2017 ACGME Program Coordinators' Workshop

BR03: Using Data Strategically to Streamline Coordinator Work Products and Maximize Program Outcomes

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

❖ Ann Dohn, MA
❖ Nancy Piro, PhD

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

Agenda

▶ How the role of the coordinator has increased both in importance and its impact on the success of residency programs

▶ How to expand your current toolbox to seamlessly align with the Academic Year Cycle of requirements

    – **a) Demonstration of a simple template for aligning your data with the accreditation requirements throughout the Academic Year.**

        ▶ b) Strategic Use (and Re-Use) of Data Sets:

           – 1. Surveys

           – 2. Evaluations

           – 3. Scorecards

           – 4. Questionnaires

▶ Q & A and participant discussion to address possible barriers to implementation

The Next Accreditation System (NAS)

Continuous Observations (Collect Data)

Promote

INNOVATION

Identify Opportunities for Improvement (Find Problems)

Program Makes Improvements (Solutions)

Assess Program Improvements (Program Evaluation)

The Next Accreditation System (NAS) Overview

▶ **Internal Oversight**

- Graduate Medical Education Committee

- Program Evaluation Committee's Annual Program Evaluation

- Milestone Evaluations by the Clinical Competency Committee
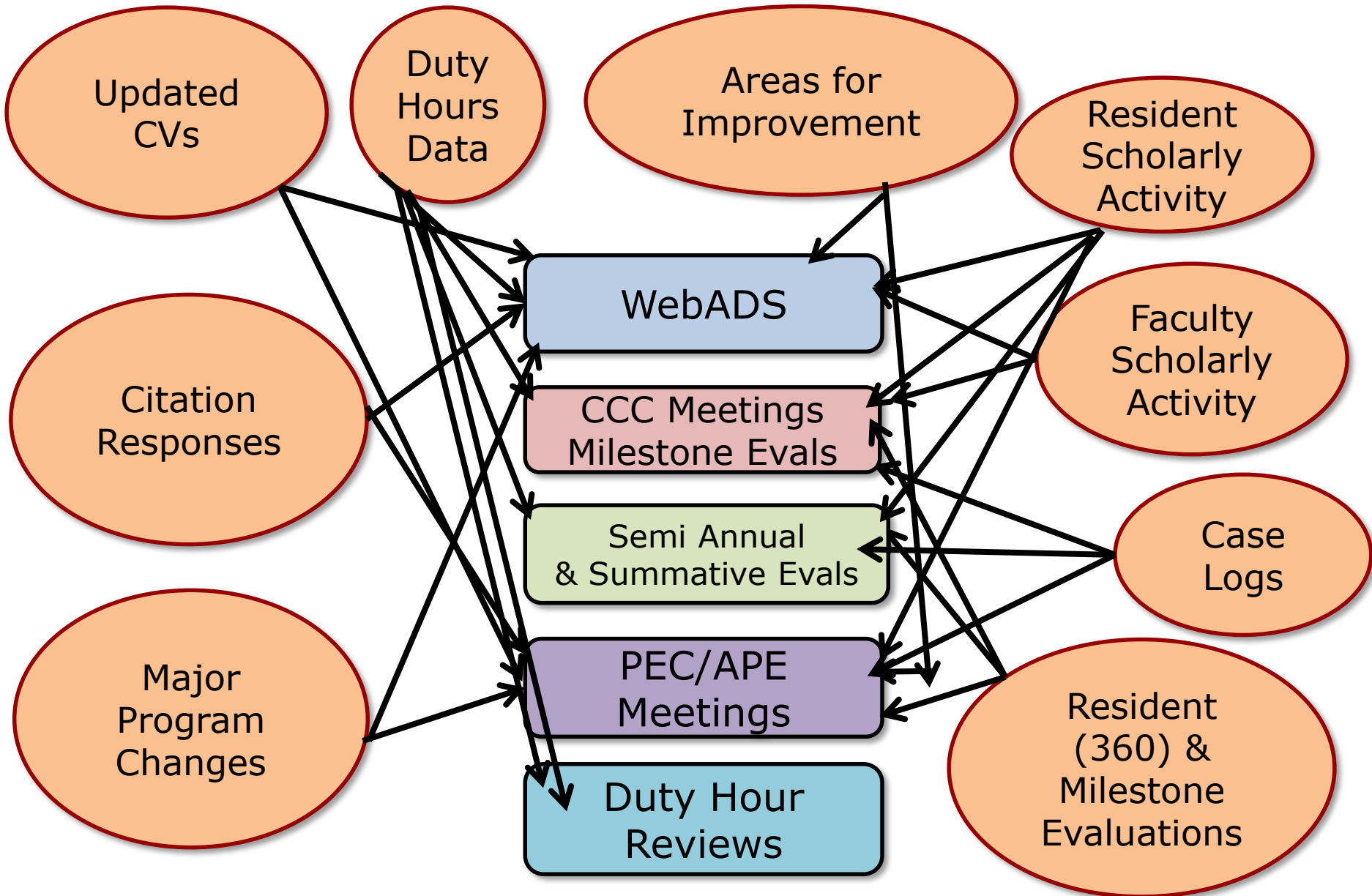
- WebADS

- Special Reviews

Program Responsibilities

1. **Annual Data Updates** in ADS (externally reported)

2. **Interim Program Changes** (externally reported): Includes changes in resident complement or PD/PC change

3. **Clinical Competency Committee** (internal)

4. **Milestone Reporting** (externally reported to ACGME)

5. **ACGME Faculty Survey** (externally reported)

6. **ACGME Resident/Fellow Survey** (externally reported)

7. **Program Evaluation Committee** (internal)

8. **Clinical Experience Review** in annual program evaluations (internal)

9. **Self Study** (internal until external site visit at end of 10 years)

Managing it all: How will I pull this off?
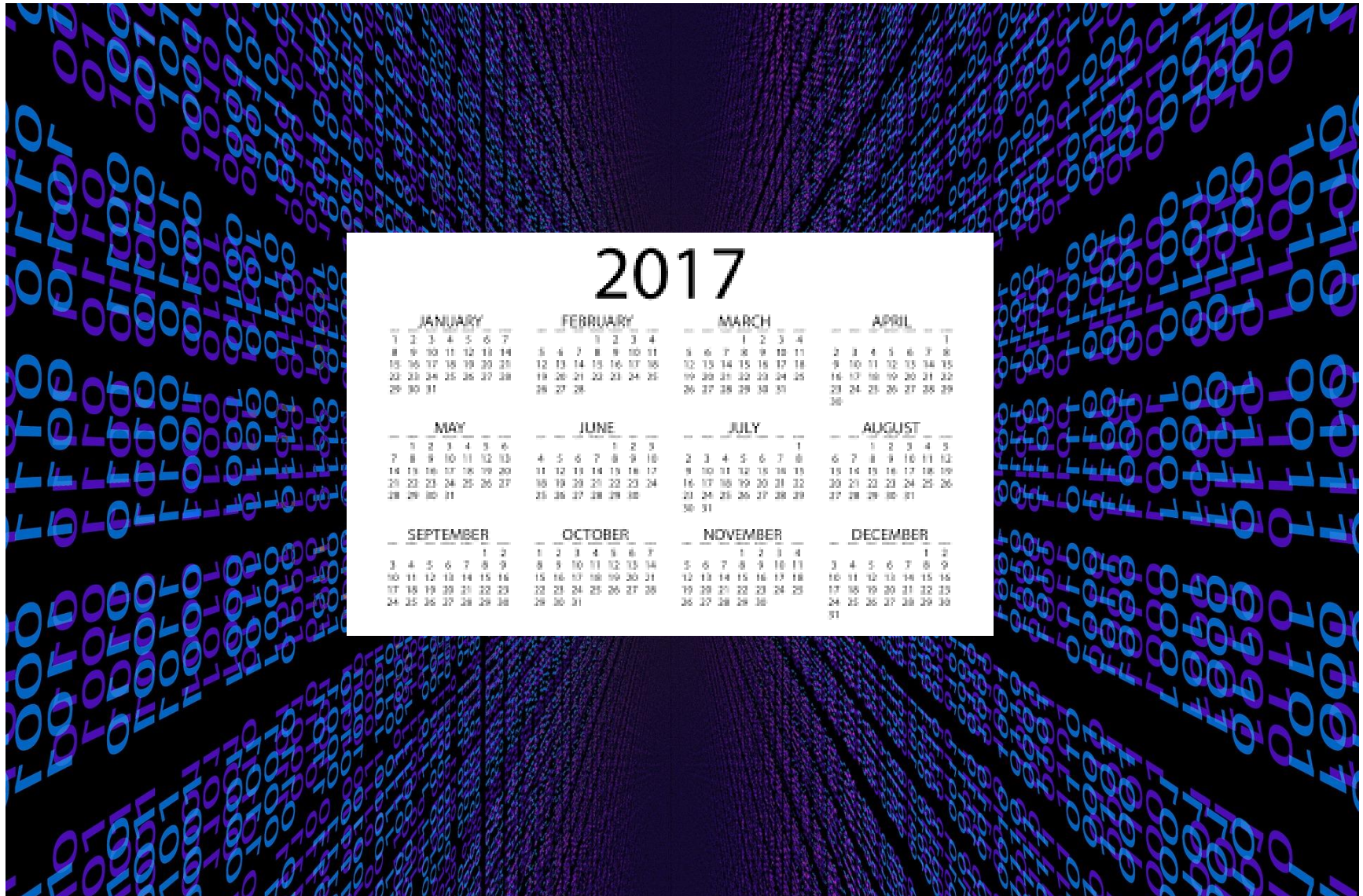
Leveraging the Reusability of Data ...

