

REQUIREMENTS

Text in italics are “philosophic” statements

Text in boxes provide Background and Intent

Common Program Requirement:

V. Evaluation

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program’s continuous improvement process.

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. ^(Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b).(1) acting as an advisor to the program director, through program oversight; ^(Core)

V.C.1.b).(2) review of the program’s self-determined goals and progress toward meeting them; ^(Core)

V.C.1.b).(3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, ^(Core)

V.C.1.b).(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program’s mission and aims. ^(Core)

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for

itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

- V.C.1.c) The Program Evaluation Committee should consider the following elements in its assessment of the program:
- V.C.1.c).(1) curriculum; (Core)
 - V.C.1.c).(2) outcomes from prior Annual Program Evaluation(s); (Core)
 - V.C.1.c).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)
 - V.C.1.c).(4) quality and safety of patient care; (Core)
 - V.C.1.c).(5) aggregate resident and faculty:
 - V.C.1.c).(5).(a) well-being; (Core)
 - V.C.1.c).(5).(b) recruitment and retention; (Core)
 - V.C.1.c).(5).(c) workforce diversity; (Core)
 - V.C.1.c).(5).(d) engagement in quality improvement and patient safety; (Core)
 - V.C.1.c).(5).(e) scholarly activity; (Core)
 - V.C.1.c).(5).(f) ACGME Resident and Faculty Surveys; and, (Core)
 - V.C.1.c).(5).(g) written evaluations of the program. (Core)
 - V.C.1.(6) aggregate resident:
 - V.C.1.c.(6).(a) achievement of the Milestones; (Core)
 - V.C.1.c.(6).(b) in-training examinations (where applicable); (Core)
 - V.C.1.c.(6).(c) board pass and certification rate, and, (Core)
 - V.C.1.c.(6).(d) graduate performance. (Core)

- V.C.1.(7) aggregate faculty:
- V.C.1.(7).(a) evaluation; and, ^(Core)
- V.C.1.c.(7).(b) professional development. ^(Core)
- V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. ^(Core)
- V.C.1.e) The annual review, including the action plan, must:
- V.C.1.e).(1) be distributed to and discussed with the members of the teaching faculty and the residents; and, ^(Core)
- V.C.1.e).(2) be submitted to the DIO. ^(Core)

GUIDANCE

Requirements for the Program Evaluation Committee (PEC) have changed in the revised Common Program Requirements. Each element is now a “core” requirement with which all programs must comply. The key to this process lies in tracking and follow-up.

The PEC must include at least two program faculty members, at least one of whom is a core faculty member, and at least one resident or fellow. Members of the PEC should know the program well and be vested in program well-being and improvement. The resident/fellow member is important because he or she “lives and works” within the context of the program.



5. List the members of the Program Evaluation Committee

6. Does the program director or a program director designee meet with each resident/fellow on a semi-annual basis to provide feedback on their performance including progress on Milestones?

☐ Yes ☐ No

What Does the PEC Do?

- The PEC should participate actively in:
 - planning, developing, implementing, and evaluating educational activities of the program;
 - reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
 - addressing areas of non-compliance with ACGME requirements; and,
 - annually reviewing the program using evaluations of faculty members, residents, and others.
- Some PECs include review of resident/fellow Milestone assessments to determine weak points in curricular elements of the program in order to make necessary changes.
- End product: **Annual Program Evaluation**

The PEC should act as the program's own "Review Committee," looking at all the components as listed in the Common Program Requirements.



SAMPLE Template – Annual Program Evaluation (For Internal PROGRAM Use Only)

Program:

Date:

Academic Year:

Program Evaluation Committee Membership:

Faculty Members:

1. _____
2. _____
3. _____

Residents/Fellows:

1. _____
2. _____

Resident/Fellow Complement

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions Approved							
Current Complement							

Accreditation Status of the Program

- | | |
|---|---|
| <input type="checkbox"/> Continued Accreditation | <input type="checkbox"/> Initial Accreditation |
| <input type="checkbox"/> Continued Accreditation with Warning | <input type="checkbox"/> Initial Accreditation with Warning |
| <input type="checkbox"/> Probationary Accreditation | <input type="checkbox"/> Continued Accreditation without |
- Outcomes

Current Program Citations

Insert Text from ACGME Letter of Notification (LON)	Current Program Response to Citation
1. _____	
2. _____	
3. _____	

Current Areas for Improvement (AFIs)

Insert Text from ACGME LON	Program Actions to Address Areas for Improvement (AFIs)
1.	
2.	
3.	

