


Title: Graduate Medical Education - Program Evaluation Committee and Annual Program Evaluation Policy

	Document Owner: Stacie Connot	Last Approved Date: 02/13/2020
	Content Expert: Christi McCoy	Ref#4927

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I. Policy Statement

- A. The purpose of this policy is to establish the composition and responsibilities of the Program Evaluation Committee (PEC) for all programs under the sponsorship of University of Missouri Health Care (MUHC) and to establish a formal, systematic process to annually evaluate the educational effectiveness of the curriculum for each residency program in accordance with the program evaluation and improvement requirements of the Accreditation Council for Graduate Medical Education (ACGME) and the MUHC Graduate Medical Education Committee (GMEC).
- B. This policy is important because program evaluation and improvement is a requirement of the ACGME for institutional and program accreditation.

II. Definitions

Not Applicable

III. Process/Content

- A. Each residency and fellowship program sponsored by MUHC, including those accredited by ACGME, those accredited by other organizations, and those that are non-accredited programs, will establish a PEC.
- B. The purpose of the PEC will be to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME, other accrediting body, or MUHC GMEC standards.
- C. Program Evaluation Committee
 - 1. The program director will appoint members of the PEC.
 - 2. The PEC will be composed of at least two (2) members of the residency program's faculty and include at least one resident (unless there are no residents enrolled in the program at that time).
 - 3. The PEC will function in accordance with the written description of its responsibilities, as specified below.

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4. The PEC will participate actively in:
 - a. Planning, developing, implementing, and evaluating all significant activities of the residency program.
 - b. Reviewing and making recommendations for revision of competency based curriculum goals and objectives
 - c. Addressing areas of non-compliance with ACGME or other accrediting body standards.
 - d. Reviewing the program annually, using evaluations of faculty, residents, and others as specified below.

5. Annual Program Evaluation

- 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).
 - (1) The annual program evaluation will be conducted on or about October 1 of each year, unless rescheduled for other programmatic reasons.
 - (2) Approximately two months prior to the review date, the program director will
 - (a) Facilitate the PEC's process to establish and announce the date of the review meeting.
 - (b) Identify an administrative coordinator to assist with organizing the data collection, review process, and report development.
 - (c) Solicit written confidential evaluations from the entire faculty and resident body for consideration in the review, if not done previously for the academic year under review.
- b. At the time of the initial meeting, the Committee will consider:
 - (1) Achievement of Action Plan improvement initiatives identified during the last program evaluation.
 - (2) Achievement or correction of citations and concerns from the most recent ACGME program survey.
 - (3) Residency program goals and objectives.
 - (4) Faculty members' confidential written evaluations of the program.

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- (5) The residents' annual confidential written evaluations of the program and faculty.
- (6) Resident performance and outcome assessment as evidenced by:
 - (a) Aggregate data from general competency assessments.
 - (b) In-training examination performance.
 - (c) Case/procedure logs.
 - (d) Other evidence and documentation relevant to the specialty.
 - (e) Graduate performance, including performance on the certification exam.
 - (f) Faculty development/education needs and effectiveness of faculty development activities during the year.
- (7) Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Written minutes will be taken of all meetings.
- (8) As a result of the information considered and subsequent discussion, the Committee will prepare a written plan of action to document initiatives to improve performance in one or more of these areas:
 - (a) Resident performance
 - (b) Faculty development
 - (c) Graduate performance
 - (d) Program quality
 - (e) Continued progress on the previous year's action plan
- (9) The plan will delineate how those performance improvement initiatives will be measured and monitored.
- (10) The final report and action plan will be reviewed and approved by the program's teaching faculty and documented in faculty meeting minutes.

IV. Attachments

Not Applicable

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V. References, Regulatory References, Related Documents, or Links

Not Applicable