Basic Standards for Fellowship Training in Pediatric Emergency Medicine

American Osteopathic Association
and
American College Osteopathic of Emergency Physicians
American College of Osteopathic Pediatricians

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SECTION ONE
INTRODUCTION

These are the Basic Standards for Fellowship Training in Pediatric Emergency Medicine as established by the American College Osteopathic of Emergency Physicians (ACOEP) and the American College of Osteopathic Pediatricians (ACOP) and approved by the American Osteopathic Association (AOA). These standards are designed to provide the osteopathic fellow with advanced and concentrated training in pediatric emergency medicine and to prepare the fellow for examination for certification in Pediatric Emergency Medicine.

SECTION TWO
MISSION

The mission of the osteopathic pediatric emergency medicine training program is to provide fellows with comprehensive structured cognitive and clinical education that will enable them to become competent, proficient and professional osteopathic pediatric emergency medicine physicians.

SECTION THREE
EDUCATIONAL PROGRAM GOALS AND OBJECTIVES

The goals of the osteopathic pediatric emergency medicine program are to train fellows to become proficient in the core competencies.

A. Osteopathic Philosophy & Manipulative Medicine

Osteopathic philosophy and osteopathic manipulative medicine: integration and application osteopathic principles into the diagnosis and management of pediatric patient clinical presentations.

3.1 Training in osteopathic principles and practice shall be provided in both structured educational activities and clinical formats.

3.2 Programs shall provide the opportunity to develop Osteopathic Manipulative Medicine (OMM) skills and apply them to pediatric emergency medicine as illustrated by didactic sessions and documented procedures.

3.3 Programs shall integrate OMM and its applications in the practice of pediatric emergency medicine.

B. Medical Knowledge

Medical knowledge: a thorough knowledge of the complex differential diagnoses and treatment options in emergency medicine of the pediatric patient and the ability to integrate the applicable sciences with clinical experiences.

3.1 Sciences applicable to pediatric emergency medicine with clinical experiences shall be integrated into the program in a progressive manner.

3.2 Training shall be provided that shall enable the pediatric emergency medicine fellow to rapidly evaluate, initiate treatment, and provide therapy, and disposition of the emergency patient.

3.3 The training program shall provide the opportunity to develop the teaching skills of fellows in pediatric emergency medicine.

3.4 The program shall provide the opportunity to develop interest in and understanding of research in pediatric emergency medicine.
3.5 The program shall prepare fellows to use critical thinking in making decisions for pediatric patient management.

3.6 The program shall train the fellow to rapidly and accurately evaluate, organize, and initiate treatment of the pediatric emergency patient.

3.7 The program shall prepare the fellow to demonstrate proficiency in the psychomotor skills required of a competent pediatric emergency physician.

3.8 The program shall train the fellow to read, interpret, and participate in clinical research.

C. Patient Care

Patient care: the ability to rapidly evaluate, initiate and provide treatment for pediatric patients with acute and chronic conditions in the emergency setting as well as promote health maintenance and disease prevention.

3.1 The program shall provide the pediatric emergency medicine fellow with progressive patient care responsibilities, commencing with general medical skills and progressing to complete care of pediatric patients in need of emergency care.

3.2 The program shall provide training that shall enable the pediatric emergency medicine fellow to rapidly evaluate, initiate treatment, and provide therapy, and disposition of the pediatric patient in the emergency setting.

D. Interpersonal and Communication Skills

Interpersonal and communication skills: use of clear, sensitive and respectful communication with pediatric patients, patients’ families and members of the health care team.

3.1 The program shall provide fellows with the opportunity to develop teaching skills in pediatric emergency medicine.

3.2 The program shall train fellows the methods in which to educate patients and their families concerning health care needs.

3.3 The program shall educate fellows to become culturally sensitive to the patient populations served and implications of providing healthcare to them.

E. Professionalism

Professionalism: adherence to principles of ethical conduct and integrity in dealing with pediatric patients, patients’ families and members of the health care team.

3.1 Programs shall provide the opportunity to learn and practice professionalism as manifested through carrying out professional responsibilities, adherence to ethical principles and sensitivity to diverse populations.

