Policies and Procedures

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PURPOSE

To ensure effective oversight of underperforming 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 identifying underperformance and
b. Address the procedure to be utilized when a residency/fellowship program undergoes a Special Review

SCOPE

The policy applies to all Creighton University residents, fellows and their respective training programs.

POLICY

Criteria for identifying underperformance:

Underperformance by a program can be identified through a wide range of mechanisms. These may include, but are not limited to:

a. Deviations from expected results in standard performance indicators:
   i. Program Attrition
   ii. Program Changes
   iii. Scholarly Activity
   iv. Board Pass Rate
   v. Clinical Experience
   vi. Resident or Faculty Survey
   vii. Milestones
   viii. Competencies
b. Communications about or complaints against a program indicating potential egregious or substantive noncompliance with the ACGME Common, specialty/subspecialty-specific Program, and/or Institutional Requirements; or noncompliance with institutional policy;
c. A program’s inability to demonstrate success in any of the following focus areas:
   i. Integration of residents/fellows into institution’s Patient Safety Programs;
   ii. Integration of residents/fellows into institution’s Quality Improvement Programs and efforts to reduce Disparities in Health Care Delivery;
   iii. Establishment and implementation of Supervision policies;
   iv. Transitions in Care;
   v. Duty hours policy and/or fatigue management and mitigation; and
   vi. Education and monitoring of Professionalism
   vii. Self-report by a Program Director or Department Chair.
PROCEDURE

1. **Designation:** When a residency/fellowship program is deemed to have met the established criteria for designation as an underperforming program, the DIO shall schedule a Special Review after approval from the GMEC. Special Reviews shall occur within 60 days of a program’s designation as ‘underperforming.’ The special review panel will continue to meet on at least a quarterly basis until all issues are resolved to the satisfaction of the GMEC.

2. **Special Review Panel:** Each Special Review shall be conducted by a panel including at least the DIO, and the program director and the program coordinator. If the program is a fellowship than the residency director of the department should also sit on the panel. Additional reviewers may be included on the panel as determined by the DIO/GMEC.

3. **Preparation for the Special Review:** The DIO/GMEC and/or other persons as appropriate 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. Based on identified concerns, the program being reviewed may be asked to submit documentation prior to the actual Special Review that will help the panel gain clarity in its understanding of the identified concerns.

4. **The Special Review:** Materials and data to be used in the review process shall include:
   a. the ACGME Common, specialty/subspecialty-specific Program, and Institutional requirements in effect at the time of the review;
   b. accreditation letters of notification from the most recent ACGME reviews and progress reports sent to the respective RRC;
   c. reports from previous internal reviews of the program (if applicable);
   d. previous annual program evaluations;
   e. results from internal or external resident surveys, if available; and,
   f. any other materials the Special Review panel considers necessary and appropriate.

   The Special Review panel may choose to conduct interviews with the core faculty members, the chair and residents in the program, and other individuals deemed appropriate by the committee.

5. **Special Review Report:** The Special Review panel shall submit a written report to the GMEC that includes, at a minimum, a description of the review process and the findings and recommendations of the panel. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, and the process for GMEC monitoring of outcomes. The GMEC may, at its discretion, choose to modify the Special Review Report before accepting a final version.

6. **Monitoring of Outcomes:** The DIO and GMEC shall monitor outcomes of the Special Review
process, including actions taken by the program and/or by the institution with special attention to areas of GMEC oversight, including:
   a. the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited
   b. programs
   c. the quality of the GME learning and working environment within the Sponsoring Institution, its
   d. ACGME-accredited programs, and its participating sites;
   e. the quality of educational experiences in each ACGME accredited program that lead to
   f. measurable achievement of educational outcomes as identified in the ACGME Common and
   g. specialty/subspecialty-specific Program Requirements;
   h. the ACGME-accredited programs’ annual evaluation and improvement activities; and,
   i. all processes related to reductions and closures of individual ACGME-accredited programs, major
   j. participating sites, and the Sponsoring Institution.

REFERENCES
ACGME

AMENDMENTS OR TERMINATION OF THIS POLICY
Creighton University reserves the right to modify, amend or terminate this policy at any time.