

## **Internal Review Roles and Responsibilities**

### **Background**

Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle. The accreditation cycle is calculated from the date of the meeting at which the final accreditation action was taken to the time of the next site visit. Most RRCs now report the expected date of the internal review on the accreditation letter. Failure to ensure these steps occur can result in an accreditation citation. The responsibility for a timely review is a responsibility shared by both the institution and the program.

### **Process**

The E-Value system has been programmed to automatically release an e-mail to the program director, program coordinator, department chairman, department administrator and GME office beginning 10 weeks before the program's internal review must be completed. This e-mail will be repeated every 14 days until the date of the RRC reported mandatory completion date occurs. The repeat e-mail will serve as a constant reminder of the time frame and tasks.

### **Responsibilities**

The following responsibilities are assumed upon release of the E-Value notification:

#### **Program Coordinator**

1. Schedule a brief 15 minute overview session which is to include the program director, the program coordinator and the DIO or designate.
2. Coordinating the internal review date and schedule with the program administration, physician and resident reviewer and DIO's schedules.
3. Coordinate the scheduling of the actual review day including the following:
  - a. Make available all documents outlined on the program director's worksheet
  - b. contact the DIO or designate at least three days prior to the review (see attached overview) to evaluate any foreseeable changes to the generic schedule provided
  - c. Be available for questions and schedule adjustments on the day of review (as necessary)

#### **Program Administration**

1. Complete all requested documents in full.
2. Electronically submit of all internal review materials at least 7 calendar days prior to the scheduled internal review day.
3. Ensure that necessary steps have been taken to ensure availability of supplemental documentation, program director, faculty and residents for the internal review.

#### **GME Administration**

1. At the time of the initial 15 minute overview, the DIO or designate will provide the program with the names of the faculty and resident reviewer.
2. Ensure that all essential background documents (e.g. most recent internal review and most recent accreditation letter) are electronically available.
3. Provide full electronic access to the tools which are required to conduct the review (e.g. Program Director's Worksheet).
4. Provide explanations for required documentation and Program Director Worksheet inquiries.
5. Provide E-value supplemental data (if requested).
6. Provide assistance in completion of competency section of Program Director's Worksheet.
7. Draft post-review report and submit to the faculty and resident reviewers for review and comment
8. Coordinate presentation of report at the Graduate Medical Education Committee immediately following final review of the panel's report
  - a. Make final report and recommendations for follow-up (if appropriate) available to the program administration within 2 weeks of presentation of the report to the Graduate Medical Education Committee.



## **Internal Review Structure**

The internal review occurs in several sessions. Session length are program-specific and often related to the issues identified in the Program Director's Worksheet, the number of citations on the most recent internal review summary or RRC letter of accreditation, or feedback from resident surveys (LUMC or ACGME-administered). Program coordinators must contact the DIO or designate no less than two days and after submission of the PIF and no less than three days prior to the review to confirm the expected length of each interview. Minor modifications to the schedule may be required on the day of the review based on information gathered during the process of the review.

At a minimum, internal reviews must include:

1. the program director
2. key faculty members
3. at least one peer-selected resident from each level of training in the program
4. program coordinator (to review available documentation)

The expected sessions and lengths are as follows:

1. Interview with program director to review Program Director Worksheet and other facets of program (1.5 hours)
2. interview with key faculty members as a group (unless otherwise requested) (45 minutes)
3. interview with residents as a group (unless otherwise requested) (1 hour)
4. review of supplemental documentation (if necessary) (30 minutes)

Please note that program directors may choose to ask program coordinators to participate in the program director session. Neither program directors nor program coordinators are allowed to participate in the key faculty or resident sessions.