

## How to use the Program Evaluation Committee Meeting Minutes Template

This form is intended to be used to capture the results of *all your PEC meetings for a given academic year*. Fill in the information for each section after it is discussed at one of your PEC meetings.

### **Program Evaluation Committee (PEC)**

#### Common Program Requirement

#### V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b).(1) review of the program's self-determined goals and progress toward meeting them; (Core)

V.C.1.b).(2) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)

V.C.1.b).(3) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

V.C.1.c) The Program Evaluation Committee should consider the outcomes from prior Annual Program Evaluation(s), aggregate resident and faculty written evaluations of the program, and other relevant data in its assessment of the program. (Core)

V.C.1.d) The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.e) The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)

V.C.2. The program must complete a Self-Study and submit it to the DIO.

**Background and Intent: Other data to be considered for assessment include:**

- Curriculum
- ACGME letters of notification, including citations, Areas for Improvement, and comments
- Quality and safety of patient care
- Aggregate resident and faculty well-being; recruitment and retention; workforce diversity, including graduate medical education staff and other relevant academic community members; engagement in quality improvement and patient safety; and scholarly activity
- ACGME Resident and Faculty Survey results
- Aggregate resident Milestones evaluations, and achievement on in-training examinations (where applicable), board pass and certification rates, and graduate performance.
- Aggregate faculty evaluation and professional development

**Common Program Requirements:**

V.C.1 The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. (Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. (Core)

**Instructions:**

- In the attendance charts, add all the names of the faculty, staff and learner committee members. Add rows if needed.
- In the *faculty / staff* section, under *Role/PEC chair*, add the title of the faculty. Examples include, Faculty, outside department faculty (include their department as demonstrated for Dr. X on the chart, Nurse, Chairman, Psychologist, etc). Indicate the committee chair in this section.
- Indicate which faculty are core. They would need to be designated as core in the ADS system.
- Add Resident / Fellow names to the *Learners* chart.
- Add their current PGY year
- Include all of the dates of your PEC meetings for the academic year.
- Indicate attendance by placing an X in the box



Review of Last Years Action Plans		
<b><u>Date(s) Discussed:</u></b>	01/20/2023	
<b>Action Plan</b>	<b>Summary of Action Plan Review</b>	<b>Status of Previous Action Plan</b> (Closed successful, closed unsuccessful, progressing, revised, etc)
1. Offer Faculty Development – 15 -minute sessions- at faculty meetings	15 -minute sessions started in November and occurred every other month. Well received	Closed successful
2. Increase faculty participation at didactics	Schedule created to include faculty participation. Residents report the content of didactics has improved	Progressing
3.		
Positive Changes to the Program over the past year		
<b><u>Date(s) Discussed:</u></b>	02/20/2023	
1. Hired New Teaching Faculty		
2. Received grant funding for research projects involving learners		
3.		

**Instructions:**

Add the date or dates discussed

- Add the title of the action plan being reviewed
- Add summary of the review
- Add the status of the Action Plan (Closed successfully, Closed Unsuccessfully, being revised, progressing, etc)
- List Positive Changes to the Program over the past academic year

## ACGME Letter of Notification

- **Extended Program Citations** (Add or Delete Rows as Needed or Indicate N/A)