3.2 Programs shall provide a learning environment that encourages cultural sensitivity and patient safety.

3.3 Programs shall educate the fellows so that they make sound judgments as to the expected risks arising from therapy as well as the condition being treated with an understanding of associated ethical and legal principles.

3.4 Fellows shall be encouraged to participate in community and professional organizations.
3.5 Programs shall provide education as well as the opportunity to participate in continuing education to promote personal and professional growth for both the fellow and teaching staff.

F. Practice-Based Learning and Improvement

Practice-based learning and improvement: commitment to lifelong learning and scholarly pursuit in pediatric emergency medicine for the betterment of patient care.

3.1 The program shall promote lifelong learning in medical education.

3.2 The program shall prepare the fellow to meet board eligibility requirements of the AOA through the American Osteopathic Board of Emergency Medicine.

3.3 The program shall train the fellows to manage pediatric clinical problems in an emergency department or pediatric emergency section/department setting, employing basic scientific principles and evidenced-based medicine.

3.4 The program shall develop measurable objectives to assess the progression of the fellow in the two or three-year training program.

3.5 The program shall teach basic skills and clinical practices needed in the emergency department or pediatric emergency section/department to medical students, interns, and residents within the context of the fellowship program.

G. Systems-Based Practice

Systems-based practice: skills to lead health-care teams in the delivery of quality patient care using all available resources.

3.1 The program shall provide learning experiences that promote a broad understanding of the role of pediatric emergency medicine as it relates to other medical disciplines.

3.2 The program shall provide the opportunity to develop professional leadership and management skills.

3.3 The program shall train the fellow to provide cost-effective care to pediatric emergency medicine patients.

3.4 The program shall train the fellow to collaborate and share knowledge with colleagues and allied health professionals.

3.5 The program shall train the fellows to perform the basic skills needed for mass casualty management of pediatric patients and coordination for the hospital and community.

SECTION FOUR
INSTITUTIONAL REQUIREMENTS

A. Department or Section of Emergency Medicine/Pediatric Emergency Medicine

To be considered for approval of a fellowship program in pediatric emergency medicine, the institution shall have a designated department or section of emergency medicine and/or pediatric emergency medicine at the base institution dedicated to the care of pediatric emergency medicine cases. This department or section shall:

4.1 Have a chairperson who is certified in emergency medicine through the American Osteopathic Board of Emergency Medicine (AOBEM) or the American Board of Emergency Medicine (ABEM) or may be certified in pediatrics through the American
Osteopathic Board of Pediatrics or the American Board of Pediatrics and shall achieve re-certification within prescribed time frame by the certifying body.

4.1.1 The Chair of the department may not be the program director.

4.2 Have a program director that fulfills the requirements of emergency medicine core faculty. The program director’s responsibilities are outlined in Section Six.

4.2.1 The institution shall compensate the program director for at least 12 hours of non-clinical time per week.

4.3 Have faculty as well as core faculty to teach and supervise fellows.

4.3.1 The role and duties of the core faculty shall be clearly defined. This requires at least four (4) hours of compensated, non-clinical time per week.

4.4 Ensure that all physicians supervising emergency medicine fellows are certified or in the process of being certified in emergency medicine by AOA/AOBEM in ABEM or in pediatrics by AOA/AOBP or ABP or recognized by the AOA/AOBEM with a Certificate of Added Qualifications (CAQ) in pediatric emergency medicine or its equivalent.

4.5 Have a minimum of two (2) core faculty members consisting of at least one emergency medicine physician and one pediatrician who meet the requirements of core faculty outlined in Standard Six, Section D.

4.6 Have the scope, volume, and variety of cases to support a fellowship with at least two (2) approved fellow positions. The base institution shall have a minimum volume of 30,000 emergency department visits with a minimum volume of 15,000 pediatric visits annually.

4.7 Adopt formal departmental or section policies that are shared with the fellows upon commencement of training.

B. Additional Pediatric Emergency Medicine Sites

4.1 Institutions shall provide at least two distinct clinical training sites. One training site shall be an emergency department setting at a children’s hospital and the other site at a community based emergency department. Each site shall have a minimum volume of 15,000 pediatric visits annually.

