

Special Review Protocol
Stanford Healthcare
Department of Graduate Medical Education
(GMEC approved: 11/13/2014)

I.B.6. The Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of underperforming programs through a Special Review process. (Core)

I.B.6.a) The Special Review process must include a protocol that: (Core)

I.B.6.a). (1) establishes criteria for identifying underperformance; and, (Core)

I.B.6.a). (2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. (Core)

A. Purpose

- To define underperforming ACGME-accredited residency and fellowship programs
- To define the GMEC special review processes
- To define methods to oversee and resolve the issues

B. Policy

The GMEC has established criteria for identifying program underperformance, develop protocols to use for special reviews and provide reports that describe the quality improvement goals and corrective actions that the program will use and the process that the GMEC will use to monitor outcomes.

C. Procedure

The GMEC will identify underperformance through the following established criteria, which may include, but are not limited to, the following:

1. Accreditation

The program receives:

- 1) Continued Accreditation with Warning
- 2) Initial Accreditation with Warning
- 3) Probationary Accreditation
- 4) Accreditation Withheld

2. Program attrition

Change in program director more frequently than every 2 years.

- 1) Resident attrition (withdrawal, transfer or dismissal) greater than 1 resident/fellow per year over a 2 year period (Not equal across programs – use percentage?)

3. Loss of major education necessities

- 1) Changes in major participating sites
- 2) Consistent incomplete resident complement
- 3) Major program structural change
- 4) Loss of key faculty

4. Recruitment performance

- 1) Unfilled positions over three years

5. Evidence of scholarly activity (excluding typical and expected departmental presentations)

- 1) Graduating residents – minimum of 50% evidencing scholarly activity over the training (of equal years across programs)
- 2) Faculty (Core) – minimum of 80% scholarly activity

6. Board pass rate – acceptable by ACGME specialty standards

Case logs/Clinical experience – acceptable by ACGME specialty-specific standards

ACGME surveys

- 1) Resident survey – Resident overall dissatisfaction with the program including but not limited to egregious single year issues and issues that extend over more than one year – minimum 70% completion rate.
- 2) Faculty survey – minimum of 60% completion rate

7. Non-compliance with responsibilities
 - 1) Failure to submit milestones data to the ACGME and to the GMEC
 - 2) Failure to submit accurate, complete and timely data to requesting organizations or GMEC (ACGME/ABMS)
 - 3) < 80% Faculty evaluations completed within two weeks

8. Inability to demonstrate success in the CLER focus areas
 - 1) Patient Safety
 - 2) Health Care Quality
 - 3) Care Transitions
 - 4) Supervision
 - 5) Duty Hours, Fatigue Management and Mitigation
 - 6) Professionalism

9. Inability to meet established ACGME common and program specific requirements notification from RRC requests for progress reports and site visits, unresolved citations or new citations or other actions by the ACGME resulting from annual data review or other actions; areas of concern identified on the GME internal survey, and areas of concern identified on program or faculty evaluations.

SHC Guidelines for Special Focused Review of Residency and Fellowship Programs:

A special review (SR) will occur when:

1. A program has met three or more of the criteria established to initiate the review
2. A severe and unusual deficiency is evidenced in any one or more of the established criteria
3. There has been a significant complaint against the program
4. The program is applying for accreditation (review of the application) and again approximately one year after the ACGME has accredited the program (full review).
5. The program is applying for expansion and/or funding
6. As periodically determined by the DIO

D. Special Review Subcommittee (SRS) Members

A subcommittee named by the full GMEC will schedule a Special Review within 30 days of a program's being identified as underperforming or programs that have applied for program expansion/funding.

Each Stanford SRS will be composed of:

- Director of GME / Designated Institutional Official (DIO)
- Department of GME Administrative Staff (Education Specialist)
- One senior level faculty member (serves as SRS Chair)
- One resident/fellow (outside the program under review)

The members of the program to be interviewed should include, but are not limited to, the program director, other key faculty members and peer selected residents/fellows. The Chair of the department and other individuals as determined by the SRS also could be interviewed.

The SRS will determine materials and data to be used during the Special Review and will conduct the special review through review of materials, data and other information provided by the program and through interviews with identified individuals.