Program Aims

Aim(s)	Met (M)/Unmet (U)

Plans for Unmet Goals

1. _____
2. _____
3. _____

Strengths of the Program

1. _____
2. _____
3. _____

Challenges/Threats to the Program

1. _____
2. _____
3. _____

Opportunities for the Program

1. _____
2. _____
3. _____

Program Curriculum

Curricular Element	Action: Modify (M), Add (A) or Delete (D)	Steps Taken	Timeline for Completion

Quality Improvement (QI) and Patient Safety (PS)

QI/PS Activity	Active Role Faculty (F) Resident or Fellow (R)	Has QI/PS Improved in the Past Year? (Yes/No)	Describe Improvement, Including Efforts to Include Faculty Member(s) and Residents/Fellows	Describe QI/PS Activities that Can be Added or Improved

Well-Being and Diversity

Activity	Successes	Needs Improvement
Well-being		
Diversity		
Recruitment		
Retention		

Scholarship

Resident/Fellow/Faculty Scholarly Activities (append lists here)	If applicable, list efforts to increase scholarship

ACGME Annual Resident/Fellow Survey

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if Applicable

ACGME Annual Faculty Survey

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if applicable

Written Evaluations of the Program

Who provides written evaluations of the program?

- ☐ Residents/fellows in this program
- ☐ Other hospital/clinic/facility personnel
- ☐ Residents/fellows in other programs
- ☐ Faculty members in other programs
- ☐ Faculty members in this program

Areas Identified for Program Improvement	Plans for Program Improvement/Target Date

Aggregate Resident/Fellow Achievement of Milestones

Exceeded National Means	Below National Means	Plans to Improve Milestones Achievement

Aggregate Resident/Fellow Performance on In-Training Examinations (if Applicable)

Performance of Cohort this Year Compared to Prior Year	Subject Areas where Cohort Fell Short of Program Expectations	Plans to Improve Performance in the In-Training Examination

Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program

Number Eligible to Take	Number Eligible who Took the Written Examination	How Many of Those Who Took the Exam Passed?

If applicable, how does program plan to improve resident/fellow/graduate performance on the examinations in the board certification process over the next year?

Performance of Program Graduates

In what ways does the program monitor the performance of program graduates?

- ☐ Surveys of the graduates, themselves
- ☐ Surveys of the partners of the graduates
- ☐ Surveys of the employers of the graduates
- ☐ Surveys of the practice sites (hospitals, clinics, etc.) of the graduates
- ☐ Monitoring of the continuing board certification of the graduates
- ☐ Monitoring of state licensing board actions against graduates
- ☐ Monitoring of medico-legal actions against graduates
- ☐ Program does not monitor program graduates' performance

Areas for Improvement for Performance of Graduates	Plans to Address Areas Identified as Needing Improvement

Faculty Evaluation

By whom are the faculty members in this program evaluated (for their contributions to the educational program)?

- ☐ Medical students
- ☐ Residents/fellows in this program
- ☐ Residents/fellows in other programs
- ☐ Peer faculty members in this program
- ☐ Peer faculty members in other programs

Areas for Improvement Identified for Faculty Member Contributions to the Program	Plans to Address Areas Identified as Needing Improvement

Faculty Development Activities

List Faculty Development Activities Available in the Past Year	Percent Faculty Participation	If Applicable, How Does Program Plan to Increase Participation in Faculty Development Activities?



Faculty Development

In which areas have program faculty participated in faculty development over the past year?

- ☐ as educators
- ☐ in quality improvement and patient safety
- ☐ in fostering their own and their residents'/fellows' well-being
- ☐ in patient care based on their practice-based learning and improvement efforts
- ☐ in contributing to an inclusive work environment
- ☐ None of the above

REQUIREMENTS

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Common Program Requirement:

V.C.2. The program must complete a Self-Study prior to its 10-Year Accreditation Site Visit. ^(Core)

V.C.2.a) A summary of the Self-Study must be submitted to the DIO. ^(Core)

Background and Intent: Outcomes of the documented Annual Program Evaluation can be integrated into the 10-year Self-Study process. The Self-Study is an objective, comprehensive evaluation of the residency program, with the aim of improving it. Underlying the Self-Study is this longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations that focus on the required components, with an emphasis on program strengths and self-identified areas for improvement. Details regarding the timing and expectations for the Self-Study and the 10-Year Accreditation Site Visit are provided in the *ACGME Manual of Policies and Procedures*. Additionally, a description of the [Self-Study process](#), as well as information on how to prepare for the [10-Year Accreditation Site Visit](#), is available on the ACGME website.