**Date(s) Discussed:** **1/23/23, 2/19/23**

Insert Text from ACGME Letter of Notification (LON)	Summary of Action Plan Review	Status of Previous Action Plan (Resolved, Partially Resolved, Not Resolved, Revised Abandoned, etc)
<p>1. Quality Improvement VI.A.1.b)(1)(a) Fellows must receive training and experience in quality improvement processes, including an understanding of health care disparities. (Core) The information provided to the Review Committee does not demonstrate substantial compliance with the requirement. The Multi-Year Fellow Survey indicates inadequate fellow education on health care disparities. The Committee notes program efforts and will monitor this issue for demonstrated improvement.</p>	<p>Teaching about health disparities using a social determinants framework – create and implement a curriculum with a dual course approach: emphasizing the “life course of disease” during the non-clinical teaching sessions and the life course of patients during the clinical teaching moments.</p>	<p>Partially resolved – curriculum created – <a href="#">see</a> out in August</p>
<p>2. Responsibilities of Faculty II.B.2.c) and II.B.2.e) [Faculty members must:] demonstrate a strong interest in the education of residents; (Core) [and] administer and maintain an educational environment conducive to educating residents. (Core) The information provided to the Review Committee does not demonstrate substantial compliance with the requirements. The Resident Survey indicates resident dissatisfaction with faculty interest in resident education and extent to which faculty create an environment of inquiry. The Committee notes program efforts and will monitor these issues for demonstrated improvement.</p>	<p>We have increased the amount of faculty presenting conferences. Research hour created where research ideas are presented and faculty and residents are paired to work on projects. Follow up internal surveys show a marked increase in how the residents perceive the faculty participation</p>	<p>Resolved</p>
<p>3.</p>		

- **New Program Citations, Areas for Improvement, Comments** (Add or Delete Rows as Needed or Indicate N/A) (
- Add new action plans to Action Plan Tracking sheet – Attachment 1.

**Date(s) Discussed:** 2/19/23

Citation, Area for Improvement (AFI) or Comment	Insert Text from ACGME Letter of Notification (LON)	Name of Action Plan created or Actions taken
Citation	<p>Evaluation/Resident Evaluation/Feedback [CPR V.A.1.a)] Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment. (Core)</p> <p>Rationale The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The Resident Survey results indicate resident dissatisfaction with faculty members' feedback. The program must review its evaluation processes to ensure that residents receive frequent and timely performance feedback.</p>	The enhancement of Faculty Feedback
AFI	<p>On review of the Faculty Survey, the Committee noted particular concern regarding participation in faculty development and/or scholarly activities to enhance professional skills in: fostering your own well-being. The program is advised to investigate this concern and develop an improvement plan as needed.</p>	Curriculum enhancement: Fostering your own well-being
Comment	<p>Participating Site Resources: Over the last few years there have been changes to the participating site resources' checkboxes in ADS. Programs are encouraged to review each site's checkboxes to ensure site information is accurate.</p>	Program coordinators to review ADS information to ensure appropriate resources are indicated.

- Insert the Date or Dates of the PEC meeting when the topic was discussed.
- Add or delete rows as necessary.
- Extended Program Citations: summarize the efforts on the existing action plan and report the status.
- New Citations, Areas for Improvement (AFI) or comments – Name the action plan that has been created OR if describe the actions taken if the situation does not need a full action plan.

## Review of Self-Determined Goals

Program Mission and Program Aims or Goals	
Date(s) Discussed: MM/DD/YYYY	10/5/2023

Mission Statement	
Mission Statement:	As a team, we strive to create and promote a community hospital learning environment that is conducive to educating curious compassionate, and ethical physicians who place high quality, personalized patient care as their focus of practice.

Program Aims or Goals		
Program Aim(s)		Met /Unmet
1.	Graduate residents educated for expertise in population health and care of the medically underserved	Met
2.	Graduate excellent, independent practitioners who will be leaders in the field of research	Unmet
3.		Choose an item.
4.		Choose an item.

Unmet Aims or Goals	
Goal or Aim	Action Plan
1. Aim No.2	Increase exposure to research opportunities for learners. Begin Quarterly reviews of Research participation. Increase mentorship for research.
2.	
3.	
4.	

## Review of Self Determined goals

Add Mission statement

Add Program Aims and indicate if they are met or unmet.

Enter the plans for unmet goals.

## Review of current operating environment

Review of Current Operating Environment	
Date(s) Discussed:	10/02/23
Complete and attach SWOT analysis – Attachment 2	

Complete a SWOT analysis – **Attachment 2**.

