

SUNY DOWNSTATE MEDICAL CENTER  
GME POLICIES AND PROCEDURES

University Hospital of Brooklyn

College of Medicine

School of Graduate Studies

College of Nursing

School of Health Related Professions

School of Public Health



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Office of Graduate Medical Education

**SUBJECT: SPECIAL REVIEWS**

Originating Department: Graduate Medical Education Committee

Date Approved by GMEC: 12/11/2019

Original Date: 1/15/2014

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***In accordance with section I.B.6, I.B.6.a, I.B.6.a (1-2) of the ACGME Institutional Requirements, the GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that: establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.***

**I. PURPOSE.**

To specify the SUNY Downstate Medical Center ("**SUNY Downstate**") Special Review process for effective oversight of underperforming programs, in compliance with ACGME requirements, and facilitate improvement in the quality of Programs, curricula, faculty/teaching and/or the clinical learning environment.

**II. DEFINITIONS.**

**GMEC:** Graduate Medical Education Committee of SUNY Downstate Medical Center.

**Informational Assessment:** is a consultative process for evaluating training programs to give an assessment of their current status. An Informational Assessment may or may not lead to an action plan, depending on whether or not actionable issues are uncovered. Self-Study Reviews (a type of Informational Assessment) may be inclusive of a full or focused special review in process and structure, depending on the needs of the program.

**Focused Special Review:** A form of Special Review with Special Review Committee activities primarily focused on a specific issue or area of Program underperformance or concern.

**Full Special Review:** A form of Special Review with Special Review Committee activities reviewing multiple areas of potential underperformance or instances or areas of potential underperformance of significant concern.

**Program Monitoring Sub-Committee, “PMC” or “Monitoring Committee”:** A sub-committee of the GMEC with responsibilities specified by the GMEC including Program monitoring and oversight of Program self-studies and annual reviews.

**Special Review:** a GMEC process for review and oversight of underperforming GME Programs, consistent with ACGME requirements, including quality improvement, corrective action and monitoring of outcomes. A Special Review may be a “Focused Special Review,” or a “Full Special Review,” as determined by the Program Monitoring Committee, GMEC or DIO.

**III. SPECIAL REVIEW COMMITTEES.** Special Reviews are conducted by Special Review Committees (each an “SRC”) constituted by the GMEC in connection with the Program Monitoring Subcommittee.

- A. No member of a Special Review Committee may be selected from the Department or from the Program under review. At least one GMEC member shall serve as the chair of a Special Review Committee. Special Review Committees will also include an administrative staff representative from the GME Office.
- B. A Full Special Review Committee will be comprised of at least one SUNY Downstate faculty member, at least one resident/fellow and additional internal or external reviewers and administrators as the GMEC deems necessary.
- C. A Focused Special Review Committee will consist of at least one SUNY Downstate faculty member, a SUNY Downstate administrator or the DIO, and additional personnel as the GMEC deems necessary.
- D. Special Review Committees may specifically include a SUNY Downstate University Hospital Brooklyn faculty member selected at large outside the Department of the Program under review and a peer selected SUNY Downstate resident/fellow from a Department outside the Program under review.

**IV. CRITERIA FOR SPECIAL REVIEWS OR ASSESSMENT.**

The GMEC has established the following criteria as evidence or support that a Program may require a Special Review or an Informational Assessment, as determined by the PMC in consultation with the GME Office:

1. Notices to or reports conveyed to the GMEC by the DIO, Associate DIO (ADIO) or GME Office reflecting concerns, issues or patterns suggesting underperformance by a Program.

2. A pattern of concerns or underperformance as reflected in Annual Program Evaluations (APEs), Self-Study Evaluations or prior Special Reviews.
3. Based on the request of SUNY Downstate administration and/or Program administration.
4. Non-Compliance with ACGME or other accrediting body requirements as determined by or reflected in:
  - (a) a Program receiving an accreditation status other than "Continued Accreditation" or "Initial Accreditation."
  - (b) citations, including Board citations, or repeated "Area for Improvement" findings from the applicable ACGME Review Committee.
  - (c) Significant negative findings in annual resident/fellow and faculty surveys.
  - (d) Unsatisfactory progress addressing previous ACGME citations or Areas of Improvement, and/or previous Special Review(s) and related action plans or recommendations.
5. Resident or other complaints deemed to be legitimate and substantive by the DIO, PMC, Program or SUNY Downstate administration, including complaints alleging bias, intimidation or harassment within a Program or as reflected in aggregate resident or faculty written confidential evaluations of the Program.
6. Notice of an ACGME Focused Site Visit. Given the short notice for these visits (typically 30 days or less) any Special Review or Assessment will ordinarily be a focused review, conducted prior the ACGME Focused Site Visit, if possible.
7. Unsatisfactory performance by graduates of any Program on specialty board examinations for more than one consecutive year.
8. Significant Changes in Program administration, resources or structure, including:
  - (a) significant loss of clinical learning resources such as loss of a major Participating Site or multiple diagnostic or procedure categories indicating Program experience in bottom 10<sup>th</sup> percentile compared to national norms.
  - (b) a newly accredited Program within its first 12 months of starting with its initial class of residents.
  - (c) a new Program Director.
9. Recurring or unresolved duty hour, supervision or resident responsibility violations.
10. Evidence suggesting lack of adequate supervision.

