

Policy Title: Special Review	Policy Number: SOMGME-017
Original Date: 25-09-2024	Next Review Date: 25-09-2027

I. Purpose of the Policy

The Graduate Medical Education Committee (GMEC) has the duty to oversee the quality of training in the different Lebanese American University (LAU) Graduate Medical Education (GME) programs. It must demonstrate effective oversight of underperforming program(s) through a Special Review Process.

The purpose of this policy is to define the indicators needed to identify underperforming programs, list the procedure steps of the special review process, and describe the monitoring process of the corrective actions and improvement goals.

II. Policy Scope

This policy applies to underperforming LAU GME programs.

III. Definitions

A. Special Review Process (SRP): Process conducted under the supervision of the Designated Institutional Officer (DIO) and the GME Committee (GMEC) in response to concerns regarding the program's administration, the functioning of the program, or the learning environment.

B. GME program: Any residency or fellowship program sponsored by LAU.

IV. Procedure

A- Indicators of program underperformance:

1. A concerning ACGMEI accreditation status: Initial Accreditation with Warning, Continued Accreditation with Warning, or Adverse Action.
2. Program attrition of 25% of trainees per academic year in three consecutive years.

3. Repetitive inability to recruit the required number of trainees during the last three years.
4. Major curricular changes or clinical exposure that might negatively impact the performance of graduating trainees.
5. Multiple trainees not meeting minimums in case log requirements.
6. Multiple trainees not compliant with duty hours requirements.
7. Reports of inadequate trainee supervision.
8. Frequent patient safety incidents involving residents.
9. Lack of scholarly activity for the trainees.
10. Trainees' underperformance in the in-training exams when applicable.
11. More than 25% of "No" answers on the annual End-of-Year Survey of the Residency Program over two consecutive years.
12. Repetitive or serious complaints from different trainees or faculty over three consecutive years.
13. Reports of the Program Director (PD) or Department Chair (DC).
14. Frequent or unexpected changes reported by the program, such as attrition of program director or faculty members, or loss of participating sites.
15. Concerning citations or gaps/ warnings from internal or external audit or the ACGMEI review committee.

B- Special Review Process:

1. The DIO and the GME office staff will monitor the above stated indicators and identify underperforming programs.
2. The DIO shall report the concerns to the PD and DC of the underperforming program.
3. The concerned PD shall develop a plan or submit an answer to the DIO about the reported concerns in collaboration with the DC within 4 weeks.

4. Based on the PD's answer, the DIO can finalize the case and defer any SRP, or recommend a SRP, or present the concerns along with the suggested plan/ answer of the PD and DC to the GMEC for further discussion.
5. The GMEC vote should be one of the below:
 - a. Accepting the suggested plan/ answer and set timelines for the corrective actions, when applicable.
 - b. Amend the suggested plan/ answer and set timelines for the amended corrective actions, when applicable.
 - c. Recommend a Special Review Process for the concerned program.
6. If a SRP is recommended by the GMEC, a Special Review Committee (SRC) will be appointed by the GMEC to perform the SRP.
7. The SRC shall include the DIO or a designee, two program directors and two trainees with at least 2 years of experience in the LAU GME programs, not related to the concerned program. Other members could be added ad hoc if needed to assist in gathering and reviewing documents pertinent to the SRP.
8. The SRC shall be initially provided with:
 - a. Program curriculum or residency guide
 - b. Case/ procedure logs
 - c. Duty hours compliance report
 - d. Assessment battery, assessment schedule, and assessment forms
 - e. Trainees' performance and milestones project data along with the minutes of the Clinical Competency Committee (CCC) meetings during the last 2 years
 - f. In-training exam pass rate
 - g. Program, rotations, and faculty evaluation data completed by trainees during the last 2 years

- h. Annual Program Evaluation (APE) documents including the annual trainee and faculty survey data of the last 2 years
 - i. Corrective actions performed based on earlier reports of internal or external audits during the last 2 years
 - j. Relevant documents or policies related to the concerns
9. The first meeting of the SRC shall be held within 2 weeks to elect a chair from the 2 PDs, make sure that the provided documents are appropriate, and request more documents if needed.
10. The committee may individually and confidentially interview trainees, faculty, and the leadership of the concerned program.
11. The SRC shall devise a report within 4 weeks including, but not limited to:
 - a. Findings.
 - b. Improvement goals.
 - c. Corrective actions plan.
 - d. Timelines for monitoring
12. The GMEC members shall approve/ amend the suggested plan presented by the SRC chair during the nearest GMEC meeting.
13. Programs under review will be monitored through periodic reporting. Quantitative and qualitative data including faculty and trainee surveys shall be collected to assess progress, and regular feedback shall be provided to the PD.
14. The institution commits to providing additional resources to programs under SRP, including faculty development workshops and curriculum support, to ensure the achievement of corrective actions and program improvement.

15. The PD shall present the outcomes of the corrective plan in the GMEC meeting respecting the timelines previously approved for discussion and potential further recommendations.

16. In case additional recommendations were requested, the PD shall come back in due time to present and discuss the outcomes. This shall be repeated as long as new recommendations emerge.

17. Once concerning items are resolved, and upon the approval of the GMEC and the DIO, the program under review will be released from the SRP. This decision shall be documented in the GMEC minutes.

18. If the concerned program fails to show improvement within the specified timeline, or if the concerning items cannot be resolved, the DIO will meet with the Department leadership and the Sponsoring Institution leadership to discuss further measures, which may include reduction or closure of the program.

Approved by	Date
GMEC	25-09-2024
Interim review	N/A