Updated CVs

Duty Hours Data

Areas for Improvement

Resident Scholarly Activity

Citation Responses

Faculty Scholarly Activity

Major Program Changes

Case Logs

Resident (360) & Milestone Evaluations

WebADS

CCC Meetings Milestone Evals

Semi Annual & Summative Evals

PEC/APE Meetings

Duty Hour Reviews

Organizing the data chaos…

Moving Streams of Data into Your Calendar Year Requirements

Creating the Annual Academic Year Timeline

ACGME & GME Roadmap

JUNE
ACGME Survey - reporting window
Alumni Survey
Clinical Competency Committee
Duty Hours
Milestones - submit to ACGME
Program Evaluation Committee/Annual
Program Evaluation

Creating the Annual Academic Year Timeline

	ACGME & GME Timeline July 1, 2016 - June 30, 2017

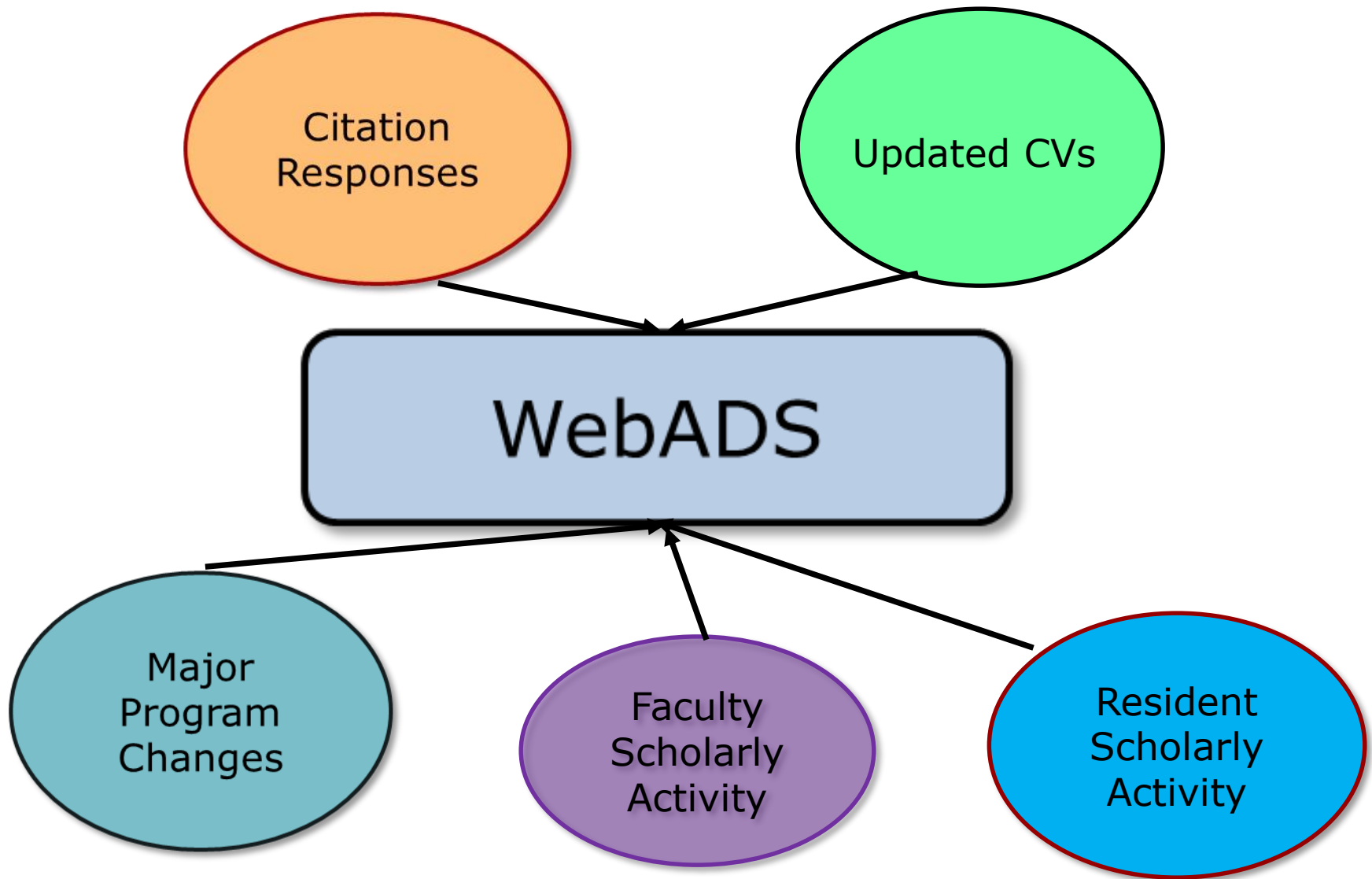| | \multicolumn{6}{c}{2016} | \multicolumn{6}{c}{2017} |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | JUL | AUG | SEPT | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| **WebADS** | | Prepare WebADS updates. Send to GME for review. Submit GME approved WebADS to ACGME. | | | | | | | | | | |
| **Milestones** | Send out milestone-based evaluations to residents/fellows. | | | | | Submit Milestone Reports to ACGME. | | Send out milestone-based evaluations to residents/fellows. | | | | Submit Milestone Reports to ACGME. |
| **Clinical Competency Committee** | | | | | Meet, Review, Finalize on RMS. | | | | | | Meet, Review, Finalize in RMS | |
| **Semi-Annual Evaluations** | | | | | Period 1 Evaluations. Document in RMS | | | | | | Period 2 Evaluations. Document in RMS. | |
| **GME House Staff Survey for Residents/Fellows (If any)** | | | | | Survey Window. GME delivers confidential survey. | | Survey results posted in RMS | | | | | |
| **ACGME Survey for Faculty and Residents/Fellows** | | | | | | | Reporting window. ACGME delivers confidential survey. | | | | Survey results posted in RMS. | |
| **Program Evaluations for Faculty and Residents/Fellows** | | | | | | | | GME delivers confidential Program evaluations. | Evaluations posted in RMS | | GME delivers confidential Program evaluations. | Evaluations posted in RMS |
| **Summative Evaluations** | | | | | | | | | | | | Complete at end of training |
| **Program Evaluation Committee / Annual Program Evaluation** | | Upload APE documentation in RMS | | | | | | | | Schedule, Meet & Report in RMS. | | |
| **Alumni Survey (optional)** | | | | GME delivers alumni survey. | | | | | | | | |
| **Duty Hours** | Monthly Ongoing: Review all violations. |
| **Site Visit** | Occurs at any time with an ACGME notification (minimum 30 days prior to visit). |
| **Self Study** | Occurs upon receiving ACGME Self Study letter of notification. |
| **CLER** | Approx. every 18 months. | | | | | | | | | | | |

Where do I begin?

WebADS

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

ACGME ADS – Reporting Window

ADS Updates – Status Check

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 must describe positive change here. ACGME is looking for program innovation, response to previous areas concern, and progress on last year's Action Plan items.

PARTICIPATING SITES

SPONSORING INSTITUTION: (The universi... this program.)	
Name of Sponsor: **Stanford Hospital and C**...	
Address: **Stanford Health Care** **Department of Graduate Medical Education, HC435** **300 Pasteur Drive** **Stanford, CA 94305-5207**	Single/Limited Site Sponsor: **NO**
Healthcare Entity Recognized by: **Joint Commission**	
Type of Institution: **General/Teaching Hospital**	
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 institution): **YES**	
Name of Medical School #1: **Stanford Univ 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**	

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

Faculty & Resident Scholarly Activity in ADS:
Annually Update for Previous Academic Year and Annually Update PD Curriculum Vitae

FACULTY SCHOLARLY ACTIVITY

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

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	N
					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

ACGME Letters of Notification in ADS

April 12, 2012

Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, IL 60654

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

The Residency Review Committee   functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Stanford University Hospital/Kaiser Permanente Medical Center Program
Stanford Hospital and Clinics
Stanford, CA

Program 1100521098

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation
Length of Training: 3
Maximum Number of Residents: 36
Residents per Level: 12 - 12 - 12
Effective Date: 02/10/2012
Approximate Date of Next Site Visit: 02/01/2016
Cycle Length: 4 Year(s)
Approximate Date of Internal Review 02/05/2014

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

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

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;
2. 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.

