Program Improvement through Program Evaluation

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Disclosures

Drs. Hicks and Pallant have no relevant financial relationships to disclose nor conflicts of interest to resolve.
Objectives for the Presentation

• Review ACGME Program Requirements regarding Program Evaluation and Program Improvement.

• Review models and strategies used in program evaluation

• Share examples and lessons learned
Outline

• Overview of purpose of program evaluation
• Review of ACGME program evaluation requirements
• Examine a conceptual model for program evaluation
• Review potential sources of outcome data
Why do Program Evaluation?

- Inform various stakeholders about the effectiveness of the “program”
  - Program = curriculum
  - Program = entire program
  - Program = smaller aspect of program
- To address outcomes of learners in the aggregate
- To establish new goals (needs assessment)
It’s The Journey- Not the Destination!

- Where do I begin?
- What are the rules?
- What should I expect of myself?
- What should I expect of others?
- How might I feel about this?

Every journey begins with the first step.
Get to Know The ACGME!

Peruse the program requirements

• Common/
  Institutional
• Pediatric

Learn how to use the PDF search box!
528 V.C. Program Evaluation and Improvement

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

V.C.1.d).(2) The program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program.
V.C.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.
Using program requirements to improve your program
ACGME Program Requirements

V.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/fellow performance
   b) faculty development
   c) graduate performance
   d) program quality
V.C. 2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

ACGME Program Requirements: Categorical Pediatrics, V.C., p 35
ACGME Program Requirements: Subspecialties of Pediatrics, V.C., p 20-21
What the????

- Take a Deep Breath… think of what you’re already doing!
- You get to choose how, where, when, and what YOU want to do!
- Don’t let the perfect get in the way of the good!
Do you already do this?

- Do you survey anyone?
  - Residents, faculty, applicants, graduates…
- Do you have a curriculum committee?
- Do you speak at faculty meetings?
- Do you work with an advisory group?
- Do you teach your advisors how to advise?
- Do you get feedback about your program?
- Has your program ever had a problem that you have tried to fix???
Draw on the wisdom and energy of others to assist you

**Wisdom of the ages...**

- When someone has a problem - ASK THEM TO HELP TO FIX IT!
- Residents often know best how to solve problems that impact them directly!
- Forgive yourself when the best laid plans do not work!
“Describe the approach used for program evaluation.”

- Survey
- Electronic Feedback
- Board Scores
- Patient, nurse feedback
- Written evaluations
- Consultant
- Internal Reviews
- Other ideas???
Common PIF

(ain’t no escape)

Describe the improvement efforts…currently undertaken in the program based on feedback from the ACGME resident survey.

This can be a hidden gift!
ACGME Resident Survey Questions

14. Thinking about the faculty and staff in your program overall, how interested are they in your residency education?
   - Extremely interested
   - Very interested
   - Somewhat interested
   - Slightly interested
   - Not at all interested

20. How satisfied are you with the way your program uses the evaluations that residents/fellows provide to improve the program?
   - Not at all satisfied
   - Slightly satisfied
   - Somewhat satisfied
   - Very satisfied
   - Extremely satisfied

31. In your opinion, how often do your rotations and other major assignments provide an appropriate balance between your residency education and other clinical demands?
   - Extrememly often
   - Very often
   - Sometimes
   - Rarely
   - Never
Please consider looking at ALL of the data over time...are you improving on scores of “teaching”, “service vs education”, etc...
How Are Your Graduates Faring?

- Do you do a post-graduate inventory?
- How have trainees succeeded in attaining jobs and fellowships?
- Are there graduates that now populate your faculty or community?
Task Oriented Conceptual Model for Program Evaluation in GME

Task 1 – evaluation purpose or need

- For *whom* is the evaluation being conducted?
- *What* is the focus of the evaluation?
Task 2 – What is the focus of the evaluation?

- Overall training program
- Component of the training program
  - Rotation
  - Event
  - Project
  - Curriculum
- Person
  - Faculty (teachers)
  - Leadership (PD, etc.)

Musick, D. A Conceptual Model for Program Evaluation in GME
Acad Med 2006;81(8):759-765
Task Oriented Conceptual Model for Program Evaluation in GME

Task 3 – determine evaluation methodology

• When will the evaluation be conducted?
• What setting will you conduct the evaluation?
• How will the data be collected?
• What type of data analysis will be utilized?

A COMBINATION OF METHODOLOGIES IS RECOMMENDED

Task Oriented Conceptual Model for Program Evaluation in GME

Task 4 – Present (report) evaluation results

- *Who* are the stakeholders who should receive results?
- *In what forum* should the results be presented?
- *How* should results be interpreted or presented?
- *When* should the results be presented?

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Task 4 – Present (report) evaluation results

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Task Oriented Conceptual Model for Program Evaluation in GME

Task 5 – Documentation of evaluation results

• *Content* specific reports
• *Interpretation* or just raw data?

Musick, D. A Conceptual Model for Program Evaluation in GME
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Task Oriented Conceptual Model for Program Evaluation in GME

Task 6 – Action plan

• Assignments of follow-up and/or changes should align with stakeholders, directors, responsible parties
• Timelines
• Measurable milestones to assess achievement of action/change

ASSESSMENT DRIVES LEARNING
PROGRAM EVALUATION DRIVES CHANGE,
DEVELOPMENT, IMPROVEMENT

Musick, D. A Conceptual Model for Program Evaluation in GME
Acad Med 2006;81(8):759-765
Other considerations in design and implementation of program evaluation

- Feasibility
- Culture of change – institutional or group readiness
- Knowledge of evaluation methods
Methodologies available for program evaluation – development needed!!

