

## **Medical Education Policy: Graduate Medical Education Internal Review - AOA**

Facility: CMC

Origin Date: October 2007

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Sponsor: GMEC

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### **1. PURPOSE:**

To define the processes and procedures used by the institution and the GMEC to provide oversight and assurance of GME program quality and compliance with accreditation standards. In addition, please see the AOA's Internal Review Policy at: <https://www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/Documents/internal-review-of-residency-programs.pdf>

### **2. SCOPE:**

This policy applies to all AOA accredited Carilion Clinic based GME programs sponsored by the Via College of Osteopathic Medicine.

### **3. DEFINITIONS:**

- A. "Internal Review" is a process conducted by the institution with oversight of the DOME and GMEC that (1) evaluates compliance with current AOA standards found in the Basic Document for Postdoctoral Training and the specialty specific Basic Standards for Residency Training; (2) determines the status of resolution of all previous Program and Trainee Review Committee (PTRC) site survey citations; (3) determines the status of annual program evaluation of quality; and, (4) recommends areas for program quality improvement. The Internal Review is a fact-finding process designed to engage program directors, faculty and residents in continuous quality improvement in their educational programs. GMEC oversight is intended to assure compliance with standards, promote program quality improvement, and create an opportunity for program directors to collaborate and share experiences and educational resources in the spirit of a community of learners and educators.
- B. "Modified Internal Review" is a process, described below, that is applied to newly approved or existing GME programs without residents at the time of a scheduled internal review.
- C. "Director of Osteopathic Medical Education (DOME)" is a certified osteopathic physician appointed by the institution who provides the oversight, administration, and accountability of the institution's AOA approved programs.

- D. Program Trainee Review Council (PTRC)” is the committee of the American Osteopathic Association (AOA) that has final authority for graduate medical education program and trainee actions.
- E. “Accreditation Cycle” is defined as the period of time that the PTRC grants to programs from the date of the most recent accreditation decision to the time of the next scheduled site visit. This time period is identified in the most recent PTRC program accreditation letter.
- F. “Mid-Point Date” is defined as the date halfway through the Accreditation Cycle. The Mid-Point Date is the time set by the AOA for the Internal Review to occur. For Carilion Clinic dual accredited programs (AOA and ACGME) in the same specialty, the internal review process for the program may be conducted simultaneously with the review process for ACGME programs (see Internal Review Policy – ACGME Programs) provided that the simultaneous review is conducted within 12 months of the Mid-point of the AOA Accreditation Cycle. If the dual program review period exceeds the time of the AOA required Mid-Point Date by more than 12 months, a complete and separate AOA internal review will be required.
- G. “Internal Review Date” is defined as the date of the first meeting of the Internal Review Committee to initiate the review process. The Internal Review Date will be recorded on the Internal Review Report Form and will be recorded in the minutes of the next regularly scheduled meeting of the GMEC after the initiation of the review. The Internal Review Date may occur before the Mid-Point Date and no later than the 30 days after the Mid-Point Date.
- H. “Internal Review Completion Date” is defined as the date when the Internal Review Report is completed and delivered to the Program Director and the DOME. The Internal Review Completion Date will be no later than 60 days after the Mid-Point Date and will be recorded on the Internal Review Report form and in the minutes of the GMEC.
- I. The “Internal Review Committee” (IRC) is defined as the committee that conducts and records the findings of the Internal Review. The committee will be appointed by the DOME and will consist of the following members:
1. Two faculty members from within the institution not from the program being reviewed, one of whom will be designated by the DOME as the Chair of the IRC.
  2. At least one peer selected resident from within the institution not from the program being reviewed.
  3. The Administrative Director of Medical Education.

