

2018 ACGME Program Coordinators' Workshop

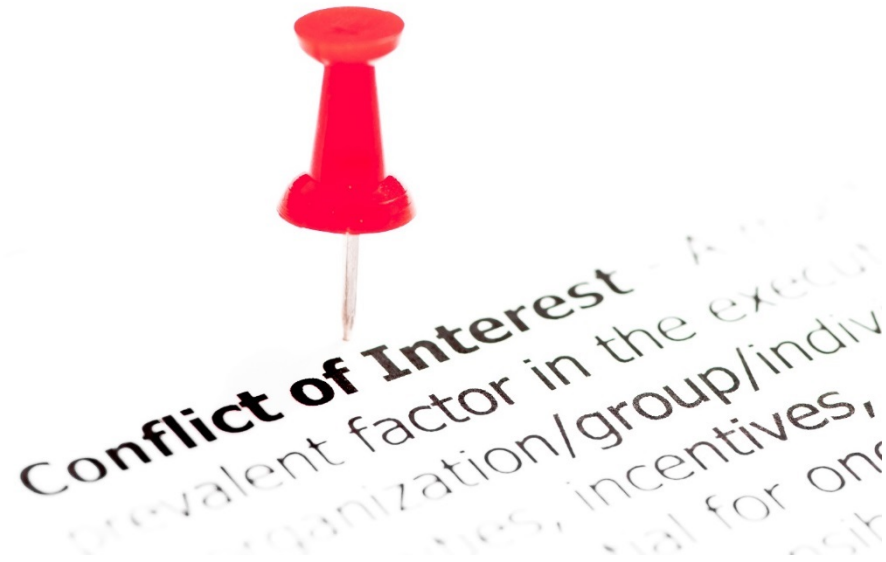
BR04: Leveraging Data Across Multiple Requirements to Streamline Coordinator Efforts / Aligning with the Academic Year



Ann Dohn, MA, DIO & GME Director, Stanford

Nancy Piro, PhD, Sr. Program Manager/Education Specialist, Stanford

- ❖ Ann Dohn, MA
- ❖ Nancy Piro, PhD



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

Question #1

- ▶ Now you know who we are, we'd like to know what your role is in GME?

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 |  | ▶ To ACGME |
| ▶ Resident/Faculty & Program Evaluations |  | ▶ Internal |
| ▶ CCC |  | ▶ Internal |
| ▶ Milestone Reporting |  | ▶ To ACGME |
| ▶ ACGME Surveys |  | ▶ From ACGME |
| ▶ PEC |  | ▶ Internal |
| ▶ APE |  | ▶ Internal |
| ▶ Self Study |  | ▶ To ACGME |

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



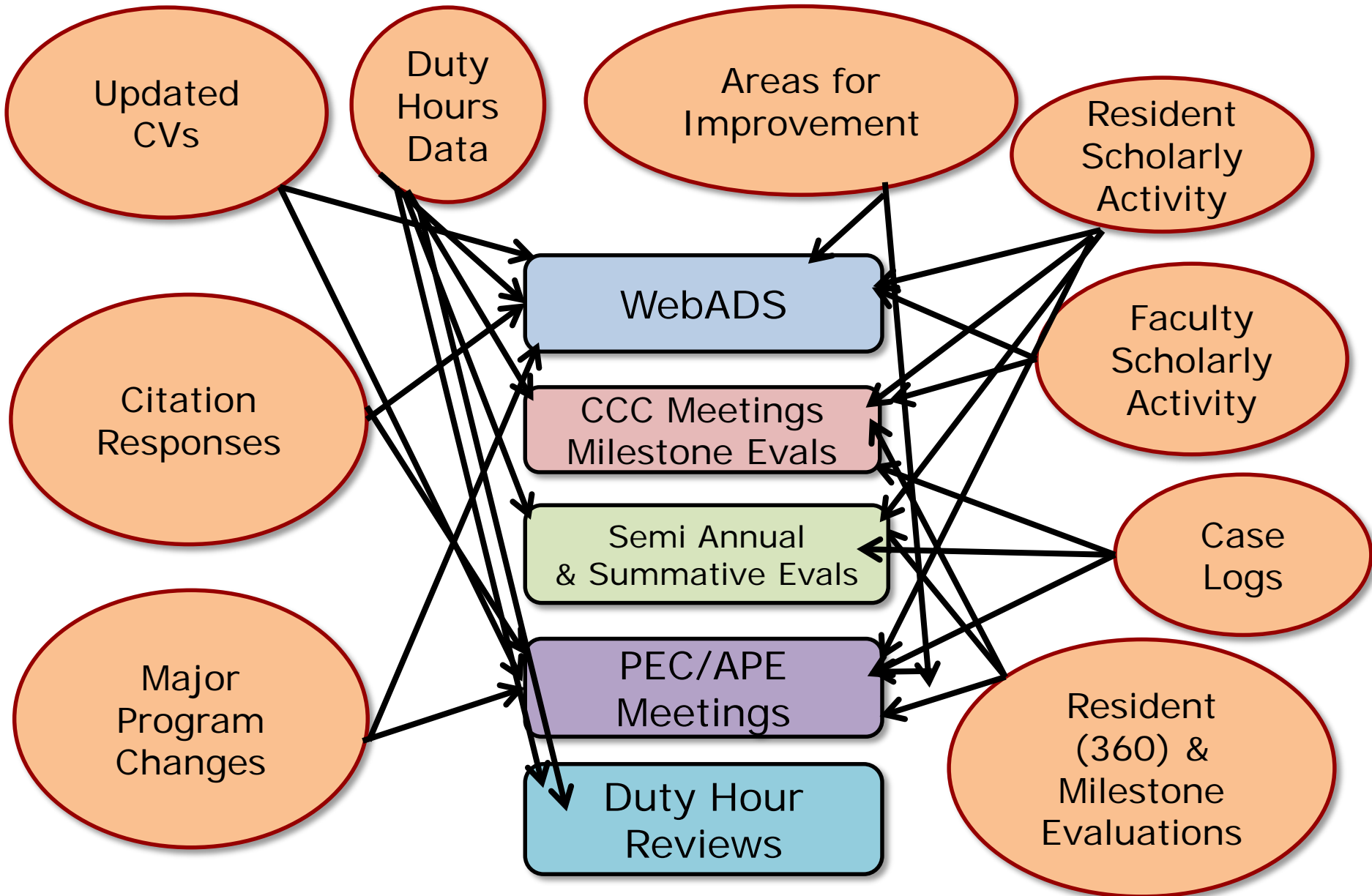
All the pieces can align With a Timeline!



Here's an EXAMPLE of our Annual GME Timeline

	ACGME & GME Timeline												
	2017						2018						
	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 of residents/fellows to attending physicians.				Submit Milestone Reports to ACGME.		Send out milestone-based evaluations of residents/fellows to attending physicians.				Submit Milestone Reports to ACGME.		
Clinical Competency Committee				Meet, Review, Finalize in MedHub's Milestone Management section.						Meet, Review, Finalize in MedHub's Milestone Management section.			
Semi-Annual Evaluations					Meet with resident. Document in MedHub.						Meet with resident. Document in MedHub.		
GME House Staff Survey for Residents/Fellows (If any)					Survey Window. GME delivers confidential		Survey results posted in MedHub.						
ACGME Survey for Faculty and Residents/Fellows						Reporting window. ACGME delivers confidential survey.				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	Upload APE documentation in MedHub.									Schedule, Meet & Upload meeting minutes in MedHub.			
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.												

Leveraging the Reusability of Data ...



Organizing the data chaos...



**I keep
hitting
'escape,'
but I'm
still
here.**



Moving Streams of Data into Your Calendar Year Requirements



2018

JANUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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			

FEBRUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		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			

MARCH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		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

APRIL

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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				

MAY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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		

JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					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

JULY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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			

AUGUST

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
				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

SEPTEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						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						

OCTOBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	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			

NOVEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					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

