The ACGME mandated the creation of program evaluation committees to evaluate all educational aspects of accredited residency programs through an annual program evaluation. Yet requirements for the program evaluation committee are broad and seemingly vague, making it difficult to put together a proper committee and evaluation.

The Program Evaluation Committee Handbook: From Annual Program Evaluation to Self-Study will guide you through building an effective program evaluation committee, mastering the annual program evaluation process, and creating action plans to improve your program.

This book will help you:

• Launch an effective program evaluation committee
• Examine and complete the five areas of focus required by the ACGME
• Conduct the annual program evaluation
• Identify the strengths and weaknesses of your program and develop an action plan for improvement
• Understand the broad and loosely defined requirements for the program evaluation committee
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Introduction

“There is nothing new under the sun.”

July 1, 2013—Phase I ACGME-accredited programs are required to establish a program evaluation committee.

July 1, 2014—Phase II ACGME-accredited programs are required to establish a program evaluation committee.

Today—Programs are wondering, “Isn’t this a lot like the group that performs our annual program evaluation?”

The answer is: Yes!

Section V.C. of the ACGME Common Program Requirements “adds structure to [the] current requirement for annual review” (Davis, Vydareny, & Ling, 2013), so the program evaluation committee (PEC) is more the modification of an existing requirement than it is a new requirement altogether.

Nevertheless, some programs still struggle with compliance. Deliberately broad statements offer little in the form of guidance, and the open interpretation makes you wonder whether you are interpreting them correctly. Additionally, the PEC does have more responsibility than “just” the annual
Introduction

program evaluation. Changing the nameplate from education committee to program evaluation committee is not enough.

The authors devised this handbook to help programs understand what section V.C. means, to give examples of successful implementation of the various subsections, and to guide programs toward their own unique adaptions of the PEC requirements.

Additionally, for American Osteopathic Association (AOA)–approved programs seeking ACGME accreditation, the authors have included tips throughout to offer guidance on terminology, requirements, and procedures. Similarities between AOA and ACGME program evaluation procedures are highlighted, as are differences, to aid in the transition from one to the other.

We, the authors, hope that our efforts to compile our collective knowledge and experiences will help other programs achieve compliance as well. We thank you for giving us the opportunity to offer our insight and assistance.
Background

The annual program evaluation (APE) requirement by the Accreditation Council for Graduate Medical Education (ACGME) has been in place for more than 10 years. Evaluation of the curriculum, resident performance, faculty development, graduate performance, and program quality (ACGME, 2011) is a mainstay of program improvement for all ACGME-accredited programs. The “what” has not changed, but the “who” has.

Formerly, the directorship was responsible for ensuring that a comprehensive APE was conducted; evaluation committee membership varied among programs and specialties. Now, instead of the directorship being responsible, the program evaluation committee (PEC) reviews the program and documents the findings. It then submits its evaluation, action plans, measurement criteria, and methods of monitoring improvement to the program director. The purpose of this modification is to provide more structure for the APE (Davis, Vydareny & Ling, 2013). Placing the responsibility for such an important task on a specific group of people also helps with continuity across years of APEs. Because the ACGME has specified only the minimal structure of PEC membership, the program director now also has more latitude in recruiting other faculty members for active participation.

Looking ahead, establishing a PEC and its functions will facilitate a smooth transition to the self-study group and process. When your program receives notification to begin its self-study, which is based upon a review of up to the last 10 years’ APEs, who better to perform the review than the committee
Background

who compiled the assessments? Your PEC is not required to fulfill the role of self-study group, but having it do so is immensely practical. One of the best things you can do now to help your program in the future is to establish a PEC with some continuity of membership and to borrow or develop forms that aggregate a longitudinal assessment of your APEs.

But that’s for a later chapter. For now, let’s start with the structure of the PEC.
ACGME Requirements

The revised Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements (CPR), which were introduced July 2013, brought many changes to graduate medical education (GME). Specifically, the ACGME introduced the outcome of a four-year study that aimed to reduce the burden of the existing accreditation process: It restructured the accreditation process so that it would be based on the enhancement of educational outcomes. This resulted in the launch of the Next Accreditation System (NAS), which aims to improve the learning environment for future physicians while allowing the program directorship more time to mentor residents instead of administrating the program. The NAS is now in full swing, and all specialties and subspecialties have started implementing its goals.

One way that the ACGME aims to enhance the learning environment for residents is through an annual program evaluation (APE) and program improvement based on educational outcomes. Although the APE and the subsequent implementation of program improvements have been requirements for many years, the NAS introduced a more defined and detailed structure for programs to use when conducting this evaluation. For example, programs are now required to have a program evaluation committee (PEC) (ACGME Common
Program Requirement V.C.2.) conduct the APE. On behalf of the program, the PEC must document a formal, systematic evaluation of the curriculum at least annually to foster program improvement.

AOA

Currently, AOA standards stipulate that programs shall be evaluated by the medical education committee (MEC) as needed in accordance with evaluation results. This committee evaluates the intern or postgraduate year 1 (PGY-1) training program on a quarterly basis. PGY-2 and up are evaluated semi-annually. The program director reviews each rotation evaluation monthly, including the resident assessment of the educational experience and of the faculty teaching. The results of these evaluations are used to continually improve the program. The MEC works not only to maintain but also to improve program quality.

