Program Evaluation Committee: Tips for Success

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Tip 1: Know your PEC requirements

Accreditation Council for Graduate Medical Education

V.C.1.a) The Program Evaluation Committee:

http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012015.pdf

Common Program Requirements Currently in Effect

Common Program Requirements

Tip 1: Know your PEC requirements

- Written description of composition and function
- Charge of the PEC:
  - Planning, developing, implementing, and evaluating educational activities
  - Recommend revision of competency-based curriculum goals and objectives

Tip 1: Know your PEC requirements

- Charge of the PEC:
  - Address non-compliance with ACGME
  - Review the program annually using data
  - Document formal, systematic evaluation of the curriculum at least annually

Tip 1: Know your PEC requirements

- Charge of the PEC:
  - Render a written, annual program evaluation. (Core)
  - Monitor and track resident performance; faculty development; graduate performance, certification examination; program quality

Tip 1: Know your PEC requirements

- Charge of the PEC:
  - Use results of residents' and faculty members' assessments of the program together with other program evaluation results to improve the program
  - Monitor progress on the previous year's action plan(s)

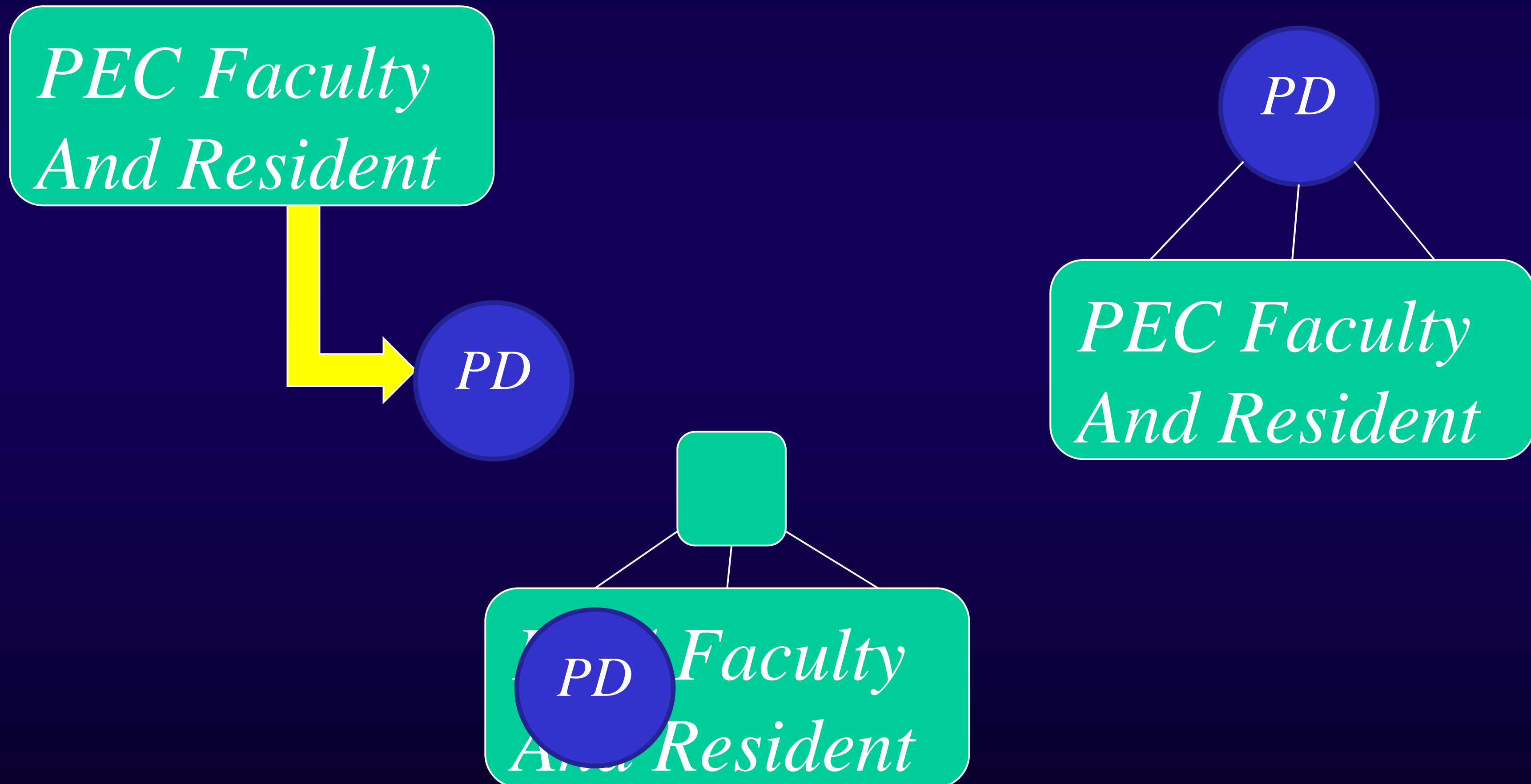
Tip 1: Know your PEC requirements

- Charge of the PEC:
  - improve performance and delineate how performance metrics will be measured and monitored.
  - Review and approve action plans and document these in meeting minutes.

TIP 2: Define Your PEC Purposefully and Thoughtfully

Must be composed of at least 2 program faculty members and one resident

TIP 3: Determine the role of Program Director on your PEC



TIP 4: Select and Assemble the Data to Best Inform the PEC

- ACGME Resident Survey
- ACGME Faculty Survey
- Faculty Performance Radar Plot
- Resident Milestone Progression Data
- Previous Year Curriculum Summary
- ITE Performance: Percentile Ranks
- Modified Cruz Index
- Delta Charts / Delta Tables
- AIMS?

