

## CHRISTIANA CARE HEALTH SERVICES

<b>POLICY:</b>	<b>Special Review Process</b>
DEPARTMENT:	GMEC
DATE OF ORIGIN:	July 1, 2014
LAST REVISION DATE:	January 27, 2017
REGULATORY REFERENCE:	ACGME

### ***POLICY:***

It is the Graduate Medical Education Committee's responsibility to designate a Special Review Committee to review residency programs when needed. The GMEC/DIO identifies the need and schedules the special review process where program concerns arise, or if providing general program oversight. The GMEC receives a written report of the findings, and establishes the actions to be taken to follow-up on the results.

### ***PURPOSE:***

The ACGME requires that all institutions which sponsor ACGME accredited GME programs have an organized process for special reviews of its programs where underperformance has been identified or to conduct random general oversight. This process is an important contributor to accomplishing GMEC's oversight responsibility for the residency program(s). The Special Review Committee assesses the program's compliance with the Regulatory Requirements and potential underperformance issues that may have been identified.

### ***PROCEDURE:***

#### **A. Committee**

The GMEC will appoint a Special Review Committee (SRC), which will include, at minimum:

1. The DIO to chair the GMEC SRC.
2. A faculty member from a program other than the one being reviewed.
3. A resident from an ACGME-accredited residency program other than the one being reviewed
4. The VP of Academic Affairs.
5. A GME Office secretary/administrative staff to serve as support to the process.

In addition, the GMEC/DIO will have the option to appoint an administrator, additional faculty members, and/or consultants or other GME expert advisors.

The Program Director, Chair, faculty, and residents from the program being reviewed will be interviewed and provide information to the GMEC SRC.

#### **B. Special Review Content**

The GMEC SRC will review current and historic program documents, and interview program faculty and residents, to assess:

1. The residency program's compliance with ACGME Institutional, Common and specialty/subspecialty-specific Program Requirements pertaining to the program; including but not limited to:
  - i. Professionalism, Personal Responsibility, and Patient Safety
  - ii. Transitions of Care
  - iii. Alertness Management/Fatigue Mitigation
  - iv. Supervision of Residents

- v. Clinical Responsibilities
  - vi. Teamwork
  - vii. Resident Duty Hours
- 2. The program's educational objectives and effectiveness of the program in meeting those objectives;
- 3. The adequacy of educational and financial resources provided to support the program;
- 4. The effectiveness of the program in addressing areas of noncompliance and concerns in previous ACGME accreditation letters of notification, identifications and in the previous special reviews conducted;
- 5. The effectiveness of the educational outcomes in the ACGME General Competencies and Milestones);
- 6. The effectiveness of the program in using appropriate evaluation tools and dependable outcome measures to assess competence/milestones in each of those areas;
- 7. Annual program improvement efforts in resident performance using aggregated resident data; faculty development; graduate performance including performance of program graduates on the certification exam, and program quality. Program quality includes:
  - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually;
  - The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program;
  - If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in those areas;
  - The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes;
  - The program must document formal systematic evaluation of the curriculum at least annually.
- 8. Verification of compliance with resident duty hour requirements, and of the program's use of an ongoing and effective monitoring system;
- 9. Any other issues or concerns which may properly come before the GMEC SRC.

### C. Data Sources

As soon as the membership of the GMEC SRC is designated, the appointed support staff person begins assembling the materials and data to be used by the committee in their deliberations. Copies of all data are made available to all committee members prior to the scheduled Special Review date.

