

Annual Program Evaluation (APE): Protocol and Template Approved on March 25, 2014

PROGRAM ROLE: As required by the ACGME Common/Specialty-specific Program Requirements (V.C.1), each program director must appoint a Program Evaluation Committee (PEC) which:

- must be composed of at least two program faculty members and should include at least one resident;
- must have a written description of its responsibilities
- should participate actively in:
 - planning, developing, implementing, and evaluating educational activities of the program
 - reviewing and making recommendations for revision of competency-based curriculum goals and objectives
 - addressing areas of non-compliance with ACGME standards
 - reviewing the program annually using evaluations of faculty, residents, and others

The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for producing an Annual Program Evaluation (APE) (V.C.2) which monitor's and tracks the following:

- resident performance
- faculty development
- graduate performance, including performance of program graduates on the certification examination
- program quality
- progress on the previous year's action plan(s).

As part of the APE the PEC must prepare a written plan of action (V.C.3) to document performance improvement plans, including delineation of how they will be measured and monitored.

GMEC ROLE: Per the ACGME Institutional Requirements (I.B.4.a).4) the Graduate Medical Education Committee (GMEC) is charged with the oversight of Spokane Teaching Health Center sponsored programs' annual evaluation and improvement activities, and will review each program's APE and approved Action Plan.

PROCEDURE: The APE process is intended to promote a meaningful way for program leadership to review and analyze program data. This document is a template to assist programs in the completion of the APE process.

Step 1: Convene the PEC, comprised of at least 2 faculty members and 1 resident

Step 2: Gather essential data and information (detailed below) for your PEC to review;

Step 3: Analyze data relative to:

- resident/fellow performance
- faculty development
- graduate performance
- program quality
- previous year's action plan

Step 4: Complete your written APE Summary and Action Plan Report using this template.

Please submit to the Office of Medical Education (Judy A. Benson, MD and/or Robert K. Maudlin, PharmD) by the 15th of the month prior to when the GMEC meeting will occur

ANNUAL PROGRAM EVALUATION (APE) Template

1. PROGRAM EVALUATION COMMITTEE:

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE) Summary & Action Plan (CPR: V.C.3.).

List PEC Members (membership minimum of 2 faculty members and 1 resident; additional members may be included):

The ACGME requires the PEC to have a written description of its responsibilities (CPR: V.C.2.b).2). Please share your written description here or attach:

Date/time/place of PEC meeting to conduct APE:

Meeting agenda (minutes should be kept):

2. PROGRAM REVIEW INFORMATION:

The PEC should review as many data sources as possible in evaluating the program. Please indicate by checking the corresponding box which items were reviewed in this process.

Items relevant to **ALL AREAS**:

- Updated Annual Update information submitted to ACGME by the program
- Annual Program Evaluation report and action plan from the prior year
- Previous APE and Action Plan (or when appropriate Special Review by the Institution)
- Any relevant updates to the specialty-specific program requirements
- Competency-based goals and objectives for each assignment of the program
- Regularly scheduled didactic sessions and conferences for the program

Data items relevant to **RESIDENT PERFORMANCE:**

- Aggregated results of milestone assessments of program residents
 - Aggregated data on clinical experience of residents and/or case logs (i.e., procedure logs, patient visit/delivery data, etc)
 - Reports of program projects/activities related to patient safety/performance improvement
 - Aggregated scores of residents on in-training examinations for last 3 years (if applicable)
 - Aggregated data on recent resident scholarly activity (WebAds)
 - Program duty hour compliance reports
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Data items relevant to **GRADUATE PERFORMANCE:**

- Aggregated 3 year board passage rates for program graduates
 - Research and scholarly activity of recent graduates (from PubMed Search, WebADS or other)
 - Surveys of recent graduates and/or employers of recent graduates (if available)
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Data items relevant to **FACULTY DEVELOPMENT:**

- Latest ACGME Resident Survey Report
 - Latest ACGME Faculty Survey Report
 - Aggregated results of confidential resident evaluations of faculty
 - Aggregated data on faculty scholarly activity (WebADS)
 - Reports of faculty attendance/participation at organized didactic sessions and conferences
 - Reports of faculty attendance at faculty development meetings related to enhancement of teaching skills
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Data items relevant to **PROGRAM QUALITY:**

- Previous Citations, changes in participating sites, resources, or leadership.
 - Data on resident recruitment (Applicant quality, competitiveness data, etc)
 - Aggregated results of latest confidential resident evaluations of the program
 - Aggregated results of latest confidential faculty evaluations of the program
 - Latest ACGME Resident Survey Report
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- Latest ACGME Faculty Survey Report
- Aggregated completion rates of evaluations

List any other data/sources used below:

3. ANALYSIS OF PROGRAM INFORMATION

The following questions can be used to assist the PEC in analyzing the program data. Other questions can be added to supplement the review.