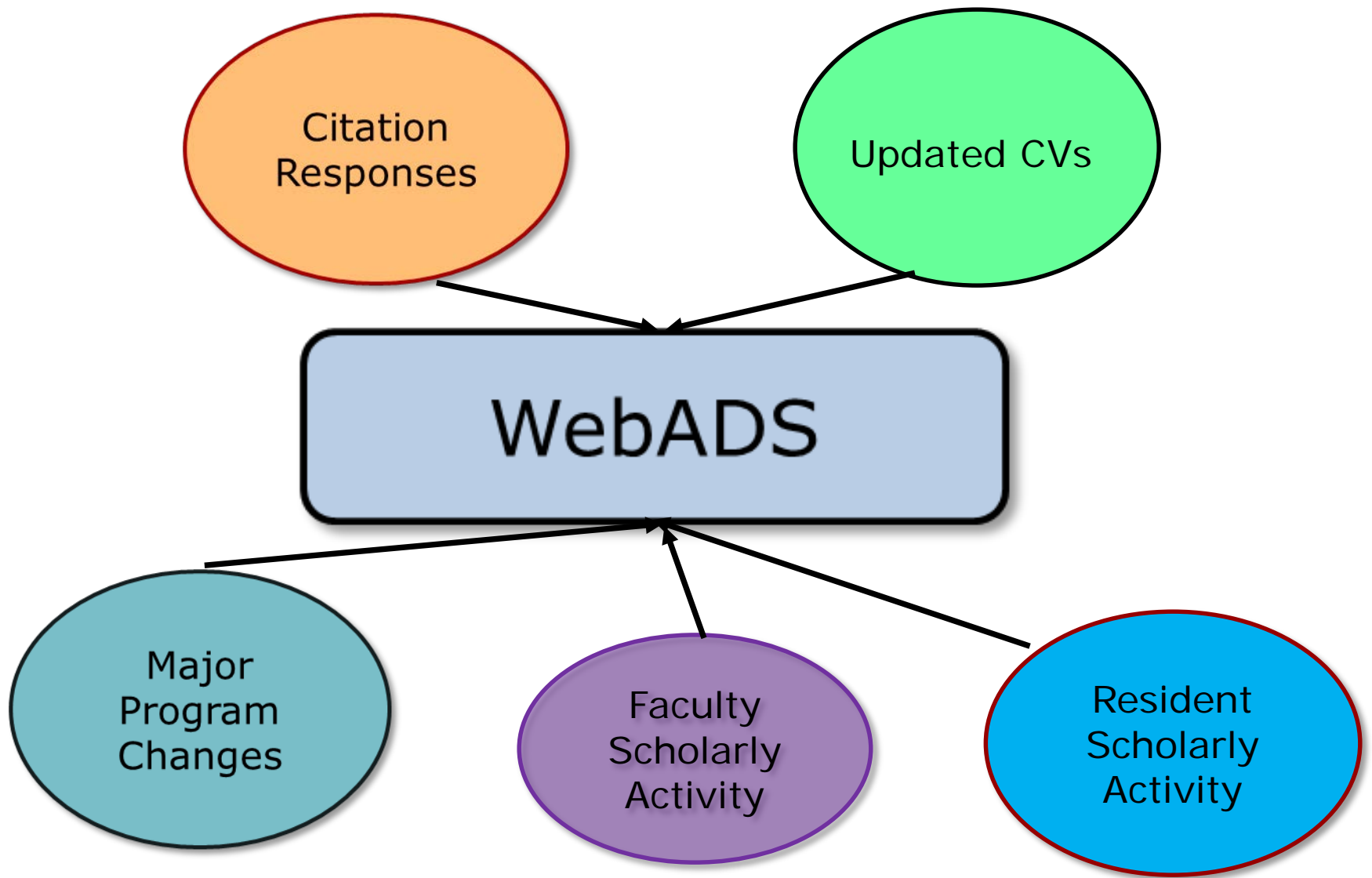
DECEMBER

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						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					

Where do I begin?



WebADS



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

[ABOUT US](#)[CONTACT US](#)[NEWSROOM](#)[SEARCH PROGRAMS
AND INSTITUTIONS](#)

Accreditation Council for
Graduate Medical Education

[LOGIN](#) [Accreditation Data System \(ADS\)](#) [ACGME Surveys](#) [Resident Case Log System](#) [What We Do](#)[Designated
Institutional Officials](#)[Program Directors
and Coordinators](#)[Residents and
Fellows](#)[Meetings and Events](#)[Data Collection
Systems](#)[Specialties](#)

Early Bird Registration Rate Closes January 5!

The 2018 ACGME Annual Educational Conference will celebrate the connections and positive impact of the graduate medical education community. Join us!

[LEARN MORE](#)

ENGAGING EACH OTHER:

TRANSFORMATION THROUGH COLLABORATION



EARLY BIRD REGISTRATION ENDS JANUARY 5

2018 ACGME ANNUAL EDUCATIONAL CONFERENCE

March 1-4 | Orlando, Florida | #ACGME2018

What's New

Follow us on [Twitter](#) to stay up to date

NOV
29
2017

ACGME article about work hour requirements published in *JGME*



NOV
8
2017

2018 ACGME Annual Educational Conference registration open



OCT
26
2017

ACGME announces *Back to Bedside*



OCT
12
2017

2018 ACGME Awardees Announced



OCT
2
2017

ACGME Statement and Information for Institutions and Programs in Puerto Rico Affected by Hurricane Maria

[MORE NEWS](#)

ACGME ADS – Reporting Window



Overview Institution Participating Sites Sponsored Programs Site Visits Reports

FAQs Welcome, Ann M Dohn ▾ Logout

050129 - STANFORD HEALTH CARE

Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys Milestones Case Logs ▾ Summary Reports

0200521116 - STANFORD HEALTH CARE-SPONSORED STANFORD UNIVERSITY PROGRAM

Original Accreditation Date: July 01, 1998
Accreditation Status: Continued Accreditation
Effective Date: January 12, 2017
Accredited Length of Training: 2 Year(s)
Program Format: Standard
Case Logs: Use Required by ACGME

Last Site Visit Date: April 06, 2010
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): August 01, 2018
10 Year Site Visit (Approximate): February 01, 2020

Total Approved Resident Positions: 8
Total Filled Resident Positions*: 4

**Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.*

Program Requires Prior or Additional Accredited GME Training: Yes
Number of Prior or Additional Accredited GME Training Years: 3
Program Requires Dedicated Research Year Beyond Accredited Program Length: No

Important Dates ▴

✔ **Annual Update Status:**
Jul 24, 2017 - Sep 29, 2017

⚠ **Milestone Evaluations:**
Oct 30, 2017 - Jan 12, 2018

Annual Reporting Cycle ▾

Additional Requirements ▾

Clinical Experience and
Educational Work

Overall Evaluation Methods

Citations

Major Changes

Recognition ▾

Osteopathic Recognition

ADS Updates – Status Check



050129 - STANFORD HEALTH CARE

1270521093 - STANFORD HEALTH CARE-SPONSORED STANFORD UNIVERSITY PROGRAM

Annual Update

Complete ^

Print Annual Update

Submit Annual Update

Milestone Evaluations

100% Complete v

✓ All evaluations have been completed

Currently Scheduled: Oct 30, 2017 - Jan 12, 2018

View

Current Milestone Evaluation Completion Rate: 100.0% - [2 of 2]

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

^

Overview Legend v

⚠ Missing Data

✓ Section Complete

Site Visit Results v

Current Citations

Reference Materials ^

Journal of GME ^

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 university or other institution sponsoring this program.)	
Name of Sponsor: Stanford Hospital and Clinics	
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



Overview

Institution

Participating Sites

Sponsored Programs

Site Visits

Reports

Welcome, Ann M Dohn
logout

050129 - STANFORD HOSPITAL 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 ABIM 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 ABIM 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 ABIM certifying written examination for credit for the first time during the past seven years (2008-2014) as reported by the ABIM 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 ABIM certifying written examination for credit for the first time during the past seven years (2009-2015) as reported by the ABIM 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 ABIM certifying written examination for credit for the first time during the past seven years (2010-2016) as reported by the ABIM 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

Specialty	Certification year	Certification Status	Re-Cert Year	State	Date of Expiration
Pulmonary disease	1992	Re-Certified	2012	California	10/2015
Critical care medicine	1993	Re-Certified	2013		N/A

Start Date	End Date	Description of Position(s)
1/2014	Present	Vice Chair of Medicine for Quality Improvement
1/2012	Present	Professor of Medicine, Division of Pulmonary and Critical Care Medicine, Stanford University Medical Center, Stanford, CA
1/1999	Present	Associate Director, Intensive Care Unit,
4/2011	5/2014	Chief of Staff, Stanford Hospital and Clinics
10/2006	12/2011	Associate Professor of Medicine, Division of Pulmonary and Critical Care Medicine, Stanford University Medical Center, Stanford, CA
5/2010	4/2011	Vice Chief of Staff, Stanford Hospital and Clinics
1/2007	1/2008	Dean's Task Force for Clinical Excellence
1/1999	10/2006	Assistant Professor of Medicine, Division of Pulmonary and Critical Care Medicine, Stanford, CA
1/2005	12/2005	Interim Director, Heart-Lung and Lung Transplant Program (Stanford Hospital and Clinics)

Concise Summary of Role in Program:
 Fellowship Director, faculty member responsible for clinical and didactic teaching of fellows and rotating residents in Med-Surg and CT surgery ICU's, Associate Director of the ICU's.

Current Professional Activities / Committees (limit of 10):

- [2012 - Present] American Thoracic Society Critical Care Planning Committee
- [2010 - Present] Chair, Quality Steering Committee, Stanford Hospital and Clinics
- [2007 - Present] Stanford Hospital and Clinics Quality Improvement and Patient Safety Committee
- [2003 - Present] Continuing Quality Improvement in the ICU Committee
- [2000 - Present] Reviewer, Critical Care Medicine
- [1999 - Present] Society of Critical Care Medicine
- [1998 - Present] Fellow, American College of Chest Physicians
- [1990 - Present] American Thoracic Society

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles (limit of 10):

- Shah RJ, Wickersham N, Lederer DJ, Palmer SM, Cantu E, Diamond JM, Kawut SM, Lama VN, Bhorade S, Crespo M, Wille K, Orens J, Weinacker A, Shah P, Arcasoy S, Wilkes DS, Christie JD*, Ware LB* Pre-operative plasma club (c) levels are associated with primary graft dysfunction after lung transplantation. *Am J Transplant.* 2014 Feb;14(2):446-54.
- Shah RJ, Elicker BS, Cantu E, Lederer DJ, Wilkes DS, Christie JD, Wille K, Orens JB, Ware LB, Weinacker A, Lama VN, Bhorade S, Diamond JM, Palmer SM, Cantu E, Lederer DJ, Wilkes DS. Plasma complement levels are associated with and mortality after lung transplantation. *Am J Respir Crit Care Med.* 2014 Jun 15;189(12):1564-7.
- Diamond JM, Akimova T, Kazi A, Shah RJ, Cantu E, Feng R, Levine MH, Kawut SM, Meyer NJ, Lee JC, Hancock W, Palmer SM, Bhorade S, Lama VN, Weinacker A, Orens J, Wille K, Crespo M, Lederer DJ, Arcasoy S, Demissie E, Christie JD; Lung Transplant Outcomes Group. Genetic variation in the prostaglandin E2 pathway is associated with primary graft dysfunction. *Am J Respir Crit Care Med.* 2014 Mar 1;189(5):567-75.
- Shah RJ, Diamond JM, Cantu E, Lee JC, Lederer DJ, Lama VN, Orens J, Weinacker A, Wilkes DS, Bhorade S, Wille KM, Ware LB, Palmer SM, Crespo M, Localio AR, Demissie EJ, Kawut SM, Bellamy SL, Christie JD. Latent class analysis identifies distinct phenotypes of primary graft dysfunction after lung transplantation. *Chest.* 2013 Feb 21. doi: 10.1378/chest.12-1480.