4. Other internal members may be appointed at the discretion of the DOME and may include members of Professional Development or other hospital departments with a role in resident education or support.
  5. External Consultants from the sponsoring institution (VCOM) and the OPTI (A-OPTIC) will be appointed by the DOME, if available to participate.
- J. The “Internal Review Report (IRR)” is defined as the report of the findings of the Internal Review Committee (see attachment). The report will be completed by the Chair of the IRC and will be based on the findings of the review with input from the committee members. The completed initial report will be distributed to the DOME and the Program Director for review and comment. If the Program Director or DOME identifies factual errors in the report, they may ask for the report to be amended prior to further distribution and presentation of the report to the GMEC. The Chair of the IRC will make final determinations on all requested corrections and amendments prior to distribution and presentation of the final report to the GMEC.
- K. The “Internal Review Action Plan” is defined as the response of the Program Director and faculty to the IRR and will include specific actions to correct deficiencies and estimated dates of resolution. If the Program Director has a significant dispute with a finding in the IRR, they may identify this area of dispute on the Action Plan with documentation as to the status of the citation.
- L. “Inspection Workbook” is defined as the document completed by the Program Director in preparation for an AOA site visit. The document is a compilation of requested information that reflects the current status of the educational program.
- M. “Program Letter of Agreement (PLA)” is defined as a written document that addresses the GME responsibilities between an individual GME program and a rotation site other than the sponsoring institution at which residents receive a required part of their education. See the GME policy on PLA for further details.
- N. The “Annual program Evaluation Document” is defined as the program’s documented annual formal, systematic evaluation of their curriculum. The Document must include at a minimum an evaluation of the following areas: 1) resident performance; 2) faculty development; 3) graduate performance, including performance of program graduates on the certification examination; and, 4) program quality. Evaluation of program quality must include a process for residents and faculty to confidentially evaluate the program annually in writing. The program must be able to document the use of the

faculty and resident assessment, along with the results of other assessment tools, to improve educational quality.

- O. “Competency Reports” are the required program reports identifying each program’s progress with the implementation of competency-based curriculum and the evaluation of outcome measures related to curricular initiatives. These reports are presented to and approved by the GMEC throughout the academic year.

#### 4. PROCEDURE:

##### **A. Internal Review – Full Review.**

1. The DOME will develop and maintain a list of Carilion Clinic GME programs identifying the current Accreditation Cycle and Mid-Point Dates. This list will be placed in the GMEC agenda notebook for each meeting and will be communicated to each program director.
2. Prior to the Mid-Point Date, the DOME will appoint the Internal Review Committee (IRC).
3. The Chair of the IRC will convene the initial meeting of the IRC not earlier than 30 days prior to the Mid-Point Date and not later than 30 days after the Mid-Point Date. The date of the initial meeting of the IRC will be set as the Internal Review Date (see above).
4. Document Review: The IRC will review the following documents during the review process.
  - a) Accreditation standards in the Basic Document for Postdoctoral Training Programs and the specialty specific Basic Standards for Residency Training.
  - b) The most recent and immediate past accreditation letters from the PTRC with attention to previous citations and concerns.
  - c) Program correspondence to the AOA with attention to progress reports from previous citations.
  - d) The most recent past Internal Review Reports with attention to the Internal Review Action Plan and progress reports to the GMEC.
  - e) The Inspection Workbook completed for the Internal Review.
  - f) All current PLA.
  - g) The most recent and immediate past Annual Program Evaluation Document.
  - h) Competency-based goals and objectives for required educational rotations.
  - i) The most recent Competency Reports submitted to the GMEC.
  - j) Duty hour compliance reports.

5. Interview Process: The Chair of the IRC will work with the residency coordinator and the Program Director to schedule all interviews. The entire IRC will be present for all interviews, as scheduling allows. Interviews with the different individuals or groups may not be conducted conjointly. Interviews will be conducted with:
  - a) The Program Director.
  - b) Key faculty members as identified by the Program Director and Chair of the IRC. At least one faculty member from each Major Affiliated site (i.e. the Salem VA) must be included.
  - c) At least one resident from each level of training (no less than fifty percent of residents in the program), to include the chief resident(s). The Chief Resident(s) in the program will select the residents to be interviewed by the IRC, with approval of the Chair of the IRC. More than one resident from each year may be selected if approved or requested by the Chair of the IRC.
  - d) Other individuals within the institution or affiliated training sites may be interviewed at the request of the IRC and with the approval of the Chair of the IRC.