Do you provide the CCC members any evaluation data to review before the meeting? *Stanford GME Survey sent to 325 Coordinators 1/15/2015*
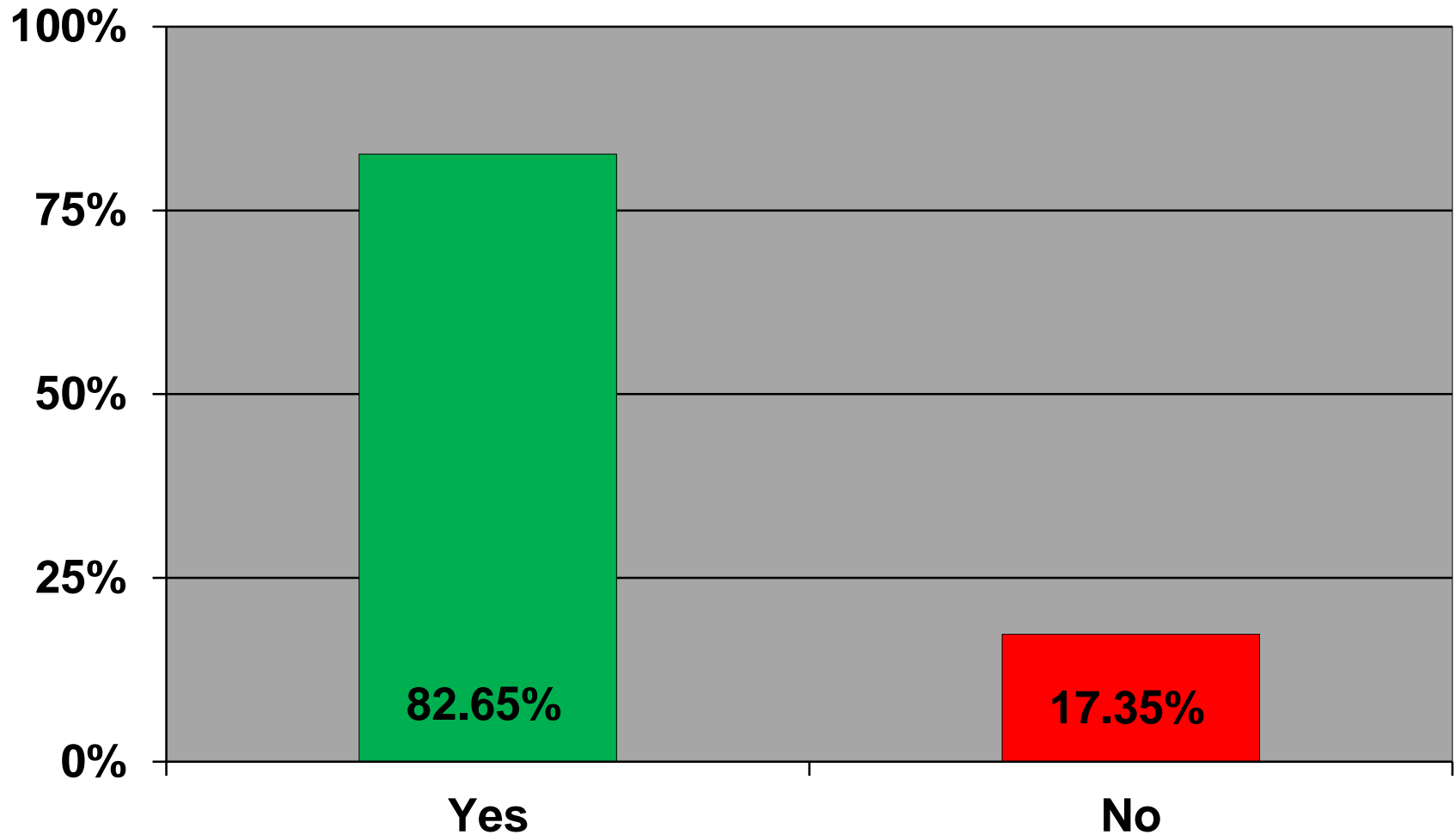
CCC Data …
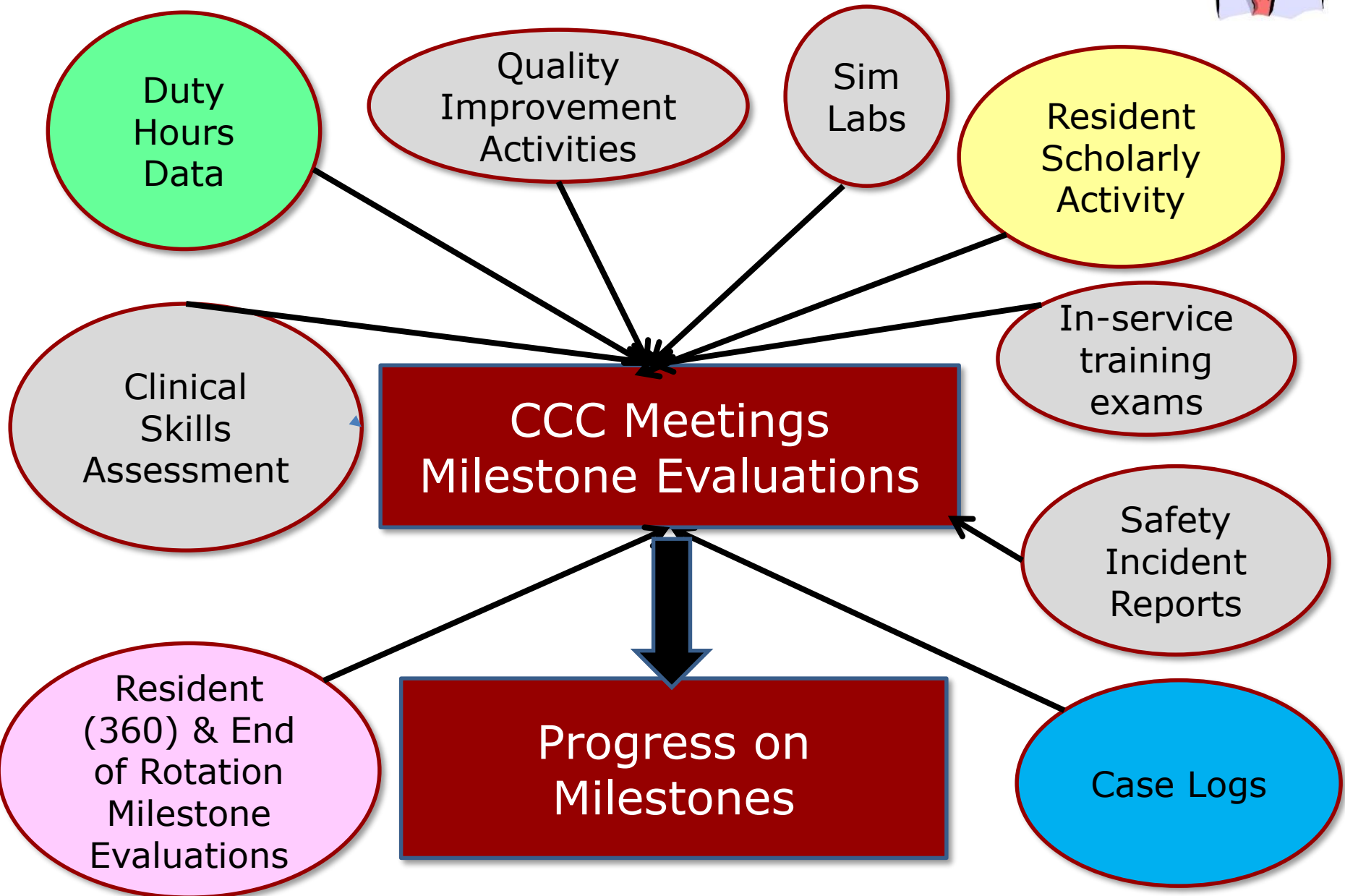
CCC faculty assignment and pre-work

"Each member reviews and ranks each resident prior to the meeting."

Linking and Representing Milestone Evaluation Data

Creating a Resident Performance Profile – Visual Trends

Last, First (PGY2)		1st Qtr	2nd Qtr	Semi Aggregate	3rd Qtr	4th Qtr	Year Summary
Date Completed		9/30/2014	12/31/2014	12/31/2014	3/31/2014	6/30/2015	6/30/2015
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	9.0
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

Data used in CCC meetings for trainee assessment – Stanford GME Survey sent to 325 Coordinators 1/15/2015

Category	Percentage
Aggregate Direct Milestone Evaluations	65.38%
Aggregate Rotation Evaluations	93.85%
Staff or patient (360) Evaluations	76.92%
Technical Skills Assessments/Mini-CEX's	44.62%
Scholarly Activities	63.08%
Case Volumes	36.92%

Confidential – For Discussion Purposes Only
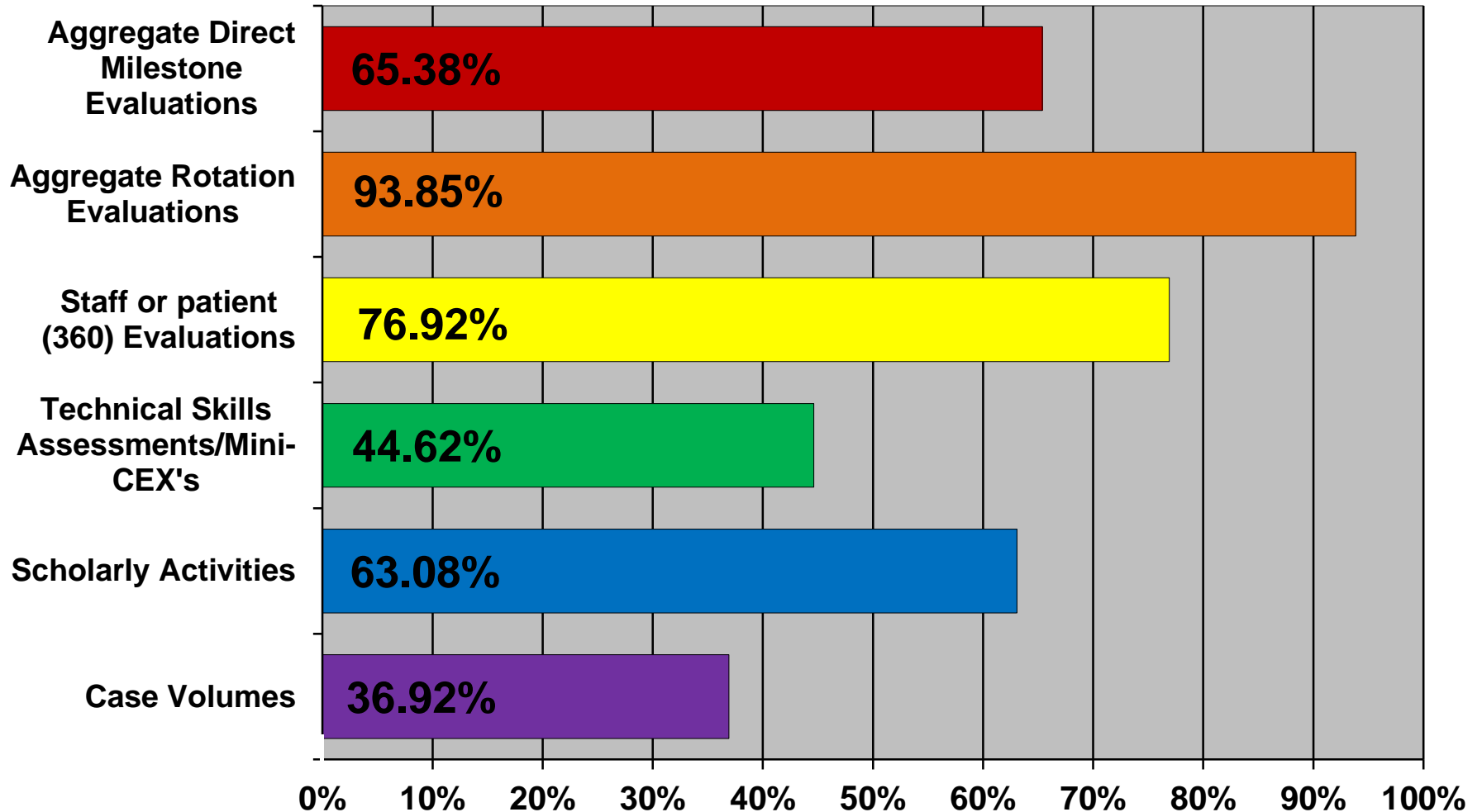
Semi-Annual Evaluations

