

**University of Wisconsin Hospital and Clinics (UWHC)  
Graduate Medical Education Programs  
Internal Review Protocol  
Revised December 2008**

**I. Purpose**

The UWHC Graduate Medical Education Oversight Committee (GMEOC) conducts reviews of all UWHC-sponsored GME programs to monitor program compliance with accreditation requirements, institutional policies and to prepare program directors for upcoming ACGME site-visits. These reviews will occur midway between ACGME site-visits, but additional reviews may be conducted to monitor compliance with specific internal and external requirements. Each review is conducted as a means of assistance to both the Department Chair and the Program Director in meeting requirements for accreditation. Procedures and deficiencies are identified, corrections sought and a date of compliance and parties responsible for action are identified.

**II. Process**

- A. Due to the number of programs at UWHC, the GMEOC has adopted a procedure similar to the ACGME review model. A small team of reviewers is appointed by the GMEOC to review documents and interview the program director, key faculty and residents/fellows.
- B. The Internal Review Team includes at least one faculty member and at least one resident from programs other than the one being reviewed. Additional internal or external reviewers and administrators from outside the program may also be included on the review body as determined necessary by the GMEOC. No assignments will be made that result in a conflict of interest as perceived by the GMEOC or the proposed reviewers.
- C. The review team follows the written protocol approved by the GMEOC.
- D. Reviews are scheduled by the GMEOC and conducted at the approximate midpoint between the ACGME Program Surveys. 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. An annual review schedule with team assignments is maintained in the GME Office and approved by the GMEOC on an annual basis.
- E. The internal review should assess each program's
  - i. Compliance with the Common Program Requirements, the Institutional Requirements and the Specialty/Subspecialty Program requirements

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- ii. Effectiveness in addressing areas of non-compliance and concerns noted in previous Internal Reviews and ACGME accreditation letters of notification
  - iii. Educational objectives and effectiveness in meeting those objectives
  - iv. Effectiveness of educational outcomes in the ACGME general competencies
  - v. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies
  - vi. Educational and financial resources
  - vii. Annual program Improvement efforts in
    - 1. Resident performance using aggregated data
    - 2. Faculty development
    - 3. Graduate performance including performance of program graduates on the certifying examination
    - 4. Program quality
- F. When a program has no residents enrolled at the mid-point of the review cycle, the following circumstances apply:
- i. The GMEOC must demonstrate continued oversight through a modified internal review that ensures that the program has maintained adequate faculty, staff, clinical volume and other necessary curricular elements required to be in substantial compliance with the Institutional, Common and Specialty/Subspecialty Requirements prior to enrolling a resident/fellow.
  - ii. After enrolling a resident, an internal review must be completed within the six month period of the resident's first year in the program.
- G. Materials and data must include
- i. ACGME Common Program and Institutional Requirements in effect at the time of the review
  - ii. Specialty/Subspecialty specific Program Requirements in effect at the time of the review
  - iii. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC
  - iv. Reports from previous internal reviews of the program
  - v. Results from internal or external resident surveys, if available
- H. The internal review committee must conduct interviews with the program director, key faculty members, at least one peer selected resident from each level of training in the program and other individuals as deemed appropriate by the committee
- I. The review team prepares a preliminary report, which is presented to the entire GMEOC at a GMEOC meeting.

**University of Wisconsin Hospital and Clinics (UWHC)**  
**Graduate Medical Education Programs**  
**Internal Review Protocol**  
**Revised December 2008**

- J. The program director is expected to attend the meeting to answer questions from the entire GMEOC. When necessary, the review team or other members of the GMEOC will be asked to further investigate issues prior to formal GMEOC approval of the report. The final report includes required follow-up reporting as required by the GMEOC and tracked by the GME Office.

**III. Internal Review Report**

- A. At a minimum the written report of the internal review for each program must contain
  - i. The name of the program reviewed
  - ii. The date of the assigned midpoint and the status of the of the GEMOC internal review at that midpoint
  - iii. The names and titles of the internal review committee members
  - iv. A brief description of how the internal review was conducted, including the documents reviewed and the groups/individuals interviewed
  - v. Sufficient documentation that demonstrates completion of a comprehensive review adhering to this protocol
  - vi. A list of citations and areas of non-compliance or any concerns/comments from the previous ACGME accreditation letter with a summary of how the program and/or the institution subsequently addressed them
- B. The DIO and the GMEOC must monitor the response by the program to actions recommended by the GMEC in the internal review process
- C. The Sponsoring Institution must submit the most recent internal review report for each training program as part of the Institutional Review Document (IRD).

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- IV. The Secretary of the GMEOC is responsible for recording the minutes and the report for approval by the Chair of the Review Committee**
- V. The written report of each internal review team will be presented to the GMEOC. The GMEOC will monitor areas of non-compliance and verify that appropriate action is taken to ensure compliance.**