**B. Modified Review:**

1. Modified Reviews will be conducted at the Mid-Point of the Accreditation Cycle for newly approved or previously accredited GME programs without enrolled residents at the time of the review.
2. An IRC will be appointed by the DOME as described above (IV.A.1-3).
3. Document Review: The IRC will review the following documents, if available, during the Modified Review process:
  - a) All appropriate accreditation standards, as above.
  - b) All program approval letters and communication with the AOA, as above.
  - c) The most recent past Internal Review with attention to the Internal Review Action Plan and progress reports to the GMEC, if available.
  - d) The Inspection Workbook completed for the Internal Review.
  - e) All current PLA.
  - f) The most recent and immediate past Annual Program Evaluation Document, if available.
  - g) Competency-based goals and objectives for required educational rotations.

- h) The most recent Competency Reports submitted to the GMEC, if available.
- i) Past duty hour compliance reports, if available.
- 4. Interview Process: Interviews will be conducted as described above, with the exception of resident interviews. The goal is to assess the presence of faculty and educational resources and institutional commitment to the new or ongoing program.
- 5. Subsequent Full Review: After a new or existing program enrolls one or more residents, a full Internal Review will be conducted within the second six-month period of the first year in the program of the enrolled resident(s). The DOME will set the date for the full Internal Review

#### **C. Completion of the Internal Review Report (IRR).**

- 1. The Chair of the IRC will complete the attached Internal Review Report form at the completion of the Internal Review. Attachments may be added if necessary.
- 2. The completed preliminary report will be distributed to each member of the IRC for review and suggested changes. The Chair of the IRC has final determination of the content of the IRR.
- 3. Once reviewed and amended, if necessary, the completed preliminary IRR will be delivered to the DOME and the Program Director for their review. The DOME and Program Director will notify the Chair of the IRC that they have completed their review of the Document and may request corrections in factual errors in the Report, as described in III.D.
- 4. The Chair of the IRC will consider request for corrections, if any, and will submit the Final, and possibly corrected report, to the DOME, the Program Director, the members of the IRC, and the voting members of the GMEC.
- 5. The Program Director will distribute the IRR to key faculty members and will begin the process of developing an Internal Review Action Plan based on the findings of the report. The Program Director may identify disputed or corrected findings in the final IRR in the Action Plan.

#### **D. Presentation of the Internal Review Report (IRR).**

- 1. The DOME will place the discussion of IRR onto the agenda of the next regularly scheduled meeting of the GMEC. The DOME may call a special meeting of the GMEC to discuss the findings of the Report if the DOME deems that more immediate discussion and action is needed.
- 2. The Chair of the IRC will present the findings and recommendations of the review. Non-GMEC members of IRC will be invited to be present during

the discussion of the report. Following the presentation, members of the GMEC will have an opportunity to ask questions about the findings of the report to the Chair and other members of the IRC.

3. Following the presentation of the IRR with questions, the Program Director will distribute the Internal Review Action Plan to the members of the GMEC and will use the Action Plan as a guide to respond to the IRR and findings of the IRC. Following the presentation of the Action Plan, members of the GMEC will have an opportunity to ask questions to the Program Director.
4. Open discussion of both documents will be encouraged to facilitate a process of sharing ideas and resources between programs in response to the findings of the IRR.
5. Following both presentations and general discussion, a motion will be entertained to approve the IRR as presented, with or without amendments. Following the vote, a new motion will be entertained to accept the Internal Review Action Plan, with or without amendments. Both documents will become part of the official record of the GMEC.

#### **E. GMEC Oversight of the Internal Review Action Plan.**

1. The Program Director of each recently reviewed program will report on the progress and implementation of the Action Plan at regularly scheduled meeting of the GMEC. The Action Plan will be updated based on the Program Director report and will be maintained with the minutes of the GMEC.
2. The GMEC will entertain a motion to accept the Action Plan report, with or without amendments.
3. The DOME may call a special meeting of the GMEC to discuss progress with the Action Plan if the DOME deems that more immediate action than that afforded by the regular schedule of the GMEC is needed.
4. Once all findings in the IRR have been corrected and the Action Plan has been updated and approved by the GMEC, the Action Plan will be deemed as "Complete." The date of completion of the Action Plan will be recorded in the minutes of the GMEC.

<b>Name</b>	<b>Title</b>	<b>Dept./Committee</b>	<b>Date</b>
Daniel Harrington, MD	DIO	GMEC	October 16, 2007
Daniel Harrington, MD	DIO	GMEC	January 1, 2011
Donald W. Kees, MD	DIO	GMEC	December 17, 2013