1. PURPOSE

The purpose of this policy is to define requirements for the annual program evaluation.

2. POLICY

The Accreditation Council for Graduate Medical Education (ACGME) requires that all residency and fellowship programs conduct an annual systematic review of their programs.

The program director must appoint the Program Evaluation Committee (PEC). The Program Evaluation Committee must be composed of at least two program faculty members and should include at least one resident, must have a written description of its responsibilities, should participate actively in:

   a) planning, developing, implementing, and evaluating educational activities of the program;
   b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
   c) addressing areas of non-compliance with ACGME standards; and,
   d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). The program must monitor and track each of the following areas, as well as provide progress on the previous year’s action plan:

   a) resident performance;
   b) faculty development;
   c) graduate performance, including performance of program graduates on the certification examination; and,
   d) program quality. Specifically:

   (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
   (2) The program must use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program;

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above, as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. The aggregated results of the Annual Program Evaluation must
also be reported to the IUSM Graduate Medical Education Committee (GMEC) via the Annual Program Evaluation Summary in MedHub.

3. **SCOPE**

This policy applies to all Indiana University School of Medicine (IUSM) ACGME-accredited residency and fellowship programs.

4. **DEFINITIONS**

4.1 ACGME is the Accreditation Council for Graduate Medical Education.

4.2 A resident is an IUSM resident or fellow, or a non-IUSM resident or fellow electively rotating through IUSM and provides clinical care as part of a GME program.

5. **PROCEDURE**

I. **Program Evaluation**

a. Representative program personnel, i.e., at least the program director, representative faculty, and at least one trainee, must be organized to review the program and identify deficiencies or areas for improvement.

b. In the evaluation process, the group must carefully discuss each of the four areas listed in the common program requirement above.

1. **Resident Performance:**

   Resident performance and outcome assessment should be used in the evaluation of the educational effectiveness of the training program. To evaluate resident performance, the group should discuss some (but not necessarily all) of the following items:
   
   i. Most recent written evaluations of the resident (including global, focused and 360\(^\circ\) evaluations)
   
   ii. In-training/in-service exam scores
   
   iii. Procedure logs
   
   iv. Scholarly activity
   
   v. Learning Portfolio
   
   vi. Completion of any other program tasks assigned to residents.

2. **Faculty Development:**

   To evaluate faculty development, the group should discuss some (but not necessarily all) of the following items:
   
   i. Board certification status
   
   ii. Updated CVs
   
   iii. Participation in CME activities
iv. Participation in scholarly activities (peer-reviewed funding, publications, participation in national committees)

v. Participation in journal clubs, grand rounds, lectures, workshops, etc.

vi. Completion of any other program tasks assigned to faculty.

3. Graduate Performance

To evaluate graduate performance, the group should discuss some (but not necessarily all) of the following items:

i. Aggregated Board exam pass rates

ii. Rate at which graduates of the program take the Board examination(s)

iii. Aggregated alumni survey results (typically taken one year and five years post-graduation).

4. Program Quality

To evaluate program quality, the group should discuss some (but not necessarily all) of the following items:

i. Most recent aggregated resident evaluation of program

ii. Most recent aggregated faculty evaluation of program

iii. Most recent aggregated resident evaluation of faculty

iv. Duty Hours Monitoring Reports

v. Most recent ACGME survey results discussed (if applicable)

vi. Annual ACGME Citation update in WebADS (if applicable)

vii. Most recent goals and objectives for all rotations

viii. Most recent educational curriculum

ix. Volume and variety of patients available to the program for educational purposes

x. Financial and administrative support of the program

xi. Utilization of resources available to the program

xii. The balance among education, research, and service.

II. CLER

Indiana University School of Medicine is assessed in Patient Safety, Quality Improvement, Transitions in Care, Supervision, Duty Hours Oversight and Fatigue Management, and Professionalism as part of an ACGME CLER site visit. Therefore, as part of the Annual Program Evaluation Process, programs will be asked to provide data on Patient Safety, Quality Improvement, Transitions in Care, Supervision, Duty Hours Oversight and Fatigue Management, and Professionalism.

III. Documentation

As a result of discussing the four items above, the program will likely identify one or more areas of concern. The group should carefully assess each area of concern, draft a plan of action for correcting the concern, and a timeline for implementation. The proceedings of the meeting must be documented; the date of the meeting should be recorded, as well as the names and titles of all participants.
Programs will be expected to forward a copy of their annual program evaluation documentation to the Associate Dean of GME every September.

6. IMPLEMENTATION

The Designated Institutional Official (DIO) for Graduate Medical Education is responsible for implementation of this policy.

7. OVERSIGHT

Policy authority for this document resides with the Graduate Medical Education Committee. The DIO and the Graduate Medical Education Committee are responsible for oversight. This policy will be reviewed every three years or more often if deemed necessary.

8. REFERENCES

None

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