MCHJ-CLE-G *(insert your department code)*   *(insert date of meeting)* 30 June 2013

MEMORANDUM FOR Director, Medical Education, Madigan Healthcare System, Tacoma, Washington 98431

SUBJECT: Residency Annual Program Evaluation and Improvement Minutes

1. The _____ Residency Program Education Committee met on 01 June 2013 at 1300 hours in the _____ Conference Room. Dr. _____ *(program director)* presided over the meeting.

2. ATTENDANCE: *(List all those in attendance)*

Program Director: _____
Assistant Director: _____
Program Coordinator: _____
Core Faculty: _____
Faculty Members: _____
Resident Representatives: _____

3. <u>PROGRAM OVERVIEW</u>

    a. <u>Program accreditation</u>: Give a brief narrative about your program. Include the last site visit date, accreditation status, date of last or upcoming internal review, and date of upcoming site visit.

(Example: The Transitional Year Program is a one year ACGME accredited program designed to create competent, licensed physicians to go out as General Medical Officers (GMO) or to meet the pre-requisite requirements for categorical programs. The program is currently accredited for 5 years which was effective 6 May 2009 with the next site visit in May 2014. The program completed its internal review on 18 Oct 2011 and was found to be in substantial compliance with program requirements.)

    b. <u>Curriculum</u>: Give a brief overview of the program's curriculum.

(Example: The one year program consists of 13 rotations with nine being required and four electives. The current curriculum meets clinical-based year requirements for categorical programs which require a TY year. Anesthesia pre-selects are required to choose two inpatient electives to be incompliance with anesthesia RRC guidance to meet the expected number of inpatient rotations. The educational curriculum includes a variety of projects, simulation, and rotations. See slide set for details regarding the curriculum.)

Quality Assurance Document pursuant to 10 USC § 1102 and Army Regulation 40-68.

MCHJ-CLE-G
SUBJECT: _____Residency Annual Program Evaluation and Improvement Minutes

    c. Toolbox of assessment methods: Give a brief statement regarding assessment methods in your program and refer to slide set for details.

(Example: The program evaluates residents using objective assessments of competence in each of the six ACGME core competencies by multiple evaluators. Residents are provided with documented semiannual evaluations of their performance with feedback. All evaluations of performance are accessible for review by the resident. See slide set for the toolbox of assessment methods.)

    d. Program compliance: Use this section to document any common or specialty specific requirements that may not be documented elsewhere. Examples may include resident duty hour compliance, fatigue and sleep deprivation education, etc.

(Example: Accreditation letters for sponsoring programs (IM and OB) were reviewed and areas of non-compliance were monitored (Encl 1). All residents and faculty have attended one of the impaired physician lectures offered this year. This lecture educates physicians on work hour rules and how to recognize the signs of fatigue and sleep deprivation. It also outlines policies to prevent and counteract potential negative effects on patient care and learning.)

4. RESIDENCE PERFORMANCE – Use this section to discuss the results of resident assessments. In-training exam results and resident presentations/publications are examples of resident performance data. Also include any objective assessments you use to evaluate residents such as simulation.

    a. In-training examination results: Give an overview of average scores by resident year. Refer to an enclosure for score specifics.

    b. Resident presentations and publications: Give an overview of the number of presentations and publications over the last year. Refer to an enclosure that lists resident scholarly projects.

    c. Simulation assessments: Give an overview of resident performance on objective simulation evaluations if used in the program.

    d. Procedures and surgical cases: Give an overview surgical case logs or procedures. Refer to an enclosure that lists resident numbers.

    e. Attainment of milestones: Once milestones are implemented, give an overview of how many residents are achieving the specialty-specific milestones. May refer to an enclosure.

MCHJ-CLE-G
SUBJECT: _____ Residency Annual Program Evaluation and Improvement Minutes

(Example: a. CASPE and Milestones – Educational milestones and the role they will play in future accreditation were discussed. Initial CASPE results from the incoming class were reviewed. The CASPE is a tool that was developed to assess attainment of milestones. CASPE results from the incoming class were reviewed to show the various stages of resident competency development (Encl 1).)

5. FACULTY DEVELOPMENT – Faculty must participate in faculty development, and it must be monitored and recorded. You can collect this information by annual review of updated CVs or by a separate survey. Use this section to show that your faculty are participating in both CME-type activities directed toward acquisition of clinical knowledge AND activities directed toward development teaching abilities, professionalism, and abilities for incorporating PBLI and SBP into practice and teaching. These can include both didactics (conferences, journal clubs, CME events) and experiential (workshops, QI projects, practice-improvement self study). This is also a good section to track the scholarly activity of your faculty so you can do your ADS update for the ACGME.

    a. Faculty scholarly activity:

(Example: Faculty members each completed a form showing their involvement in scholarly activity over the academic year. Pub Med ID numbers, conference presentations, book chapters, research, and local presentations are listed in Encl 2 and were updated on the AGME ADS website.

    b. Faculty specialty-specific CME activities:

(Example: Faculty Development Survey – Results from the program's faculty development survey were reviewed and well above average. Likert averages for each of the questions averaged between 3.3 – 4.4 on a 5 point scale. Faculty devote an average of 21.5 hours to resident education each week (Encl 1).

    c. Faculty teaching development CME activities:

(Example: Teaching development CME – Faculty members had adequate CME pertaining to teaching skills (Encl 1).)

6. GRADUATE PERFORMANCE – Use this section to report on the performance of your graduates. At a minimum, it should include results from board certification examinations and the results of annual graduate surveys.

    a. Board certification examination results: Include board results from prior graduates. Refer to an enclosure/spreadsheet that tracks pass rates for prior graduates.

