



Stony Brook Medicine Graduate Medical Education

Subject: GME0043 Program Improvement Review	Published Date: 08/24/2017
Graduate Medical Education	Next Review Date: 08/24/2020
Scope: SBM Stony Brook Campus	Original Creation Date: 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)).

A committee 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.

2. ACGME citations, warnings, or probationary status; or concerns regarding substantive non-compliance with ACGME (or other accreditation body as appropriate) program requirements or institutional policy.
3. Duty Hours violations.
4. Resident-related Department of Health concerns.
5. Undue resident attrition.
6. Substandard resident or faculty scholarly activity.
7. Substandard board passage rate.
8. Concerns regarding inadequate resident supervision.
9. Concerns regarding resident or faculty wellness.
10. 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
11. 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.

The determination for a program to undergo a review shall be made by the DIO in conjunction with the Program Improvement Review committee based on the above criteria. The review will occur within 60 days of the determination, and the report shall be presented at a GMEC meeting. The Program Improvement Review committee will designate a panel which shall consist of, at a minimum, a faculty member of the GMEC who shall serve as chair, an additional faculty member, 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 until deemed completed by the GMEC. Reports of the Program Improvement Review and outcome monitoring will be appended to the Annual Program Evaluation (APE).

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