**WUSOM/BJH/SLCH GME Consortium Annual Program Evaluation (APE)**

Academic Year (AY) 2022-2023

**Program:** Click or tap here to enter text. **Date:** Click or tap here to enter text.

**Program Director:** Click or tap here to enter text.

**Program Coordinator:** Click or tap here to enter text.

1. **Program Evaluation Committee (PEC) attendance:**

Please list those who attended the PEC meeting. The attendance must include at least two faculty members and one resident. **If this is an area in need of improvement, please include it in the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

#

# Resident/Fellow Complement

Include the summary of the discussion in regards to any differences between approved and filled positions, any withdrawals, any unfilled positions, other attrition issues, etc. *(Note: These years refer to the year in your training program).* **If this is an area in need of improvement, please include it in the Action Plan**.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| Positions Approved | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Current Trainees | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. |

# Recruitment

Include a summary of the PEC discussion with regards to your recruitment efforts on the following:

* + Satisfaction with recruitment results,
	+ Program requirements for eligibility,
	+ Efforts to recruit a diverse training population
	+ Evaluation of potential biases in your recruitment processes.

**If this is an area in need of improvement, please include it in the Action Plan**.

|  |
| --- |
| Click or tap here to enter text.  |

1. **Number/Types of Other Learners (other residents, fellows, medical students, other health professions)**

Include the summary of the discussion with regards to the number and types of other learners and their impact (positive or negative) on your program. **If this is an area in need of improvement, please include it in the Action Plan**.

|  |
| --- |
| Click or tap here to enter text. |

# Summarize Program Aims

Please include your program aims (3-5 aims). The aims should align with the hospital and department aims. They should be **S**pecific, **M**easurable, **A**chievable, **R**ealistic, and should have a **T**ime frame. **Assign a number to each aim to make it easier to complete the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Program Changes in the Past Year**

Please include a summary of the discussion regarding all changes made to the program as described in your **last** ACGME ADS Update, if any:

* + Faculty changes,
	+ Curriculum changes,
	+ Site changes,
	+ Program format changes,
	+ Leadership changes,

Also, please summarize the progress made on the items included in your previous Action Plan.

**If this is an area in need of improvement, please include it in the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Plans for Upcoming Changes**

Please include a summary of the discussion regarding all changes that you plan to make in the next academic year to advance your Action Plan. These items may include continuation of initiatives on last year’s unresolved Action Plan items.

* Respond to Citations and/or Areas for Improvement (AFIs)
* Survey noncompliance areas *(GME Consortium goals for survey compliance = 90% for Duty hour questions <80% on all other survey questions)*
* Procedural volumes
* Other issues identified by the PEC or CCC

 **If this is an area in need of improvement, please include it in the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Annual Evaluation Process and Sources of Data**

Please describe the sources of data, other resources used and the process for evaluating the training program. Include a discussion of any planned changes needed for this process.

Who provides written evaluations of the program?

* Residents/fellows in this program
* Other hospital/clinic/facility personnel
* Residents/fellows in other programs
* Faculty members in other programs
* Faculty members in this program

**If this is an area in need of improvement, please include it in the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

1. **Program Evaluation Parameters and Results**

This section is an objective, comprehensive evaluation of the residency program, with the aim of improving it. This is a longitudinal evaluation of the program and its learning environment, facilitated through sequential Annual Program Evaluations, with an emphasis on program strengths and self-identified areas for improvement.

Please include a summary of the PEC discussion describing the result for each evaluation parameter below. **If this is an area in need of improvement, please include it in the Action Plan.**

* **Evaluation Parameter 1: Resident/Fellow Performance (V.C.1.c).(5) - V.C.1.c).(6).(d))** - (Aggregate Data only- no individual data) and source(s) of information. (e.g.: Data sources include: Rotation evaluations, OSCEs, in-service examination, Case Logs, scholarly activity, CCC aggregate data, etc.)

#  Results Parameter 1:

|  |
| --- |
| Click or tap here to enter text. |

* **Evaluation Parameter 2: Faculty Development ( V.C.1.c).(5); V.C.1.c).(7).(b) )** and sources of information (e.g., formal and informal, online, departmental, institutional, and regional/national, as well as topics/content, any post-development assessment of enhanced skills, involvement on research, resident evaluations of faculty, leadership development programs relevant to role in program).

