

Institutional Evaluation in Graduate Medical Education

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Abstract

In 2012, the Accreditation Council for Graduate Medical Education (ACGME) introduced the Next Accreditation System, which requires institutions to engage in an annual process of evaluation and improvement. To that end, an institution's Graduate Medical Education Committee (GMEC) must demonstrate effective oversight of the institution's accreditation through an Annual Institutional Review (AIR). There are required indicators and an institution may include additional indicators that it considers useful. However, the AIR is not submitted to ACGME for substantive review. Further, ACGME has delayed the initiation of an institutional self-study and site visit.

The purpose of this study was to produce recommendations to Designated Institutional Officials (DIOs) and GMECs as they plan, conduct, report, and act on an AIR. Key informant interviews were conducted with DIOs from a broad range of institutions based on type of institution, number of programs, and geographical location. Participants were asked about the individuals involved in the AIR, resources utilized, indicators monitored, barriers encountered, and the process followed for ensuring use of the lessons learned.

There were limitations in participant recruitment for this study. The response rate was low (34.6%). The researcher was unable to recruit an equal number of participants from each geographical region. Last, the study was not representative of all types of Sponsoring Institutions.

The findings from the research suggest that the AIR can be a useful tool to evaluate the status of graduate medical education (GME). The flexibility in AIR content is considered a positive and the additional indicators monitored by institutions varied based on what they considered important for their institution. However, participants indicated that not enough stakeholders see the value of conducting evaluations. Further, conducting the AIR can be challenging due to a lack of institutional resources.

Based on the analysis, institutions can make the AIR a more useful tool to monitor and continuously improve institutional accreditation by, among other recommendations referenced herein, creating a committee devoted to the AIR, incorporating the Clinical Learning Environment Review report into the AIR, and utilizing the AIR to align GME with its institutional strategic goals as well as other aspects of medical education.

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