

Partners Protocol for Internal Reviews of ACGME Graduate Medical Education Training Programs of the Brigham and Women's and Massachusetts General Hospitals

Background:

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements mandate that the sponsoring institutions' Graduate Medical Education Committees (GMEC) develop, implement, and oversee a process of internal program reviews. At the Brigham and Women's Hospital (BWH) and the Massachusetts General Hospital (MGH) this responsibility is carried out by the BWH Education Committee (BWHEC) and the MGH Executive Committee on Teaching and Education (ECOTE), respectively. Among other designated responsibilities, these committees provide oversight to the internal review process, review and approve reports, and monitor programs' action plans in response to both internal and external reviews.

Purpose:

Internal reviews of accredited residency and fellowship training programs, managed by the Office of Graduate Medical Education (OGME), are conducted in accordance with accreditation requirements in order to assess and enhance the quality of sponsored residency and fellowship programs. These rigorous internal evaluations complement the external reviews that are conducted by the ACGME through its Residency Review Committees (RRCs) and/or by other accrediting organizations. The internal review report addresses compliance with ACGME requirements and the program's ability to train competent physicians with documented competencies and measured outcomes; it includes suggestions for improvement and recommendations for further monitoring as appropriate.

Frequency and Timing:

The internal review process for each accredited program is carried out at least once every five years at the approximate mid-point of the accreditation cycle. Due to the scope and duration of the internal review process, internal review meetings will sometimes occur prior to or after the actual midpoint. Earlier reviews may be triggered by (a) significant concerns from prior RRC or internal reviews, (b) major changes in program or division leadership, structure, size or curriculum, or (c) other considerations raised by or addressed to the GMEC or Partners GME leadership. Reviews may be delayed beyond the midpoint of the accreditation cycle in the following circumstances: (a) no trainees are enrolled at the midpoint, (b) a program is in the midst of a leadership transition, or (c) one-year programs should be reviewed toward the *end* of the academic year, so that trainees will have had sufficient experience in the program to give an informed assessment.

Process Overview:

The entire internal review process may span across five months or more, and involves the following actions taken by the OGME:

- 1) Determining the midpoints and appropriate timing for the review
- 2) Notifying the program director (in writing) when it is time to schedule the internal review meeting, and instructing the program director to invite program participants
- 3) Informing the GMEC that the internal review is in process, which is documented in the minutes
- 4) Selecting participants to serve on the internal review committee (IRC)
- 5) Collecting required materials/other documents from the program prior to the review
- 6) Conducting the internal review meeting
- 7) Drafting the internal review report and obtaining input from IRC members
- 8) Obtaining GMEC review and approval of IRC reports; distributing the final report
- 9) Ensuring appropriate follow up by collecting written responses from program and presenting progress reports to the GMEC as appropriate.

Materials for Review:

Upon scheduling the internal review, the OGME will ask program director to submit the program documents listed below at least 15 days prior to the internal review meeting, so that IRC members have sufficient opportunity to review.

- Program Director's Questionnaire
- Copies of the two most recent accreditation letters
- Program responses and/or progress reports submitted to the RRC
- Program curriculum
- Duty hour reports (for previous 3 months)
- Program supervision policy
- Evaluation *templates* (i.e., evaluation templates of trainee, faculty and program)
- Trainee evaluations of the program (i.e., summative program evaluation *results* from previous academic year)
- Any additional materials relevant to the review as requested by the OGME or GMEC (this may include information such as summary of in-training exam results and/or board exam results of recent graduates; diversity among recruited trainees; conference attendance; compliance with evaluation process; etc.)

In addition, the OGME will provide the IRC members with:

- ACGME Institutional, Common, and program level (specialty or subspecialty) requirements— excerpted or in full
- Reports from previous internal reviews
- Data from the program's most recent ACGME resident survey

IRC Participants:

The OGME, on behalf of the sponsoring hospital's GMEC, solicits volunteers to serve on the IRC specifically appointed for each program review. Each IRC is comprised of three to six individuals, including one of the GME directors and the OGME project manager responsible for internal reviews. As required by the ACGME, the IRC includes "at least one faculty member and at least one resident from the sponsoring institution". Members are selected from among program directors or associate directors, teaching faculty, current trainees, and GME administrators. The IRC members are selected from programs other than the one under consideration.

The Internal Review Meeting:

The internal review meeting is approximately two hours in duration. The IRC conducts three separate interviews with: (1) current trainees; (2) key faculty members and, in some circumstances, site directors; (3) the program director. The program director may include associate directors (if any) and/or program administrators in the interview.

The program director is responsible for inviting all current trainees enrolled in the program to the internal review meeting by informing them of the date, time and location, and distributing the "Internal Review Trainee Interview Outline" (provided by OGME). While all trainees are welcome to participate in the internal review interview, it is recognized that this may not be logistically possible. At a minimum, the committee will interview two peer-selected trainees from each level of training in the program; large programs will be asked to ensure that a sufficient number of residents participate. Residents who wish to contribute but cannot come to the meeting are invited to provide input at another time. Programs with fewer than three trainees are asked to arrange for all trainees to attend. From time to time, recent program graduates may also be interviewed by the IRC. The program director or coordinator must also arrange for key faculty members, associate directors and/or site directors to attend the meeting.

