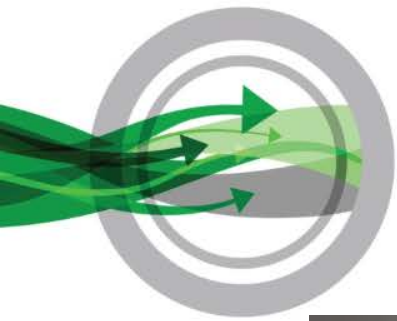
The title "Annual Program Evaluation" is written in a large, bold, white font on a dark green rectangular background. The background of the slide features a large, light gray circular graphic with several green arrows of varying shades pointing in different directions, suggesting a cycle or process.

Christine Redovan, MBA

Consultant, Partners in Medical Education Inc.

April 28, 2017



# Disclosures

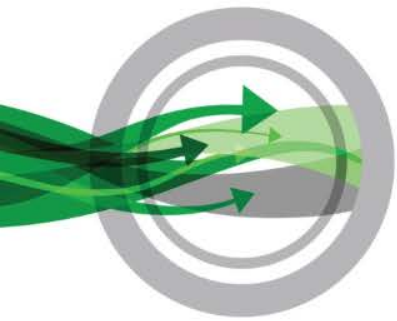


- Christine Redovan, MBA
- Consultant with Partners in Medical Education, Inc.



- Tori Hanlon, MS, CHCP
- DIO, Aria-Jefferson Health
- Consultant with Partners in Medical Education, Inc.

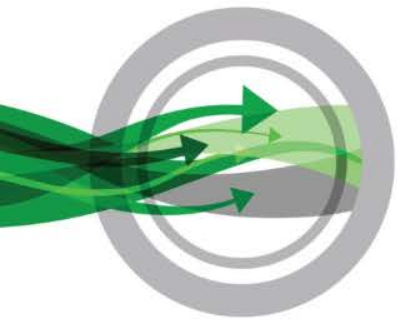




# Annual Program Evaluation (APE)

- Common Program Requirement V.C.1 – V.C.3
- Responsibility of the Program Evaluation Committee (PEC) (V.C.1)
  - Two program faculty; one resident (minimums)
  - Written description of responsibilities
- Actively participate in:
  - Planning, developing, implementing and evaluating educational activities of the program;
  - Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
  - Address areas of non-compliance with ACGME standards;
  - Review program, annually, using evaluations of faculty, residents and others.

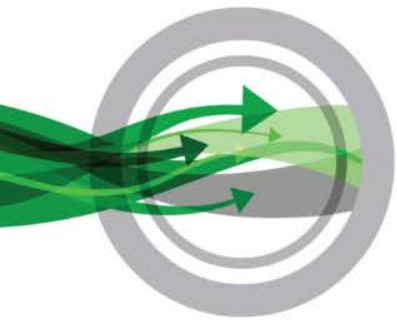




## CPR V.C.2

- The PEC must document formal, systematic evaluation of the curriculum, at least annually, and is responsible for rendering a written, annual program evaluation
- The program must monitor and track:
  - Resident performance
  - Faculty development
  - Graduate performance
  - Program quality
  - Written, annual evaluations of program
  - Progress on previous year's action plans