4.2 Ensure that all physicians that are clinically supervising pediatric emergency medicine fellows are certified in emergency medicine by AOA/AOBEM; ABEM or in pediatrics by AOA/AOBP or ABP or recognized by the AOA/AOBEM with a Certificate of Added Qualifications (CAQ) in pediatric emergency medicine or its equivalent.

SECTION FIVE

PROGRAM REQUIREMENTS AND CONTENT

A. Program Environment

The educational program for pediatric emergency medicine shall be based in a learning environment that is based on education, not service. It shall contain professional teaching and experiences that provide measureable means to assess the fellow’s progression through the curriculum outlined below.

B. Curriculum

The pediatric emergency medicine program shall create and adhere to a two-year curriculum (OGME-5 and OGME-6) for those fellows with a general emergency medicine and a three-year
curriculum (OGME-4, OGME-5 and OGME-6) for those fellows with a general pediatric background that meets or exceeds the requirements listed within this document.

5.1 The program shall have a written curriculum on file at its base institution that is updated and distributed annually to all fellows in the program.

5.2 The program shall have written goals and objectives.

5.3 Progression through the fellowship shall be based upon the following:

5.3.1 Meeting stated goals and objectives of the program.

5.3.2 Demonstrating increased competence in skills and techniques in pediatric emergency medicine, pediatrics, and emergency medicine.

5.3.3 Proficiency in the use of diagnostic and therapeutic modalities.

5.3.4 Ongoing demonstration of professional behaviors and competence.

5.4 The curriculum shall be evaluated and updated annually by faculty and fellows.

C. Curriculum

5.1 OGME – 4

For fellows with primary training in pediatrics, educational experiences in the emergency medicine department shall focus on achieving the correct diagnosis and disposition of cases in an emergency medicine setting. During the OGME-4 year of training, pediatric emergency medicine fellows shall be required to complete the following rotations, prior to progressing into the OGME 5 and 6 years.

5.1.1 Emergency medicine for a minimum of 6 rotations.

5.1.2 Trauma for a minimum of 1 rotation

5.1.3 Emergency medical services for a minimum of 1 rotation.

5.1.4 Subspecialty rotations in surgery, e.g., anesthesiology, surgery, hand or plastic surgery, orthopedics, ophthalmology for a minimum 4 rotations.

5.1.5 Advanced procedural skills training in bedside ultrasound; rapid sequence intubation (RSI) and procedural sedation that shall be included in the above named formal rotations.

5.2 OGME 5

5.2.1. The fellow shall devote a minimum of six (6) months in actual clinical pediatric emergency medicine during the OGME 5 year of the fellowship. During the assigned portions, the fellow may serve in a general emergency department that has a minimum of 15,000 pediatric emergency patients annually, or may be assigned to specific pediatric emergency medicine departments at a children’s hospital.

5.2.2 The OGME 5 year of the fellow’s individual clinical responsibilities shall be similar to senior residents in general emergency medicine or pediatric residency programs, dependent on the fellow’s prior residency training pathway and emphasize direct patient contact under the supervision of faculty.

5.2.3 A minimum of one month of pediatric intensive care and one month of neonatal intensive care is required for any fellow who has completed previous training in general emergency medicine.
5.3 OGME 6

During the OGME 6 year the fellow’s responsibilities shall be focused on research, administrative, supervisory and academic activities. The fellow shall be provided with responsibility similar to junior faculty.

5.4 In addition to the completion of the required months of pediatric emergency medicine training, the fellow shall also have training in the following areas:

5.4.1 Pediatric Cardiology
5.4.2 Pediatric Infectious Disease
5.4.3 Pediatric Neurology
5.4.4 Pediatric Orthopedics
5.4.5 Pediatric Radiology
5.4.6 Pediatric Trauma

If the fellow has completed any of the above rotations in previous training years, the program director may substitute rotations to supplement training.

D. Procedures

5.1. The pediatric emergency medicine fellow must have accomplished the following minimum number of procedures prior to the completion of the pediatric emergency medicine fellowship. Although this list represents a minimum number, it is expected that all procedures performed shall be logged. It is understood that numerous critical procedures in emergency medicine are infrequent/rare. In consideration of this some procedures may be completed after demonstrating proficiency in an animal lab setting, or simulation lab. Such procedure requirements shall be allowed with the approval and at the discretion of the program director.

