V. Evaluation
C. Program Evaluation and Improvement

Common Program Requirement:

C. Program Evaluation and Improvement

1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:

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' assessments of the program together with other program evaluation results to improve the program.

2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Explanation:

Program directors are expected to lead an ongoing effort to monitor and improve the quality and effectiveness of the program. This annual evaluation is unrelated to the GMEC internal review that must take place midway during the accreditation cycle, although results of that review may become part of this annual program evaluation. At a minimum, methods must be developed and implemented for systematically collecting and analyzing data in the following areas: resident performance, faculty development, graduate performance, and program quality. A written plan for program evaluation and improvement will help to assure that a systematic evaluation takes place annually, that results are used to identify what is working well and what needs to be improved, and that needed improvements are implemented.

Resident performance:
Results of in-training exams or other resident assessments and presentations/publications are examples of resident performance data that could be used as part of the program evaluation. As the ACGME Learning Portfolio becomes widely used and more data are collected by specialties using the same set of tools, it may be possible to establish national standards for competency-based resident outcomes by specialty/subspecialty. Such standards could be used to evaluate program performance in much the same way that certification exam scores or pass rates are currently used to provide insight into how well a program is supporting resident learning

of medical knowledge.

Faculty development:
Faculty participation in faculty development activities should be monitored and recorded. Data may be collected by annual review of updated CVs or by a separate annual survey. Activities should – over time – include not only CME-type activities directed toward acquisition of clinical knowledge and skills, but also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating PBLI, SBP, and IPCS into practice and teaching. The types of activities could include both didactic (conferences, grand rounds, journal clubs, lecture-based CME events) and experiential (workshops, directed QI projects, practice-improvement self study).

Graduate performance:
Results of performance on board certification examinations is one measure of graduate performance. Data can also be collected by annual surveys of graduates. Typically, such surveys target physicians one year and five years after graduation. Forms used may be provided by the institution, developed locally or adapted from the published literature (or unpublished but available online). Survey questions may inquire about such items as current professional activities of graduates and perceptions on how well prepared they are as a result of the program.

Program quality: Annually, current residents and faculty must have the opportunity to evaluate the program. Such evaluation could include planning/organization, support/delivery, and quality. To assure confidentiality responses should be de-identified. Clerical staff should collect completed written information, remove any identifiers and collate responses. The program director and faculty may then analyze and review the collated information.

Programs may have residents complete a confidential written evaluation of rotations or specific assignments or learning experiences as part of a targeted improvement plan. The residents' confidential evaluation of the teaching faculty may also be used as part of this evaluation. To assure confidentiality of such evaluations in small programs, the responses should be collected over a sufficient period of time so that the collated information contains responses from several residents (or students) and cannot be linked to specific respondents. Some programs periodically evaluate other areas that impact program quality, including resident selection process, graduates' practice choices, the curriculum, assessment system (including self assessment), remediation, and linking patient outcomes to resident performance. A recent issue of the ACGME Bulletin included several articles describing such efforts.[1]

The deidentified data collected in these areas may be analyzed by the program director and selected faculty and residents (if it is a large program) or by all if it is a small

[1] April, 2006 ACGME Bulletin http://www.acgme.org/acWebsite/bulletin/bulletin04_06.pdf

program. A program evaluation committee may be formed to identify outstanding features of the program and areas that could be improved. If the program personnel determine areas for improvement, they should develop a written plan of action for review/approval by the teaching faculty.