

“Model” Description of the PEC

_____ Residency Program’s Program Evaluation Committee

In accordance with the ACGME Common Program Requirement Section V.C.1.a) (2), the following describes our Program Evaluation Committee (PEC), and its’ responsibilities.

The Program Director has appointed the following people to serve on the PEC:

Name	Role
	Required Faculty #1
	Required Faculty #2
	Required resident/Fellow
	<i>Optional others</i>

Add lines as needed

The PEC participates actively in: *(optional: elaborate on any or all of the bullets below)*

- Planning, developing, implementing and evaluation 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 standards.
- Reviewing the program annually using evaluations of faculty, residents, and others.
- Actively ensuring a continual quality improvement process regarding program outcomes

The Program, through the PEC, documents formal, systematic evaluation of the curriculum _____ *(? how frequently; must be at least annually)*, and renders a written and Annual Program Evaluation (APE).

The Program monitors and tracks each of the following areas: *(optional: consider elaborating on what is included in the review of each area.*

1. Resident Performance
2. Faculty Development
3. Graduate Performance
4. Program Quality
 - a. Includes resident and faculty annual written confidential evaluations of program
 - b. Demonstrates how Program uses results of above with other program evaluation results to improve the program
5. Progress on the previous year’s action plan(s)
6. *(Optional additional areas? Such as ACGME accreditation standards and communications)*

The PEC prepares a written plan of action, based on in-depth review of the APEI components, to formulate and document initiatives to improve performance in one or more of the areas listed above, including delineation of parameters to be measured and monitored. This is reviewed and approved by the teaching faculty, documented in meeting minutes and ... *(?Optional: i.e. does anything else happen to this? Such as sent to GMEC?)*

(Be sure to review Section V of your ACGME Program Requirements for other requirements. Optional: Include additional description of the PEC’s role and or APEI Process here)

“Model” Special Review Process and Protocol

Special Review Process and Protocol

The _____ GMEC demonstrates effective oversight of potentially underperforming programs through a Special Review (SR) Process. This process includes the following Special Review Protocol. The Special Review Protocol includes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective action, and the process for GMEC monitoring of outcomes.

Criteria for Identifying Underperformance

The following are representative of the criteria that would lead to a Special Review

- Request by a program director, chair, or DIO***
- ?***

SR Report

The SR Report will include the quality improvement goal(s), the corrective action(s) that will be implemented, and a Description of the Process for monitoring of outcomes by the GMEC.

Description of the quality improvement goals

Representative quality improvements goals include:

Description of the “Corrective actions” that may be implemented

Representative quality improvement goals include:

Description of the Process for GMEC’s monitoring of outcomes

Representative processes for monitoring of outcomes by the GMEC includes:

How does GMEC identify programs?

Who does GMEC appoint/delegate to conduct the SR?

Who is responsible for authoring the report and submitting to (?whom) on the GMEC?

What is the timeline between identification and report back to the GMEC?

How does GMEC analyze results/measure the impact of any corrective action plans?

REPRESENTATIVE OUTCOME MEASURES FOR THE CATEGORIES OF THE APEI

Resident Performance

- *Rotation evaluation*
- *360/multirater*
- *Patient evaluations*
- *In service examinations*
- *Oral exams(mock)*
- *Semi annual evaluation with resident and program director*
- *Self-assessment*
- *Case logs and procedures logs*
- *Simulation results*
- *Chart audit*
- *QI projects*
- *Scholarly activity*
- *Milestone achievement*
- *Participation on hospital committees*
- *Didactic/conference attendance*
- *CEX observe patient encounter*
- *Standardized patient*
- *Evaluation of presentations*
- *Technical skills and abilities*
- *Compliance with administrative tasks*
- *Chart audits*

Faculty Development

- *In training exam for faculty “teaching osces”*
- *Teaching strategies/methods*
- *Completion of educational modules*
- *Completion of courses on how to be a teacher*
- *Academic promotion*
- *Mentoring*
- *Faculty meeting attendance*
- *Local, regional and national meeting educational committee participation*
- *Participation in resident conferences/didactics*
- *Scholarly activity in med ed*
- *Resident evaluation of faculty*
- *Maintenance of certification*
- *Quality of providing formative feedback*
- *Publications*
- *Self-assessment*
- *Participation on Clinical Competency Committee or PEC*

Graduate Outcomes

- *Board pas rate/how many sit for Boards*
- *Graduate survey*
- *Employer Survey*
- *Fellowship match results*
- *Alumni involvement*
- *Graduate interviews vs positions offered*
- *On time graduation and program completion*
- *Academic promotion/scholarly activity*
- *Retention in job*
- *Employment—academics, private, research, GME*

Program Quality

- *Match results*
- *Post-match survey*
- *Board pass rate*
- *Case logs/procedure logs*
- *Retention of program director, core faculty coordinator and residents*
- *Scholarly activity*
- *ACGME surveys (faculty and residents)*
- *ACGME Web Ads/self-Study*
- *Clinical quality measures/pt care outcomes*
- *In service exams*
- *QI activities*
- *Milestones*

