Mastering the Annual Program Evaluation – One Chapter at a Time

Presenters

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Ochsner Clinic Foundation
Disclosure

Donna Guidroz, C-TAGME
No conflicts of interest to report

Melody Alijani, MS
No conflicts of interest to report
Polling Question

- Who do we have participating today?
  - DIO
  - Program Directors
  - Coordinators
  - Managers
  - GME Administration
Ochsner Clinic Foundation
New Orleans, LA
serving the Gulf South Region

- Independent Academic Medical System
- 28 Hospitals/60 Community Health Centers
- 18,500 Employees/3,000 Affiliated Physicians
- Ochsner Medical Center Primary GME Training Facility
- 27 Sponsored Programs (9 Core/18 Fellowships)
- 288 Ochsner Sponsored Trainees
- 600+ Trainees annually from LSU/Tulane
Objectives

1. Having a clear understanding of what the Annual Program Evaluation process involves (APE&I)

2. Assist those involved to better identify when certain activities should occur

3. Identify responsibilities

4. Provide sample methods for program coordinators engaged in the annual program requirement
Starting Your Annual Program Story (Evaluation)
Build an Outline:

- Who
- What
- When
- Where
- Why
Chapter One - Who

• Who are your main characters?

• GME
  – DIO
  – GME Administration

• Annual Program Evaluation Committee
  – Clinical Competency Committee
  – Chief Residents
  – Residents/Fellows
  – Program Director/ Associate Program Director
  – Faculty
  – Coordinator/Manager
What: Contents

- What is your APE table of content
- Build a story board

CONTENTS

2 THIS AND THAT
5 SOME NUMBERS
6 MORE NUMBERS
11 THE FUTURE
16 NEXT STEPS
Documentation Review: Your Story

- Resident Performance
- Faculty Development
- Graduate Performance
- Program Quality
- AIM
- Action Plan/SWOT
Perfect the Edit

- An important Element of your Story is your SWOT
- Opportunities!!!
Polling question

- Who writes your SWOT
  - Coordinators/Mangers
  - Program Directors
  - Committee
  - Combination
Where: Setting the Environment and the Tone

- The **Aim Statement** should be the primary point of assessment much like the mission statement of the organization – the base for continued program development

- **Internal Medicine AIM:**
  
  The **Ochsner Internal Medicine Residency is a driving force in training and educating physicians in the southeastern region. The program is a core component of Ochsner Academics which is one of the six imperatives of Ochsner’s mission.**

  **We AIM to educate physicians by providing excellent clinical training in primary and preventive medicine, and to prepare physicians for sub-specialty fellowship training.**

  The program will continue to aggressively recruit candidates with diverse educational and social backgrounds. **In addition to clinical training, the program will provide academic time and support for professional and personal well being development.**
Theme- Action Plan

- To be successful the elements can not be viewed as independent activities
- Think Longitudinal Continuum
- Think – we are telling a story, writing a new chapter for each academic year
Polling question

• Sample themes – does this list include areas your institution is currently focused on addressing?
  – Wellness
  – Service vs Education
  – Duty Hour Violations
  – Faculty Development
  – Need for program growth
  – Declining interest in specialties
Why:

APE&I

DIO/AIR

Self Study
Polling Question

• Are you familiar with your Institutional AIR?
  – Yes
  – No
  – Hmm, What is an institutional AIR?
Annual Institution Review (AIR)

Presented annually to GMEC & Governing Body for review and approval

- DIO Summary Report
- Institutional AIM Statement
- Sponsored Program SWOT Summaries
- Special Review Process Reports
- ACGME Resident & Faculty Aggregate Survey
- Program Accreditation Status & Site Visit Details
- Program Director & Program Evaluation Process
- APE&I Key Indicators – 4-year cycle
When: APE&I Cycle