#

#  Results Parameter 2:

|  |
| --- |
| Click or tap here to enter text. |

* **Evaluation Parameter 3: Graduate Performance (V.C.1.c).(6).(d))** and sources of information (e.g., board examination performance, graduate placement, surveys of graduates and/or their employers or clinical settings)

#  Results Parameter 3:

|  |
| --- |
| Click or tap here to enter text. |

* **Evaluation Parameter 4: Program Quality Quality (V.C.1.c)** and sources of information (e.g., assessments of program by residents/fellows and faculty members-internal survey and ACGME surveys, recruitment, institutional data on performance, review of citations, areas of improvement and

any program responses, review of curriculum and rotation to determine relevance, presence of a system

of evaluation and final formal evaluation, Duty hour compliance). *(GME Consortium goals for survey compliance = 90% for Duty hour questions <80% on all other survey questions)*

**Results Parameter 4:**

|  |
| --- |
| Click or tap here to enter text. |

1. **Involvement in Patient Safety and Quality Improvement Initiatives**

Please include a summary of the discussion describing trainee and faculty participation in:

* + **Event reviews** - If the program’s percent attendance is below the top quartile, provide a statement on how the program will increase their percent attendance
	+ **Education on how to report patient safety events** - If the program’s error reporting index is below top quartile, provide a statement on how the program will increase their error reporting index.

  **If this is an area in need of improvement, please include it in the Action Plan.**

|  |
| --- |
| Click or tap here to enter text. |

* 1. **Please comment on trainee and faculty participation on the following:**
		+ Instruction in the identification of healthcare disparities
		+ Quality Improvement methods
		+ QI projects
		+ M&M
		+ Education regarding hospital’s Quality Improvement goals
		+ QI data shared with faculty and trainees about their patients and about the department as a whole
		+ Any other Safety or Quality topics

|  |
| --- |
| Click or tap here to enter text. |

# What program changes are being made in response to the Mayo Well-being Index and ACGME wellbeing data provided in the score card sent by GME?

If you had more than 20% of your trainees with high distress scores, please comment on specific plans to address those areas of concern. Please also comment on how you might increase trainee participation in the Mayo Well-being Index if applicable.

|  |
| --- |
| Click or tap here to enter text. |

# Please comment on the following topics related to your current or planned Wellness initiatives:

* Curriculum to address fatigue mitigation, burnout, mental health and suicidality, and substance abuse
* Process for including trainee well-being in trainee assessments and goal setting
* Mechanism for identifying trainees involved in adverse events for referral to clinician peer support (cliniciansupport.wustl.edu)
* Process for monitoring workload and non-MD obligations and any planned changes to address challenges.
* Presence of a mentoring or coaching program that addresses well-being

|  |
| --- |
| Click or tap here to enter text. |

# Key Findings and Action Plans:

Please include a summary of the discussion on the program’s strengths, weaknesses, opportunities, and threats based on the data reviewed by the PEC.

|  |
| --- |
| **SUMMARY OF PROGRAM STRENGTHS:** *Areas the program already has and wants; positive attributes tangible and intangible, internal to the program (Preservation Goals)* |
| Click or tap here to enter text. |
| **SUMMARY OF PROGRAM WEAKNESS:** *Areas the program that do not meet standards or could use positive improvement that would contribute to success (Elimination Goals)* |
| Click or tap here to enter text. |
| **SUMMARY OF PROGRAM OPPORTUNITIES:** *Areas the program does not have but wants; areas beyond control of the program that could contribute to success (Achievement Goals)* |
| Click or tap here to enter text. |
| **THREATS TO THE PROGRAM:** *Areas the program does not have and does not want; external factors that could have a negative effect (Avoidance Goals)* |
| Click or tap here to enter text. |

# Action Plans for Areas for Improvement (V.C.1.d)):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Area for Improvement** | **Program Aim Number Associated with Item** |  Intervention/ **Initiative** | **Responsible Individual(s) and Resources** | **Follow-up/ Reassessment Method** | **Follow- up Date** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Date of the Review and Approval of the Action Plan by the Teaching Faculty** (documentation in faculty meeting minutes **(V.C.1.e)**:Click or tap here to enter text.
2. **FINAL STEPS:**
* Review APE form – Ensure all questions are answered
* Action Plan Updated
* APE Uploaded to Qualtrics
* Action Plan Uploaded to Qualtrics