Coordinator's Role in the Program Evaluation Committee (PEC) and Annual Program Evaluation (APE)

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Community Focus. World Impact

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What is Our Role?

- Know the ACGME requirements
- Gather documents
- Run reports/Create reports
- Help complete documents
- Maintain files
- Know your timelines & deadlines

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2016 TIMELINE – PEC TO APE

Jan

- Milestones due
- Mid-year evals
- Resident match results
- Fellow interviews

Feb

- **Faculty & Resident Surveys**
- **ACGME program notification**
- Fellow interviews

March

- **Faculty & Resident Surveys due**
- Fellow interviews
- New trainee requirements
- Graduation prep

April

- Fellow interviews
- New trainee requirements
- Graduation prep

May

- **End of year evals- includes Program Evaluation**
- CCC mtg
- Fellow interviews
- New trainee/exiting requirements
- Graduation prep

June

- **End of year evals- includes Program Evaluation**
- Milestones due
- Fellow match results
- New trainee/exiting requirements
- Graduation

July

- **PEC mtg**
- **Work on WebAds**
- Orientation

Aug

- **PEC mtg**
- **Work on WebAds**
- Case Logs due

Sept

- **WebAds due**
- **Work on APE**
- ERAS opens
- Interview prep

Oct

- **Work on APE**
- Resident interviews

Nov

- **Work on APE/APE due**
- In-Service Exam
- Resident interviews

Dec

- **APE due**
- CCC mtg
- Resident/ Fellow interviews

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Program Evaluation Committee (PEC)

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ACGME Requirements

Accreditation Council for Graduate Medical Education

1981 35 YEARS 2016

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the **Program Evaluation Committee (PEC)**.

V.C.1.a) The Program Evaluation Committee:

V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one resident;

V.C.1.a).(2) must have a written description of its responsibilities; and,

V.C.1.a).(3) should participate actively in:

V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program;

V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives;

V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and,

V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

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Accreditation Council for Graduate Medical Education

35 YEARS 1981 2016

ACGME Requirements

V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. The program must monitor and track each of the following areas:

V.C.2.a) **resident performance**;

V.C.2.b) **faculty development**;

V.C.2.c) **graduate performance**, including performance of program graduates on the certification examination;

V.C.2.c).(1) At least 80 percent of the program's graduates from the preceding three years who take the American Board of Urology Qualifying Examination for the first time must pass. V.C.2.c).(2) The results of residents' annual objective tests (such as the In-service Examination and the Qualifying Examination) must be included in the assessment of the strengths and weaknesses of the program.

V.C.2.d) **program quality**; and,

V.C.2.d).(1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and

V.C.2.d).(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.

V.C.2.e) **progress on the previous year's action plan(s).**

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PEC Agenda

Resident Performance (V.C.2.a)

- Faculty Evaluations
- In-Service Exam Results
- Case Logs
- Milestones
- Resident Scholarly Activities
- Quality/Safety Initiatives
- Resident Compliance – AUA Updates

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Resident Compliance – AUA Updates

2015-2016 AUA updates compliance report

	Total UAU updates	Completed	Percent
Taylor, Elizabeth	29	25	86%
Presley, Elvis	29	9	31%
Winfrey, Oprah	29	24	83%
Jobs, Steve	29	15	52%
Columbus, Christopher	29	19	66%
Keys, Alicia	29	27	93%
Franklin, Ben	29	19	66%
Einstein, Albert	29	25	86%

PEC Agenda

Faculty Development (V.C.2.b)

- Participation in Faculty Development Activities
- Research and Scholarly Activities -ADS Faculty CVs
- Resident Evaluations of Faculty
- Faculty Attendance at Didactics
- Teaching Activities

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PEC Agenda

Graduate Performance (V.C.2.c)

- Board Examination Pass/Fail Rate
- Graduate Placement
- Alumni Surveys

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PEC Agenda

Program Quality (V.C.2.d)

- ACGME Faculty Survey
- ACGME Resident Survey
- Assessment by Residents, Fellows, Faculty
- Goals and Objectives with Advancement Criteria
- ACGME Citations
- Recruitment – Results of Interview Survey, Interview Statistics

