Program Evaluation and Improvement Policy #0.03

I.   **Policy Statement**

The purpose of this policy is to define a systematic process for program evaluation and improvement, including anonymous evaluation of the program by faculty and residents/fellows, establishing a Program Evaluation Committee (PEC), conducting an Annual Program Evaluation (APE), reviewing the APE and annual ACGME Survey results with faculty and residents/fellows, and submitting an Annual Program Evaluation Review Form in New Innovations.

II. **Reason for Policy**

This policy is in accordance with the institutional and common program requirements set by the Accreditation Council for Graduate Medical Education (ACGME).

III. **Policy/Procedure**

The PD must appoint a PEC to conduct and document the APE as part of the program's continuous improvement process.

  a. Anonymous Evaluation of the Program: Programs must document, through New Innovations (NI), annual anonymous evaluation of the program by core faculty and residents/fellows.
       i.   The Sponsoring Institution will send anonymous evaluations of the program to core faculty and residents/fellows through NI in April of each year.
       ii. Programs need to verify all core faculty and resident/fellow email addresses are accurately listed in NI.

  b. Program Evaluation Committee (PEC):
       i.   PEC Membership:
              • The Program Director;
              • The Associate Program Director, Co-Program Director, or Assistant Program Director (if applicable);
              • The Program Coordinator or designee;
              • At least two program faculty members, one of whom is a core faculty member; and
              • At least one resident/fellow from the program.
       ii. Meetings and Attendance: The PEC must meet at least once every academic year between the months of May and June. At minimum, the Program Director or Assistant Program Director, two program faculty members, and one resident/fellow must attend the meeting to achieve quorum.

    iii. Meeting Minutes: The Program Coordinator must maintain PEC meeting minutes that document the committee's review and consideration of the required elements listed below.

    iv. PEC Responsibilities: The PEC's responsibilities include:
- Reviewing the program's self-determined goals and progress toward meeting them;
- Guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- Reviewing the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

    v. The PEC must include the following elements in its annual assessment of the program:
- Aggregate resident/fellow and faculty written evaluations of the program; and,
- Program's mission and aims, strengths, areas for improvement, opportunities, and threats;
- Curriculum;
- ACGME letters of notification, including citations, areas for improvement, and comments;
- Quality and safety of patient care;
- Clinical learning and working environment at each participating site;
- Aggregate resident/fellow and faculty well-being;
- Recruitment and retention;
- Workforce diversity, including graduate medical education staff and other relevant academic community members;
- Engagement in quality improvement and patient safety;
- Scholarly activity;
- ACGME Resident and Faculty Survey results;
- Aggregate resident/fellow Milestone evaluations;
- Achievement on in-training examinations;
- Board pass and certification rates;
- Graduate performance; and,
- Aggregate faculty evaluation and professional development.

c. The annual review, including action plan, must be distributed to and discussed with residents and members of the teaching faculty, and submitted to the DIO. The DIO receives a copy of the annual review via the APE Review Form in New Innovations. The form must be completed and approved by the PEC no later than July 10th of each academic year.