## Data Assessment

List the tools being used to review the curriculum

Enter the dates discussed

List the curricular element with the discussion summary, action plan and time for completion

Program Curriculum	
Date(s) Discussed:	08/15/2023, 10/02/2023
List Evaluation Tools/Topics Used	Board Scores, ITE Scores, Program Survey, Faculty Evaluations, aggregate milestone data



Curricular Element (e.g. ICU rotation, QI project, didactics, continuity clinic, etc.)	Discussion Summary	Action Plan and Responsible Person	Timeline for Completion
Didactics	Discussion uncovered that the learners would like to have more lectures given by faculty in the area of ultrasound	<ol style="list-style-type: none"> <li>1. Create ultrasound offerings and add to curriculum – Dr. C</li> <li>2. Add Faculty to didactic rotation – Dr. C</li> <li>3. Evaluate resident satisfaction in 6 months – program coordinator</li> </ol>	6 months for first evaluation.

Case Log/Procedure Minimums	
Date(s) Discussed:	05/24/2023

Check if not applicable

	Yes Or No	List procedures where minimums were not/are not being met	Describe Action Plan
Procedure minimums met by recent graduates	No	Lumbar puncture	Increase length of rotation from 2 weeks to 4 weeks to increase opportunities
Procedure minimums on course with current learners	YES		

## Aggregate Resident/Fellow Achievement of Milestones by sub competency

List the dates discussed

List milestone sub-competencies with aggregate score above the expectations.

List milestone sub-competencies with aggregate scores below the expectations, include improvement plan.

**Aggregate Resident/Fellow Achievement of Milestones listed by sub-competency**

<b>Date(s) Discussed:</b>	<b>06/10/2023</b>
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Exceeded Expectations	Below Expectations	Plans to Improve Milestones Achievement
Demonstrates a nuanced understanding of emerging, atypical, or complex therapeutic options		
	Advocates for patient care needs with consideration of the limitations of each patient's payment model	Didactic sessions added on Facilitating open dialogue, mediate between patients and doctors, and when and how to get involved with the legal system on behalf of the patient.

**Aggregate Resident/Fellow Performance on In-Training Examinations**

Check the NA box if not applicable

Add the dates this was discussed.

In the first column (Performance of Cohort....) use improved, stayed the same, or declined

In the second box list the subject areas list the areas that fell short of expectations

In the final box include the action plan for subject areas that fell short of expectations.

Add the In-Training Exam dates, national average and program average for the past 5 years.

**Aggregate Resident/Fellow Performance on In-Training Examinations**

<b>Date(s) Discussed:</b>	<b>MM/DD/YYYY, MM/DD/YYYY</b>
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Check if Not Applicable

Performance of Cohort this Year Compared to Prior Year	Subject Areas where Cohort Fell Short of Program Expectations	Plans to Improve Performance in the In-Training Examination
Below National average	Cardiovascular	Increase number of didactic conferences in Cardiovascular.
Above national average	Endocrine	

• **In-Training Examinations - Complete for last 5 years**

AY Year: 20XX-20XX	National average	Program average
2022 - 2023	100	110
2021 - 2022	110	110
2020 - 2021	120	100
2019 - 2020	200	210
2018 - 2020	150	140

• **Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program**

Check the NA box if Not applicable

Add the date(s) discussed.

Include the requested information in the 2 charts.

**Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program (Include information for past 5 years)**

Date(s) Discussed: 3/15/2023

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**Check if Not Applicable**

Year	Number Eligible to Take Exam	Number Eligible who Took the Written Examination	How Many of Those Who Took the Exam Passed?	Content Categories with deficiencies
2023	5	5	5	
2022	5	4	4	
2021	4	4	3	Endocrinology, Diabetes, and Metabolism
2020	5	5	5	
2019	5	5	4	Psychiatry

- **Board Examination - Complete for last 5 years**

Year	National average	Program average
2022 - 2023	99	96
2021 - 2022	98	99
2020 - 2021	99	99
2019 - 2020	96	95
2018 - 2019	97	95

- **Graduate Performance**

List the tools used to evaluate graduate performance. Examples include – Pubmed ID’s of graduates, Graduate survey, Board certification scores, etc.