Committee membership

According to the CPR, the program director must appoint members of the PEC, and membership must consist of at least two program faculty and at least one resident or fellow. Each program decides whether to include additional members, such as your department chair, the vice chair of education, the quality improvement and patient safety director, participating site directors, subspecialty liaisons, or a statistician for data analysis.

AOA

The AOA parallel to the PEC is the MEC, which has its own membership requirements. The MEC includes the director of medical education (DME), all program directors at the hospital or institution, the patient quality assurance representative, administrative staff such as the program coordinator, and peer-nominated residents. Representatives from major participating sites also join the MEC and are strongly encouraged to attend the meetings.
Introducing the concept to your faculty

It is important to introduce the concept of the PEC to faculty before soliciting volunteers as members. Keep in mind that most faculty are not well versed in ACGME program requirements.

Ways to introduce faculty to the PEC concept may include presentations at the following:

- Education committee meetings
- Section meetings
- Town halls
- Retreats
- New faculty orientation

Try to enlist your designated institute official (DIO) or department chair to say a few words of introduction supporting faculty efforts in this committee. Such endorsements, especially from the chair, carry weight with faculty. Additional appeals can be made through department newsletters, email announcements, and one-to-one communication.

It is important that those who might be interested in becoming committee members know (a) the purpose of the PEC and (b) the responsibilities of membership. A thorough explanation of the expectations will allow faculty to decide whether they want to volunteer for the committee and whether they can commit the time to it. However, the committee may decide many expectations during its first meeting, so the program director (PD) may not have these answers to offer. If that is the case, consider how to answer these questions that may be asked when introducing the concept of the PEC to your faculty:

- How often do you meet? Are there attendance requirements/expectations?
Chapter 1

- Where will you meet (if multiple locations are involved)? For how long?
- How long does one remain a member? Is there a minimum term of membership?
- When are the busiest times?
- Are members granted administrative, non-clinical times to meet? To work on committee projects?
- What is the PEC’s most difficult task?
- Will faculty receive educational relative value units (RVU) for participation in membership?

Even if you do not have an answer, be ready with a response that addresses how the concern will be investigated or determined.

If you are trying to establish a new PEC, consider using the written description as a recruitment tool for faculty. Faculty who volunteer for assignments want to know the level of commitment they are expected to demonstrate, and a clear description will go a long way toward alleviating their concerns.

**Faculty members**

Whom do you recruit?

The program director should have a *general* idea of how the PEC will operate prior to recruiting members. Some committees may be composed of only the required three members—two faculty and one resident or fellow member—whereas others, such as for smaller fellowship PECs, may include all faculty.

To promote committee membership in any scenario, though, start by recruiting faculty who have a strong interest in education. Ask your residents or fellows which faculty give high-yield didactic sessions, provide supportive supervision, or offer meaningful mentorship. The PD can solicit these faculty...
in the hopes that they would like to become more involved in the residency or fellowship program. The PD may also simply ask for volunteers after presenting the PEC concept at a meeting. Some individuals may not feel comfortable asking to be a member, so offering such an opportunity allows them to volunteer and accept the offer.

Appointing three people to a committee does not seem like a difficult thing to do, but due to increased clinical responsibilities, faculty may be reluctant to take on additional obligations. For this reason, the PD will often be a committee member. The PD may be a part of the committee, but it is beneficial to have individuals who are not directly involved with the program’s administration serve on the committee and report to the PD. Doing so may result in a more objective evaluation of the program.

Using recognition and incentives to attract committee members

It may take some effort to recruit members, and offering incentives can help in this endeavor. The PD can ask the department chair to grant educational RVUs for PEC membership. The PD can ask for support from the chair or section head to give members dedicated administrative, non-clinical time to devote to committee responsibilities. Another incentive may be highlighting the efforts of the PEC members with a yearly award during the senior graduation dinner or department awards luncheon or dinner. If those who invest their time are distinguished for their hard work in front of their peers, faculty who are not currently involved in the educational activities of the program may express greater interest.

Resident or fellow members

Whom do you recruit?

The ACGME requires one resident or fellow to be a part of the committee, but there could certainly be more than one. The intention is to include a trainee from the program on the PEC. You may want to start recruiting with the chief
residents because they have already committed themselves to a leadership role in the program. Depending on how many chiefs there are, all—or just one—could sit on the committee.

However, look beyond your chief residents, too. You may have residents who are interested in program leadership, administration, or development but who were not elected as chief residents. Consider approaching residents who have created rotation handbooks or manuals, who often volunteer for teaching assignments, or who lead quality improvement or patient safety initiatives.

One caveat, though: Any resident who performs below the level of his or her peers should not be considered for the extra responsibilities of PEC membership. The most important commitment for such a resident is to concentrate on academic and professional self-improvement, not on program improvement.

Asking residents to volunteer for the PEC is a good start. You do not want to force or guilt a resident into joining a committee; residents are very busy with clinical duties, studying for exams, preparing for conferences, etc., and they may not be able to add on more responsibilities without affecting the quality of their professional performance. If nobody volunteers, then the PD or chief resident may approach trainees whom they feel would be a good fit for the committee.