▸ 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

ID:	Subcompetency:	Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	Average:	Range:	# of Questions:	# of Comments:	# of Evaluators:
PC-A1	Brain Tumor – Patient Care		• Performs a history and physical examination in patients with brain or spinal cord tumors • Provides routine peri-operative care for patients with brain or spinal cord tumors • Initiates the work-up of a patient with a brain or spinal cord tumor • Recognizes signs of and initiates work-up for neurological deterioration	• Explains risks and benefits of neurosurgical procedures for brain and spinal cord tumors • Interprets diagnostic studies • Assists with routine procedures (e.g., resection of non-eloquent glioma or metastasis, stereotactic biopsy) • Recognizes and initiates work-up of complications (e.g., hematoma, infection, seizure, hydrocephalus)	• Formulates a work-up and treatment plan for patients with brain, skull base, or spinal cord tumors • Independently performs routine procedures • Performs complex procedures with assistance (e.g., resection of eloquent glioma, ventricular or posterior fossa tumor) • Manages unexpected intra-operative events (e.g., sinus bleeding, cerebral edema) • Manages complications with assistance	• Independently formulates a treatment plan for patients with comorbidities or other complicating factors (e.g., systemic illness, radiation, chemotherapy) • Independently performs complex procedures • Adapts standard treatment plans to special circumstances (e.g., previous surgery, anticipated neurological morbidity) • Independently manages complications	• Systematically reviews treatment outcomes for brain and spinal cord tumors • Participates in quality improvement for brain and spinal cord tumors • Participates in or lead a multidisciplinary brain tumor team or program	2.6	2.0 - 3.0	8	0	2
PC-A2	Critical Care – Patient Care		• Performs a history and physical examination in critically-ill patients • Orders positioning, analgesics, sedation, neuromuscular blockade, intravenous (IV) fluids and nutrition in critically-ill patients • Diagnoses and formulates treatment plans for common pulmonary diseases • Use electrocardiogram (EKG) to diagnose cardiac arrhythmia; initiates hemodynamic monitoring • Performs a brain death examination	• Explains risks and benefits of ventilatory support • Interprets diagnostic studies (e.g., chest x-ray [CXR], brain computed tomography [CT], echocardiogram) • Manages intra cranial hypertension (e.g., hyperosmolar agents, CSF drainage) • Manages airway and performs endotracheal intubation • Inserts arterial and central venous catheters • Diagnoses and manages spinal or hypovolemic shock	• Formulates work-up and treatment plan for a comatose patient • Manages refractory intra-cranial hypertension (e.g., blood pressure, CPP) • Obtains confirmatory tests and make an accurate diagnosis of brain death • Initiates management of pneumonia or systemic infection	• Independently formulates a treatment plan for complex patients (e.g., failure of cerebral autoregulation, multi-organ failure, non-recoverable CNS injury) • Diagnoses and initiates management of adult respiratory distress syndrome • Manages difficult and emergency airways • Diagnose and manages CSF leak • Initiates management of cardiac rhythm disturbances	• Systematically reviews outcomes for neurocritical care patients • Participates in quality improvement for a neurocritical care unit • Develops a standard neurocritical care unit management protocol • Leads multidisciplinary neurocritical care team • Manages respiratory failure (e.g., mechanical ventilation, bronchoscopy) • Manages cardiac rhythm disturbances	3.1	2.5 - 4.0	10	0	2
PC-A3	Traumatic Brian Injury – Patient Care		• Performs a history and physical examination of a comatose patient and assign Glasgow Coma Scale (GCS) score • Evaluates a polytrauma patient and assign Injury Severity Score • Provides initial management of a polytrauma patient • Provides routine peri-operative care for patients with TBI • Detects an altered neurological examination • Places an ICP monitor and external ventricular drain	• Explains risks and benefits of neurosurgical procedures for TBI • Interprets diagnostic imaging for a neurotrauma patient • Organize emergency surgical team; position for craniotomy with cervical precautions • Assist with routine procedures (e.g., burr hole, craniotomy for hematoma or penetrating injury) • Recognizes and initiates work-up of complications (e.g., hematoma, seizure, sepsis, monitor drift)	• Formulates an interdisciplinary treatment plan for patients with polytrauma • Selects patients for operative intervention • Independently performs routine procedures • Performs complex procedures with assistance (e.g., repair of vascular injury or CSF fistula, posterior fossa hematoma) • Manages complications with assistance • Manages ventricular drain	• Prioritizes the management of injuries in a polytrauma patient • Independently performs complex procedures • Manages unexpected intra-operative events (e.g., cerebral edema, hemorrhage, air embolus) • Adapts standard treatment plans to special circumstances (e.g., medical comorbidity, coagulopathy) • Independently manages CNS complications	• Systematically reviews treatment outcomes for TBI • Participates in quality improvement for TBI care • Participates in developing a plan for triage in a disaster management scenario • Reconstructs complex craniofacial injuries	3.0	2.5 - 3.5	10	0	2
PC-A4	Surgical Treatment of Epilepsy and Movement Disorders – Patient Care		• Performs a history and physical examination in patients with epilepsy or movement disorders • Evaluates and treat a patient for medical comorbidities affecting functional neurological surgery • Provides routine peri-operative care for functional neurosurgical patients • Initiates the work-up of a patient with an apparent seizure • Recognizes and initiates treatment of status epilepticus	• Explains risks and benefits of neurosurgical procedures for epilepsy and movement disorders • Interprets diagnostic studies • Assists with routine components of functional procedures (e.g., burr hole, craniotomy, generator change) • Recognizes and initiates work-up of complications (e.g., hematoma, seizure, infection, device malfunction) • Places stereotactic head-frame	• Formulates a work-up and treatment plan for patients with epilepsy or a movement disorder (e.g., Parkinson disease, essential tremor) • Independently performs routine functional procedures (e.g., DBS placement, subdural electrode placement, trajectomy) • Performs complex functional procedures with assistance (e.g., temporal lobectomy) • Manages complications with assistance • Performs stereotactic targeting using frameless and frame-based systems	• Independently formulates a treatment plan for patients with comorbidities or other complicating factors (e.g., eloquent seizure focus) • Independently performs complex procedures • Adapts standard treatment plans to special circumstances (e.g., previous surgery, neuropsychological limitations) • Independently manages complications	• Systematically reviews treatment outcomes for epilepsy and/or movement disorders • Participates in quality improvement for epilepsy and/or movement disorders	-- --		0	0	0
PC-A5	Pain and Peripheral Nerves – Patient Care		• Performs a history and physical examination in patients with chronic pain or peripheral nerve disorders • Provides routine peri-operative care for patients with chronic pain or peripheral nerve disorders • Initiates the work up of a patient with a peripheral nerve injury • Recognizes and initiates treatment of baclofen withdrawal or morphine overdose	• Explains risks and benefits of neurosurgical procedures for pain and peripheral nerve disorders • Interprets diagnostic studies • Assists with routine procedures (e.g., carpal tunnel release, spinal cord stimulation, intrathecal pump) • Recognizes and initiates work-up of complications (e.g., hematoma, infection, device malfunction)	• Formulates a work-up and treatment plan for patients with chronic pain or peripheral nerve disorders (e.g., trigeminal neuralgia, carpal tunnel syndrome) • Independently performs routine procedures • Performs complex procedures with assistance (e.g., DREZ lesions, cordotomy, neuroma in continuity, brachial plexus repair, nerve graft, nerve transfer) • Manages complications with assistance	• Independently formulates a treatment plan for patients with comorbidities or other complicating factors (e.g., recurrent trigeminal neuralgia) • Independently performs complex procedures • Adapts standard treatment plans to special circumstances (e.g., previous surgery, deafferentation pain) • Independently manages complications	• Systematically reviews treatment outcomes for pain and/or peripheral nerve disorders • Participates in quality improvement for pain and/or peripheral nerve disorders	-- --		0	0	0

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

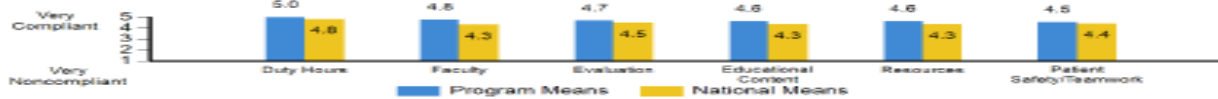| 1. | ✛ | Question | Milestone ratings from the CCC were reviewed with the trainee. | Scale: No/Yes
Scale Descriptions |
2.	✛	Question	Provided trainee with data to show personal clinical effectiveness (e.g., facuty feedback, patient feedback, and allied health team member feedback).	Scale: No/Yes Scale Descriptions
3.	✛	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

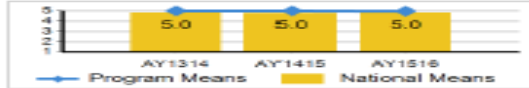# ACGME Surveys

ACGME Residency Program Survey

Program Means at-a-glance

	Duty Hours	Faculty	Evaluation	Educational Content	Resources	Patient Safety/Teamwork
Program Means	5.0	4.8	4.7	4.6	4.6	4.5
National Means	4.8	4.3	4.5	4.3	4.3	4.4

Very Compliant (5) ... Very Noncompliant (1)

■ Program Means ■ National Means

Residents' overall evaluation of the program

Very negative (1)	Negative (2)	Neutral (3)
0%	0%	0%

▲ Program Mean

Duty Hours

Program Means: AY1314 5.0, AY1415 5.0, AY1516 5.0
National Means shown

	% Program Compliant	Program Mean
80 hours	100%	5.0
1 day free in 7	100%	5.0
In-house call every 3rd night	100%	5.0
Night float no more than 6 nights	100%	5.0
8 hours between duty periods (differs by level of training)	100%	4.9
Continuous hours scheduled (differs by level of training)	100%	4.9

Reasons for exceeding duty hours:
Patient needs	0%
Paperwork	0%
Additional Ed. Experience	0%

Cover someone else's work
Night float
Schedule conflict
Other

Faculty

Program Means: AY1314 4.8, AY1415 4.7, AY1516 4.8
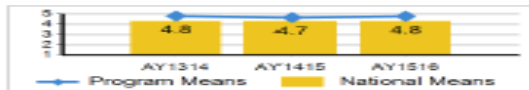
	% Program Compliant	Program Mean
Sufficient supervision	100%	4.8
Appropriate level of supervision	100%	5.0
Sufficient instruction	100%	4.6
Faculty and staff interested in residency education	100%	4.8
Faculty and staff create environment of inquiry	100%	4.7

Evaluation

Program Means: AY1314 4.8, AY1415 4.5, AY1516 4.7
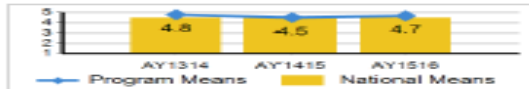
	% Program Compliant	Program Mean
Able to access evaluations	100%	5.0
Opportunity to evaluate faculty members	100%	5.0
Satisfied that evaluations of faculty are confidential	94%	4.5
Opportunity to evaluate program	100%	5.0
Satisfied that evaluations of program are confidential	88%	4.6
Satisfied that program uses evaluations to improve	94%	4.4
Satisfied with feedback after assignments	82%	4.2

Educational Content

Program Means: AY1314 4.7, AY1415 4.6, AY1516 4.6
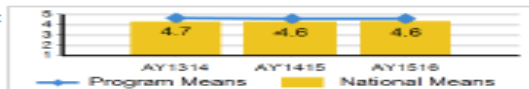
	% Program Compliant	Program Mean
Provided goals and objectives for assignments	100%	5.0
Instructed how to manage fatigue	100%	5.0
Satisfied with opportunities for scholarly activities	94%	4.5
Appropriate balance for education	94%	4.5
Education (not) compromised by service obligations	82%	3.9
Supervisors delegate appropriately	100%	4.8
Provided data about practice habits	76%	4.1
See patients across variety of settings	100%	5.0

Resources

Program Means: AY1314 4.8, AY1415 4.6, AY1516 4.6
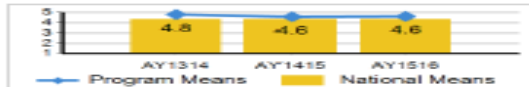
	% Program Compliant / % Yes*	Program Mean
Access to reference materials	100%	5.0
Use electronic medical records in hospital*	100%	5.0
Use electronic medical records in ambulatory setting*	100%	5.0
Electronic medical records integrated across settings*	100%	5.0
Electronic medical records effective	100%	4.2
Provided a way to transition care when fatigued	82%	4.3
Satisfied with process to deal with problems and concerns	100%	4.7
Education (not) compromised by other trainees	100%	4.8
Residents can raise concerns without fear	94%	4.7