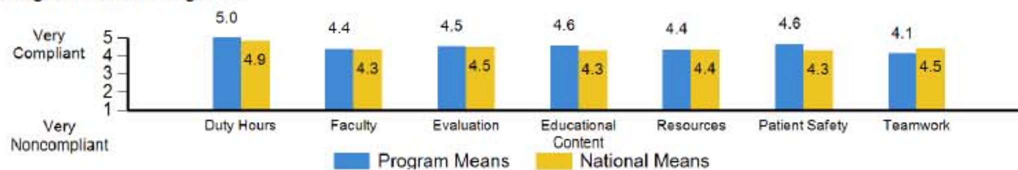
2012-2013 ACGME Resident Survey - page 1

0805622131 Marshfield Clinic-St Joseph's Hospital Program - Dermatology

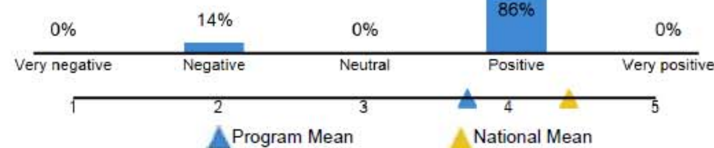
Survey taken: January 2013 - February 2013

Residents Surveyed 7
Residents Responded 7
Response Rate 100%

Program Means at-a-glance



Residents' overall evaluation of the program



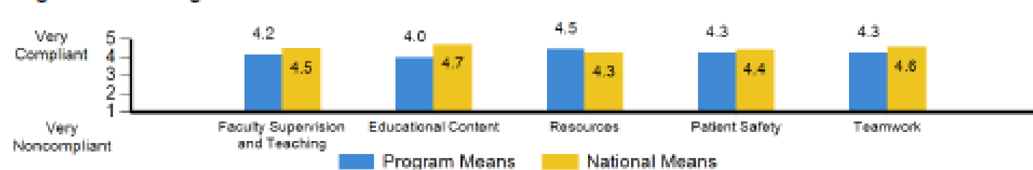
2013-2014 ACGME Faculty Survey - page 1

0805622131 Marshfield Clinic-St Joseph's Hospital Program - Dermatology

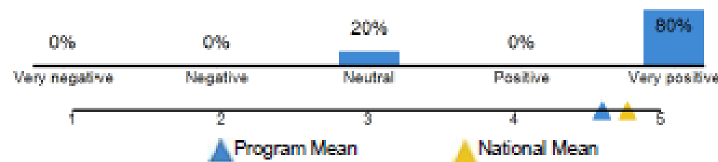
Survey taken: January 2014 - February 2014

