

Internal Review Process

Effective 11/2024

Goal

McGaw, through the Graduate Medical Education Committee (GMEC), is responsible for the quality of educational experiences in each of our programs. The Internal Review (IR) is one process by which McGaw provides programmatic oversight with the goal being improved clinical learning environments as marked increased trainee satisfaction. By reviewing ACGME accreditation letters, Citations, Areas for Improvement (AFIs), ACGME surveys, and subsequently engaging with program trainees and leadership through the IR process, McGaw seeks to (1) Engage with trainees and program leadership to identify any areas of concern; (2) Assess progress on action plans for previously identified program improvement goals; (3) Provide feedback to programs clearly outlining expectations for improvement; and (4) Identify opportunities for additional resources to assist programs with their Quality Improvement (QI) goals. McGaw aims to perform IRs on approximately 15%-20% of our eligible ACGME-accredited programs yearly.

Process

Identification of programs for IR (several metrics will drive which programs receive an IR each academic year):

- All programs on the Special Review Process (SRP).
- All programs with Citations/AFIs in areas related to the trainee experience (this does not include citations related to administrative concerns).
- The 10 programs with the greatest number of ACGME survey results below the McGaw threshold (based on the McGaw threshold of <71% compliant).
- Significant (as determined by the GMEC) decline in trainee “overall evaluation of the program” and/or 3-year trends on the ACGME survey as determined by the GMEC.
- Program Director, Vice Chair, Division Head, or Chair request.
- New program or new Program Director (PD), after 1 year.
- Trainee complaint for which an IR could provide useful collateral information as determined by the DIO or GMEC.

Programs who will NOT routinely receive an IR:

- Programs who do not meet any of the above criteria.
- Non-ACGME accredited programs.
- 1-year fellowships. Given the unique nature of 1-year fellowships (often small programs, with multi-year surveys, and fellows who graduate shortly after the ACGME survey results become available), the utility of an IR will be determined on a case-by-case basis by the GMEC utilizing the same metrics as outlined above. In lieu of an IR, the GMEC may request an exit-interview with graduate(s), or a DIO call with the PD.

IR logistics:

- McGaw staff will notify the PD of the request to schedule the IR.

- McGaw staff will collect pertinent information before the IR (ACGME surveys, accreditation letters, SRP documentation, Annual Program Evaluation (APE), complaints, etc.) and share with the individual facilitating the IR.
- The IR facilitator (usually the DIO, Assistant DIO, or designee) will arrange a brief phone call with the PD in advance of the IR to elicit areas of specific interest or concern.
- The IR team will include the above IR facilitator and relevant hospital leaders including Office of Academic Affairs (NMH), Assistant CMOs, Vice Chairs of Education (LCH), etc.
- The IR will consist of a 45-minute in-person (when possible) meeting with program trainees, followed by a 45-minute in-person debrief session with program leadership.
- The IR facilitator will create a summary report utilizing a standard template to be reviewed and approved with edits by the GMEC and then shared with the program and relevant Departmental leaders.
- “Document Review” will no longer be performed as part of the IR process. Rather, McGaw staff will be reviewing documents in detail as part of the Annual Program Evaluation (APE) process.
- The IR report will specify any required follow up by the program, usually a progress report to the GMEC due three to four months after the GMEC approval of the IR report.