

Step-by-Step Guide for Annual Program Evaluation

The Annual Program Evaluation (APE) is a key component of the continuous review and improvement process characteristic of the ACGME's Next Accreditation System (NAS). The APE is intended to promote a meaningful process for analysis of program and resident data by stakeholders that results in ongoing improvement at both the program and institutional level.

The purpose of this document is to guide programs in completing an APE that meets ACGME Common Program Requirements and results in development of an action plan. The **OBJECTIVES** and **PROGRAM EVALUATION COMMITTEE** sections will help with planning your meeting. There is flexibility in how your meeting is structured to take into account different program sizes and numbers of participants. The **PROGRAM REVIEW INFORMATION** will help you gather the data and information that your meeting participants will need, and the **ANALYSIS OF PROGRAM INFORMATION** section includes questions to help the group analyze the data to determine possible focus areas for improvement. Finally, the **ANNUAL PROGRAM EVALUATION ACTION PLAN** grid provides a format for developing an action plan based on identified issues.

To the extent possible, the process utilizes data that programs are already required to enter and keep updated in the ACGME's Accreditation Data System (WebADS) and the CSMC New Innovations (NI) Resident Management System. The results of the APE report will also be used by the Graduate Medical Education Committee for its required review and oversight of CSMC-sponsored programs.

Please follow the instructions and enter the requested information as indicated below. Italicized text is taken from the ACGME Common Program Requirements effective July 1, 2013. **When complete, please submit the entire Word document to the GME Office.**

OBJECTIVES

- Convene the Program Evaluation Committee (PEC)
- Gather essential information
- Analyze data relative to resident performance, faculty development, graduate performance, and program quality
- Render a full, written APE report

PROGRAM EVALUATION COMMITTEE

The PEC charge includes:

- *Planning, developing, implementing, and evaluating all significant activities of the residency program;*

- *Developing competency-based curriculum goals and objectives;*
- *Reviewing annually the program using evaluations of faculty, resident, and others;*
- *Assuring that areas of non-compliance with ACGME standards are corrected.*

The program director must appoint the PEC, which is composed of at least three members of the program faculty and includes representation from the residents/fellows.

PEC Committee Members:

The PEC must have a written description of its responsibilities.

PEC Responsibilities:

Date/time/place of APE meeting:

Meeting format/agenda:

The program must monitor and track each of the following areas:

- *Resident Performance*
- *Faculty Development*
- *Graduate Performance*
- *Program Quality*

PROGRAM REVIEW INFORMATION

Data 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
- Latest Internal Review Report for the program (will become documentation that shows results of last Annual Program Review and/or Special Review by the Institution)
- 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 (NI or WebADS Report) (If these are not available for the specialty, then use aggregated results of all evaluations of residents [NI Report])
- Aggregated data on clinical experience of residents (i.e., program level procedure logs [NI Report] and/or case logs [ACGME or specialty board])

- Aggregated reports of program projects related to patient safety/performance improvement (NI Report and/or PIF)
- Aggregated scores of residents on in-training examinations for last three years
- Aggregated data of recent resident scholarly activity from the (NI Report or PIF)
- Program duty hour logging and violations reports (NI Report)

Data items relevant to ***Faculty Development***

- Latest ACGME Faculty Survey Report
- Latest ACGME Resident Survey Report
- Aggregated results of confidential resident evaluations of faculty (NI Report)
- Aggregated data of faculty scholarly activity and faculty ratio (PIF)
- Reports of faculty attendance at organized didactic sessions and conferences
- Reports of faculty attendance at faculty development meetings related to enhancement of teaching skills (if not included in PIF)

Data items relevant to ***Graduate Performance***

- Aggregated 3-5 year board passage rates for program graduates
- Research and scholarly activity of recent graduates (from PIF or PubMed Search)
- Surveys of recent graduates and/or employers of recent graduates (if available)

Data items relevant to ***Program Quality***

- PIF sections on citations, major changes participating sites, resources
- Data on resident recruitment (Match data, applicant quality, competitiveness data)
- Aggregated results of latest confidential resident evaluations of the program (NI Report)
- Aggregated results of latest confidential faculty evaluations of the program (NI Report)
- Latest ACGME Resident Survey Report
- Latest ACGME Faculty Survey Report
- Latest CSMC Housestaff Survey Report
- Aggregated completion rates of evaluations (NI Report)

List any other data used below:

ANALYSIS OF PROGRAM INFORMATION

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

Resident Performance

Is the Clinical Competence Committee able to assign milestones using the current evaluation information collected by the program? If not, what is needed?

Does the aggregated milestone data indicate any trends that may need to be addressed? If so, what?

Does 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?

Does 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-examinations from the last several years show any program-wide areas of weaknesses? If so, what is needed to address the issues?

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

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

Faculty Development

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?

Does the PIF faculty roster and ratio of faculty to residents indicate that there is an adequate number of faculty and breadth of faculty expertise, and that requirements for board and special certifications are met? 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?

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

Graduate Performance

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?

Have recent graduates of the program shown continued participation in scholarly activities?

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

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

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

Program Quality

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, previous annual reviews, and previous internal 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, what are they?

Are there current Program Letters of Agreement describing the rotations to all participating sites? If not, what needs to be created or renewed?

Do the PIF sections on resources indicate that the program meets all resource requirements for the specialty? If not, what is needed?

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

Do the results of the ACGME faculty survey indicate any areas, including financial, that need to be addressed? If so, what are they?

Do the results of the ACGME resident survey indicate any areas that need to be addressed? If so, what are they?

Do the results of the CSMC Housestaff survey indicate any areas that need to be addressed? If so, what are they?

Is there agreement between the results of the faculty survey and the resident survey for questions that are similar? Either way, what does this indicate is needed?

Do the reports of evaluation completion rates show that there are multiple evaluators completing multiple types of evaluations and that there is an acceptable rate of completion in a timely manner? If not, what is needed?

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

--

ANNUAL PROGRAM EVALUATION ACTION PLAN **Program Name:** _____

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

Deficiency Identified	Correction Plan	Changes Needed to Goals and Objectives	Responsible Person(s)	Target Date for Completion

The action plan is to be reviewed and approved by the teaching faculty.

Approval date: _____