Faculty Surveyed 8
Faculty Responded 5
Response Rate 63%

Program Means at-a-glance

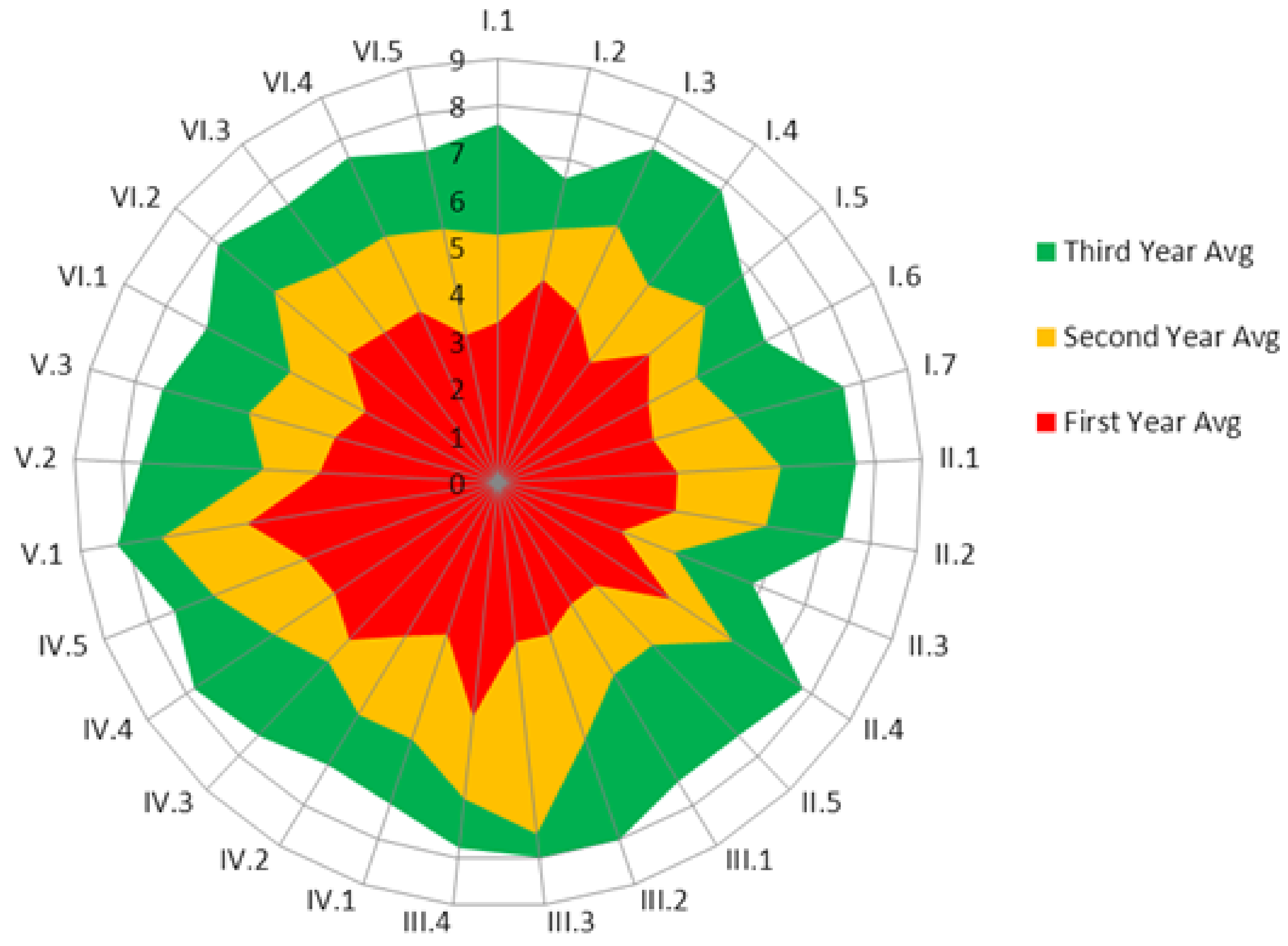


Faculty's overall evaluation of the program



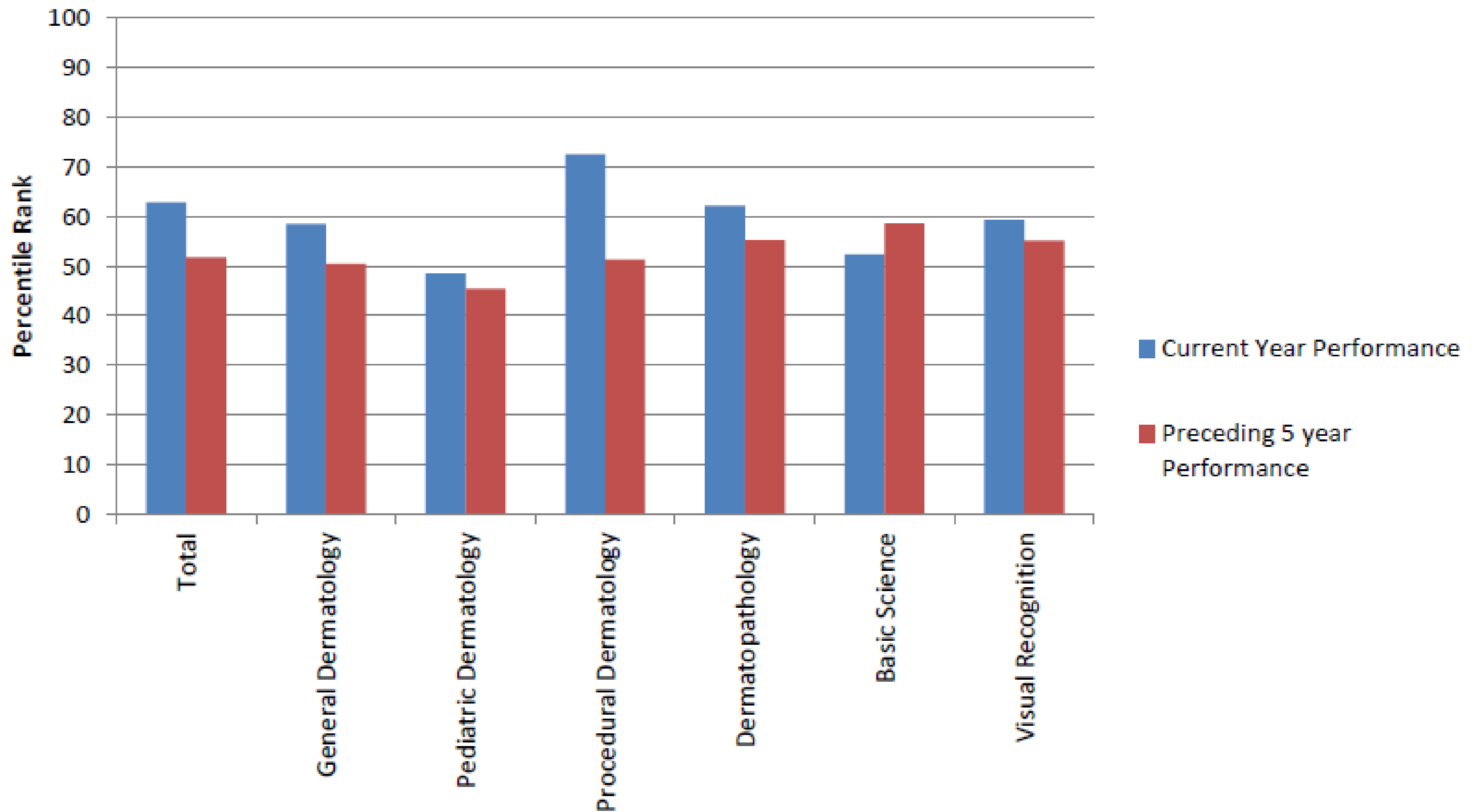
Percent CPD working with learners past year
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Completed Program Evaluation
Percent of "At or Above" requested Didactics/Lectures/Labs/Workshops
Percent of Assigned Resident Evaluations Completed
Percent of Direct Observation Assessments Completed
Percent Max Scholarly Activity Points
Percent Max Faculty Development Attendance (Max determined by PD)
Participated in Department Quality Improvement Activity
Clinical Role Model Score
Professional Mentor Score
Clinical Supervisor Score
Instructor Score
Evaluator Score

Average Dermatology Residency Milestone Performance by Year in Training: Marshfield Clinic Cumulative

