

Program Evaluation Committees: Tracking Plans and Prep for Self-Studies

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GOALS AND OBJECTIVES

- Understand the scope and expectation of ACGME's "Annual Program Evaluation [APE] and Program Evaluation Committee [PEC]" requirements
- Understand the use of templates to complete the APE and track plans for program improvement
- Understand the role of the APE in preparing for Self-Study Visits

- This is not a new requirement
 - For a number of years, programs have been required to have a committee that annually evaluates the program
 - Some programs had an education committee but in several cases, programs misinterpreted this requirement and were cited

- The 7/2013 revisions of the Common Program
 Requirements and the Next Accreditation System (NAS)
 - Added a requirement for an official Program Evaluation Committee (PEC)
- The program director must appoint the PEC

- Composed of at least 2 program faculty members and at least 1 resident
 - Exception is if there are no residents enrolled
- Must have a written description of its responsibilities
- Should participate actively in planning, developing, implementing, and evaluating educational activities of the program

- Should review and make recommendations for revision of competency-based goals and objectives
- Should Address areas of non-compliance with ACGME standards
- Should review the program annually using evaluations of faculty, residents, and others
- Must document formal, systematic evaluation of the curriculum at least annually
- Responsible for rendering a written Annual Program Evaluation (APE)

 APE is the process of assessing the effectiveness of the program's curriculum and it includes planning for program improvement



- Programs must monitor and track the following areas:
 - Resident performance
 - Faculty development
 - Graduate performance (including performance of program graduates on certification exams)

 Programs must monitor and track the following areas:

- Program quality
 - Residents and faculty must evaluate program confidentially and in writing annually
 - Use results of residents and faculty members' assessments and other program evaluation results to improve program
- Progress on the previous year's action plan(s).

- Program should formalize the annual program evaluation process and include reviews of:
 - Residents and faculty program evaluations
 - Program citations
 - Survey results- faculty and residents
 - Board pass rates

- Based on the systematic evaluation, Program prepares 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
- APE should be reviewed by GMEC annually

Summary of Requirements

- Evaluation must be conducted "at least" annually
- The curriculum is the focus of the evaluation

- APE is now a formal and systematic
 - Written/documented process
 - With defined data that must be reviewed
 - Resulting in a written report and action plan

Summary of Requirements

- ACGME has defined what must be included in the evaluation review of the program:
 - Resident performance
 - Faculty development
 - Performance of graduates
 - Program quality
- You are required to include performance improvement initiatives in one or more of the four areas

Note: Review your Specialty Requirements

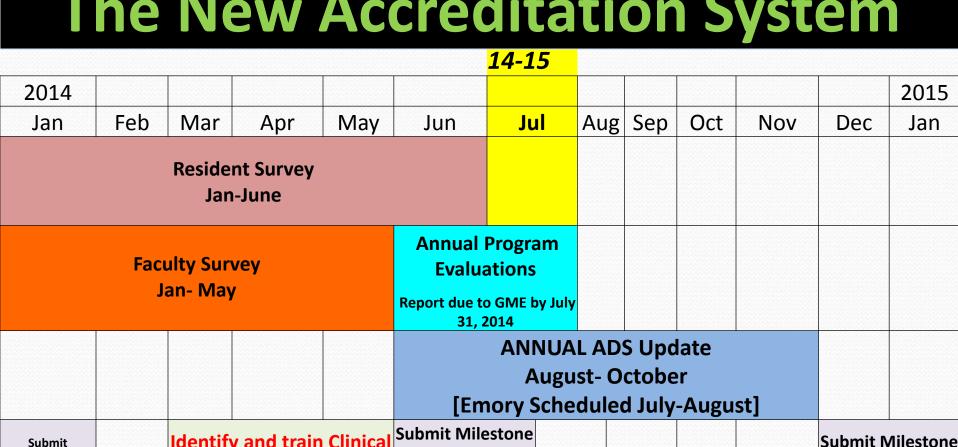
- Some RRCs have additional requirements
 - Example- Internal Medicine Program Requirements include:
 - assess <u>resident performance</u>, "including resident performance and outcome assessment of the educational effectiveness of inpatient and ambulatory teaching"

