



Stony Brook Medicine Graduate Medical Education

Subject: GME0043 Special Review Policy	Published Date: 08/13/2024
Graduate Medical Education	Next Review Date: 08/13/2027
Scope: SBM Stony Brook Campus	Original Creation Date: 08/09/2017

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

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 Special 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/fellow related Department of Health concerns.
4. Undue resident/fellow attrition.
5. Substandard resident/fellow or faculty scholarly activity.
6. Substandard board passage rate.
7. Concerns regarding inadequate resident/fellow supervision.
8. Concerns regarding resident/fellow 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. ACGME complaint or communication against a program.
11. As deemed appropriate by the GMEC and/or DIO.

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

A Special Review will be required when one or more of the following criteria are identified:

1. ACGME accreditation status of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; or concerns regarding substantive non-compliance with ACGME (or other accreditation body as appropriate) program requirements or institutional policy.
2. Resident/fellow or faculty ACGME Survey results which raise concerns, Resident/fellow ACGME Survey with an overall 60% or less positive results. Faculty ACGME Survey with an overall 70% or less positive results

3. Unsuccessful GME Staff Program Review
4. 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 or designee will appoint 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 Special Review panel shall submit a written report to the DIO and GMEC within 30 days of the Special Review using the provided Special Review template 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, including timelines. 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 Special Review process. The Program Director of the program under Special Review must update the GMEC with an action plan that includes timelines within 90 days. Further updates to the GMEC regarding outcomes of Special Reviews shall be made every six months unless another timeframe is specifically noted until deemed completed by the GMEC. Reports of the Special Review and outcome monitoring will be included in the GMEC minutes.

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

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

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