Summarize the discussions by topic and include action plans, if created, along with the timeline for completion.

Graduate Performance	
Date(s) Discussed:	08/15/2023

<b>List Evaluation Tools/Data Used</b>	<b>Graduate survey, board scores, pubmed, exit interviews</b>
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Discussion Summary	Action Plan	Timeline for Completion
Graduate Research – All 5 recent graduates continue to publish. Two graduates have been awarded NIH grants		
Board Certification- all graduates have passed the boards		
Graduates being hired at first choice – 1 of 3 graduates did not get first choice for job placement.	Review of recruitment efforts, increase mentorship for last year residents.	In the next 3 months

## Scholarly Activity/Research, Engagement in QI and Patient Safety

### Common Program Requirement:

#### VI.A.1.a) Patient Safety

VI.A.1.a).(1) Culture of Safety A culture of safety requires continuous identification of vulnerabilities and a willingness to transparently deal with them. An effective organization has formal mechanisms to assess the knowledge, skills, and attitudes of its personnel toward safety in order to identify areas for improvement.

VI.A.1.a).(1).(a) The program, its faculty, residents, and fellows must actively participate in patient safety systems and contribute to a culture of safety.

(Core) VI.A.1.a).(2) Patient Safety Events Reporting, investigation, and follow-up of safety events, near misses, and unsafe conditions are pivotal mechanisms for improving patient safety, and are essential for the success of any patient safety program. Feedback and experiential learning are essential to developing true competence in the ability to identify causes and institute sustainable systems based changes to ameliorate patient safety vulnerabilities.

VI.A.1.a).(2).(a) Residents, fellows, faculty members, and other clinical staff members must: VI.A.1.a).(2).(a).(i) know their responsibilities in reporting patient safety events and unsafe conditions at the clinical site, including how to report such events; and, (Core) VI.A.1.a).(2).(a).(ii) be provided with summary information of their institution’s patient safety reports. (Core) VI.A.1.a).(2).(b) Residents must participate as team members in real and/or simulated interprofessional clinical patient safety and quality improvement activities, such as root cause analyses or other activities that include analysis, as well as formulation and implementation of actions. (Core) VI.A.1.a).(3) Quality Metrics Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. VI.A.1.a).(3).(a) Residents and faculty members must receive data on quality metrics and benchmarks related to their patient populations. (Core)

Insert rows as needed

**\*\*\*\*\*Review your programs specialty specific program requirements to determine faculty and learner requirements. \*\*\*\*\***

**Date(s) Discussed: 10/15/2023**

<b>Scholarly Activity/Research, Engagement in QI and Patient Safety</b>	
<b>Date(s) Discussed:</b>	<b>08/15/23, 12/01/2023</b>

<b>ACGME Learner Scholarly Activity/Research Requirement</b>	<b>Was Learner Scholarly Activity/Research Requirement Met</b>	<b>ACGME Faculty Scholarly Activity/Research Requirement</b>	<b>Was Faculty Scholarly Activity/Research Requirement Met</b>	<b>Action Plans created</b>
<p>IV.D.3.b) Residents must have training in critical thinking skills and research design. (Core). IV.D.3.c) All residents must engage in a scholarly project under faculty member supervision. (Core). IV.D.3.c).(1) The results of such projects must be published or presented at institutional, local, regional, national, or international meetings, and must be included in each resident's Learning Portfolio. (Outcome). IV.D.3.c).(2) The program should specify how each project will be evaluated. (Detail). IV.D.3.d) All graduating residents should have submitted at least one scholarly work to a national, regional, or local meeting, or for publication. (Core)</p>	<p>No, all graduating residents did not submit at least one scholarly work</p>	<p>IV.D.2.a) Among their scholarly activity, programs must demonstrate accomplishments in at least three of the following domains: (Core) • Research in basic science, education, translational science, patient care, or population health • Peer-reviewed grants • Quality improvement and/or patient safety initiatives • Systematic reviews, meta-analyses, review articles, chapters in medical textbooks, or case reports • Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials • Contribution to professional committees, educational organizations, or editorial boards • Innovations in education            IV.D.2.b) The program must demonstrate dissemination of scholarly activity within and external to the program by the following methods:</p>	<p>Yes</p>	<p>Submission requirement will be added to the semi -nual review forms and reviewed biannually with the resident. The requirement will need to be accomplished prior to the first semi annual review in the last year of residency. Program Coordinator will revise forms prior to December and the form will be used this December.</p>

