

**Subject**

**SPECIAL PROGRAM  
REVIEW**



**Policy  
Number**

**GME 007**

**Effective  
Date**

**January  
2014**

## **SPECIAL PROGRAM REVIEW, GME 007**

### **1. Purpose**

This policy provides a process through which University of Maryland Medical Center Midtown Campus, through its Graduate Medical Education Committee, ensures that all residency programs are in substantial compliance with ACGME Institutional, Common Program and Program-specific Requirements; and are otherwise providing quality, adequately-resourced clinical training.

### **2. Scope**

This policy applies to all ACGME-accredited residency educational programs sponsored by University of Maryland Medical Center Midtown Campus (UMMC Midtown Campus).

### **3. Responsibility**

It is the responsibility of all residency program directors, residents, and UMMC Midtown Campus officials to comply with this policy.

### **4. Procedure**

Special reviews of all residency training programs shall be conducted by the Graduate Medical Education Committee (GMEC) or a body designated by the GMEC, composed of at least one faculty member and at least one resident from within UMMC Midtown Campus but not from within the GME program being reviewed. As determined by the GMEC, additional internal or external reviewers may be included, such as administrators from outside the program being reviewed. Each review shall follow the GMEC approved written protocol.

- a. A special review shall be conducted when determined appropriate by the GMEC.
- b. The review shall assess at a minimum:
  1. The educational objectives of the Program and the effectiveness of the Program in meeting its objectives.
  2. The adequacy of available educational and financial resources to support the Program.
  3. The Program's effectiveness in addressing areas of non-compliance and concerns from previous ACGME letters of accreditation and previous internal reviews.
  4. The effectiveness of each program in defining, in accordance with the specialty and subspecialty Program Requirements and Institutional

Requirements, the specific knowledge, skills, attitudes, and educational experiences required for the residents to achieve competence in the following: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

5. The effectiveness of each program using evaluation tools developed and outcomes measures to assess a resident's level of competence in each of the six general areas;

6. The effectiveness of educational outcomes in the ACGME general competencies.

7. The annual program improvement efforts in:

- Resident performance using aggregated resident data;
- Faculty development;
- Graduate performance including performance of program graduates on the certification examination; and
- Program quality

## **5. Materials and information used in a review shall include the following:**

- a. ACGME Institutional, Common, and specialty/ subspecialty Program Requirements in effect at the time of the internal review;
- b. Accreditation letters from previous ACGME reviews and progress reports sent to the respective RRC;
- c. Reports from previous internal reviews of the program,
- d. Previous annual program evaluations
- e. Results from internal or external resident surveys, if available.
- f. Interviews with the program director, key faculty members, and at least one peer-selected resident from each level of training in the program, and other individuals deemed appropriate by the GMEC or internal review panel (committee).

## **6. Special Review Report**

A written report of each special review shall be presented to and reviewed by the GMEC so that it may monitor areas of non-compliance and recommended action.

Special Review Reports at a minimum shall include:

- a. The name of the specialty or subspecialty program reviewed
- b. The date of the assigned midpoint and the status of the GMEC's oversight of the internal review and that midpoint;
- c. The names the names and titles of the internal review committee members to include the resident(s);
- d. A brief description of how the internal review process was carried out, including the list of the groups/individuals who were interviewed and the documents reviewed;
- e. Sufficient documentation or discussion of the specialty's or the subspecialty's Program Requirements and the Institutional Requirements to demonstrate that a comprehensive review was conducted and was based on the GMEC's internal review protocol;
- f. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and /or institution subsequent addressed each item.

## 2. **Progress Reports**

As appropriate, the GME Committee shall monitor the response by and progress of the program in implementing any action recommendations for improvements made by the GMEC. This monitoring should include written progress reports as well as presentations at a GMEC meeting.