

**MARSHALL COMMUNITY HEALTH CONSORTIUM
GRADUATE MEDICAL EDUCATION COMMITTEE**

**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 Community Health Consortium establish a Program-specific policy to comprise the composition and responsibilities of the Consortium's 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 Consortium Graduate Medical Education Committee (GMEC) policy.

SECTION 2. PROGRAM EVALUATION COMMITTEE

- 2.1. In accordance with this policy and the ACGME requirements, each Consortium 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
 - 2.1.1. Annually evaluate the program to assess the effectiveness of the Program's curriculum.
 - 2.1.2. 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.
 - 2.2.1. 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.
 - 2.2.2. 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
 - 2.3.1. Planning, developing, implementing, and evaluating all significant activities of the Residency/Fellowship program;
 - 2.3.2. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - 2.3.3. Addressing areas of non-compliance with ACGME standards; and,

- 2.3.4. 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:
 - 3.3.1. Facilitate the Program Evaluation Committee's process to establish and announce the date of the review meeting;
 - 3.3.2. Identify an administrative coordinator to assist with organizing the data collection, review process, and report development; and,
 - 3.3.3. 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:
 - 3.4.1. Achievement of action plan improvement initiatives identified during the last annual program evaluation;
 - 3.4.2. Achievement of correction of citations and concerns from last ACGME program survey;
 - 3.4.3. Residency program goals and objectives;
 - 3.4.4. Faculty members' confidential written evaluations of the program;
 - 3.4.5. The Residents'/Fellows' annual confidential written evaluations of the program and faculty;
 - 3.4.6. Resident/Fellow performance and outcome assessment, as evidenced by:
 - 3.4.6.1. Aggregate data from general competency assessments
 - 3.4.6.2. In-training examination performance
 - 3.4.6.3. Case/procedure logs
 - 3.4.6.4. Other items that are pertinent to the program/specialty;
 - 3.4.7. Graduate performance, including performance on the certification examination; and,
 - 3.4.8. 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:
 - 3.6.1. Resident/Fellow performance
 - 3.6.2. Faculty development
 - 3.6.3. Graduate performance
 - 3.6.4. Program quality
 - 3.6.5. 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:

Approved by Consortium Graduate Medical Education Committee:

Approved by Consortium DIO: