

2018 ACGME Program Coordinators' Workshop

BR04: Leveraging Data Across Multiple Requirements to Streamline Coordinator Efforts /Aligning with the Academic Year

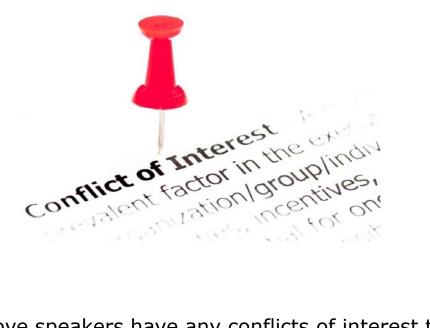


Ann Dohn, MA, DIO & GME Director, Stanford Nancy Piro, PhD, Sr. Program Manager/Education Specialist, Stanford





Ann Dohn, MANancy Piro, PhD



Neither of the above speakers have any conflicts of interest to report.



Resiliency – A Philosophy to Work By...

"Do not judge me by my successes, judge me by how many times I fell down and got back up again." - Nelson Mandela

Agenda

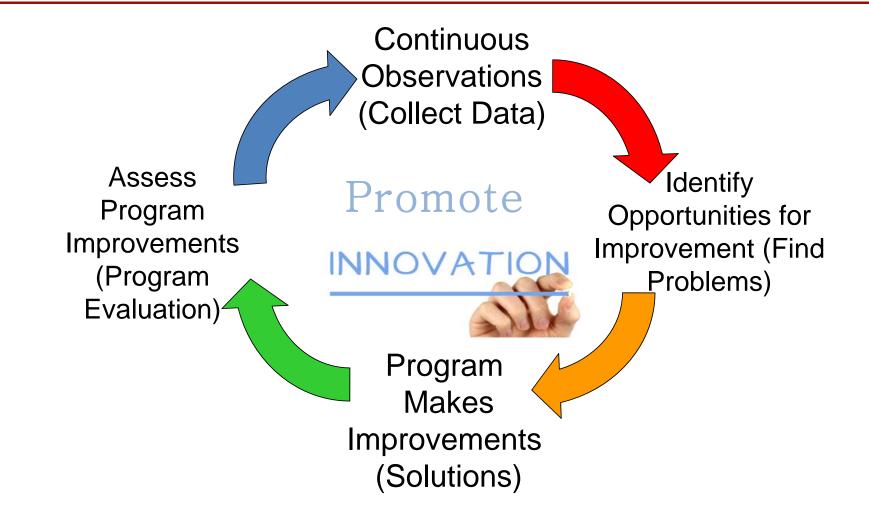


- Our focus today is: Leveraging and reusing your data throughout the Academic Year
 - > STEP 1. Understanding what data is required at what point in the Academic Year.
 - STEP 2: Building the toolbox of data to seamlessly align with the Academic Year Cycle of requirements
 - STEP 3: Using a simple calendar for aligning your data with the accreditation requirements throughout the Academic Year.
 - > STEP 4: Strategic Use (and Re-Use) of Data Sets:
 - 1. Surveys
 - 2. Evaluations
 - 3. Scorecards
 - 4. Questionnaires



STEP 5: Q & A and participant discussion to address possible barriers to implementation

The Next Accreditation System (NAS)



The Next Accreditation System (NAS) Overview

Internal Oversight

- Graduate Medical Education Committee (GMEC)
- Program Evaluation Committee's Annual Program Evaluation
- Milestone Evaluations by the Clinical Competency Committee
- WebADS
- Special Reviews



Program Responsibilities



- Annual Data Updates in ADS (reported to ACGME)
 - Additionally includes periodic changes in resident complement or PD/PC changes
- Resident/Faculty & Program Evaluations (internal)
 - Including residents' semi-annual and summatives
- Clinical Competency Committee (internal)
 - Milestone Reporting (reported to ACGME)
- ACGME Resident/Fellow & Faculty Surveys (reported from ACGME)
- Program Evaluation Committee (internal)
- Annual Program Evaluation (APE) (internal)
- Self Study (internal until external site visit at end of 10 years)

Work Flow Guide

- ADS Annual & Ongoing Updates
- Resident/Faculty & Program Evaluations
- ► CCC
- Milestone Reporting
- ACGME Surveys
- ▶ PEC
- ► APE
- Self Study

► To ACGME Ι Internal Internal Ι To ACGME From ACGME Ι Internal Ι Internal To ACGME



Creating the Annual Academic Year Timeline



All the pieces can align With a Timeline!



And here's a TIMELINE FORMAT...

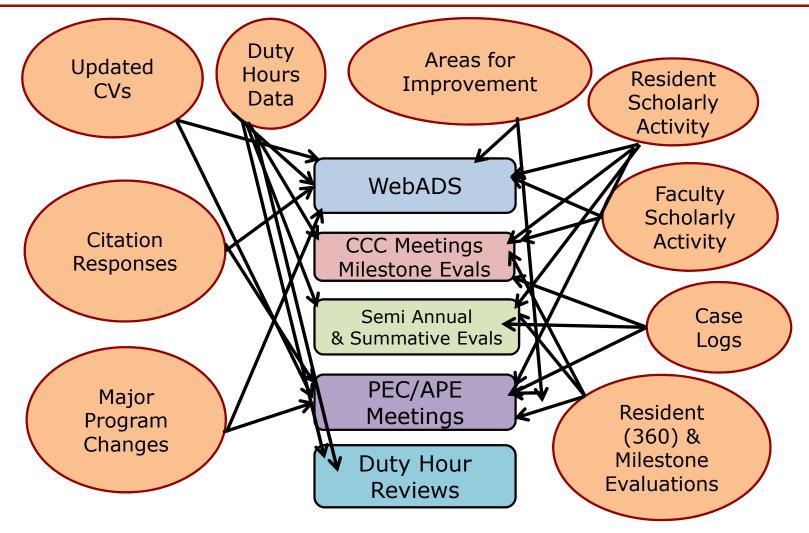
	Sta	nford GME	Timeline	of Accredit	tation Activ	vities (201	7-2018)			-		
	JUL	AUG	SEPT	ост	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
ADS Annual Update	Rep	orting Win	dow									
Ongoing ADS Updates						As Ne	eeded					
Semi-Annual Resident Evaluations						Review, alize	Meet, Review, Finalize					
Faculty Evaluations by Residents		Required Annually										
Program Evaluations		Required Annually										
Summative Evaluations												At end of training
ccc						Review, alize						Review, alize
Milestone Reporting					Meet, I	Review, alize					Meet, I	Review, alize
ACGME Surveys								Survey	Window			
PEC			-	-		Required	Annually					
APE						Required	Annually					
Self Studies					Re	equired Eve	ery 5-10 ye	ars				
Site Visits				Ma	y occur at	any time wi	ith an ACGI	ME notifica	ition			
CLER			I	May occur	at any time	with an AC	GME notif	ication (+/-	18 months	;)		
Duty Hour Compliance Review						Mor	nthly					
ACGME Conducts												
Program Conducts												

Here's an EXAMPLE of our Annual GME Timeline

		ACGME & GME Timeline										
			20	17					1	2018		
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
VebADS		Send t Subm	• WebADS (o GME for it GME-app ADS to AC	review. roved								
Milestones			tone-based ws to atten				Milestone to ACGME.		out milestone-l nts/fellows to			Submit Milestone Reports to ACGME.
Clinical Competency Committee		Meet, Review, Finalize in MedHub's Milestone Management section.								MedHub	iew, Finalize in 's Milestone nent section.	
Semi-Annual Evaluations							th resident. t in MedHub.					ith resident. ht in MedHub.
GME House Staff Survey for Residents/Fellows (If any)					V GM	Survey Vindow. IE delivers nfidential	Survey results posted in MedHub.					
ACGME Survey for Faculty and Residents/Fellows							ACG	Reporting ME delivers co		Survey results posted in MedHub.		
Program Evaluations for Faculty and Residents/Fellows								GME delivers confidential program evaluations.	Evaluations posted in MedHub.		GME delivers confidential program evaluations.	Evaluations posted in MedHub.
Summative Evaluations												Complete form at end of training.
Program Evaluation Committee / Annual Program Evaluation	Uploa documer Med	ntation in								Schedule	, Meet & Upload MedHul	meeting minutes in).
Alumni Survey (optional)				GME de	livers alum	ni survey.						
Duty Hours						Monthly	Ongoing: Re	view all violatio	ons.			
Site ¥isit				Occu	rs at any tim	ne with an A	CGME notifi	cation (minimu	m 30 days prio	r to visit).		
Self Study					Occurs u	ipon receivi	ng ACGME S	Self Study letter	of notification	ı.		
CLER	Approx. every 18 months.											

Leveraging the Reusability of Data ...





Organizing the data chaos...





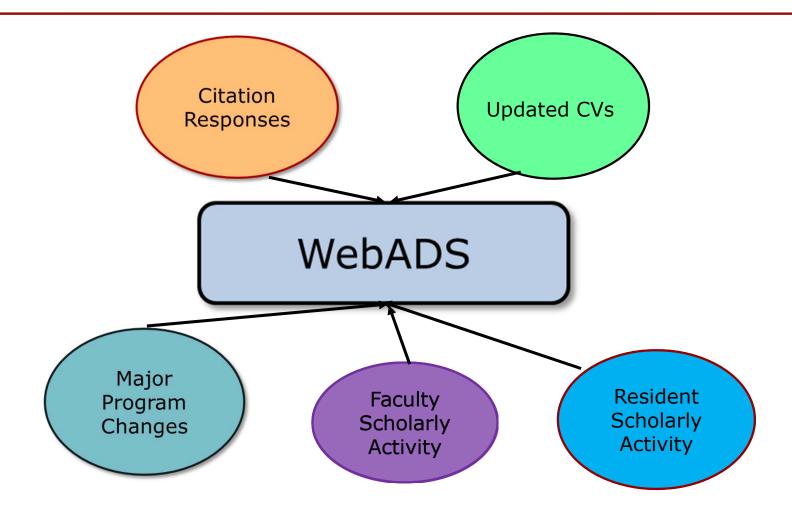
Moving Streams of Data into Your Calendar Year Requirements

		•		214
<u>ro</u>	20			104
JANUARY				7.5
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 31		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 30	60
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Where do I begin?



WebADS

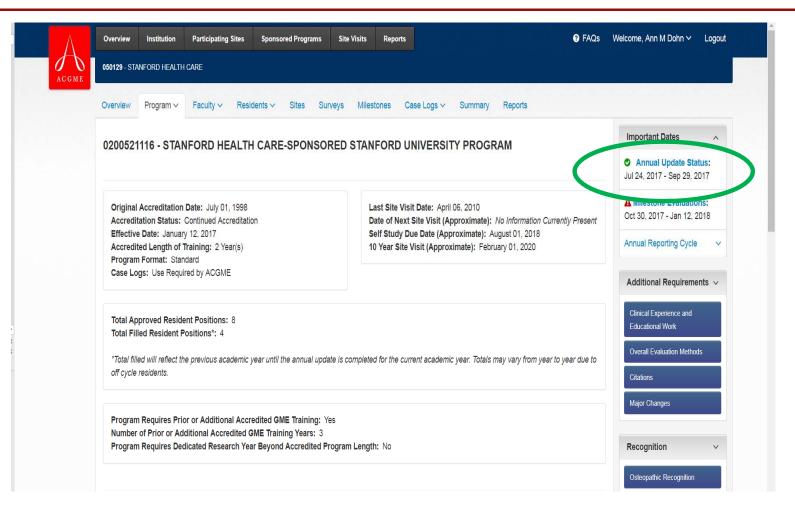


Data Collection for the Next Accreditation System: The Accreditation Data System (ADS) Annual Update

ABOUT US CONTACT		in in			SEARCH PROGR AND INSTITUTI		your search here	Q
Δ								LOGIN ≫
Accred	itation Council for					Accreditat	ion Data System	
	te Medical Education	1				Res	ACGME Su ident Case Log Sy	
What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings	and Events	Data Collection Systems	Specialt	ies
Early Bird		h other: ATION THROUGH C	OLLABORATIO	Wha	at's New	Follow us on <u>Tv</u>	<u>witter</u> to stay up to d	late 🍼
Registration Ra Closes January	STATE BALLET STATE OF STATE	1.14		NOV 29 2017	ACGME arti published in	icle about work hour require AJGME	ements	C
The 2018 ACGME Annu- Educational Conference celebrate the connection and positive impact of th	will s			NOV 8 2017	2018 ACGM registration	IE Annual Educational Confe open	erence	»
graduate medical educat community. Join us!	tion			ост 26 2017	ACGME anr	nounces Back to Bedside		Ø
	2018 ACGME	REGISTRATION EN	AL CONFERENCE	ост 12 2017	2018 ACGM	1E Awardees Announced		ß
LEARN MORE	March 1-	4 Orlando, Florida #4	ACGME2018	ост 2 2017		tement and Information for Puerto Rico Affected by Hu		»

MORE NEWS »

ACGME ADS – Reporting Window



ADS Updates – Status Check

Overview Institution Participating Sites Sponsored Programs Site Visits Reports	😯 FAQs	Welcome, Ann M Dohn 🗸
050129 - STANFORD HEALTH CARE		
Quantituu - Destantuu - Desidantuu - Ciinta - Mitalaana - Ciinta - Ciint	9-10-10	
Overview Program - Faculty - Residente - Cites Surveys Milestones Summary Reports		
270521093 - STANFORD HEALTH CARE-SPONSORED STANFORD UNIVERSITY PROGRAM		Overview Logend
		A Missing Data
Annual Update	Complete 🔨	Section Complete
	oumpiere X	Site Visit Results
Submit Annual Update		
Milestone Evaluations	100% Complete 🗸	Current Citations
All evaluations have been completed		Reference Materials
Currently Scheduled: Oct 30, 2017 - Jan 12, 2018 Current Milestone Evaluation Completion Rate: 100.0% - [2 of 2]	View	Journal of GME
Last Milestone Evaluation Administration: Apr 24, 2017 - Jun 24, 2017 Compliance Rate: 100.0% - [2 of 2]		
Milestone Evaluation Narrative >		
Self-Study Uploads	^	
Faculty Survey	~	

Web ADS Major Changes – Poor Example

MAJOR CHANGES AND OTHER UPDATES

Provide a brief update explaining any major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review.

No changes since last academic year	This must NOT be blank. You m describe positive change here. A	The second s
	is looking for program innovation response to previous areas cond	l,
SPONSORING INSTITUTION: (The university)	and progress on last year's Actio	this program)
Name of Sponsor: Stanford Hospital and (או רומוו
Address:	items.	
Stanford Health Care Department of Graduate Medical Education 300 Pasteur Drive Stanford, CA 94305-5207	on, HC435	Single/Limited Site Sponsor: NO
Healthcare Entity Recognized by: Joint Co	ommission	
Type of Institution: General/Teaching Hos	pital	
Name of Designated Institutional Official:	Ann M. Dohn, MA	Email: adohn1@stanford.edu
Does SPONSOR have an affiliation with a	medical school (could be the sponsoring institutio	n): YES
Name of Medical School #1: Stanford Uni	v Sch of Med, Stanford, CA	

All rotation sites may be entered but only required sites appear.

Primary Site (Site #1)	
Name: Stanford Hospital and Clinics [050129]	
Address: Stanford Health Care Department of Graduate Medical Education, HC435 300 Pasteur Drive Stanford, California 94305-5207	Type of Relationship with Program: Sponsor
Healthcare Entity Recognized by: Joint Commission	
Length of Rotation (in months). Year 1: 11	

[Length of Rotation (in months): Year 1: 11

Web ADS Major Changes – Good Example

Major Changes

Please provide a brief update explaining any major changes to the training program since the last academic year. Please limit your response to 8000 characters.

Anatomic Pathology Mentorship Elective: Based on the feedback from the trainees, we have created a one month elective for PGY-4 residents. The senior resident will serve as a mentor for the incoming AP residents and guide them in Surgical Pathology, typically during the months of July-October. They are available for PGY-1 residents if they need help with grossing (in addition to the Pathology Assistants in the gross room who are primary supervisors), report writing, reviewing electronic medical records and slide review etc. This elective is typically combined with research month and the structure of the elective is such that the senior spends no more than a couple of hours with the PGY-1 resident, leaving them with ample time to work on their research project. The feedback from the PGY-1 residents and faculty has been overwhelmingly positive and has encouraged mentoring and team building among the trainees.

ACGME Citations in ADS – Revise Responses to Citations Each Year

Λ	Overview	Institution	Participating Sites	s Spon	isored Programs	Site Visits	Reports
GME	050129 - STA	NFORD HOSPIT	TAL AND CLINICS				
	Program	Faculty	Residents	Sites	Case Logs	Summary	Reports

CITATION INFORMATION

Respond to Previous Citation(s)

Program Evaluation/Written Board Exam Pass Rate [Program Requirement V.C.4] At least 85% of a program's residents taking the ABI is certifying written examination for credit for the first time during the past seven years must pass. (Outcome) The pass rate for program residents taking the ABI certifying written exam for credit for the first time during the past 7 years (2007-2013) was 56.25%. The Committee noted that this appears to be a long-standing problem. The Committee will continue to monitor this area.

Continued Non-Compliance: 01/23/2015

The information provided demonstrated continued non-compliance with the requirement. Specifically, the pass rate for the program's residents taking the ABI is certifying written examination for credit for the first time during the past seven years (2008-2014) as reported by the ABI is was 60% (9 of 15 residents). The Committee noted that this is was a marginal improvement over the first-time pass rate for 2007-2013 previously cited, and will continue to monitor this area.

Continued Non-Compliance: 01/08/2016

The information provided demonstrated continued non-compliance with the requirement. Specifically, the pass rate for the program's residents taking the ABI a certifying written examination for credit for the first time during the past seven years (2009-2015) as reported by the ABI was 60% (9 of 15 residents). The Committee will continue to monitor this area.

Continued Non-Compliance: 01/06/2017

The information provided demonstrated continued non-compliance with the requirement. Specifically, the pass rate for the program's residents taking the ABI is certifying written examination for credit for the first time during the past seven years (2010-2016) as reported by the ABI was 69% (9 of 13 residents). The Committee will continue to monitor this area.

The low rate of passing reflects our previous practice of allowing all residents to take the exam for credit, regardless of PGY level or previous performance. This will resolve under our new policy, instituted in 2015, of requiring a passing score when taking the exam for practice to then take it for credit. We should exceed the threshold for avoiding a citation with the test results reported in 2020.

