Transitions of (Educational) Care: Applying Lessons from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees

Accreditation Council for Graduate Medical Education
2014 Annual Education Conference

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Session SES056 & SES127

Transitions of (Educational) Care: Applying Lessons from Annual Program Evaluation and Internal Reviews to Pilot Education Competency Committees

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Rhea Fortune

Disclosure
None of the above speakers have any conflicts of interest to report
Session Objectives

1. Recognize current ACGME Requirements related to the annual program evaluation
   (Common Program Requirements Section V)

2. Contrast required & additional optional components of the APE

3. Develop a process to optimize the benefits of a comprehensive annual program evaluation for programs and your sponsoring institution
Annual Program Evaluation and Improvement

January 21st, 2014

Here are the materials from the ACGME Annual Educational Conference held Feb-Mar 2014 pertinent to the workshop: “Transitions of (Educational) Care: Applying lessons from Annual Program Evaluation & Internal Reviews to Pilot Education Competency Committee”

This site contains the following materials which we hope you find useful:

- The Podium version of the Powerpoint Presentation
- The APEI “Quiz”
- The APEI Poster (presented at the conference, Poster session)
- Handouts (including templates for Program Evaluation Committee (PEC) Description and Special Review Process/Protocol

Questions? contact kathryn.andolsek@duke.edu, diana.mcneill@duke.edu,

Posted in Uncategorized | Edit | 1 Comment »
“I have spent most of my morning honing the colors in the wordle created from our APE minutes. See attached. I am blaming you for this. “Perhaps the wordle will suffice for the APEI as a holistic measure of our program”
Take an index card... on the Front of it:

- What are you already doing well?
- What would you like to improve?
Consider APEI as (Program) Quality Improvement

The Conceptual Change To...

The “Next Accreditation System”

“Continuous”
Observations

Assure that the Program Fixed the Problem

Potential Problems

“problem”
OR
enhancement

Promote Innovation

Diagnose the Problem
If there is one!

Adapted from ACGME slide
What are the Benefits to an Annual Program Evaluation?
ACGME Measures of Program Quality

- Annual webADS (likely expanded)
  - Resident attrition
  - Structure/resources of program
  - Scholarly activity
- Clinical experience (procedure & case logs)
- Board Pass Rate (3-5 year rolling averages)
- Resident Survey
- Faculty Survey
- Semi Annual Resident Evaluation (including milestones)
- CLER Visits
- Focused Site Visits
- Program Self Study (every 10 years?)
- Annual Program Evaluation and Improvement Plan
Building Blocks to Self Study

Annual Program Evaluation (PR V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Ongoing Improvement

Yr 0

Yr 1
AE

Yr 2
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Yr 3
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Yr 4
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Self-Study VISIT

ACGME Slide
# Institutional Oversight

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<th>Programs</th>
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<td>Resident Performance</td>
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![Image of a data table with various programs and performance indicators]
Duke’s History with Annual Program Evaluations

2004-2005: 12 RRC citations for “lack of an annual program review”
2005: ICGME (GMEC) voted on yearly submission to Office of GME
2007: Template developed
2008: Choice of template versus meeting minutes to be submitted to Office of GME
2009-2010: Informal review by OGME person
2011: Shared best practices
2012: ACGME citation; Old template OR meeting minutes OR new template +/- supplemental form; review by Internal Review Teams
2013: Required template; APEI sessions; similar process for review of Program APEIs; timely feedback to programs
APEI Quiz (as a “Team Based Learning” Exercise) using the Green WORKSHEET

- Step 1: Please answer the questions independently without talking to others around you. Circle/make the correct answer.
Team Based Learning Exercise

• Step 2: As a group, discuss your answers and come up with a consensus single answer for each of the questions.

• Step 3: Have a member of your team ready to hold up the card that corresponds to the correct answer and be prepared to justify your team answer.
1. The group that performs the Annual Program Review is called the:

A. The Annual Program Review Team
B. The Program Evaluation Committee
C. The Program Competency Committee
D. The Graduate Medical Education Program Review Council
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★ B. The Program Evaluation Committee
New ACGME Common Program Requirements
Changes to Section V
Effective July 1, 2013

CPR:
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs2013.pdf

CPR FAQ:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/CCC_PEC_FAQs.pdf
2. The Program Evaluation Committee (PEC) should be composed of:

A. Anyone the Program Director appoints
B. Only core faculty; minimum of 3
C. At least two faculty and one resident
D. The program director and program coordinator
E. None of the above; ACGME doesn’t require who should be included
2. The Program Evaluation Committee (PEC) should be composed of:

A. Anyone the Program Director appoints
B. Only core faculty; minimum of three
C. At least two faculty and one resident
D. The program director and program coordinator
E. The CPR doesn’t speak to who should be included on the PEC
What if there is “no resident?”
What if there are no residents/fellows currently training in my program?

