

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

I. Purpose

To establish a policy for all ACGME-accredited residency and subspecialty programs at Inova Fairfax Medical Campus detailing the systematic process for establishing a Program Evaluation Committee (PEC) and a process for conducting an Annual Program Evaluation (APE) of educational effectiveness.

II. Scope

This policy will apply to all ACGME-accredited graduate medical education programs at Inova Fairfax Medical Campus.

III. Program Evaluation Committee:

In accordance with the ACGME, each Program Director must appoint members of the Program Evaluation Committee.

The Program Evaluation Committee (PEC) must be composed of at least two program faculty members and should include at least one resident or fellow.

The program is responsible for having a written description of the committee responsibilities.

Written minutes of the meetings must be prepared and maintained by the program.

IV. PEC Responsibilities /Requirements

A. The committee must convene at least annually to conduct the Annual Program Evaluation (APE). However, more frequent meetings are strongly encouraged to facilitate a process of continuous program improvement.

B. The PEC should actively participate in:

- i. Planning, developing, implementing and evaluating educational activities of the program;
- ii. Planning, developing, implementing and evaluating resident wellness activities of the program;
- iii. Planning, developing, implementing and evaluating disparities in healthcare and/or cultural sensitivity awareness activities of the program;
- iv. Reviewing and making recommendations for revisions of competence-based curriculum goals and objectives;
- v. Addressing areas of non-compliance with ACGME standards;
- vi. Ensuring that residents and faculty have the opportunity to evaluate the program confidentially and in writing at least annually, as a measure of program quality

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

- C. The PEC must ensure that the results of the residents' and faculty members' assessments of the program together with other program evaluation results are used to improve the program. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written Annual Program Evaluation (APE) as specified below.
- D. The committee should review the following materials in evaluating the educational effectiveness of the teaching program (Annual Program Evaluation Planning Worksheet and SWOT analysis template attached):
- i. Annual program evaluations by faculty (as stated above)
 - ii. Annual program and rotation evaluations by trainees (as stated above)
 - iii. Faculty evaluations by trainees
 - iv. ACGME resident and faculty annual surveys
 - v. Previous Action Plan from prior annual review
 - vi. ACGME citations from last site visit/self-study (if applicable)
 - vii. Recommendations from last Special Review (if applicable)
 - viii. Didactic conference schedule, journal club, grand rounds, quality/safety meetings
 - ix. Duty Hour compliance
 - x. Program Requirements/Common Program Requirements
 - xi. Written goals and objectives with advancement criteria
 - xii. Current Trainee performance: In-Training exams, Publications/Presentations, Quality/Safety initiatives, Procedure/case logs
 - xiii. Graduate Performance: Certification Exam results for first time takers, acceptance into fellowships, placement in employment upon graduation
 - xiv. Characteristics of matched applicants-NRMP report: USMLE scores, percent filled, ranks per position.
 - xv. Faculty Development Activities: Participation in faculty development activities, research and scholarly activities, quality and safety activities
 - xvi. Documentation of Housestaff participation: interdisciplinary training, wellness initiatives, and disparities in healthcare training
- E. The program, through the PEC, must prepare and maintain a written plan of action to document initiatives to address any deficiencies or opportunities identified by the annual program evaluation process. (Annual Program Evaluation Action Plan and SWOT analysis template attached).
- F. The action plan must delineate how these initiatives will be measured and monitored.
- G. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
- H. The program must monitor and track progress on the previous year's action plan(s).

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

- I. The PEC or the Program Director may carry out the improvement plans.
- J. The Program Director must complete the Graduate Medical Education Annual Program Evaluation report, Action plan and SWOT analysis template (attached) and submit to the DIO for review by the GMEC no later than August 31st of each academic year.

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

**ANNUAL PROGRAM EVALUATION COMMITTEE PLANNING
WORKSHEET/CHECKLIST**

The Annual Program Evaluation Committee has reviewed the following materials in evaluating the educational effectiveness of the teaching program.