A. RESIDENT PERFORMANCE (CPR: V.C.2.a)

Is the Clinical Competency Committee (CCC) able to assess milestones using current evaluation information collected by the program? If not, what is needed?

Do the aggregated milestone data indicate any trends that may need to be addressed (if applicable to your specialty this year)? If so, what?

Do the aggregated data on clinical experience show that residents are able to perform the number and types of procedures needed to meet specialty requirements during the program? If not, what is needed?

Do the aggregated data on resident research and scholarly activities (including Patient Safety and Performance Improvement projects) show that the program is meeting requirements in this area? If not, what is needed?

Do the aggregated results of in-training-exams from recent years show any program-wide areas of weaknesses? If so, what is needed to address these?

Do duty hour reports show that residents log hours and that any violations are appropriately addressed by the program? If not, what is needed?

Do the data show any other areas of Resident Performance that should be addressed? If so, what are they?

B. FACULTY DEVELOPMENT (CPR: V.C.2.b)

Do the results of the faculty survey indicate any areas of faculty development that need to be addressed? If so, what is needed to address the issues?

Does the aggregated data on faculty scholarly activity indicate that there is sufficient faculty scholarly activity in the program? If not, what is needed?

Do the aggregated confidential evaluations of faculty by residents and/or the results of the resident survey indicate any faculty development and/or training needs in regards to their roles as educators? If so, what are they?

Do reports of faculty attendance at organized clinical discussions, rounds, journal clubs, and conferences indicate that faculty members regularly participate and that the level of participation is adequate? If not, what is needed?

Do the data show any other areas of Faculty Development that should be addressed? If so, what are they?

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Please specify any sessions/workshops that faculty and/or residents participate in for the enhancement of teaching skills:

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C. GRADUATE PERFORMANCE (CPR: V.C.2.c)

List Board certification statistics for the past 3 years.

Academic Yr	# of residents completing the program	# of residents taking first stage of Board exam for first time	# of first time takers who passed the first stage of Board exam	# of residents taking second stage of Board exam for first time	# of first time takers who passed second stage of Board exam

Requirements by Program

	<u>% of graduates taking exam</u>	<u>% of 1st time takers passing</u>
Internal Medicine		
Family Medicine	At least <u>95%</u> of a program's eligible graduates from the preceding five years must have taken the American Board of Family Medicine (ABFM) certifying examination for family medicine.	At least <u>90%</u> of a program's graduates from the preceding five years who take the ABFM certifying examination for family medicine for the first time must pass.
Radiol, Diagnostic		
Psychiatry		
Sports Medicine	At least <u>75%</u> of fellows who completed the program in the preceding five years, and were eligible, must have taken the certifying examination.	At least <u>75%</u> of a program's graduates from the preceding five years who took the certifying examination for sports medicine for the first time must have passed.

Do the aggregated results of Board certification rates of program graduates meet specialty requirements regarding percentage of graduates taking and passing the boards within established time frames? If not, what is needed?

Do aggregated results of surveys of recent graduates and/or employers indicate any need for program changes? If so, what?

Do the data show any other areas of Graduate Performance that should be addressed? If so, what are they?

D. PROGRAM QUALITY (CPR: V.C.2.d)

Are there any specialty program requirements that are not currently met by the program? If so, what are they?

Is the status of all issues from previous citations and previous annual program reviews of the program totally resolved? If not, what is still needed or expected to be ongoing?

Are there any major changes that have occurred or are anticipated in the program that have accreditation implications? If so, please specify?

Do the aggregated results of the confidential resident evaluations and/or resident surveys of the program indicate any program issues that need to be addressed? If so, what are they?

Do the aggregated results of the confidential faculty evaluations and/or faculty surveys of the program indicate any program issues that need to be addressed? If so, what are they?

Academic Year:

Area of Improvement Identified	Modification & Monitoring Plan	Status

Is there general agreement between the results of the faculty survey and the resident survey for similar questions? If not, please highlight the different perceptions of the program by residents and faculty.

Do the reports of evaluation completion rates demonstrate completion in a timely manner?

Do the data show any other areas of Program Quality that should be addressed? If so, what are they?

D. PREVIOUS YEAR'S ACTION PLAN (CPR: V.C.2.d)

Review the program's progress on items from the previous year's action plan.

Summary of Program Issues/Challenges (add rows as needed):

4. APE SUMMARY & ACTION PLAN

Program Name: _____

Use the following to organize the findings from the PEC data analysis and subsequent discussion, and create an action plan to improve performance in the areas identified. Please add additional rows as needed.

Summary of Program Strengths:

Summary of Program Issues/Challenges”

The action plan was reviewed and approved by the teaching faculty and documented in meeting minutes.

Approval date: _____

Program Director Signature: _____

Designated Institutional Official: _____

Academic Year:		
Area of Improvement Identified	Modification & Monitoring Plan	Target Completion Date