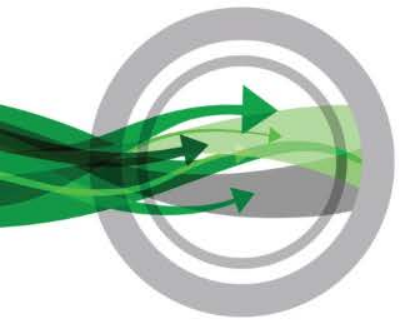




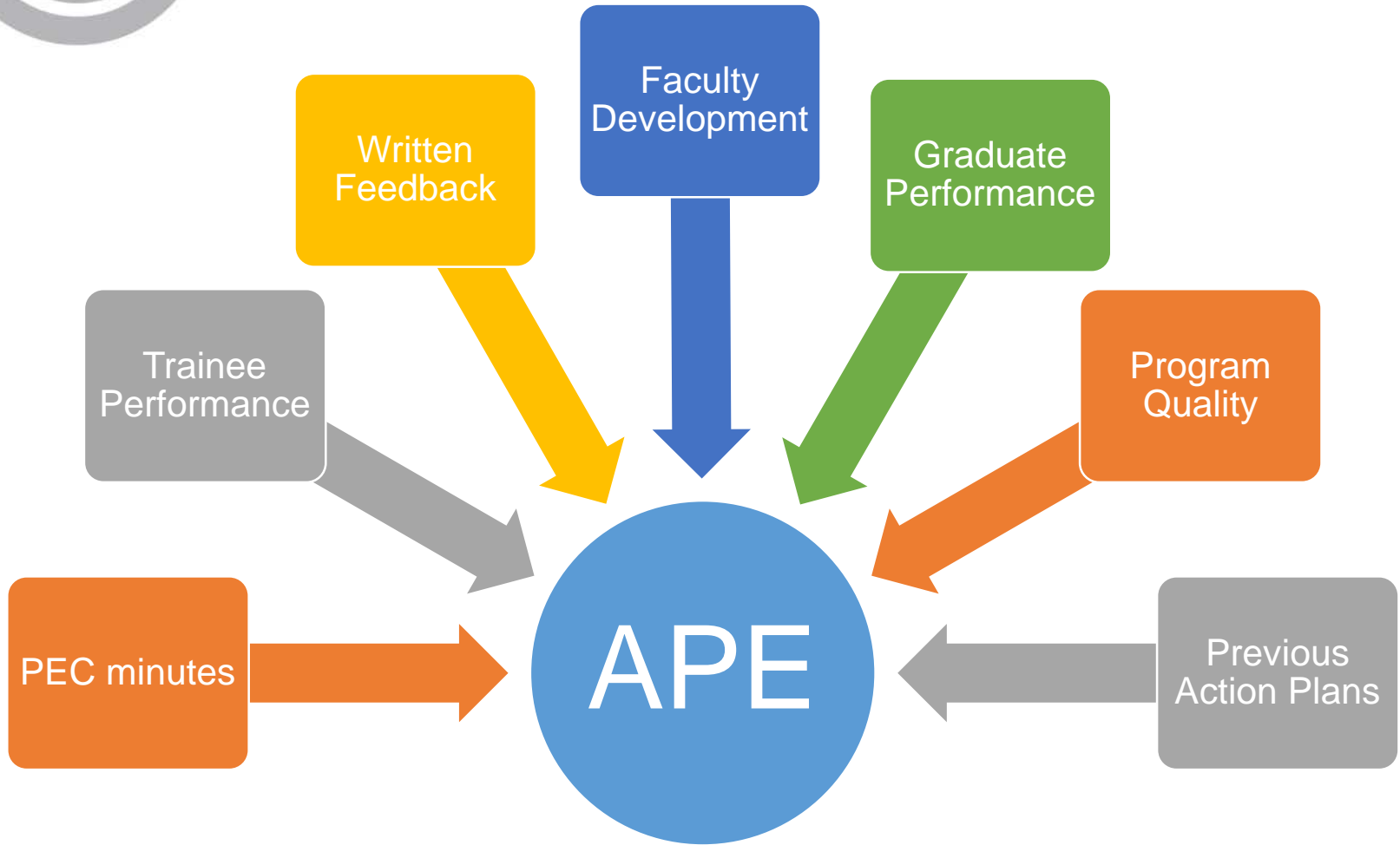
## CPR V.C.3

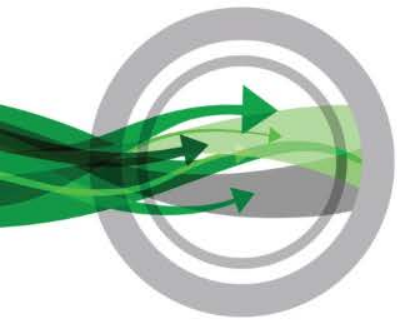
- The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in V.C.2 as well as delineate how they will be measured and monitored
- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes





# APE Framework



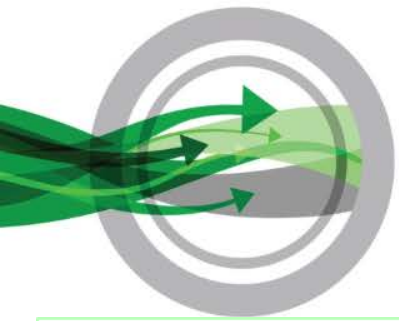


# PEC Minutes

Topic	Discussion	Recommendations/ Actions	Follow up

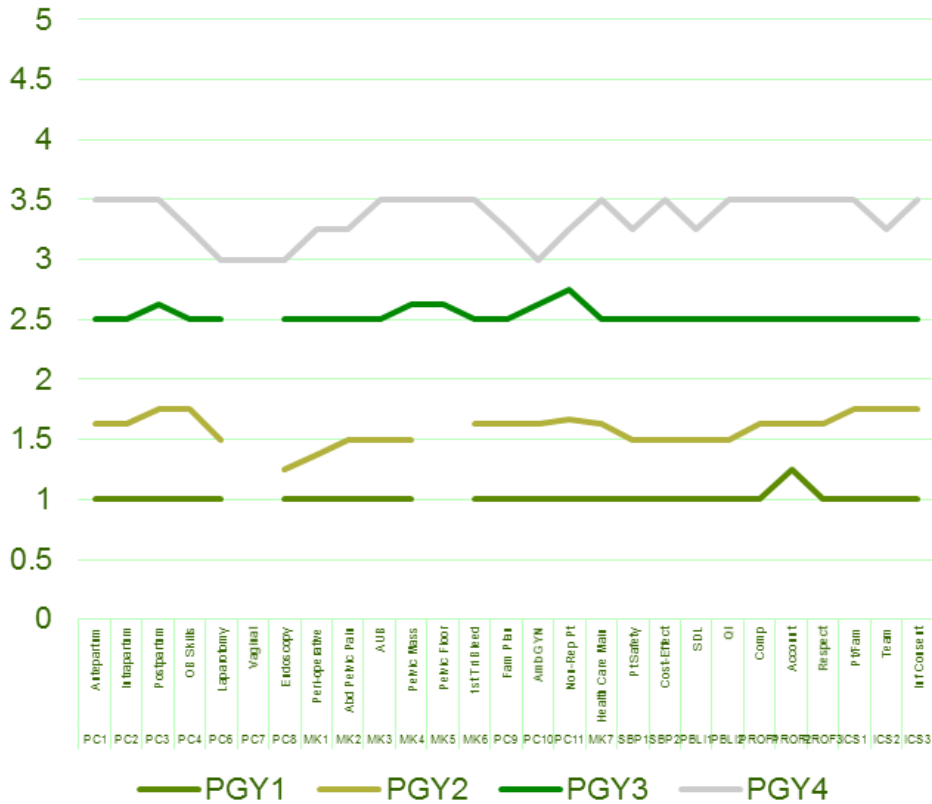
- Meet often
- Use required areas for APE to set agenda
- Take detailed minutes; topic, discussion, outcome, follow-up
- One PEC meeting should be designated for APE





# Trainee Performance

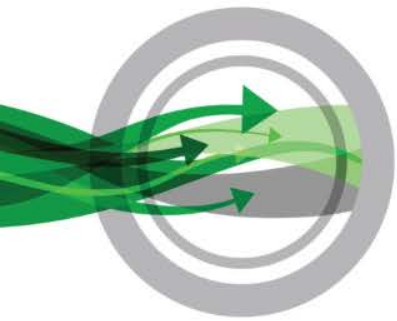
## Milestones -- December 2014



- Competency data from evaluations
- Milestones
- In-service scores
- Other evaluations





