

Policies and Procedures

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| <i>Section:</i> School of Medicine | | <i>NO.</i> | | | | |
| <i>Chapter:</i> Graduate Medical Education | <i>Date Issued:</i> June 2014 | <i>Rev. A</i> August 2016 | <i>Rev. B</i> Dec. 2016 | <i>Rev. C</i> 4/6/2020 | <i>Rev. D</i> 8/13/2020 | <i>Rev. E</i> 2/11/2022 |
| <i>Policy:</i> Special Review | | <i>Page 1 of 3</i> | | | | |

PURPOSE

To ensure effective oversight and support of Graduate Medical Education programs by the Sponsoring Institution via the Designated Institutional Official and the Graduate Medical Education Committee.

Specifically, this policy will:

- a. Establish criteria for placing programs under special review.
- b. Address the procedure to be utilized when a residency/fellowship program undergoes a Special Review.
- c. Define the process to be followed to monitor performance of residency/fellowship programs that are responding to the findings and recommendations from the Special Review.

SCOPE

This policy applies to all Graduate Medical Education programs sponsored by Creighton University School of Medicine.

POLICY

Criteria for placing a program under special review:

Programs will be annually evaluated for the following:

Criteria include, but are not limited to:

- a. Deviations from expected results in standard performance indicators:
 - i. Specialty Board Pass Rate must meet the ACGME requirements of the 80% pass rate over a three- and seven- year period for first time test takers or must be higher than the bottom fifth percentile of programs in that specialty.
 - ii. Clinical Experience
 - Loss of major participating site(s)
 - Case log volumes measured by:
 - Any senior resident graduating without meeting 100% of requirements
 - Case log numbers of non-senior residents that demonstrate concern for not being on track to graduate with sufficient numbers for competency, i.e. a major discrepancy or significant variation of logging amongst the residents in the respective program graduate year level.
 - iii. ACGME Resident or Faculty Survey
 - Overall resident satisfaction scores as measured by the ACGME Resident Survey at less than 85% and the ACGME Faculty Survey with the overall score less than 85%
 - iv. Inability to meet major/core ACGME Common Program and ACGME specialty specific requirements as rated on the related Annual Program Evaluation (APE) question with a critical.
 - v. ACGME Review Committee's annual accreditation letter with Citations or Areas of Concern with more than 2 citations or 4 areas of concern identified.
 - vi. More than 30% of the ratings of the APE in the critical or caution category that are not resolved within 30 days of the APE program meeting.
 - vii. Failure to meet Duty Hours logging compliance for three consecutive months.
- b. Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program,

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CLER requirements and/or Institutional Requirements, or noncompliance with institutional policy.

- c. Request from Program Leadership
- d. Assigned to the program by the ACGME of:
 - i. Initial Accreditation with Warning
 - ii. Continued Accreditation with Warning
- iii. Any adverse accreditation statuses as described by ACGME policies.

PROCEDURE

- a. **Designation:** When a residency/fellowship program is deemed to have met the established criteria for designation on Special Review, the DIO will ask that the local GEC chair shall discuss with the local GEC. The DIO will also present to the GMEC for formal approval and monitoring of the program.
- b. **Preparation for the Special Review:** The DIO shall identify the specific concerns that are to be reviewed as part of the Special Review process. Concerns may range from those that broadly encompass the entire operation of the program to single, specific areas of interest. Those concerns shall be outlined and presented to the program, reviewed at the local GEC and presented for approval to the GMEC.
- c. **Special Review Report:** The Program Director shall submit an action plan created by the Program Evaluation Committee (PEC) to the GEC that includes, at a minimum, a description of the review process, the findings and action plans that describes the quality improvement goals that address the concerns. The GEC should offer comments or suggestions to the Program Director on the action plan. The action plan must be submitted within 60 days of the GMEC's designation of the program as on Special Review. The GMEC must also review and approve or modify the action plans. The DIO will determine how often the program must review their progress with the GMEC. This determination will be based on the severity of accreditation risk and how often measurements for the action plan are available.

Monitoring of Outcomes: The GMEC, will monitor outcomes of the Special Review process, including actions taken by the program. The DIO will present to the GMEC when the program has met criteria to come off special review. If the GMEC agrees, the program will be removed from special review.

REFERENCES

ACGME

AMENDMENTS OR TERMINATION OF THIS POLICY

This policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and this GME policy, this GME policy shall govern.

Creighton University reserves the right to modify, amend, or terminate this policy at any time.