Scheduling of the APE



- No guidance from ACGME
- GME Office may provide guidance/ deadline
- Delayed results of faculty and residents surveys

The New Accreditation System



Identify and train Clinical Submit Assessments -Milestone Assessments -**Competency Committee** Assessments -Phase I Phase II* (CCC) - Phase II Phase I Inc IM & Peds **Submit Case Logs**

> 7/1-Phase II specialties/ subspecialties operating under NAS

*Effective July 2015- Subspecialties: Anesth, Path, Neurol, Ortho, Psy

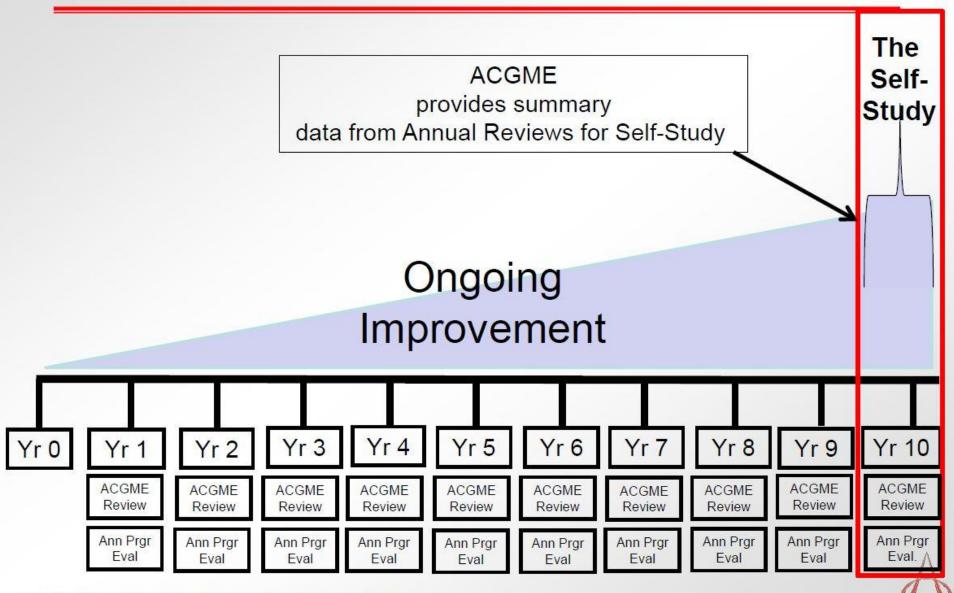
The Role of the APE in the Self Study

- Self Study Visits are built on the results of sequential Annual Program Evaluations
- Define your overall program goals your mission and vision
- Use your Annual Program Evaluation to assess your program's activities to achieve those overall goals.

The Role of the APE in the Self Study

- Comprehensive description of how the program creates an effective learning and working environment
- Increased focus on continuous improvement and how this leads to desired educational outcomes
 - Ongoing assessment and improvement using the Annual Program Evaluation (APE)

Ten Year Self-Study: Conceptual Model



ACGME

Self-Study Visit Documentation

- Self-study visit document prepared by ACGME (ADS)
- Self-Study summary document prepared by the program
 - 5-7 pages
 - Focus: key Self-Study dimensions (strengths, areas for improvement, opportunities and threats)

Self-Study Visit Documentation

- Evidence of ongoing improvement
 - Sequential Annual Program Evaluations, ACGME and other program data
- Core and Subspecialties programs will be reviewed together

The 10-year Self-Study: Timeline

Time <i>prior</i> to Self Study Visit	ACGME Actions	Program Actions
11-12 months	Sends summary of actions/follow-up from Annual Data Review	Aggregates data from Annual Program Evaluations
6-11 months		Conducts Self Study
4 months	Sets <u>FINAL</u> Self- Study Visit Date and informs program	
10 days		 Completes ADS data update Uploads Self-Study summary to ADS

The 10-year Self- Study Addresses

- Citation, areas for improvement and other information from ACGME
- Strengths and Areas for Improvements identified by:
 - The Annual Program Evaluation
 - Other program/institutional data sources

Data from both sources are consider for the entire period between Self- Study Visits!