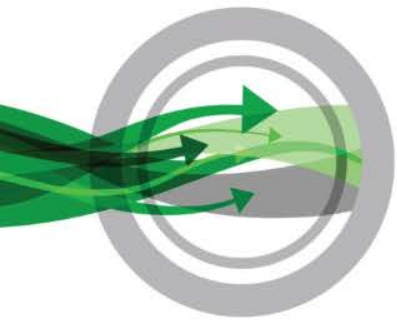


# Written Feedback

Didactic Curriculum	13-14	12-13	11-12	10-11
OB Rounds	4.0	4.0	3.8	3.6
GYN Rounds	3.8	3.6	3.3	3.4
Pre-OP Conferences	2.3	3.8	3.4	3.0
Case Conferences	3.6	3.9	3.7	3.4
Neonatal Rounds	3.8	3.7	3.8	3.6
Multidisciplinary Rounds	3.9	3.8	4.0	3.5
Journal Club	3.4	3.3	3.4	3.0
OB/Peds Conferences	4.0	3.9	4.0	3.7
Pig Labs	4.0	4.3	4.0	NA
Skills Labs	4.1	4.2	NA	NA
L&D Lab	4.3	3.9	NA	NA
CREOG Preparation	3.9	4.0	NA	NA

- From Resident and Faculty annual written program evaluation
- Ask questions specific to your program; what data are you looking for?
- Trend the data
- Use to feed action plan





# Faculty Development & Graduate Performance

## Faculty Development

- In-house activities
- Outside activities
- Difficult to capture
- Educationally focused; not clinically focused
- Faculty is the audience

## Graduate Performance

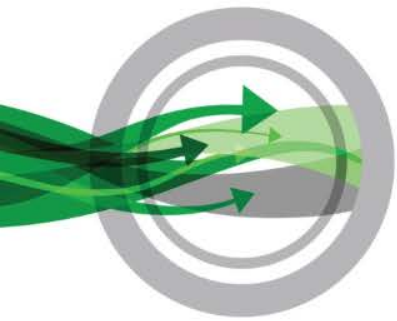
- Board pass rate
- Check your specialty; each one has specific requirements. i.e.

FM: 90% first time pass rate over 5 years

IM: 80% first time pass rate over 3 years

Peds: 70% first time pass rate over 5 years

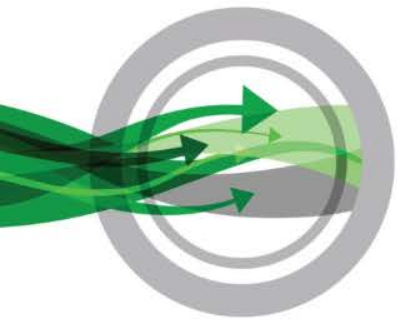




# Program Quality

- ACGME Letters of Notification
- Rotation Evaluations
- Internal Surveys
- ACGME Resident and Faculty Surveys
- Alumni Surveys
- Graduation Rate
- Graduate Placement

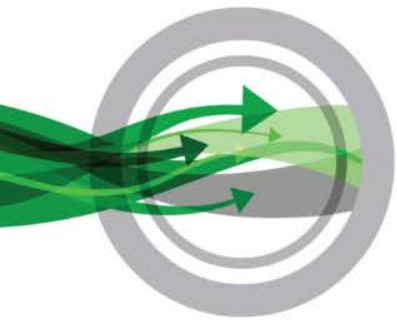




## ...more data...

- Citations/Responses
- Changes since last year
- Rotation schedule
- Selected ADS data
- Resident Files
- QI & Patient Safety Projects
- Duty hour compliance
- Policies
- Scholarly activity
- Attrition
- Recruitment
- Program Aims
- SWOT analysis
- Special review data

