

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Special Review Policy

I. Purpose:

To establish an institutional policy which describes the Special Review Process for all Inova training programs. As defined by the ACGME Institutional Requirements, this review must take place in the event any programs are found to be underperforming or failing to comply with institutional and/or program requirements as outlined by the ACGME and/or respective residency review committee (RRC).

II. Definitions:

House Staff or House Officer – refers to all interns, residents and fellows enrolled in an Inova sponsored post-graduate training program.

Special Review – refers to a process that establishes criteria for identifying program underperformance and results in a report that describes the quality improvement goals, the corrective actions and the process for GMEC monitoring of outcomes

ADS – the ACGME Data Collection Systems comprise the Accreditation Data System (ADS), which includes the Case Log System, and the Resident/Fellow and Faculty Surveys.

III. Initiating a Special Review:

The criterion used to trigger the Special Review Process includes but is not limited to:

A. Internal Criteria:

- a. At the request of departmental leadership or program administration
- b. Failure to adequately comply with annual program evaluation (APE) action plans
- c. Problems identified from the annual institutional survey and/or program evaluation committee (PEC)
- d. Concerns communicated to the GME office by house staff or teaching faculty
- e. Issues identified by the GMEC or its subcommittee
- f. House staff board pass rates below national average
- g. Review of programs that fail to fill during the match process for two consecutive years

B. External Criteria:

- a. Annual ADS information:
 - i. Pattern of house staff or faculty attrition
 - ii. ACGME Case Log reports indicating minimum requirements not met by recent graduates
- b. Annual ACGME resident and faculty surveys
 - i. Category scores significantly below the national mean
- c. RRC citations and/or request for progress report

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IV. Review Procedure:

- A.** The review is conducted under the auspices of the Graduate Medical Education Committee (GMEC). The Special Review Committee conducting this review must include at least one faculty member, at least one resident and at least one administrative member all from within the Sponsoring Institution but not from within the GME program being reviewed. Additional internal or external reviewers may be included on the Special Review Committee as determined by the GMEC and DIO.
- B.** The reviews must be presented and discussed at the GMEC meeting following the Special Review. The discussion and action plan must be documented in the GMEC meeting minutes.
- C.** At a minimum, the special review should include the appraisal of:
 - 1. Compliance with Common, Institutional and Program Specific ACGME/RRC Requirements. This includes assessing how the program addresses:
 - a. Professionalism, Personal Responsibility and Patient Safety
 - b. Transitions of Care
 - c. House Staff Supervision
 - d. Monitoring and management of resident wellness, burn-out and fatigue
 - e. Monitoring and assessment of House Staff Duty Hours and Work Environment
 - f. House staff education and participation in patient safety and quality improvement initiatives
 - g. Research environment and opportunities for house staff scholarly activities
 - h. House Staff involvement in interdisciplinary team-based care
 - i. Faculty Development
 - j. Performance of graduates on the certification examination and obtaining fellowship positions
 - k. The effectiveness of the program in addressing citations and/or areas of concern from previous ACGME site/self-study visits and previous Special Reviews.
 - l. Financial resources and both departmental and Institutional support for the program
- D.** The Program will prepare the required documents to be available for the Special Review Committee for review. The documents should include but are not limited to the following:
 - a. Program Curriculum including PGY specific Goals and Objectives
 - b. ACGME ADS summary
 - c. ACGME Graduate Resident Case Log – Minimum Report (if available)
 - d. Annual Program Evaluation (APE) report for the past two academic years
 - e. Previous Special Review Reports and Work Plans
 - f. ACGME Resident and Faculty Survey results for the past two academic years
 - g. Internal/Exit House Staff Survey results

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- h. RRC Accreditation Requirements
- i. Relevant RRC correspondence
- j. Relevant program policies
- k. Current Program Letters of Agreement (PLAs)
- l. Most recent board pass rate report for graduates
- m. House Staff Quality Improvement/Patient Safety and Research Activities for the past two academic years
- n. Other materials including but not limited to data triggering the Special Review
- o. Policies and protocols from the ACGME site visit check list which includes but is not limited to the following:
 - i. Supervision of house staff addressing faculty responsibility and progressive responsibility
 - ii. House Staff duty hours and work environment
 - iii. Moonlighting policy
 - iv. Transitions of Care policy and protocols
 - v. Sample schedules that inform all health care providers names and contact information for faculty and house staff
 - vi. Protocols defining common circumstances which would require faculty involvement (i.e. ICU transfers) by PGY level
 - vii. Protocol and sample documents for episodes when house staff remain on-duty beyond scheduled hours
 - viii. Policies to ensure that house staff have adequate rest between duty periods and after in-house call (showing differences by PGY level)

E. The Review Process:

Approximately two weeks prior to the Special Review, the Director for Graduate Medical Education and/or the Chair of the Special Review Committee will meet with the Program Director and support staff to review the curriculum, policies and procedures, evaluation forms, etc. This part of the review and the findings will be shared with the Special Review Committee members as well as the GMEC.

- 1. On the day of the Special Review, the committee will meet, review the findings regarding the program surveys and documents, and spend the day interviewing the Program Director, program coordinator, faculty and house staff from within the program. A rough outline describing the day's events is listed below:
 - a. Committee discussion of the documentation - 30 minutes
 - b. Committee meeting with the Program Director and Program Coordinator – 30 minutes
 - c. Committee meeting with the house staff members – 1.5 hours
 - d. Committee meeting with program faculty – 1 hour
 - e. Committee creates a preliminary list of findings – 30 minutes

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- f. Committee re-convenes with the Program Director and Program Coordinator and gives feedback – 30 minutes
2. A clear, concise summary of the Special Review will be completed and mechanisms to correct identified deficiencies will be recorded.
3. The Special Review summary should include:
 - a. The name of the program reviewed with the date the Special Review was completed
 - b. Names and titles of Special Review committee members
 - c. A brief description of how the review process was conducted including a list of those interviewed and documents reviewed
 - d. Assessment of how the program has addressed program underperformance
 - e. Other issues or areas of concern noted by the Special Review committee in addition to previous RRC citations
 - f. Final Recommendations/Requirements which will include a process for monitoring outcomes including a progress report with action plan (timeframe to be determined by GMEC).
4. The summary report will be presented by the Special Review Committee Chair/or DIO in his/her absence at the subsequent GMEC meeting. The GME Committee will review and discuss the findings. The Program Director will have the opportunity to respond to the findings in the report. A copy of the final report will be given to the Program Director and also maintained in the Office of Graduate Medical Education.
5. Following the Special Review, the Program Director will be asked to provide a progress report to the GMEC addressing areas of concern. The timeframe for this report will be determined by the GMEC. The GMEC may continue to ask for the Program Director to report on areas of concern on a regular basis until it is felt that the issue has been adequately addressed.
6. Programs that are not accredited by the ACGME will be reviewed when necessary in the same manner and expected to provide the same quality of education and clinical experience.