Number of QI Projects for this academic year	Interdisciplinary project	Discussion	Action Plans
2	1 of 2	The 3rd year residents identified the problem early in the year and consulted stakeholders. Residents request that a faculty mentor be assigned earlier PGY 2 residents are excited about the teamwork involved with this project. They are currently submitting a QI proposal to leadership	Have QI brainstorming sessions and involve faculty. Assign faculty mentors at the beginning of the project

Number of Patient Safety Projects for this academic year	Interdisciplinary project	Discussion	Action Plans
3	no	Residents still requesting practice management data. Resident patient safety reports are not being filed.	Discuss with IT on how to get resident patient management numbers in a timely manner. Review patient safety report filing and monitor number being filed. Discuss outcomes with residents.

## Well Being

### Common Program Requirement

VI.C.1. The responsibility of the program, in partnership with the Sponsoring Institution, must include:

VI.C.1.a) attention to scheduling, work intensity, and work compression that impacts resident well-being; (Core).

VI.C.1.b) evaluating workplace safety data and addressing the safety of residents and faculty members; (Core).

VI.C.1.c) policies and programs that encourage optimal resident and faculty member well-being; and, (Core)

VI.C.1.c).(1) Residents must be given the opportunity to attend medical, mental health, and dental care appointments, including those scheduled during their working hours. (Core)

VI.C.1.d) education of residents and faculty members in:

VI.C.1.d).(1) identification of the symptoms of burnout, depression, and substance use disorders, suicidal ideation, or potential for violence, including means to assist those who experience these conditions; (Core)

VI.C.1.d).(2) recognition of these symptoms in themselves and how to seek appropriate care; and, (Core)

VI.C.1.d).(3) access to appropriate tools for self-screening. (Core)





Recruitment, Retention and Work-force Diversity		
Date(s) Discussed:		MM/DD/YYYY, MM/DD/YYYY
Activity	Discussion of successes and areas needing improvement	Action Plan
Recruitment	To increase exposure to individuals underrepresented in medicine, we will create a recruitment committee and attend residency “fairs” at colleges with high underrepresented populations.	Create recruitment committee
Retention	HR is not involved early enough with our graduates. Many accept jobs outside of the system when their first choice was to stay at UF	Work with HR on developing a strategy to reach out to resident prior to their last year of residency.

## Faculty Development

Common Program Requirement:

II.B.2. Faculty members must:

II.B.2.f) pursue faculty development designed to enhance their skills at least annually (core)

II.B.2.f).(1) as educators and evaluators; (Detail)

II.B.2.f).(2) in quality improvement, eliminating health inequities, and patient safety; (Detail)

II.B.2.f).(3) in fostering their own and their residents' well-being; and, (Detail)

II.B.2.f).(4) in patient care based on their practice-based learning and improvement efforts. (Detail)

Discuss results of this year's faculty development and create action plans

Discuss the needs for next academic year and include the topics that should be covered next academic year.