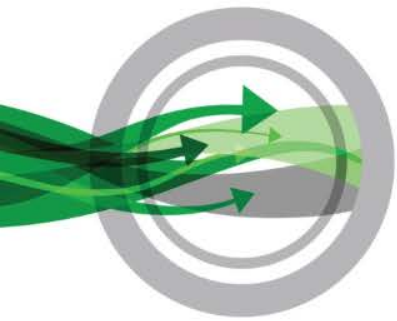




# Putting it all together

- Use a template
- Choose data that meets the requirements and is meaningful for your program
- It a group effort; not a “state of the residency” report from the program director
- Short & Simple, yet impactful
- Use visuals to convey data
- Pick two or three items for your action plan



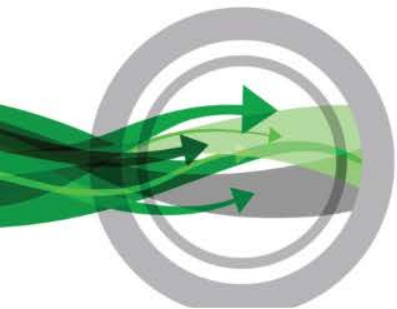


# Action Plans

- Make them SMART

Specific	Measurable	Attainable	Relevant	Timely
Address lack of education on quality improvement	All residents will complete a minimum of 5 IHI modules	Minimal subscription cost; electronic resource	Required for ACGME accreditation. Monitored by PD monthly.	All current residents trained by June 1, 2017. Incoming residents complete modules by December of first year of training.



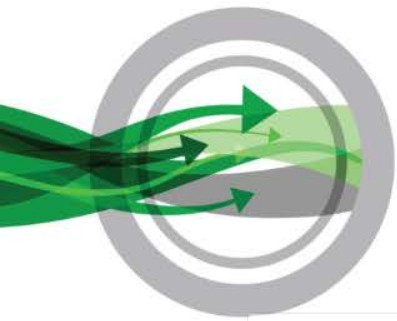


# Sample data collection tool

Reviewed √	GRADUATE PERFORMANCE	Assessment/Findings	Needs Improvement	Action Plan (should include how measured and monitored)	Six Month Follow up on Action Plan
( )	Resident board pass rates/results – Enter % taken and % pass rate		( ) No ( ) Yes		
( )	Alumni Survey Results		( ) No ( ) Yes		
( )	Graduate placement		( ) No ( ) Yes		
( )	Resident Attrition -Enter the % of residents who left the program		( ) No ( ) Yes		
Reviewed √	Program Quality	Assessment/Findings	Needs Improvement	Action Plan (should include how measured and monitored)	Six Month Follow up on Action Plan
( )	ACGME Faculty and Resident Surveys		( ) No ( ) Yes		
( )	Annual Evaluation of Program by Residents -Enter # of residents completed -Enter % of residents rated program overall positive		( ) No ( ) Yes		
( )	Annual Evaluation of Program by Faculty -Enter # of faculty completed -Enter % of faculty rated program overall positive		( ) No ( ) Yes		

Provided by: E. Thomas, PinnacleHealth





# Sample APE

## Suggested Annual Program Evaluation Template

Academic Year (AY) \_\_\_\_\_

Use this template for aggregating information from a single year's Annual Program Evaluation. The template is suggested, and you may adapt it in any way you find useful to facilitate program improvement. You may also use attachments or appendices if additional detail is relevant to tracking a given issue.

