PEC
+YOU
= APE

Elements of a successful annual program evaluation

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OhioHealth Dublin Methodist Family Medicine
Objectives

• Develop a Program Evaluation Committee (PEC) and Annual Program Evaluation (APE) timeline
• Identify documents needed for summative evaluation
• Optimize annual report to make formative changes
Let’s get to the heart of the beast…

• 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…
• The PEC must have a written description of its responsibilities…
• The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed […] as well as delineate how they will be measured and monitored.
• The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

- ACGME Family Medicine Program Requirements V.C.1,2,3.
APE process

- Written Annual Program Evaluation
- 10 year self study
- PEC
- Resident and Faculty Evals
- Resident Performance
- Faculty & GMEC
- Action Plan Progress
- Program Quality
- Graduate Performance
- Faculty Development
Best time?

• Spring or Fall
• Pros and Cons

Form the PEC team

Appointed by the Program Director…

…must be composed of at least two program faculty members and should include at least one resident…

ACGME Family Medicine Program Requirements V.C.1
Develop the form

The APE form documents the work and process of the PEC.

- ACGME website
- Listserve

- Sister institutions
- GME office
- RMS
Annual Program Evaluation
2016-17

Instructions
Add instructions for the program.

Remaining Characters: 8,000

Questions
Use questions to gather essential statistics from programs. Programs can add additional notes and attach files as well as mark "Not Applicable." Tools will be provided upon completion allowing you to assess the response, add notes and tags.

1. % In Training Exam Performance
   Enter the average percentile score

2. % Patient Safety Projects
   Enter the percentage of residents who participated in patient safety projects

3. % Quality Improvement Projects
   Enter the percentage of residents who participated in quality improvement projects

4. % Fatigue Management Attendance
   Enter the percentage of residents in attendance at fatigue management training

Agenda
Annual Program Evaluation
Wednesday, xxx xx, 20xx
7:30-9:00am

1. Resident performance
   • Accomplishments
     a. In-training exam scores
     b. Board passage rate

2. Recruitment Statistics
   • NRMP results
   • Recruitment Statistics
     a. US applications:
     b. Invited to interview:
     c. Interview spots available:
     d. Scheduled to interview:
     e. Interviewed:

3. ACGME
   • Accreditation status
     a. Self Study date 11/1/2021
     b. CLER visit date
   • ACGME Resident Survey
   • ACGME Faculty Survey
   • Citation Response Update:
   • Required Policies Update
ANNUAL PROGRAM EVALUATION (APE) AND IMPROVEMENT REPORT

Program: 
Date of Review: 

Committee Members: (Must consist of the program director, teaching faculty, a resident member and administrator)
Program Director:
Faculty Members:
Resident Member:
Administrator:

PROGRAM QUALITY
ACGME/AOA Letter of Report: Date: 
Cycle Years 
Number of Citations: 
Number of Concerns: 

Citation #1 Description: Action Plan: 
☐ Citation corrected, no further intervention required
☐ Continuing of current efforts adequate, no new actions necessary
☐ New action plan necessary. (Please describe)

Proactively plan

7-8 weeks before APE
PEC #1 Assignments, document gathering

5-6 weeks before APE
PEC #2 Follow up, documents

3-4 weeks before APE
PEC #3 Analysis and Finalization

APE presentation 
Faculty GMEC

AMERICAN ACADEMY OF FAMILY PHYSICIANS
Schedule it

Weeks 1 & 2

PEC meeting #1

- APE form overview
- Document/Resource list creation
- Initial assignments
- Access point
Gather your Resources

Resident Performance

- In-Training and Board Scores
- Aggregate Faculty Evaluation Scores & Written Comments
- Aggregate Multi-source Evaluation Scores & Written Comments
- Clinical Skills Assessments (Logs, Direct Obs, OSCEs)
- Number and Quality of Presentations and Publications
- Participation in Quality Improvement project
- Self-Assessments and Goal Setting
- Milestone Progress
Faculty Development

- Aggregate Evaluation Scores from Residents
- Written Resident Comments
- Professional Development
- Scholarly Activity

**Definitions:**

- **Pub Med Ids (assigned by PubMed)** for articles published in the previous academic year. List up to 4. PubMed ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

- **Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year.** This will include publications which are peer-reviewed but not recognized by the National Library of Medicine.