The SRS will prepare a written report to be presented to the GMEC for review and approval. At a minimum, the report will contain:

1. A description of the quality improvement goals to address identified concerns,
2. A description of the corrective actions to address identified concerns and
3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

C. Special Review Timeline/Process

1 to 2 months prior to the Special Review:	<ul style="list-style-type: none"> • GME will notify programs of upcoming Special Reviews and work with Program Coordinators to select a date for the SRS site visit (see below for participant details and interview schedule). • GME will provide programs with a list of documents that must be
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	prepared and uploaded to MedHub (Internal/Special Review tab) at least three weeks prior to the SRS site visit (see <i>Required Program Documentation</i> in Appendix).
3 weeks prior to SRS site visit:	Program Director/Coordinator must upload requested program documents to MedHub.
SRS Site Visit:	<p>Program Coordinator must schedule the following interview groups in the order indicated:</p> <p>For programs with 5 or more trainees</p> <ul style="list-style-type: none"> • Residents (including at least one <u>peer-selected</u> representative from each PGY level) – 30 min • Faculty (including at least one representative from each affiliate institution) – 30 min • Department Chairman – 15 min (may be outside of SR meeting) • Program Director, Associate Program Director (if applicable), & Program Coordinator – 15 min • SRS Wrap-Up – 10 min <p>For programs with 5 or less trainees</p> <ul style="list-style-type: none"> • Residents (including at least one <u>peer-selected</u> representative from each PGY level) – 15 min • Faculty (including at least one representative from each affiliate institution) – 15 min • Department Chairman – 15 min (may be outside of SR meeting) • Program Director, Associate Program Director (if applicable), & Program Coordinator – 15 min • SRS Wrap-Up – 10 min
During the 2 weeks preceding the next GMEC meeting:	<ul style="list-style-type: none"> • SRS will discuss results from site visit, overall program quality, level of ACGME compliance, and develop recommendations for presentation at the GMEC meeting. • Draft of the final report will be distributed to GMEC members and the Program Director.
GMEC meeting:	<p>The SRS Faculty Chair or designee will present a summary of the committee's findings and recommendations for review and approval. The Program Director (PD) (and/or Associate PD or Core PD) must attend the GMEC meeting to hear the findings. The presentation will include:</p> <ul style="list-style-type: none"> • Overall strengths of program (Program Directors are encouraged to share with the GMEC any innovative or especially exciting work that exemplifies the educational quality of the program). • Areas that need improvement (including any areas of ACGME non-compliance). • Challenges impacting the educational program including, but not limited to, problems regarding financial or structural needs not being addressed by the institution. • Concerns that may need special consideration by the GMEC (GMEC will review these concerns and the need for a possible follow-up discussion).
Post-GMEC meeting:	<p>Final report with recommendations will be distributed to the Program Director and filed in the Department of GME (see <i>Special Review Report</i> in Appendix).</p> <p>The DIO and the GMEC will monitor the response by the program to actions recommended by the GMEC in the Special review process (IV.B.2).</p>

E. Responsibilities

DIO, Education Specialists, & GME administrative staff

- Schedule and staff Special Reviews.
- Synthesize program documentation in preparation for the SRS site visit.
- Participate and collect interview data during the SRS site visit.
- Identify level of ACGME compliance, program strengths, and recommendations for quality improvement.
- Draft Special Review Report, including feedback and recommendations, for program and institutional records.
- Provide feedback and recommendations to the Program Director.
- Monitor the response by the program to actions recommended by the GMEC in the Special review process.
- Work with program directors if additional curriculum and assessment consultation is needed after Special review.
- Ensure results are reported to GMEC.

Faculty and Resident Representatives

(approximate time commitment: 6-8 hours over a 4-6 week period)

- Review program documentation provided by Dept of GME prior to the SRS site visit.
- Participate and collect interview data during SRS site visit.
- Provide feedback and recommendations to be included in final report for program and institutional records.
- Present/review findings at the GMEC meeting.

Program Director (PD)

- Prepare and upload required program documentation to MedHub.
- Select Faculty representatives and provide protected time for them to participate in SRS site visit (the group must include at least one representative from each affiliate).
- Ensure resident group includes at least one peer-selected resident from each training year (though all residents should be encouraged to attend).
- Participate in SRS site visit.
- Attend GMEC meeting scheduled for program review (or assign a member of the faculty to attend on your behalf).
- Supply documents and/or updates as required after GMEC assessment.