Last Updated By Program Director: 08/11/2017

Carefully UPDATE CVs

opeciality/rield. Fullifordary u			ke sure the Pro	gram Diroc	tor's	9/1994			
 Program Director's certified in specialty 	are required to be bo		dical License is	<u> </u>		Data			
subspecialty.	Certification Year	Certification Status	Re-Cert Year	Sta		Date of Expiration			
Pulmonary disease	1992	Re-Certified	2012	Califo	ornia	10/2015			
Critical care medicine	1993	Re-Certified	2013			N/A			
А	cademic Appointments - <mark>I</mark>	ist the past ten years, beg	inning with your cu	rrent position.					
Start Date	End Date		Description of		Only list the				
1/2014	Present	Vice C	hair of Medicine for (Juality implem	years of ac				
1/2012	Present	Professor of Medicine, U	Division of Pulmona Iniversity Medical Ce	ry and Critical	appointmer	nts.			
1/1999	Present	A	ssociate Director, Int	ensive Care Ur	nit,				
4/2011	5/2014		ief of Staff, Stanford I						
10/2006	12/2011	Associate Professor of Stanfo	Medicine, Division of ord University Medica			Medicine,			
5/2010	4/2011	Vice 0	Chief of Staff, Stanfor	d Hospital and	Clinics				
1/2007	1/2008		ean's Task Force for						
1/1999	10/2006	Assistant Professor of Medicine, Division of Pulmonary and Critical Care Medicine, Stanford, CA							
1/2005	12/2005	Interim Director, Heart-Lun	ig and Lung Transpla	int Program (St	anford Hospita	and Clinics			
 [2010 - Present] Chair, [2007 - Present] Stanfo 	s. <mark>ties</mark> / Committees (limit of can Thoracic Society Critica Quality Steering Committee	10): I Care Planning Committee , Stanford Hospital and Clini lity Improvement and Patient	cs		ily current sional	irgery ICU's,			
 [2000 - Present] Review 	wer, Critical Care Medicine				Make sur	e the			
	ty of Critical Care Medicine	Dhumining		_	publicatio				
 [1998 - Present] Fellow [1990 - Present] Ameri 	v, American College of Ches can Thoracic Society	t Physicians			only from	the past			
	· · · · · · · · · · · · · · · · · · ·	iewed Publications / Journ	al Articles from the	last 5 years	five years				
Wille K, Örens J, Wein levels are a UPDAT Shah RJ, E Crespo M, Legener Do- and mortality after lung Diamond JM, Akimova Palmer SM, Bhorade S Outcomes Group. Gen 2014 Mar 1;189(5):567 Shah RJ, Diamond JM	Acker A. Shah P. Arcasov, S. E PUBLICATIONS II I transplantation. Am J Resp T, Kazi A, Shah RJ, Cantu B C, Lama VN, Weinacker A, O etic variation in the prostagle 7-75. C Cantu E, Lee JC, Lederer I	KM, Orens JB FOR WINES DS. Plasma co DS. Plasma co DS. Plasma co 2014 Jun 1 E, Feng R, Levine MH, Kawu rens J, Wille K, Crespo M, L andin E2 pathway is associat DJ, Lama VN, Orens J, Wein	are LB* Pre-operative vm J Transplant. 2014 , Ware LB, Weinacke mplement levels are 5;169(12):1564-7. t SM, Meyer NJ, Lee ederer DJ, Arcasoy S ted with primary graft facker A, Wilkes DS,	e plasma club ((4 Feb:14(2):44(17 A, Lama VN, associated with JC, Hancock V 6, Demissie E, (dysfunction. A Bhorade S, Wil	chronolog reverse chronolog chronolog d Christie JD; Lui m J Respir Crit	e in either ical or ical order ng Transplar Care Med. 3, Palmer			
		M, Bellamy Sk, Christie JD. L 2013 Feb 21. doi: 10.1378/cl		identifies distin	ct phenotypes	of primary			

Faculty & Resident Scholarly Activity in ADS:

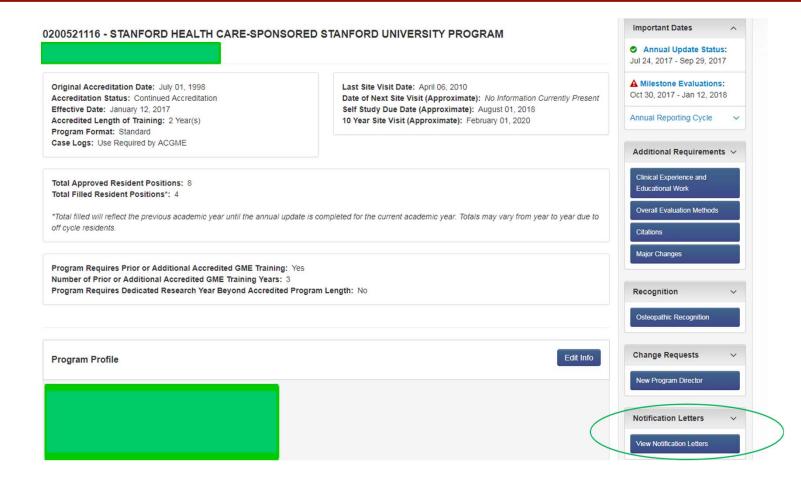
Annually Update for Previous Academic Year and Annually Update PD Curriculum Vitae

FACULTY SCHOLARLY ACTIVITY

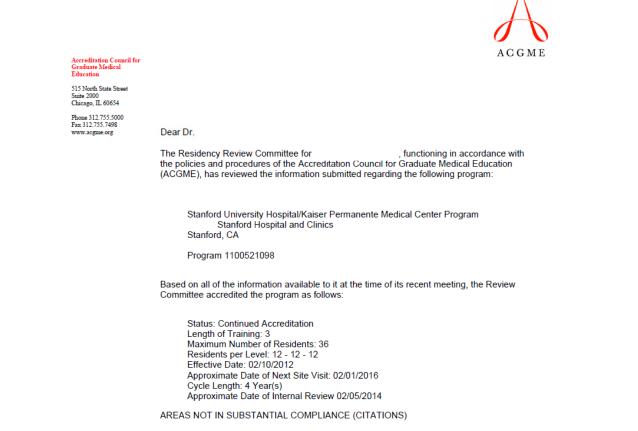
Faculty Member	PMID1	PMID2	PMID3	PMID4	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
					4	0	0	0	Y	Ν
-					1	1	0	0	Y	Y
-	26563978	26518413	26495751	26654108	3	5	0	3	Y	Y
	27124693	27009113	26879335	26247235	13	8	2	3	Y	Y
-	26405296	26524351	26350812	25960379	3	0	0	2	Y	Y
-	26394137	26567857	26639173	26771535	3	2	0	2	Y	Y
-	27294327	26670127			6	3	0	2	Y	Y
-	26733356	26451281	26884438		3	5	0	8	Y	Y
					0	4	0	0	Y	Y

For reporting year 2016-2017, scholarly activity that occurred during the previous academic year (2015-2016)

ACGME Letters of Notification in ADS



ACGME Letter of Notification (LON) in ADS & MedHub



The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.

Reasons for Letters of Notification from RRC

- ✓ Citations: New Citations, Extended Citations, Resolved Citations
- Opportunities for Program Improvement
- ✓ Request for Progress Report
- ✓ Other Comments

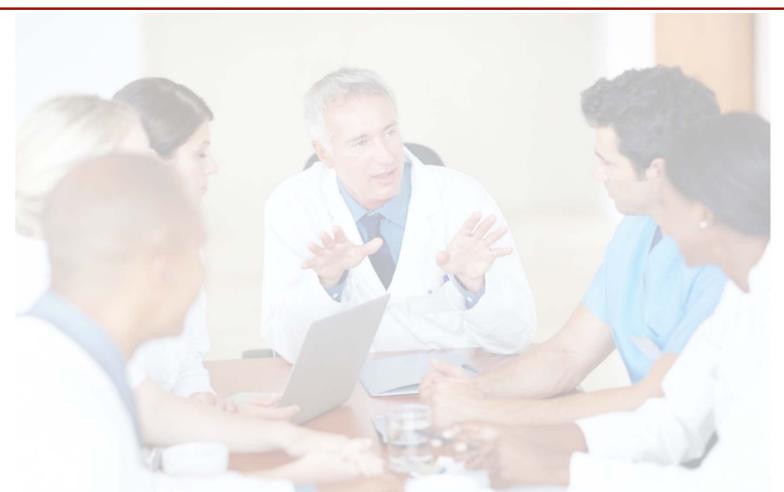
NEW CITATIONS

Scholarly Activities | Since: 01/24/2014 | Status: New

Faculty Scholarly Activity [Common Program Requirement II.B.5] The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. On review of the 2012-2013 Program Annual Report, the Committee noted that 4 of 20 listed faculty reported no scholarly activity for 2011-2012. In addition, a spot check of PMIDs revealed that some appear to have been published outside the requested reporting window of academic year 2011-2012 (July 1, 2011 – June 30, 2012). The program is advised to report only the peer-reviewed publications for the requested academic year in subsequent ADS annual updates.

Clinical Competency Committee



How the CCC does its work is decided by the Program Director

Clinical Competency Committee

Clinical Competency Committee PROTOCOL & REQUIREMENTS

The Clinical Competency Committees (see below) will review and use assessment data, including faculty member assessments of residents on rotations, self-evaluations, peer evaluations, and evaluations by nurses and other staff members. Each program may continue to use its current resident assessment tools, and phase in tools developed specifically for the milestones when these become available.

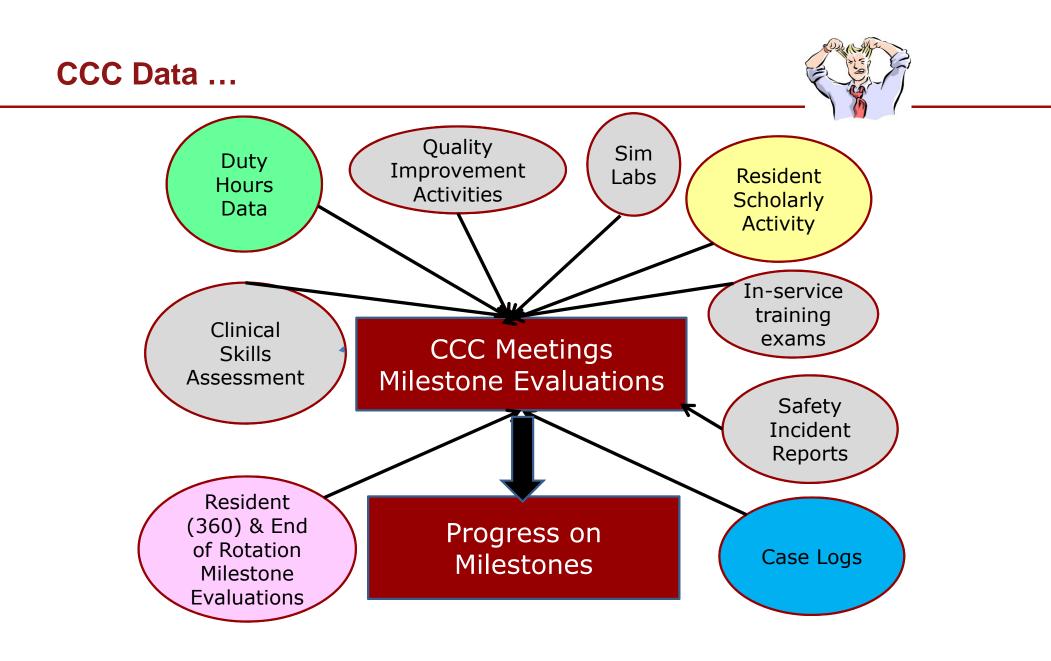
The Program Director is responsible for appointing faculty to the CCC.

At a minimum the CCC must be comprised of three key members of the program faculty. Others eligible for appointment to the committee can include faculty from other programs and non-physician members of the health care team.

The Clinical Competency Committee will:

- 1. Review all resident evaluations semi-annually;
- Prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME, and;
- 3. Advise the program director regarding resident progress, including promotion, remediation, and dismissal.

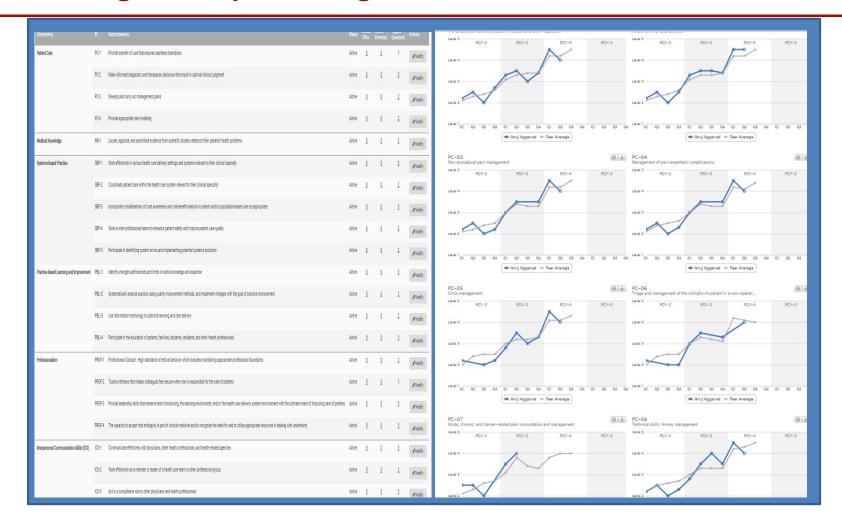
The Clinical Competency Committee will annually review their program-specific requirements to ensure compliance with all aspects of CCC duties, responsibilities and reporting to the ACGME.



CCC faculty assignment and pre-work



Linking and Representing Milestone Evaluation Data



Creating a Resident Performance Profile – Visual Trends

http://med.stanford.edu/gme/GME_Community/documents/conditional_formatting/conditional%20formatting/condition%

				ref	<i>š</i>		amat
Last, First (PGY2)		1st dt'	2nd Ott	semi Aggre	3rd Ott	arthOff	Vear Summar
Date Completed		9/30/2014	12/31/2014	12/31/2014	3/31/2014	6/30/2015	<u>6/30/2015</u>
Evaluations	Milestones						
Milestone End of Rotation (Total)	24	1.60	2.00	1.78	2.20	2.30	2.03
Medical Knowledge	MK A1	1.50	1.90	1.70	2.50	2.20	2.03
Patient Care	PC A1-10	2.10	2.50	2.30	2.30	2.10	2.25
Communication	ICS A1-2	2.50	2.00	2.30	2.70	2.60	2.45
Professionalism	PROF 1-5	1.90	2.50	2.20	2.60	2.90	2.48
Systems-Based Practice	SBP A1-2	0.80	1.00	0.90	1.10	1.90	1.20
Practice-Based Learning	PBLI A1-4	0.70	2.00	1.30	1.70	2.20	1.65
In-service Assessments (MK; PC)							
Routine procedure technical skills							
assessment: Level 2-3	PC A1-10	2	0		4	3	<u>9.0</u>
Complex procedure technical skills							
assessment: Level 3-4	PC A1-10						
Medical Knowledge Assessments		65	77	80	73.0	82.0	74.25
Case Logs / Clinical Experience	Min Reqts						
VAGINAL DELIVERY	40			5			15
CAESAREAN SECTION	20			7			13
PEDIATRICS	100			41			51
PEDIATRICS UNDER 3	20			1			8
CARDIAC	20			4			8
ENDOVASCULAR	20			0			12

Semi-Annual Evaluations

- Must be a documented meeting with PD or APD and Trainee
- Includes:
 - Milestone / (CCC) Data
 - Conference Participation
 - Quality Improvement and patient safety involvement/project
 - Scholarly/Research
 - Procedure/Case/Patient Logs
 - In-service scores
 - Duty Hour Compliance
 - Fatigue / Well Being
 - Supervision: Adequate/issues
 - Strengths and Weaknesses
 - Career Counseling

Milestones

					MILESTONE LEVELS			6	MONTH SUMMARY	
ID:		Has not Achieved Level 1								
		11	Reforms a history and physical examination in patients with train or spikel and shimms Provide south part - spacetiles care for patients with brain or spinal cords tunnos Historias the work-op of a patient with a brain or spinal cords tunnor Recognities signs of and institutes work-up for maunological determortation	 Equina casa anti-bandhar if humanaryada possidante for train and goad user finances - logicar anti-bandhar if humanaryada possidante for train and goad user finances - subces anti-bandhar possibilities (j.e., transition, information, information, information, - physicipation) 	Instruitors a surk vas partnament plan for putents with brais, skal basis, or gear oor brainers Hogonating hypothems material procedures Instrume complex procedures that brain of Instrume complex procedures that brain Instrume parameters that brain Instrume complex processing events (e.g., smat braining contral) datamiji Instrume complex processing events (e.g., smat braining contral) Instrume complex processing events (e.g., smat braining contral) Instrume complex processing events and the complex processing events Instrume complex processing events and the complex processing events Instrume complex processing events and the complex processing events	Independently formulants a traditional plan for patients with constraints of the complexiting lactics (a, a, systemic lineau datation chemotherapy) Independently profession complex products Austits standard traditional plans to account of the complexitience (a, previous suppry subcases numbers) in modelity) Independently manages complexitions	Systematically ensues traditioned outcomes for brain and spinal cost tennors Participates in quality meruwement for brain and spinal cost dumos Participates in or listal a multidisciplinary brain tennor team or program			
PC-A1	Brain Tumor - Patient Care	0	0	0 0				2.6 2.0 - 3.0	8	0 2
										+ MORE INFORMATION
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PC-A2	Critical Care - Patient Care	0		0 0				3.1 2.5 - 4.0	<u>10</u>	0 2
			u							+ MORE INFORMATION
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PC-A5	Pain and Peripheral Nerves – Patient Care	0	0	0 0 0				÷	0	0 0
				54/7						· · · · ·

<u>Semi-Annual Evaluations:</u> PD can fill out the form while meeting with trainee.

