

**SPECIAL FOCUSED PROGRAM REVIEW AND  
QUALITY IMPROVEMENT PROTOCOL****Purpose**

The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation, and oversight of a process for a Special Focused Program Review (SFPR) for accredited UT College of Medicine Chattanooga Graduate Medical Education (GME) Programs.

**INITIATING A SPECIAL FOCUSED REVIEW****Internal Criteria**

- Request from the Sponsoring Institution, a participating hospital, department or program administration
- Concerns identified by the DIO, GMEC, or Program Director on internal surveys
- Concerns identified and communicated to the Graduate Medical Education Department by Residents\* or Faculty in a particular program
- Failure to submit GMEC required data on or before identified deadlines
- Program-specific issues identified by the GMEC or DIO

**External Criteria**

- Concerns identified related to the annual WebADS information submitted by programs:
  - Board pass rate below the minimum required by the supervising RRC
  - A pattern of Resident and/or Faculty attrition
  - Case log data from the ACGME of recent graduates indicating that minimum requirements are not being met
- Concerns identified on the annual ACGME Resident survey
  - Mean score less than three in two or more of the seven categories
  - Two responses with less than 50% compliance in any of the seven categories
  - A pattern of significant downward trends since the last survey
  - Survey completion rate below the 70% required by the ACGME
- Concerns identified on the ACGME Faculty survey
  - Mean score less than three in two or more of the seven categories
  - Two responses with less than 50% compliance any of the seven categories
  - A pattern of significant downward trends since the last survey
  - Survey completion rate below the 60% required by the ACGME
- ACGME request for progress report related to concerns identified on the Resident or Faculty Survey
- Failure to submit ACGME required data on or before identified deadlines

**Process**

Each SFPR is conducted by a committee designated by the DIO and GMEC, acting under the direction of the GMEC, to review an ACGME-accredited program in order to assess program compliance with the *Common Program Requirements*; specialty-specific *Program Requirements*; and the *ACGME Institutional Requirements*.

Each SFPR committee must include at least one Faculty and one Resident, and may include non-physicians. The review must follow the written protocol as approved by the GMEC. The start date, closure date and pertinent findings of a SFPR must be documented in the GMEC minutes.

While assessing the residency program's compliance with relevant ACGME program requirements, the SFPR committee must appraise:

- Relevant educational objectives of the program
- Effectiveness of the program in meeting these objectives
- Any identified challenges or obstacles to the program's ability to meet these educational objectives
- Effectiveness of the program in addressing areas of concern noted in previous ACGME communications and/or accreditation letters, previous Annual Program Evaluations, and any previous SFPRs (if applicable)
- Effectiveness of the program in implementing processes that link relevant educational outcomes with program improvement.

Materials and data to be used in the review process must include those program documents specified in the SFPR and any other data and/or documents the SFPR committee considers of assistance in meeting its charge. The committee is expected to interview the Program Director, the program coordinator, a representative sample of Faculty and Residents from each level of training in the program. Other staff within the clinical setting and other individuals from outside the program may also be deemed appropriate for interview by the committee.

The SFPR in conjunction with the Graduate Medical Education Department may direct Program Directors to resources to address identified issues or offer potential solutions to remedy noncompliance.

## **PROTOCOL**

### **Staffing**

The GMEC designates the Graduate Medical Education Department (GME) to coordinate the conduct of SFPRs of our Residency and Fellowship programs to assess compliance with ACGME institutional requirements and program requirements, to evaluate how effectively the programs are fulfilling their educational missions, and to report to the GMEC findings of the SFPR.

SFPRs will be conducted under the general oversight and supervision of the Associate Dean for Academic Affairs/DIO. The Coordinator for the program under review will serve as staff for that committee.

### **Review Committee Membership**

Each SFPR Committee will be chaired by the DIO, and the Director of Graduate and Medical Student Education (GME) will serve on each SFPR Committee. Other SFPR Committee members must be drawn from outside the department wherein the program under review resides. Minimum committee membership includes the DIO, Director of GME, one Program Director or

external member or one Core Faculty, one external Resident, and a hospital administration representative. The committee may include non-physician administrators of staff as deemed appropriate. An appropriate balance of Faculty, Residents, and any administrators must be maintained.