*(Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits).*

Program: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Membership, Program Evaluation Committee (*Program Requirements (PR) V.C.1.a*)

### 2. Resident/Fellow Complement

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current trainees							

### 3. Number/Types of Other Learners (other residents, fellows, medical students, other health professions)

### 4. Program Changes in the Past Year

### 5. Plans for Learning Changes

Retrieved from: <http://www.acgme.org/What-We-Do/Accreditation/Self-Study>

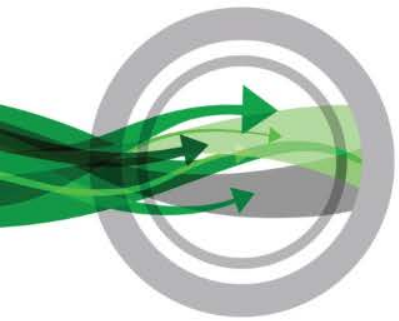




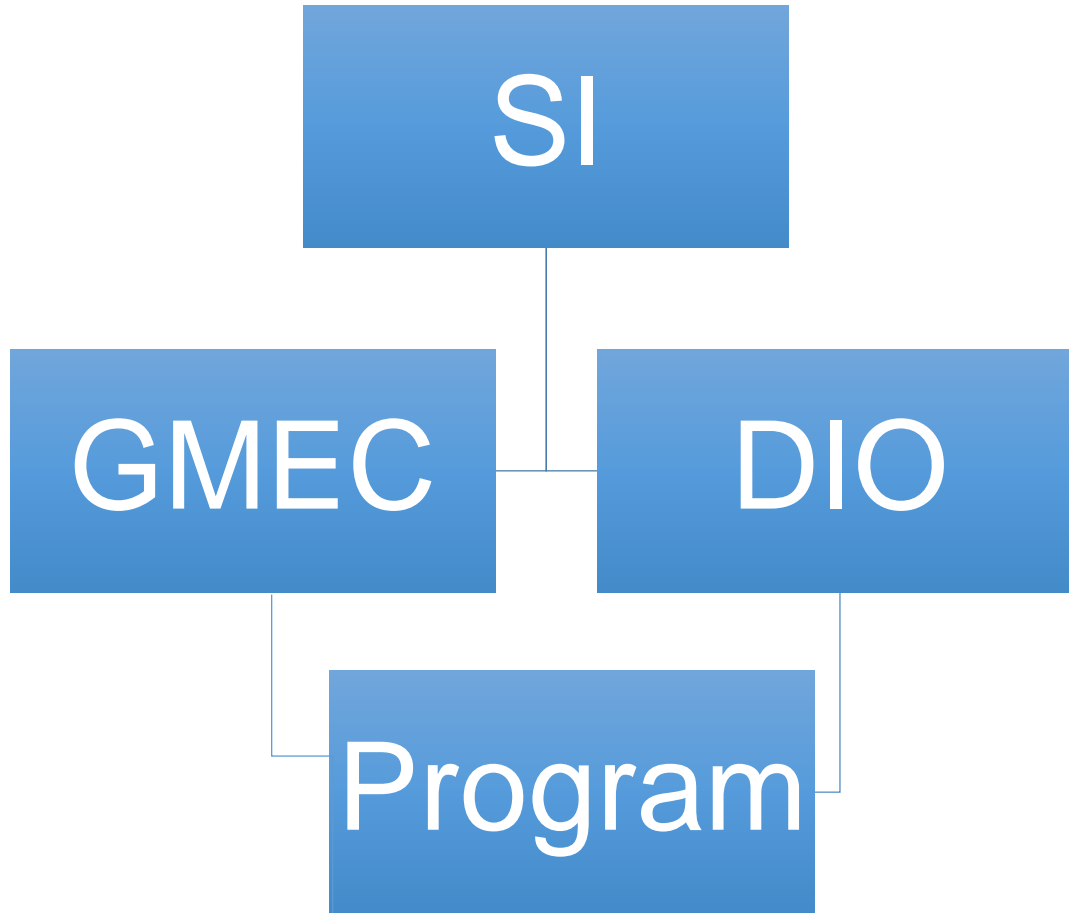
The background consists of several overlapping, semi-transparent green circles of varying shades. A large, dark green horizontal bar is positioned on the right side, containing the title. Below it, another dark green horizontal bar contains the presenter's name and date. The overall design is clean and professional, with a focus on green and grey tones.