5.1.1 Pediatric Lumbar Punctures - 20 procedures
5.1.2 Pediatric Intubation - 20 procedures
5.1.3 Pediatric Bladder Catheterization -10 procedures
5.1.4 Neonatal Umbilical Artery Lines - 10 procedures
5.1.5 Peripherally Inserted Central Lines -10 procedures
5.1.6 Pediatric RSI - 20 procedures
5.1.7 Pediatric Ultrasound - 20 procedures
5.1.8 Closed Fraction Reduction – 20 procedures
5.1.9 Dislocation Reduction – 10 procedures
5.1.10 Splinting – 20 procedures
5.1.11 Procedural Sedation – 15 procedures
5.1.12 Cricothyroidotomy – 3 procedures
5.1.13 Intraosseous Line – 20 procedures
5.1.14 Laceration Repair – 50 procedures
5.1.15 Osteopathic Manipulative Therapy – 20 procedures
5.1.16 Pediatric Medical Stabilization – 15 procedures
5.1.17 Pediatric Trauma Stabilization – 10 procedures
5.1.18 Thoracotomy – 1 procedure

E. Didactic Educational Activities

5.1 The program shall provide a minimum of four (4) hours of planned pediatric emergency medicine activity per week.

5.1.1 Core faculty shall be involved in both the planning as well as the administration of the educational activities.

5.1.2 These activities shall be based upon the two to three-year core curriculum.

5.1.3 The content shall be covered in its entirety at least once during the fellowship training program.

5.1.4 Greater than fifty percent of these activities shall be planned and presented by non-fellow or fellow educators.

5.1.5 The core faculty and fellows shall participate in required OPTI educational programs.

5.1.6 Fellows shall be excused from all in-house clinical duties to attend these activities.

5.1.7 Fellows are required to attend the didactic activities unless excused by the program director.

F. Professional Development

5.1 Fellows shall participate in available seminars, workshops, and conferences provided through regional, state, and national professional organizations.

SECTION SIX
PROGRAM DIRECTOR/ FACULTY

A. The institution shall have a program director and both qualified faculty and core faculty in place prior to applying for initial approval or for increasing fellow positions, and shall maintain this faculty during the term of approval of the program. Only programs maintaining adequate faculty shall be eligible for approval, continuance of approval, or increases in fellow positions.

B. Program Director

6.1 The sponsoring institution shall designate an osteopathic physician trained in pediatric emergency medicine as program director for the program. This physician shall have time for both program administration and clinical instruction. Appointments are subject to the approval of the ACOEP Committee on Graduate Medical Education, the ACOP Graduate Medical Education Committee, and subsequent registry by the AOA.

6.1.1 In the event that the institution does not have a credentialed physician in osteopathic pediatric emergency medicine, it may utilize two physicians, an osteopathic pediatrician and an osteopathic emergency medicine physician, who meet the requirements of program director who shall act as co-program directors until a credentialed osteopathic pediatric emergency medicine physician can assume the position of program director is located.
6.2 The program director may not serve in the capacity of chair of the Department of Emergency Medicine, the Department of Pediatrics or as program director of the emergency medicine residency program or the pediatric residency program at the institution. He or she may be the director of medical education if the institution has three or fewer osteopathic residency programs.

6.3 The program director of the pediatric emergency medicine fellowship program shall possess the following qualifications:

6.3.1 Active, full-time staff membership (a minimum of 30 hours per week which includes clinical as well as educational activities) within the department or section of emergency medicine, pediatrics or pediatric emergency medicine at the base institution.

6.3.2 Basic certification in emergency medicine or pediatrics by the AOA through the American Osteopathic Board of Emergency Medicine or the American Osteopathic Board of Pediatrics and maintain continuous certification. He or she shall be recertified within the prescribed time frame of these agencies for pediatrics and/or emergency medicine. Lifetime certificate holders are not exempt from this recertification requirement.

6.3.2.1 Have additional training in pediatric emergency medicine in an accredited pediatric emergency medicine program; or shall have received a Certificate of Added Qualifications (CAQ) from the AOA, through the American Osteopathic Board of Emergency Medicine and re-credentialing as required by this agency, or alternately be dually board certified in pediatrics and emergency medicine by the certification boards listed above.