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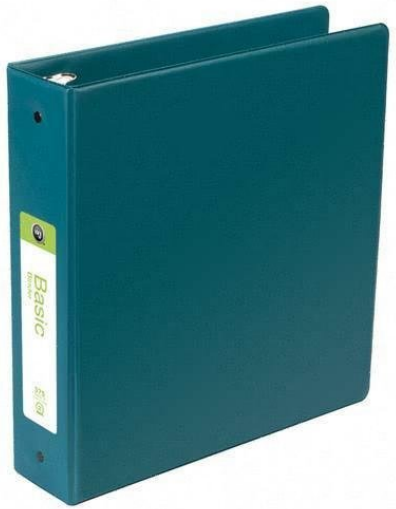
PEC Agenda

Progress on Previous Year's Action Plans (V.C.2.e)

- Annual Program Evaluation
- Most Recent ACGME Letter of Notification

Maintain files Create reports Run reports

Help complete documents Gather documents



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35 YEARS 1981 2016

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V.C.2.d).(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.

V.C.2.e) progress on the previous year's action plan(s).

V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored.

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

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Performance Improvement Plan (PIP)

ANNUAL PROGRAM PERFORMANCE IMPROVEMENT PLAN

PROGRAM _____

ACADEMIC YEAR _____

Focus Area:	Resident Performance
Focus Point or Issue:	
Reason for Focus or Issue:	
Measurable Goal with Target Deadline:	
Discussion:	
Responsible Party:	
Data/Performance Indicators:	
Timeline for Monitoring:	
Status:	

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Annual Program Evaluation (APE)

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Purpose of Completing the APE

- ACGME Requirement
  - Common Program Requirement
  - Institutional Requirement
    - GMEC Oversight
  - Help complete self-study visit

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Accreditation Council for Graduate Medical Education

35 YEARS 1981 2016

ACGME Institutional Requirements

I.B.4 Responsibilities: GMEC responsibilities must include:

I.B.4.a) Oversight of:

I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs;

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites;

I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirement

I.B.4.a).(4) the ACGME-accredited program(s)' annual evaluation and improvement activities; and

I.B.4.a).(5) all processes related to reductions and closures of individual ACGME-accredited programs, major participating sites, and the Sponsoring Institution.

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Where Do We Get the Information for Completing the APE???

- From the PEC
  - PEC meeting minutes
  - ACGME communication
  - ACGME Resident & Faculty Survey
  - ACGME ADS
  - Board Information
  - Program Reports
- Your GME Office provides form and deadline

