

## *Policies and Procedures*

<i>Section:</i> <b>School of Medicine</b>							
<i>Chapter:</i> <b>Graduate Medical Education</b>	<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>Rev. F</i> 09.2023
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### **PURPOSE**

Special Reviews are part of an improvement focused culture and are intended to catch problems early to prevent threats to accreditation. 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 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.

### **DEFINITIONS**

**Focused review:** Review of an identified and concentrated area of underperformance that does not immediately threaten accreditation, where one review of an action plan is determined to be sufficient by the DIO and approved by the GMEC.

**Full review:** Review of issues that require SMART action plans that typically go through multiple PDSA cycles. GMEC needs to be updated periodically until they vote to take the program off of special review.

**House Staff Physician (HSP):** Residents or Fellows of any Creighton sponsored GME program

### **SCOPE**

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

### **POLICY**

#### **Criteria for placing a program under special review:**

Criteria are selected based on early indications of difficulties with ACGME requirements or in other areas such as, but not limited to academic performance or house staff physician well-being.

1. Deviations from expected results in standard performance indicators:
  - a. Board Pass Rate must be at 80% pass rate for first time test takers for the past three exam cycles which can be three or six years depending on certifying exam availability. If a graduate has not taken the exam within the three exam cycles after their graduation they will be counted as a failure.
  - b. Clinical Experience for training house staff physicians

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- Loss of major participating site(s)
  - Case log volumes measured by:
    - Any senior HSP graduating without meeting 100% of requirements.
    - Case log numbers of non-senior HSPs that demonstrate concern for not being on track to graduate with sufficient numbers for competency
- c. Loss of critical number of faculty or key specialists for training.
  - d. ACGME Resident or Faculty Survey
    - Overall HSP satisfaction scores as measured by the ACGME Resident Survey at less than 85% and or the ACGME Faculty Survey with the overall score less than 85%
  - e. 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.
  - f. ACGME Review Committee’s annual accreditation letter with Citations or Areas of Concern with more than 2 citations or 4 areas of concern identified.
  - g. 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.
  - h. Substantial non-compliance with Work Hours as demonstrated by 80-hour work violations that the GMEC feels are egregious.
2. Substantiated communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, CLER requirements and/or Institutional Requirements, or noncompliance with institutional policy.
  3. Request from Program Leadership
  4. Assigned to the program by the ACGME of:
    - a. Initial Accreditation with Warning
    - b. Continued Accreditation with Warning
    - c. Any adverse accreditation statues as described by ACGME policies.
  5. Faculty performance – Less than 80% completion rate of faculty completing house staff physicians evaluations, calculated annually.

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### **PROCEDURE**

- a. **Designation:** When a residency/fellowship program is deemed to have met the established criteria for designation on Special Review, the DIO will 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. The DIO will determine if the concern warrants a full or focused warranted based on the concerns or areas of underperformance. Those concerns shall be outlined and presented to the program, 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 GMEC 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 GMEC 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 whether the program is under focused or full special review. If a program has further deviations on additional performance indicators, the program must present new action plans to the GMEC. If that program is on focused special review and it is deemed necessary to move to full special review, the GMEC must approve that change.

**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 that the concerning items are resolved, the program will be removed from the status of 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.