



## Special Reviews

gme-adm-0037

### About This Policy

**Effective Dates:**

07-01-2014

**Last Updated:**

03-05-2018

**Responsible University Administrator:**

Senior Associate Dean for GME

**Policy Contact:**

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### Scope

This policy applies to all Indiana University School of Medicine (IUSM) ACGME accredited programs.

### Policy Statement

The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

The special review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

As required by the ACGME Institutional Requirements, the Graduate Medical Education Committee (GMEC) has the responsibility for the special review of all residencies that are determined to be underperforming. As prescribed by the ACGME guidelines, this special review will assess each program's:

- A. Compliance with the Common, specialty/subspecialty-specific Program, and Institutional Requirements;
- B. Educational objectives and effectiveness in meeting those objectives;
- C. Educational and financial resources;
- D. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous special reviews;
- E. Effectiveness of educational outcomes in the ACGME general competencies;
- F. Effectiveness of program in helping residents reach Milestone goals;
- G. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies; and,
- H. Most recent Annual Program Evaluation.

### Reason For Policy

The purpose of this policy is to outline the process whereby an ACGME-accredited residency or fellowship is subject to a special review by the Graduate Medical Education Committee.

### Procedure

## A. Criteria for Initiating a Special Review

### a. Internal Criteria

- a. At the request of hospital, department, or program administration;
- b. Concerns identified and communicated to the GME Office by residents or faculty in a particular program;
- c. Failure to submit GMEC required data on or before identified deadlines (example-the Annual Program Evaluation Summary);
- d. Program-specific issues identified by the GMEC or its subcommittees;
- e. Issues identified by the APE Dashboard.

### b. External Criteria

- a. Concerns related to the annual WebADS information submitted by programs;
- b. Concerns related to the annual ACGME Resident/Fellow Survey;
- c. Concerns related to the annual ACGME Faculty Survey;
- d. ACGME request for progress report related to concerns identified on the Resident/Fellow Survey;
- e. Failure to submit ACGME required data on or before identified deadlines.

## B. Process for Review

All residency and fellowship programs sponsored by IU School of Medicine can be subject to a special review by GMEC if the subcommittee determines that a review is warranted. Notification of the special review will be sent to the program director approximately two months in advance.

## C. Conduct of Special Review

The review will be conducted by a subcommittee appointed by the GMEC.

## D. Review Committee Membership

Special review committee members must be drawn from outside the department. Minimum committee membership is three individuals, including at least one program director (or associate program director) and one resident/fellow. The committee may include non-physician administrators as deemed appropriate. An appropriate balance of faculty, residents or fellows, and any administrators must be maintained. External reviewers may also be included on the review committee as determined by the DIO.

## E. Review Committee Responsibilities

Specific duties for committee members may include participating in an orientation meeting at the beginning of the review process. Committee members are expected to review all provided materials and data in advance of the review. Interviews with the program director, faculty, and peer-selected residents from each level of training and individuals outside the program deemed appropriate by the committee may be a component of the special review process.

After the special review takes place, the committee is charged with drafting a report of the review, including a written summary of the interviews.

Additional responsibilities for review committee chairs may include providing committee leadership, reviewing the final draft of the review report, and/or participating in the presentation of the review report to the GMEC.

## F. Special Review Materials

Materials and data used in the review process may include the following, and will be determined by the chair of the special review subcommittee:

- a. ACGME Institutional Requirements, ACGME Common Program Requirements, and RRC Program Requirements;
- b. Letters of accreditation from previous ACGME reviews and (if applicable) progress reports to the respective RRC;

- c. Reports from previous special reviews of the program and the program director's response including corrective actions;
- d. List of current house staff and their medical school of graduation;
- e. The Resident/Fellow Survey summary sent to the current house staff in the training program and the latest ACGME Resident Survey;
- f. Minutes of the program's graduate medical education committee meetings;
- g. Program letters of agreement;
- h. Resident files from each level of training (including past graduates for the most recent two years);
- i. Goals and objectives for each level of training and for each major rotation, which include the ACGME core competencies;
- j. Evaluations of residents, faculty, and program;
- k. A copy of the most recent Annual Program Evaluation (APE);
- l. Match results and board scores;
- m. Policy on selection and advancement of residents;
- n. Summative letter or form for each trainee, stating that he/she is competent to practice independently;
- o. Policy on moonlighting and Moonlighting Activity Forms approved by the program director;
- p. Written description of supervisory lines of responsibility for the care of patients;
- q. Policy on duty hours, method of monitoring duty hours, and on-call schedules;
- r. Policy concerning the effect of leaves of absence on satisfying the criteria for completion of the residency program;
- s. Policy on patient hand-offs;
- t. Rotation schedules;
- u. Conference schedules.

#### G. Report

The Special Review Subcommittee will prepare a draft report of its findings. This report must clearly state which program was reviewed and the date and location of the review. It must also identify each member of the view committee, and each resident/fellow and faculty member interviewed.

The following assessments may be made as part of the report:

- a. Assessment of the residency program's compliance with the institutional requirements;
- b. Assessment of the residency program's compliance with each of the program requirements;
- c. Assessment of the educational objectives of the program;
- d. Assessment of the adequacy of available educational and financial resources to meet these objectives;
- e. Assessment of the effectiveness of the program in meeting its objectives;
- f. Assessment of the effectiveness of the program in addressing citations from previous ACGME letters of accreditation and previous special reviews;
- g. Assessment of the effectiveness of the program in defining the specific knowledge, skills, and attitudes required and in providing the educational experience for the residents/fellows to successfully complete the Milestones;
- h. Assessment of the effectiveness of the program in using evaluation tools developed to assess a resident's level of competence in program Milestones;
- i. Assessment of the program in using dependable outcome measures developed for each of the program Milestones;

- j. Assessment of the program in implementing a process that links educational outcomes with program improvement;
- k. A report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.

The report must identify any areas of non-compliance, and provide a proposed timeline for remediation.

#### H. **GMEC Review and Follow-up**

After the special review subcommittee has approved the draft report, the special review report is sent to the program director. The program director will be invited to a future GMEC meeting to discuss the findings of the report.

At the time of the GMEC meeting, a representative serving on the special review committee will make a brief presentation to GMEC emphasizing the program's compliance with the ACGME Institutional and Program Requirements, as well as recommendations for improvement of the program if applicable. The program director will then be asked to share his comments and provide any updates made on the recommendations in the report.

The GMEC will discuss and review the report, and then vote on whether or not to approve. The GMEC may request additional information or follow-up action from the program director. Once approved, the GMEC chair will inform the program director of the committee's decision.

A follow-up review of the program will be determined and communicated to the program director. The Special Review subcommittee will continue to follow-up on the program until no further review or intervention is necessary.

## **Definitions**

ACGME is the Accreditation Council for Graduate Medical Education.

A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

## **Implementation**

The Designated Institutional Official (DIO) for GME is responsible for implementation of this policy.

## **Oversight**

Policy authority for this document resides with the GMEC. The DIO and the GMEC are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

## **History**

1. Policy gme-adm-0037 approved by GMEC and published on 23 July 2014.
2. Policy reviewed, updated, and approved by GMEC on 27 November 2017.
3. Policy updated for formatting 05 March 2018.
4. Policy updated for formatting 27 June 2018.