Annual Program Evaluation Policy & Procedures

Scope: All ACGME-accredited residency and fellowship programs sponsored by the UW School of Medicine.

Policy: All ACGME-accredited programs must appoint a Program Evaluation Committee (PEC), which must perform and document formal, systematic evaluation of the curriculum at least annually [Common Program Requirement V.C.]. The program, through the PEC, must perform an Annual Program Evaluation (APE), including the monitoring and tracking of Program Report Card metrics on (1) resident/fellow performance, (2) faculty development, (3) graduate performance, including performance of program graduates on the certification examination\(^1\), (4) program quality, including confidential program evaluations by trainees and faculty\(^1\), and (5) progress on the previous year’s action plan(s) [Common Program Requirement V.C.2.].

Membership: Members of the PEC must include at least two faculty members and one trainee [Common Program Requirement V.C.1]. Other members of the committee should include the program director, associate program director(s), program administrator(s), and representative teaching faculty from each major participating institution (i.e., site directors).

Charge: The PEC must have a written description of its responsibilities [Common Program Requirement V.C.1.a).(2)]. The charge should address the PEC’s responsibilities for: (1) planning, developing, implementing, and evaluating educational activities of the program; (2) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (3) addressing areas of non-compliance with ACGME standards; and, (4) reviewing the program annually using evaluations of faculty, trainees, and others [Common Program Requirement V.C.1.a).(3)]. The PEC must prepare a written action plan to document initiatives to improve performance in one or more areas of the Program Report Card, 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 faculty meeting minutes [Common Program Requirement V.C.3].

Compliance: Annually, programs must submit meeting minutes and action plans from the program evaluation, as well as the Program Report Card, by June 30\(^{th}\) to their Department Chair and the GME Office via MedHub. The results of the review will be reviewed by the Annual Program Evaluation Subcommittee, with feedback provided to programs when indicated. Further action may also be required according to the terms of the Special Review Policy.

\(^1\) One year fellowship programs are exempt from this requirement.
Program Report Card

Programs must monitor and track: (1) resident/fellow performance, (2) faculty development, (3) graduate performance, (4) program quality, and (5) progress on the previous year’s action plan(s). In addition, programs may monitor relevant clinical performance and outcome data. Suggested performance data in each of the areas is listed below.

1. Resident/Fellow Performance
   a. Clinical experience (e.g., average number of procedures and/or cases by training level) compared to national norms and/or ACGME requirements
   b. Scholarly activity (e.g., PubMed IDs, Conference Presentations, Chapters/Textbooks, Teaching/Presentations)
   c. Duty hour compliance; duty hour reporting compliance
   d. In-service exam scores for the previous five years
   e. USMLE scores for the previous five years

2. Faculty Development
   a. Aggregated results of confidential evaluations of faculty by residents/fellows
   b. Evaluation completion compliance by faculty
   c. Scholarly activity (e.g., PubMed IDs, Conference Presentations, Other Presentations, Chapters/Textbooks, Grant Leadership, Leadership or Peer-Review Role, Teaching Formal Courses)
   d. Teaching activities in the program (e.g., didactic, conference, grand rounds presentations)
   e. Participation in UW faculty development activities (e.g., departmental, GME, BIME)
   f. Participation in ACGME, national specialty society, and other educational conferences

3. Graduate Performance
   a. Board certification exam pass rates of graduates for the previous five years
   b. Acceptance into fellowship positions
   c. Percent of graduates in academics
   d. Retention within the WWAMI region
   e. Graduate survey results (e.g., satisfaction with training program; adequacy of preparation for practice; employer assessment of alumni knowledge, skills and preparation for practice)

4. Program Quality
   a. ACGME accreditation status and recent citations (if applicable)
   b. ACGME Resident/Fellow and Faculty Survey results
   c. Program director, faculty, and administrator turnover
   d. Applicant statistics (e.g., number of applicants, percent from top medical schools, percent Alpha Omega Alpha (AOA) members, diversity measures, percent international medical graduates, diversity measures)
   e. Match results (e.g., percentage filled, depth of rank list/matched applicants, SOAP participation, percent AOA members, diversity measures, percent international medical graduates)
   f. Aggregated results of confidential evaluations of the program by residents/fellows and by faculty
   g. Aggregated results of evaluations of rotations by residents/fellows
   h. Aggregated results of Milestones Reports (indicating strengths/weaknesses of curriculum or evaluation system)

5. Progress on Last Year’s Action Plans (may include revisions to curriculum and/or evaluation system, improvements to the learning environment, changes to program policies, etc.)