

WVU School of Medicine GME Special Program Review Protocol

1. **Criteria for identifying underperformance (Institutional Requirements 1.15.a.1).**
 - **Per ACGME Institutional Requirements, the following will trigger an automatic SPR**
 - *Programs with a status of Initial Accreditation with Warning*
 - *Programs with a status of Continued Accreditation with Warning*
 - *Programs with adverse accreditation statuses as described by ACGME policies:*
 - *Accreditation Withheld*
 - *Probationary Accreditation*
 - *Withdrawal of Accreditation*
 - *Expedited Withdrawal of Accreditation*
 - *Administrative Withdrawal of Accreditation*
 - *Reduction in Resident Complement*
 - **West Virginia University SOM GME defined criteria.**
 - Unsatisfactory ACGME resident or faculty surveys
 - This may include multiple areas of non-compliance in 1 year survey or an overall downward trend over the last 2-3 years.
 - Letters of complaint regarding a training program
 - Including but not limited to: complaints to ACGME, hospital or university leadership, internal anonymous reporting systems
 - Excessive turnover of faculty or departure of required core faculty
 - Three-year board pass rate < 5th percentile
 - Work hour violations
 - Annual Program Evaluation identified issues.
 - Pattern or severity of GME button reports for lack of supervision, mistreatment, or professionalism lapses.
 - Pattern or severity of Origami (patient safety) reports indicating lack of supervision or any other issue contributing to an unsafe training environment.
 - Request of program director, resident/fellows, faculty, or chairs
 - Non-standard training programs who have had their last SPR more than 10 years ago
 - Other concerns at the purview of the DIO or GMEC.

2. **Process and timelines**

- **Process**
 - SPR Team Composition (all members should be outside of program department)
 - 1 Program Director
 - 1 Program Manager
 - 1 Resident/Fellow
 - 2 Central GME members (1 usually being the DIO or ADIO)
 - Interviews
 - The SPR team will interview the following people. In some cases, and

depending on the reason for the SPR, some may be omitted or added.

- Program Director
- Program Manager
- Residents/Fellows (this may be done individually or as a group depending on nature of complaint)
- Core program PD (if a fellowship)
- Core faculty
- Division Chief (if applicable)
- Chair
- Preparation
 - In advance of the SPR date, the program director will be notified of what materials need to be submitted. All materials should be submitted 1 week prior to the SPR date.
- Reporting
 - Minutes will be taken during each interview. Minutes will be kept as anonymous as possible to protect reporter confidentiality.
 - The SPR team will meet after conducting interviews and develop a report.
 - The SPR will be presented to GME Taskforce for input and approval.
 - After input and approval by GME Taskforce, the SPR will be presented to GMEC for approval.
- **Timeline**
 - An SPR should be completed in a timely manner. Once an issue is identified, the SPR is expected to be scheduled within 6 weeks (1.15.a.2.)

3. Quality improvement goals and corrective actions (1.15.a.2.)

- The SPR is an interventional and formative process with a focus on anticipated improvement and measurable, end-point progress. Depending on the identified area of concern or underperformance, the SPR team will develop a list of quality improvement goals and recommended corrective actions to attain those goals.

4. Graduate Medical Education Committee (GMEC) monitoring (1.15.a.2.)

- Each SPR report will include monitoring parameters (e.g. internal survey, duty hour reports, follow up meetings, progress reports from program) that will be presented at defined time periods for approval by GMEC.

5. Special Program Review Report

- SPR team in attendance
- Summary of interviews with each relevant party (with anonymity maintained)
- Strengths of the program
- Areas for Improvement
- Recommended corrective actions
- Measurable outcomes
- Follow up plan

6. Special Program Review for New Programs

- An SPR will be conducted on all new training programs being sponsored by the institution, including both ACGME and non-standard (NST), residency and fellowship training programs. The SPR process should be scheduled and completed after the pre-requisite step of institutional GMEEOC approval and after all new application materials have been submitted by the proposed new program leadership (Program Director/Program Manager) to the DIO/ADIO and found to be satisfactory for the review to be conducted.

- SPR Team Composition
 - DIO or ADIO
 - At least 2 additional central GME staff members

- Required attendees.
 - New program PD
 - New program PM
 - Core faculty
 - Division Chief (if applicable)
 - Chair

- Preparation
 - The new PD will be responsible for completing the ACGME application and submitting to central GME. If the program is a Non-standard training program, the NST application must be completed by the new PD. Required policies for both types of programs must also be submitted. All materials must be received 1 week prior to the SPR date.

- Reporting
 - Minutes will be taken for the duration of the SPR.
 - The SPR team will meet after and make a list of recommendations to improve the new program application.
 - The SPR will be presented to GME taskforce for input and approval.
 - Once approved by GME taskforce, the SPR report will be presented to GMEC for approval.
 - **Only once approved by GMEC may the Program Director submit the new program application in ADS.**

GME Taskforce Approval Date: 3/5/26

GMEC Approval Date: 4/10/26