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?
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.
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!
Common PIF Questions

“Describe the approach used for program evaluation.”

- Survey
- Electronic Feedback
- Board Scores
- Patient, nurse feedback
- Written evaluations
- Consultant
- Internal Reviews
- Other ideas???
Common PIF Questions
Describe the improvement efforts...currently undertaken in the program based on feedback from the ACGME resident survey.

This is a hidden gift.
ACGME Resident Survey Questions

8. Do you have the opportunity to confidentially evaluate your overall program in writing or electronically at least once a year?

15. Have residents/fellows had the opportunity to assess the program for purposes of program improvement?

Please consider looking at ALL of the data over time…are you improving on scores of “teaching”, “service vs education”, etc…
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 Oriented Conceptual Model for Program Evaluation in GME

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 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*

Musick, D. A  
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 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 5 – Documentation of evaluation results

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

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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. A Conceptual Model for Program Evaluation in GME
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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?
References to Documentation:

*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.
Using feedback from assessments and surveys to improve PROGRAM outcomes

Program evaluation

• Aggregate data of/from individuals
• Evaluations specific to the program
  • Annual evaluation by residents and faculty
  • Graduate surveys
  • ACGME Resident Survey
  • “Milestones report”?
Sources of outcome data

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

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)
Sources of outcome data

Scholarship oversight committee

- Membership, meeting frequency
- Scholarly work product of fellow
  - Identification of a mentor
  - Progress on project
  - Quality of project
- Grants
- Presentations and Publications
Lessons Learned through Program Review
Adam’s True Confessions

Feedback Value-faculty

Not effective  | Somewhat effective  | Effective  | Very effective  | Extremely effective  | No opinion/don't know

Series 1
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. **Review at Residency Committee meeting**
3. **Assess factors contributing to the Program’s ITE scores**
4. **Develop and Document an Action Plan**
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

- Scholarship Oversight Committee reports
Comprehensive Internal Review of Rotations in Pediatrics (ChIRRP)

- Rotation evaluations
- Evaluations 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
<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>
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!
Resources to Learn More about Program Evaluation
Questions and Practical Answers