

| The University of Alabama Hospital Graduate Medical Education Policy and Procedure | GMEC Approved Date: May 7, 2024 | |
|------------------------------------------------------------------------------------|---------------------------------|--|
| Special Review Process | Next Review Date: Spring 2025 | |

PURPOSE:

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process.

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

- I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and,
- I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines.

This policy will define underperforming ACGME-accredited residency programs and identify the process for special review.

POLICY:

The GMEC Executive Committee will vote to conduct either a focused or full special review based on the criteria below. A focused review consists of a special review focusing on a particular issue. A full review is a broader review of all aspects of the program.

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

| Criteria | Performance Indicator |
|---------------------------|------------------------------------------------------------------------------------|
| ACGME Trends | Same issue on the ACGME Survey and Accreditation Letter |
| ACGME Resident Survey - | % answered Very Positive less than National Mean |
| Resident's Overall | |
| Evaluation of the Program | |
| ACGME Resident Survey | Minimal to No Risk: Both Questions greater than National Mean |
| – Residents Can Raise | Some Risk: One Question less than National Mean |
| Concerns without Fear and | Most at Risk: Both Questions less than National Mean |
| Satisfied with Process to | |
| Deal with Problems and | |
| Concerns | |
| ACGME Faculty Survey – | Most at Risk: % answered Very Positive less than National Mean |
| Faculty's Overall | |
| Evaluation of the Program | |
| GME Work Environment | Indicator as demonstrated on the 3-year trending report |
| Survey – I would | |
| recommend my training | |
| program to others | |
| Citations | Minimal to No Risk: No New Citations or Resolved Citations |



| | Some Risk: New Citation or Area for Improvement | | |
|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| | Most at Risk: Extended Citation | | |
| Citations related to 80 hour | Minimal to No Risk: No New Citations or Resolved Citations | | |
| work week | Some Risk: New Citation or Area for Improvement | | |
| | Most at Risk: Extended Citation | | |
| Board pass rate | Minimal to No Risk: 80% pass rate based on provided data in APE for the past three exam cycles [either three or six years depending on certifying exam availability] Most at Risk: Less than 80% pass rate on provided data in APE for the past three exam cycles [either three or six years depending on certifying exam availability] or no data or inconclusive data provided in APE. | | |
| Work Hour Logging Compliance (Administrative Oversight) | 80% compliance not met per program's policy | | |
| Program Complaint | • Complaint received by the ACCME | | |
| Frogram Complaint | | | |
| | Complaint received by a resident/fellow or faculty member to the DIO or other internal mechanisms | | |

Special Review Criteria:

A special review will occur when:

- 1. A program has four or more criteria present that has been identified by the GMEC (focused or full review).
- 2. Newly accredited programs in the second six months of its initial training year (full review).
- 3. A severe and unusual deficiency in any one or more of the established criteria (focused or full review).
- 4. There has been a complaint against the program placed with the ACGME (focused or full review).
- 5. Transferred programs from a different Sponsoring Institution (full review).
- 6. Egregious work hour violations or continued violations for more than 2 reporting periods.
- 7. At the request of the DIO.

The DIO will request a Special Review to occur when identified as underperforming according to the criteria above. A Special Review team of the GMEC will be created to perform the special review.

The Special Review team will include the DIO or ADIO, a voting faculty member from another program, and a resident representative of the GMEC, not a member of the program under review. A Program Coordinator (GMEC member) will also be invited to participate in the Special Review. As deemed necessary, additional members who are not members of the program under review may be recommended by the GMEC selected. The Chair of the Special Review team should be a Program Director from another program.

The program members to be interviewed should include but are not limited to, the program director, other key faculty members, and peer-selected residents. As determined by the Special Review team, other individuals could also be interviewed.

The DIO will determine the materials and data used during the Special Review.

The Special Review team will conduct a special review by reviewing materials, data, and other information provided by the program and through interviews with identified individuals. The Program



Coordinator will facilitate the distribution of materials to the GME Office and will work with the GME Office to schedule all interviews.

The Special Review team will prepare a Findings and Action Report to be presented to the GMEC for review and approval. At a minimum, the information will contain the following:

- 1. A description of the criteria of concern and findings regarding each concern
- 2. Quality improvement goals to address identified concerns, and
- 3. The process for the GMEC to monitor outcomes of corrective actions taken by the program.

The Special Review Findings and Action Report will be completed by the chair of the Special Review team, with input from the committee members. The report will then be submitted to the DIO for comments. The Special Review Findings and Action Report is a confidential document that will not be shared outside of the GMEC. The Special Review Findings and Action Report will be shared with the program following the GMEC. The DIO will encourage the program to share the findings with the residents/fellows and faculty and will encourage the program to include residents/fellows and faculty in the action plans.

Monitoring of Outcomes

Based on the Special Review, the Program Director, with support from the DIO/ADIO will develop an action plan to address all noted concerns. A report of the Special Review Findings will be presented to the GMEC by the Chair of the Special Review team and the Program Director. The Program Director will provide the GMEC with an action plan that will address all concerns. The DIO may ask the Program Director to update the action plan based on feedback received from the GMEC.

The Program Director will provide the GMEC with an update on the action plan quarterly through an oral report at the GMEC and written update submitted to the DIO/ADIO for documentation maintained by the GME office. Updates on each action item will be noted in the GMEC minutes. The GMEC may request more frequent updates.

Action plan updates will conclude with the completion of the action items and a change in the criteria creating the need for a Special Review. The GMEC will vote on the following options:

- 1. The action plan has been successfully completed with no additional GMEC reports needed.
- 2. The action plan will be updated with continued GMEC updates required.

Attachments:

1. Special Review Action Plan Template



Action Plan Template

| Concern | Action Items | Responsible Person(s) | Outcomes |
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