- **April**
  - GME office creates questionnaire in Residency Management System
- **May**
  - GME office publishes/forwards notification to programs for completion
- **June – August**
  - Programs conduct PEC meetings, complete APE&I documentation, and prepare to submit
- **September**
  - DIO & GME Office begins reviewing submitted documentation responding to programs as additional information is needed
- **October – November**
  - 1:1 meetings are scheduled/held to include GME Admin, Program Director, Program Coordinator, and Chair - Operations Manager (optional)
- **December – January**
  - Final Annual Institutional Review (AIR) is presented to GMEC for review and comment
- **February - March**
  - Executive Summary (DIO Report) is presented to the Governing Body of the sponsoring institution
Major Program Changes
- Program Director Change
- Curriculum Change
- Program Complement Increase
- Added New Rotation
- Program Complement Decrease
- Added New Participating Site
- Other Change

Identify all resident areas of non-compliance to be included in the action plan

Use non-compliant results of Resident Survey To create action item(s)

Resident Overall Evaluation of the Program
- Very Positive: 0%
- Positive: 0%
- Neutral: 0%
- Negative: 0%
- Very Negative: 0%

Resident Evaluation Relationship to National Mean
- Less Than National Mean
- Equal To National Mean
- Greater Than National Mean
- Not Available

Overall Trend of the Program
- Declining
- Flat
- Improving
# Programs

## Adult Cardiothoracic Anesthesiology

### Anesthesiology

#### Goals

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<tr>
<th>Description</th>
<th>Categories</th>
<th>Status</th>
<th>Created</th>
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<tbody>
<tr>
<td>Improve timing and preparation for shelf exams resulting in improved year over year resident perform</td>
<td>Resident Performance</td>
<td>Progressing</td>
<td>09/01/2015</td>
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<tr>
<td>Improve score on ACGME Faculty Survey Question. Satisfied with faculty development to supervise and</td>
<td>Faculty development</td>
<td>Completed</td>
<td>09/01/2015</td>
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<tr>
<td>Achieve or exceed national average on ACGME Resident Survey question. Satisfied with feedback site</td>
<td>Program Quality</td>
<td>Progressing</td>
<td>09/01/2015</td>
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<tr>
<td>Achieve or exceed national average on ACGME Resident Survey Question. Uses program evaluations to im</td>
<td>Program Quality</td>
<td>Progressing</td>
<td>09/01/2015</td>
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<tr>
<td>Assure that case number and balance requirements are met as anesthesia programs continue to grow -</td>
<td>Program Quality</td>
<td>Progressing</td>
<td>09/01/2015</td>
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#### ACGME Area of Concerns / Citations

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<th>Description</th>
<th>Status</th>
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#### Annual Program Evaluation Meeting Minute

- 2015 - 2016
- 2016 - 2017

#### Program Tasks

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<tr>
<th>Description</th>
<th>Due Date</th>
<th>Last Update</th>
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<td>Project Title &amp; Date Initiated</td>
<td>Project Lead(s)</td>
<td>Metrics</td>
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### APE&I Summary Report
AY-2016-2017

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<tr>
<th>Program(s)</th>
<th>Meeting Review Date</th>
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#### Program Evaluation Metrics Utilized:

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<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
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<td>APE&amp;I Questionnaire</td>
<td>Board Pass Results</td>
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<td>ACGME Program Resident &amp; Faculty Survey Data</td>
<td>ADS Annual Update</td>
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<td>NI Faculty Anonymous Evaluation of Program</td>
<td>Program Action Plan Review</td>
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<td>NI Resident Anonymous Evaluation of Program</td>
<td>Other</td>
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#### SWOT

<table>
<thead>
<tr>
<th>Strength</th>
<th>Weakness</th>
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<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Threat</th>
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</table>
New or revised CLER visit questions

1. OCH & Participating Sites If applicable
   - Indicate which method program uses to ensure Transition of Care (hand over process) facilitates both the continuity of care and patient safety?

2. OCH & Participating Sites If applicable
   - Indicate the method and process program uses to ensure Fatigue Management is being provided?

3. Participating Sites If applicable
   - Provide method Supervision and Duty Hour compliance are being confirmed while training at the participating site?

