

**CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY**

RESIDENT/FELLOW PROGRAM EVALUATION COMMITTEE POLICY

Purpose

To establish guidelines for the creation and utilization of a Program Evaluation Committee (PEC) that will assist the Program Director in a quality and advisory capacity in the evaluation of performance of residents/fellows in the Conemaugh Memorial Medical Center (CMMC) resident/fellowship programs.

Applies To

All CMMC Graduate Medical Education training programs.

Policy

- A. All residency and fellowship programs will implement Program Evaluation Committees effective July 1, 2017 in accordance with ACGME requirements.
- B. Program Evaluation Committees will meet with a frequency that may exceed that required by the ACGME but not less than annually.
- C. Outcomes of the Program Evaluation Committee will be reported to ACGME at least annually or more frequently, as determined by ACGME, and will start reporting as determined by ACGME.
- D. The Program Evaluation Committee must document a formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a written Annual Program Evaluation (APE).

Procedure

- A. Each program will have a PEC with a structure that meets ACGME requirements:
 - 1. PEC are appointed by the program director and must include two faculty and at least one resident; program director may participate on the PEC
 - 2. Requirements for membership:
 - a. Must participate in planning, developing, implementing, and evaluating education activities of the program
 - b. Must participate in reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - c. Must participate in addressing areas of non-compliance with ACGME standards
 - d. Must participate in reviewing the program annually using evaluations of faculty, residents and others
- B. Function of the PEC
 - 1. Document formal, systematic evaluation of the curriculum at least annually
 - 2. Provide a written and Annual Program Evaluation (APE)
 - 3. Monitor and track each of the following areas:
 - a. Overall performance of housestaff (e.g., in-service exam results, procedure logs, summary evaluations of housestaff)
 - b. Faculty development (e.g., CME activities, activities directed toward improving teaching abilities and professionalism)

**CONEMAUGH MEMORIAL MEDICAL CENTER
GRADUATE MEDICAL EDUCATION POLICY**

- c. Graduate performance (e.g., certification examination results, survey of graduates)
 - d. Confidential, written housestaff evaluation of the Program (e.g., ACGME Resident Survey, housestaff survey, housestaff evaluation of rotations)
 - e. Confidential, written faculty evaluation of the Program (e.g., Faculty Survey)
 - f. The previous year's improvement action plan to evaluate whether the identified improvements were achieved.
4. Based on the review and evaluation, the PEC shall prepare a written improvement plan of action for the Program including how each area of improvement will be measured and monitored
 5. The PEC must maintain written meeting minutes. These minutes must include the written improvement plan of action for the upcoming year. The minutes must be submitted to the Designated Institutional Official (DIO) and Medical Director.
 6. The improvement plan of action must be presented to and approved by the Program's faculty.

References

CR: V.C. (Program Evaluations and Improvements)

GMEC Revised: 1/2016, 7/1/2017, 3/2018

GMEC Reviewed: 8/2013

Approved: 9/19/2013