**Using incentives to attract resident or fellow members**

Incentives for residents or fellows are important because they are not required to take on added responsibilities such as the PEC. If they do decide to join, granting them time away from clinical duties to participate in the committee is imperative. Instruct the resident or fellow to include member activities in the learning portfolio as evidence of systems-based practice or even a quality improvement project.
The resident PEC members should be recognized for their efforts just as faculty are. Present them with a certificate or a plaque at the end-of-year awards dinner that shows your appreciation for their hard work.

The program director

If the PD is part of the committee, he or she should not chair the committee due to the amount of existing responsibilities on that person’s plate. The PD is already tasked with administrative oversight of the program as well as fulfilling clinical duties. The PEC will benefit from a chair who has the time to devote to making the committee run smoothly and to ensuring that all of the committee responsibilities are completed.

If the PD is not part of the committee, then the PEC will report the APE’s findings to the PD. Once the PD reviews and approves the evaluation and improvement suggestions, the formal action plans may be put into place for the upcoming year. These plans should be included in the APE document and reviewed in the following year’s APE for outcomes. A later chapter will describe this process in detail.

The program coordinator or manager

The role of the program manager, or the program coordinator if there is no program manager, is to organize and facilitate the PEC meetings to make sure that the requirements of the ACGME are met. Some of the responsibilities of the program manager are to do the following:

- **Schedule the meeting and determine a location.** Do so months in advance so that future meetings must be planned around your meeting and not vice versa. Make sure to check vacation and on-call schedules. Keep physician schedulers in the loop to accommodate meeting days with administrative time or appropriate clinical rotations. Copy administrative assistants on meetings.
The room you reserve must be big enough to seat the maximum number of expected attendees and must be most convenient (or least inconvenient) for all expected attendees. Contact Environmental Services at least one day prior to your meeting if the room needs vacuuming, the tables need cleaning, or the garbage needs emptying.

- **Make sure that a conference phone, computer, and projector are available and in working order.** Electronics like to fail when it is most inconvenient. Check everything a few days before the meeting in case repairs must be made. Check to make sure that the computer, USB ports, presentation software, and Internet connection are working properly. Remember that you may have both PC and Mac users bringing their laptops to connect to the conference room’s computer, so you may need adapter cables. The presentation mouse or laser pointer should work, and extra batteries should be available. Check to make sure that you can initiate a conference call and that (a) the caller can be heard without echo or distortion and (b) the caller can easily hear the meeting proceedings. Make sure that you know how to turn the projector on and off.

- **Order breakfast/lunch/snacks/beverages, if applicable.** Ensure that you will have adequate set-up space, as well as cups, plates, utensils, serving utensils, and napkins. Ask administrative assistants about any dietary restrictions their faculty may have. If you expect to have leftovers, be ready with containers, plastic wrap, or aluminum foil. Make sure that there are enough garbage cans in the room for the disposables.

- **Create an agenda that includes specific time segments for each topic.** Doing so will help keep the discussion on track and the meeting flowing. Long-winded, unproductive conversations can be stopped by saying, “That’s all the time we have for that topic. Let’s finalize/
vote on the action plan and move on to Topic B, which also requires our serious attention,” or “This topic requires more in-depth discussion and data analysis, but we must move on to the next topic. We will schedule a follow-up meeting to further investigate Topic A.”

Having an agenda shows preparation and respect for attendees’ time. It helps attendees mentally prepare for the topics to be discussed. Ask members whether they would like a specific topic to be added to the agenda for discussion.

If your PEC meeting is long, an agenda will also keep attendees focused and aware that there is an end in sight.

- **Collect data for review.**
  
  Review previous PEC meeting summaries.
  
  Provide copies of information to the PEC, whether hard copies or digital documents via email, shared drives, or residency management software.

- **Complete the meeting summary.** Document the meeting in detail to allow for better outcomes assessment. Keep in mind that this information will be used for the program self-study document.
  
  Report findings to all faculty and the graduate medical education committee (GMEC), if required by your institution’s GMEC, but ensure that the PEC membership approves the final meeting summary before sending it out.

- **Discuss items at education committee meetings or PEC meetings.** Review action plan items throughout the year, and assess outcomes based on the methods of measuring improvement that were discussed and approved.
  
  Modify action plans if strategies are not working and the committee decides that more time will not change the outcome.
Chapter 1

**TIP**

Be aware that, depending on how thoroughly and systematically previous APEs were conducted, collecting data can be an hours-, days-, or weeks-long project. Whoever is conducting the data collection and analysis should schedule ample time for the work. Some programs divide this work among members, with selected members investigating different topics. Do not shortchange yourself on time for data collection and analysis!

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**Structuring a PEC: Small Residency Program or Fellowship vs. Medium Program vs. Large Program**

One size does not fit all. Just as different specialties and different programs have different needs, the structure of the PEC may vary depending upon the size of the program. Larger programs mean more faculty and more trainees, which may also mean more administrative support personnel. In those cases, responsibilities for program management and oversight can be more widely distributed. In contrast, smaller programs often have fewer people filling many roles, and therefore, there may be more overlapping of responsibilities. In the sections that follow are various approaches to structuring a PEC for small, medium, and large programs.