11. Inadequate resident and/or faculty scholarly activity as defined by criteria described by the applicable ACGME Review Committee.

**V. RESOURCES AND REFERENCES.**

In conducting a Special Reviews and Assessments, the Review Committee will rely on and/or review the following materials, data and information, as applicable:

**A. Program Quality Materials.**

1. ACGME Program and Common Program Requirements.
2. A Special Review Committee "Site-Visit Document Audit" conducted by GME Office staff to identify program files and documentation pertinent to the Review. The Document Audit will be provided to the Special Review Committee.
3. Accreditation letters and progress reports from previous ACGME site surveys.
4. Action plans from prior Special Reviews, APEs, Self-Study Evaluations, and Informational Assessments.
5. Current Web ADS Program Summary Report(s).
6. ACGME annual Resident/Fellows and Faculty survey reports and/or internal survey results.
7. Diversity and Inclusion information and statistics, Methods of Recruitment information and statistics.
8. The Program's Wellness curriculum.

**B. Resident and Graduate Performance Materials.**

1. Case, procedure and volume logs.
2. Program, faculty and resident scholarly activity.
3. Quality improvement data, information and reports.
4. Resident and fellowship employment and placement information.
5. Board pass rate data.
6. Graduate survey(s), if available.

Additional materials the Special Review Committee of Assessment Committee deems necessary, including faculty development information.

## VI. SPECIAL REVIEW PROCESS.

- A. **General:** The Special Review process shall include a review of Program performance and documentation as well as interviews with Program administrators, residents/fellows, faculty, and others identified by the Special Review Committee. The Program will be expected to prepare resident files and site visit documentation as specified by the GME Office or Review Committee (See Document Audit, above).
- B. **Appointment of Special Review Committee:** The SRC is appointed by Program Monitoring Subcommittee of the GMEC, following the requirements in Section III, above.
- C. **Time Frames:** The Program establishes a time frame for a site visit with the specific site visit date selected by the GME Office.
- D. **Interviews:** The Special Review Committee shall meet with the Program Director, faculty and residents and, when appropriate, with persons in other Programs or Departments in regular interaction with the Program under review. The Review Committee may divide into teams to conduct interviews; however, each interview must be conducted with at least two members of the Special Review Committee present.

The list of individuals to be interviewed will be dictated by the focal points of the Review but will include: (i) the Program Director and the chair of the sponsoring Department; (ii) representatives of the Program's core faculty including at least three (3) full-time Program faculty (Program leadership shall not be present); (iii) peer-selected residents from all accredited Program training levels, without faculty or chief residents present; and (iv) other individuals at the discretion of the Special Review Committee, including a Program's Program Coordinator, chief resident (without faculty present), additional faculty, nursing or allied health professional staff and faculty of major Program affiliates.

The SRC may, at its discretion, interview faculty and or residents individually and in strict confidence.

- E. **Review Report:** The SRC will produce a report to the Program Monitoring Committee with a summary of the report and identifying (i) action plan items, (ii) quality improvement goals, (iii) corrective actions, and (iv) the process by which the Program and the PMC will monitor outcomes.
- F. **Action Plan:** The Program Director will develop an action plan, inclusive of identified action plan items and plans of correction. The Program Director will be required to report to GMEC, as indicated in the Special Review report.

**VII. RESPONSIBILITIES.**

- A. The DIO or PMC/Program Reviewer is responsible for recommending Programs to the PMC for Special Reviews and for convening with the GMEC, the Special Review Committees.
- B. Chairs and Program Directors are responsible for complying with the requests of the PMC and participating fully in the Special Review processes including the development, enactment, and evaluation of the ensuing action plans.
- C. The PMC is responsible for reviewing the written report of the SRC, making recommendations, and following up on action plans until the identified concerns have been resolved.
- D. The DIO is responsible for the overall monitoring of the process.

**VIII. GMEC OVERSITE.**

- A. The Program Monitoring Committee assigns, reviews, provides feedback on, and approves all work plans and reports generated by the Special Review Committee.
- B. The PMC reports to the GMEC, consistent with Institution and ACGME requirements.
- C. Any concerns must be brought to the attention of the Institutional Oversight Committee.
- D. The DIO reports findings of the reviews to the Dean and/or to the Dean's cabinet.

**IX. SHARING FINDINGS.**


- A. The Program Director must share the results of the review with residents and faculty in the Program.
- B. Discussion of the SRC action items must take place at the Program Education Committee (PEC) as part of the Annual Program Evaluation (APE) process.
- C. Action item progress and outcomes will be tracked in the APE Action items spreadsheet.

**X. APPENDIX.**

1. Special Report Template
2. Action Plan Template

**Approved by the GMEC, PMC, and DIO, effective 12/11/ 2019**

  
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**Chairman of the GMEC**

  
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**DIO**