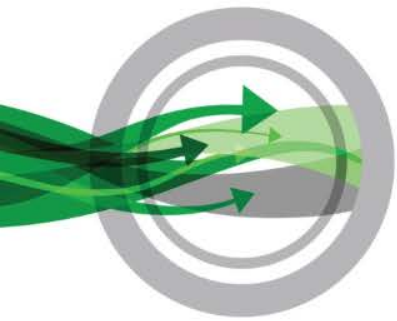
# Institutional Requirements

Tori Hanlon, MS, CHCP  
Consultant, Partners in Medical Education Inc.  
April 28, 2017



# Oversight

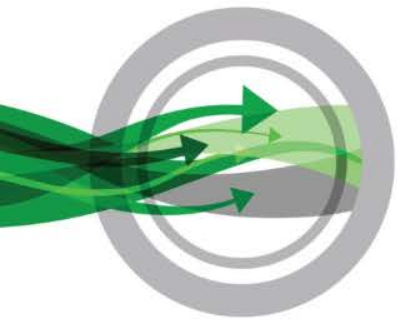





# How Does GMEC Demonstrate Oversight?

- **Annual Institutional Review (AIR) – *IR I.B.5.***
- **Special Review – *IR I.B.6.***
- **Annual Program Evaluation – *CPR V.C.2.***
- **Program Review**

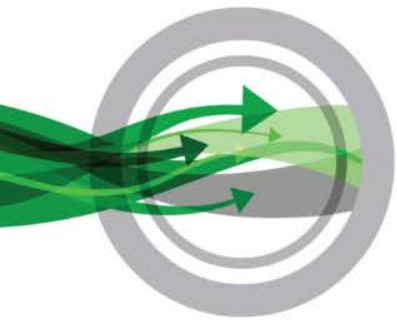




# GMEC Oversight

- Accreditation status of SI & programs - *IR I.B.4.a).(1)*
  - Review LONs 
- Quality of GME learning & working environment within SI, programs, & participating sites – *IR I.B.4.a).(2)*
  - Annual Housestaff Survey
  - Duty Hours

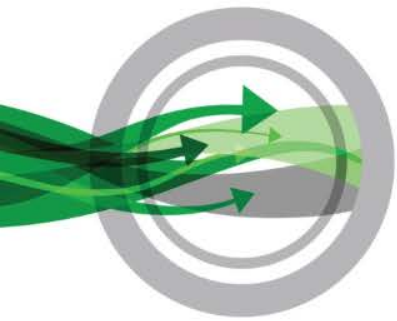




# GMEC Oversight

- Quality of educational experiences in program that lead to measurable achievement of educational outcomes – *IR I.B.4.a).(3)*
  - Curriculum (G&O, rotations, didactics)
  - Board pass rates
  - Milestones
- Annual program evaluation and improvement activities – *IR I.B.4.a).(4)*
  - APE report
  - Monitoring APE action plans

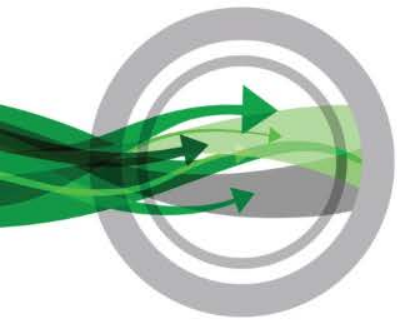




# AIR Requirements

- GMEC identify institutional performance indicators
- Develop action plans and monitoring procedures
- DIO submit written executive summary of AIR to Governing Body

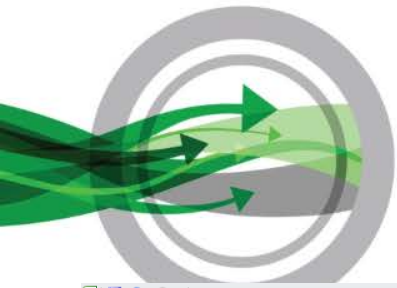




# AIR

- Develop AIR policy and procedures
- Engage GMEC in a discussion of institutional performance indicators for the AIR
  - Results of most recent institutional self-study visit
  - Results of ACGME surveys of residents/fellows and core faculty members
  - Notification of each ACGME-accredited programs' accreditation statuses and self-study visits