Patient Safety/Teamwork

Program Means: AY1314 4.6, AY1415 4.6, AY1516 4.5
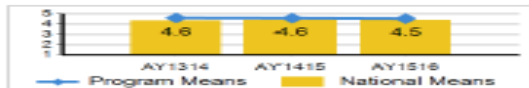
	% Program Compliant	Program Mean
Tell patients of respective roles of faculty and residents	100%	4.7
Culture reinforces patient safety responsibility	100%	4.8
Participated in quality improvement	94%	4.8
Information (not) lost during shift changes or patient transfers	100%	4.4
Work in interprofessional teams	100%	4.0
Effectively work in interprofessional teams	100%	4.6

Total Percentage of Compliance by Category

|	Duty Hours			Faculty			Evaluation			Educational Content			Resources			Patien...
	AY1314	AY1415	AY1516	AY1314	AY1415	AY1516	AY1314	AY1415	AY1516	AY1314	AY1415	AY1516	AY1314	AY1415	AY1516	AY1314
National Compliance	100.0	100.0	100.0	96.3	92.9	100.0	97.3	86.7	94.1	93.8	95.5	93.4	99.0	95.2	96.1	97.9
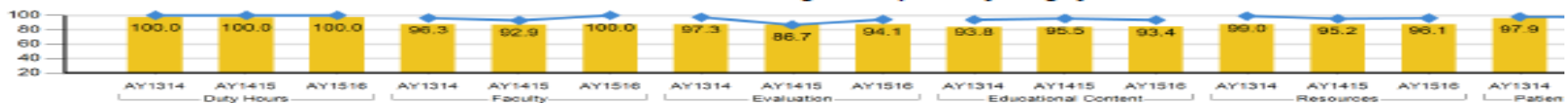
ACGME Faculty Survey

Program Means at-a-glance
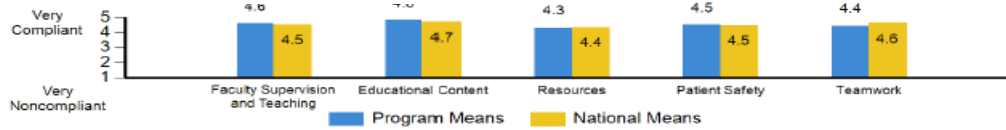
Faculty's overall evaluation of the program
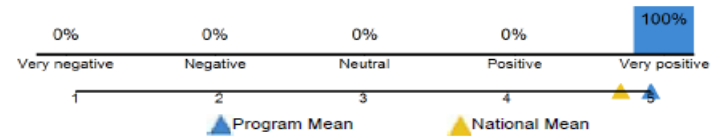
Faculty Supervision and Teaching
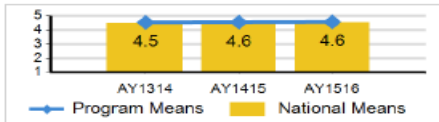
	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient time to supervise residents/fellows	100%	5.0	94%	4.6
Residents/fellows seek supervisory guidance	100%	4.3	92%	4.5
Interest of faculty and Program Director in education	100%	5.0	96%	4.7
Rotation and educational assignment evaluation*	100%		99%	
Faculty performance evaluated*	100%		99%	
Faculty satisfied with personal performance feedback	67%	4.0	87%	4.3

Educational Content
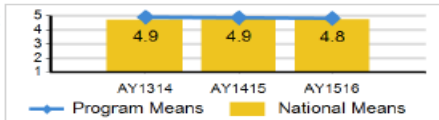
	% Program Compliant	Program Mean	% National Compliant	National Mean
Worked on scholarly project with residents/fellows*	67%		76%	
Residents/fellows see patients across a variety of settings*	100%		99%	
Residents/fellows receive education to manage fatigue*	100%		99%	
Effectiveness of graduating residents/fellows	100%	4.7	97%	4.6
Outcome achievement of graduating residents/fellows	100%	5.0	99%	4.8

Resources
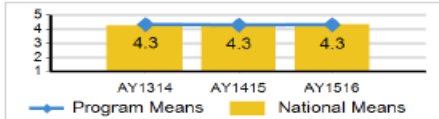
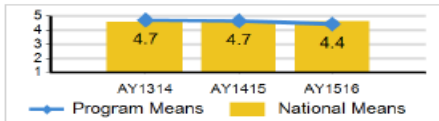|	% Program Compliant	Program Mean	% National Compliant	National Mean
Program provides a way for residents/fellows to transition care when fatigued*	100%		99%	
Residents/fellows workload exceeds capacity to do the work	100%	4.0	100%	4.3
Satisfied with faculty development to supervise and educate residents/fellows	100%	4.3	95%	4.2
Satisfied with process to deal with residents'/fellows' problems and concerns	100%	4.7	93%	4.6
Prevent excessive reliance on residents/fellows to provide clinical service	100%	4.3	98%	4.4

Patient Safety
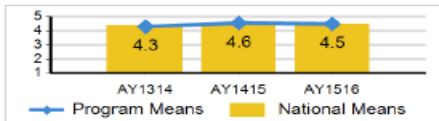
|	% Program Compliant	Program Mean	% National Compliant	National Mean
Information not lost during shift changes or patient transfers	100%	4.0	91%	4.2
Tell patients of respective roles of faculty and residents/fellows	100%	4.7	91%	4.5
Culture reinforces patient safety responsibility	100%	4.3	96%	4.6
Residents/fellows participate in quality improvement or patient safety activities	100%	5.0	92%	4.6

Teamwork

	% Program Compliant	Program Mean	% National Compliant	National Mean
Residents/fellows communicate effectively when transferring clinical care	100%	4.7	98%	4.8
Residents/fellows effectively work in interprofessional teams	100%	4.7	100%	4.6
Program effective in teaching teamwork skills	100%	4.0	99%	4.5

Total Percentage of Compliance by Category
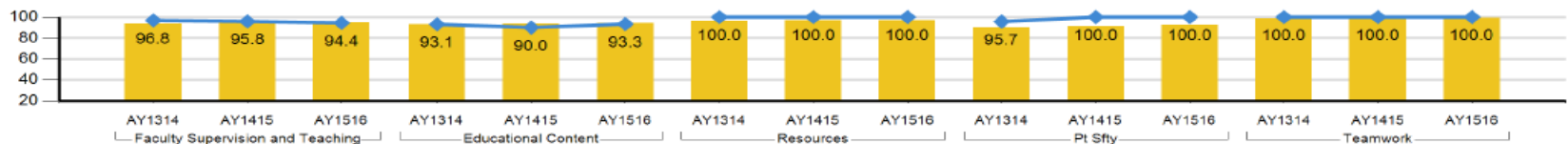
Program Evaluations for Faculty & Residents

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 ask that you please answer the following questions. Your responses are confidential. Thank you.

	Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree
1. My program exposes me to a sufficient variety of cases.	☐	☐	☐	☐	☐	☐
2. 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.	☐	☐	☐	☐	☐	☐
3. I have ready access to specialty-specific and other appropriate medical reference materials/databases.	☐	☐	☐	☐	☐	☐
4. The presence of other learners (medical students, residents from other specialities, subspecialty fellows, PhD students and/or nurse pratitioners) DOES NOT materially interfere with my education.	☐	☐	☐	☐	☐	☐
5. My program DOES NOT compromise learning objectives by excessive reliance on residents to fulfill service obligations.	☐	☐	☐	☐	☐	☐
6. My program is designed such that I am able to comply with all ACGME duty hour policies.	☐	☐	☐	☐	☐	☐
7. I have truly protected time to attend didactic sessions without interruption.	☐	☐	☐	☐	☐	☐

Summative Evaluations

Academic Year: *<Insert Academic Year>*   *<Insert Date>*
Resident Name: *<Insert Name>*, MD

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 identified where significant 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.

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¶

ALL·ITEMS·listed·below·should·be·discussed·during·the·Annual·Program·Evaluation·(APE)·meeting.·¶
If·the·items·proceeded·with·**·are·not·applicable·to·your·program,·they·may·be·skipped.¶

RESIDENT·PERFORMANCE		
☐	Milestone·achievements/evaluations	Program
☐	Faculty·evaluations·(of·trainees)	Program
☐	Semi-annual·review·with·program·director	Program
☐	Self-assessment	Program
☐	Quality·improvement·and·safety·projects	Program
☐	Didactic/conference·attendance	Program
☐	Duty·hour·compliance	Program
☐	Scholarly·activities·of·residents	Program
☐	**Case·experience·and·procedures·logs	Program
☐	**In-training·examination·results	Program
☐	**OSCEs·(Objective·Structured·Clinical·Examinations)·	Program
FACULTY·DEVELOPMENT		
☐	Mentoring	Program
☐	Trainee·evaluation·of·faculty	Program
☐	ABMS·certification·status·	Program
☐	Faculty·attendance·in·grand·rounds·&·conferences	Program
☐	Faculty·professional·development·courses	Program
☐	Scholarly·activity·of·faculty	Program
GRADUATE·PERFORMANCE		
☐	Graduate·placement	
☐	Alumni·survey	Program
☐	**Board·scores/pass·rates·(most·recent·year·or·aggregated·over·5·years)	Program
PROGRAM·QUALITY		
☐	Last·year's·action·plan·	Program
☐	ACGME·faculty·survey	GME
☐	ACGME·letters·of·notification·and·ACGME·citations	GME
☐	Faculty·program·evaluations	GME
☐	Overview·of·the·curriculum·and·rotations	Program
☐	Exit·summative·evaluation/interview	Program
☐	**Resident/fellow·program·evaluations	GME
☐	**ACGME·resident/fellow·survey	GME
☐	**GME·House·Staff·Survey	GME
☐	**Most·Updated·Trend·Analysis	GME

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, lecture-based CME events, workshops, directed QI projects, practice-improvement self study).

▶ Faculty actively involved in mentor relationships with residents/fellows.