Program Coordinator (PC)

- Assist Program Director in completing and uploading program documentation to MedHub.
- Coordinate scheduling of Chair, PD, Faculty (at least one representative from each affiliate), and Residents (at least one peer-selected resident from each year) for SRS site visit.
- Assist Program Director in preparing for SRS site visit.
- Prepare sample resident files for review during SRS site visit.

APPENDIX

Assessment Criteria

1. Compliance with the Common, specialty/subspecialty specific Program, and Institutional Requirements; including:
 - a. Professionalism, Personal Responsibility, and Patient
 - b. Safety
 - c. Transitions of Care
 - d. Alertness Management/Fatigue Mitigation
 - e. Supervision of Residents
 - f. Clinical Responsibilities
 - g. Teamwork
 - h. Resident Duty Hours
2. Educational objectives and effectiveness in meeting those objectives
3. Educational and financial resources
4. Effectiveness in addressing areas of non-compliance and concerns in previous ACGME accreditation letters of notification and previous Special reviews
5. Effectiveness of educational outcomes in the ACGME general competencies
6. Effectiveness in using evaluation tools and outcome measures to assess a resident's level of competence in each of the ACGME general competencies
7. Annual program improvement efforts in:
 - a. resident performance using aggregated resident data
 - b. faculty development
 - c. graduate performance including performance of program graduates on the certification examination
 - d. program quality

Material and Data Used in the Special Review Process

1. The ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements in effect at the time of the review
2. Accreditation letters of notification from previous ACGME reviews and progress reports sent to the respective RRC
3. Reports from previous Special Reviews of the program
4. Previous annual program evaluations
5. Results from ACGME, GME Housestaff and Faculty and Resident Program Evaluations

Required Program Documentation:

All programs must upload the following documents to MedHub at least 3 weeks prior to their SRS site visit:

1. Competency-based overall and rotation-specific goals and objectives by PGY year if not already in MedHub
2. Program curriculum including didactic schedules, instructional methods, outcome measures, and assessment strategies
3. Copies of all evaluation instruments that are NOT already in MedHub (**Please do not submit completed evaluations! Submit only blank forms**)
4. Aggregated performance data (in-service exams, board pass rates, National Match results, and attrition rates)
5. Policies on supervision, duty hours, and recruitment

ACGME programs must upload the following documents at least 3 weeks prior to their SRS site visit:

1. Most current completed Program WebADS update
2. Current RRC citations from your last ACGME letter
3. Program-specific policies and procedures concerning duty hours, moonlighting, supervision, recruitment, handovers, and leave of absence
4. Current Program Letters of Agreement (PLAs)
5. Aggregated program evaluation data if NOT already in MedHub
6. Minutes and action plan from most recent program evaluation meeting if NOT already in MedHub.
7. Case/Procedure logs if applicable and NOT already in MedHub
8. Sample documents offering evidence of resident participation in QI and Safety Projects
9. Competency-based overall and rotation-specific goals and objectives by PGY year if not already in MedHub

10. Program curriculum including didactic schedules, instructional methods, outcome measures, and assessment strategies
11. Copies of all evaluation instruments that are NOT already in MedHub (**Please do not submit completed evaluations! Submit only blank forms**)
12. Aggregated performance data (in-service exams, board pass rates, National Match results, and attrition rates)

Files of current residents and most recent program graduates must be available during the SRS site visit and contain the following, at minimum:

1. Evaluations of residents at the completion of each assignment
2. Evaluations showing use of multiple evaluators (e.g., faculty, peers, other professional staff, patients, self-evaluation)
3. Documentation of residents' semiannual evaluations of performance with feedback
4. Final (summative) evaluation of residents, documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice if not in MedHub
5. For current residents who have transferred into the program, documentation of previous experiences and competency-based performance evaluations and summative evaluation
6. For residents who have transferred into another program, documentation of experiences and summative competency-based performance evaluations

Special Review Report

The written Special Review Report for each program will contain, at minimum:

1. The name of the program reviewed
2. The date of the Special Review
3. The names and titles of the Special Review committee members
4. A brief description of how the Special Review process was conducted, including the list of the groups/individuals interviewed and the documents reviewed
5. Sufficient documentation to demonstrate that a comprehensive review followed the GMCC's Special Review protocol
6. 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