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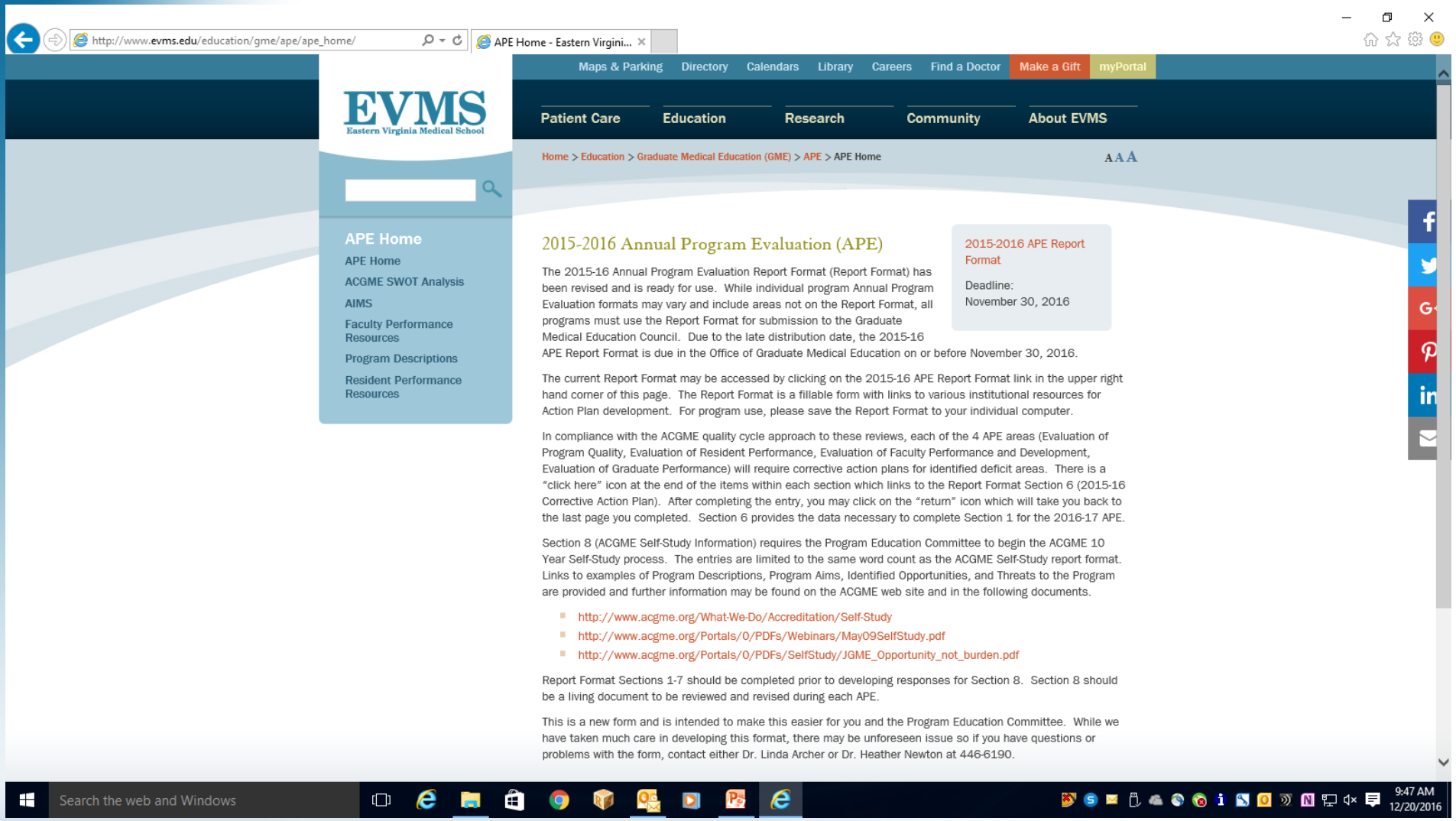
EVMS APE Website



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How We Report

- Old Way (PIF)
  - Process and paperwork
- New Way (NAS)
  - Less about the process -- more about the outcomes

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What Happens After APE Submission

- APE is reviewed by a GME member/committee
- Reviewer either accepts your submission or ask for clarification/additional documentation
- Areas of concern will need be addressed
- A summary report is created and given to the department along with suggestions to update if needed

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EVMS Score Sheet

PROGRAM:					
APE Area	Section Number	Max Score	Program score	Items	Notes
Program Education Committee		Answer all			
	No Section	5		At least one trainee on Committee	(see attached email - not on form)
	No Section	5		Reviewed with Core Facutly members	
			0		
Previous Year's APE		Select one			
	Section 1.0	10		No action plans required	
	Section 1.0	10		Action plans are either complete or in progress	
			0		
Evaluation of Program Quality		Select one (and/or bonus)			
ACGME Letters -	Section 2.1	4		*Continued Full Accreditation*	
accreditation status		3		Continued Full Accreditation with Warning	
		2		***If With Warning, corrective action plans developed (bonus)*	
		0		Special Site Visit Required	
			0		
ACGME Letters - citations		Select one			
	Section 2.2	5		No citations	
		5		If there are citations, the action plans are either complete or in progress	
			0		
ADS Surveys - Resident		Select one (and/or bonus)			
	Section 2.3	10		No areas below 80% compliance	
		5		4< areas below 80% compliance	
		3		>4 areas below 80% compliance	
		2		***Corrective action plans developed for those below 80% (bonus)*	
			0		
ADS Surveys - Faculty		Select one (and/or bonus)			
	Section 2.3	10		No areas below 80% compliance	
		5		4< areas below 80% compliance	
		3		>4 areas below 80% compliance	
		2		***Corrective action plans developed for thos below 80% (bonus)*	
			0		
Evaluation of Resident Performance		Select one (and/or bonus)			
(select one - bonus points a	Section 3.1	3		All PGY levels scored at or above national average	
		1		More than one PGY level scored below the national averge	
		1		***Corrective action plans developed for PGY levels below national average (bonus)*	
			0		
		Answer all			
	Section 3.2	2		Program in compliance with ACGME requirements	
		2		Program has formal guidelines for scholarly activity	
		1		Residents publishing/presenting at local, regional, national conferences	
			0		

