



## Stony Brook Medicine Graduate Medical Education

<b>Subject:</b> GME0043 Program Improvement Review	<b>Published Date:</b> 12/15/2020
Graduate Medical Education	<b>Next Review Date:</b> 12/15/2023
<b>Scope:</b> SBM Stony Brook Campus	<b>Original Creation Date:</b> 08/09/2017

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### **Responsible Department/Division/Committee:**

Graduate Medical Education Committee

### **Purpose:**

To ensure effective oversight of graduate medical education programs by the Sponsoring Institution (SI) and the Graduate Medical Education Committee (GMEC), and to establish an institutional policy regarding criteria for Program Improvement Review within the institution.

### **Policy:**

The SI and the GMEC are responsible for establishing a process for program improvement review, and for effecting a report to be created for the program which must include quality improvement goals, corrective actions, and the process for the GMEC to monitor outcomes (Institutional Requirements I.B.6.a)).

GME Staff Program Review: Conducted by DIO or designee. The DIO or delegate will notify the Program Director identifying the specific area(s) of concern. DIO or delegate will meet with the Program Director. The Program Director reviews the concern(s) and completes an Action Plan to address the concern. DIO or designee will review action plan and determines if a satisfactory plan is in place to resolve the concerns or if additional follow-up is needed. Progress is monitored by the GME Office and if not resolved will be escalated to the GMEC.

Areas for improvement within a program may be identified by one or more of the following criteria:

1. ACGME Citations.
2. Work Hour violations.
3. Resident related Department of Health concerns.
4. Undue resident attrition.
5. Substandard resident or faculty scholarly activity.
6. Substandard board passage rate.
7. Concerns regarding inadequate resident supervision.
8. Concerns regarding resident or faculty wellness.
9. Inadequate integration of program into, or participation in, institutional activities related to CLER focus areas:
  - a. Patient Safety
  - b. Quality Improvement/Health Care Quality
  - c. Supervision
  - d. Transitions of care
  - e. Well-being
  - f. Professionalism
10. As deemed appropriate by the GMEC and/or DIO.

Additionally, newly-accredited programs, to ensure continued compliance will be assessed 1 year after initial ACGME accreditation of a program.

Full Program Improvement Review: A Program Improvement Review Panel shall be created by the GMEC to perform and oversee the Program Improvement Review process for each program and make recommendations to the GMEC for improvement efforts.

Areas for improvement within a program may be identified by one or more of the following criteria:

1. Resident or faculty ACGME Survey results which raise concerns.  
Resident ACGME Survey with an overall 60% or less positive results.  
Faculty ACGME Survey with an overall 70% or less positive results.
2. ACGME warning or probationary status; or concerns regarding substantive non-compliance with ACGME (or other accreditation body as appropriate) program requirements or institutional policy.
3. ACGME complaint or communication against a program.

4. Unsuccessful GME Staff Program Review
5. As deemed appropriate by the GMEC and/or DIO.

The determination for a program to undergo a review shall be made by the DIO based on the above criteria. The review will occur within 90 days of the determination, and the report shall be presented at a GMEC meeting. The DIO and/or GMEC will designate a panel which shall consist of, at a minimum, a Program Director who shall serve as chair, a program coordinator, and a resident or fellow. None of these individuals may be from the department undergoing the review.

The Program Improvement Review panel shall submit a written report to the DIO and GMEC within 30 days of the Program Improvement Review which includes, at a minimum, a description of the review process, the names of individuals with whom the panel met and their respective roles, and the findings and recommendations of the panel. These recommendations will include a description of the quality improvement goals, and corrective actions required to address concerns identified by the review, and the process for the GMEC to monitor the outcome. The GMEC will vote on accepting the recommendations, and may make modifications to the quality improvement goals and/or the corrective actions.

The DIO and GMEC shall monitor outcomes of the Program Improvement Review process. Updates to the GMEC regarding outcomes of Program Improvement Reviews shall be made at least quarterly unless another timeframe is specifically noted until deemed completed by the GMEC. Reports of the Program Improvement Review and outcome monitoring will be appended to the Annual Program Evaluation (APE).

The Program Director of the program under review must share the results of the review with the Residents and Faculty in the program. Discussion of action items must take place at the Program Education Committee (PEC) as part of the Annual Program Evaluation (APE) process.

This policy shall apply to all programs sponsored by the institution.

**Definitions:**

None

**Procedures:**

None

**Forms: (Ctrl-Click form name to view)**

None

**Policy Cross Reference: (Ctrl-Click policy name to view)**

None

**Relevant Standards/Codes/Rules/Regulations/Statutes:**

None

**References and Resources:**

None