

POLICY: Internal Review Protocol

Purpose:

To establish an Internal Review process for UCSF Fresno medical education training programs that will enable an Ad Hoc Internal Review Committee (IRC) to consider programs for special reviews at the recommendation to the GMEC, DIO, or the Associate Dean of GME. The IRC can make recommendations to the GMEC to change policy as needed to comply with ACGME Institutional Requirements regarding the Special Review Process.

Definitions:

Focused Report: A verbal report provided to GMEC regarding areas of concern that need further explanation for the IRC to determine the appropriate action to be recommended.

Targeted Review: A modified internal review of a program. This consists of reviewing specific areas within a program. The specific areas to be reviewed in the program will be determined by one or more performance indicators identified in the Internal Review protocol section below. Some data collection may be required as outlined under the special review processes section.

Special Review: A full internal review of a program. This would consist of reviewing all aspects of a program against compliance of their ACGME standards for that individual program (Institutional, Common Program and Specific Program Requirements).

Protocol:

- The IRC reviews all UCSF Fresno programs as needed for program underperformance.
- Composition of IRC consists of GME support staff, GME director, DIO (IR Chair or designee), leadership and faculty from current programs within UCSF Fresno and when needed a house staff member will be selected to participate. Leadership and faculty IRC members are selected by the DIO (or designee) as needed in participation on the committee which also includes participation on any Special and Targeted review for any UCSF Fresno programs.
- Performance Indicators
The IRC on an annual basis will review the Institutional Dashboard that contains the following performance indicators (at a minimum) to determine if the program is underperforming and what type of review the program should receive, if any.
 - Accreditation Status
 - Accreditation Cycle Length
 - CLER Outcomes
 - Board Scores
 - In-service Exam Scores
 - Accreditation Citations
 - Faculty and Resident ACGME Surveys
 - Compliance & Documents in WebADS
 - Annual Program Review Actions
 - Annual Reports to GMEC
 - Work Hours
 - Changes within Programs
 - Documentation Review (Policies, Files, Evaluations, Etc.)
 - Scholarly Activity (resident and faculty)
 - Quality and Patient Safety Improvements
 - Procedure Compliance

Additional performance indicators may be reviewed depending on the program's specialty, department policies or at the request of the IRC.

- **Outcomes Options**
The IRC, after their review, will determine if a program's underperformance requires one of the following reviews:
 1. Focused Report
 2. Targeted Review
 3. Special Review

Depending on the outcome, a Focused Report and Targeted Review can initiate a Special Review.

- **Programs with the following accreditation status will be prompted for a Special Review:**
 1. Continuing Accreditation with Warning
 2. Initial Accreditation with Warning; and
 3. Adverse accreditation status as described by the ACGME policies

(I.B.6.a of ACGME Institutional Requirements)

Processes:

1. Focused Report

- a. The program will be notified of the IRC's decision for an updated report and the area(s) of concern.
- b. The program will be scheduled to report at the next scheduled GMEC meeting.
- c. The IRC Chair will determine if the report was sufficient, if the program needs a targeted or special review and/or any additional monitoring requirements, and if further reporting is necessary.
- d. The outcome will be reported at the next scheduled GMEC meeting.

2. Targeted Review

- a. The program will be notified of the IRC's decision for a targeted review and the specific areas that will be reviewed which may include some data review.
- b. The targeted review committee consists of the following:
 - Review Chair
 - GME Director
 - GME Support Staff
 - One (1) faculty member from outside the reviewed program (if applicable)
 - One (1) house staff member from outside the reviewed program (if applicable)
- c. Communications of Targeted Review
 - Orientation Email
 - Review of committee materials and assignments with appropriate due dates
 - Collection of Assignments and Findings:
 - Each committee member will provide the GME support staff with their completed assignment and findings
 - Some assignments may include data review
 - Targeted Review Report
 - After completion of the review report (includes quality improvement goals and recommended action plans), the GME support staff will provide a copy to the Targeted Review committee for approval
 - Outcome Meeting
 - Present report to the program director/chief of the program being reviewed
 - Incorporate comments and/or input from program director/chief
 - Prepare updated report for the GMEC for review and approval

- d. Report to the GMEC
The IRC will present to the GMEC a written summary report of its findings as well as an institutional plan of action to report/update the program's progress to the GMEC for monitoring.
- e. Monitoring of the action plan outcomes will be completed during the program's meetings with the Associate Dean and/or DIO, and in their annual program report to the GMEC, and any additional follow-up the IRC has requested.

3. Special Review

- a. The program will be notified of the IRC's decision for a special review
- b. The special review committee will consist of the following:
 - Review Chair
 - GME Director
 - GME Support Staff
 - One (1) faculty member from outside the reviewed program (if applicable)
 - One (1) house staff member from outside the reviewed program (if applicable)
- c. Communications of Special Review
 - Orientation Email
 - Review of committee materials and assignments with appropriate due dates
 - Collection of Assignments and Findings
 - Each committee member will provide the GME support staff with their completed assignment and findings
 - Special Review Report
 - After completion of the review report (includes quality improvement goals and recommended action plans), the GME support staff will provide a copy to the Special Review committee for approval
 - Outcome Meeting
 - Present report to program director/chief of program being reviewed
 - Incorporate comments and/or input from program director/chief
 - Prepare updated report for the GMEC review and approval
- d. Data Review
Data reviewed by the special review committee may consist of at least the following:
 - ACGME Institutional, Common and program-related and/or subspecialty requirements
 - ACGME notification letters – both institutional and program related
 - CLER concerns or areas identified for the program
 - Frequent or common citations as provided by the specific RC
 - Results of the latest ACGME faculty survey
 - WebADS documentation
 - Annual reports presented to and approved by the GMEC
 - Annual program reviews/Action Plans from the reviews
 - Core competency data
 - Duty hour reports
 - Written curriculum, including goals and objectives for each rotation
 - Results of the latest ACGME resident survey
 - Questionnaires completed by residents and faculty
 - Quarterly Monitoring Reports related to resident academic actions
 - Program oversight information from Chief/Program Directors Meeting
 - Files/Documents within review.
 - Program policies and procedures
 - Scholarly Activity – Faculty/Resident
 - Quality Improvements/Patient Safety Improvements (evidence of)
 - implementation of milestones into evaluations (or plan to implement)
- e. Questionnaires

Internal questionnaires will be provided to house staff and faculty of the program under review. These questionnaires will assist the review committee.

f. Interview Process

Interviews will take place with the program director, core faculty and house staff members. If necessary, additional interviews may take place.

g. Process/Protocol Objectives

- Analyze outcome of data reviewed including questionnaires and interviews.
- Review any CLER reports and determine the program's effectiveness in correcting any deficiencies noted.
- Identify any new issues that affect program effectiveness due to changes in the ACGME requirements or changes in the program.
- Identify and address any unusual monitoring data.
- Determine the program's effectiveness in defining specific knowledge, skills and attitudes and providing educational experiences necessary for residents/fellows to demonstrate proficiency in the core competencies.
- Determine if the program can provide evidence of outcome measures used to assess a resident's/fellow's competence in each of the core competencies.
- Determine if the program has implemented milestones into their evaluations or has a plan to implement them.
- Determine if the program can demonstrate evidence of a process that links the educational outcomes with program improvement.

h. Report to the GMEC

The IRC will present to the GMEC a written summary report of its findings as well as an institutional plan of action to report/update the program's progress to the GMEC for monitoring.

i. Monitoring of the action plan outcomes will be completed during the program's update meeting with the Associate Dean and/or DIO, in their annual program report to the GMEC, and any additional follow-up the IRC has requested.