Graduate Performance

▸ <u>Aggregated</u> board exam pass rates

▸ <u>Aggregated</u> 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

Alumni Surveys …

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
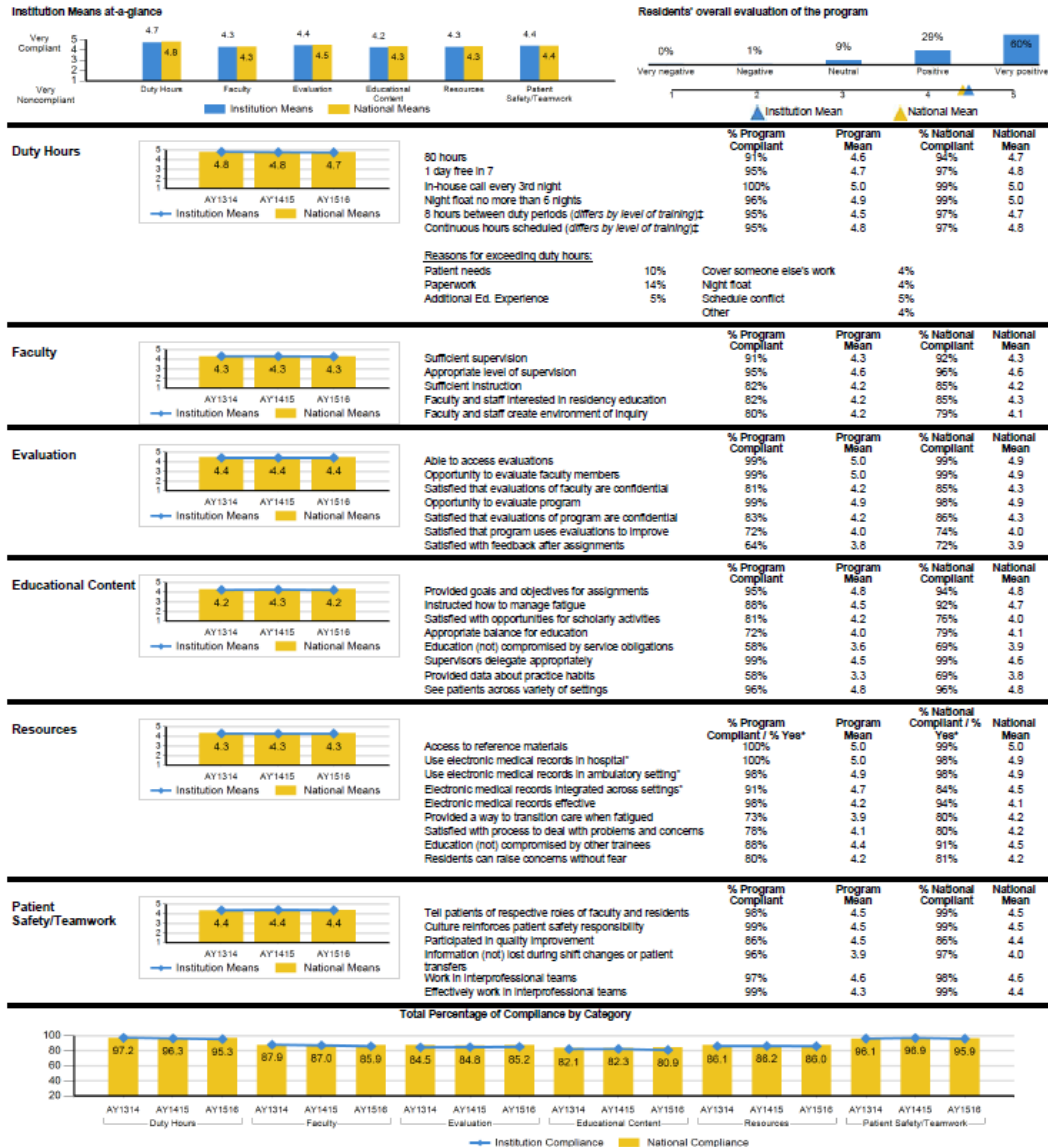
▸ The most recent GME House Staff survey results (if available)

▸ 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
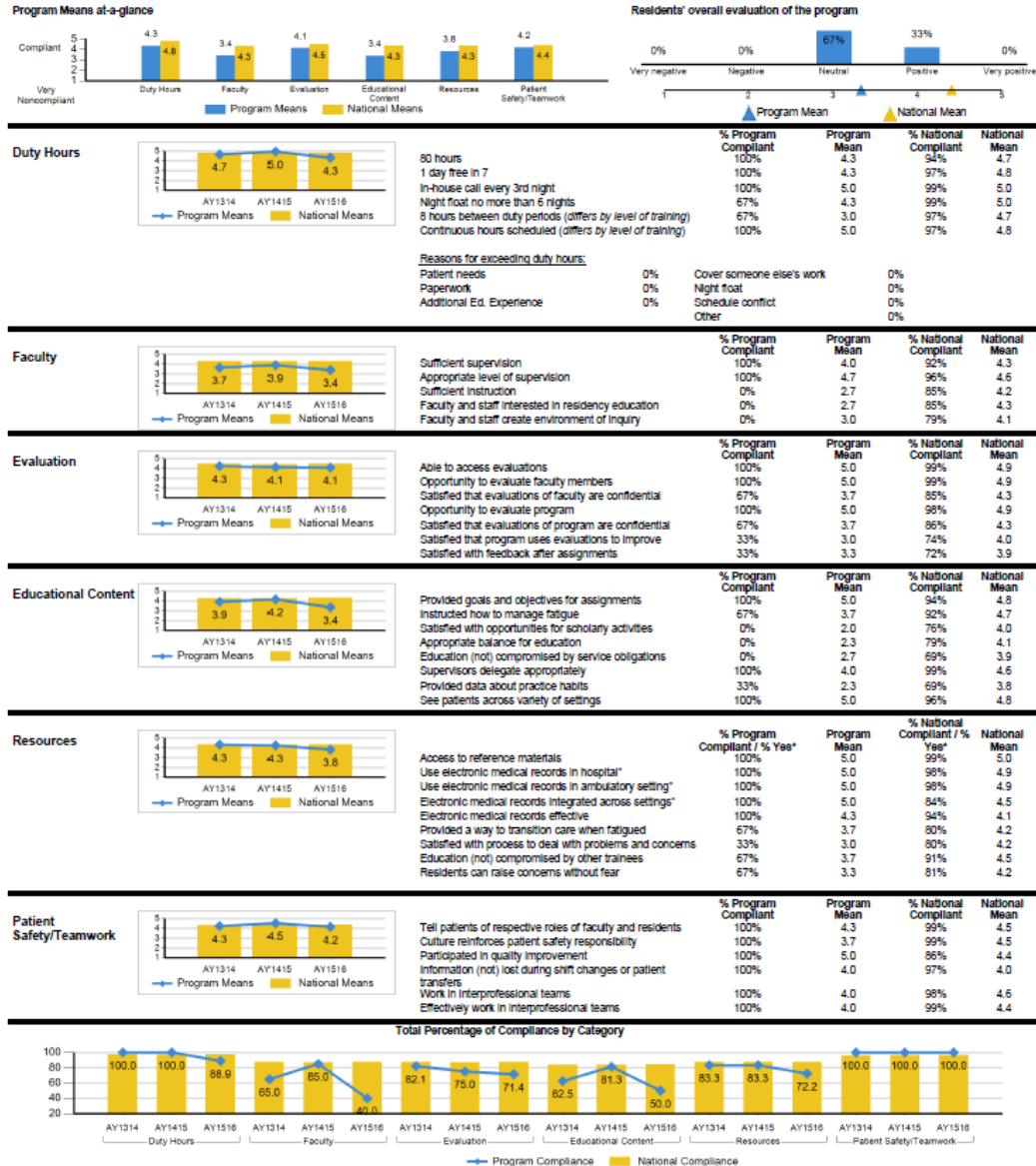
ACGME Institutional Survey

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,

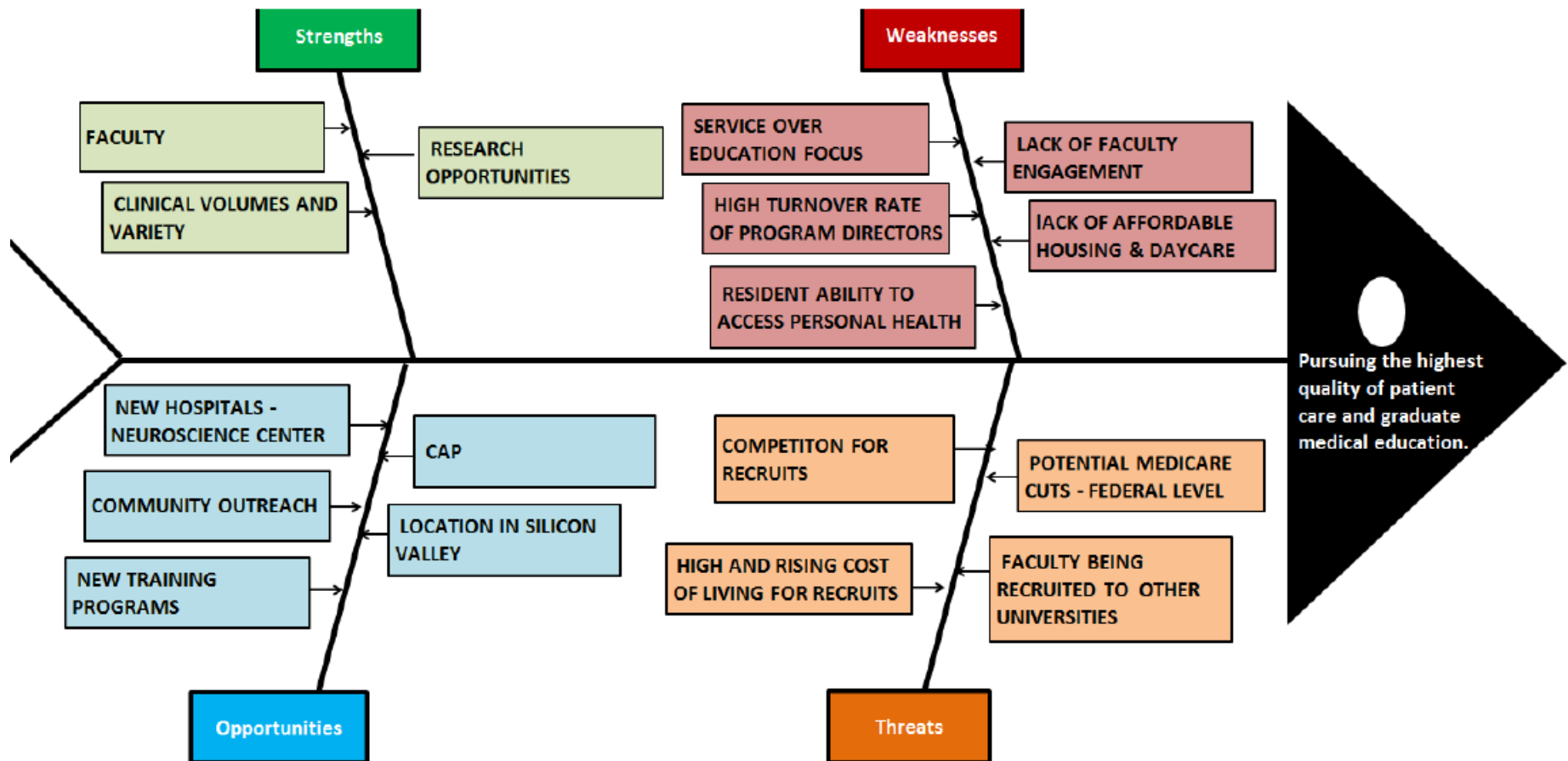▶ Learning Environment (space, call rooms, books, computers, etc.)

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.

