

**STONY BROOK UNIVERSITY HOSPITAL
GRADUATE MEDICAL EDUCATION
POLICIES AND PROCEDURES**

POLICY: INTERNAL REVIEW OF GME PROGRAMS

PURPOSE

To conduct internal reviews of all ACGME-accredited programs to assess whether each program is in compliance with the Institutional, Common and Specialty/Subspecialty-Specific Requirements and provides educational experiences for the residents/fellows to demonstrate competency in the following areas: patient care skills, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

PROCESS

1. Internal reviews are conducted on all ACGME-accredited residency/fellowship programs. A scheduled review takes place approximately by the recommended midpoint of the accreditation cycle.
2. A subcommittee is appointed on behalf of the GMEC to conduct the internal reviews. The committee consists of a program director, from a program other than the one being reviewed, that serves as chair, a resident/fellow from a program other than the one being reviewed, the Vice Dean for GME/DIO and/or the Assistant Dean for GME and the Hospital GME Coordinator. Additional members may include faculty or staff from programs other than the one being reviewed.
3. The internal review committee is provided with the last ACGME accreditation letter with responses (if applicable), the last internal review report, annual program evaluations, results from internal or external resident surveys, and Institutional, Common and Specialty/Subspecialty-Specific Program Requirements from the ACGME *Essentials of Accredited Residency Programs* and any other documentation as requested.
4. A meeting (or meetings) is scheduled for the committee to interview the program director, key faculty, at least one peer-selected resident from each level of training in the program, the residency coordinator and any others deemed appropriate by the committee.
5. During the interviews, the committee will assess each program's:
 - a. compliance with the Common, Specialty/Subspecialty-Specific Program and Institutional Requirements including but not limited to:
 - Professionalism, Personal Responsibility and Patient Safety
 - Transitions of Care
 - Alertness Management/Fatigue Mitigation
 - Supervision of Residents
 - Clinical Responsibilities
 - Teamwork
 - Resident Duty Hours;

- b. the educational objectives and effectiveness in meeting those objectives;
- c. educational and financial resources;
- d. effectiveness in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification and previous internal reviews;
- e. effectiveness of educational outcomes in the ACGME general competencies;
- f. effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies;
- g. annual program improvement efforts in resident performance using aggregated resident data, faculty development, graduate performance including performance of program graduates on the certification examination, and program quality;
- h. compliance with duty hours, supervision, evaluations, work environment, research and scholarly activity, resident responsibilities

The committee utilizes a set of review protocols when interviewing the program director, the faculty as a separate group, and the residents/fellows as a separate group. The answers to these questions along with the documentation are used to prepare the report.

6. Following the interviews, a written report is prepared based on the findings of the review committee. The review report is sent to the Chair of the GME Committee with copies to the program director of the program being reviewed. The report must address the elements of the ACGME Institutional Requirements including strengths, weaknesses, concerns, opportunities, the program's compliance with duty hours as well as future goals, and mechanisms for follow-up.

7. The GME Committee will review the report at its next regular meeting and make recommendations for follow-up as appropriate. If any concerns were cited, the program director of the program being reviewed will submit a follow-up report with action plans, if needed, to the GMEC.

8. If a program has no residents at the mid-point internal review, a subsequent review will be conducted six-months after a resident begins training to completely assess the program.

9. In addition to mid-cycle reviews, the GMEC and DIO will conduct an annually review of the programs through self assessments with programmatic quality improvement (report card) which will be presented to the GMEC and the Governing Body.

Revised and Accepted: July 2002

Reviewed and Accepted: November 18, 2003

Revised: March 10, 2004

Reviewed and Accepted: March 22, 2004

Reviewed and Approved: March 23, 2009

Reviewed and Approved: June 20, 2011