**TIP**

Create a committee in which all members are interdependent and everyone has a vital role in the program evaluation because, as Levi (2014, p. 19) explains, “[g]roup members need … an appropriate set of task skills.” Each member’s unique knowledge and skills must be utilized.
A small program

The Diagnostic Radiology Residency Program at Cedars-Sinai, Los Angeles, trains 12 residents and is considered a small program. The program has a dedicated program coordinator but no program manager.

Prior to the NAS, this radiology department had a committee called the Program Directors Committee. It was made up of the chair of the department, the program directors from the core residency program and the subspecialty fellowships, fellow representatives, and a resident (usually a chief resident, whether current, immediate past, or future). The department had one core radiology program and four subspecialty fellowships. One of the primary responsibilities of this committee was to conduct an annual program review.

When the NAS was launched with the requirement to form a program evaluation committee, it was an obvious choice to transition the Program Directors Committee to the PEC. The overall responsibilities remained virtually the same, including conducting a comprehensive APE.

It is effective to look at the PEC as similar to a board of directors: It is a big-picture committee, which makes sense because it evaluates the program as a whole after investigating its many aspects. At Cedars-Sinai, the department chair is a member of the PEC, which underscores its board of directors-type role. Department chairs are often involved in long-term, strategic decision-making and can be aware of future factors that affect training programs. Because a department chair often serves on high-level hospital committees, he or she is able to provide an institutional perspective that is beyond the general knowledge of the program.
ACGME Requirement of the Clinical Competency Committee  
(ACGME CPR, 2016)

V.A.1.b). (1) The Clinical Competency Committee should:

V.A.1.b). (1). (a) review all resident evaluations semi-annually;
V.A.1.b). (1). (b) prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and,
V.A.1.b). (1). (c) advise the program director regarding resident progress, including promotion, remediation, and dismissal.

For small fellowship programs, the PEC and CCC membership may significantly overlap, and it may be difficult to distinguish responsibilities. For instance, if you have a fellowship program with one fellow and 3–5 core faculty, including the program director, it may be difficult to create two distinct committees: a PEC and a CCC. At Cedars-Sinai, because the subspecialty fellowship program directors are also section heads, there is a lot of membership overlap between these two committees.

To help distinguish between responsibilities for the different committees, each meeting focuses differently. Of the four total meetings each year, two focus on the responsibilities of the CCC, namely Milestones and resident evaluations, and coincide with the Milestones reporting periods. The other two focus on the responsibilities of the PEC, mainly the APE and curriculum review.

Overlap of responsibilities

In a traditional corporate structure, the board of directors (a program’s PEC) develops long-term goals and conducts systemwide reviews, while the management structure (the program’s clinical competency committee) implements the board’s strategic plan.
Program Evaluation Committee Structure

It is not uncommon in smaller programs for the committee chair to be the PD. Small or large program, the PD is responsible for appointing the members of the PEC—at least two program faculty and one resident. In the case of small programs with one resident, the choice is obvious. But what if you have more than one? Some programs appoint the chief resident(s) to the PEC, but it is not necessary for the resident member to be the chief. At Cedars-Sinai, non-chief residents sit on different program, department, and institutional committees, such as the House Staff Executive Committee, the Graduate Medical Education Committee, the department’s Safety Committee, Rapid Improvement Committee, and Performance Improvement Committee.

TIP

It is beneficial to give all of your residents the opportunity to serve in different leadership roles and to have systems-based practice, non-clinical educational experiences.

Keep in mind that the resident who sits on the PEC may be privy to sensitive program information, so pick someone you can trust. Do you have a resident who hopes to be a program director one day? Sitting on the PEC is a great opportunity for that person, as it offers insight into how a program runs. Once areas for improvement are identified through the APE, the resident representative could work with faculty to design, implement, and evaluate changes. Active participation in the PEC is a wonderful way to gain experience in the core competency of systems-based practice and, as mentioned earlier, could even lead to a quality or performance improvement project.

The program coordinator’s involvement in the PEC is key. At Cedars-Sinai, the coordinator is largely responsible for making sure that the appropriate reporting takes place on schedule and for submitting the action plan from the APE to the GME office. Review the points listed in “The program coordinator or manager” section on page 7 for more duties.
Chapter 1

**A medium program**

The Diagnostic Radiology Residency Program at Cleveland Clinic has 32 residents and is considered a medium-sized program. The residency has one program coordinator and one education manager. Currently, the program’s PEC is a subset of its Radiology Residency Education Committee (RREC).

The RREC is composed of the institute chair, the department chair, the vice chair of education, the PD and the two assistant PDs, the subspecialty liaisons as well as liaisons from medical physics and patient safety and quality improvement, the chief residents, the education manager, and the program coordinator—a total of 23 members. A group of this size would be impractical for this PEC. Although the unique knowledge of each member is important to program evaluation, not all RREC members could be fully involved in the review if the committee was this large.