<Insert·Program·Name>·ANNUAL·PROGRAM·EVALUATION·ACTION·PLAN¶				
Issue·Synopsis¤	Proposed·Actions¤	Responsible· Owner(s)¤	Timeline·/¶ Due·Date¤	Results¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤
°¤	°¤	°¤	°¤	°¤

Annual Program Evaluation (APE) – SWOT

▶ SWOT Analysis

APE Guidebook

DATE: <Enter Date>

PROGRAM: <Your Program's Name>

DATE: <Enter Date>

PROGRAM: <Your Program's Name>

Aim				Used For Current Year's Meeting					Used For Next Y
<Enter Program Aim Here>				Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual Outcome
Strengths		**Weaknesses**							
#1	Strength #1	#1	Weakness #1						
#2	Strength #2	#2	Weakness #2						
#3	Strength #3	#3	Weakness #3						
#4	Strength #4	#4	Weakness #4						
#5	Strength #5	#5	Weakness #5						
Opportunities		**Threats**		Weakness #1					
#1	Opportunities #1	#1	Threat #1	Weakness #2					
#2	Opportunities #2	#2	Threat #2	Weakness #3					
#3	Opportunities #3	#3	Threat #3	Weakness #4					
#4	Opportunities #4	#4	Threat #4	Weakness #5					
#5	Opportunities #5	#5	Threat #5						

Last Year's Unresolved Issues — *Current Year's Issues*

Annual Program Evaluation Action Plan Tool

▸ Action Plan

2014-2015 APE Meeting - Action Plan for Next Year

DATE: _____

PROGRAM: _____

	Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual Outcome	Resolved (Y/N)
				Used For Current Year's Meeting		*Used For Next Year's Meeting*	
Last Year's Issues							
Current Year's Issues							

APE "SWOT" Analysis Tool Fishbone
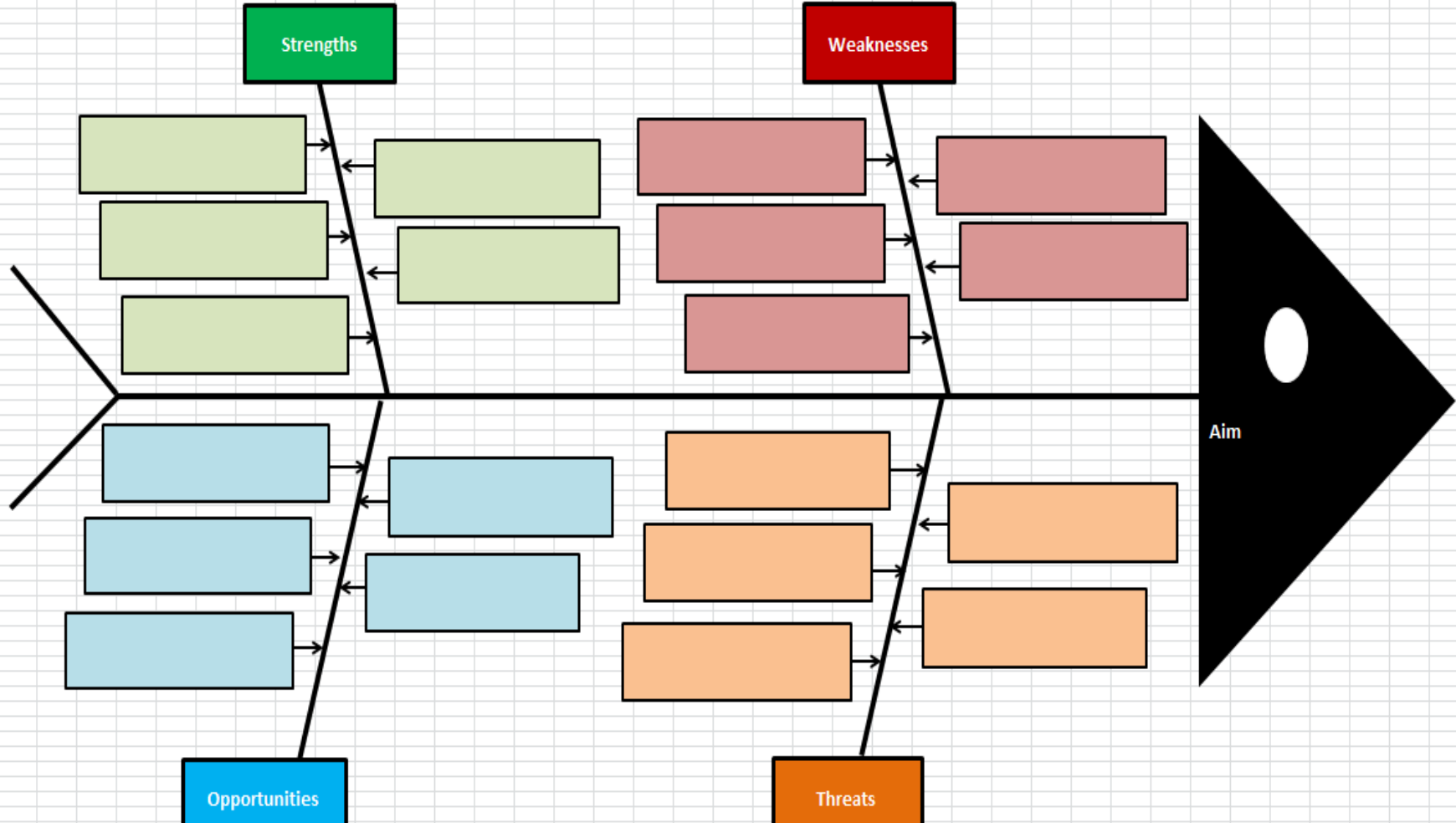
Program Aims

▶ 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)

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

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

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
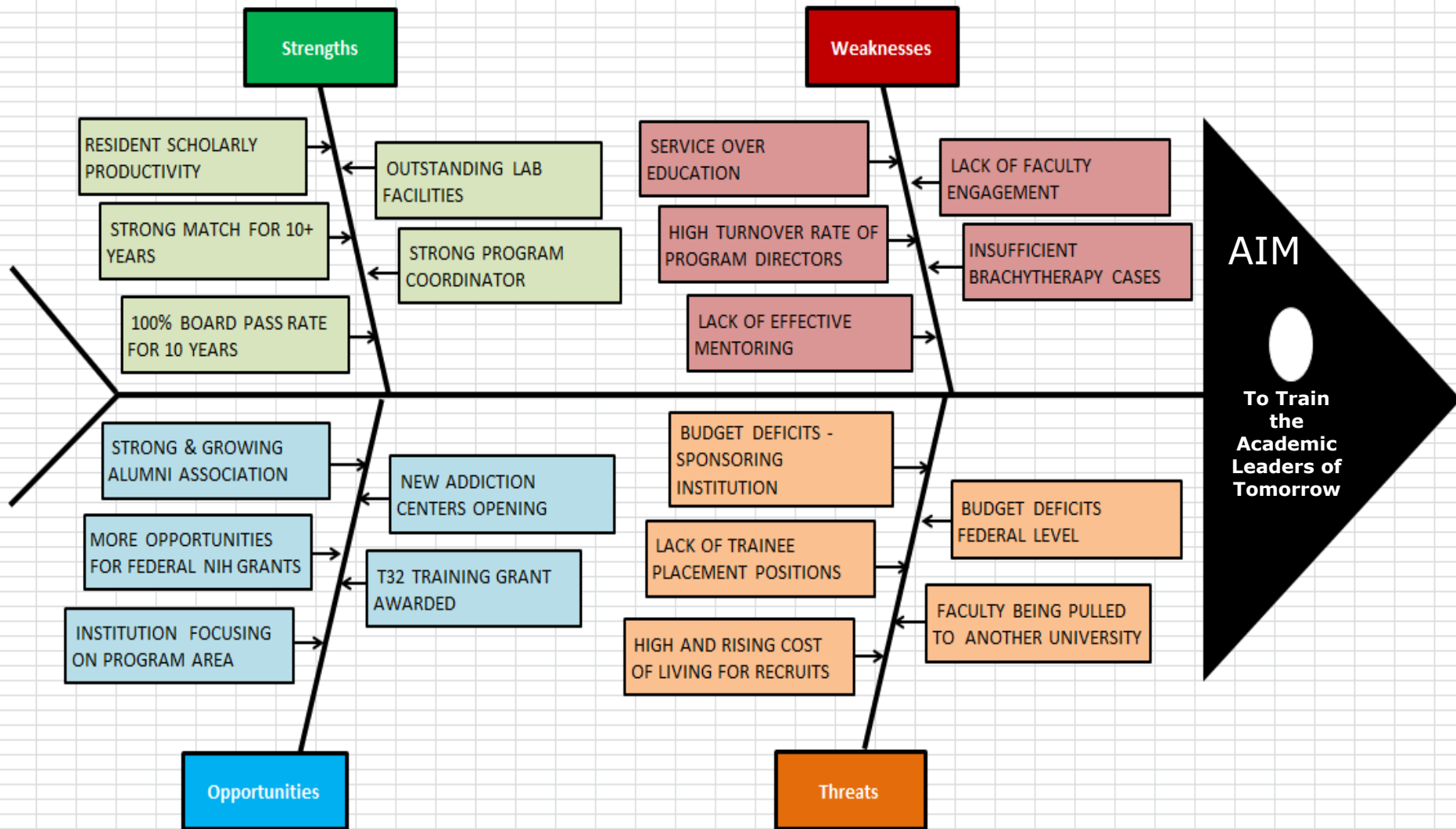
There is so much data!!