Program Director's are required to be board certified in specialty for the core or the subspecialty.

Make sure the Program Director's Medical License is up to date.

Only list the last ten years of academic appointments.

List only current professional activities.

Make sure the publications are only from the past five years.

The publications need to be in either chronological or reverse chronological order.

UPDATE PUBLICATIONS IN CVs!

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

0200521116 - STANFORD HEALTH CARE-SPONSORED STANFORD UNIVERSITY PROGRAM

Original Accreditation Date: July 01, 1998
Accreditation Status: Continued Accreditation
Effective Date: January 12, 2017
Accredited Length of Training: 2 Year(s)
Program Format: Standard
Case Logs: Use Required by ACGME

Last Site Visit Date: April 06, 2010
Date of Next Site Visit (Approximate): No Information Currently Present
Self Study Due Date (Approximate): August 01, 2018
10 Year Site Visit (Approximate): February 01, 2020

Total Approved Resident Positions: 8
Total Filled Resident Positions*: 4

**Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents.*

Program Requires Prior or Additional Accredited GME Training: Yes
Number of Prior or Additional Accredited GME Training Years: 3
Program Requires Dedicated Research Year Beyond Accredited Program Length: No

Program Profile

Edit Info

Important Dates

✓ **Annual Update Status:**
Jul 24, 2017 - Sep 29, 2017

⚠ **Milestone Evaluations:**
Oct 30, 2017 - Jan 12, 2018

Annual Reporting Cycle

Additional Requirements

Clinical Experience and
Educational Work

Overall Evaluation Methods

Citations

Major Changes

Recognition

Osteopathic Recognition

Change Requests

New Program Director

Notification Letters

View Notification Letters

ACGME Letter of Notification (LON) in ADS & MedHub



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

Dear Dr.

The Residency Review Committee for _____, 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

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.

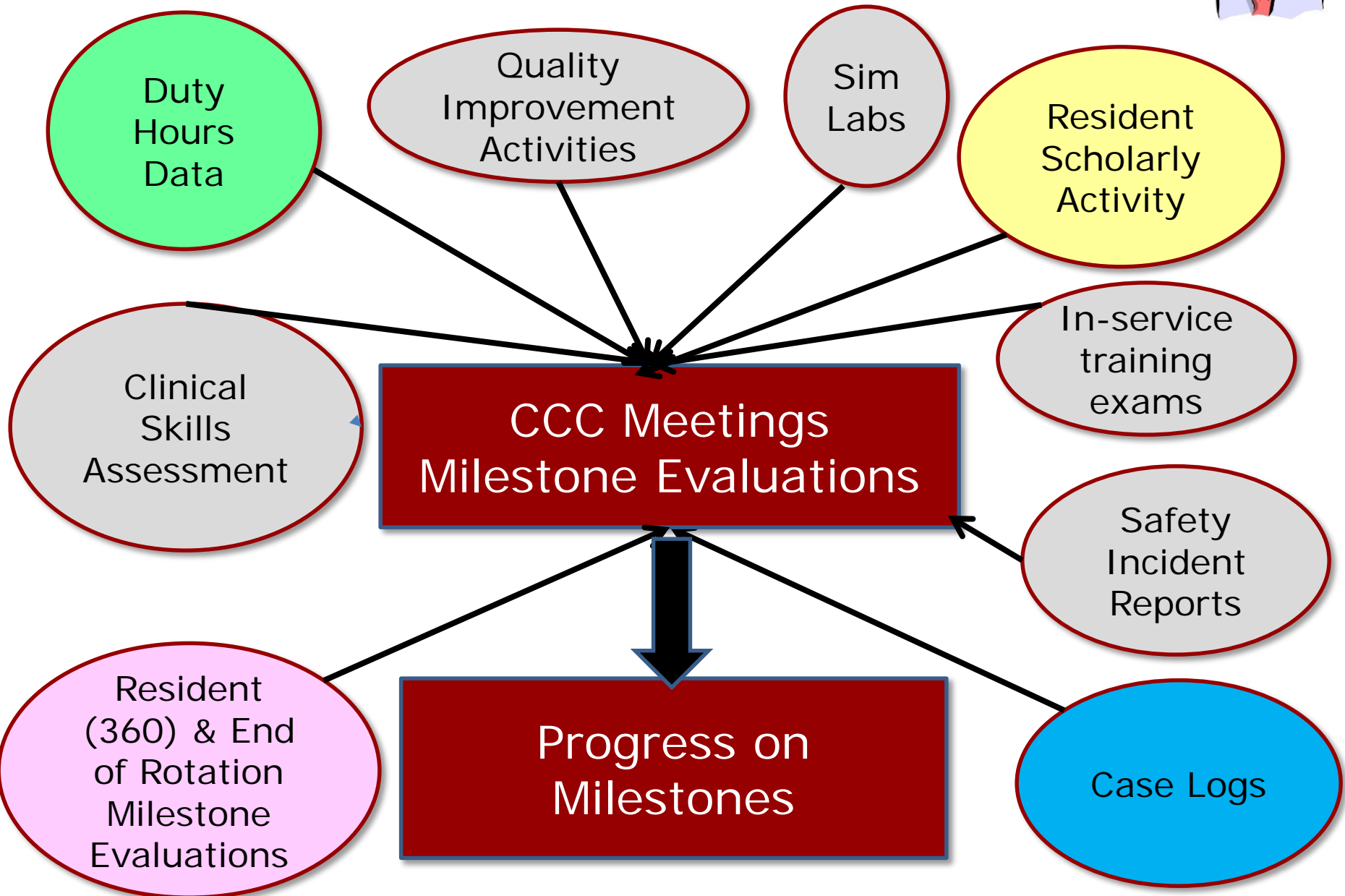
At a minimum the CCC must be comprised of three key members of the program faculty. Others eligible for appointment to the committee can include faculty from other programs and non-physician members of the health care team.

The Clinical Competency Committee will:

1. Review all resident evaluations semi-annually;
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.

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

Competency	ID	Subcompetency	Status	Current EPAs	Current Elements	Open Questions	Actions
Patient Care	PC-1	Provide transfer of care that ensures seamless transitions	Active	0	0	0	Modify
	PC-2	Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment	Active	0	0	2	Modify
	PC-3	Develop and carry out management plans	Active	0	0	2	Modify
	PC-4	Provide appropriate role modeling	Active	0	0	2	Modify
Medical Knowledge	MK-1	Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems	Active	0	0	2	Modify
Systems-based Practice	SBP-1	Work effectively in various health care delivery settings and systems relevant to their clinical specialty	Active	0	0	3	Modify
	SBP-2	Coordinate patient care within the health care system relevant to their clinical specialty	Active	0	0	2	Modify
	SBP-3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate	Active	0	0	2	Modify
	SBP-4	Work in inter-professional teams to enhance patient safety and improve patient care quality	Active	0	0	2	Modify
	SBP-5	Participate in identifying system errors and implementing potential systems solutions	Active	0	0	2	Modify
Practice-based Learning and Improvement	PBL-1	Identify strengths, deficiencies, and limits in one's knowledge and expertise	Active	0	0	2	Modify
	PBL-2	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement	Active	0	0	2	Modify
	PBL-3	Use information technology to optimize learning and care delivery	Active	0	0	2	Modify
	PBL-4	Participate in the education of patients, families, students, residents, and other health professionals	Active	0	0	2	Modify
Professionalism	PROF-1	Professional Conduct: High standards of ethical behavior which includes maintaining appropriate professional boundaries	Active	0	0	2	Modify
	PROF-2	Trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	Active	0	0	0	Modify
	PROF-3	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system/environment with the ultimate intent of improving care of patients	Active	0	0	2	Modify
	PROF-4	The capacity to accept that ambiguity is part of clinical medicine and to recognize the need for and to utilize appropriate resources in dealing with uncertainty	Active	0	0	3	Modify
Interpersonal Communication Skills (ICS)	ICS-1	Communicate effectively with physicians, other health professionals, and health-related agencies	Active	0	0	3	Modify
	ICS-2	Work effectively as a member or leader of a health care team or other professional group	Active	0	0	2	Modify
	ICS-3	Act in a consultative role to other physicians and health professionals	Active	0	0	3	Modify



Creating a Resident Performance Profile – Visual Trends

http://med.stanford.edu/gme/gme_community.html

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

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	Subcompetency	Has not Achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5	Average	Range	# of Questions	# of Comments	# of Evaluations
PCA1	Brain Tumor - Patient Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	2.6	2.0-3.0	8	0	2
LAST												
+ MORE INFORMATION												
PCA2	Critical Care - Patient Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.1	2.5-4.0	10	0	2
LAST												
+ MORE INFORMATION												
PCA3	Traumatic Brain Injury - Patient Care	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	3.0	2.5-3.5	10	0	2
LAST												
+ MORE INFORMATION												
PCA4	Surgical Treatment of Epilepsy and Movement Disorders - Patient Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	--	--	0	0	0
LAST												
+ MORE INFORMATION												
PCA5	Pain and Peripheral Nerves - Patient Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	--	--	0	0	0
LAST												