### **Review Committee Responsibilities**

Specific duties for SFPR committee members include participating in a meeting to kick-off the process; reviewing program materials and data; interviewing Faculty and Residents; preparation of a written summary of the interviews for inclusion in the final review report; and providing feedback on the draft report. The DIO and Director of GME will be responsible for providing committee leadership, reviewing the final wording in the draft report and participation in the closure meeting. The DIO will present the final report to the GMEC.

### **Program Information**

As part of the SFPR process, the Program Director and Coordinator will collaboratively prepare a set of materials to document various aspects and elements of the training program. Materials will be electronically archived by the Graduate Medical Education Department and made available to committee members for their review. Documentation will include the following and any other materials that the SFPR committee deems necessary to meet its charge:

- SFPR Committee Roster
- Previous SFPR Reports and Work Plans
- Electronic Surveys – current Residents, Faculty (and sample of recent graduates if deemed appropriate)
- Interview guidelines
- ACGME Resident Survey results for past two academic years
- ACGME Faculty Survey results for past two academic years
- Current Resident and Faculty rosters with contact information
- RRC Accreditation Requirements
- Relevant RRC correspondence
- Relevant program policies
- Annual Program Evaluations (APEs) for the past two academic years
- A Resident supplied list of the top 5 program strengths, as well as the top 5 areas for program improvement which will be created by the Residents as part of the SFPR

### **File Audit**

The DIO and Director of GME will conduct an audit of program files to ensure they meet standards when deemed appropriate. Findings will be included in the final review report.

### **Special Focused Program Review Report**

For all SFPRs there must be a written report that contains, at a minimum, the following:

- Name of the program reviewed, the dates of the review, closure date, and date of review and approval of the report by the GMEC
- Names and titles of the review committee members including identification of Residents and indication of PGY level

- Brief description of the Special Focused Review Process including who was interviewed (specific names may not be included in the final report to protect confidentiality, but will be maintained in the Graduate Medical Education Department for verification purposes) and the documents reviewed
- List of the areas of noncompliance or any concerns or comments from the previous ACGME accreditation letter and last site visit and/or SFPR with a summary of how the program and/or institution addressed each one
- Sufficient documentation to demonstrate that a focused review was conducted and was based on the GMEC's SFPR protocol
- Identification of any areas of non-compliance or concerns identified as action items for internal follow-up and review by the GMEC

### **Closure**

Graduate Medical Education Department staff and the chair of the review committee will meet with the Program Director to share findings of the draft report and discuss next steps including presentation to, and approval by, the GMEC and any action item follow-up that may be indicated. The final report will be sent to the Program Director and Department Chair by the DIO and Graduate Medical Education Department within 48 hours of the SFPR report's approval by the GMEC.

### **Continuous Quality Improvement**

A work plan addressing corrective measures to any action items identified in the SFPR report must be submitted by the Program Director to the DIO and Graduate Medical Education Department within 30 days of the GMEC's review and action. In order to monitor progress towards resolving an action item, interim progress reports may be required from the Program Director to the GMEC. The Graduate Medical Education Department will provide work plan completion status reports to the GMEC. The GMEC can decide upon any additional action if a program is noncompliant with submitting progress reports.

### **Presentation to the GMEC**

The DIO and Program Director will report regularly to the GMEC on the progress of programs in following their action plans and submitting progress reports; areas of significant concern and recommendations requiring immediate action; and examples of exemplary practices. Minutes of the GMEC must reflect action taken on each SFPR report.

### **Documentation for RRC**

Upon GMEC acceptance of a program's SFPR report, the Graduate Medical Education Department will provide the program with a letter confirming completion of the SFPR process for verification by site visitors. The confirmation letter will not contain information from or conclusions drawn in the report other than the names and credentials of committee members.

### **Confidentiality**

The SFPR process protected under peer review. The GMEC supports confidentiality and accepts responsibility to keep secure and confidential the information collected about a program during and after the review process. SFPR reports are confidential and must not be shared with RRC site visitors. To confirm compliance with this protocol and relevant institutional requirements, a

summary SFPR reports may be included in the institutional review document and may be reviewed by the Institutional Review Committee at the time of institutional accreditation review to verify that we are following our SFPR policy and protocol.

**Sharing SFPR Report Results with Faculty and Residents**

In order to complete the review process, the Program Director should share the results of the review with all Residents and Faculty in the program. Discussion of the report and any action items should take place as part of the Annual Program Evaluation (APE) process.

\*The term “Resident” refers to both Resident and Fellow trainees.

Revised and Approved by the GMEC 5/16/2017. Administrative edits 5/8/2019.