The data sources include copies of:

1. The program's last accreditation letter of notification, program reports (if any) sent to the respective regulatory body, and any other correspondence concerning the program from the regulatory body;
2. The program's previous special reviews by the GMEC, recommendations and follow-up;
3. Copies of current Program Requirements (and/or Subspecialty Program Requirements) for the program(s) being reviewed, Common Program Requirements, and ACGME Institutional Requirements in effect at the time of the review;
4. Written report of all self-study evaluations, and resultant action plans, conducted since the last ACGME or other regulatory body program survey;
5. Applicable results from Institutional CLER assessment;
6. Results from previous internal or external resident surveys, if any; and
7. Documentation from the Program Director:
  - a. A copy of the current Annual Program Evaluation to assist the GMEC SRC in asking appropriate questions of the program director, chair, faculty and residents.
  - b. A written curriculum that incorporates the teaching of the general competencies as specified in the specialty's program requirements
  - c. Samples of all evaluation tools used by the program.
  - d. Evidence that the program has developed and used dependable outcome measures to assess resident performance in the general competencies/milestones.

- e. Evidence that the program is effective in linking educational outcomes with program improvement (may be part of the annual program evaluation).
- f. Program Letters of Agreement
- g. Sample of materials supplied to the applicants (those invited for an interview) of the program informing them in writing of the terms and conditions of employment and benefits.
- h. Conference schedule with documentation of resident and faculty attendance.
- i. Written program policies/resident manual.
- j. Sample of duty hour monitoring process and most recent duty hour summaries.

#### D. INTERVIEWS

The GMEC SRC conducts interviews with the Program Director, Program Chair, key program 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. Prior to the scheduled special review date, the DIO, with the assistance of the assigned support staff person, advises the Program Director to initiate peer-selection of the residents to represent the resident body in the special review process. Similarly, the process to identify and select faculty representatives is initiated. All those to be interviewed are notified of the intended schedule.

The Program Director meets with the DIO separately from faculty and residents. Faculty and residents may be interviewed by the committee individually or as a group, but resident interviews will be conducted without the presence of the Program Director, Coordinator/ Administrator, and/or program faculty. Appropriate notes are maintained about the substance of each interview. The interview phase may be conducted as part of, or immediately prior to, the GMEC SRC meeting.

#### E. SPECIAL REVIEW COMMITTEE MEETING

The DIO, after review of previously distributed materials and other factual program data and completion of the special process, convene to discuss the findings. The Committee renders an opinion on:

1. assessment of the Program's progress in successfully resolving issues identified in previous ACGME accreditation surveys, self-study, and/or previously conducted Special Reviews;
2. assessment of the Program's current compliance with ACGME Institutional Requirements and the RC's Special Program Requirements;
3. identification of actions required by the institution and/or the program to achieve accreditation compliance and to achieve established educational objectives;
4. identification of actions recommended to the institution and/or the program to enhance or strengthen the quality of the program.

#### F. SPECIAL REVIEW REPORT

The Chair of the GMEC SRC/DIO, will produce a written report of the special review. The written report of the special review for each program MUST contain, at a minimum:

1. The name of the program reviewed;
2. The names and titles of the GMEC SRC members;
3. A brief description of how the special review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed;
4. Sufficient documentation to demonstrate that a comprehensive review followed the GMEC's special review protocol;
5. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

The report is reviewed with the Program Director/Chair prior to presentation to the GMEC, but no changes to the findings of the Special Review Committee are made.

The findings are reviewed by the GMEC at its next regularly scheduled meeting. The attendance of the Program Director (or an appropriate designee) is expected. The Program Director may address any perceived errors of fact in the report at that time.

Any areas of noncompliance are identified, and appropriate action is recommended. The DIO will work with the Program Director to develop a plan of action. A six-month progress report is required of the program, indicating how the program is addressing each of the actions recommended by the GMEC. The progress report may be requested sooner or later if deemed appropriate by the GMEC. That progress report is reviewed at the next regularly scheduled GMEC meeting. The GMEC may request an additional progress report (at a time interval identified by the GMEC), or may recommend further intervention to assure program compliance.

The DIO and GMEC will continue to monitor the response by the program to actions recommended by the GMEC in the special review process until all concerns have been resolved.

**SIGNATURES/APPROVALS:**

Dr. Vaughn V. Wright

Reviewed 02/15/2019