![TIP]

This is a warning for other medium-sized programs: Do not make your PEC too big! Consider the possible group dynamics of your committee, because when teams are too big for the task, social loafing occurs. Social loafing is “a decrease in individual effort due to the social presence of other persons” (Latane, Williams, & Harkins, 1979). In other words, individuals slack off because they can hide behind the work of the team. Social loafing is detrimental to the spirit of teamwork necessary for a productive PEC.

Another problem with large teams is that task interdependence does not exist. According to Levi (2014, p.48), “Team goals work best when the task ... requires that team members work together to succeed.” Each member of your PEC should feel that his or her contribution is essential for a thorough, robust, effective program evaluation.
The Cleveland Clinic program decided to scale down the RREC, and its PEC members include the PD, one assistant PD, two faculty liaisons, the three chief residents, the education manager, and the program coordinator. There is some redundancy built in on purpose so that, for instance, if one chief resident is post-call, another chief resident can still attend and represent the residents.

**A large program**

Large programs—those with 48 or more residents—structure their PEC differently than smaller programs do because of the number of faculty and residents. For example, a large program can divide its PEC into smaller subcommittees that are responsible for evaluating one specific area or one specific PGY level of residents. One subcommittee can be responsible for assessing faculty development and quality improvement; another subcommittee may review program evaluations and resident performance.

As we will discuss later, the ACGME identifies five focus areas for review during the APE. A large program can have five subcommittees, each tasked with evaluating and reporting on one of these focus areas. These subcommittees report their findings to the entire PEC at a meeting such as the APE.

There are pros and cons to this type of structure: Dividing the PEC into subcommittees allows for a more in-depth evaluation of specific areas of the program by only a few faculty. The smaller groups discourage social loafing and encourage team interdependence (group dynamics mentioned earlier). However, this structure requires more PEC members than does one large PEC, and that may be challenging for programs.

**Special Note for Subspecialty Fellowships**

Subspecialty fellowships fall under the core residency program during the program self-study (discussed in Chapter 7). However, each program,
residency, and subspecialty fellowship will have separate PECs. The APE and the self-study go hand-in-hand because each program must review the same details from year to year. For example, action plans must be a part of the APE and should be tracked throughout the year. When reviewed, the PEC may determine common themes that arise each year, or it may find that something did or did not work out as planned. This information is pertinent to program quality and will be included in both the APE and self-study.

The core group of individuals, such as the PEC, may be the same group involved in the self-study, depending on the size of each program and the number of PEC members. It is important to maintain good communication between all parties involved to obtain a true analysis of all programs together.

**Structure of Member Responsibilities**

When you are recruiting members for a new PEC or perhaps replacing a retiring PEC member, potential volunteers will have many questions, such as the following:

- What exactly does the PEC do?
- What would I have to do?
- How much time will this take?
- Will I have protected time to work on the program evaluation?
- Will this count in my annual professional review?
- Will I be paid for this?

Some of these questions should be addressed when the program director introduces the concept of the PEC to the faculty. The PD may want to answer other questions with the group once the PEC membership is set. Either way,
you should have definitive guidelines in place regarding terms of membership, attendance requirements, and meeting frequency.

**Terms of membership**

Decide whether to have term limits by developing a list of pros and cons. Keep in mind that whichever approach you choose, it would be disruptive to have the entire PEC membership change at once. The knowledge, history, and experiences of past trends, past problems, and past attempted solutions are too valuable to lose. Plan for succession by ensuring that a core group of faculty with 2, 3, 4, or x number of years of PEC experience always remains on the committee. Consider staggering when faculty can rotate off the PEC to achieve this balance. If you do have term limits, the program director can always appoint valuable, interested members for a second (or third) term.

**PEC term limits**

<table>
<thead>
<tr>
<th>Pros</th>
<th>Cons</th>
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<tbody>
<tr>
<td>Brings in new perspectives</td>
<td>Continuity may suffer</td>
</tr>
<tr>
<td>Difficult members have an end date</td>
<td>Time is needed to learn new group dynamics when new members join</td>
</tr>
<tr>
<td>May attract faculty involvement by placing limits on the commitment (e.g., “I can handle three years”)</td>
<td>Time is needed to orient new members</td>
</tr>
<tr>
<td>Prevents faculty burnout</td>
<td></td>
</tr>
</tbody>
</table>

**Attendance requirements**

You need bodies in the game, not names on a list. Although it might be tempting to accept any and all volunteers, remember that you need faculty who will show up to the meetings and do the work. By making clear ahead of time that a PEC member is expected to attend 80% of PEC meetings, for
example, you are delivering the message that this is an important function and members count on each other.

If your PEC is set up so that it only meets annually, you must be even more steadfast about meeting attendance. Set the annual meeting time and date early enough so that faculty can work clinical and personal schedules around that date. For an APE scheduled at the end of the education year, around May or June, schedule the meeting date in January. This may seem too early, but it’s not! It is a good idea to contact the people responsible for making the physician schedules and to involve them so that they can balance the clinical needs of the institution with the meeting requirements of the PEC.

Required meeting attendance is another reason to limit the size of your committee. The fewer schedules the program coordinator must synchronize, the less impossible it becomes to establish meeting dates. The expectation of attendance also lends importance to the function: If faculty do not feel that their presence is important, they will not come to the meetings.

