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. Reviewing and making recommendations for revisions of competence-based curriculum goals and objectives;
   iii. Addressing areas of non-compliance with ACGME standards;
   iv. 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

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 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 (if applicable)
vii. Recommendations from last Special Review (if applicable)
viii. Didactic conference schedule, journal club, grand rounds
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
xv. Faculty Development Activities: Participation in faculty development activities, QI and research or scholarly activities
xvi. Resident Wellness Activities

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 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).

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 template (attached) and submit to the DIO for review by the GMEC no later than August 31st of each academic year.