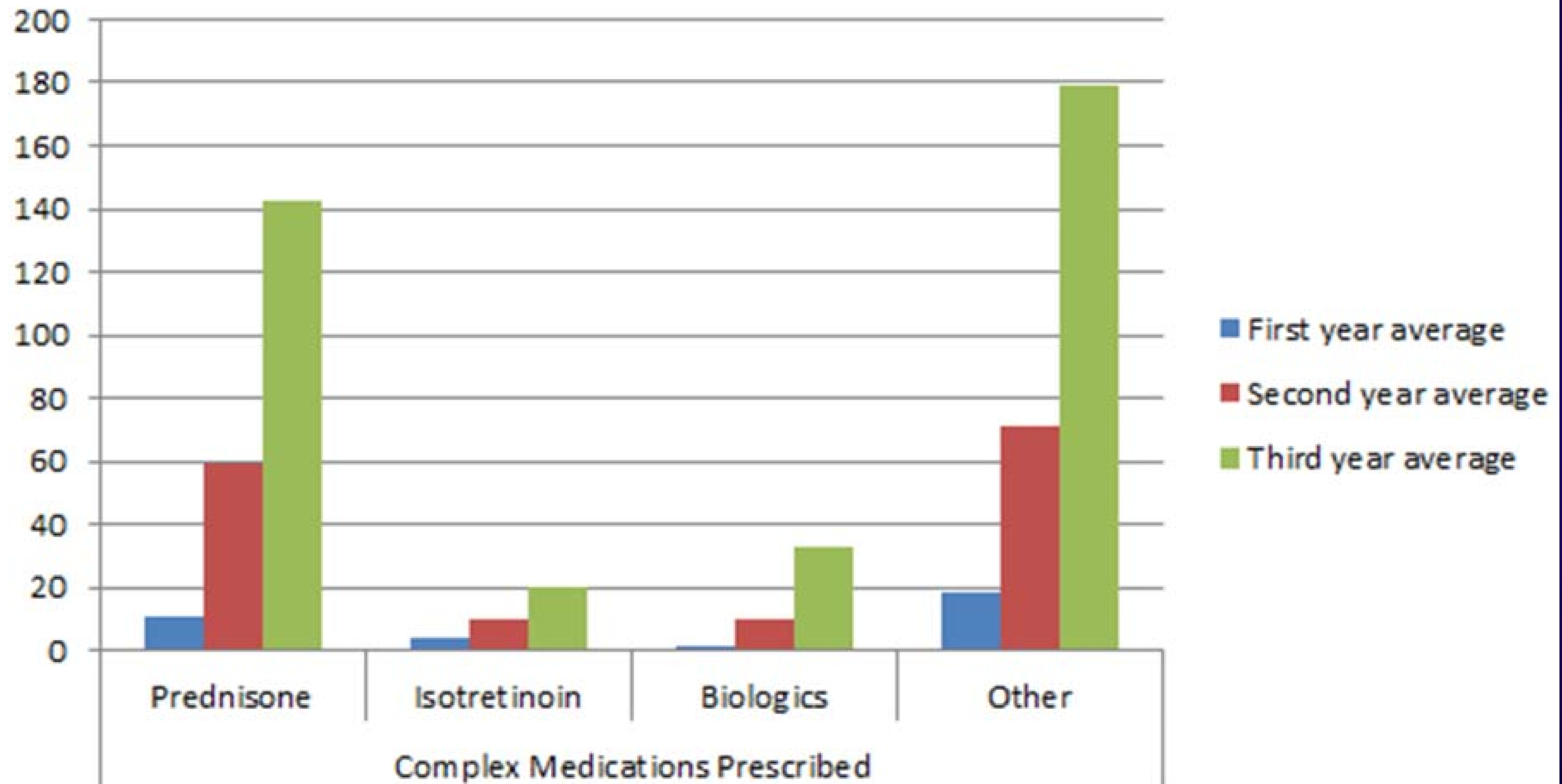


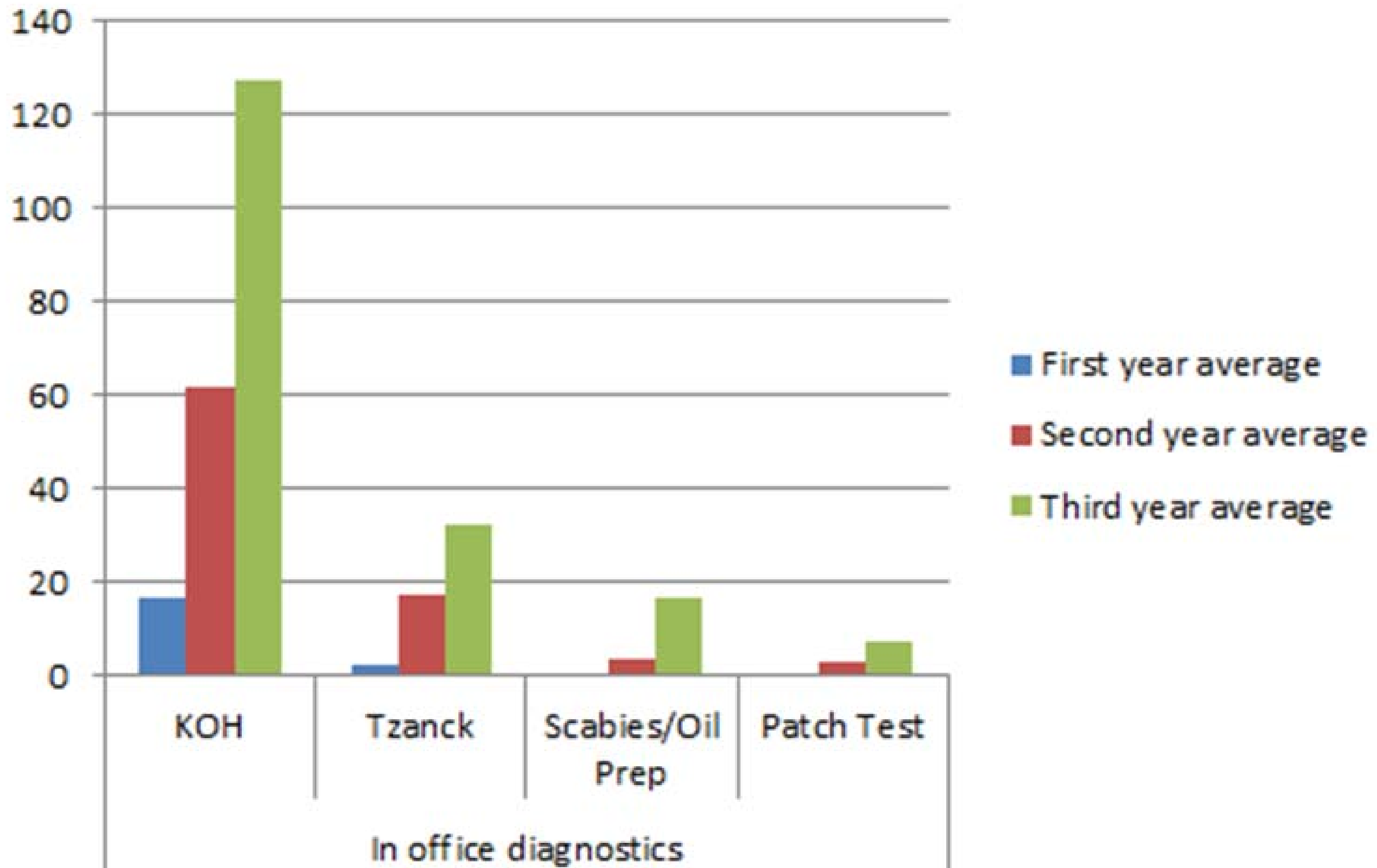
CONFERENCE TYPE	Sum of Hrs
Dermpath Unknown	80.5
Derm Medical Knowledge Core Faculty Lectures	68.75
CPC Dermpath	51
Board Review	40.5
Derm Topic Oriented Conferences	38.5
LEVER Textbook Review	38
Dermatology Grand Rounds	29.75
DICC	28.25
Dermatology Surgery Core	25
Conundrum Conference	18.5
Journal Club	18.5
Program Quality Meeting	13
Dermatology Quality Improvement	8
Resident Journal Club	5.25
Derm Cosmetics Core Conference	5
Other	2.25
Basic Science Didactics	2
Techniques Workshop	1.5
Derm Peds Core	1
Resident Case Presentation	1
Chief Resident Conference	0.75
Grand Total	477

