

ANNOTATED for GMEC Meeting Discussion Apr 2015

Program Evaluation Committee

For _____ Training Program

Background

The ACGME requires that each program have a Program Evaluation Committee as of 2013. The purpose of this committee is to conduct and document a formal, systematic evaluation of the curriculum on an annual basis. The UMMC Graduate Medical Education Committee (GMEC) requires all of its sponsored programs (ACGME programs and non-ACGME) to provide evidence of the effective implementation of a Program Evaluation Committee (PEC).

Membership

The chair and membership of the committee are appointed by the Program Director. The membership of the committee consists of at least two members of the program faculty, and at least one resident/subspecialty resident.

Meeting Frequency

The committee meets, at a minimum, annually.

Responsibilities of the PEC

The PEC actively participates in planning, developing, implementing and evaluating the educational activities of the program. The PEC reviews and makes recommendations for revision of competency-based goals and objectives; addresses areas of non-compliance with ACGME or other standards; and reviews the program annually using written evaluations of faculty, residents, and others.

Required Documentation of PEC Activities

The PEC provides the GMEC with a written Annual Program Evaluation (APE) in the format that is appended to this document. The PEC submits this document annually in September to the GMEC through the UMMC GME Office. This document details a written plan of action to document initiatives to improve performance based on monitoring of activities described below. The APE is approved by the teaching faculty before it is submitted to the GME Office in September of each year.

The APE document provides evidence that the PEC is monitoring the following areas, at a minimum:

1. Resident performance;
2. faculty development ;
3. graduate performance, including performance of program graduates on the certifying examination;
4. Assessment of program quality through:

- a. Annual confidential and formal feedback from residents and faculty about the program quality;
 - b. Assessment of improvements needed based on program evaluation feedback from faculty, residents, and others
5. Continuation of progress made on prior year's action plan
- 6. Prepare and submit a written plan of action to**
- a. document initiatives to improve performance in one of more of the areas identified,**
 - b. Delineate how they will be measured and monitored**
 - c. Document continuation of progress made on the prior year's action plan**

ANNUAL PROGRAM EVALUATION COMMITTEE REPORT

Meeting Minutes

Date

Location

Attendance (names and titles)

Program Director:

APE Committee Chair (if different from the Program Director)

Faculty:

Residents:

Residency Coordinator:

Others:

Item	Discussion	Action Plan (if any) approved by faculty
<p>Institutional Accreditation Letter (this is the institutional accreditation letter, not your program accreditation letter).</p> <p><i>Review and discuss the most recent Institutional Accreditation letter found at http://www.umm.edu/gme.</i></p>		
<p>(1) Previous RRC Correspondence, (2) Prior Program Annual Meeting Minutes, and (3) Internal or Other focused reviews Reports</p> <p><i>Status of corrections to critical, substantive RRC citations or comments.</i></p>	<ul style="list-style-type: none"> • Progress on Previous Year’s Action Plans. Revisit all proposed improvements, document progress and outcome after implementing the change. • Clear Documentation of DISCUSSION and STEPS 	

	<p>taken to address areas identified in annual accreditation letter of notification—citations, concerning trends, areas for improvement</p>	
<p>Resident Surveys and Evaluations</p> <p>1) Results of aggregate <u>ACGME resident survey results</u> and corrective action plans for any deficiencies or areas of non-compliance that were identified</p> <p>2) Results of aggregate Annual (minimum frequency) Resident <u>evaluation of the program and</u> corrective action plans for any deficiencies or areas of non-compliance that were identified.</p> <p>3) Results of aggregate Annual (minimum frequency) Resident <u>evaluation of the faculty and</u> corrective action plans for any deficiencies or areas of non-compliance that were identified.</p>	<ul style="list-style-type: none"> • Address <u>all</u> Areas of ACGME survey non-compliance • ≤ 4 trainees, aggregate multiyear survey reports <u>are</u> available in ADS 	
<p>Faculty Surveys and Evaluations</p> <p>1) Results of aggregate ACGMEcore <u>faculty survey</u> and corrective action plans for any deficiencies or areas of non-compliance that were identified.</p> <p>2) Results of aggregate Annual (minimum frequency) Faculty <u>evaluation of the program and</u> corrective action plans for any deficiencies or areas of non-compliance that were identified.</p>		
<p>Curriculum</p> <p>Based on a review of the documents listed above and other formal feedback from faculty and residents, and others, is the program's competency based curriculum (educational objectives and teaching methodologies) still valid and appropriate for meeting RRC Specific Education Requirements and for</p>		

<p><i>preparing residents to be independent, competent practitioners in your specialty?</i></p> <p><i>If not, what improvements are planned?</i></p> <p><i>What are notable strengths of the curriculum?</i></p>		
<p>Resident Performance</p> <p><i>What competencies-based resident evaluation methodologies are in place; are they valid and effective in terms of determining progression toward competence and improving resident performance? Which evaluation tools have proved most valid? What, if any new evaluations tools are being planned? How is the General Competencies approach used to improve resident performance? Based on a review of trends in end-of-rotation and summative evaluations of residents by faculty, what if any changes in clinical and didactic teaching were made to improve teaching effectiveness or to remediate poor-performing residents?</i></p> <p><i>What have been notable highlights in resident evaluation results?</i></p> <p><i>For procedure-oriented programs, are there adequate numbers of cases, equally distributed among residents?</i></p> <p>ACGME General Competencies</p> <p><i>Review of the ACGME general competencies: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.</i></p>		
<p>Program Outcomes Measures</p> <p><i>What program quality indices does your program consider important, and how has your program performed against these indices?</i></p> <p><i>What are other program highlights (positive and negative) based on various outcome or quality measures (such as in-service examinations, board pass rates and survey results)?</i></p> <p><i>What program changes were made in the past year or planned for the coming</i></p>	<p>DEFINE Program Outcome Measures:</p> <p>Ex. from Cardiology:</p> <p>We consider the following to be important, but not exclusive, indices of performance:</p> <p>A) Fellow acceptance into sub-sub-specialty</p>	