6.3.3 Specialty expertise and documented educational and administrative experience acceptable to the Committees on Graduate Medical Education of the ACOEP and ACOP

6.3.4 Three (3) years experience as core faculty within an emergency medicine, pediatrics, or pediatric emergency medicine residency or fellowship or full time practice of pediatric emergency medicine for five (5) years.

6.3.5 Fulfill and maintain the qualifications as a core faculty member of a pediatric emergency medicine fellowship, including administrative and demonstrated leadership skills, and completion of the AOA’s continuing medical education requirements and emergency medicine and pediatric training skills and faculty development.

6.4 The program director or co-program directors shall have the following responsibilities:

6.4.1 Direct the pediatric emergency medicine fellowship and ensure that the fellow receives the training outlined in the written program description.

6.4.2 Ensure the arrangements of outside rotations with formal affiliation agreements that meet the program’s educational objectives.

6.4.3 Evaluate the fellows, faculty, and the pediatric emergency medicine fellowship.

6.4.4 Submit required reports to the ACOEP, ACOP, and AOA, as required.

6.4.5 Verify the completion of didactic and clinical schedules.
6.4.6 Actively participate in postdoctoral education and training at the base institution.

6.4.7 Notify the ACOEP and ACOP of all fellows in training on an annual basis.

6.4.8 Participate in the annual ACOEP Program Directors’ Faculty Development Workshop. Attendance at this annual workshop is mandatory for the program director or his/her designee. However, the program director shall attend a minimum of once every two years.

6.4.9 Ensure that the program complies with the standards, policies, and procedures of the AOA.

6.4.10 Prepare for and participation in the AOA inspection of the program in cooperation with the Division of Postdoctoral Education and the designated evaluator.

6.4.11 Inform the AOA, OPTI, and ACOEP’s and ACOP’s educational committees of major changes in the program, including but not limited to, changes in program director, core faculty institutional ownership, and affiliation, or other major administrative changes within thirty (30) days of their occurrence.

6.4.12 Develop written goals and objectives for each rotation featured in the program and maintain these through periodic updating.

6.5 Maintain appropriate ratio of qualified core faculty for the program.

C. Core Faculty

Core faculty is the dedicated educators who provide continuous academic leadership within the fellowship program above and beyond the valuable role of the clinical faculty.

6.1 Requirements

6.1.1 The program director shall designate a minimum of two (2) core faculty who shall participate in the pediatric emergency medicine fellowship program.

6.1.2 A minimum of fifty percent (50%) of the core faculty shall be osteopathic emergency physicians who participate in the training of fellows.

6.2 Qualifications

Core faculty shall meet the following qualifications prior to and throughout the duration of their appointment:

6.2.1 Core faculty members are specifically designated, full-time members of the Department of Emergency Medicine at the base institution. Full time is defined as a minimum of 30 hours per week which includes clinical as well as educational activities.

6.2.2 Core faculty shall maintain certification by the AOA through the American Osteopathic Board of Emergency Medicine or the American Board of Emergency Medicine or in Pediatrics by AOA through the American Osteopathic Board of Pediatricians or the American Board of Pediatrics. Core faculty shall also be recertified within the prescribed timeframe of the certifying agency. He or she shall maintain continuous certification. Lifetime certificate holders are not exempt from this recertification requirement.

6.2.2.1 Have additional training in pediatric emergency medicine in an accredited pediatric emergency medicine program; or shall have received a Certificate of
Added Qualifications (CAQ) from the AOA, through the American Osteopathic Board of Emergency Medicine and re-credentialing as required by this agency, or alternately be dually board certified in pediatrics and emergency medicine by the certification boards listed above.

6.3 Scholarly Activity: Each core faculty member shall demonstrate scholarly activity prior to and throughout the duration of their appointment. Scholarly activity is the academic pursuits that serve either the specialty or profession and/or involves creative, intellectual work that is peer-reviewed and publicly disseminated.

6.3.1 Scholarly activity shall occur within a four-year period. Acceptable activities may include a minimum of 2 major or 1 major and 2 minor scholarly activity within this time frame for each core faculty member. Other activities may be accepted on an individual basis at the discretion of the committee on graduate medical education. Scholarly activities for each core faculty member shall be well documented, to include dates, locations, and details.