Sum of Hrs Teaching in Conference	**Hours**
Stratman, Erik	86.5
Miech, Donald	79.5
Kim, Seung (David)	26
Cutlan, Jonathan	25
Gordon, Ellen	16.25
Patten, Stella	6.5
Melski, John	6.25
McIntee, Thomas	6
Smith, Ann	6
Carley, Alexandra	2
Green, Clayton	2
Grand Total	262
AVERAGE	**23.8**
MEDIAN	**6.5**



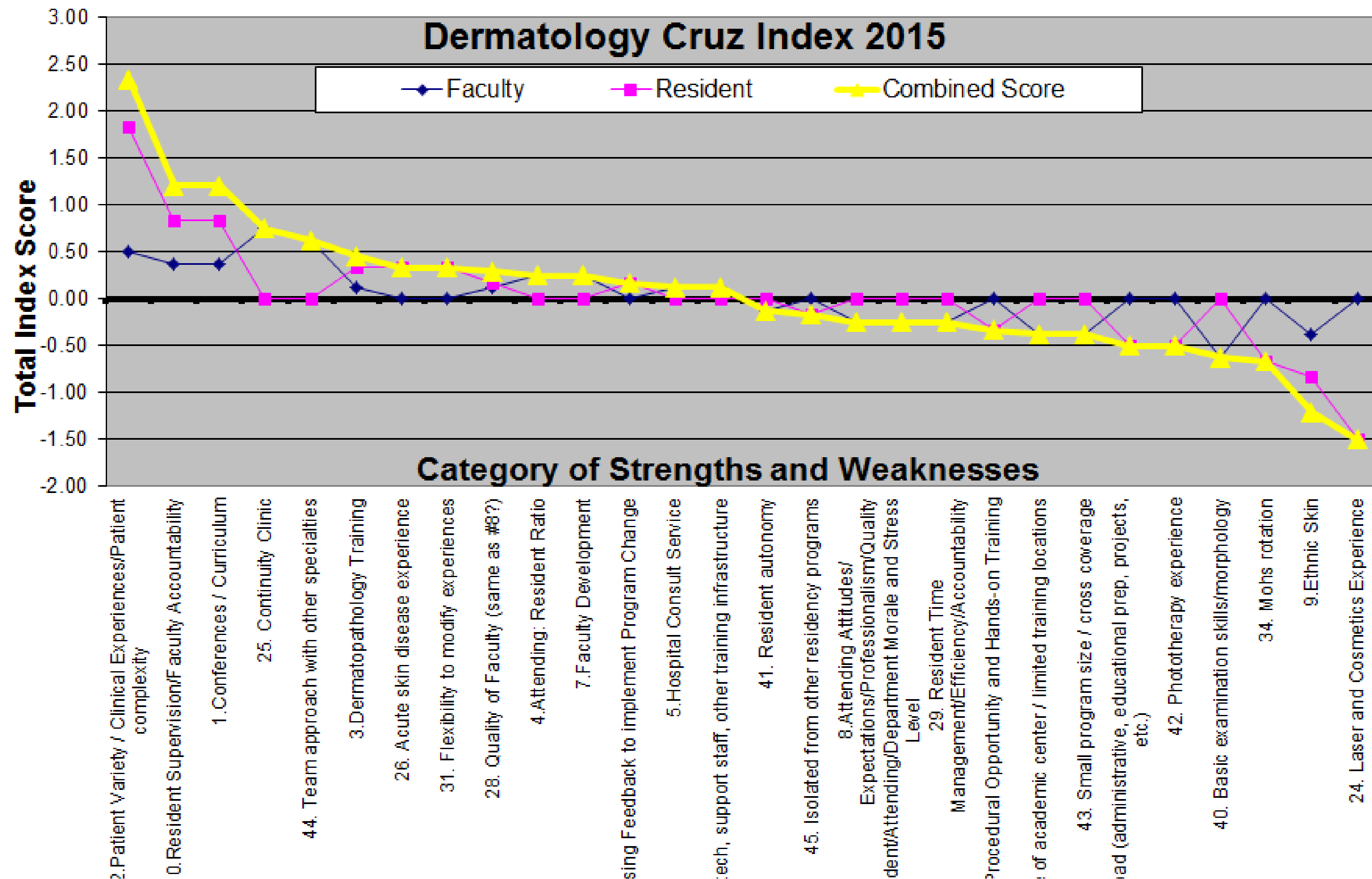
In-Training Exam Percentile Rank
by Year in Training for All Residents: Marshfield Clinic
Dermatology
Percentile Rank
100
90
80
70
60
50
40
30
20
10
0
Total
General Dermatology
Pediatric Dermatology
Procedural Dermatology
Dermatopathology
Basic Science
Visual Recognition
Current Year Performance
Preceding 5 year Performance