PEC MATERIALS	REVIEWED
Annual program evaluations by faculty	
Annual program and rotation evaluations by Housestaff	
Faculty evaluations by Housestaff	
ACGME resident and faculty annual surveys	
Previous Action Plan from prior annual review	
ACGME citations from last site visit (if applicable)	
Recommendations from last Special Review (if applicable)	
Didactic conference schedule, journal club and grand rounds (quality and attendance)	
Duty Hour compliance	
Program Requirements/Common Program Requirements	
Written goals and objectives with advancement criteria	
Current Housestaff performance	
1. Milestones assessments	
1. In-Training exams	
2. Publications/Presentations	
3. Quality/Safety initiatives	
4. Procedure/case logs	
Graduate performance	
1. Certification Exam results for first time takers	
2. Acceptance into fellowship	
3. Placement in employment upon graduation	
Characteristics of matched applicants-NRMP report	
1. USMLE scores	
2. Percent filled prior to SOAP	
Faculty Development Activities	
1. Participation in faculty development activities	
2. Research and scholarly activities	
3. Quality and Safety Initiatives	
Documentation of interdisciplinary training	
Documentation of "Resident Wellness" initiatives	
Documentation of Disparities in Healthcare and/or Cultural Sensitivity initiatives	

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

ANNUAL PROGRAM EVALUATION REPORT

The ACGME requires each program conduct an Annual Program Review as stipulated in the Common Program Requirements (*V.C.I*). Please submit this report, completed by the Program Director, to the DIO by August 31st of each academic year.

PROGRAM INFORMATION

Program Name	
Program Director Name	
Associate Program Director Name(s)	
Program Administrator(s)	
Site Director(s)	
Resident(s)/Fellow(s)	
Program Coordinator Name	
Total number of trainees approved by the RRC	
Number of trainees enrolled	
Date of last special review (if applicable)	
Date of next accreditation site visit/self-study (if applicable)	
Date of annual program evaluation	
Date action plan distributed, discussed, approved and documented in minutes	
Date annual review report submitted to the DIO (no later than August 31 st)	

ACGME REQUIREMENTS	In Compliance (please elaborate)	Areas of Concern (for Action Plan)
Annual program evaluations <i>by faculty</i>		
Annual program and rotation evaluations <i>by housestaff</i>		
Timely faculty evaluations <i>by housestaff and faculty</i>		
<i>ACGME</i> housestaff and faculty surveys		
Quality of Conferences (Didactic conferences, journal club and grand rounds etc.)		
Attendance (housestaff and faculty)		
Duty Hour Compliance		
Current Housestaff performance		
1. Milestones assessments		
2. In-Training exams		
3. Scholarly/Research Activity		
4. Quality/Safety initiatives		
5. Procedure/case logs		

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

Graduate Performance	Please list (last academic year)	Areas of Concern (for Action Plan)
Certification Exam results for first time takers (most recent graduating class)		
1. %Board Pass Rate		
2. Written		
3. Oral		
4. Fellowship Acceptance (Please list programs)		
5. Clinical Practice (Please list practices)		
Housestaff Recruitment		
Characteristics of Matched Applicants (NRMP):		
1. USMLE 1 & 2 scores (average)		
2. % spots filled prior to SOAP		

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

Faculty Activities	Please List (last academic year)	Areas of Concern (for Action Plan)
1. Faculty Development (topics/attendance)		
2. Research/Scholarly Activity		
3. Participation in National Societies/Educational Organizations		
Common Program Requirements	Please List (last academic year)	Areas of Concern (for Action Plan)
1. Housestaff <i>Interdisciplinary Training</i>		
2. Housestaff <i>Wellness Initiatives</i>		
3. Housestaff <i>Disparities/Cultural competency training</i>		
4. Presence of other <i>Learners</i> (#outside fellows/residents)		
5. Presence of other <i>Care Providers</i> (APPs, NPs)		

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

Housestaff Remediation/Probation	Please List (last academic year)	Areas of Concern (for Action Plan)
1. Housestaff on <i>Remediation/Probation</i> status		
2. Housestaff that are <i>Terminated/on Leave/Transferred</i>		

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

Concerns and progress noted from review of most recent accreditation letter/self-study:

Was there any significant change between the last two available ACGME Resident Surveys?

Was there any significant change between the last two available ACGME Faculty Surveys?

Program Innovation and Best Practices:

**INOVA FAIRFAX MEDICAL CAMPUS
GRADUATE MEDICAL EDUCATION POLICY**

Institutional Policy on the Program Evaluation Committee and the Annual Program Evaluation

Program *SWOT analysis* Excel worksheet



APE_SWOT
AnalysisFINAL.xlsx