



ANNUAL PROGRAM EVALUATION (APE) AND PROGRAM EVALUATION COMMITTEES (PEC)

The Program Director (PD) in each NCH GME, dental and other postgraduate education program overseen by GME will annually (academic year) evaluate the program and propose actions to improve.

Program Evaluation Committee (PEC)

The PD must appoint a Program Evaluation Committee (PEC). PEC members should have sufficient knowledge of and engagement in the program to provide meaningful input and feedback.

- PEC must be composed of at least two core faculty members and at least one program trainee (unless no trainees are currently enrolled in the program).
- Programs with multiple trainees are encouraged to have at least 2 trainees on the PEC.
- Additional faculty and other members may be invited to participate in the PEC.
- The Program Coordinator should participate in the PEC whenever possible.
A trainee must be present at every PEC meeting. If an active program does not have any trainees during the academic year, the PEC should meet without a trainee.

PDs and Associate PDs (APDs) may serve on the PEC. If the PD and APD(s) serve on PEC there must be at least 1 additional core faculty member.

The PEC conducts periodic overall program review to validate the program is meeting all standards and to continuously improve and the clinical learning environment in which trainees practice, learn, and conduct their academic activities.

The PEC utilizes a peer review process to analyze the overall program.

- Trainee and faculty evaluation data are important to the program evaluation. However, the PEC does not address individual trainee or faculty performance issues.
- In addition to the designated PEC members, the PEC are encouraged to engage other content experts such as the Designated Institutional Official (DIO), department/division/section leaders, medical education and/or quality improvement resources, and any others it deems necessary and appropriate.

The PEC advises and oversees the PD in:

1. Planning, developing, implementing, and evaluating educational activities of the program.
2. Reviewing competency-based curriculum goals and objectives.

3. Addressing areas of non-compliance with NCH GME policies and ACGME and/or other applicable accreditation standards, declining program performance, previous citations, and concerns raised by trainees.
4. Monitoring trainee recruitment and retention and graduate performance.
5. Tracking program performance over time to identify potential gaps and/or enhanced learning opportunities.

Annual Program Evaluation (APE)

The PD and the PEC must conduct a formal, systematic review of the overall program at least annually. Findings and recommendations must be documented in a written Annual Program Evaluation (APE). The PD in all active programs must submit an APE each year even if the program had no trainees during the academic year. The DIO must designate a program as inactive.

The PD and PEC utilizes information from sources listed below to develop the APE. The PEC is encouraged to analyze additional information needed.

- Aggregate trainee performance, including but not limited to Milestone and EPA assessments, case logs and in-training exams (if available).
- Aggregate faculty performance, including faculty development and scholarly activity
- Graduate performance, including performance of program graduates on the certification examination (if applicable).
- Program quality, including results of trainee and faculty confidential assessments of the program together with other program evaluations and surveys (e.g. trainee and faculty evaluations, ACGME/NCH Resident Survey, ACGME/NCH Faculty Survey).
- GME program outcomes measures as defined by GMEC
- Progress on previous years' Action Plans, GME Committee reviews, ACGME or other accreditation issues, and any concerns which impact the clinical learning environment for the trainees.

The APE must include an Action Plan. The Action Plan recommends interventions to improve performance and specifies how interventions will be measured (outcomes) and monitored (how often, who is responsible). The PD must document that the Action Plan is communicated to core teaching faculty and all trainees.

The PD assesses progress on the Action Plan and documents status of each intervention. If an intervention was successful and the PEC affirms that deficiency has been addressed, it should be so documented on the next year's Action Plan. Interventions which have not made sufficient progress may be revised or carried over as is to the next year's Action Plan. It is anticipated that not all deficiencies can be resolved within one year.

The PD must submit the completed APE (including Action Plan), approved by the PEC, to the GMEC no later than October 1 for the prior academic year. The GMEC reviews each APE utilizing the process outlined in the GMEC Program Review policy.

Approved by GME Committee: 5/8/2014; 12/20/2017