

# The Annual Program Evaluation (APE)

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*SEMCME Workshop for Residency Directors*



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# Disclosure

- No conflicts of interest to report



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# Today's Topics

- Review ACGME requirements for the APE
- Define utilization of an institutional template
- Discuss each of the four major focus areas of the APE
- Share some Program Evaluation Committee (PEC) best practices
- Look at changes in the proposed new ACGME requirements



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# Why Do We APE?

- V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, **annual program evaluation**. (Core)

# What Must the APE Cover?

- V.C.2. The program must monitor and track each of the following areas:
  - resident performance;
  - faculty development;
  - graduate performance...;
  - program quality; and,
- ...progress on the previous year's action plan(s).

# Who Uses an Institutional Template?



<https://en.surveley.com/en/who-are-you-28259.html>



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# The ACGME APE Template

## Suggested Annual Program Evaluation Template

Academic Year (AY) \_\_\_\_\_

Use this template for aggregating information from a single year's Annual Program Evaluation. The template is suggested, and you may adapt it in any way you find useful to facilitate program improvement. You may also use attachments or appendices if additional detail is relevant to tracking a given issue.

*(Note: This form should NOT be shared with the Review Committee or with ACGME field representatives during accreditation site visits.)*


Program: \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Membership, Program Evaluation Committee *(Program Requirements (PR V.C.1.a))*

### 2. Resident/Fellow Complement

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current trainees							

# The Henry Ford Hospital APE Template

		<b>Henry Ford Hospital Graduate Medical Education Annual Program Evaluation Data Sheet</b>		
Program Name		Program Director		
Program Coordinator(s)				
Academic Year		Date of Next ACGME Self Study		
2016-2017				
<b>TRAINEE PERFORMANCE</b>				
<b>In-Training-Exam Performance</b> <i>Attach your in-training-exam performance results</i>		<b>Attachment A</b>		
<b>Volumes/Case Logs Review</b> <i>Attach the minimum procedure report table of most recent graduates from ADS</i>		<b>Attachment B</b>		
<i>If your program does not utilize ADS case logs, but does have patient care or procedure volume requirements, attach program report for recent graduates</i>		N/A [ ]		
<b>Resident Scholarly Activity</b> <i>Attach the resident scholarly activity table for the 2016-17 academic year from ADS</i>		<b>Attachment B</b>		
<i>Insert results from ACGME Resident Survey under Educational Content "Satisfied with opportunities for scholarly activities"</i>		N/A [ ]		
<b>Quality Improvement and Patient Safety Initiatives</b> <i>Include percentage of resident/fellow participation in QI/Patient Safety as reported in ADS questions<sup>2</sup></i>		<b>Attachment C</b>		
		2014-15	2015-16	2016-17
% Program Compliant:				
% National Compliant:				
		2014-15	2015-16	2016-17
Total % Participated in Pt. Safety:				
Total % Participated in QI:				
Does the program teach QI/Patient Safety through didactics or another curricular component? Yes or no?		2015-16	2016-17	
Yes/No:				

Program Evaluation Committee (PEC) Summary and Comments		IP
<b>TRAINEE PERFORMANCE</b>		
<b>In-Training-Exam Performance</b> <i>Comment on results in Attachment A noting areas of success and/or content that fell below national means or expectations, noting any recommended program or curricular changes.</i>		
<b>Volumes/Case Logs Review</b> <i>Discuss any changes in the curriculum or program due to deficiencies or errors from Attachment B. This could also include issues related to patient procedural volumes and/or encounters if case logs are not applicable to your program.</i>		
<b>Clinical Competency Committee (CCC)</b> <i>Discuss how the CCC assisted the program director with Milestone reporting and advising. Indicate what objective (or semi-objective) data is used by the CCC to evaluate progress on Milestones (ex. evaluation scores, direct observation results, other evaluation tools, etc.). Are the evaluations linked to the Milestones within the evaluation system? Also, review the program's CCC Policy.</i>		
<b>Resident Scholarly Activity</b> <i>Review Resident Scholarly Activity table from Attachment C and Resident Survey Question (Satisfied with opportunities for scholarly activity) from Attachment E. Comment on any deficiencies, plans, or commendations. May also review any national data or program requirements related to scholarly activity minimums.</i>		

[www.henryfordmedicaleducation.com/ape/](http://www.henryfordmedicaleducation.com/ape/)



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### Suggested Annual Program Evaluation Action Plan and Follow-Up Template

Use this template for tracking Areas for Improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue.