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

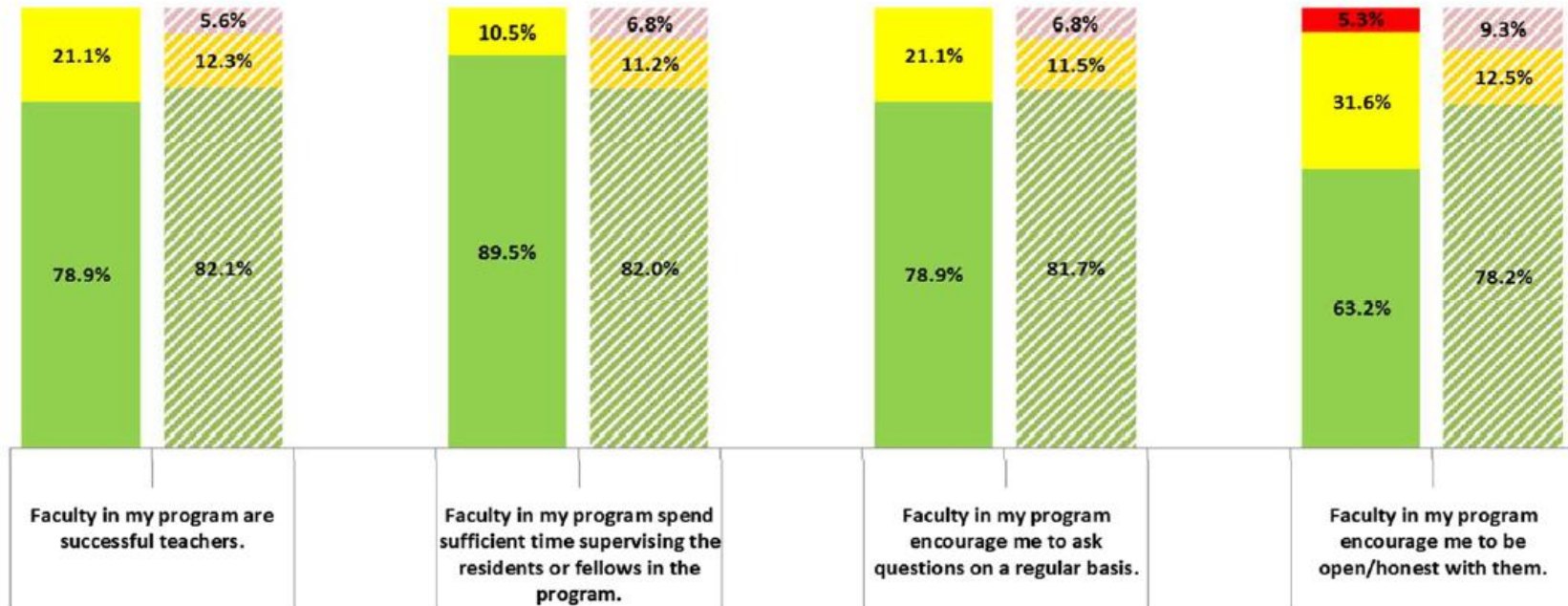▶ Scorecards

▶ Trend Analyses

GME Surveys – (Optional)

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

GME Surveys – (Optional)

PROGRAM FACULTY   ■ Program   ▨ Institution

5.6%			
21.1% / 12.3%	10.5% / 6.8% 11.2%	21.1% / 6.8% 11.5%	5.3% / 9.3% 31.6% / 12.5%
78.9% / 82.1%	89.5% / 82.0%	78.9% / 81.7%	63.2% / 78.2%

Faculty in my program are successful teachers.

Faculty in my program spend sufficient time supervising the residents or fellows in the program.

Faculty in my program encourage me to ask questions on a regular basis.

Faculty in my program encourage me to be open/honest with them.

Confidential – For Discussion Purposes Only

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

SHC Balanced Report Card Key Measures	SOURCE	INT or	Data Source	PROGRAM NAME					
				2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Faculty Teaching/Instruction	RESIDENT	EXT	Survey ACGME %-						
Sufficient Supervision	RESIDENT	EXT	Survey ACGME %-						
Climate of Inquiry	RESIDENT	EXT	Survey						
Climate Where Residents Can Raise Concerns w/o Fear	RESIDENT	EXT	Survey ACGME %- COMPLIANT						
Satisfied w/ Process for Problems and Concerns	RESIDENT	EXT	Survey ACGME %-						
Overall Pgm Eval	RESIDENT	EXT	Survey ACGME %-						
Total Number of ACGME Citations - Last Site Visit	PROGRAM	EXT	Survey ACGME %-						
ACGME Cycle Length	PROGRAM	EXT	ACGME						
Board Pass Rates	PROGRAM	EXT	ABMS						
Pgm Organized to Meet Educational Needs	RESIDENT	INT	GME-Survey						
Service Over Education	RESIDENT	INT	GME-Survey						
Encouraged to ask ?'s w/o being made to feel incompetent	RESIDENT	INT	GME-Survey						
Residents Can Be Open	RESIDENT	INT	GME-Survey						

External Measures

SHC Balanced Report Card Key Measures	SOURCE	INT or	Data Source	PROGRAM NAME					
				2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
Faculty Teaching/Instruction	RESIDENT	EXT	Survey ACGME %-						
Sufficient Supervision	RESIDENT	EXT	Survey ACGME %-						
Climate of Inquiry	RESIDENT	EXT	Survey						
Climate Where Residents Can Raise Concerns w/o Fear	RESIDENT	EXT	Survey ACGME %- COMPLIANT						
Satisfied w/ Process for Problems and Concerns	RESIDENT	EXT	Survey ACGME %-						
Overall Pgm Eval	RESIDENT	EXT	Survey ACGME %-						
Total Number of ACGME Citations - Last Site Visit	PROGRAM	EXT	Survey ACGME %-						
ACGME Cycle Length	PROGRAM	EXT	ACGME						
Board Pass Rates	PROGRAM	EXT	ABMS						

Internal Measures

Service Over Education	RESIDENT	INT	GME-Survey							
Encouraged to ask ?'s w/o being made to feel incompetent	RESIDENT	INT	GME-Survey							
Residents Can Be Open and Honest with	RESIDENT	INT	GME-Survey							
Overall Satisfaction w/Program	RESIDENT	INT	GME-Survey							
Residents Would Recommend Program	RESIDENT	INT	GME-Survey							
Faculty Overall Evaluation Program	FACULTY	INT	Pgm Eval Mean							
Resident Overall Program Evaluation	RESIDENT	INT	Pgm Eval Mean							
Total Duty Hour Violations Last AY/Res	PROGRAM	INT	MedHub Institution							
# of IR Citations (Most Recent Internal Site	PROGRAM	INT	IR-MedHub							
KEY										

Trend Analysis Example

SHC Balanced Report Card Key Measures	SOURCE	INT or EXT	Data Source			
				2013-14	2014-15	2015-16
Sufficient Supervision	RESIDENT	EXT	Survey ACGME %-COMPLIANT	95%	100%	80%
Sufficient Instruction	RESIDENT	EXT	Survey ACGME %-COMPLIANT	91%	83%	100%
Faculty/Staff Create Environment of Inquiry	RESIDENT	EXT	Survey ACGME %-COMPLIANT	88%	100%	80%
Satisfied w/ Process for Problems and Concerns	RESIDENT	EXT	Survey ACGME %-COMPLIANT	86%	50%	40%
Climate Where Residents Can Raise Concerns w/o Fear	RESIDENT	EXT	Survey ACGME %-COMPLIANT	85%	100%	80%
Overall Eval of the Program	RESIDENT	EXT	Survey ACGME %-COMPLIANT	88%	88%	88%
Total Number of ACGME Citations / Prior Year	PROGRAM	EXT	ACGME Letter	8	8	8
Board Pass Rates	PROGRAM	EXT	ABPN	100%	100%	100%
Overall Satisfaction with Training in Program	RESIDENT	INT	GME-Survey	67%	80%	80%
Program Organized to Meet Educational Needs	RESIDENT	INT	GME-Survey	100%	80%	83%
Program Balances Service with Clinical Education	RESIDENT	INT	GME-Survey	100%	80%	67%
Encouraged to ask Questions on a Regular Basis	RESIDENT	INT	GME-Survey	100%	100%	100%
Residents Can Be Open and Honest with Faculty	RESIDENT	INT	GME-Survey	67%	No Question	83%
Residents Would Recommend Program	RESIDENT	INT	GME-Survey	67%	80%	100%
Faculty Overall Evaluation Program	FACULTY	INT	Pgm Eval Mean Score/10	9.5	8.9	8.7
Resident Overall Program Evaluation	RESIDENT	INT	Pgm Eval Mean Score/10	9.3	9.0	8.1
Total Duty Hour Violations Last AY/Res	PROGRAM	INT	MedHub Duty Hr Rpt	4	0	0
# Unreviewed Duty Hr Periods by PD / AY	PROGRAM	INT	MedHub Rev Period Rpt	0	0	0
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
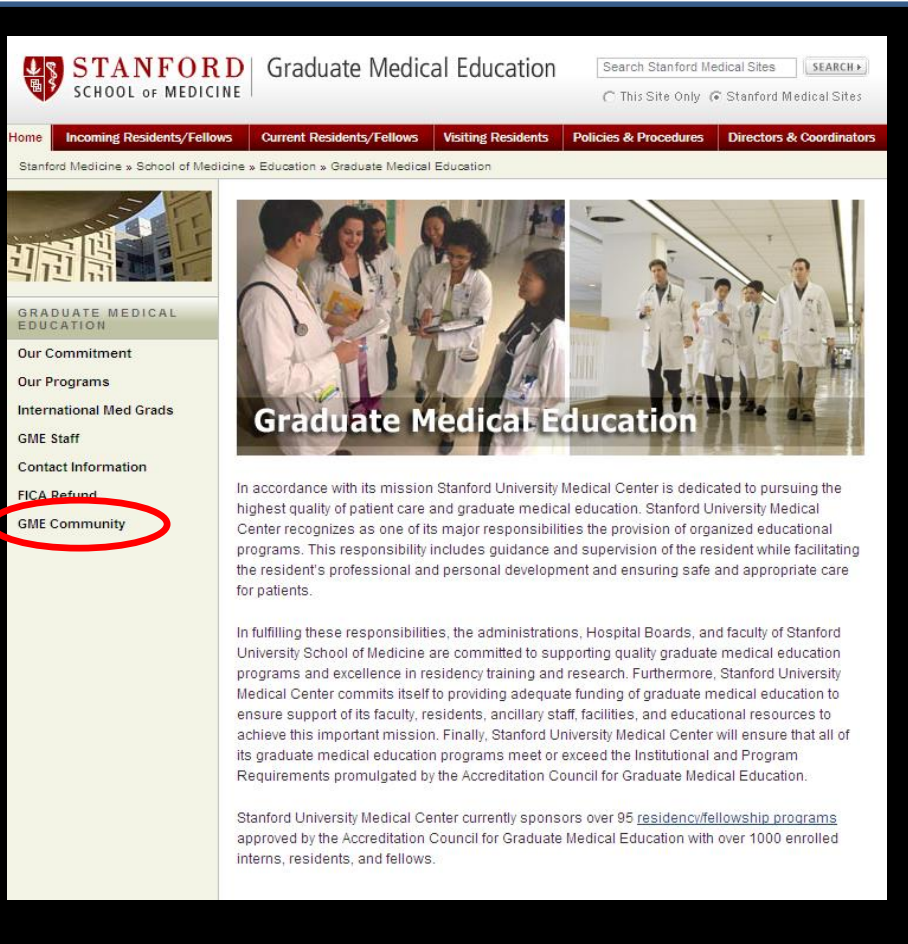
▶ [Program Evaluation Committee Policy Template](#)

▶ [Program Evaluation Checklist & Agenda](#)

▶ [Annual Program Evaluation Guidebook: Diagrams & Action Plans](#)

  – [Annual Program Evaluation Checklist](#)

  – Annual Program Evaluation Agenda ([PDF](#) / [DOC](#))

  – [A Quick Method to Analyze Program Evaluations](#)

▶ [Program Improvement Action Plan](#)

Tools Can Be Downloaded
www.gme.stanford.edu

GME Community

Templates

Questions?

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