1.	÷	Question	Milestone ratings from the CCC were reviewed with the trainee.	Scale: No/Yes Scale Descriptions
2.	÷	Question	Provided trainee with data to show personal clinical effectiveness (e.g., facuty feedback, patient feedback, and allied health team member feedback).	Scale: No/Yes Scale Descriptions
З.	÷	Question	Aggregate Evaluations Reviewed with Trainee.	Scale: No/Yes Scale Descriptions
4.	÷	Question	Summary of discusssion of aggregate evaluations:	Long Text
5.	÷	Question	Case logs were reviewed with trainee.	Scale: No/Yes Scale Descriptions
6.	+	Question	The fellow is entering cases concurrently into the ACGME Case Log.	Scale: No/Yes Scale Descriptions
7.	+	Question	Why are cases below the required numbers or not at peer level?	Long Text
8.	+	Question	Has participated in a Quality Improvement/Patient Safety Project:	Scale: No/Yes Scale Descriptions
9.	+	Question	Name of QI Project /Description of QI Activities:	Long Text
10.	+	Question	Has been evaluated with respect to Transfer-of-Care (hand-over, hand-off, and sign-out).	Scale: No/Yes Scale Descriptions
11.	+	Question	Date of Transfer-of-Care (Hand-over, hand-off, sign-out etc.) evaluation;	Short Text
12.	+	Question	Duty Hours reviewed and discussed with trainee.	Scale: No/Yes Scale Descriptions
13.	÷	Question	Scholarly research efforts/projects reviewed with trainee,	Scale: No/Yes Scale Descriptions
14.	+	Question	Number of publications during training:	Short Text
15.	÷	Question	Number of conference presentations during training:	Short Text
16.	÷	Question	Number of other presentations/posters?	Short Text
17.	÷	Question	Career planning and career goals discussed with trainee?	Scale: No/Yes Scale Descriptions
18.	÷	Question	Additional Comments (Strengths, Areas to Work on/Action Planning)	Long Text

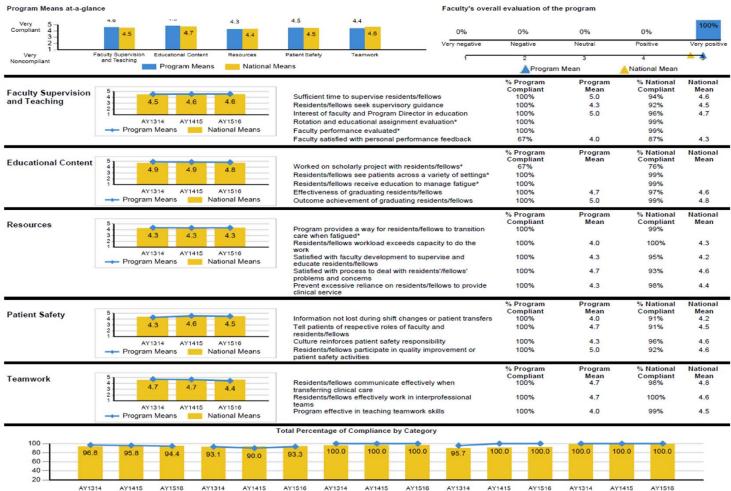
ACGME Surveys



ACGME Residency Program Survey

									resp
Program Means at-a-glar	nce 5.0						Residents'	overall evaluation of the	e program
Compliant 4	4.8	4.5	4.7	4.6	4.6	4.5	0.9%	0%	0%
2-						<u> </u>	Very negative	Negative	Neutral
Very Ioncompliant	Duty Hours	Faculty Program	Evaluation Means	Educational Content National Mea	Resources	Patent Safety/Teamwork	1	2 Program N	a Iean
								% Program	Progra
outy Hours	04041		0 5.0		80 hours 1 day free in 7 In-house call e	very 3rd night		Compilant 100% 100% 100%	Mean 5.0 5.0 5.0
	Pro	ay 1314 AY	Nationa		8 hours betwee	more than 6 nights en duty periods (differs urs scheduled (differs b	by level of training) by level of training)	100% 100% 100%	5.0 4.9 4.9
					Reasons for e Patient needs Paperwork Additional Ed.	xpeeding duty hours: Experience	0% 0% 0%	Cover someone else's v Night float Schedule conflict Other	vork
	1.				100000000000000000000000000000000000000			% Program Compliant	Progra Mear
aculty	4	4.8 4	.7 4.8	5	Sufficient supe	el of supervision		100%	4.8
					Sufficient Instr	uction		100%	4.6
	Pro	AY1314 AY1 ogram Means	AY15 AY15 Nationa			aff interested in resident aff create environment o		100%	4.8
								% Program Compliant	Progra Mear
valuation		4.8	5 4.7	-	Able to access			100%	5.0
	2		.5 4.1		Opportunity to	evaluate faculty member valuations of faculty are	ers	100%	5.0
			415 AY15		Opportunity to	evaluate program		100%	5.0
	Pro	gram Means	Nationa	I Means	Satisfied that e	evaluations of program a	are confidential	88%	4.6
					Satisfied that p Satisfied with t	edback after assignment	ents	94% 82%	4.4
durational Content	1.							% Program Compliant	Progra Mea
ducational Content	4	4.7 4	.6 4.6	3	Provided goals	and objectives for assi	gnments	100%	5.0
	2				Satisfied with	to manage fatigue opportunities for scholar	ty activities	100%	5.0
			415 AY15		Appropriate ba	ance for education	-	94%	4.5
	Pro	gram Means	Nationa	Means		compromised by servi elegate appropriately	ce obligations	82%	3.9
						about practice habits		76%	4.1
						cross variety of settings		100%	5.0
lesources	21							% Program Compliant / % Yes*	Progra
	3	4.8 4	.6 4.6	3		rence materials		100%	Mear 5.0
	1	AY1314 AY	415 AY15			medical records in hos medical records in amb		100%	5.0
	Pro	gram Means	Nationa		Electronic med	lical records integrated		100%	5.0
						lical records effective		100%	4.2
						y to transition care when process to deal with pro		82% s 100%	4.3
					Education (not) compromised by other	r trainees	100%	4.8
					Residents can	raise concerns without	fear	94%	4.7
atient	5.				and a second second second			% Program Compliant	Progra
afety/Teamwork	4	4.6 -4	.6 4.5	5		respective roles of facu ces patient safety respo		100%	4.7
					Participated In	quality improvement	a solutiney	94%	4.8
		AY1314 AY1 ogram Means	AY15 AY15 Nationa			ot) lost during shift chan	ges or patient	100%	4.4
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				Tot		of Compliance by Cate		10074	
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60 40 20			52.5		86.7	00.0	03,4		
AY1314	AY1415	AY1516 AY13	14 AY1415 Faculty	AY1516 AY	1314 AY1415 Evaluation		V1415 AV1516	AY1314 AY1415 AY1 Resources	516 AY1
	only room		P accurty.		- Courtoation	Education			

ACGME Faculty Survey



Analysis and reacting. Educational Content. Resources. Pt Sty. Teamwork

Program Evaluations for Faculty & Residents

-	-	-	-	-

Evaluation Form Printed on Feb 07, 2017

INTERNAL MEDICINE Residency Program Evaluation by Residents							
Evaluator:	_						
Evaluation of:	-						
Date:							
To facilitate the evaluation and continual improvement of your program, we you.	ask that you j	please answe	the following	questions.	Your response	s are confide	ential. Thank
							1
	Strongly Disagree	Disagree Moderately	Disagree Silghtiy	Agree Slightly	Agree Moderately	Strongly Agree	
1. My program exposes me to a sufficient variety of cases.							1
My program advances my knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.]
I have ready access to specialty-specific and other appropriate medical reference materials/databases.							
 The presence of other learners (medical students, residents from other specialities, subspecially fellows, PhD students and/or nurse pratitioners) DOES NOT materially interfere with my education. 							
 My program DOES NOT compromise learning objectives by excessive reliance on residents to fulfill service obligations. 							
My program is designed such that I am able to comply with all ACGME duty hour policies.							
I have truly protected time to attend didactic sessions without interruption.]
							_
							1

Summative Evaluations

Resident Summative Evaluation Stanford University Department of <Insert Program>

Academic Year: Resident Name: states: https://www.academic.com"/>https://www.academic.com Academic to the states: totates: totates: totat <Insert Date>

Dr. ______ performed in an excellent fashion during the past four years of training. Performance was evaluated using the following competencies and include evaluations of patient care, medical knowledge, interpersonal and communication skills, practiced based learning and improvement, professionalism, and system based practice.

Evaluations of **patient care** activities including history and physical examination, appropriateness of diagnosis, use of evidenced based treatment, and surgical skills, revealed the resident's performance was excellent. There were no areas improvement was needed.

Evaluations of **medical knowledge** including an understanding of basic science concepts, application of knowledge and use of scientific reasoning were considered and assessed as excellent. There were no areas identified where significant improvement was needed. Performance on the In Training Examination was excellent. An overall score of _____, and a standardized score to year 4 of ______, was achieved.

Evaluations of interpersonal and communication skills including effectiveness as a team member/leader, patient counseling and sensitivity, and maintenance and appropriateness of medical records were considered excellent. There were no areas identified where significant improvement was needed.

Evaluations of **practice based learning** including use of constructive feedback, use of information technology, and active self-learning were considered excellent. There were no areas identified where significant improvement was needed.

Professionalism evaluations based on ethical behavior, appropriate continuity of care, sensitivity to age, cultural and ethnic issues, and appropriate acknowledgement of criticism and medical errors were considered excellent. There were no areas identified where significant improvement was needed.

