

$$\text{PEC} \\ + \text{YOU} \\ \hline = \text{APE}$$

Elements of a successful annual program evaluation

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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





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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.

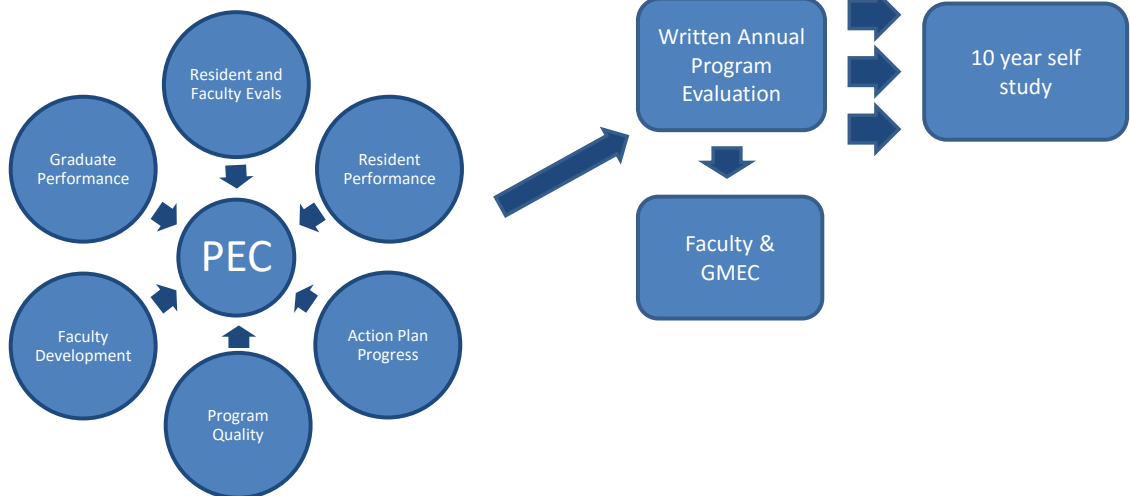
- ACGME Family Medicine Program Requirements V.C.1,2,3.

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APE process



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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
- Sister institutions
- Listserve
- GME office
- RMS



Annual Program Evaluation

2018-17 *gr*

Instructions

Add instructions for the programs.

Remaining Characters: 5,000

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 |

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

Agenda

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

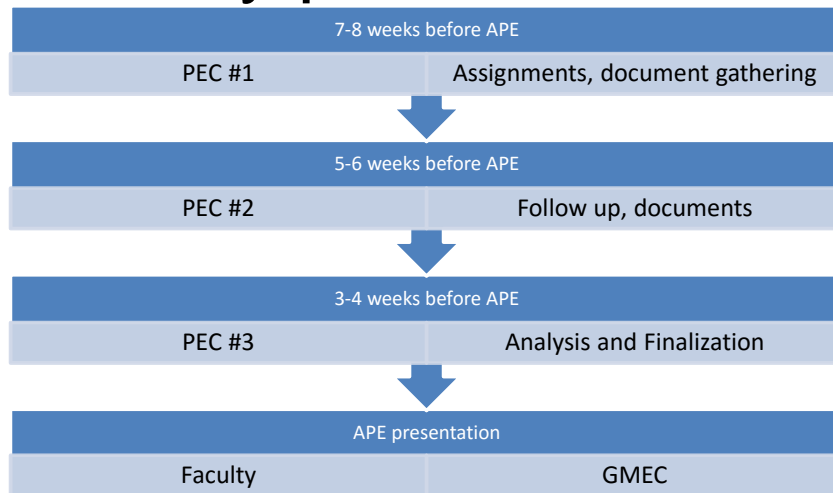
ANNUAL PROGRAM EVALUATION (APE) AND IMPROVEMENT REPORT

| | |
|------------------------|--|
| Program: | |
| Date of Review: | |

| | |
|--|--|
| Committee Members: <i>(Must consist of the program director, teaching faculty, a resident member and administrator)</i> | |
| 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: <input type="checkbox"/> Citation corrected, no further intervention required <input type="checkbox"/> Continuing of current efforts adequate, no new actions necessary <input type="checkbox"/> New action plan necessary: (Please describe) |