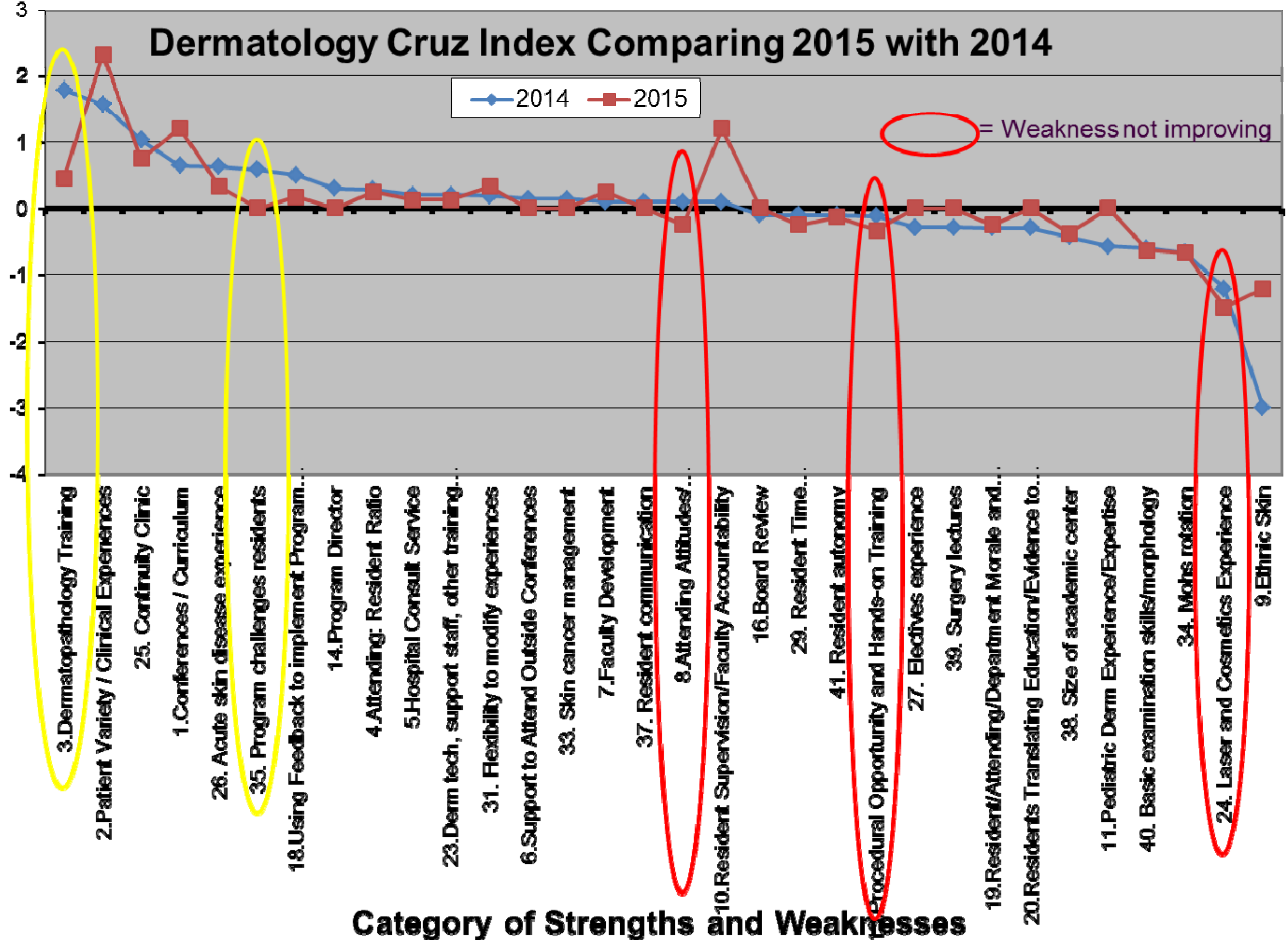

Complex Medications Prescribed by Resident
(total prescription management events)
200
180
160
140
120
100
80
60
40
20
0
Prednisone
Isotretinoin
Biologics
Other
Complex Medications Prescribed
First year average
Second year average
Third year average


In Office Diagnostics Attributed to Residents
140
120
100
80
60
40
20
0
KOH
Tzanck
Scabies/Oil Prep
Patch Test
In office diagnostics
First year average
Second year average
Third year average