Table:

<table>
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<th>Program Director(s)</th>
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<tr>
<td>Name/Signature</td>
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<table>
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<th>Department Chair</th>
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<td>Name/Signature</td>
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<th>Program Manager(s)</th>
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<td>Name/Signature</td>
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GME Summary Review Document
## ACGME Accreditation Status Summary

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Letter of Notification Date</th>
<th>Status</th>
<th>Self Study Date</th>
<th>Areas for Improvement/Concerning Trends</th>
<th>Citation(s)</th>
<th>Citation Status</th>
<th>Site Visit Date</th>
<th>Approved Program Complement</th>
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<tbody>
<tr>
<td>Anesthesiology</td>
<td>3/1/2018</td>
<td>CA</td>
<td>10/2019</td>
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<td>Adult CV Anesthesiology</td>
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<td>OB Anesthesiology</td>
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<td>CA</td>
<td>10/2019</td>
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<td>Critical Care Medicine</td>
<td>6/1/2018</td>
<td>IA</td>
<td>1/2021 Site Visit</td>
<td>Educational Environment, Faculty Development</td>
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<td>Regional Anes &amp; Acute Pain Medicine</td>
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<td>New program application opened: 1/18</td>
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<td>Interventional Cardiology</td>
<td>4/18/2018</td>
<td>CA</td>
<td>10/2019</td>
<td>Envir. Of Inquiry/Faculty Scholarship</td>
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<td>Clinical EP</td>
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<td>Adv. Heart Failure Ctr.</td>
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<td>Neurology</td>
<td>3/1/2018</td>
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<td>1/2026</td>
<td>ACGME Competencies: Inpatient and Outpatient Exp.</td>
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<td>Goal and Objectives Educational Program</td>
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<td>New</td>
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<td>Responsibilities of Program Director</td>
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<td>Obstetrics &amp; Gynecology</td>
<td>2/1/2018</td>
<td>CA</td>
<td>12/2020</td>
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GME Director & Program Evaluation Process

Continuous Data
- Quantitative (8 metrics, including 1st time board pass rate)
- Qualitative
- ACGME Survey
  - Residents (Overall measure, 41 general measures, 15 specialty-specific measures)
  - Faculty (24 measures)
  - Ochsner Survey
  - Residents (30 measures)
  - Faculty (24 measures)

Discrete Data
- Resident participation in Patient Safety/QI Projects
- National leadership or peer review role
  - Residents
  - Faculty
- Formal citations or concerns
  - Scholarly Activity
  - Residents
  - Faculty

Attribute Data
- Administrative and regulatory compliance (9 measures)

Program Director Stoplight Report
- 1st attempt board pass rate
- ACGME surveys
- Scholarly Activity (Residents)
- Scholarly Activity (Faculty)

Annual Program Performance Metrics

Annual Program Evaluation (by Program Evaluation Committee)
GME/DIO Program Evaluation Review
GMEC Program Evaluation Review

Program Director Performance Grid - 4-year Cycle

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Director</th>
<th>Resident Scholarly Activity (RP)</th>
<th>Faculty Scholarly Activity (FD)</th>
<th>1st Time Board Pass Rate (GPR)</th>
<th>Resident Survey (PSQ)</th>
<th>Academic Year</th>
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<tr>
<td>Anesthesiology</td>
<td>Rasa, MD</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Internal Medicine</td>
<td>Tuli, MD</td>
<td>x</td>
<td>x</td>
<td>x</td>
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<tr>
<td>OB/GYN</td>
<td>Carnalin, MD</td>
<td>x</td>
<td>x</td>
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<tr>
<td>Radiology</td>
<td>Gillette, MD</td>
<td>x</td>
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<td>Hematology and Oncology</td>
<td>Iris, MD</td>
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<td>Cardiology</td>
<td>Gladshe, MD</td>
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<td>x</td>
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<td>Surgery</td>
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<td>PQ</td>
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Ochsner Health System
VII. Summary Feedback

Usefulness of the Self-Study and Pilot Visit for the Program

The program’s self-study was made easier by a comprehensive and sophisticated institutional understanding of program evaluation and improvement, through the person and office of the designated institutional official (DIO).
Thank you for your kind attention
Questions?
Contact Information

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