

Augusta University
House Staff Policies and Procedures

Policy	Source
HS 27.0 Program Evaluation Committee and the Annual Program Evaluation	Graduate Medical Education Office

1.0 Purpose

To ensure that each Accreditation Council for Graduate Medical Education (ACGME) accredited GME Training program at Augusta University (AU) develops a Program Evaluation Committee (PEC). Each PEC is to establish a formal, systematic process to evaluate the effectiveness of their GME Training program at least annually in accordance with the program evaluation and improvement requirements of the ACGME and this GME policy.

2.0 Procedure

2.1 In accordance with this policy and the ACGME requirements, each Program Director (PD) shall appoint a PEC. The PEC will:

- 2.1.1 evaluate the program to assess its effectiveness at least annually;
- 2.1.2 identify actions needed to foster continuous program improvement and correction of areas of non-compliance with ACGME and/or GME standards; and
- 2.1.3 be composed of at least 2 members of the program's faculty including at least one core faculty member and at least one House Staff.

2.2 Should there not be a House Staff currently enrolled in the program, the House Staff membership requirement will be waived. However, the program should consider adding a House Staff member from another program that is familiar with the program.

2.3 The PEC will function in accordance with the written description of its responsibilities, as specified below:

- 2.3.1 acting as an advisor to the PD to provide program oversight;
- 2.3.2 reviewing of the program's self-determined goals and progress toward meeting them;
- 2.3.3 guiding ongoing program improvement, including the development of new goals, based upon outcomes; and
- 2.3.4 reviewing the current learning environment to identify strengths, challenges, opportunities for improvement, and threats as related to the program's mission and aims.

3.0 Annual Program Evaluation (APE)

3.1 The program, through the PEC, will document a formal, systematic evaluation of the program at least annually and will render a full, written APE. The standard GME template should be used. This requirement stands, even if a House Staff member is not currently enrolled in the program.

3.2 Prior to the meeting date, the PD will:


- 3.2.1 facilitate the PEC's process to establish and announce the date of the review meeting;
- 3.2.2 identify an administrative coordinator, typically the Program Coordinator, to assist with organizing the data collection, review process, and report development; and
- 3.2.3 distribute the aforementioned data to the PEC members. See 3.3 for data elements.

3.3 At the time of the review meeting, the Committee will consider the following data elements in the assessment of the program:

- 3.3.1 curriculum;


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3.3.2	outcomes from prior APE(s);
3.3.3	ACGME letters of notification, including citations, areas for improvement (concerning trends), and comments;
3.3.4	quality and safety of patient care;
3.3.5	aggregate House Staff and Faculty: well-being; recruitment and retention; workforce diversity; engagement in quality improvement and patient safety; scholarly activity; annual ACGME Surveys; and written evaluations of the program;
3.3.6	aggregate House Staff: achievement of the Milestones; in-training examinations (where applicable); board pass and certification rates; and graduate performance;
3.3.7	aggregate Faculty: evaluation and professional development.
3.4	Additional meetings may be scheduled as needed to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Written minutes must be taken of all meetings.
4.0	The final APE must be:
4.1	distributed to and discussed with the members of the program's teaching Faculty and House Staff; and
4.2	be submitted to the DIO by the stipulated deadline.
5.0	The Program Evaluation and Accreditation Subcommittee (PEAS) will report to the GMEC regarding any programs with missing and/or incomplete APEs, pertinent program-specific or recurring institutional-level issues identified, and suggested actions or remedies. The GMEC will then vote to certify the PEAS report and assign any necessary follow-up tasks for the GMEC, its various subcommittees, or individual program leadership.
6.0	Annually, all non-standard training (NST) programs must complete an evaluation of their program and develop a report regarding the supervision and assessment of NST House Staff and the impact of the NST program on the most closely related ACGME-accredited program(s) to allow for GMEC oversight.



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5/7/23
Date



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5/7/23
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