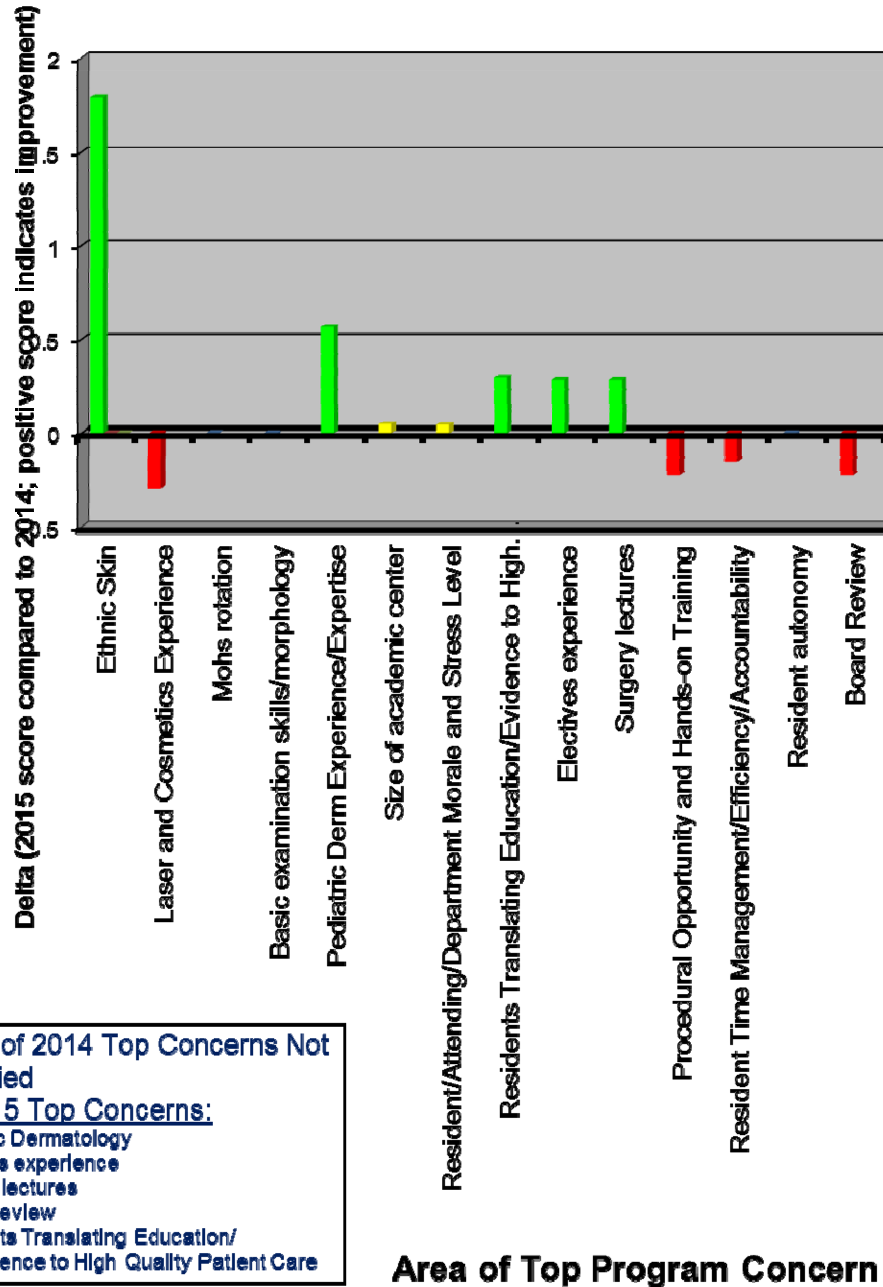
TIP 5: Create a process with your PEC that promotes continuous improvement of the program in a monitored fashion

Tip 5: Integrate the Modified Cruz Index





Dermatology Cruz Index Comparing 2015 with 2014
2014
2015
= Weakness not improving
Total Index Score
3
2
1
0
-1
-2
-3
-4
3.Dermatopathology Training
2.Patient Variety / Clinical Experiences
25. Continuity Clinic
1.Conferences / Curriculum
26. Acute skin disease experience
35. Program challenges residents
18.Using Feedback to implement Program...
14.Program Director
4.Attending: Resident Ratio
5.Hospital Consult Service
23.Derm tech, support staff, other training...
31. Flexibility to modify experiences
6.Support to Attend Outside Conferences
33. Skin cancer management
7.Faculty Development
37. Resident communication
8.Attending Attitudes/...
10.Resident Supervision/Faculty Accountability
16.Board Review
29. Resident Time...
41. Resident autonomy
Procedural Opportunity and Hands-on Training
27. Electives experience
39. Surgery lectures
19.Resident/Attending/Department Morale and...
20.Residents Translating Education/Evidence to...
38. Size of academic center
11.Pediatric Derm Experience/Expertise
40. Basic examination skills/morphology
34. Mohs rotation
24. Laser and Cosmetics Experience
9.Ethnic Skin
Category of Strengths and Weaknesses



Track and monitor the impact of your plan implementation

ACTION ITEMS

2014 Combined Cruz Index Areas In Need Of Improvement (listed by priority)

Ethnic Skin

Resulting DELTA in 2015

1.79

DIRECTOR PROPOSED PROGRAM ACTION

This issue has a negative delta for 3 years in a row. When possible, attendings call residents in to exam rooms to see skin of color patients. Discuss with DOE about supporting away rotation for skin of color immersion. Consider requiring one elective be performed in urban setting where skin of color more likely encountered. Seek 1-2 speakers yearly to educate residents on skin of color. Require 2 sessions at AAD related to skin of color or cultural dermatology.

ADDITIONAL or MODIFIED RECOMMENDATIONS BY THE PEC

APPROVED WITH MODIFICATION: Program sponsors senior resident attendance at annual conference focused on skin of color education

