Policies and Procedures

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;

b. Address the procedure to be utilized when a residency/fellowship program undergoes a Special Review; and

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

The policy applies to all Creighton University training programs.

Policy

Criteria for identifying underperformance:

Underperformance by a program can be identified through a wide range of mechanisms. Programs will be annually evaluated for underperformance. Criteria may include, but are not limited to:

a. Deviations from expected results in standard performance indicators:

i. Scholarly Activity

- Graduating resident’s minimum of 50% scholarly activity as defined by the ACGME
- Faculty (Core) minimum of 80% scholarly activity as defined by the Core Faculty Job expectations.

ii. Board Pass Rate acceptable by ACGME standards per specialty

iii. Clinical Experience

- Loss of major participating sites
- Case log volumes measured by:
  - Any senior resident graduating without meeting 100% of requirements
  - Annual overall total for all PGY’s <60%

iv. Recruitment Performance

- Unfilled positions consistently during the most recent 3 years

v. ACGME Resident or Faculty Survey

- Overall resident satisfaction scores as measured by the ACGME resident survey at least 75%
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- ACGME Faculty Survey with the overall score less than 85%
  - vi. Inability to meet major/core ACGME Common and Program requirements
    - Critical score on APE question #47
  - vii. ACGME Citations or Areas of concern with more than 2 citations or 4 areas of concern identified
  - viii. More than 30% reviews of the APE in the critical or caution category
- 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 CLER 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. Enforcement of GME and program Supervision policies;
  - iv. Transitions in Care;
  - v. Duty hours policy and/or fatigue management and mitigation; and
  - vi. Education and monitoring of Professionalism.
- d. Self-report by a Program Director or Department Chair.

In addition to underperforming programs, new residencies and fellowships will also be considered under review during each program’s first year of operation.

### 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 discuss with the GMEC. If the GMEC approves the program to be placed on Special Review, the GME office will initiate the process. The program must respond to the DIO within 60 days of a program’s designation as ‘underperforming.’ The special review panel will meet as determined by the DIO 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 minimum the DIO, the program director and the program coordinator. If the program is a fellowship than the residency director of the department may also participate on the panel. Additional reviewers may be included on the panel as determined by the DIO/GMEC or at the request of the program’s PEC.

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
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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;
   c. reports sent to the respective RRC;
   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, the findings and recommendations of the panel to address the concerns. These shall include a description of the quality improvement goals, any corrective actions designed to address the identified concerns, and the process for the GMEC monitoring of progress/outcomes. The GMEC may, at its discretion, ask for additional modifications to the Special Review Report before accepting a final version. The program has 60 days to develop and submit an action plan to the DIO to address the recommendations and areas for improvement. The program will be required to submit progress updates quarterly to the DIO such that the DIO can monitor progress and address any mid-course corrections.

6. **Monitoring of Outcomes**: The DIO and GMEC will 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 programs;
   b. the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites;
   c. the quality of educational experiences in each ACGME accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements;
   d. the ACGME-accredited programs’ annual evaluation and improvement activities; and,
   e. all processes related to reductions and closures of individual ACGME-accredited programs, major 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.

*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.*