- PEC must still meet annually
- PEC must still complete APEI
- PEC does NOT need to include a resident

- Great opportunity to make enhancements prior to residents/fellows joining
- Consider reviewing/revising recruiting/interviewing processes
3. The PEC, or Program Evaluation Committee, should do all of the following *except*:

A. Plan, develop, implement and evaluate educational activities of the program

B. Develop/revise competency-based curriculum goals and objectives

C. Use evaluations of faculty, residents and others to review the program

D. Address areas of non-compliance with ACGME standards

E. Send a written report to the GMEC

F. Have a written description of its responsibilities
3. The PEC, or Program Evaluation Committee, should do all of the following except:

A. Plan, develop, implement and evaluate educational activities of the program
B. Develop/revise competency-based curriculum goals and objectives
C. Use evaluations of faculty, residents and others to review the program
D. Address areas of non-compliance with ACGME standards
E. Send a written report to the GMEC
F. Have a written description of its responsibilities

However, it MUST RENDER A WRITTEN AND ANNUAL PROGRAM EVALUATION (APE)
Written Plan of Action
CPR Section V.C.3

PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in Section V.C.2., as well as delineate how they will be measured and monitored.
Written Description of PEC and responsibilities

Review Section V of your ACGME Program Requirements for other requirements.
4. Which of the following is NOT required as part of APEI?

A. Resident Performance
B. Faculty Development
C. In-service Exam Scores
D. Program Quality
E. Graduate Performance
F. Progress on Previous Years’ Action Plan
4. Which of the following is NOT required as part of APEI?

A. Resident Performance
B. Faculty Development
C. In-service Exam Scores
D. Program Quality
E. Graduate Performance
F. Progress on Previous Years’ Action Plan

V C. 2 a-e
4. Which of the following is required as part of APEI?

A. Resident Performance  
B. Faculty Development  
C. In-service Exam Scores  
D. Program Quality  
E. Graduate Performance  
F. Progress on Previous Years’ Action Plan

V C. 2 a-e
5. ACGME Program Requirements may have additional expectations of the APEI process and documentation.

A. True
B. False
5. ACGME Program Requirements may have additional expectations of the APEI process and documentation.

A. True
B. False
6. Which of the following Program Requirements expect regular meetings of program leadership, including residents and faculty to follow through on program improvement plans?

A. Medicine  
B. Pediatrics  
C. Diagnostic Radiology  
D. Neurological Surgery  
E. Urology  
F. All of the above  
G. None of the above
6. Which of the following Program Requirements expect regular meetings of program leadership, including residents and faculty to follow through on program improvement plans?

A. Medicine
B. Pediatrics
C. Diagnostic Radiology
D. Neurological Surgery
E. Urology
F. All of the above
G. None of the above
teaching faculty and documented in meeting minutes.

V.C.3.b)

There must be regular meetings during the academic year of the program leadership, including select core faculty members and residents, to review program outcomes and develop, review, and follow-through on program improvement plans.

(Please provide details for this requirement.)
Internal Medicine Program Requirements

V.C.2.a) resident performance; (Core)
V.C.2.a).(1) including outcome assessment of the educational effectiveness of inpatient and ambulatory teaching. (Detail)

V.C.4. The department should share appropriate inpatient and outpatient faculty performance data with the program director. (Core)
**Internal Medicine**

- V.C. Program Evaluation and Improvement

**Orthopaedics**

- V.C.1.c.(1)(a) At least 75% of a program’s graduates should take both Part I and Part II of the ABOS examinations.
- V.C.1.c.(1)(b) 75% of a program’s eligible graduates from the preceding five years taking Part I and Part II of the ABOS certifying examination for the first time should pass.

**Neurosurgery**

- V.C.4. At least 85% of a program’s residents taking the ABNS certifying written examination for credit for the first time during the past seven years must pass.
- V.C.5. At least 80% of a program’s graduates taking the ABNS certifying oral examination for the first time during the past seven years must pass.

**Emergency Medicine**

- V.C.2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1.c.(1).

**Clinical Care | Education | Research**
Thoracic Surgery

Programs must use the results of assessments to provide program improvement (e.g., quality of the didactic and clinical curriculum, and the use of educational tools such as skills labs and other activities); and, (Detail)

Family Medicine

One measure at least 95% of the quality of a residency program is the performance of its program’s eligible graduates from the preceding five years must have taken the ABFM certifying examination, (Outcome)

At least 90% of the American Board of Family Medicine. In its evaluation of residency programs, program’s graduates from the Review Committee will take into consideration the information provided by ABFM regarding resident performance on the preceding five years who take the ABFM certifying examinations over a period of several years, examination for family medicine for the first time must pass, (Outcome)

The program graduates should be surveyed at least every five years. The results should be used in the annual program evaluation, (Detail)
7. The Common Program Requirements categorize which of these as an “outcome measure?”