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EVMS Score Sheet

		Select one (and/or bonus)		
	Section 3.3	2		Program has formal process for resident involvement in QI/PS
		0		Program does **NOT** have a formal process for resident involvement in QI/PS
		1		***Corrective action plans developed for a program formal process for resident involvement in QI/PS (bonus)*
			0	
		Select one (and/or bonus)		
	Section 3.4	3		All procedural/office volume requirements are being met
		2		One or more procedural/office volume requirements are not being met
		1		**Corrective action plans have been developed for requirement not being met (bonus)
			0	
Evaluation of Faculty Performance		**Select one**		
	Section 4.1	2		ACGME scholarly activity requirements are being met
		0		ACGME scholarly activity requirements are **NOT** being met
		1		***Corrective action plans developed for ACGME scholarly activity requirements (bonus)*
			0	
		Select one		
	Section 4.2	4		Program has a defined Core faculty development program with **required** participation
		3		Program has a defined Core faculty development program with **encouraged** participation
			0	
		Select one		
	Section 4.3	3		Faculty attend didactics and/or present at least 60% of the academic lectures
		0		Faculty do **NOT** attend didactics and/or present at least 60% of the academic lectures
			0	
Evaluation of Graduate Performance		**Select one (and/or bonus)**		
	Section 5.1	4		Pass rates are at or above the ACGME required rate
		1		***If pass rates are below the ACGME required rate, corrective action plans have been developed (bonus)*
			0	
		Select one		
	Section 5.2	5		Program has sent alumni surveys
		0		Program has **NOT** sent alumni surveys
			0	
		Select one		
APE Action Plans	Section 6.0	10		Deficit areas were recorded and action plans developed
		0		Deficit areas were NOT recorded and action plans were NOT developed
			0	
ACGME Self-Study		**Answer all**		
	Section 8.1	2		Program description completed
	Section 8.2	2		Program aims completed
	Section 8.3	2		Program activities related to described aims
	Section 8.4	2		Listed opportunities
	Section 8.5	2		Listed threats
			0	
				TOTAL

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EVMS

APE EVALUATION COMMENTS – 2014-15

DEPARTMENT NAME GOES HERE

RECOMMENDATIONS

Note: At least one resident must participate in the APE review process

Section 4.14: The Residency Education Committee must review the ACGME ADS Resident Surveys on an annual basis and develop corrective action plans for any areas under 80% compliance. The corrective actions should then be uploaded into the ADS system under CHANGES. The APE addressed corrective actions for 3 of the 11 areas which were under 80% compliance.

Section 4.14: The Residency Education Committee must review the ACGME ADS Faculty Surveys on an annual basis and develop corrective action plans for any areas under 80% compliance. The APE indicated there were no faculty responses below 80%. The area of "work on scholarly activity with residents/fellows" was a 71% compliance and required a response.

Section 5.1: Three PGY levels scored below the national average on the in-service examination. The APE indicated that no action plans were necessary. At the least, the program should be reviewing the scores on those examinations in an attempt to identify if there are weak areas within the curriculum and corrective action plans developed

Section 5.3: Residents are encouraged to submit papers to conferences and/or for publication. Is there an ACGME requirement for such activity? The program should consider a requirement for submission of such. The metric would be submission not acceptance for presentation/publication.

Section 6.3: Programs are required to have a formal, written faculty development program for Core faculty members which addresses the areas of teaching and evaluation. The residency currently has a program defined as "as needed". A formal program must be developed which is required for core faculty with participation documented. Drs. Agatha Parks-Savage and Health Newton, Office of Graduate Medical Education, are available to assist in the development of such a program which will be based on departmentally defined needs. The Office of Graduate Medical Education can provide both on-line and in-person educational session including retreats.