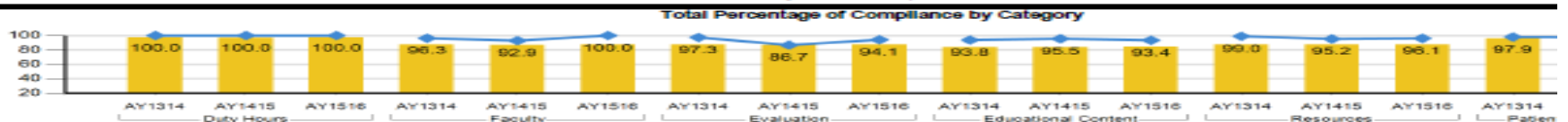
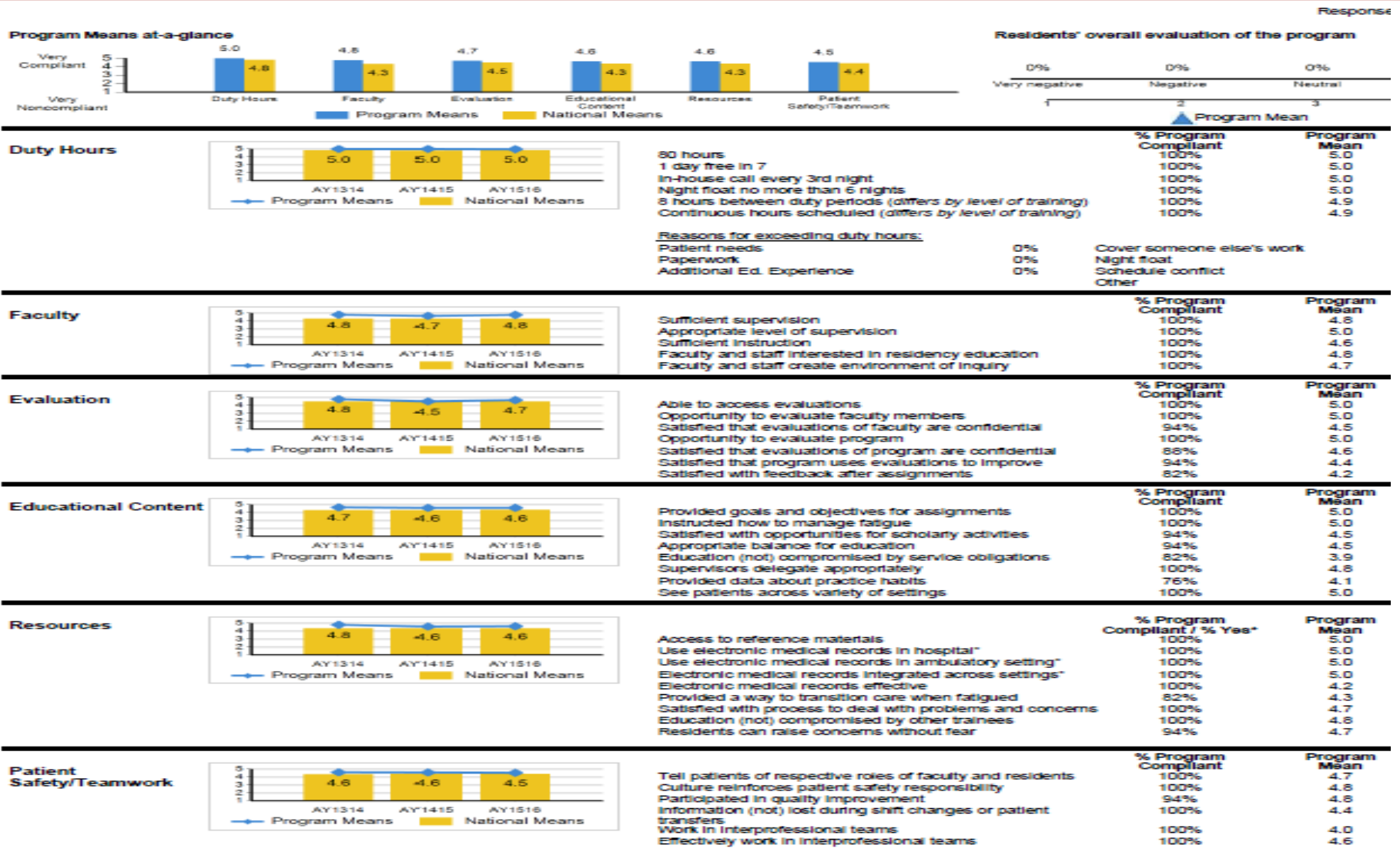
Semi-Annual Evaluations: PD can fill out the form while meeting with trainee.

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

ACGME Surveys

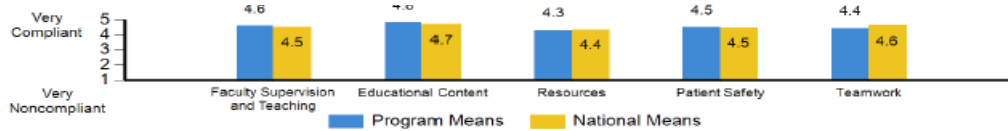


ACGME Residency Program Survey

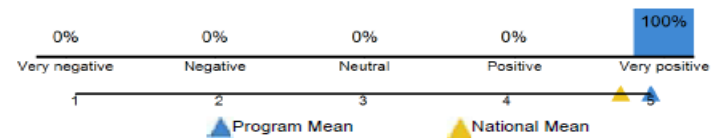


ACGME Faculty Survey

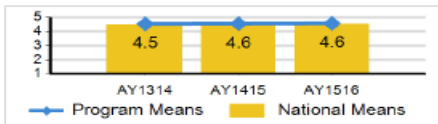
Program Means at-a-glance



Faculty's overall evaluation of the program



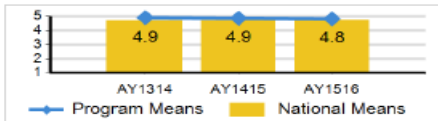
Faculty Supervision and Teaching



Sufficient time to supervise residents/fellows
 Residents/fellows seek supervisory guidance
 Interest of faculty and Program Director in education
 Rotation and educational assignment evaluation*
 Faculty performance evaluated*
 Faculty satisfied with personal performance feedback

	% 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

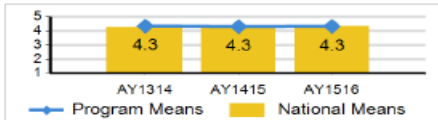
Educational Content



Worked on scholarly project with residents/fellows*
 Residents/fellows see patients across a variety of settings*
 Residents/fellows receive education to manage fatigue*
 Effectiveness of graduating residents/fellows
 Outcome achievement of graduating residents/fellows

	% 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

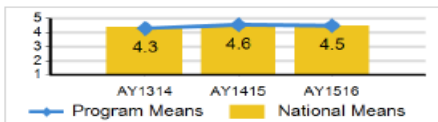
Resources



Program provides a way for residents/fellows to transition care when fatigued*
 Residents/fellows workload exceeds capacity to do the work
 Satisfied with faculty development to supervise and educate residents/fellows
 Satisfied with process to deal with residents'/fellows' problems and concerns
 Prevent excessive reliance on residents/fellows to provide clinical service

	% 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

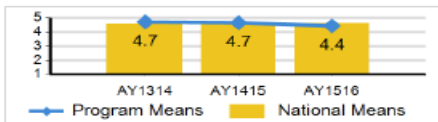
Patient Safety



Information not lost during shift changes or patient transfers
 Tell patients of respective roles of faculty and residents/fellows
 Culture reinforces patient safety responsibility
 Residents/fellows participate in quality improvement or patient safety activities

	% 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

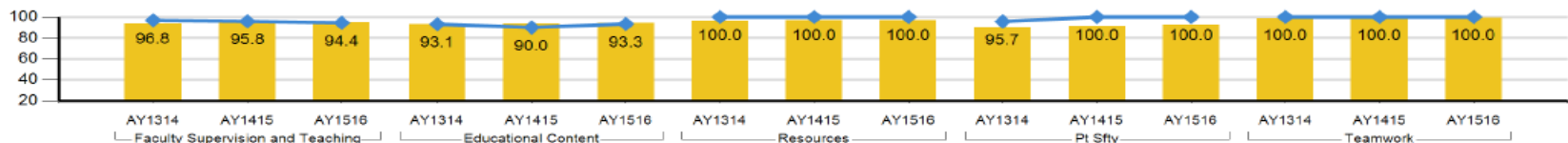
Teamwork



Residents/fellows communicate effectively when transferring clinical care
 Residents/fellows effectively work in interprofessional teams
 Program effective in teaching teamwork skills

	% 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

2/7/2017

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

3. I have ready access to specialty-specific and other appropriate medical reference materials/databases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

4. The presence of other learners (medical students, residents from other specialties, subspecialty fellows, PhD students and/or nurse practitioners) DOES NOT materially interfere with my education.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

5. My program DOES NOT compromise learning objectives by excessive reliance on residents to fulfill service obligations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

6. My program is designed such that I am able to comply with all ACGME duty hour policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

7. I have truly protected time to attend didactic sessions without interruption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------------------------------------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

Summative Evaluations

Resident Summative Evaluation
Stanford University
Department of <Insert Program>

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.

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¶

¶

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

Annual Program Evaluation (APE)

Pre-Meeting Preparation

For instructions on preparation of information and data needed for the Annual Program Evaluation Meeting, click the following link:

During the APE Meeting

1. Review the **Action Plan from the prior year** (by selecting the tab of the prior year) and update the last two columns in the action plan (**Actual Outcome and Resolve Y/N**)
2. Move any **Unresolved Issues** from the prior year's Action Plan to the current year's (simply do so by copying and pasting the cells)

3. Review:

[Resident/Fellow Performance](#)

[Faculty Development](#)

[Graduate Performance](#)

[Program Quality](#)

4. Complete the **Outcome** of the meeting:

4.1 In the current year's tab, fill in the **SWOT Analysis** tables.

4.2 Complete the Action Plan.

4.3 The Cause-Effect Diagram (fishbone) will auto-populate content based on the entry in the SWOT Analysis tables.

5. **Save** the Guidebook.

