

## PROCEDURE GME 28

**Subject:** ANNUAL INSTITUTIONAL REVIEW

**Effective Date:**  
JANUARY 2014

**Applies to:**  
THE METHODIST HOSPITAL SYSTEM—GME

**Date Revised:**

**Originating Area:**  
GRADUATE MEDICAL EDUCATION COMMITTEE

**Target Review Date:**  
JANUARY 2016

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### **I. GENERAL STATEMENT**

The Accreditation Council for Graduate Medical Education (ACGME) has described its expectations for each ACGME-accredited Program's evaluation in the Next Accreditation System. These expectations include specific guidelines for a Program to conduct a Program Evaluation by a Program Evaluation Committee (PEC), to prepare a written Annual Program Evaluation (APE), and to develop a written plan of action for documenting initiatives to improve deficiencies.

Each Program's APE is critical to the Graduate Medical Education Committee (GMEC) in its role to provide oversight for the quality of educational experiences in each ACGME-accredited Program and to conduct an Annual Institutional Review (AIR). The AIR must identify institutional performance indicators and monitoring procedures for action plans to improve or correct any deficiencies. These data inform the written annual executive summary of the AIR to the Board of Directors by the Designated Institutional Official (DIO).

This procedure describes each Program's responsibility for Program evaluation, the DIO and GME Office's responsibility for Program and Institutional Review, and the GMEC's responsibility for the AIR and Annual Report.

### **II. DESCRIPTION OF ANNUAL REVIEW OF ACGME-ACCREDITED PROGRAMS**

#### **A. Program Responsibilities for Annual Program Review and Evaluation**

1. The Annual Program Review (APR) is part of the self-study process by which a Program improves its performance in each successive year. This process culminates in the self-study preparation and visit (Exhibit 1).
2. The Program Director must appoint a PEC composed of at least of two Program Faculty members and should include at least one Resident.
3. The PEC should participate actively in: 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; and reviewing the Program annually using evaluations of Faculty, Residents, and others.
4. The Program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written APE.

5. The PEC must document formal, systematic evaluation of the curriculum at least annually and render a full, written Annual Program Evaluation (APE) and written plan of action using the GMEC template (Exhibit 2). This action plan must document initiatives to improve performance in any areas identified as deficient and the monitoring process to determine improvement and must be:
  - a. Reviewed and approved by the teaching Faculty
  - b. Documented in meeting minutes
  - c. Forwarded to the GME Office no later than 1 October of each academic year
6. Specifically, the APE and Written Plan of Action for Improvement must demonstrate the Program's monitoring and tracking of:
  - a. Resident performance
  - b. Faculty Development
  - c. Graduate performance, including performance of Program graduates on the certification examination(s) and board pass rates
  - d. Program quality
  - e. Program progress on deficiencies identified in the previous year's APE and action plan(s)

**B. Responsibilities of the DIO and GME Office**

1. The DIO must review all updates to WebADs and will endorse the Program's submission when all corrections have been made to ensure accuracy of data.
2. The Institutional Coordinator will verify the accuracy of information in WebADs on Participating Sites and Residents and Fellows in the Program, including current Residents, graduates, Transfers, and Residents dismissed or withdrawn.
3. At least annually, the Institutional Coordinator and selected GME Staff or Program Coordinators will conduct reviews of each Program's training records to include:
  - a. At least one current Resident
  - b. A current or past Resident with Educational Commission for Foreign Medical Graduates (ECFMG) certification
  - c. A recent Program graduate
  - d. All Transfer Residents

**C. GMEC Responsibilities for Annual Institutional Review**

1. The GMEC must identify institutional performance indicators for the AIR. This will include review of:
  - a. Results of the most recent institutional site, self-study, or CLER visits
  - b. Results of ACGME surveys of Residents/fellows and core Faculty with comparison to national norms, if available, as soon as possible after their release
  - c. Notification of ACGME-accredited Programs' accreditation statuses and self-study visits
  - d. Results of the GME-administered Annual Survey of Residents' and Fellows' Educational and Clinical Experiences and the Annual Faculty Survey; this review will be the primary agenda item for at least one GMEC meeting
2. The GMEC must demonstrate oversight of:
  - a. the Sponsoring Institution's accreditation