Evaluations of **systems based practice** including an understanding of the health care system, cost-effective medicine, and access to care were assessed as **excellent**. There were no areas identified where significant improvement was needed.

Overall Areas for Improvement: Dr. _____has no areas of concern. S/he has excelled during residency in all areas. Resident Summative Evaluation Stanford University Department of <Insert Program>

Goals and Objectives: Dr. _____ plans to enter *<private practice, academic, etc>* in _____. I am confident s/he will excel and be a tremendous asset to the community. I am hopeful that s/he will continue to interact with our residents as a volunteer faculty member as s/he has much to offer.

Status: Dr. _____has completed all requirements for graduation. The program director and faculty of the <insert program name> Program attest that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Note: Psychiatry programs must also include a summary of any documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence or a statement that none such has occurred. Where there is such evidence, it must be comprehensively recorded, along with the resident's response(s) to such evidence.

<Insert Program Director Name>, MD <Insert Faculty Rank> and Residency Program Director

Attachments:

Program Evaluation Committee / Annual Program Evaluation



Program Evaluation Committee (PEC) Must Monitor and Track (V.C.2):

- 1. Resident Performance
- 2. Faculty Development
- 3. Graduate Performance
- 4. Program Quality
- 5. Progress on the previous year's action plan

Annual Program Evaluation (APE) – Pre APE

Annual-Program-Evaluation-Checklist¶ Last-Revised-10/19/2016¶

1

¤			
RESIDE	NT-PERFORMANCE# #		u a
□¤	Milestone-achievements/evaluations#	Program¤	µ
□¤	Faculty-evaluations-(of-trainees)#	Program¤	<u></u>
□¤	Semi-annual-review-with-program-director#	Program¤	¤
□¤	Self-assessment#	Program¤	p
□¤	Quality-improvement-and-safety-projects#	Program¤	p
□¤	Didactic/conference-attendance#	Program¤	¤
	Duty-hour-compliance#	Program¤	Ħ
	Scholarly-activities-of-residents#	Program¤	ä
□¤	**Case experience and procedures logs	Program¤	д
	**In-training examination resultsx	Program#	Ħ
	**OSCEs·(Objective-Structured·Clinical·	Program¤	¤
	Examinations)· #	Fiografia	
FACULT	TY-DEVELOPMENT#	X	r a
□¤	Mentoringt	Program¤	µ
	Trainee-evaluation-of-faculty#	Program¤	, p
	ABMS-certification-status- #	Program¤	, in the second se
	Faculty-attendance-in-grand-rounds-&-	Program¤	, and a second s
	conferences¤	Fiografia	
□¤	Faculty-professional-development-courses#	Program¤	¤
٦×	Scholarly-activity-of-faculty#	Program¤	p
GRADU	JATE-PERFORMANCE#	Ħ	a a
□¤	Graduate-placement#	¤	, p
	Alumni-survey	Program¤	p
	**Board-scores/pass-rates-(most-recent-year-or-	Deservery	, n
	aggregated-over-5-years)¤	Program¤	
PROGR	AM-QUALITY#	¤	a a a a a a a a a a a a a a a a a a a
	Last-year's-action-plan- ¤	Program¤	¤
	ACGME-faculty-survey#	GME¤	, z
	ACGME-letters-of-notification-and-ACGME-		¤
□¤	citations¤	GME¤	
	Faculty-program-evaluationsx	GME¤	ä
	Overview-of-the-curriculum-and-rotations#	Program¤	, p
	Exit-summative-evaluation/interview#	Program¤	,
	**Resident/fellow-program-evaluations#	GME¤	¤
	**ACGME-resident/fellow-survey#	GME¤	p l
	**GME·House·Staff·Survey#	GME¤	
	**Most-Updated-Trend-Analysisk	GME¤	

Annual Program Evaluation (APE)

FOI IIISU	ructions on prep				or the An		gram Evalu		eung, ch		wing link:		
					Du	ring the	APE Meeti	ng					
1. Reviev	w the Action Pla r	from the prio	r year (by sele	ecting the tab	of theprio	or year) a	and update	e the last	two colur	nns in the	action plan (A	ctual Outcome a	nd Resolve Y/N
2. Move	any Unresolved	Issues f rom the	prior year's	Action Plan to	the curre	ent year's	s (simply d	oso by c	opying an	d pasting	the cells)		
3. Reviev	<u>w:</u>												
E	Resident/Fellow	Performance											
F	Faculty Developn	nent											
(Graduate Perforr	nance											
F	Program Quality												
. Comple	ete the Outcome	of the meeting	g:										
4	4.1 In the current	: year's tab, fill	in the SWOT	Analysis tabl	es.								
4	4.2 Complete the	Action Plan.											
/	4.3 The Cause-Eff	ect Diagram (fi	shbone) will	auto-populate	e content	based or	n the entry	in the SV	VOT Anal	/sis tables.			

APE Meeting Instructions 2013-2014 Action Plan 2014-2015 APE 2015-2016 APE 2016-2017 APE 2017-2018 APE 2018- ... (+) 🗄 (

Resident Performance

- The most recent <u>aggregated</u> written evaluations of the residents submitted by faculty and other evaluators
- In-training/In-service exam scores
- Procedure logs (if applicable)
- Scholarly activity (publications, presentations, grant awards, etc.)
- Learning portfolios: documented quality improvement activities

Faculty Development

- ABMS certification status for all faculty
- Updated faculty CVs
- Documentation (faculty survey; attendance logs) of faculty participation in:
 - CME-type activities directed toward acquisition of clinical knowledge and skills and also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating the core competencies into practice
 - Teaching (conferences, grand rounds, journal clubs, lecturebased CME events, workshops, directed QI projects, practiceimprovement self study).
- Faculty actively involved in mentor relationships with residents/fellows.

Graduate Performance

- Aggregated board exam pass rates
- Aggregated alumni survey results (typically, such surveys target physicians one year and five years after graduation survey questions may inquire about such items as current professional activities of graduates and perceptions on how well prepared they are as a result of the program)
- Other outcome measures
 - Practice location (underserved areas)
 - Academic Affiliations
 - Scholarly Activity

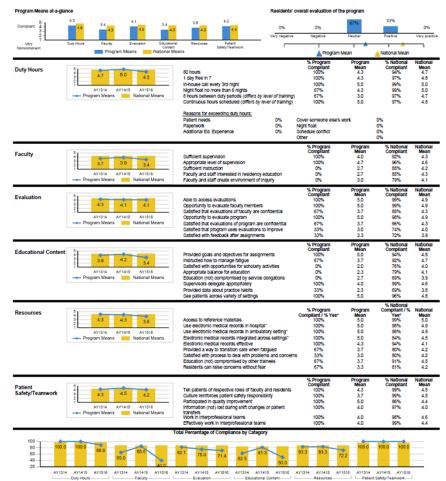
Program Quality

- The most recent <u>aggregated</u> written evaluations of the program submitted by faculty
- The most recent <u>aggregated</u> written evaluations of the program (and/or specific rotations) submitted by residents
- The most recent <u>aggregated</u> written evaluations of the faculty submitted by residents
- Faculty's recent scholarly activity (publications, presentations, grant awards, etc.)

Program Quality - Continued

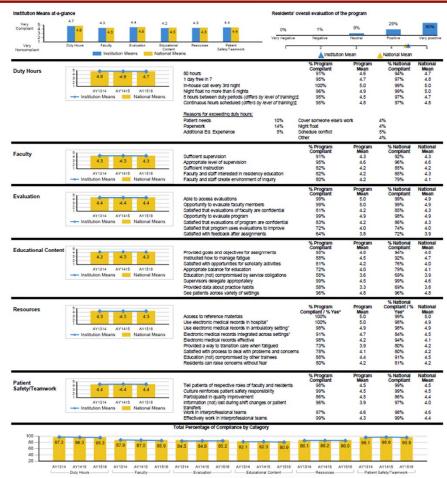
- The most recent GME House Staff survey results (if available)
- The most recent GMEC Internal Review Report
- Any recent communications from the ACGME or RRC
- Program Report Card/Scorecard
 - Trend Analyses
- The most recent ACGME survey results

ACGME Program "X" Survey



---- Program Compliance National Compliance

ACGME Institutional Survey



--- Institution Compliance ---- National Compliance

Program Quality - Continued

Curriculum

- Overall and rotation-specific goals and objectives (Are they appropriate? Do they align with the core competencies?)
- Didactic curriculum (Is there at least one regular conference targeted to the residents' level?)
- Opportunities for scholarly activity
- Compliance with any new standards established by the ACGME, RRC, ABMS, etc.
 - Assessment Methods (Are evaluation tools appropriate? Do they align with the core competencies?)
 - Resources: Personnel (PD, PC, faculty), Affiliated Training Sites, Patient/Procedure Volume,
- Learning Environment (space, call rooms, books, computers, etc.)