Resident Performance

- ▶ The most recent aggregated 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

- ▶ 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

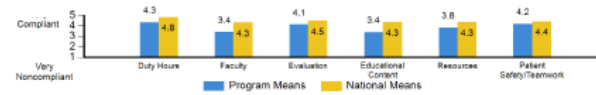
- ▶ The most recent aggregated written evaluations of the program submitted by faculty
- ▶ The most recent aggregated written evaluations of the program (and/or specific rotations) submitted by residents
- ▶ The most recent aggregated written evaluations of the faculty submitted by residents
- ▶ Faculty's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

Program Quality - Continued

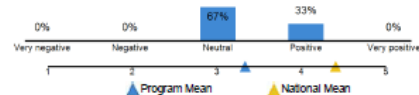
- ▶ The most recent GME House Staff survey results (if available)
- ▶ The most recent GMEC Internal Review Report
- ▶ Any recent communications from the ACGME or RRC
- ▶ Program Report Card/Scorecard
 - Trend Analyses
- ▶ The most recent ACGME survey results

ACGME Program "X" Survey

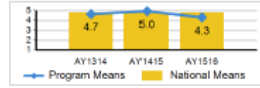
Program Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

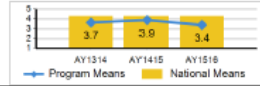


Requirement	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	100%	4.3	94%	4.7
1 day free in 7	100%	4.3	97%	4.8
In-house call every 3rd night	100%	5.0	99%	5.0
Night float no more than 6 nights	67%	4.3	99%	5.0
8 hours between duty periods (differs by level of training)	67%	3.0	97%	4.7
Continuous hours scheduled (offers by level of training)	100%	5.0	97%	4.8

Reasons for exceeding duty hours:

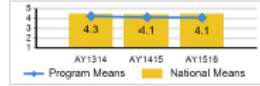
Reason	Percentage
Patient needs	0%
Paperwork	0%
Additional Ed. Experience	0%
Cover someone else's work	0%
Night float	0%
Schedule conflict	0%
Other	0%

Faculty



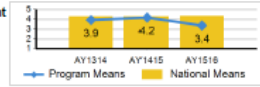
Requirement	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	100%	4.0	92%	4.3
Appropriate level of supervision	100%	4.7	96%	4.6
Sufficient instruction	0%	2.7	85%	4.2
Faculty and staff interested in residency education	0%	2.7	85%	4.3
Faculty and staff create environment of inquiry	0%	3.0	79%	4.1

Evaluation



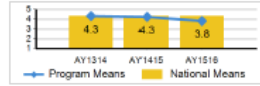
Requirement	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	100%	5.0	95%	4.9
Opportunity to evaluate faculty members	100%	5.0	99%	4.9
Satisfied that evaluations of faculty are confidential	67%	3.7	85%	4.3
Opportunity to evaluate program	100%	5.0	98%	4.9
Satisfied that evaluations of program are confidential	67%	3.7	86%	4.3
Satisfied that program uses evaluations to improve	33%	3.0	74%	4.0
Satisfied with feedback after assignments	33%	3.3	72%	3.9

Educational Content



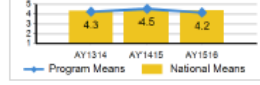
Requirement	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	100%	5.0	94%	4.5
Instructed how to manage fatigue	67%	3.7	92%	4.7
Satisfied with opportunities for scholarly activities	0%	2.0	75%	4.0
Appropriate balance for education	0%	2.3	79%	4.1
Education (not) compromised by service obligations	0%	2.7	69%	3.9
Supervisors delegate appropriately	100%	4.0	99%	4.6
Provided data about practice habits	33%	2.3	69%	3.8
See patients across variety of settings	100%	5.0	96%	4.8

Resources



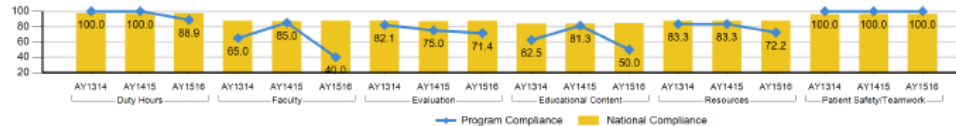
Requirement	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	98%	4.9
Use electronic medical records in ambulatory setting*	100%	5.0	98%	4.9
Electronic medical records integrated across settings*	100%	5.0	84%	4.5
Electronic medical records effective	100%	4.3	94%	4.1
Provided a way to transition care when fatigued	67%	3.7	80%	4.2
Satisfied with process to deal with problems and concerns	33%	3.0	80%	4.2
Education (not) compromised by other trainees	67%	3.7	91%	4.5
Residents can raise concerns without fear	67%	3.3	81%	4.2

Patient Safety/Teamwork



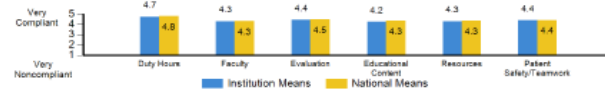
Requirement	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	100%	4.3	99%	4.5
Culture reinforces patient safety responsibility	100%	3.7	99%	4.5
Participated in quality improvement	100%	5.0	86%	4.4
Information (not) lost during shift changes or patient transfers	100%	4.0	97%	4.0
Work in interprofessional teams	100%	4.0	98%	4.6
Effectively work in interprofessional teams	100%	4.0	99%	4.4

Total Percentage of Compliance by Category

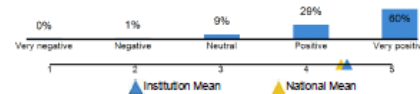


ACGME Institutional Survey

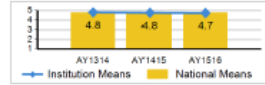
Institution Means at-a-glance



Residents' overall evaluation of the program



Duty Hours



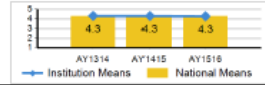
- 80 hours
- 1 day free in 7
- In-house call every 3rd night
- Night float no more than 6 nights
- 8 hours between duty periods (differs by level of training)†
- Continuous hours scheduled (differs by level of training)†

Reasons for exceeding duty hours:

Patient needs	10%	Cover someone else's work	4%
Paperwork	14%	Night float	4%
Additional Ed. Experience	5%	Schedule conflict	5%
		Other	4%

	% Program Compliant	Program Mean	% National Compliant	National Mean
80 hours	91%	4.6	94%	4.7
1 day free in 7	95%	4.7	97%	4.8
In-house call every 3rd night	100%	5.0	99%	5.0
Night float no more than 6 nights	96%	4.9	99%	5.0
8 hours between duty periods (differs by level of training)†	95%	4.5	97%	4.7
Continuous hours scheduled (differs by level of training)†	95%	4.8	97%	4.8

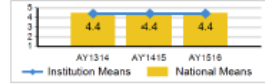
Faculty



- Sufficient supervision
- Appropriate level of supervision
- Sufficient instruction
- Faculty and staff interested in residency education
- Faculty and staff create environment of inquiry

	% Program Compliant	Program Mean	% National Compliant	National Mean
Sufficient supervision	91%	4.3	92%	4.3
Appropriate level of supervision	95%	4.6	96%	4.6
Sufficient instruction	82%	4.2	85%	4.2
Faculty and staff interested in residency education	82%	4.2	85%	4.3
Faculty and staff create environment of inquiry	80%	4.2	79%	4.1

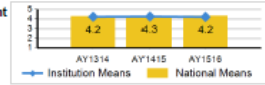
Evaluation



- Able to access evaluations
- Opportunity to evaluate faculty members
- Satisfied that evaluations of faculty are confidential
- Opportunity to evaluate program
- Satisfied that evaluations of program are confidential
- Satisfied that program uses evaluations to improve
- Satisfied with feedback after assignments

	% Program Compliant	Program Mean	% National Compliant	National Mean
Able to access evaluations	99%	5.0	99%	4.9
Opportunity to evaluate faculty members	81%	4.2	85%	4.3
Satisfied that evaluations of faculty are confidential	99%	4.9	98%	4.9
Opportunity to evaluate program	83%	4.2	86%	4.3
Satisfied that evaluations of program are confidential	72%	4.0	74%	4.0
Satisfied that program uses evaluations to improve	64%	3.8	72%	3.9

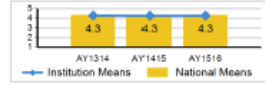
Educational Content



- Provided goals and objectives for assignments
- Instructed how to manage fatigue
- Satisfied with opportunities for scholarly activities
- Appropriate balance for education
- Education (not) compromised by service obligations
- Supervisors delegate appropriately
- Provided data about practice habits
- See patients across variety of settings

	% Program Compliant	Program Mean	% National Compliant	National Mean
Provided goals and objectives for assignments	95%	4.8	94%	4.8
Instructed how to manage fatigue	88%	4.5	92%	4.7
Satisfied with opportunities for scholarly activities	81%	4.2	76%	4.0
Appropriate balance for education	72%	4.0	79%	4.1
Education (not) compromised by service obligations	58%	3.6	69%	3.9
Supervisors delegate appropriately	99%	4.5	99%	4.6
Provided data about practice habits	58%	3.3	69%	3.8
See patients across variety of settings	96%	4.8	96%	4.8

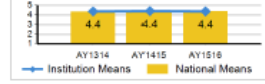
Resources



- Access to reference materials
- Use electronic medical records in hospital*
- Use electronic medical records in ambulatory setting*
- Electronic medical records integrated across settings*
- Electronic medical records effective
- Provided a way to transition care when fatigued
- Satisfied with process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear

	% Program Compliant / % Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Access to reference materials	100%	5.0	99%	5.0
Use electronic medical records in hospital*	100%	5.0	98%	4.9
Use electronic medical records in ambulatory setting*	98%	4.9	98%	4.9
Electronic medical records integrated across settings*	91%	4.7	84%	4.5
Electronic medical records effective	98%	4.2	94%	4.1
Provided a way to transition care when fatigued	73%	3.9	80%	4.2
Satisfied with process to deal with problems and concerns	78%	4.1	80%	4.2
Education (not) compromised by other trainees	88%	4.4	81%	4.5
Residents can raise concerns without fear	80%	4.2	81%	4.2

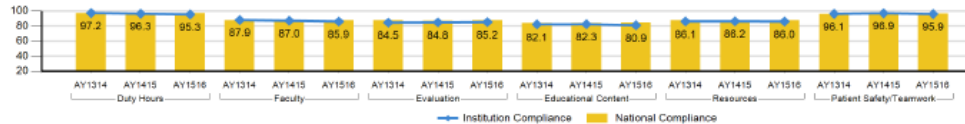
Patient Safety/Teamwork



- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement
- Information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams

	% Program Compliant	Program Mean	% National Compliant	National Mean
Tell patients of respective roles of faculty and residents	98%	4.5	99%	4.5
Culture reinforces patient safety responsibility	99%	4.5	99%	4.5
Participated in quality improvement	96%	4.5	96%	4.4
Information (not) lost during shift changes or patient transfers	96%	3.9	97%	4.0
Work in interprofessional teams	97%	4.5	98%	4.6
Effectively work in interprofessional teams	99%	4.3	99%	4.4

Total Percentage of Compliance by Category



Program Quality - Continued

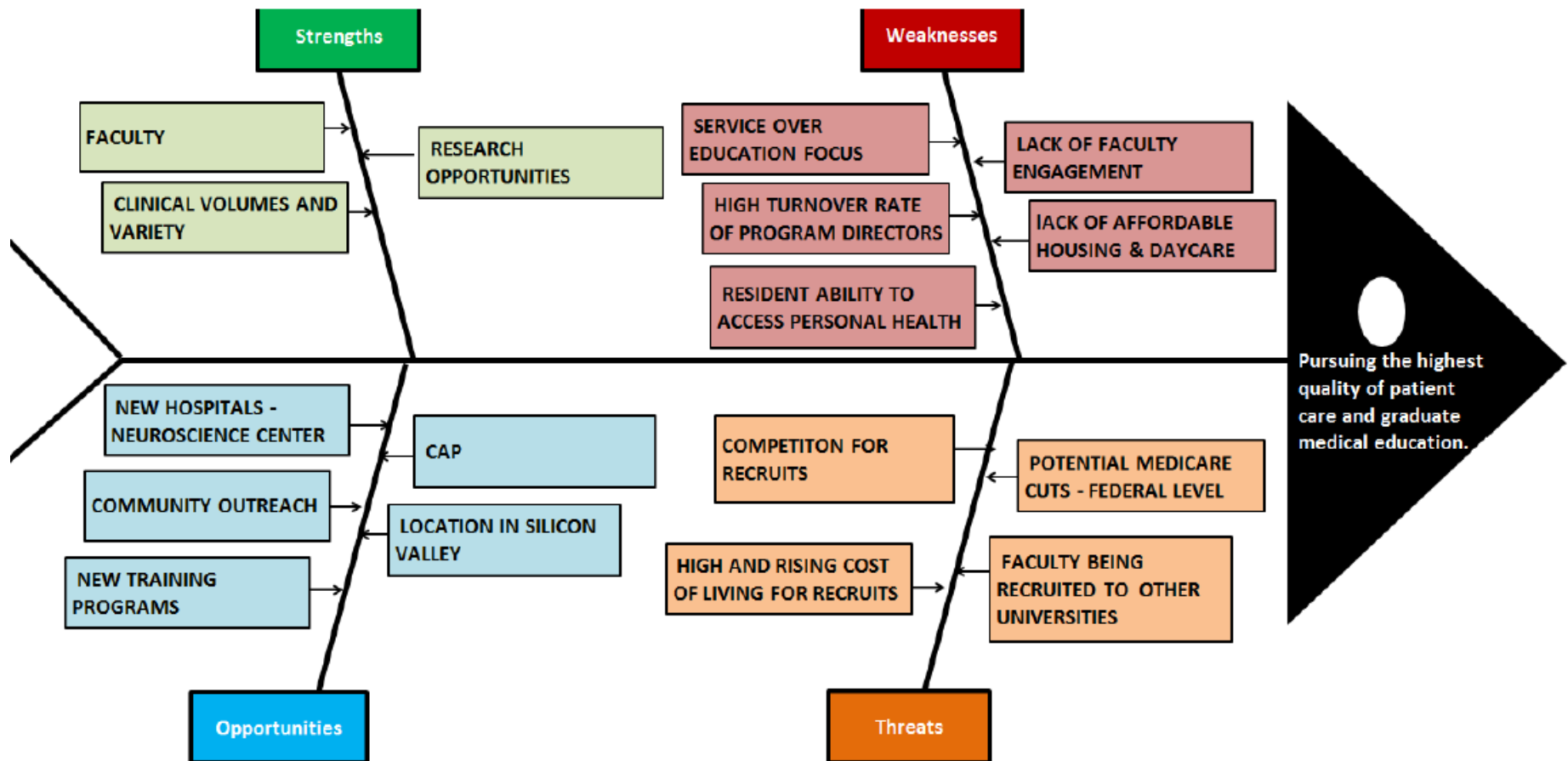
▶ Curriculum

- ▶ 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.)

Annual Program Evaluation (APE) – SWOT

► SWOT Analysis



APE Guidebook

DATE: <Enter Date>

PROGRAM: <Your Program's Name>

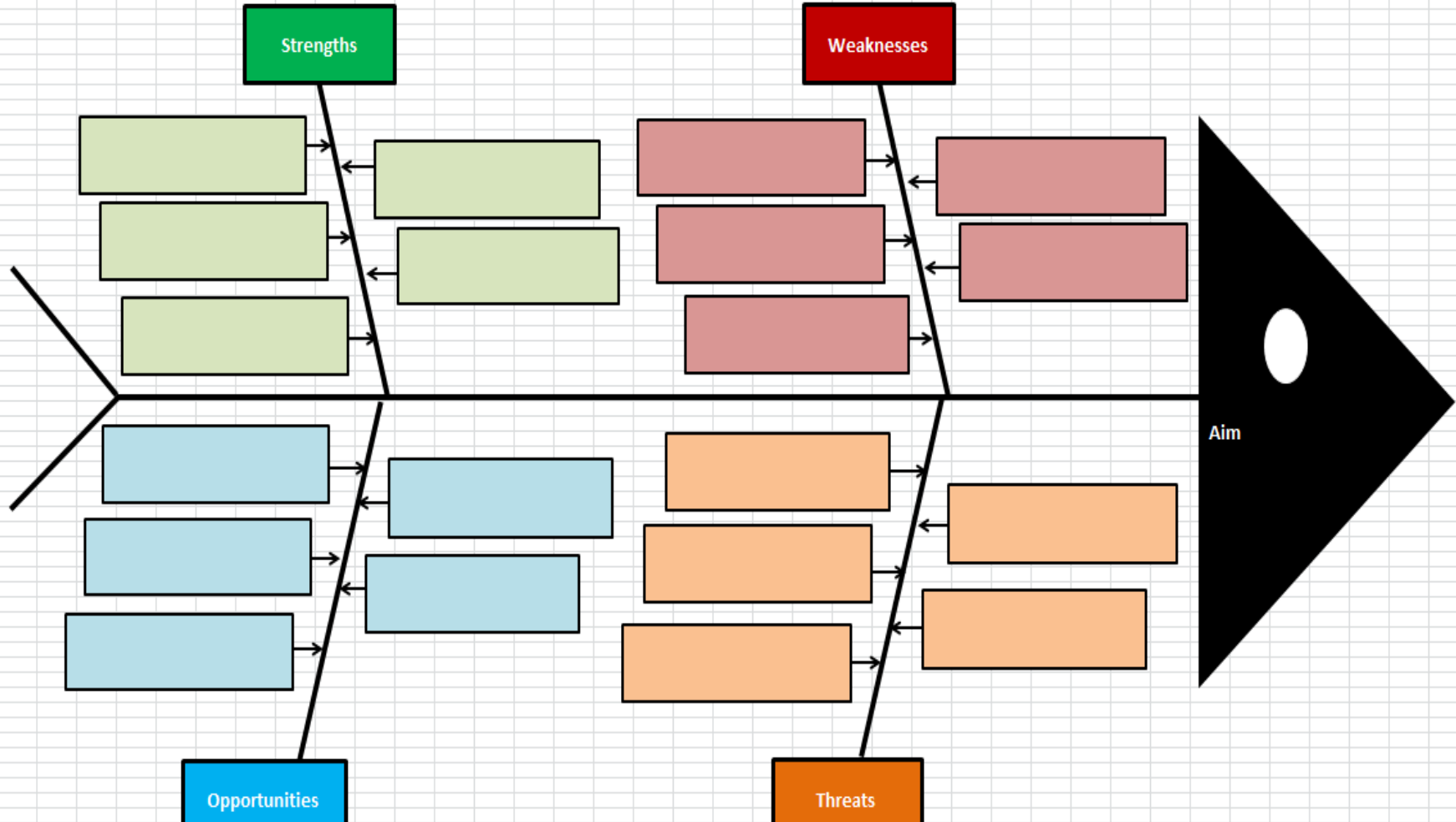
DATE: <Enter Date>

PROGRAM: <Your Program's Name>

Aim			
<Enter Program Aim Here>			
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	
#1	Opportunities #1	#1	Threat #1
#2	Opportunities #2	#2	Threat #2
#3	Opportunities #3	#3	Threat #3
#4	Opportunities #4	#4	Threat #4
#5	Opportunities #5	#5	Threat #5

Used For Current Year's Meeting						Used For Next Year's Meeting
	Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date	Actual Outcome
Last Year's Unresolved Issues						
Current Year's Issues	Weakness #1					
	Weakness #2					
	Weakness #3					
	Weakness #4					
	Weakness #5					