- b. The quality of the GME learning and working environment within the Sponsoring institution, its ACGME-accredited Programs, and its participating sites
  - c. The quality of educational experiences in each ACGME-accredited Program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements and Milestones
  - d. Programs' annual evaluation and improvement activities
3. GMEC oversight will be accomplished by review of many items, including but not limited to: ACGME correspondence, progress reports to ACGME, changes in ACGME Common and Program Requirements, and board pass rates.
  4. The GMEC will determine progress of the Institution toward achieving goals established from the previous year.
  5. The GMEC will review the Annual Report prepared by the DIO at a GMEC meeting to provide feedback before its presentation to the Methodist Hospital System Board of Directors.
  6. As part of the continuous process to improve educational performance, the GMEC will conduct Special Reviews of underperforming Programs through its established protocol (see Procedure 20).
  7. If no Internal Review or Special Review has been indicated by the GMEC previously, a modified Internal Review will be held at least every 5 years for each ACGME-accredited Program or at the midpoint of the Self-Study Site Visit cycle. The DIO will determine the materials to be reviewed by the Internal Review Panel (see Procedure 20).

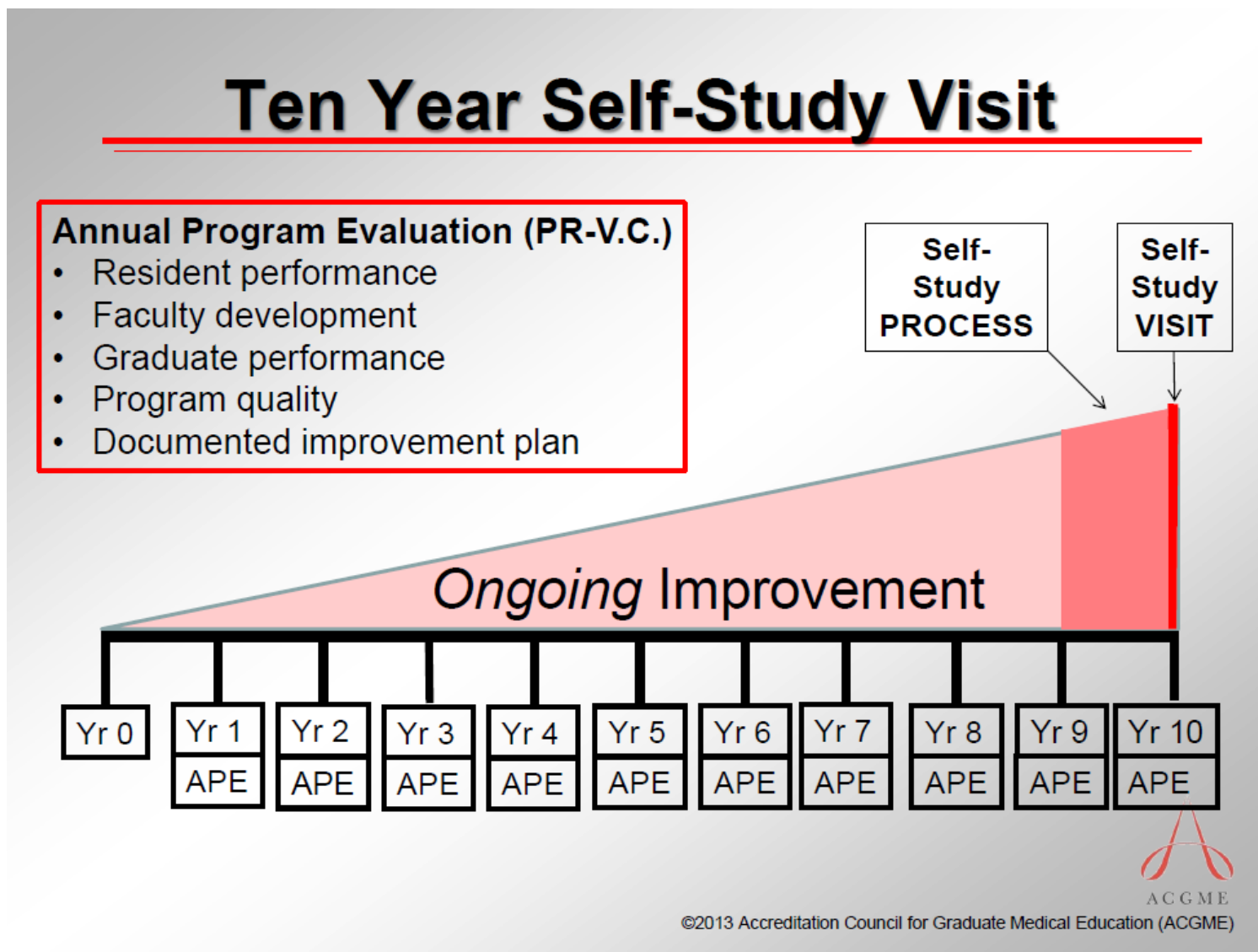
### **III. COMMITTEE REVIEWING OR APPROVING PROCEDURE:**

1. Graduate Medical Education Committee [9 January 2014]

#### AUTHORITATIVE REFERENCES:

Accreditation Council for Graduate Medical Education Common Program Requirements for Annual Program Evaluation (V.C.2-4) and Institutional Program Requirements for GMEC Responsibilities (I.B.4.a).(1)-(4)) and Annual Institutional Review (I.B.5.)

Exhibit 1. Annual Program Evaluation as part of Ten Year Self-Study Visit



### Exhibit 3. Documentation of Annual Review of Program

The \_\_\_\_\_ program met on (date)\_\_\_\_\_ to evaluate its effectiveness in reaching its educational goals and objectives and achieving competences in resident performance. At least one resident or fellow attended. Meeting minutes document the agenda and the attendance. The members of the Program Evaluation Committee were:

1. (Faculty)
2. (faculty)
3. (Resident)
4. Others as appointed

(Yes/No) This program Evaluation Committee met, even where there was no resident enrolled in the program, to evaluate and review the program.