Establishing attendance requirements as a group norm will benefit the committee in the long run.

**Meeting frequency**

The PD can decide how often the PEC will meet before introducing the concept to faculty, or the PEC can decide how often to meet at its first meeting. Either way, a meeting timeline must be determined. Just be sure to meet at least annually, which is the ACGME-mandated minimum.

Here is an example of a timeline for an established PEC that meets quarterly:
Program Evaluation Committee Structure

1st meeting—The APE

Analyze data, prioritize action plans, finalize action plans with timelines and ownership, submit to faculty for approval.

2nd meeting

Review approval of APE by teaching faculty. If approved, note in meeting minutes. If not approved, rewrite and resubmit.

Review and update progress of action plans, and redirect failing action plans.

3rd meeting

Review and update progress of action plans, and redirect failing action plans.

4th meeting—APE preparation

Review and update progress of action plans, redirect failing action plans, and coordinate data gathering for next APE.

If this were a new PEC, an initial meeting before the APE would be added during which members become acquainted, formulate the PEC written responsibilities, and assign tasks for APE preparation.

Your APE in the Larger Context of Your Institution

The GME department provides oversight of its GME programs and directs efforts for compliance with ACGME Institutional Requirements. These requirements stipulate that the institution must have a graduate medical education committee (GMEC). The GMEC, in collaboration with the DIO, will conduct an annual institutional review (AIR) typically between the months of May and August. The AIR focuses on the following performance indicators:

- Results of the most recent institutional self-study
- Results of the programs’ responses to the domains of ACGME clinical learning environment reviews
Chapter 1

- Notification of ACGME-accredited programs accreditation status and self-study visits
- Results of ACGME Faculty and Resident Surveys
- Aggregate results of ACGME-accredited program performance indicators
- Compliance with institutional affiliation agreements, including program letters of agreements
- Results of the APEs
- Status of the most recent ACGME review committee citations the institution received (if applicable)

Upon the GME department gathering all of the above documentation, including the APE reports from the programs, the GMEC will identify areas for growth and establish action plans for improvement. Action plans for areas of improvement include the program initiatives, responsible individuals, necessary resources, follow-up assessment methods, and expected follow-up dates.

The GME department will monitor action plans resulting from this institutional review and review them with the DIO at least once a year at the follow-up date. Each program is responsible for reviewing and approving its own action plans from the GMEC during a PEC meeting. The PEC minutes must include documentation of this review. The program director is responsible for reporting the progress of the action plans to the DIO or chair of the GMEC.

AOA

The GME department for AOA-accredited programs maintains the DME and program review of monthly evaluations by residents of educational experiences and faculty performance.
Special Reviews

If the GMEC finds any deficiencies as a result of the AIR, including deficiencies reported in the APE, the GME department might initiate a GME Special Review of the training program. The Special Review consists of oversight of underperforming GME programs by identifying deviations from expected outcomes. Such deviations could be the result of low board pass rates or low survey compliance if a program did not meet the ACGME minimum requirements on the annual faculty evaluation of a program. The GME department will coordinate the Special Review process and support the GMEC efforts when conducting a Special Review. The GME department will maintain all performance indicators collected for the AIR, such as the APE and the findings from a Special Review.

The Written Description of Responsibilities

The PEC must develop a written description of responsibilities. This may seem odd, since the CPR lists what the committee should do in sections V.C.1.a).(3) and V.C.2. (ACGME, 2016). Nothing in the CPR states that this verbiage cannot be in the program’s description of responsibilities for the PEC. Each program must decide whether to use the CPR verbiage or create its own description (or use a mix of the two).

Many institutions’ GME departments have created an overarching PEC policy that each residency and fellowship is expected to tailor to its own program. Often, these policies simply reiterate what the CPR states and leaves interpretation up to the programs. Figures 1.1–1.4 provide examples to guide you in creating your own written description.
Figure 1.1  Written Description of Responsibilities: Kansas University School of Medicine

<table>
<thead>
<tr>
<th>Kansas University School of Medicine Wichita</th>
<th>STANDARD POLICY and/or PROCEDURE Institution Policy and Procedure for Graduate Medical Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIlE: Program Evaluation Committee Policy and Responsibilities</td>
<td>DATE ISSUED: 04/10/2014</td>
</tr>
<tr>
<td>DATE EFFECTIVE: 04/10/2014</td>
<td>DISTRIBUTION: Residency Programs</td>
</tr>
<tr>
<td></td>
<td>Residency Program Directors</td>
</tr>
<tr>
<td></td>
<td>Resident Physicians</td>
</tr>
<tr>
<td>REVIEWED BY: GMEC</td>
<td>APPROVED BY: GMEC</td>
</tr>
</tbody>
</table>

STATEMENT OF PURPOSE
All ACGME residency and fellowship programs are to implement a program evaluation committee (PEC) and must have a written description of its responsibilities.

POLICY
Training programs, through their PEC, must document formal, systematic evaluation of the curriculum at least annually and are responsible for rendering a written annual program evaluation (APE). The PEC will identify action plans that will be monitored and measured for improvement. Annual program evaluation and action plans will be presented to the GMEC annually, with semi-annual progress reporting.