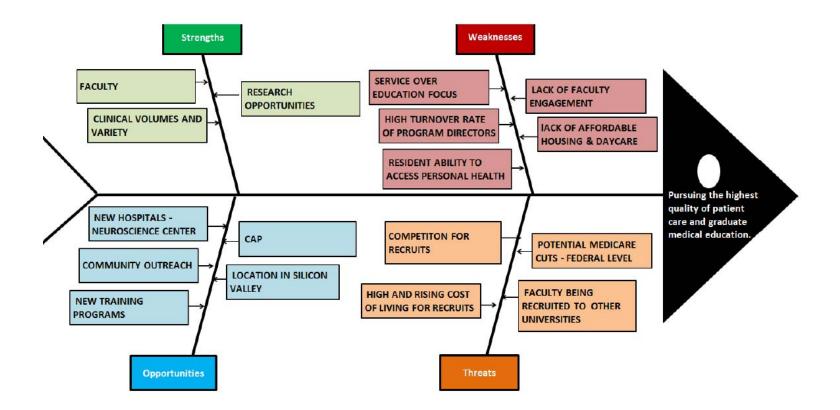
Progress on the Previous Year's Action Plan

Review progress / (attempts to resolve problems) with respect to last year's Annual Review delineating identified areas of weakness.

		ſ			
Issue Synopsis¤	Proposed Actions	Responsible Owner(s)¤	Timeline /·¶ Due ·Date¤	Results¤	c
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					C
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					z
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Annual Program Evaluation (APE) – SWOT

SWOT Analysis



APE Guidebook

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A: <u><your p<="" u=""></your></u>	Program's Name>				PROGRAM	1: <your name="" program's=""></your>					
		Aim					Use	d For Current Year's Meeting			Used I
	<enter< th=""><th>Program Aim He</th><th>re></th><th></th><th></th><th>Issue Synopsis</th><th>Description</th><th>Proposed Actions</th><th>Person(s) Responsible</th><th>Targeted Outcome/Due Date</th><th>Actual</th></enter<>	Program Aim He	re>			Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual
	Strengths		Weaknesses		s						
#1	Strength #1	#1	Weakness #1		lved bsu						
#2	Strength #2	#2	Weakness #2		Unreso						
#3	Strength #3	#3	Weakness #3		t Year's						
#4	Strength #4	#4	Weakness #4		ts 1						
#5	Strength #5	#5	Weakness #5			Weakness #1					
	Opportunities		Threats			Weakness #2					
#1	Opportunities #1	#1	Threat #1			Weakness #3					
#2	Opportunities #2	#2	Threat #2		s	Weakness #4					
#3	Opportunities #3	#3	Threat #3		ar's bsues	Weakness #5					
#4	Opportunities #4	#4	Threat #4		Current Yea						
#5	Opportunities #5	#5	Threat #5		ē						
				_							<u> </u>

Annual Program Evaluation Action Plan Tool

Action Plan

DATE: PROGRAM:

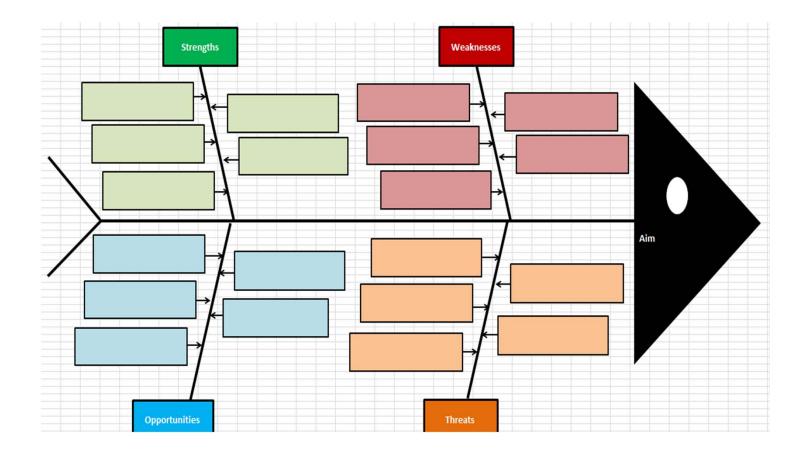
 Used For Current Year's Meeting
 Jsed For Next Year's Meeting

 Issue Synopsis
 Description
 Proposed Actions
 Person(s) Responsible
 Targeted Outcome/Due Date
 Actual Outcome
 Resolved (Y/N)

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Action Plan for Next Year

APE "SWOT" Analysis Tool Fishbone



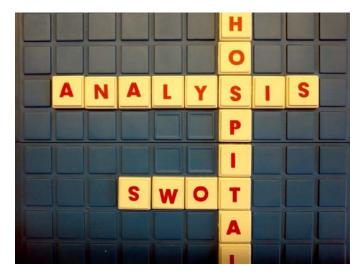
Program Aims

- AIM setting is part of the annual program evaluation
 - Who are our residents/fellows?
 - What do we prepare them for?
 - Academic / practice ...
 - Leadership and other roles ...
 - Who are the patients/populations we care for?
- AIMS are a way to differentiate programs
 - Self-study ultimately evaluates program effectiveness in meeting these aims
 - Moves beyond improvement solely based on compliance with minimum standards
 - Assessment of relevant initiatives and their outcomes

SWOT ANALYSES – Definitions Strengths and Weaknesses – Internal Factors

Strengths

- Program factors that are likely to have a positive effect on (or be an enabler to) achieving your program's aims are **strengths**.
- Important to acknowledge and celebrate
- What should definitely be continued (important question in an environment of limited resources)



SWOT ANALYSES – Definitions Strengths and Weaknesses – Internal Factors

Weaknesses

- Program factors that are likely to have a negative effect on (or be a barrier to) achieving your program's objectives are weaknesses.
 - Citations, areas for improvement and other information from ACGME
 - The Annual Program Evaluation and other program/institutional data sources



SWOT ANALYSES – Definitions Threats and Opportunities

Threats - Factors that pose risks.

- External Factors and conditions that are likely to have a negative effect on achieving the program's objectives, or making the objective redundant or un-achievable are called threats.
 - While the program cannot fully control them, beneficial to have plans to mitigate their effect
 - What external factors may place the program at risk?
 - What are changes in residents' specialty choice, regulation, financing, or other factors that may affect the future success of the program?
 - Are there challenges or unfavorable trends in immediate context that may affect the program? e.g., faculty burdened with heavy clinical load that prevents effective teaching and mentorship

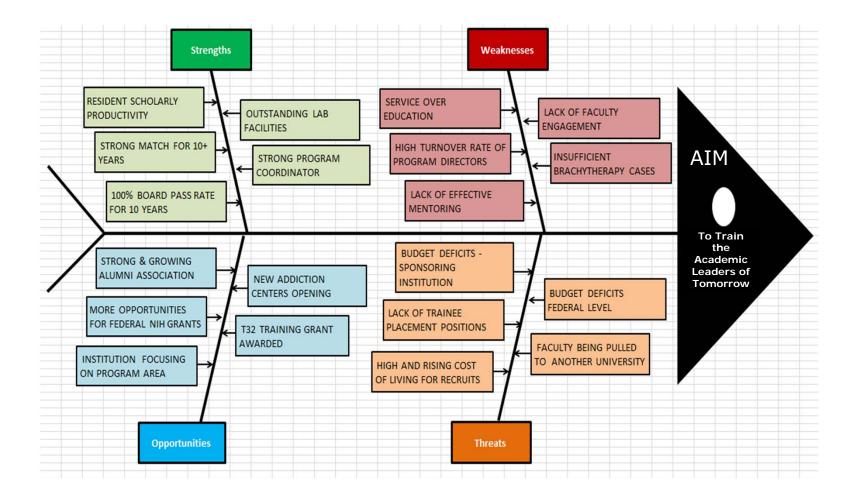
SWOT ANALYSES – Definitions Threats and Opportunities

Opportunities are: Factors and contexts external to the program (institutional, local, regional and national) that can affect the program

Opportunities - Factors that favor the program, that the program may take advantage of / leverage

- External Factors that are likely to have a positive effect on achieving or exceeding your program's objectives not previously considered are called **opportunities**.
 - What are capabilities for further evolving the program; how can the program capitalize on them?
 - Has there been recent change in the program's context that that creates an opportunity?
 - Are these opportunities ongoing, or is there a narrow window for them? How critical is the timing?

Fishbone – Ishikawa Diagram SWOT Analysis Completed Example



There is so much data!!

Data elements can be organized and leveraged for resident (CCC) and program (PEC/APE) evaluations and Web ADS to avoid duplicate work..

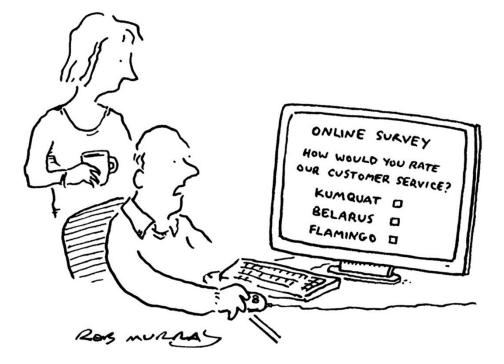


Additional Tools

- Internal Surveys
- Scorecards
- Trend Analyses

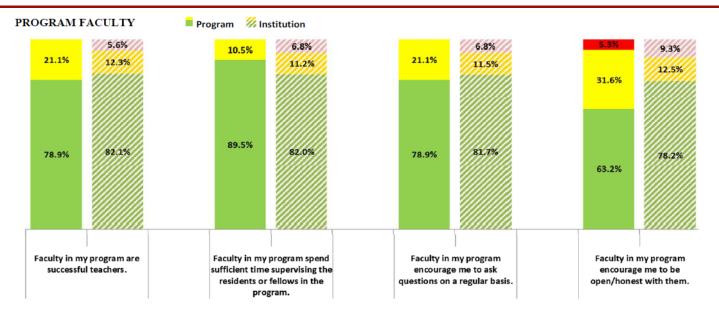


GME Surveys – (Optional)



"There's never an option that reflects exactly what I want to say."