#### **Faculty Evaluation, and Program Evaluation and Improvement**

##### **a) Resident performance using aggregated resident data**

<p><u>The following resident assessment tools were used in the past year:</u></p> <p><u>Resident presentations/publications in the past year: (list may be attached)</u></p> <p><u>Resident performance concerns (specific):</u></p> <p><u>Resident representatives to department and institutional committees:</u></p> <p><u>Effect of the presence of other learners on resident performance:</u></p>
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##### **b) Faculty development**

*(Review of the teaching faculty identified the following areas for possible educational improvement of themselves; comment on the faculty development courses in which faculty participated)*

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##### **c) Graduate performance**

*(Board pass rates, fellowship placement, post-graduation surveys, etc.)*

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**Exhibit 3. Documentation of Annual Review of Program**

**d) Program quality**

*(Results of GME and ACGME annual resident and faculty surveys)*

Areas for improvement include:

**e) Faculty performance**

*(Results of resident evaluations and other assessments)*

Clinical teaching abilities (areas of concern or improvement are listed):

Education commitment (weaknesses or concerns are listed):

Clinical knowledge (weaknesses or concerns are listed):

Professionalism (areas of concern are listed):

Scholarly activities (areas of concern, weakness, or improvement are listed):

Resident evaluations of faculty and rotations (areas for improvement or concern are listed):

**Progress on the Previous Year's Action Plan(s)**

*(Describe the findings of last year's action plan and the areas identified for improvement; did these areas improve or are they still concerns, etc.)*

**Overall Assessment of the Curriculum and Its Effectiveness**

*(Describe how the curriculum was reviewed and rotations were reviewed; are changes necessary to improve the knowledge and development of residents? Do faculty need additional training to provide appropriate instruction and supervision?)*

**Exhibit 3. Documentation of Annual Review of Program**

**Overall Assessment of the Educational Program**

*(Based on the above, the following assessment is made; be specific)*

**Action Plan**

*(Include specific details, implementation dates for steps or procedures to address identified deficiencies)*

The above Action Plan was reviewed and approved by the teaching faculty and was documented in meeting minutes.

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Signed

Date

Program Director

The above Action Plan was discussed by the Program Director with the DIO.

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Signed

Date

Designated Institutional Official