APE "SWOT" Analysis Tool Fishbone



Program Aims

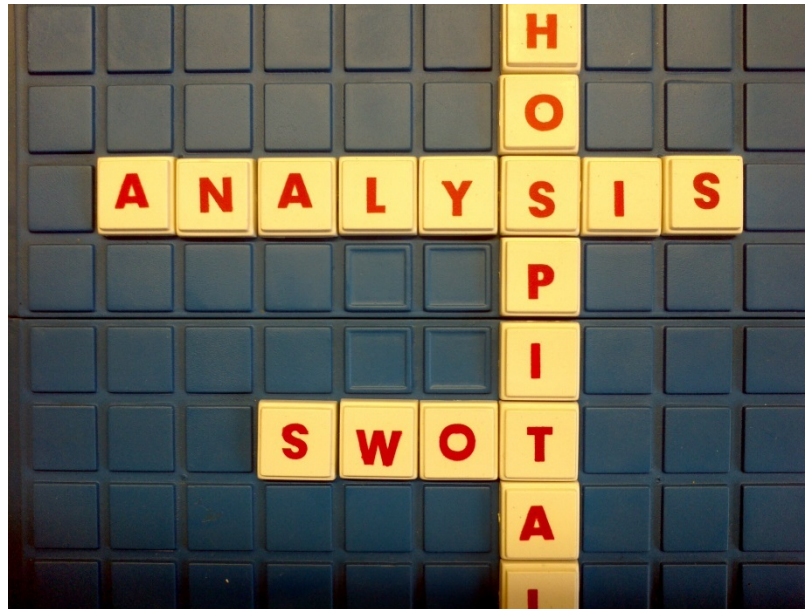
- ▶ AIM setting is part of the annual program evaluation
 - ▶ Who are our residents/fellows?
 - ▶ What do we prepare them for?
 - Academic / practice ...
 - Leadership and other roles ...
 - ▶ Who are the patients/populations we care for?
- ▶ AIMS are a way to differentiate programs
 - ▶ Self-study ultimately 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)

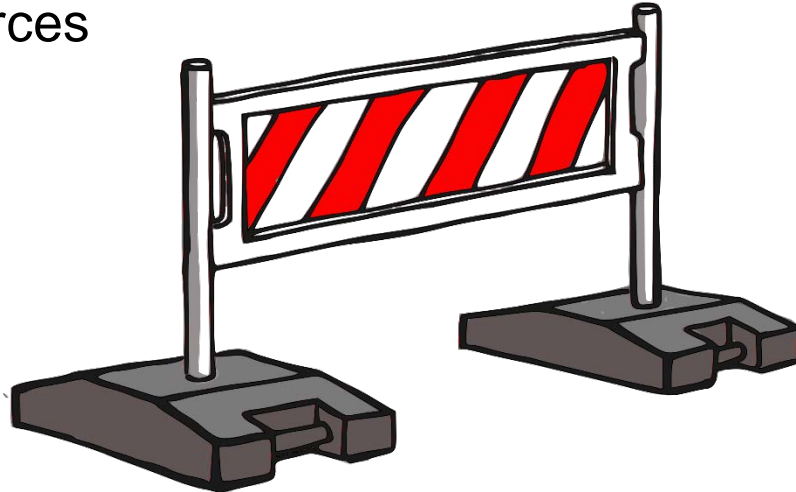


SWOT ANALYSES – Definitions

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

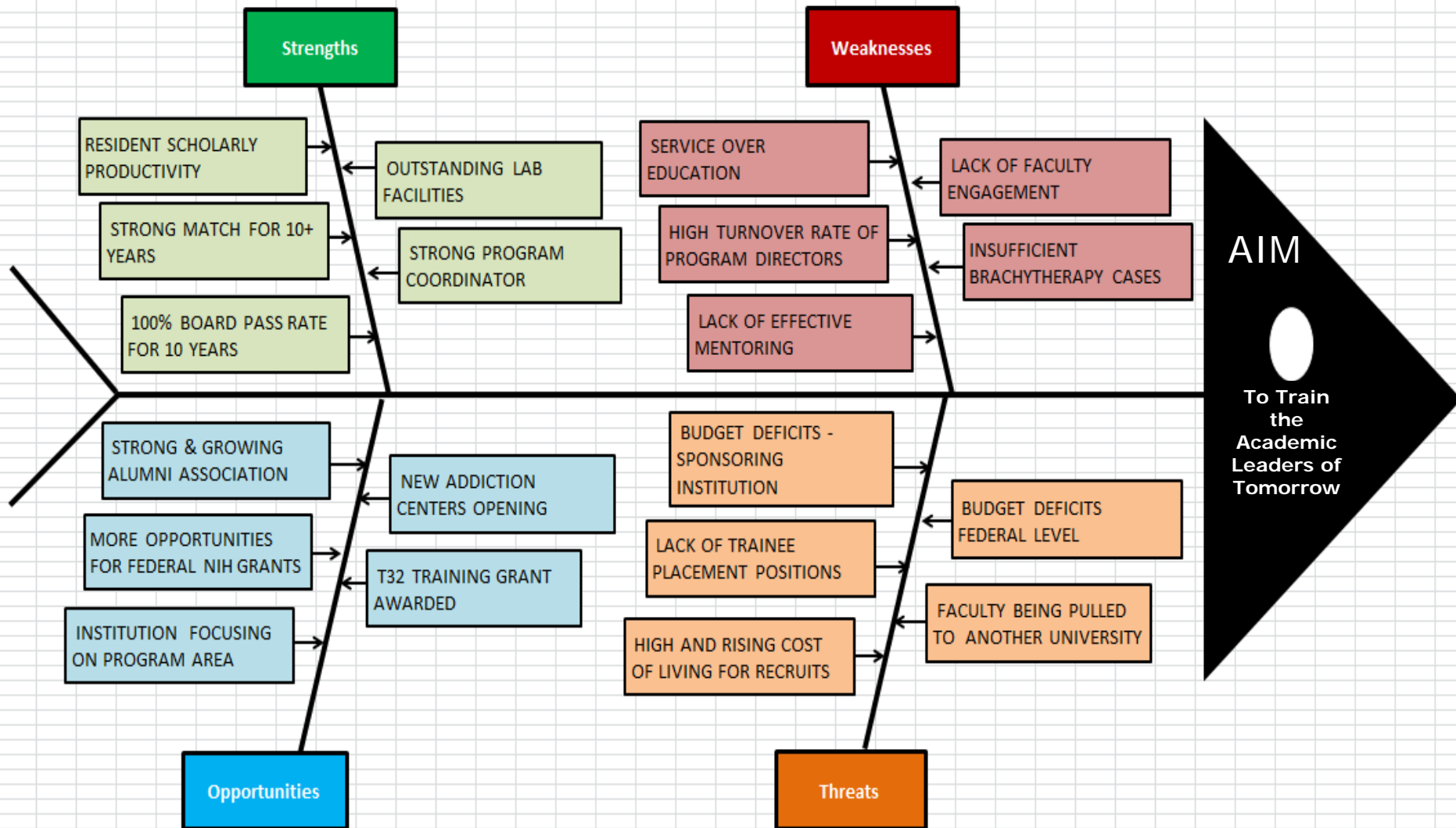
Opportunities are: Factors and contexts external to the program (institutional, local, regional and national) that can affect the program

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)

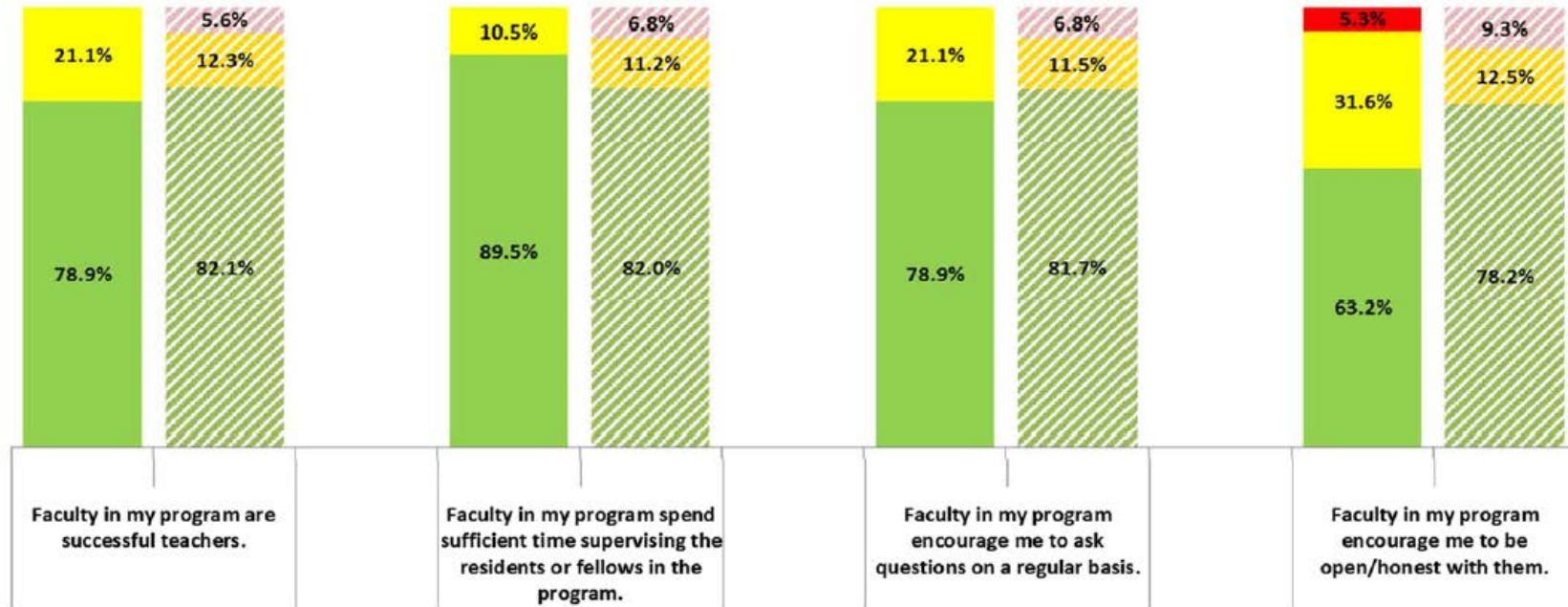


“There’s never an option that reflects exactly what I want to say.”

