PROGRAM EVALUATION

Policy

Programs, through a Program Evaluation Committee (PEC) must document formal, systematic evaluation of the curriculum at least annually. Each program is also responsible for rendering a written Annual Program Evaluation (APE).

Purpose

To provide assurance to our residents, faculty, patients, ACGME, ADA, and other GME stakeholders that the Institution is committed to ongoing performance improvement and quality assessment of the GME programs. Faculty and residents must participate in the evaluation of the program.

Procedure

Program Evaluation Committee (PEC)

1. Must be composed of the Program Director, at least two program faculty and at least one resident. The resident should be peer-selected.

2. Each program will provide the GME office the description of the PEC and committee membership at the time of the APE.

3. The PEC has the following responsibilities, and its members will actively participate in:
   a. Planning, developing, implementing and evaluating educational activities of the program
   b. Reviewing and making recommendations for revision of competency based curriculum goals and objectives
   c. Addressing areas of non-compliance with ACGME or ADA standards
   d. Reviewing the program annually, using evaluations of faculty, residents and other items, as outlined below under the APE.

Annual Program Evaluation (APE)

The PEC must document formal, systematic evaluation of the curriculum at least annually via an APE.

1. The Program must monitor and track each of the following areas:

   a. Resident performance (e.g. aggregate milestone attainment, aggregate ITE scores)
   b. Faculty development
   c. Graduate performance (e.g. board performance, job/fellowship attainment and completion)
   d. Progress in addressing six CLER initiatives (i.e., patient safety, quality improvement, transitions of care, supervision, fatigue and impairment, and professionalism)
   e. Program quality, including:
      1. Most recent ACGME or ADA accreditation letter and status of any citations corrections
      2. Most recent Self-Study Visit (if applicable)
      3. Annual confidential written faculty and resident evaluations of the program
      4. Most recent ACGME or ADA administered survey completed by residents and
5. Status of faculty and resident scholarly activities
6. Progress/status of issues from prior APE and action plans
7. The PEC must prepare a document (using the template provided by the GME office) outlining the review, including a written action plan to document initiatives to improve performance in areas of identified concern/deficiency.
8. The action plan must indicate how the deficiencies will be measured and interventions monitored for effectiveness.
9. The action plan should be presented to program faculty and approved by program faculty. This should be documented in program meeting minutes.
10. Each program’s APE and related action plans will be reviewed at least annually by the GMDEC. The GMDEC will determine if a Special Review will need to occur.
11. Programs without any residents must still conduct an APE. In such cases, there is no resident member.

Approved GMDEC 02/12/2015