PROCEDURE
1. Each ACGME program will have a program evaluation committee with a structure that meets the ACGME requirements:
   a. The Program Evaluation Committee is appointed by the Program Director.
   b. Membership must be composed of at least two program faculty members and at least one resident.
2. Function of the Program Evaluation Committee:
   a. Plan, develop, implement, and evaluate the educational activities of the program.
b. Review and make recommendations for revision of competency-based curriculum goals and objectives.

c. Address areas of non-compliance with ACGME standards and requirements.

d. Review the program annually using evaluations of faculty, residents, and others.

e. Must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed below (3.a.) and delineate how the action plans will be measured and monitored.

3. Annual Program Evaluation (APE)

a. The program must monitor and track each of the following areas:

i. Program quality
   - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually
   - 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

ii. Resident performance

iii. Faculty development

iv. Graduate performance, including performance of program graduates on the certification examination

v. Progress on the previous year’s action plans

b. The report must be reviewed and approved by the teaching faculty and documented in meeting minutes.

c. The report must be presented to the GMEC annually by the Program Director for approval of action plans.

REFERENCE

ACGME Common Program Requirements: September 29, 2013

Source: Kansas University School of Medicine. Reprinted with permission.
**Cedars-Sinai Diagnostic Radiology Program Evaluation Committee**

**Purpose:** The Department of Radiology Program Evaluation Committee (PEC), formerly known as the Program Directors Committee, meets at least 2 times a year to review the Radiology Residency and its academic mission. The PEC will provide a formal structure to be used in the systematic program design, evaluation, and improvement.

**Membership:** The committee is made up of all of the academic directors within the department (core residency program and subspecialty fellowships), the department chair and co-chair, and the chief resident(s).

**PEC Responsibilities:** Per the ACGME Common Program Requirements (effective 7/2013), the PEC will participate actively in:

- Planning, developing, implementing, and evaluating all significant activities of the residency program
- Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
- Reviewing annually the program using evaluations of faculty, residents, and others
- Documenting formal, systematic annual evaluation of the curriculum
- Rendering a full, written annual program evaluation (APE) to include a detailed action plan for program improvement that includes metrics for measurement and monitoring
- Addressing areas of non-compliance with ACGME standards and assure they are correct
- Presenting the APE and written action plan for program improvement to the Cedars-Sinai Imaging faculty, and receive document approval

*Source: Cedars-Sinai Medical Center. Reprinted with permission.*
Authors’ note: Some institutions’ GME departments have also created a template that their residency and fellowship programs can use to construct their individual descriptions. This example from the University of California, San Francisco, represents a common format.

Program Evaluation Committee

[Insert Name of ACGME Training Program]

The goal of this Program Evaluation Committee (PEC) is to oversee curriculum development and program evaluations for the [insert name of the ACGME training program].

The PEC of [insert name of the ACGME training program] will meet [insert meeting schedule—monthly, quarterly, semi-annually, annually]. The PEC will have at least three members, two program faculty, and one trainee from the program, unless there are not enrolled trainees in the program. Faculty members may include physicians and non-physicians from the [insert name of the ACGME training program]. The PEC is composed of the following members:

1. Chair: [List name of faculty member and title of position]
2. [List name of faculty member and title of position]
3. [List name of resident or clinical fellow]
4. Additional members as appropriate

The committee’s responsibilities are to do the following:

- Plan, develop, implement, and evaluate educational activities of the program
- Review and make recommendations for revision of competency-based curriculum goals and objectives
- Address areas of non-compliance with ACGME standards
- Review the program annually using evaluations of faculty, residents or clinical fellows, and others
• Document, on behalf of the program, formal, systematic evaluation of the curriculum at least annually and render a written Annual Program Evaluation (APE), which must be submitted to the GMEC annually in the Annual Program Director Update.

• Monitor and track each of the following:
  - Resident performance
  - Faculty development
  - Graduate performance including performance on certifying examination
  - Program quality
  - Progress in achieving goals set forth in previous year’s action plan

• Review recommendations from the Clinical Competency Committee.

The PEC will be provided with confidential resident/clinical fellow and faculty evaluation data by the program’s administrative staff in order to conduct their business.

The program director is ultimately responsible for the work of the PEC. The program director must ensure that the annual action plan is reviewed and approved by the program’s teaching faculty. The approval must be documented in meeting minutes. The program’s annual action plan and report on the program’s progress on initiatives from the previous year’s action plan must be sent to the GME office annually.

Effective: [insert date]

Template approved by GMEC: October 21, 2013.

Source: University of California, San Francisco, School of Medicine, Office of Graduate Medical Education. Reprinted with permission.
Program Evaluation Committee Structure

Figure 1.4 Sample Written Description of Responsibilities: Duke University

Authors’ note: This example from Duke University allows for more program individualization. Optional bullets elaborate a program’s specific functions in multiple areas.

_____ Residency Program’s Program Evaluation Committee

In accordance with the ACGME Common Program Requirement Section V.C.1.a) (2), the following describes our Program Evaluation Committee (PEC), and its responsibilities.