Content of the Review:

In accordance with ACGME's revised Institutional Requirements effective 7/1/07, the IRC assesses the program's overall quality and effectiveness with special attention to:

- 1) Compliance with national accreditation standards and institutional policy, including duty hours, trainee working conditions, quality of supervision, mentoring, available research opportunities, and other scholarly activities of trainees;
- 2) The sufficiency and appropriateness of the program curriculum, along with competency based educational goals and objectives, including whether and how these are met;
- 3) The availability and program use of educational, technological and financial resources;

Content of the Review (cont'd):

- 4) Improvements made to address previous citations, recommendations and/or adverse findings from prior internal and external reviews;
- 5) Evaluation tools and measures used to assess individual trainee's progressive growth and competence throughout training in each of the six ACGME core competencies, to include assessment of measurable outcomes;
- 6) Educational outcomes in competency based skills and attitudes;
- 7) Measures taken to continuously improve the program in regards to: graduate performance on board examinations and career paths post-training; annual program evaluation; faculty development and annual faculty evaluations.

The six core competencies defined by the ACGME (detailed below) are an important focus of the internal review.

1. **Patient care** that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health;
2. **Medical knowledge** about established and evolving biomedical, clinical and cognate (e.g., epidemiological and social-behavioral) sciences, and the application of this knowledge to patient care;
3. **Practice-based learning and improvement** that involves resident investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence and improvements in patient care;
4. **Interpersonal and communication skills** that result in effective information exchange and "teaming" with patients, their families and other health care professionals
5. **Professionalism**, as demonstrated by a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population;
6. **System-based practice**, as manifested through actions that demonstrate an awareness of and responsiveness to the larger context and system for health care, and the ability to effectively call on system resources to provide care that is of optimal value.

With respect to these competencies the internal review assesses:

- a) whether and how well the training program has defined its goals and objectives and designed its curriculum according to the ACGME competencies;
- b) how well the program has defined the specific knowledge, skills, and attitudes required for competence and articulated appropriate expectations for progress and performance in these areas;
- c) the provision of educational experiences that allow residents to achieve and demonstrate competence;
- d) the use of a variety of evaluation instruments to assess individual residents' achievement of the ACGME-defined competencies;
- e) implementation of a process that evaluates and promotes program improvement with respect to educational outcomes.

Approval and Distribution of the Final Report:

Written reports from the IRCs are presented to the sponsoring hospital's GMEC for consideration, potential revision, and approval—generally at the next meeting of the committee. Upon approval, the final report is forwarded to the program director and copied to the sponsoring hospital's Chief Medical Officer (CMO), the department chair (both chairs for integrated programs), the division chief (where applicable), the program director of the related residency in the case of fellowship programs, and the coordinator or program manager. Final reports for integrated programs are presented at a subsequent meeting of the sister institution's GMEC.

Follow-up to the Internal Review:

The GMEC is responsible for monitoring program improvement to ensure that this principal goal of the internal review is achieved. Program directors are asked to respond in writing to each IRC recommendation by a defined date. The program director's response and any additional requested materials or progress reports are reviewed by the OGME and presented to the GMEC for discussion and action.

Availability of IRC Reports for ACGME Site Visits:

Final internal review reports are submitted as a required part of the Institutional Review Document (IRD), according to current institutional requirement (unless the site visitor is conducting a program-level review during same visit). Site visitors evaluating individual programs are provided with information regarding the timing and process of the internal review, but not the results.

Appendix: Additional Notes Regarding Internal Reviews

Timing: Determining the Midpoint of the Accreditation Cycle

Midpoints will be determined according to (1) the program's previous ACGME/RRC accreditation letter (wherein the approximate date of the next internal review may be designated), or (2) the Institutional Review Document (IRD) on the ACGME web site, or (3) via calculation, when the midpoint is not listed in either of the previous two documents or when conflicting information exists in the aforementioned sources. The accreditation cycle midpoint is calculated from the date of the RRC's meeting at which accreditation action was taken, to the date of the next site visit. (Note: the OGME will notify the program director that it is time to schedule the internal review approximately two to three months prior to the midpoint, in order for the actual meeting to occur on or about the midpoint.)

Components of the Internal Review Report

After the internal review meeting, the OGME will draft the initial report for review and editing by the IRC. In addition to the content of the interviews and IRC recommendations, the resulting report includes the following components: Program name; midpoint date; GMEC review date; names and titles of the IRC; names of attendees who were interviewed; a brief description of the internal review process and how the internal review was conducted; sufficient documentation of a thorough review in keeping with the GMEC protocol; a list of citations from the previous site visit and the program's response to each citation, if required; and a list of previous internal review recommendations and the program's response to each recommendation.

Vacant Programs

Programs that have no residents enrolled at the mid-point will not be reviewed, but will be expected to maintain adequate resources (faculty, staff, patient volume, etc.) and to demonstrate compliance with ACGME requirements before enrolling a trainee. The GMEC must be notified if the program plans to recruit and enroll a new trainee, in order for the GME Office to evaluate program resources. The program will then undergo an internal review within the second six-month period of its first trainee enrollment.

Approved by the Partners Education Committee 11/16/07