Proactively plan



Schedule it



Weeks 1 & 2

Week 1

Week 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

| Faculty Member | PMID 1 | PMID 2 | PMID 3 | PMID 4 | Conference Presentations (#) | Other Presentations (#) | Chapters / Textbooks (#) | Grant Leadership (#) | Leadership or Peer-Review Role (Y/N) | Teaching Formal Courses (Y/N) |
|----------------|--|--------|--------|--------|--|--|---|---|---|---|
| Definitions: | Pub Med Ids (assigned by PubMed) for articles published in the previous academic year. List up to 4. Pub Med 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 | Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications in the previous academic year. Articles without PMIDs should be counted in this section. This will include publication 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. |

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



Resident Performance

Faculty Development

Graduate Performance

Program Quality

- 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?

Weeks 3 & 4

Week 1

Week 2

Week 3

Week 4

PEC meeting #1

PEC meeting #2

- Document/Resource review
- Assignment follow up
- Initial Assessment

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Weeks 5 & 6

Week 1

Week 2

Week 3

Week 4

Week 5

Week 6

PEC meeting #1

PEC meeting #2

PEC meeting #3

- Document/Resource finalization
- Analysis of strengths, weaknesses, and areas for improvement
- Identification of program aims, opportunities and threats
- Completion of APE "form" for presentation

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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...

| Area for improvement | Intervention | Date instituted/ individual responsible | Expected resolution (outcome measures and date) | Status (resolved, partially resolved and detail, not resolved and date) |
|----------------------|--------------|--|--|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

Try it



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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

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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

Aims/Opportunities/Threats

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



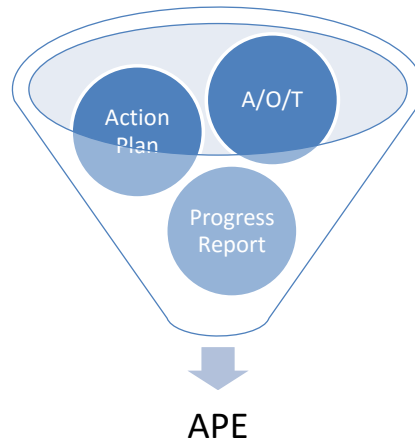
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Weeks 7 & 8

| Week 1 | Week 2 | Week 3 | Week 4 | Week 5 | Week 6 | Week 7 | Week 8 |
|-----------------------|--------|-----------------------|--------|-----------------------|--------|---|--------|
| <i>PEC meeting #1</i> | | <i>PEC meeting #2</i> | | <i>PEC meeting #3</i> | | APE finalization & presentation <ul style="list-style-type: none">• Present to faculty for discussion• Incorporation of feedback and development of action plan• Presentation to faculty for final approval• Presentation to GMEC | |

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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



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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Resources/References

acgme.org/What-We-Do/Accreditation/Self-Study

med.stanford.edu/gme

ACGME Milestone Annual Report 2016

Use of Institutional Template for Annual Program Evaluation and Improvement: Benefits for Program Participation and Performance. Andolsek, K; Nagler, A; Weinerth, J. Journal of Graduate Medical Education. June 2010.

The ACGME Self-Study, An Opportunity, Not a Burden. Guralnick, S; et al. Journal of Graduate Medical Education. September 2015.

The Year is Over, Now What? The Annual Program Evaluation. Simpson, D; Lybson, M. Journal of Graduate Medical Education, September 2011.

Redefining the coordinator's role in the current GME environment. Residency Program Alert. October 2016. HCPro.com.

Please...
Complete the
session evaluation.

Thank you.



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