MCHJ-CLE-G
SUBJECT: Residency Annual Program Evaluation and Improvement Minutes

 b. Graduate survey results: Surveys must be sent out prior the annual curriculum review meeting so results can be reviewed. Surveys should target those graduates who are **one** and **five** years out from the program. Questions should inquire about such items as current professional activities of graduates and perceptions on how well prepared they are as a result of the program. There are free online survey tools that make this process very easy and paperless. The GME office can give further assistance and guidance if needed.

(Example: Graduate survey results – There was an 89% response rate to the graduate survey. Survey results were reviewed by competency and overall comments. The survey responses were very favorable with few suggestions for program improvement (Encl 1).)

7. PROGRAM QUALITY – This section must include resident and faculty confidential written evaluations of the program, resident evaluations of rotations/learning assignments, and resident evaluations of faculty. MyEvaluations is a great tool to gather this data and to make sure it is anonymous. Remember, current resident evaluations of faculty, rotations, and the overall program must be **ANONYMOUS**. This can be done in MyEvaluations- assistance from the GME office on how to do this can be provided if needed. Would also comment that you gave this feedback to individual rotations and faculty so they can improve. Recommend only providing feedback if 3 or more residents did an anonymous evaluation for a faculty or rotation. Providing feedback from the only resident who did the rotation all year is not anonymous and your ACGME resident survey will take a hit.

 a. Resident evaluation of faculty:

 b. Resident evaluation of rotations:

 c. Resident evaluation of program:

 d. Faculty evaluation of program:

 e. ACGME resident survey results:

 f. ACGME faculty survey results:

(Example: a. Resident evaluation of faculty – 144 evaluations were completed on faculty. Average Likert scores were very good with a range of 4.38 – 4.62 on a 5 point scale on each of the questions. There were no concerning comments regarding any faculty members. Individual faculty evaluation scores were shared with those who received 3 or more anonymous evaluations. Evaluations were placed on the secure SharePoint site for members to review prior to the meeting. A summary of the evaluations is included on the slide set (Encl 1).

b. Resident evaluation of rotations – The vast majority of the residents answered "yes" to key questions of the survey (Encl 1). Areas to improve include: …   A summary of evaluations was sent to all rotations who received 3 or more anonymous evaluations. These were placed on the secure SharePoint site for members to review prior to the meeting.

c. Resident evaluation of program – All residents answered "yes" to key questions on the overall program survey. Input from the residents includes: …

d. Faculty evaluation of program – All faculty answered "yes" to key questions of the overall program survey. Input from the faculty includes: … (Encl 1).)

8. FACULTY ACTION PLAN TO IMPROVE PROGRAM – The program overview, resident performance, faculty development, graduate performance, and program quality data outlined in this meeting were discussed in detail. Key items to focus change for the upcoming academic year are outlined below along with the name of the faculty member leading the change. The progress of these items will be monitored at future educational committee meetings.

   a. Resident Performance

      (1) If applicable, list something that the program can improve based on **resident performance** data. Assign a faculty member to lead the project with a deadline to report back to the committee. Make sure future education committee minutes reflect that you followed-up on this assignment.

(Example: The committee felt that improving resident in-training examination scores is necessary. Dr. X will work on a proposal to implement a resident board review curriculum for the program. He will present this proposal in 3 months at our clinical competency committee meeting.)

   b. Faculty Development

      (1) If applicable, list something that the program can improve based on **faculty development** data. Assign a faculty member to lead the project with a deadline to report back to the committee. Make sure future education committee minutes reflect that you follow-up up on this assignment.

(Example: Many faculty did not meet the minimum requirement for scholarly activity involvement this academic year.   Dr. Y will work on a proposal to improve involvement in scholarly activity and present his proposal in 3 months at our clinical competency committee meeting.)

MCHJ-CLE-G
SUBJECT: _____Residency Annual Program Evaluation and Improvement Minutes

    c. Graduate Performance

      (1) If applicable, list something that the program can improve based on **graduate performance** data. Assign a faculty member to lead the project with a deadline to report back to the committee. Make sure future education committee minutes reflect that you follow-up up on this assignment.

(Example: Based on graduate survey results, our graduates felt underprepared for the military aspects of medicine once they graduated.   Dr. Z will work on a proposal to create a more robust military medicine curriculum within the resident program and present this proposal in 3 months at our clinical competency committee meeting.)

    d. Program Quality

      (1) If applicable, list something that the program can improve based on **program quality** data. Assign a faculty member to lead the project with a deadline to report back to the committee. Make sure future education committee minutes reflect that you follow-up up on this assignment.

(Example: Based on anonymous feedback from the residents, the rotation X is lacking planned educational activities. Dr. V will work with the rotation supervisor to establish a lecture curriculum for residents while they are on the rotation. She will provide feedback at our next clinical competency committee meeting in 3 months.)

9. RAW DATA FOR PROGRAM EVALUATION: These Annual Curriculum Review minutes provide a summary of specific data obtained for the purposes of program improvement. All education committee members were able to view specific raw data on rotation, faculty, and program evaluations prior to the meeting. This abundant amount of specific data is on file electronically. For the purpose of these meeting minutes, only the comprehensive slide set handout is being used as an enclosure (Encl 1).

10. ADJOURNMENT: The meeting adjourned at _____ hours.

                        JOHN E. DIRECTOR
                        LTC, MC
                        Director, _____ Program

MCHJ-CLE-G
SUBJECT: _____ Residency Annual Program Evaluation and Improvement Minutes

APPROVED/DISAPPROVED

STEPHEN M. SALERNO
COL, MC
Director, Medical Education