6.4. Major Scholarly activities shall be defined as follows:

6.4.1 Serving as chair or vice chair of a national, regional or state medical society committee.

6.4.2 Serving as an active member of a committee of a national, regional or state medical association.

6.4.3 Publication of original research or review article in peer-reviewed medical or scientific journal, or chapter in medical textbook.

6.4.4 Receipt of grant funding for medical, educational or service research.

6.4.5 Presentation or publication of case reports or clinical series at national, regional or state professional and scientific society meetings and conferences.

6.4.6 Member of an editorial review board of a national, regional or state peer-reviewed publication.

6.4.7 Participation in item writing or as an examiner for a national medical certification board.

6.4.8 Presentation at a national, regional or state CME meeting or seminar.

6.5 Minor Scholarly activities shall be defined as:

6.5.1 Research projects currently in progress. The study has been approved by IRB and data-collection actively occurring.

6.5.2 Preparation of grant funding request material for medical, educational or service research.

6.5.3 Visiting professorship (guest emergency medicine lecturer to peers or residents/fellows at an outside institution).

6.5.4 Item writing for the ACOEP Resident In-Service Examination.

6.5.5 Serve in the capacity as an active judge (or evaluator) at a national, regional or state academic meeting.

6.5.6 Publication of an article or chapter in a non-peer reviewed medical or scientific
6.6 Responsibilities

6.6.1 Core faculty shall be involved in the preparation and presentation of didactic educational program, such as formal lectures, case conferences and journal clubs and other requirements of the core curriculum.

6.6.2 Core faculty shall attend a minimum 33% of the program’s required didactic educational activities.

6.6.3 Core faculty shall encourage and support fellows in scholarly activities and act as mentors for required research projects.

6.6.4 Core faculty shall be provided compensated non-clinical time to provide instruction, leadership and participation in scholarly activities.

SECTION SEVEN
FELLOW REQUIREMENTS

7.1 Each fellow shall adhere to established policies and procedures for fellowship training, as outlined in this document, and the fellowship manual.

7.2 The fellow shall progressively assume responsibility for patient care during the fellowship program, so that by the final year of training, he or she is able to assume complete management of all assigned cases.

7.3 Fellows shall maintain formal records of all activities related to the educational program. These records shall be submitted monthly to the program director for review and verification. Copies of these records shall be kept on permanent file by the administration at the base institution and shall be available at the time of the inspection. These records shall document the fulfillment of the requirements of the program, describing the volume, variety, and scope, and progressive responsibility on the part of the fellow for emergency cases and procedures performed under supervision.

7.4 The fellow shall be exposed to the principles of conducting research during the course of the program and shall prepare one research project during the fellowship program on a topic pertinent to pediatric emergency medicine. Original contributions shall document original clinical or applied research. The original contribution shall be submitted to the ACOEP within thirty (30) days of the completion date of the fellowship.

7.5 The fellow shall be required to participate in professional staff activities.

7.6 The fellow shall maintain certification as an instructor in pediatric advanced life support (PALS), and / or neonatal resuscitation program (NRP) or its equivalent.

7.7 The fellow may moonlight, if approved by the program director; however, he or she may not moonlight in the department in which he or she serves as a fellow.

SECTION EIGHT
EVALUATION

8.1 The core curriculum shall be evaluated annually by faculty and fellows as a method for revision and updating of the documents.
8.2. The program director, with faculty input, shall complete written quarterly evaluations of fellow performance. This shall include evaluations from all affiliated training sites and supplemented rotation sites.

8.3. Evaluations shall be learner-centered, developmental, foster continuous improvement, and based upon educational objectives for each assignment and program activity.

8.4. Completed evaluations shall be shared with the fellow in consultation for improvement. They shall be signed by the program director and fellow to document that evaluation and counseling have occurred quarterly as required. Copies of evaluations shall be made available to the fellow.

8.5. The program director shall document that fellows needing remediation or counseling as a result of evaluation are given it in a timely manner. There shall be documentation of follow up evaluations of these fellows.

8.6. The fellow shall anonymously evaluate faculty and the program on an annual basis.