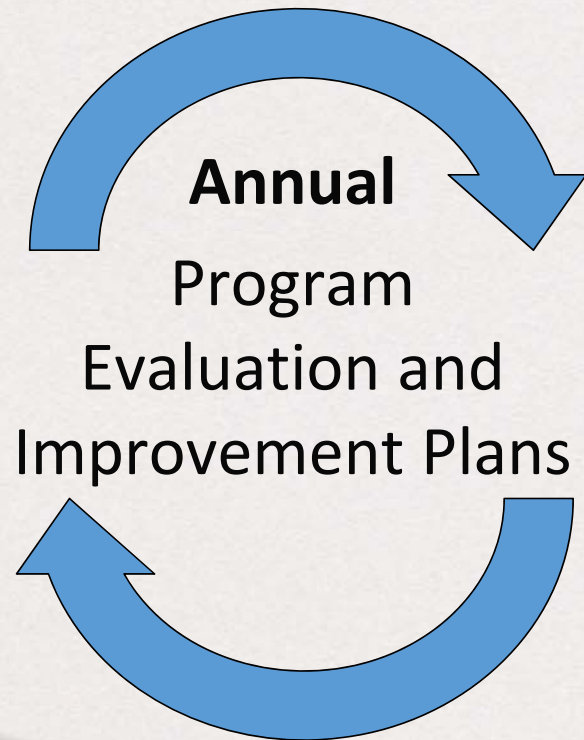
*(Note: This form should NOT be shared with the Review Committee or with ACGME field representatives during accreditation site visits.)*

	Areas for Improvement (AY 2016–2017)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						



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# From APE to the ACGME Self-Study



The ACGME  
Self-Study

# What Do I Review?

## High-Value Data Suggested for Use in Program Evaluation and Improvement Department of Field Activities

### Resident Performance

- Resident evaluations
- In-training examinations, OSCEs
- Milestones-based assessments at the aggregate level to identify areas of the curriculum needing improvement
- Case Log and patient experience data
- Other performance metrics, as available

### Graduate Performance

- Board certification examination (% taken / % passed)
- Graduate surveys (often 1 year and 5 years after graduation)

### Faculty Development

- Faculty or leadership development programs relevant to role in the program
- Programs that enhance faculty skills, based on role in the program
- Residents' evaluations of the faculty
  - Use of this data in decisions (teaching selections, promotions)



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# What Do I Review?

- Resident Performance
  - Scholarly Activity
  - ACGME Survey
  - QI & Patient Safety Initiatives
  - Clinical Performance Measures
- Faculty Development
  - ACGME Survey
  - Teaching How to Teach Programs
  - Evaluation Education Programs
- Graduate Performance
  - Job Placement
- Program Quality
  - GMEC Reviews
  - UGME Activity (Shelf Exams)
  - ACGME Surveys
  - Program Evaluations
  - Recruitment Statistics
  - Additional Surveys (internal, match, etc.)



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# The Program Evaluation Committee (PEC)

- Appointed by the program director
- Must meet at least annually
- Must be composed of at least two program faculty members
- Should include at least one resident
- Don't forget your program coordinator!



# An Effective PEC

- Meet more than once a year (even if electronically)
- Treat your APE as a living document
- Assign out portions of the APE to members of the PEC
- Utilize your program coordinator
- Review, digest, and document information as it arrives



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# The PEC Meeting

- Distribute information prior
- Don't forget your program aim(s)
- Provide summaries and updates
- Take minutes; don't try to fill in the APE
- Send drafted APE and minutes for review and approval



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# Table Discussion

- How do you or will you navigate the APE process?
- How are your PEC meetings structured? Will you make any changes?



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Any Best Practices to Share?



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# The APE of the Future (Proposed Section V)

- Curriculum
- Outcomes of prior APEs
- Letter of Notification (LON)
- Quality and safety of patient care
- Well being
- Recruitment and retention
- Diversity
- QI engagement
- Scholarly activity
- ACGME Surveys
- Achievement of Milestones
- Board pass and certification rates
- Graduate clinical performance
- Faculty performance
- Professional development
- Program mission & aims
- Program strengths, areas for improvement and threats



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# Questions?



<https://criticallyrated.com/2015/11/22/can-i-ask-you-a-question-2/>



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