- **Number of chapters or textbooks published in the previous academic year.**

- **Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) in the previous academic year.**

- **Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal in the previous academic year.**

- **In the previous academic year, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants’ performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.**

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations (#)</th>
<th>Other Presentations (#)</th>
<th>Chapters / Textbooks (#)</th>
<th>Grant Leadership (#)</th>
<th>Leadership or Peer-Reviewer Role (%)</th>
<th>Teaching Formal Courses (%)</th>
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Graduate Performance

Use graduate surveys and exit interviews to track:

- AFMRD Graduate Survey
- Practice type and location
- Fellowship training
- MOC pass rate
- Training and practice satisfaction
- Suggestions for program improvement

Program Quality

- ACGME Resident Survey Results
- ACGME Faculty Survey Results
- Annual Confidential Resident Evaluation of Program Results
- Annual Confidential Faculty Evaluation of Program Results
- ACGME citations/areas for improvement/of concern
- Scholarly Activity report
- Resident evaluations of didactics
- Milestone progress
Which are the most challenging to find data?
What changes might you make NOW to collect data or change a process to overcome those challenges?
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<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
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<td><em>PEC meeting #1</em></td>
<td><strong>PEC meeting #2</strong></td>
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<td><strong>Document/Resource review</strong></td>
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<td><strong>Initial Assessment</strong></td>
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<td><strong>Document/Resource finalization</strong></td>
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<td><strong>Analysis of strengths, weaknesses, and areas for improvement</strong></td>
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<td><strong>Identification of program aims, opportunities and threats</strong></td>
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<td><strong>Completion of APE “form” for presentation</strong></td>
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Analyze

• Areas of concern
  • Residents not attaining a milestone
  • Areas of noncompliance
    • Procedure numbers not being met
  • Areas of dissatisfaction
    • Feedback on didactic sessions

• Evaluation or curriculum change
  • Curricular change, addition of a clinic or experience, logging method
  • Reevaluation of timing of didactics or quality of speakers

### Action Plan should include…

<table>
<thead>
<tr>
<th>Area for improvement</th>
<th>Intervention</th>
<th>Date instituted/individual responsible</th>
<th>Expected resolution (outcome measures and date)</th>
<th>Status (resolved, partially resolved and detail, not resolved and date)</th>
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Try it

Aims/Opportunities/Threats

**Aims** come from program and institutional leaders
- Key expectations for program and how it’s different
- Types of trainees
- Types of careers/community need
- Longer-term strategic view but may change over time
Aims/Opportunities/Threats

**Opportunities** are external factors that can help the program flourish
- Not entirely under the control of the program
- Access to expanded populations
- Partnerships, agreements and collaborations

**Threats** also largely beyond the control of the program
- Change in support
- Changing priorities at the institutional or state levels
- Local factors, such as erosion of a primary ambulatory system based on voluntary faculty
Think about it

- What are your program aims?
- What are some program activities that have been or are being initiated to promote or further these aims?
- What are important opportunities for your program? What factors favor your program, that your program may take advantage of?
- What are real or potential threats facing your program? What factors present threats?

Report

- Analysis of the four key areas
- Action plan(s) with progress report & status
- Aims, opportunities and threats
Document the review

• Let your APE template be your PEC’s guide
• Focus on the action plan
• Keep written minutes of the PEC progress

Weeks 7 & 8

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APE finalization & presentation

• Present to faculty for discussion
• Incorporation of feedback and development of action plan
• Presentation to faculty for final approval
• Presentation to GMEC
Goal of the APE is not simply to “check a box” or fulfill a requirement, but to set the stage for meaningful program assessment and improvement.

Benefits of the APE

- Becomes the stage for program assessment
- Record of program improvement initiatives
- Site visit prep
- ADS data submission
- AIR completion
- Self Study preparation
• APEs and Action Plans will feed 10 year Self Study

Continuous Improvement Cycle

- Annual Data Submission
- Annual ACGME Feedback
- Annual Program Evaluation
- Annual Written Action Plan

10 Year Self Study
Objectives of the 10-year self-study

Assess ongoing compliance and improvement
• Review aims
• Conduct analysis of strengths, areas for improvement and external opportunities
• Formulate and document plans for improvement
Questions?

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614.544.8720

Resources/References

acgme.org/What-We-Do/Accreditation/Self-Study
med.stanford.edu/gme
ACGME Milestone Annual Report 2016
Redefining the coordinator’s role in the current GME environment. Residency Program Alert. October 2016. HCPro.com.
Please…

Complete the session evaluation.

Thank you.