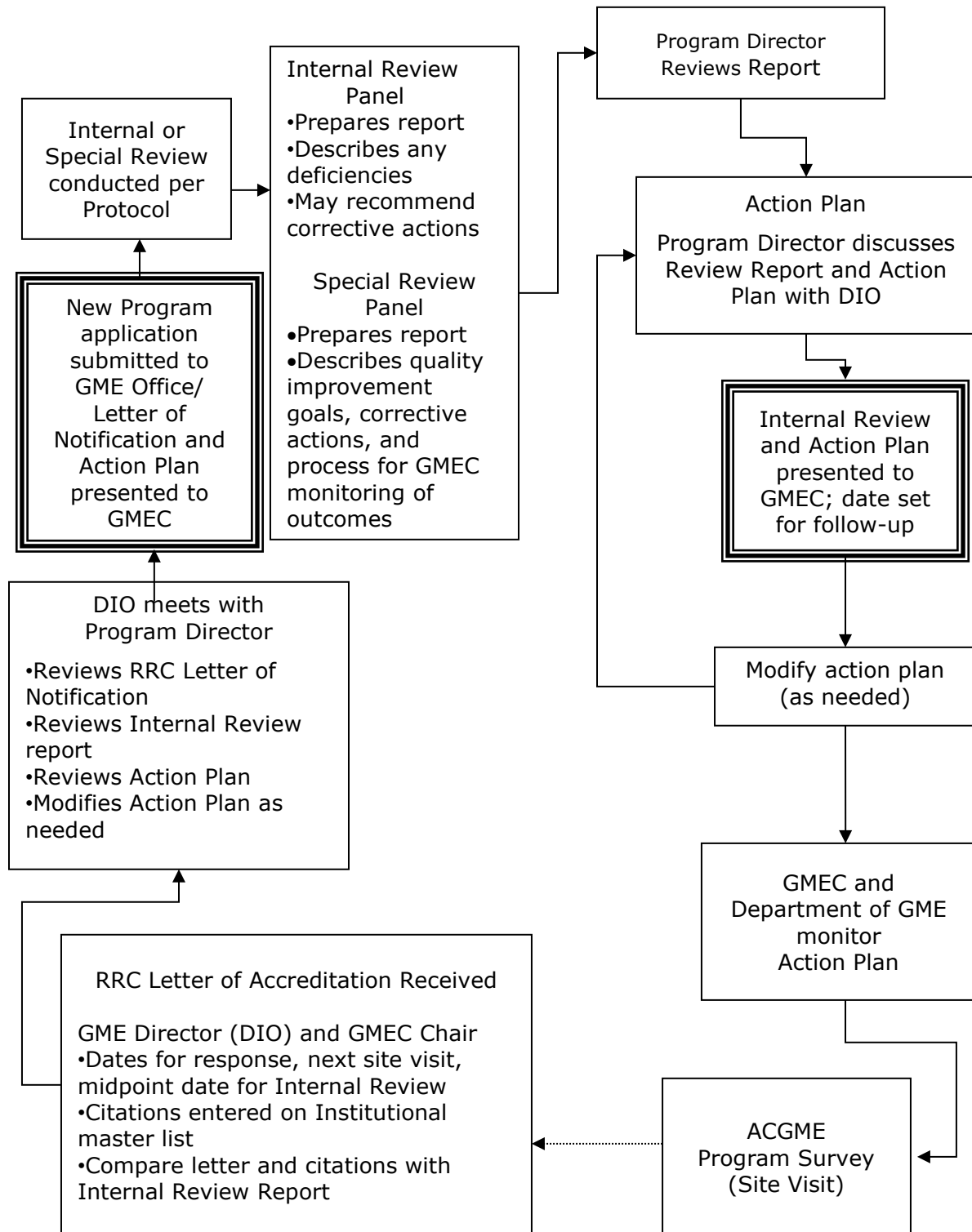


Exhibit 2. Documentation of Review

<b>Program:</b>	<b>Date of Internal Review/Special Review::</b>
<b>Names and Titles of Review Subcommittee Members:</b>	<b>Program/Institution:</b>
- DIO, Chair of Panel	GME - Houston Methodist Hospital (HMH)
, MD - Program Director	- HMH
, MD - PGY Resident	HMH
, MD - PGY Resident	HMH
- Program Coordinator	HMH
- ACGME Institutional Coordinator	Education Institute - HMH
<b>Names and Titles of Panel Members Interviewed:</b>	<b>Program/Institution:</b>
- Department Chair	HMH
- Program Director	HMH
- Faculty	HMH
- Faculty	HMH
- Faculty	HMH
- Faculty	HMH
- PGY Resident	HMH
- PGY Resident	HMH
- PGY Resident	HMH
<b>Common Program Materials Reviewed by Panel and Subcommittee</b>	<b>Y=Yes, N=No, N/A=Not Applicable</b>
<b>GME Office Responsibilities:</b> <ul style="list-style-type: none"> <li>- ACGME Common, Specialty/Subspecialty-Specific Program, and Institutional Requirements in Effect at Time of Review</li> <li>- Accreditation Letters of Notification from Previous ACGME Reviews and Progress Reports Sent to Respective RRCs</li> <li>- Reports from Previous Internal Reviews of Program</li> <li>- Results from Internal (GME and Program) and External Resident (ACGME) Surveys</li> <li>- Documentation of Annual Program Evaluations and Written Improvement Action Plans</li> <li>- Documentation of Resident Duty Hour Violations</li> </ul>	
Completed PIF or Non-ACGME Application	
<b>Policies &amp; Procedures:</b> <ul style="list-style-type: none"> <li>- Policy for Program Eligibility, Selection and Appointment</li> <li>- Policies &amp; Procedures for Resident Duty Hours and Work Environment</li> <li>- Policy for Moonlighting</li> <li>- Policy for Supervision of Residents</li> <li>- Transfer Protocols and Sample Educational Materials Related to Hand-overs/Transfers</li> </ul>	
Overall Educational Goals & Objectives for the Program	
Competency-based Goals & Objectives for Each Assignment at Each Educational Level	
Conference Schedule	
Resident Logs of Attendance at Conferences/Lectures, etc.	
<b>Resident Files:</b> <ul style="list-style-type: none"> <li>- Transfer Resident Files (All)</li> <li>- Current Resident Files (At least one)</li> <li>- Foreign (ECFMG) Resident Files (At least one)</li> <li>- Graduate Resident Files (Recent)</li> <li>- Documentation of: <ul style="list-style-type: none"> <li>o Evaluations for Residents at Completion of Each Assignment</li> <li>o Evaluations for Residents Showing Use of Multiple Evaluators (Faculty, Peers, Patients, Self, Other Professional Staff)</li> <li>o Residents' Semiannual Evaluations of Performance with Feedback</li> <li>o Final (Summative) Evaluation of Residents, Documenting Performance and Verifying the Resident has Demonstrated Sufficient Competence to Enter Practice Without Direct Supervision</li> <li>o Completed Annual Written Confidential Evaluations of Faculty by Residents</li> <li>o Completed Annual Written Confidential Evaluations of Program by Residents</li> <li>o Annual Written Confidential Evaluations of Program by Faculty</li> </ul> </li> </ul>	
Sample Documents Offering Evidence of Resident Participation in Quality Improvement and Safety Projects	