Faculty Development (current academic year)			
Date(s) Discussed:			MM/DD/YYYY, MM/DD/YYYY
Topic / Title	Discussion Summary	Action Plan	Timeline for Completion
QI	This years faculty development tracking sheet indicates only 2 faculty members participated in the QI grand rounds	Create more 10 minute learning modules to present at faculty meetings	Begin next month

Faculty Development themes/opportunities needed for <i>next</i> academic year
<i>Well Being / How to manage your stress when teaching</i>
<i>As Educators / The importance of timely feedback</i>
<i>Enter Opportunity/ Theme here</i>
<i>Enter Opportunity/ Theme here</i>
<i>Enter Opportunity/ Theme here</i>
Discussion and Plan for providing the above:
<i>Utilize IM Grand Rounds on feedback and create a 10-minute module for managing stress to be presented during faculty meetings</i>

Review ACGME Learner and Faculty Surveys

Enter date(s) discussed

List areas with improvement and those needing action plans

ACGME Annual Resident /Fellow Survey		
<b>Date(s) Discussed:</b>		<b>10/23/2023</b>
Areas/Items with Improvement - Discussion	Areas/Items with Deterioration -Discussion	Action Plans, if applicable
Impact of other learners on education		Previous Action plan complete
	Satisfied with process for dealing confidentially with problem and concerns	Create task force to review processes and tools currently available and to see what else can be implemented

ACGME Annual Resident/Fellow Survey Specialty Specific Questions - Many programs have specialty specific questions as a last page on the resident survey, which are easily overlooked. List action plans created in response to this information, if applicable.		
<b>Date(s) Discussed:</b>		<b>10/23/2023, 11/4/2023</b>
Areas/Items with Improvement - Discussion	Areas/Items with Deterioration -Discussion	Action Plans, if applicable

ACGME Annual Faculty Survey		
<b>Date(s) Discussed:</b>		<b>11/04/2023</b>
Areas/Items with Improvement	Areas/Items with Deterioration	Action Plans, if applicable
	Faculty members satisfied with process for evaluation as educator	New forms being created. Will discuss with faculty at November faculty meeting.


Add dates discussed

Mark evaluations used and reviewed by the program

Summarize discussion and create action plans

Written Evaluations of the OVERALL Program	
Date(s) Discussed:	8/15/2023, 10/23/2023, 11/4/2023

Who provides written evaluations of the program?

- Residents/fellows in this program
- Other hospital/clinic/facility personnel
- Residents/fellows in other programs
- Faculty members in other programs
- Faculty members in this program
- Program Graduates

Areas Identified for Program Improvement	Action Plans for Program Improvement/Target Date
Resident oval eval indicates a problem with number of conferences presented by each faculty	Review the didactic schedule and add additional faculty. Increase the minimum required for each faculty member
Program does not have a graduate survey that will help us monitor our aims	Create graduate survey. Send out and collect data

List the policies reviewed and any action plans that results from the review

Training programs must at a minimum maintain the following program-specific policies:

- i. Transitions of Care - Common Program Requirement (CPR) VI.E.3
- ii. Selection and Evaluation of Teaching Faculty – CPR II.A.4/V.B
- iii. Promotion and Appointment Renewal of Housestaff – Institutional Program Requirements IV.D
- iv. Levels of Supervision – CPR IV.A.2
- v. Housestaff and faculty well-being vi. Housestaff clinical and educational work hours, including moonlighting

Policy Review	
Date(s) Discussed:	12/04/2023
Name of Policy Reviewed	Action
Levels of Supervision	Update to match language in ACGME program requirements

Common Program Requirements

V.C.1.e) The Annual Program Evaluation, including the action plan, must be distributed to and discussed with the residents and the members of the teaching faculty, and be submitted to the DIO. (Core)

Add the date for each question

Add review names and dates

*These minutes and action plans have been:*

Minutes and Action Plans	Completion Date:
Distributed to teaching faculty and learners	06/20/2023

<b>Discussed with teaching faculty</b>	<b>06/25/2023</b>
<b>Discussed with learners</b>	<b>05/26/2023</b>
<b>Reviewer / Approver Name:</b>	<b>Approval Date:</b>
<b>K. Smith</b>	<b>02/15/2023</b>
<b>K. Smith</b>	<b>03/20/20</b>
<b>K. Smith</b>	<b>05/15/2023</b>

Attachment 1 – Running lists of Action Plans. (This will also be used for your self study)

Attachment 2 – SWOT template

Attachment 3 – Suggested Faculty Development Tracking sheet