

**MARSHALL UNIVERSITY  
JOAN C. EDWARDS SCHOOL OF MEDICINE  
GRADUATE MEDICAL EDUCATION**

**POLICY ON PROGRAM EVALUATION COMMITTEE  
AND THE ANNUAL PROGRAM EVALUATION**

**SECTION 1. STATEMENT, SCOPE AND PURPOSE OF POLICY**

This policy is to establish that each Accreditation Council for Graduate Medical Education (ACGME) accredited Residency/Fellowship program at the Marshall University Joan C. Edwards School of Medicine establish a Program-specific policy to comprise the composition and responsibilities of the Residency's Program Evaluation Committee. This Program-specific policy must also establish a formal, systemic process to annually evaluate the educational effectiveness of the Residency/Fellowship program in accordance with the program evaluation and improvement requirements of the ACGME, the program specific Residency Review Committee (RRC) and this Graduate Medical Education Committee (GMEC) policy.

**SECTION 2. PROGRAM EVALUATION COMMITTEE**

- 2.1. In accordance with this policy and the ACGME requirements, each Program Director shall appoint a Program Evaluation Committee (PEC) to participate in the development of the Program's curriculum and related learning activities. In addition, PEC will
  - 2.1.a. Annually evaluate the program to assess the effectiveness of the Program's curriculum.
  - 2.1.b. Identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.
  
- 2.2. The Program Evaluation Committee shall be composed of at least 2 members of the Residency/Fellowship program's faculty, and include at least one Resident/Fellow.
  - 2.2.a. Program Directors are generally discouraged from being a member of the PEC. However, in the case of a small Program, Program Directors may become members upon approval by the DIO.
  - 2.2.b. Should there not be any Residents/Fellows enrolled in the program, the Resident/Fellow membership requirement will be waived.
  
- 2.3. The PEC will function in accordance with the written description of its responsibilities, as specified below and participate actively in
  - 2.3.a. Planning, developing, implementing, and evaluating all significant activities of the Residency/Fellowship program;
  - 2.3.b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives

- 2.3.c. Addressing areas of non-compliance with ACGME standards; and,
- 2.3.d. Reviewing the program annually, using evaluations of faculty, Residents/Fellows, and others, as specified in Section 3.

### **SECTION 3. ANNUAL PROGRAM EVALUATION**

- 3.1. 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).
- 3.2. The annual program evaluation will be conducted on or about November 1 of each year, unless rescheduled for other programmatic reasons.
- 3.3. Approximately two months prior to the review date, the Program Director will:
  - 3.3.a. Facilitate the Program Evaluation Committee's process to establish and announce the date of the review meeting;
  - 3.3.b. Identify an administrative coordinator to assist with organizing the data collection, review process, and report development; and,
  - 3.3.c. Solicit written confidential evaluations from the entire specific Program faculty and Resident/Fellow body for consideration in the review (if not done previously for the academic year under review).
- 3.4. At the time of the initial meeting, the Committee will consider:
  - 3.4.a. Achievement of action plan improvement initiatives identified during the last annual program evaluation;
  - 3.4.b. Achievement of correction of citations and concerns from last ACGME program survey;
  - 3.4.c. Residency program goals and objectives;
  - 3.4.d. Faculty members' confidential written evaluations of the program;
  - 3.4.e. The Residents'/Fellows' annual confidential written evaluations of the program and faculty;
  - 3.4.f. Resident/Fellow performance and outcome assessment, as evidenced by:
    - 3.4.f.1. Aggregate data from general competency assessments
    - 3.4.f.2. In-training examination performance
    - 3.4.f.3. Case/procedure logs
    - 3.4.f.4. Other items that are pertinent to the program/specialty;
  - 3.4.g. Graduate performance, including performance on the certification examination; and,
  - 3.4.h. Faculty development/education needs and effectiveness of faculty development activities during the past year.

- 3.5. Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Written minutes must be taken of all meetings.
- 3.6. 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 at least one or more of these areas:
  - 3.6.a. Resident/Fellow performance
  - 3.6.b. Faculty development
  - 3.6.c. Graduate performance
  - 3.6.d. Program quality
  - 3.6.e. Continued progress on the previous year's action plan
- 3.7. The plan will delineate how those performance improvement initiatives will be measured and monitored.
- 3.8. The final report and action plan will be reviewed and approved by the program's teaching faculty, and documented in faculty meeting minutes.
- 3.9. A report will be provided to the GMEC, and discussed at a full meeting of the GMEC.

**EFFECTIVE DATE: December 1, 2013**

Approved by Graduate Medical Education Committee: November 12, 2013

Approved by DIO: November 13, 2013