Section 8: This section should define the areas for action plan development based on the findings of the APE. This would include deficits in Section 4.14, 5.1, 5.3, and 6.3.

The program must submit Corrective Action Plans for those areas on or before May 30th. Please use the Section 8 format.

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UNMC APA Form

GMEC EXECUTIVE COMMITTEE REVIEW OF APA FOR _____

1. Is there at least one resident on the committee? Y____ N____
2. Adequate written description of PEC responsibilities? Y____ N____
3. In-service exam scores above national average? Y____ N____
4. Involvement in patient safety/QI adequate? Y____ N____
5. Resident scholarly activity adequate per RRC? Y____ N____
6. Annual PD evaluation of faculty performed? Y____ N____
7. Faculty scholarly activity adequate per RRC? Y____ N____
8. Board Pass Rate at least 85%? Y____ N____
9. Note any issues raised about the program in the resident/faculty evaluations:
10. Results of ACGME Survey for residents:
11. Results of ACGME Survey for faculty:
12. Does the program have the following?
    - ____ Goals and objectives by level?
    - ____ Policy & Procedure Manual
    - ____ Supervision Policy
    - ____ Transitions Policy
    - ____ PLA's for all rotations
13. Has the program had a special Internal Review? Y____ N____
14. Has the program had any ACGME citations? Y____ N____
    How are they addressing them?
15. In your opinion, describe the programs strengths, weaknesses, threats, and opportunities:
16. Evaluation of Performance Improvement Plan:

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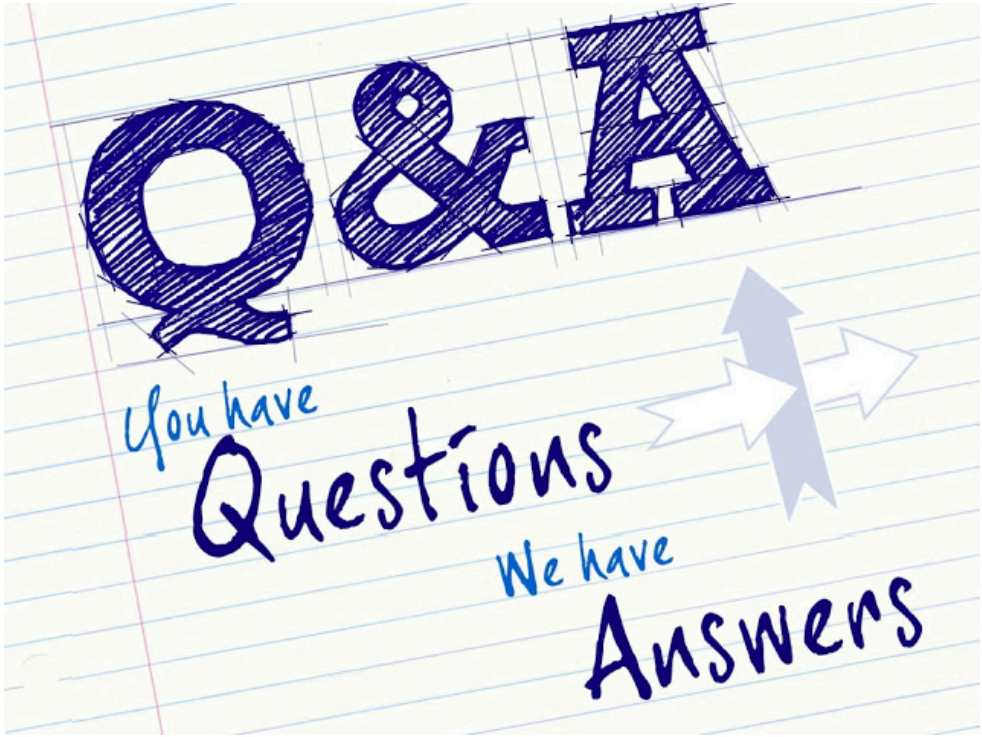

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Thought of the Day

“Learning is a treasure that will follow its owner everywhere.” Chinese proverb

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THANK YOU