The Program Director has appointed the following people to serve on the PEC:

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required Faculty #1</td>
</tr>
<tr>
<td></td>
<td>Required Faculty #2</td>
</tr>
<tr>
<td></td>
<td>Required Resident/Fellow</td>
</tr>
<tr>
<td></td>
<td>Optional others</td>
</tr>
</tbody>
</table>

Add lines as needed

The PEC participates actively in (Optional: Elaborate on any or all of the bullets below):

- Planning, developing, implementing, and evaluating educational activities of the program
- Reviewing and making recommendations for revision of competency-based curriculum goals and objectives
- Addressing areas of non-compliance with ACGME standards
- Reviewing the program annually using evaluations of faculty, residents, and others
- Actively ensuring a continual quality improvement process regarding program outcomes

The Program, through the PEC, documents formal, systematic evaluation of the curriculum ___________ (how frequently; must be at least annually) and renders a written and Annual Program Evaluation (APE).
The Program monitors and tracks each of the following areas (Optional: Consider elaborating on what is included in the review of each area):

1. Resident performance
2. Faculty development
3. Graduate performance
4. Program quality
   a. Includes resident and faculty annual written confidential evaluations of program
   b. Demonstrates how program uses results of above with other program evaluation results to improve the program
5. Progress on the previous year’s action plan(s)
6. (Optional additional areas: Such as ACGME accreditation standards and communications)

The PEC prepares a written plan of action, based on in-depth review of the APEI components, to formulate and document initiatives to improve performance in one or more of the areas listed above, including delineation of parameters to be measured and monitored. This is reviewed and approved by the teaching faculty, documented in meeting minutes, and … (Optional: Include any other steps that occur, such as sending it to GMEC)

Be sure to review Section V of your ACGME Program Requirements for other requirements. (Optional: Include additional description of the PEC’s role and/or APEI Process here.)

Program Evaluation Committee Structure

Many programs have elected to adopt, with little or no revision, the responsibilities as listed in the CPR. Other programs have built upon the CPR with details specific to the committee’s functions. The Psychiatry Residency Program at the University of Illinois, Urbana-Champaign (2016) expanded upon the reporting responsibilities of its PEC with the following language:

*The annual program evaluation will be conducted on or about April of each year, unless rescheduled for other programmatic reasons.*

*Approximately two months prior to the review date, the Program Director will:*

- Facilitate the Program Evaluation Committee’s process to establish and announce the date of the review meeting
- Identify an administrative coordinator to assist with organizing the data collection, review process, and report development
- Solicit written confidential evaluations from the entire faculty and resident body for consideration in the review (if not done previously for the academic year under review)

Another stipulation states that “Additional meetings may be scheduled, as needed, to continue to review data, discuss concerns and potential improvement opportunities, and to make recommendations. Written minutes will be taken of all meetings.”

Like many programs, this program also submits the evaluation for faculty and GMEC approval:

“The final report and action plan will be reviewed and approved by the program’s teaching faculty, and documented in faculty meeting minutes. A report will be provided to the GMEC, and discussed at a full meeting of the GMEC.”
Chapter 1

Whatever format you decide to use for your program, make sure to include, either word-for-word or paraphrased, the points listed in V.C.1.a).(3) and V.C.2. of the CPR (ACGME CPR, 2016), which are listed below.

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

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.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).
As mentioned earlier, consider using the written description as a recruitment tool for faculty if you are trying to attract new PEC members. Faculty who volunteer for assignments want to know the level of commitment required, and a clear description can be very helpful in guiding decisions. Include specifics about membership responsibilities mentioned earlier—terms of membership, attendance requirements, meeting frequency and length, even where the committee will meet if your institution is spread out among multiple locations.

Remember, you can always update the document. For example, if you find that quarterly PEC meetings just are not feasible for your committee but triannual meetings are, then change the written description to reflect this adjustment and note the date of the update in the document. As you hone the functions of the PEC, polish up its description as well!

Also, check the CPR to make sure that your written description reflects any ACGME requirements. The CPR change with some regularity, but programs are notified well in advance of pending changes through ACGME communications. The ACGME is making a concerted effort to extend the time between major revisions of the CPR. Major revisions go through a lengthy review process, with accompanying impact statements, and are well publicized. As long as you receive ACGME e-Communications, you will know when to check for CPR changes. If you are not receiving them, contact the ACGME at acgmecommunications@acgme.org and ask to be included on the email list.

Now that you have your PEC membership in place, Chapter 2 will help you work out the committee responsibilities.
The ACGME mandated the creation of program evaluation committees to evaluate all educational aspects of accredited residency programs through an annual program evaluation. Yet requirements for the program evaluation committee are broad and seemingly vague, making it difficult to put together a proper committee and evaluation. *The Program Evaluation Committee Handbook: From Annual Program Evaluation to Self-Study* will guide you through building an effective program evaluation committee, mastering the annual program evaluation process, and creating action plans to improve your program.

**This book will help you:**

- Launch an effective program evaluation committee
- Examine and complete the five areas of focus required by the ACGME
- Conduct the annual program evaluation
- Identify the strengths and weaknesses of your program and develop an action plan for improvement
- Understand the broad and loosely defined requirements for the program evaluation committee