ACTION ITEMS

2014 Combined Cruz Index Areas In Need Of Improvement (listed by priority)	DIRECTOR PROPOSED PROGRAM ACTION	ADDITIONAL or MODIFIED RECOMMENDATIONS BY THE PEC	Resulting DELTA in 2015
Ethnic Skin	This issue has a negative delta for 3 years in a row. When possible, attendings call residents in to exam rooms to see skin of color patients. Discuss with DOE about supporting away rotation for skin of color immersion. Consider requiring one elective be performed in urban setting where skin of color more likely encountered. Seek 1-2 speakers yearly to educate residents on skin of color. Require 2 sessions at AAD related to skin of color or cultural dermatology.	APPROVED WITH MODIFICATION: Program sponsors senior resident attendance at annual conference focused on skin of color education	1.79
Laser and Cosmetics Experience	This is the area with the largest negative change in the past year, and is the 2nd year specifically mentioned. The majority of the contribution of this score comes from residents although multiple residents and attendings expressed concern. Some scored this as experience as a positive also. Re-configure time with our local cosmetic expert, Dr. Patten, to maximize cosmetic dermatology experience. Re-design Patten block to be "cosmetic dermatology" focused block rather than general derm block, which could also include cosmetic dermatology learning objectives, video education materials, etc. Encourage observation of aesthetician procedures (lasers, chemical peels) throughout this block. Continue to support Burt Steffes training sessions with residents. Invite at least one cosmetic dermatologists as invited speakers to our grand rounds, including time with the residents in the morning. Consider supporting residents to attend a cosmetic dermatology-focused meeting, like we do with Indiana Basic Science. Include one teaching lab for each Marshfield Clinic laser type locally each year. Dr. Patten performs cosmetic procedures often during resident academic time. Permit residents on a cosmetic dermatology block or selective time to attend these cosmetic patient encounters in lieu of conferences, cosmetic rotators and for the interested resident, not to exceed maximum observers determined by Dr. Patten.	APPROVED 5-30-14	-0.29
Mohs rotation	This rotation experienced a significant improvement in scores compared to the previous year, despite still scoring as an area in need of improvement. Residents are allowed to take one Mohs rotation 2 week block as an offsite experience without counting as an elective. Review the timing of rotation to balance resident 'settling in' to training environment and general derm procedure experience vs too delayed in time to be as meaningful. Program director's recommendation is to keep first year Mohs rotations in the 2nd half of first year.	APPROVED 5-30-14	0.00
Basic examination skills/morphology	Multiple attendings expressed this concern. In the past 2 years, program-specific orientation time significantly cut so much of the basic introductory lectures including morphology were covered by upper level residents. First year residents were apparently unaware of the morphology online series we provide each resident to complete in the first 2 weeks of training. This year we moved to observational evaluations with scoring rubric instead of booklet signature. Unfortunately, the rate of faculty-graded direct observation was low among most faculty with whom residents work. Plan for next academic year includes q2week reminders to faculty hosting first year residents to complete an observational evaluation, which could be listening to a physical exam dictation, performing a patient interview or a portion of a skin exam, etc. Program director will again 'take over' the orientation including morphology and basic examination and basic procedures and basic diagnostics. More of July will be spent calibrating in this fashion. Plan 1-2 monthly unknown slide shows where description is necessary and scrutinized. Plan more quizzes, at least quarterly.	APPROVED 5-30-14	-0.03
Pediatric Derm Experience/Expertise	Tom McIntee began September 2013, but did not host resident rotations until Jan 2014. Currently, still working to fill his schedule with peds, so learning remains limited even on rotation. Department email encouraging continued transfer of pediatric patients to Dr. McIntee's practice. Recommend Tom present pediatric dermatology topics regularly with residents (monthly structured). More structured rotations will occur in next academic year. Each resident spends 1 month per year with peds derm rotation. Dr McIntee will run inpatient and outpatient dermatology service, and will host dermatology residents on rotations starting December 2013.	APPROVED 5-30-14	0.57
Size of academic center	This issue involves the limitations of clinical and didactic offerings because we are a small center with less draw for notable outside speakers (due to budget issues, difficulty travelling here, etc.), and limitations in the clinical experiences of our residents (no burn unit, no VA, etc). Budgets are not likely to grow soon to attract more notable speakers, nor are we going to be able to have specific experiences available with burn units nor VAs. Could consider resurrecting the 'day of learning' where we exchange residents with UW-Madison. Our trip there could focus on care delivery model differences (VA, University with burn unit, etc.). Other ideas welcome.	APPROVED 5-30-14	0.05
Resident/Attending/Department Morale and Stress Level	Of interest, when this was first registering as a concern, it was residentsidentifying low resident morale. Then it was attendings complaining of low attending morale. Now this year, the score results from attendings expressing concern over low resident morale. The issue did not actually register in the top 3 concerns among the residents. Resurrect the kick-off scavenger hunt Marshfield. More social excursions throughout the year to break up the monotony of training. Encourage faculty to host get-together functions with residents or to sponsor a resident gathering (wine-tasting lessons with Miech, art in the afternoon with Cameli, brewing our own department label beer with Green, etc.). Consider arranging resident outings to tour a dairy farm and a cranberry marsh, etc.	APPROVED 5-30-14	0.05
Residents Translating Education/Evidence to High Quality Patient Care	Modified the grand rounds and journal club practice gap identification worksheet to include a milestone-based assessment to better assess appropriateness of interpreting literature. Re-institute Dr. Melski's series on how to read the medical literature (assessing evidence), possibly assign quarterly or semiannually.	APPROVED 5-30-14	0.30
Electives experience	Residents have expressed concern that elective opportunities are too brief at 2 weeks and too restrictive in nature with Clinic's policy on not allowing residents to rotate in certain states because of medical liability laws in the state. Program remains flexible to allow residents to shift rotation blocks to place two 2-week blocks together to have a month elective rotation. However, this is up to the resident to negotiate with fellow residents for moving blocks. Dr. Stratman will re-inquire with DOE if possible to rescind restrictions on rotation locations.	APPROVED 5-30-14	0.29
Surgery lectures	This arises from resident concerns that much of what they encounter on boards and in-training exams is information unfamiliar to them through their surgery lecture series. I have worked with Dr. Gordon to define what the program desires from the surgical series of lectures, and we are scheduling around 18-24 lecture times for Dr. Gordon to cover these in the next academic year.	APPROVED 5-30-14	0.29
Procedural Opportunity and Hands-on Training	This area continues to improve, although it remains an area identified for improvement. To increase the amount of hands-on procedural exposure, we are going to try teaming up first year residents with upper-level residents during their continuity procedure days, to serve as first assistant and eventually to transition to primary surgeon as competence grows. Thus, each resident surgery will have at least 2 residents on Wednesdays and Thursdays. This can only be done if first year residents are made free from other AM rotations when on general dermatology outpatient rotations in the department.	APPROVED 5-30-14	-0.22
Resident Time Management/Efficiency/Accountability	This issue this year is primarily about faculty concerns with resident accountability	APPROVED 5-30-14	-0.15
Resident autonomy	We unfortunately remain bound by the Medicare laws of billing supervision and cannot allow complete resident autonomy while still billing for the services. Continuity Clinic provides the most autonomy during residency. 2014-15 we are extending the amount of time residents are in continuity clinics. We are also extending rotations for residents to other centers, where a greater amount of autonomy is anticipated as well.	APPROVED 5-30-14	-0.03
Board Review	This was a faculty concern, and not a resident complaint. Several Board review sessions are held yearly, particularly around the time of the in training exam and again at the end of the academic year before certifying exam.	APPROVED 5-30-14	-0.22

Tip 6: Hold Program Director Accountable for Change

It's not just about identifying problems, it's about taking action to improve

Tip 7: Schedule well in advance to block calendars of busy clinicians