

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
GRADUATE MEDICAL EDUCATION**

POLICY ON ANNUAL INSTITUTIONAL REVIEW

SECTION 1. STATEMENT AND SCOPE OF POLICY

This policy is to establish an Annual Institutional Review process for the Marshall University Joan C. Edwards School of Medicine and to identify institutional performance indicators for the Annual Institutional Review (AIR) and reporting and monitoring processes.

SECTION 2. PERFORMANCE INDICATORS

- 2.1 The Annual Institutional Review (AIR) will include, but not be limited to, the following performance indicators:
 - 2.1.1. Results of the most recent institutional self-study visit
 - 2.1.2. Results of the most recent institutional accreditation status.
 - 2.1.3. Results of ACGME Surveys of Residents/Fellows and Core Faculty.
 - 2.1.4. Notification of ACGME-Accredited Programs accreditation status and self-study visits.
 - 2.1.5. Aggregate results of ACGME-Accredited Program performance indicators.
 - 2.1.6. Results of Programs response to the domains of ACGME CLER Review.
 - 2.1.7. Compliance with up to date, signed institutional agreements.
 - 2.1.7.a. Mission Statement
 - 2.1.7.b. Inter-Institutional Agreement
 - 2.1.7.c. Affiliation Agreements
 - 2.1.7.d. Program Letters of Agreement (PLA)
 - 2.1.8. Results of Annual Program Review.
 - 2.1.9. Review status of Residency Review Committee Citations.
 - 2.1.10. Results of most recent Clinical Learning Environment Review (CLER)
 - 2.1.11. Resident/Fellow Scholarly Pursuits
 - 2.1.12. Resident/Fellow Patient Safety/Quality Improvement Projects
 - 2.1.13. Faculty Scholarly Pursuits
 - 2.1.14. Faculty Patient Safety/Quality Improvements

SECTION 3. REPORT

- 3.1. A written Executive Summary of the Annual Institutional Review will be submitted to the Graduate Medical Education Committee (GMEC).
- 3.2. Any item listed above that is found by the GMEC to be out of compliance will be monitored by the GMEC for progress. The frequency of the reporting shall be determined by the DIO based upon the nature of the noncompliant item.

- 3.3. Should any item(s) need monitoring, the GMEC may opt to appoint a Subcommittee for, but not limited to, additional document review, development of objectives and/or corrective action plan, citation correction progress review and/or mentoring.
 - 3.3.1. Recommendations of the Subcommittee shall be report to the full GMEC for approval.
 - 3.3.2. The GMEC may stipulate additional monitoring procedures for action plans resulting from the Subcommittee's review.

SECTION 4. REPORT

- 4.1 In accordance with the ACGME Institutional Requirements I.B.5.c.), the DIO must submit a written annual executive summary of the AIR to the following governing bodies:
 - 4.1.1 MU Board of Directors
 - 4.1.2 MU Health
 - 4.1.3 Cabell Huntington Hospital
 - 4.1.4. Veterans Affairs Medical Center
 - 4.1.5 St. Mary's Medical Center

EFFECTIVE DATE: October 21, 2014

Approved by Graduate Medical Education Committee: October 21, 2014

Approved by DIO: October 21, 2014