



MedStar Health

Program Evaluation Committee and Annual Program Evaluation Policy

MedStar Health
Graduate Medical Education
Institutional Policy

I. Purpose:

To establish a policy for all graduate medical education training programs within MedStar Health to delineate the composition and responsibilities of the Program Evaluation Committee (PEC), and to establish a formal, systematic process to oversee the educational effectiveness of the training programs' curricula as required by the GMEC.

II. Scope:

This policy will apply to all graduate medical education training programs in the MedStar Health System. All information contained in this policy shall be used as minimum criteria for the annual PEC. More detailed criteria shall be delineated by the clinical departments in their respective departmental PEC policy.

III. Definitions:

- a. **House Staff or House Officer:** refers to all interns, residents and fellows participating in a MedStar Hospital graduate medical education training program.
- b. **Graduate Medical Education Program:** refers to a residency or fellowship educational program.

IV. Responsibilities/Requirements:

Program Evaluation Committee (PEC):

As required by the ACGME's common program requirements, all educational programs must have a Program Evaluation Committee (PEC) that is responsible for annual program reviews and written reports of program quality.

- a. The program director must appoint the Program Evaluation Committee (PEC).
- b. The PEC must be composed of at least 2 members of the program faculty and one resident
- c. The PEC must follow this written description of its responsibilities and should actively participate in :
 - i. Planning, developing, implementing and evaluating educational activities of the program;
 - ii. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
 - iii. Addressing areas of non-compliance with ACGME standards; and,
 - iv. Reviewing the program annually using evaluations of faculty, residents and others as specified.

Annual Program Evaluation (APE):

The Annual Program Evaluation (APE) is conducted by the PEC annually to document annual program evaluation and improvement activities.

- a. The program through the PEC will document formal, systematic evaluation of the curriculum at least annually and will render a full, written, annual program evaluation (APE).
- b. Each program will conduct an APE no later than September 1st for the previous academic year.
- c. Prior to the APE, the program director should:
 - a. Facilitate the PEC's process to establish and announce the date of the review meeting, retreat or other structured format to assess the program.
 - b. Establish a process to solicit confidential evaluations from the faculty and residents for consideration in the review.
- d. At the time of the APE, the committee will consider the following areas:
 - a. Resident performance;
 - b. Faculty development;
 - c. Graduate performance, including performance of program graduates on the certification exam;
 - d. Program quality
 - i. House staff must have the opportunity to evaluate the program confidentially and in writing at least annually, and
 - ii. The program must use the results of house staff and faculty assessments of the program together with other program evaluation results to improve the program
 - e. Progress on the previous year's action plans.
- e. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed as well as delineate how they will be measured and monitored.
 - a. The action plan should be reviewed and approved by the teach faculty and documented in the meeting minutes.
- f. The final report and action plan will be provided to the DIO each year on or about November 1, and discussed at the next full meeting of the GMEC.

Annual Program Evaluation Report

1. **Date of Review Meeting:**
2. **Program Evaluation Committee Members: at least 2 faculty and 1 resident**
3. **Date APE Approved by PEC:**
4. **Program Accreditation Status:**
5. **Last Self Study Visit:**
6. **Next Self Study Visit:**
7. **Data to be Considered by the PEC:**
 - a. Resident Performance:
 - i. Aggregate Milestone Assessment (NI)
 - ii. In-service Exams
 - iii. Scholarly Activity
 - iv. Case log data (where applicable)
 - b. Faculty Development:
 - i. Professional development activities for PD and faculty to include CME, scholarly activity, other educational programs
 - c. Graduate Performance:
 - i. Board scores
 - ii. Alumni data (fellowship, private practice, faculty)
 - d. Program Quality:
 - i. ACGME & GME resident survey
 - ii. ACGME Faculty survey
 - iii. Curriculum – competency-based
 - iv. Program improvements from the surveys/Action Plans
 - v. Match data
 - vi. RL Solution Reports/Improvement Projects
 - vii. Duty Hour Compliance
 - viii. Resident Participation on Hospital Committees
 - ix. Attrition
 - x. Resident Retention (Alumni)
 - xi. Major Changes to the Program:
 - e. Previous Year's Action Plan & Compliance
8. **Summary of Findings:**
 - a. Resident Performance
 - b. Faculty Development
 - c. Graduate Performance
 - d. Program Quality
 - e. Progress on previous year's action plans
9. **Current Year's Written Action Plan:**
 - a. Improvement Initiatives

- b. How will initiative be measured
- c. How will initiative be monitored

10. Date APE Report Submitted to GMEC:

11. Date APE Report Reviewed by GMEC: