The Program Evaluation Committee Meeting

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Objectives

- Review the purpose and requirements for a Program Evaluation Committee (PEC)
- Discuss program evaluation and use of outcome data at the PEC meeting
- Examine the PEC as a process for program improvement
- Explore the expanding role of the coordinator in the context of the PEC process
Purpose of the PEC

- Meaningful evaluation of the program
- Formally review program outcomes
- Mechanism for program improvement
Who should attend?

- Key players/stakeholders
  - Required by ACGME
  - Coordinators and other hospital staff
Program Requirements

Evaluation
Outcomes
Improvement
Evaluation

• Curriculum and educational activities
• Non-Compliance
• Reviewing evaluations
• Document evaluation of program
## Evaluation

<table>
<thead>
<tr>
<th>ACGME Program Requirements for PEC</th>
<th>Action</th>
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| Planning, developing, implementing, and evaluating educational activities of the program, reviewing and making recommendations for revision of competency-based curriculum goals and objectives | Review  
  - Rotation objectives and expectations  
  - Rotation evaluations  
  - Electives - expectations |
| Addressing areas of non-compliance with ACGME standards | If applicable |
## Evaluation

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<thead>
<tr>
<th>ACGME Program Requirements for PEC</th>
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<tbody>
<tr>
<td>Reviewing the program annually</td>
<td>Review</td>
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<tr>
<td>• ACGME faculty survey</td>
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<td>• ACGME resident survey</td>
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<td>• Final program evaluation</td>
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<tr>
<td>by trainees</td>
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<td>• Resident feedback from</td>
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<td>resident retreats</td>
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| Document formal, systematic evaluation of the curriculum at least annually | Utilizing survey, evaluation and trainee outcome data, discuss and suggest areas for curriculum improvement |

### Notes:
- Reviewing the program annually
- Document formal, systematic evaluation of the curriculum at least annually
Outcomes

• Resident Performance
• Faculty Development
• Graduate Performance
• Program Quality
### Outcomes

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<tr>
<td><strong>Resident performance</strong></td>
<td>Review</td>
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<tr>
<td>• In-training scores</td>
<td>• Faculty evaluations by residents (identify themes or systematic issues)</td>
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<td>- Average for each class; grade trend</td>
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<td>- Subjects with lowest scores, if remarkable</td>
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<tr>
<td>• Research</td>
<td>• Review of Educational CME and FTE by faculty</td>
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<td>- Current research efforts</td>
<td>- Faculty evaluations by residents (identify themes or systematic issues)</td>
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<td>- Recent trainee publications</td>
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<td>- Recent trainee scholarly presentations</td>
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<td>• Conference attendance</td>
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<td>• Procedure count average for required procedures</td>
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<td>• Quality improvement involvement</td>
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<td>• Number of residents involved in community service/advocacy committees or projects</td>
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<td><strong>Faculty development</strong></td>
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## Outcomes

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| Graduate performance, including performance of program graduates on the certification examination | Review  
• Board Pass Scores/Rates  
  - At least 80% of those who completed the program in the preceding five years should have taken the certifying examination.  
  - At least 70% of a program’s graduates from the preceding five years who are taking the certifying examination for the first time should have passed.  
• Research Publications of former trainees  
• Fellowship matches rate  
  - Percent of trainees matched annually  
  - Local programs vs. national by subspecialty  
• Practice choices?  
  - Academic position  
  - Private practice position  
  - Local vs. national employment |
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<td>Program quality</td>
<td>Utilizing data, review key elements of a quality program, which can include the following: education, patient care, faculty, ancillary support, administrative support, workplace environment, access to educational and clinical supplies &amp; financial support.</td>
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Improvement

• Create action plans
• Approve of initiatives
• Hold follow-up meetings
• Write Annual Program Evaluation
## Improvement

**ACGME Program Requirements for PEC**

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<td>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 as well as delineate how they will be measured and monitored.</td>
<td>Discuss and suggest areas for outcome improvement and establish success measures</td>
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</table>
| The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. | Create improvement task forces  
  • Task force meets independently, plans changes to be implemented, reports back to the PEC for approval  
  • Test changes |
Improvement

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| There must be regular meetings during the academic year of the program leadership, including select core faculty members and residents, to review program outcomes and develop, review, and follow-through on program improvement plans. | The PEC will meet quarterly and review results of improvement initiatives  
- Study/Review outcome measures of improvement initiatives  
- Refine plans, if needed |
| The PEC is responsible for rendering a written Annual Program Evaluation (APE) | Write the Annual Program Evaluation |
Data Collection

What do most programs collect?
Survey results

\[ n = 63 \text{ coordinators} \]
Survey results

Program Type

- Both fellowship & core residency program: 10%
- Peds Fellowship Program: 34%
- Peds Residency Program: 56%
Data Collection

What do most programs collect?

• Evaluation of program
  – ACGME resident & faculty survey results (91%)
  – Rotation evaluations by residents (78%)

• Outcome Data
  – In-training exam scores (76%)
  – Board pass rates (71%)
Data Collection

- Evaluation of faculty by trainees (76%)
- Trainee involvement with QI (65%)
- Final program evaluation by graduating trainees (56%)
Other Data Collected

• Current research efforts by trainees
• Resident involvement in community service/advocacy
• Procedure count average for required procedures
• Employment demographics for former trainees
• Local GME resident survey
• Conference attendance
Program Improvement

Does your program have a formal process for improving the program?

- Yes: 66%
- Currently creating: 21%
- No: 3%
- Coordinators unaware of one: 10%
Program Improvement

What is your program's process for making improvements to the program?

- Chiefs/seniors make suggestions: 16%
- PEC: 47%
- Rely on ACGME surveys: 3%
- Resident Retreats: 8%
- Monthly meetings: 26%
PEC for Program Improvement

Identify Weaknesses

• Highlight low results in evaluation and outcome data

• Is weakness perceived or fact?
  – Synthesize themes
  – Perform needs assessments
Improvements vs Ideas

New trainees & new chiefs every year = new ideas annually

- change is a good thing if...
  - needed, not just wanted
  - creates efficiency & quality
  - achievable with available resources
Create Improvement Task Forces

• **Do** remove bias by including diverse faculty and interdisciplinary staff

• **Do**, still, include those who will be affected by possible changes (even the negative ones)

• **Do** add 2-3 trainees at different PGY levels

• **Do** add program coordinator/manager to the task forces
After Meeting

Task Forces meet regularly

• Utilize the PDSA (QI) Cycle
How Many Meetings?

How often does your program hold program evaluation committee meetings?

- Annual: 57%
- Semi-annual: 26%
- Three times per year: 15%
- Quarterly: 2%
How Many Meetings?

- Large programs - consider semi-annually or quarterly
  - task force reporting
  - monitoring past improvement initiatives
  - Review new data at first meeting of each educational year
How Many Meetings?

• Small programs - consider semi-annually vs annually
  – program improvement monitoring/ follow-up
Coordinator Role

What role do you play in program improvement?

- 41% Active participant
- 37% Data collector and meeting facilitator only
- 15% Liaison between trainees and PD
- 7% Little to no involvement
Coordinator Role

What role do you play in program improvement?

- Trainer
- Initiative Manager
- Brainstorm
- Create Action Plans

41% Active participant
Would you like to participate in program improvement initiatives?

- Yes: 67%
- No: 7%
- Maybe: 27%
Coordinator Role

What are the barriers to actively participating in improvement?

- Time: 59%
- Lack of PD support: 14%
- Coordinator comfort level: 27%
Coordinator Role

How to overcome barriers?

**Time**: support efficient processes and resources

**Training**: formal process improvement training (IHI.org, APPD workshops & task forces, local training, The Team Handbook, 3rd edition. Scholtes, Joiner, Streibel)
Coordinator Role

**Support:** Integrate coordinators into leadership role; take full advantage of expertise of all team members
Thank You!
Questions