# Accreditation Status Grid

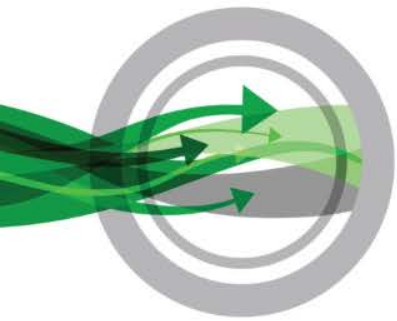
Accreditation Status Grid rev 3-23-2017 - Microsoft Excel

AOA Programs' Accreditation Statuses

ACGME Institutional and Program Accreditation Statuses							
Institution	Current Status	Site Visit Date	Date of Accreditation Decision	# Citations	# AFIs	Progress Report	Self-Study Date



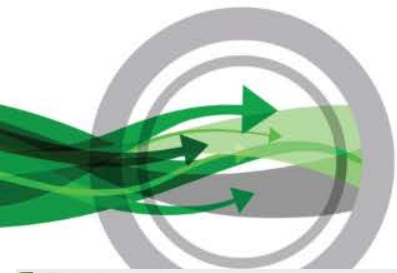




# Institutional Performance Indicators (AIR)

- Results of program response to the domains of ACGME CLER review
- Results of annual GME Housestaff survey
- Most recent academic year duty hours report
- Results of APEs
- Documentation of a written commitment to GME
- Documentation of up-to-date institutional GME policies & procedures as outlined in ACGME IR
- Review status of RRC citations
- Aggregate results of program performance indicators (board pass rates, resident attrition, resident/faculty scholarly activity, match data)
- Wellness activities





# AIR Action Plans

AIR 2014 Action Plans - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View

Clipboard Font Alignment Number Styles Cells Editing

M23

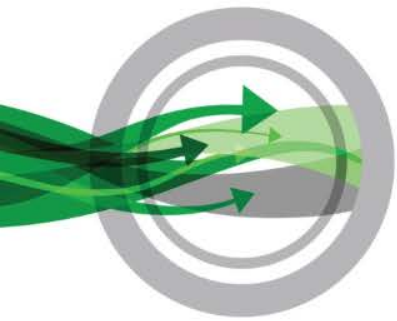
	A	B	C	D	E	F	G	H
1								
2	<b>Annual Institutional Review (AIR) 2016-2017</b>							
3	<b>Action Plans</b>							
4	Item #	Action Item	Action Steps	Status	Accountability	Target Completion	Result	
5	1	Update institutional commitment to GME statement	1) DIO and GMEC provide recommendations for updates/revisions, 2) GMEC approve revised Institutional Commitment statement, 3) Obtain approval and signatures from SI leadership and governing body		Who?			
6	2							
7	3							
8	4							
9								
10								

Sheet1 Sheet2 Sheet3

Ready

180%

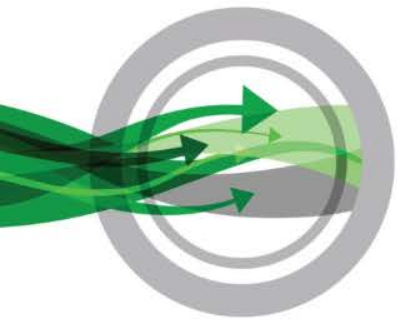
3:54 PM 4/21/2017



# Words of Wisdom

- Don't be discouraged by lack of data in first/second AIR
- Use IR, ACGME application for institutional accreditation & institutional site visit documents to assess quality of SI
- Create templates!





# Questions?



## Email us...

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[tori@partnersinmeded.com](mailto:tori@partnersinmeded.com)

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