GME Surveys – (Optional)

PROGRAM FACULTY

■ Program ▨ Institution



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

5- Year Trend Analysis of <Program Name>

5- Year Trend Analysis of <Program Name>											
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	RESIDENT	EXT	Survey ACGME % - COMPLIANT								
Faculty/Staff Create Environment of Inquiry			Survey ACGME % - COMPLIANT								
Satisfied with Process for Problems and Concerns			Survey ACGME % - COMPLIANT								
Climate Where Residents Can Raise Concerns			Survey ACGME % - COMPLIANT								
Overall Eval of the Program			Survey ACGME % - COMPLIANT								
Current Number of ACGME Citations			PROGRAM	EXT	ACGME						
Board Pass Rates	ABMS										
Overall Satisfaction with Program	RESIDENT	INT	GME-Survey								
Program Organized to Meet Educational Needs			GME-Survey								
Service Over Education			GME-Survey								
Encouraged to Ask Questions on a Regular Basis			GME-Survey								
Residents Can Be Open and Honest with Faculty	RESIDENT	INT	GME-Survey								
Residents Would Recommend Program			GME-Survey								
Faculty Overall Evaluation Program	FACULTY		Pgm Eval Mean Score/10								
Resident Overall Program Evaluation	RESIDENT		Pgm Eval Mean Score/10								
>80 Violations / AY	PROGRAM	INT	MedHub Duty Hr Rpt								
# Unreviewed Duty Hr Periods by PD / AY			MedHub Detailed Rpt								
KEY				STRENGTH			WEAKNESS				

External Measures

5- Year Trend Analysis of <Program Name>										
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	RESIDENT	EXT	Survey ACGME %- COMPLIANT							
Faculty/Staff Create Environment of Inquiry			Survey ACGME %- COMPLIANT							
Satisfied with Process for Problems and Concerns			Survey ACGME %- COMPLIANT							
Climate Where Residents Can Raise Concerns			Survey ACGME %- COMPLIANT							
Overall Eval of the Program			Survey ACGME %- COMPLIANT							
Current Number of ACGME Citations	PROGRAM		ACGME							
Board Pass Rates			ABMS							

Internal Measures

Overall Satisfaction with Program	RESIDENT	INT	GME-Surveg								
Program Organized to Meet Educational Needs			GME-Surveg								
Service Over Education			GME-Surveg								
Encouraged to Ask Questions on a Regular Basis			GME-Surveg								
Residents Can Be Open and Honest with Faculty			GME-Surveg								
Residents Would Recommend Program			GME-Surveg								
Faculty Overall Evaluation Program	FACULTY		Pgm Eval Mean Score/10								
Resident Overall Program Evaluation	RESIDENT		Pgm Eval Mean Score/10								
>80 Violations / AY	PROGRAM	MedHub Duty Hr Rpt									
# Unreviewed Duty Hr Periods by PD / AY		MedHub Detailed Rpt									
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



Trend Analysis Example

SAC Balanced Report Card Key Measures	SOURCE	INT or EXT	Data Source	2010-2011	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
Sufficient Supervision	RESIDENT	EXT	Survey ACGME % - COMPLIANT	78%	88%	74%	88%	91%	88%	88%	90%
Sufficient Instruction	RESIDENT	EXT	Survey ACGME % - COMPLIANT	87%	85%	71%	85%	82%	82%	82%	76%
Faculty/Staff Create Environment of Satisfied with Process for Problems and Complaints	RESIDENT	EXT	Survey ACGME % - COMPLIANT	74%	76%	77%	91%	79%	79%	79%	69%
Residents Can Raise Concerns Without Fear	RESIDENT	EXT	Survey ACGME % - COMPLIANT	57%	67%	77%	85%	85%	76%	76%	83%
Overall Eval of the Program	RESIDENT	EXT	Survey ACGME % - COMPLIANT	65%	67%	68%	91%	79%	71%	71%	72%
Total Number of ACGME Citations (new) [resolved]	PROGRAM	EXT	ACGME	4	4	4	4	0	1 new 3 resolved	0	0
Board Pass Rates	PROGRAM	EXT	ABMS	100%	100%	100%	100%	100%	100%	100%	100%
Overall Satisfaction with Program	RESIDENT	INT	GME-Survey	84%	94%	80%	95%	100%	82%	73%	100%
Organized to Meet Educational	RESIDENT	INT	GME-Survey	85%	75%	80%	91%	100%	77%	69%	88%
Service Over Education	RESIDENT	INT	GME-Survey	85%	81%	100%	95%	100%	87%	85%	76%
Encouraged to Ask Questions on a Regular Basis	RESIDENT	INT	GME-Survey	88%	87%	100%	100%		87%	88%	100%
Residents Can Be Open and Honest with Faculty	RESIDENT	INT	GME-Survey	75%	60%	93%	95%	No Question	87%	77%	100%
Residents Would Recommend Program	RESIDENT	INT	GME-Survey	88%	75%	93%	95%	100%	87%	77%	88%
Faculty Overall Evaluation Program	FACULTY	INT	Pgm Eval Mean Score/10	8.8	8.0	8.79	8.52	8.60	8.48	8.39	8.70
Resident Overall Evaluation Program	RESIDENT	INT	Pgm Eval Mean Score/10	8.8	8.4	8.71	8.17	8.62	8.63	8.67	8.84
> 80 Violations / AY	PROGRAM	INT	MedHub Institution Duty Hr Rpt	0	0	0	0	0	0	2	0
# Unreviewed Duty Hr Periods by PD / AY	PROGRAM	INT	MedHub DetailedRpt	0	0	0	0	0	0	0	0
KEY			STRENGTH					WEAKNESS			

Recognizing time-consuming nature of work



... and need for support

The Toolbox



Electronic Toolbox for You!

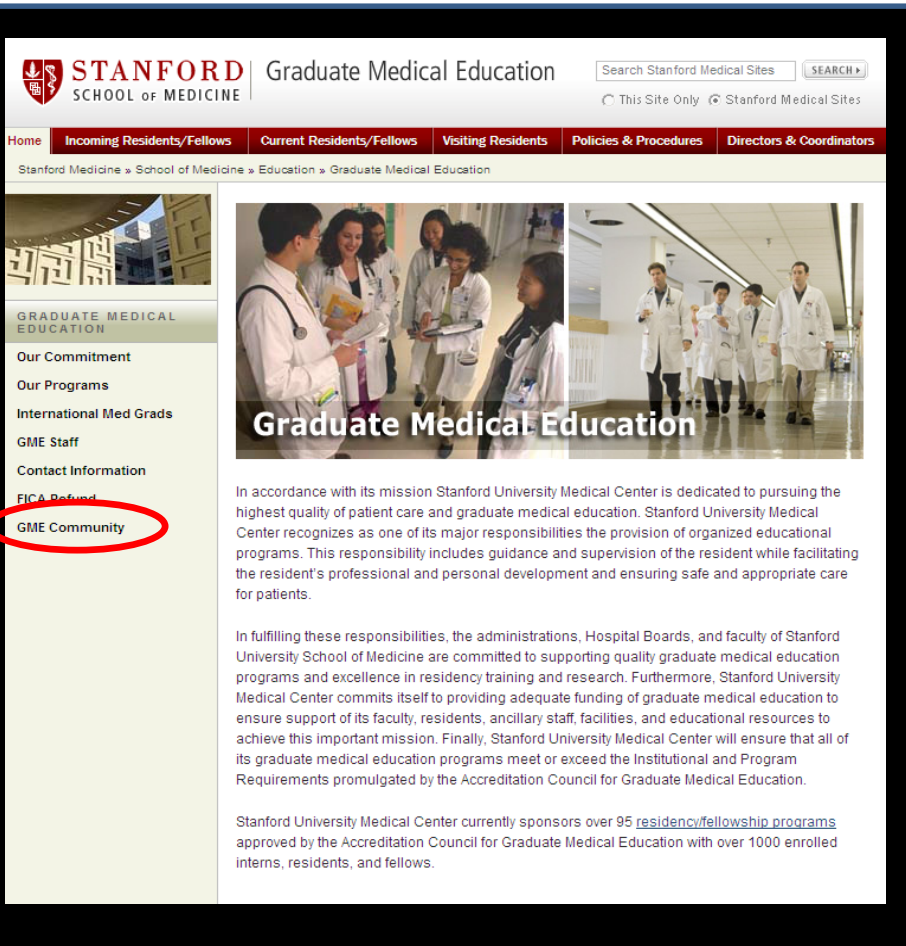
http://med.stanford.edu/gme/GME_Community.html

- ▶ [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

<http://med.stanford.edu/gme/>

GME Community



STANFORD Graduate Medical Education
SCHOOL OF MEDICINE

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GRADUATE MEDICAL EDUCATION

Our Commitment
Our Programs
International Med Grads
GME Staff
Contact Information
FICA Refund
GME Community

Graduate Medical Education

In accordance with its mission Stanford University Medical Center is dedicated to pursuing the highest quality of patient care and graduate medical education. Stanford University Medical Center recognizes as one of its major responsibilities the provision of organized educational programs. This responsibility includes guidance and supervision of the resident while facilitating the resident's professional and personal development and ensuring safe and appropriate care for patients.

In fulfilling these responsibilities, the administrations, Hospital Boards, and faculty of Stanford University School of Medicine are committed to supporting quality graduate medical education programs and excellence in residency training and research. Furthermore, Stanford University Medical Center commits itself to providing adequate funding of graduate medical education to ensure support of its faculty, residents, ancillary staff, facilities, and educational resources to achieve this important mission. Finally, Stanford University Medical Center will ensure that all of its graduate medical education programs meet or exceed the Institutional and Program Requirements promulgated by the Accreditation Council for Graduate Medical Education.

Stanford University Medical Center currently sponsors over 95 [residency/fellowship programs](#) approved by the Accreditation Council for Graduate Medical Education with over 1000 enrolled interns, residents, and fellows.

Templates

- Institutional Report Card
- Institutional Report Card and Decision-making
- GME Lean Streamlining
- Eliminating Bias from Evaluation Instruments
- 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 **New!**
- Alumni Survey
- Clinical Competency Committee Policy Template **New!**
- Institutional & Program Report Card Template
- Program Evaluation Committee Policy Template **New!**
- 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](#)) **New!**
- 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?

- ▶ Ann Dohn: adohn1@stanford.edu
- ▶ Nancy Piro: npiro@stanford.edu