<p><i>year, to correct any negatives or to build upon the positives?</i></p> <p>Board Certification Performance</p> <p><i>Results and issues regarding areas that need improvement.</i></p>	<p>training programs upon completion of general cardiovascular disease fellowship</p> <p>B) Fellow employment following completion</p> <p>C) Successful involvement of fellows in scholarly activity as evidenced by publication, presentation at national meetings, etc.</p> <p>D) Academic employment of fellows following completion</p> <p>E) Successful performance on standardized tests (ABIM Cardiovascular Disease)</p>	
<p>Faculty Development</p> <p><i>How are the evaluations of the faculty reported back to individual faculty members, and how are any improvements implemented?</i></p> <p><i>What program activities are in place to support faculty teaching effectiveness?</i></p>	<p>** Notable misunderstanding of the definition of Faculty Development**</p> <p>Faculty Development refers to the relevant preparation, teaching and learning devoted to the faculty in order to function as effective educator. Ex. How to use new evaluation tools, new and emerging program requirements, feedback for personal improvement, techniques for providing feedback, etc.</p> <p>Needs? Resources? What? When? Effectiveness?</p>	
<p>Scholarly Activities</p> <p><i>What notable achievements were made regarding research projects, publications, presentations and other scholarly activities, both among the <u>faculty</u> and the <u>residents</u>?</i></p> <p><i>What additional activities are planned?</i></p>		

<p>Program Strengths / Deficiencies</p> <p><i>What are the critical resident educational and professional development strengths and weakness of your program?</i></p>	<p>**SWOT ANALYSIS**</p>	
<p>Performance Improvement Plan/Resources Needed</p> <p><i>What additional resources or support should the hospital and its Graduate Medical Education Committee consider to assist your program in making any changes to capitalize on your strengths or to address any of your deficiencies?</i></p> <p><i>Tabulations of patient safety/patient care quality indicators.</i></p> <p><i>Internal survey results (residents, alumni, patients, etc.)</i></p>	<p>**SWOT ANALYSIS**</p>	
<p>ACGME Program Requirements for Residency Education</p> <p><i>Review and discuss program requirements</i></p>	<p>Opportunity to Review and Share most recent or upcoming program requirements and to develop steps to address the new requirements</p>	
<p>Conferences</p> <p><i>Review attendance requirements and educational/competency values which each conference provides.</i></p>		
<p>Policies</p> <p><i>Review current and new policies (department, GME, hospital).</i></p>		
<p>Duty Hours and On-Call Coverage</p> <p><i>Review duty hours policy and on-call procedures.</i></p> <p><i>Review methods for monitoring Duty Hours</i></p> <p><i>What are the rotations/areas for concern and how are violations monitored and managed?</i></p> <p><i>Review methods to mitigate excessive service demands and/or fatigue (back-up schedules, facilities for rest, strategic napping).</i></p> <p><i>What are the mechanisms for backup support and are these adequate?</i></p> <p><i>Have all faculty members and residents completed an education program in</i></p>		

<p><i>sleep, fatigue recognition, and fatigue mitigation?</i></p>		
<p>Supervision</p> <p>Review supervision policy.</p> <p>Is supervision adequate in all patient care areas? Are residents able to easily identify supervising physicians for each rotation and site? Are residents aware of the programs level-specific supervision and oversight requirements? Are there any gaps in supervision that should be addressed?</p>		
<p>Quality Improvement and Patient Safety</p> <p>Are residents integrated and active participants in interdisciplinary clinical quality improvement and patient safety programs (department, program, institution)? List projects in progress and outcomes.</p> <p>Is there an education program in quality improvement and in patient safety?</p> <p>Review <i>mechanisms that are in place for residents to report errors, unsafe conditions, and near misses, and to participate in inter-professional teams to promote and enhance safe care.</i></p>	<p>PSQI -- Specialty Specific, Departmental Specific, Institutional Specific and Integrated</p>	
<p>Handoffs and Transitions in Care</p> <p>Review specialty specific handoff policy.</p> <p>Are clinical assignments designed to minimize the number of transitions in care?</p> <p>How is the adequacy of handoffs monitored (ex. access to schedules, residents effectiveness of communication)?</p> <p>Is there a standardized process for handoffs in all patient care areas?</p> <p>Have all faculty participated in an effective education process in handoffs and</p>	<p>Remember that Handoffs occur in multiple settings. Think beyond in-patient settings and beyond physician-to-physician communications:</p> <p>In-patient, out-patient, between disciplines, handoff for test results/reports, shared responsibility for processes that affect patient care</p>	

<p>transitions of care.</p>		
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From ACGME Common Program Requirements- Program Evaluation and Improvement: The program must document format, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas: 1) resident performance, 2) faculty development, 3) graduate performance (including performance of program graduates on the certification exam, and 4) program quality. Specifically: a) residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and b) the program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Documentation Review

Examples:

- RRC correspondence
- Internal Review reports (where applicable)
- Summaries of evaluations of residents, faculty, curriculum, and conferences
- Results of RRC Resident Survey
- Internal surveys (residents, alumni or patients)
- In-service examinations
- Board examinations
- Tabulations of patient safety/patient care quality indicators.