- Counting of things
- Performance on low or high stakes examinations
- Performance on standardized cases (real, simulated, standardized patients, etc)
- Rating, direct observations, checklists
- Surveys
“Not everything that counts can be counted and not everything that can be counted counts”

-Albert Einstein
What sources of outcome data do I have for my program?
You are already collecting data!

Pediatric Program Requirements
32 references to required documentation
11 in the companion document

Subspecialty Requirements
16 references to required documentation
8 in the companion document
Evaluations = Outcome Data

Use *individual* learner data to evaluate learner and help them progress and graduate

Use *aggregate* learner data to evaluate the program and help it improve the delivery of education
Sources of outcome data

*(that you may collect already)*

**General**

- Current ACGME citations
- Procedural skill documentation
- Scholarly productivity of faculty
- Patient volume, variety of diagnoses
- In-training exam scores
- Conference attendance data
- Duty hours logs
- Board take and pass rates
- ACGME Resident Survey
Sources of outcome data

*(that you may collect already)*

Semiannual reviews with residents/fellows

- Feedback from trainee
- Completion of core curriculum, other assignments
- Individual learning plan needs
- Quality improvement activities
- Fatigue, burnout, professionalism
- Moonlighting
- Career plans
Sources of outcome data

Evaluations

- Faculty of trainee
- Trainee of faculty (required annually)
- Trainee of program (required annually)
- Faculty of program (required annually)
- Others of trainee (direct observation, multisource feedback)
- Internal review by GMEC (mid-accreditation cycle)
Lessons Learned through Program Review
Adam’s True Confessions
Adam's Review (residents) 2008-9

- Program
- Accessiblilt
- Medical
- Responsiv
- Advocacy
- Regulatory
- Communic
- Role
- Profession
- Fairness
- Recruitme
Attempt to Restructure Coverage for a Specialty Service

- Float in call was arranged for a Q4 specialty service where fewer than 4 residents were needed for coverage during the day.
- Feedback was immediate and came through many sources of data
  - Residents not familiar with the specialty service felt unprepared to accept sign-out
  - Duty hour violations
  - Unhappiness amongst team members
Asthma Education

**Goal:** Get interns to know and use the asthma pathways correctly in their CC setting

**Curriculum:** Taught pathways with ppt, case-based examples

**Outcome:** Residents performed 98% correct on multiple choice test about pathway use
Asthma Education

Other outcome: Chart review revealed:

- Only 30% of interns correctly identified classification of asthma severity
- Poor documentation regarding questions asked to determine severity
- Pathway not followed for 50% of those who were classified correctly
Now that we have told you what you can learn, let’s talk about some strategies
The Simplest Example: Medical Knowledge

1. Receive ITE exam scores
2. Assess factors contributing to the Program's ITE scores
3. Develop and Document an Action Plan
4. Review at Residency Committee meeting
5. Implement the Action Plan
Raising the research bar in fellowships

- Scholarship Oversight Committee reports
  - Monitor grants, presentations, publications at Department Fellowship Committee meeting
  - Assess contributing factors
  - Compare programs (internal/external)
  -Develop and implement an action plan
  - Set benchmarks
- Improve core curriculum
  - Time projects to grant/abstract deadlines
  - Faculty development for research mentors
Comprehensive Internal Review of Rotations in Pediatrics (ChIRRP)

Rotation evaluations

Evaluation of faculty

Curriculum review document

Summary by committee reviewer

Review by Residency Education Committee

Review by Program Director

CHIRRP Reports: Action plan available for rotation director and ACGME site visitor
Comprehensive Internal Review of Rotations in Pediatrics

• Review of rotation curricula
• Review of faculty teaching
• Comparison of teaching among rotations
• Opportunity to make improvements at a rotation level
One Approach to Program Evaluation Meetings

- Meet twice a year: 2-3 hours
  - Residents/chief residents
  - Associate PDs
  - PD
  - Directors of various groups leading resident education (Continuity Clinic director, key educational faculty in other areas)
- Discuss evaluation data collected within the past 6 months
Suggested Format of Program Evaluation Report

- Data (from many sources) reviewed by the group
- Results interpreted and discussed
- Additional group input/perspective
- Problem areas identified and listed
- Interventions suggested/action plan designed
Format of Program Review Meetings

- Action plan leader and timeline identified
- Report/update meeting time established
- Minutes distributed
- Timeline for action plan monitored
- Results monitored
### Action Plan for Pediatric Residency Program Improvement

<table>
<thead>
<tr>
<th>Identified problem requiring action</th>
<th>Action requested</th>
<th>Timeline for result or report back to PD</th>
<th>Responsible party for response/action/reporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough surgical specialty education</td>
<td>Create subspecialty surgical rotation, with emphasis on ped surg, urology, ENT</td>
<td>3 months to establish new rotation with curriculum, evaluation tool and learning activities specified</td>
<td>APDs with Chief of Surgery or his designee (Dr. Hicks to initiate request)</td>
</tr>
</tbody>
</table>
Resources to Learn More about Program Evaluation
Summary

• Look at program evaluation as an opportunity to improve your program, not just something you have to do for the ACGME
• Start with existing data, then add to it
• Document the process, plans, outcomes!