GME Surveys – (Optional)



How Can You Build a Scorecard? Easier than it looks!

		5- Year Tren	d Analysis of <prog< th=""><th>am Nam</th><th>e></th><th></th><th></th><th></th><th></th><th></th></prog<>	am Nam	e>					
SHC Balanced Report Card Key Measures	SOURCE	INT/EXT	Data Source	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Sufficient Instruction			Survey ACGME %- COMPLIANT							
Faculty/Staff Create			Survey ACGME %-							
Environment of Inquiry	RESIDENT									
Satisfied with Process for Problems and Concerns			ACGME %-							
Climate Where Residents		EXT	COMPLIANT Survey							
Can Raise Concerns			ACGME %-							
Overall Eval of the			COMPLIANT Survey							
Program			ACGME %- COMPLIANT							
Current Number of ACGME										
Citations	PROGRAM		ACGME							
Board Pass Rates			ABMS							
Overall Satisfaction with Program	RESIDENT		GME-Survey							
Program Organized to										
Meet Educational Needs			GME-Survey							
Service Over Education			GME-Survey							
Encouraged to Ask			GME-Survey							
Questions on a Regular Residents Can Be Open										
and Honest with Faculty			GME-Survey							
Residents Would		INT								
Recommend Program			GME-Survey							
Faculty Overall Evaluation	FACULTY		Pgm Eval							
Program	HOOLIT		Mean Score/10							
Resident Overall Program Evaluation	RESIDENT	•	Pgm Eval Mean Score/10							
>80 Violations / AY			MedHub Duty Hr Rpt							
# Unreviewed Duty Hr	PROGRAM		MedHub							
Periods by PD / AY			Detailed Rpt							
	KEY				STREN	IGTH	w	EAKNE	SS	

External Measures

		5- Year Tren	1 Analysis of <prog< th=""><th>ram Nam</th><th>e></th><th></th><th></th><th></th><th></th><th></th></prog<>	ram Nam	e>					
SHC Balanced Report Card Key Measures	SOURCE	INT/EXT	Data Source	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
Sufficient Instruction			Survey ACGME %- COMPLIANT							
Faculty/Staff Create Environment of Inquiry	DECIDENT		Survey ACGME %- COMPLIANT							
Satisfied with Process for Problems and Concerns	RESIDENT		Survey ACGME %- COMPLIANT							
Climate Where Residents Can Raise Concerns		EXT	Survey ACGME %- COMPLIANT							
Overall Eval of the Program			Survey ACGME %- COMPLIANT							
Current Number of ACGME Citations			ACGME							
Board Pass Rates	PROGRAM		ABMS							

Internal Measures

Overall Satisfaction with Program	RESIDENT		GME-Survey						
Program Organized to Meet Educational Needs			GME-Survey						
Service Over Education			GME-Survey						
Encouraged to Ask Questions on a Regular			GME-Survey						
Residents Can Be Open and Honest with Faculty			GME-Survey						
Residents Would Recommend Program		INT	GME-Survey						
Faculty Overall Evaluation Program	FACULTY		Pgm Eval Mean Scoreł10						
Resident Overall Program Evaluation	RESIDENT		Pgm Eval Mean Scoreł10						
>80 Violations / AY	PROGRAM		MedHub Duty Hr Rpt						
# Unreviewed Duty Hr Periods by PD / AY	PROORAIN		MedHub Detailed Rpt						
	KEY			STREM	IGTH	W	EAKNE	5S	

Trend Analysis Exampl	e
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SHC Balanced Report Card Key Measures	SOURCE	INT or EXT	Data Source	<trend -="" analysis="" program=""></trend>								
meddared			•	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	
Sufficient Supervision	RESIDENT	EXT	Survey ACGME %- COMPLIANT	93%	85%	93%	94%	94%	88%	94%	No Data	
Sufficient Instruction	RESIDENT	EXT	Survey ACGME %- COMPLIANT	73%	77%	80%	94%	88%	75%	94%	No Data	
aculty/Staff Create Environment of Inquiry	RESIDENT	EXT	Survey ACGME %- COMPLIANT	87%	92%	93%	81%	82%	75%	94%	No Data	
Satisfied with Process for Problems and	RESIDENT	EXT	Survey ACGME %- COMPLIANT	73%	85%	87%	56%	71%	44%	83%	No Data	
Climate Where Residents Can Raise Concerns Without	RESIDENT	EXT	Survey ACGME %- COMPLIANT	80%	100%	93%	56%	88%	81%	89%	No Data	
Overall Eval of the Program	RESIDENT	EXT	Survey ACGME %- COMPLIANT	100%	100%	91%	85%	90%	85%	89%	No Data	
Total Number of ACGME Citations (new) (resolved)	PROGRAM	EXT	ACGME	0	0	0	0	о	о	0	No Data	
Board Pass Rates	PROGRAM	EXT	ABMS	56%	56%	56%	56%	100%	100%	No Data	No Data	
Overall Satisfaction with Program	RESIDENT	INT	GME-Survey	90%	100%	83%	75%	100%	100%	100%	100%	
Program Organized to Meet Educational Needs	RESIDENT	INT	GME-Survey	100%	100%	92%	85%	100%	55%	94%	94%	
Service Over Education	RESIDENT	INT	GME-Survey	100%	100%	75%	80%	91%	55%	94%	94%	
Encouraged to Ask Questions on a Regular Basis	RESIDENT	INT	GME-Survey	100%	100%	100%	94%	100%	100%	94%	94%	
Residents Can Be Open and Honest with Faculty	RESIDENT	INT	GME-Survey	100%	100%	100%	94%	No Data	86%	94%	94%	
Residents Would Recommend Program	RESIDENT	INT	GME-Survey	100%	100%	92%	90%	91%	100%	94%	100%	
Faculty Overall Evaluation Program	FACULTY	INT	Pgm Eval Mean Score/10	8.21	9.69	7.88	9.13	8.82	8.88	9.40	No Data	
Resident Overall Program Evaluation	RESIDENT	INT	Pgm Eval Mean Score/10	8.90	9.38		8.25	8.68	7.62	8.70	No Data	
> 80 Violations / AY	PROGRAM	INT	MedHub Institution Duty Hr Rpt	0%	0%	0%	0%	0%	0%	0%	No Data	
# Unreviewed Duty Hr Periods by PD / AY	PROGRAM	INT	MedHub DetailedRpt	0%	0%	0%	0%	0%	0%	0%	No Data	
KEY				STRENGTH				WEAKNESS				

Use Technology to Your Advantage...

- Know your program requirements and follow them unconditionally
- Use simple spreadsheet, calendaring and task organizational tools to manage, track and present resident performance data to your CCC
- Resident education is a cyclical process revisit and revise tools and processes each year



Recognizing time-consuming nature of work



... and need for support

The Toolbox



Electronic Toolbox for You! http://med.stanford.edu/gme/GME_Community.html

- Program Evaluation Committee Policy Template
- Program Evaluation Checklist & Agenda
- Annual Program Evaluation Guidebook: Diagrams & Action Plans
 - Annual Program Evaluation Checklist
 - Annual Program Evaluation Agenda (<u>PDF</u> / <u>DOC</u>)
 - <u>A Quick Method to Analyze Program Evaluations</u>
- Program Improvement Action Plan

Tools Can Be Downloaded http://med.stanford.edu/gme/

GME Community



Templates

Institutional Report Card

- Institutional Report Card and Decision-making
 GME Lean Streamlining
- GME Lean Streamlining
- Eliminating Bias from Evaluation Instruments
 Duty Hour Requirements
- Duty Hour Requirements
- Designing GME Evaluations
- Resident Perceptions and Program Quality
- Streamlining the Evaluation Process
- Sleep Pods for Strategic Napping
- Patient Physician Communication C-I-CARE
- Teaching the Competencies

Templates

- A3 Template Newl
- Alumni Survey
- Clinical Competency Committee Policy Template New!
- Institutional & Program Report Card Template
- Program Evaluation Committee Policy Template N
- Program Evaluation Meeting Checklist/Agenda
- Program Improvement Action Plan
- Program-specific Duty Hours Policy
- Program-specific Handover/Transfer Policy
- Program-specific LOA Policy
- Program-specific Moonlighting Policy
- Program-specific Recruitment Policy
- Protocol defining common circumstances requiring faculty involvement
- Protocol for Remaining Beyond Scheduled Duty Period
- Resident Performance Profile Tool (ACGME 2014) (click here to watch video explanation)
- Summative Evaluation
- Writing Curriculum: Goals, Objectives, Assessment and ACGME Competencies

Examples

- Program Improvement Meeting Agenda/Minutes (courtesy Harchi Gill, MD, Urology)
- Program Improvement Action Plan (courtesy Yuen So, MD, Neurology)
- Program-specific Supervision Policy (courtesy Iris Gibbs, MD, Radiation Oncology)
- Program-specific Supervision Policy (courtesy Lois L. Bready, MD @ UTSW)
- Summative EvaluationsCurriculum, Goals and Objectives Example (courtesy Alice Edler,

Questions?

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