

PROGRAM AND FACULTY EVALUATION

Resident Evaluation of Program and Faculty

Residents must be given the opportunity to evaluate their program and teaching faculty at least once a year. This evaluation must be anonymous, confidential, and in writing. Online evaluations using New Innovations can provide anonymity and confidentiality for the resident. In the case of small or one-person fellowships, the evaluations may be collated with the core program to ensure confidentiality. The results of residents' assessments will be included in the annual program evaluation.

Program Director Evaluation of Faculty

The program must have a process to evaluate each faculty member's performance as it relates to the education program at least annually. This evaluation must include a review of the faculty member's clinical teaching abilities, engagement with the educational program, participation in faculty development related to their skills as an educator, clinical performance, professionalism, and scholarly activities. The program director must provide feedback to the faculty based on evaluation data and approve continued participation of faculty in the educational program.

Faculty Evaluation of Program

Faculty must have the opportunity to annually evaluate the program confidentially and in writing. The results will be included in the annual program evaluation.

Annual Program Evaluation

Each ACGME-accredited residency program will establish a Program Evaluation Committee (PEC) to participate in the development of the program's curriculum and related learning activities, and to annually evaluate the program to assess the effectiveness of that curriculum, and to identify actions needed to foster continued program improvement and correction of areas of non-compliance with ACGME standards.

A) Procedure

- 1) The Program Director will appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process.
- 2) The PEC will be composed of at least 2 members of the residency program's faculty, at least one of whom is a core faculty member, and include at least one resident (unless there are no residents enrolled in the program). The PEC will function in accordance with the written description of its responsibilities, as specified in item 3, below.
- 3) The PEC's responsibilities include:
 - a. Acting as an advisor to the program director, through program oversight.
 - b. Review of the program's self-determined goals and progress toward meeting them.
 - c. Guiding ongoing program improvement, including development of new goals, based upon outcomes.
 - d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

- 4) The PEC should consider the following elements in its assessment of the program:
 - a. Curriculum;
 - b. Outcomes from prior Annual Program Evaluations;
 - c. ACGME letters of notification, including citations, areas for improvement, and comments;
 - d. Quality and safety of patient care;
 - e. Aggregate resident and faculty:
 - i. Well-being;
 - ii. Recruitment and retention;
 - iii. Workforce diversity;
 - iv. Engagement in quality improvement and patient safety;
 - v. Scholarly activity;
 - vi. ACGME Resident and Faculty Surveys; and,
 - vii. Written evaluations of the program.
 - f. Aggregate resident:
 - i. Achievement of the Milestones;
 - ii. In-training examinations (where applicable);
 - iii. Board pass and certification rates; and,
 - iv. Graduate performance.
 - g. Aggregate faculty:
 - i. Evaluation; and,
 - ii. Professional development
- 5) The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats.

A copy of the annual program evaluation must be sent to the DIO. If deficiencies are identified, the written plan for improvement should be distributed and discussed with teaching faculty and residents.