A. Formal systematic evaluation of the curriculum at least annually
B. Tracking of faculty development
C. Tracking of Program Quality
D. Tracking of Graduate Performance
E. All of the above
F. None of the above
7. The Common Program Requirements categorize which of these as an “outcome measure”

A. Formal systematic evaluation of the curriculum at least annually
B. Tracking of faculty development
C. Tracking of Program Quality
D. Tracking of Graduate Performance
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F. None of the above
Common Program Requirement V.C.

V.C.1.a)(2) must have a written description of its responsibilities; and,

V.C.1.a)(3) should participate actively in:

- planning, developing, implementing, and evaluating educational activities of the program;
- reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
- addressing areas of non-compliance with ACGME standards; and,
- reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

V.G.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 (APE).

The program must monitor and track each of the following areas:

- resident performance;
- faculty development;
- graduate performance, including performance of program graduates on the certification examination;
- program quality; and,

Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and

The program must use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program.

Progress on the previous year’s action plan(s).
Internal Medicine Program Requirements

V.C.2.f) the ability to retain qualified residents by graduating at least 80% of its entering categorical residents averaged over the most recent three-year period.
8. The Common Program Requirements require programs to submit their action plan (to which of the following?)

A. The appropriate RRC (as part of the Annual update)
B. The GMEC
C. The DIO
D. The CLER Site Reviewers
E. The Board of Directors of the Sponsoring Institution
E. All of the above
F. None of the above
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New ACGME Common Program Requirements

Changes to Section V Only

Effective July 1, 2013

CPR:
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs2013.pdf
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CPR FAQ:
http://www.acgme.org/acgmeweb/Portals/0/PDFs/FAQ/CCC_PEC_FAQs.pdf

PEC Faculty Development

Section 5 “Faculty Development”
PEC is Responsible for delineating the plan!

V.C.2.e) progress on the previous year’s action plan(s). (Core)

V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. (Core)

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)
9. Effective oversight of the ACGME accredited programs’ annual evaluation and improvement activities is the responsibility of

A. the DIO
B. the GMEC
C. The Governing Body of the Sponsoring Institution
D. the Dean or CEO
E. All of the Above
F. None of the above
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A. the DIO
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D. the Dean or CEO
E. All of the Above
F. None of the above
GMEC Responsibilities must include:

<table>
<thead>
<tr>
<th>I.B.4.a)</th>
<th>Oversight of:</th>
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<tr>
<td>I.B.4.a).(1)</td>
<td>the ACGME accreditation status of the Sponsoring Institution and its ACGME-accredited programs; (Outcome)</td>
</tr>
<tr>
<td>I.B.4.a).(2)</td>
<td>the quality of the GME learning and working environment within the Sponsoring Institution, its ACGME-accredited programs, and its participating sites; (Outcome)</td>
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<tr>
<td>I.B.4.a).(3)</td>
<td>the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Common and specialty/subspecialty-specific Program Requirements; (Outcome)</td>
</tr>
<tr>
<td>I.B.4.a).(4)</td>
<td>the ACGME-accredited programs’ annual evaluation and improvement activities; and, (Core)</td>
</tr>
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Institutional requirements for 2014 [Link](http://www.acgme.org/acgmeweb/Portals/0/InstitutionalRequirements_07012014.pdf)
10. The GMEC must demonstrate effective oversight of underperforming programs. This is called a process of

A. Annual Institutional Review
B. Annual Program Review
C. Special Review
D. Focus Review
E. Institutional Probation
F. None of the above
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A. Annual Institutional Review
B. Annual Program Review
C. Special Review
D. Focus Review
E. Institutional Probation
F. None of the above
11. This process

A. Must include as members, the DIO and at least one resident/fellow
B. should be coordinated by the GMEC before a site visit
C. Should be done on all programs threatened with probation by the ACGME
D. Only need to occur if a program’s resident survey is concerning
E. must include a protocol that establishes criteria for underperformance
F. is an “outcome” requirement of the NAS
11. This process
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B. should be coordinated by the GMEC before a site visit
C. Should be done on all programs threatened with probation by the ACGME
D. Only need to occur if a program’s resident survey is concerning
E. must include a protocol that establishes criteria for underperformance
F. is an “outcome” requirement of the NAS
Institutional Requirements

I.B.6. The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process.

I.B.6.a) The Special Review process must include a protocol that:

I.B.6.a).(1) establishes criteria for identifying underperformance; and,

I.B.6.a).(2) results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes.
“Model” Special Review Process and Protocol

Special Review Process and Protocol

The ________ GMEC demonstrates effective oversight of potentially underperforming programs through a Special Review (SR) Process. This process includes the following Special Review Protocol. The Special Review Protocol includes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective action, and the process for GMEC monitoring of outcomes.

Criteria for Identifying Underperformance
The following are representative of the criteria that would lead to a Special Review
- Request by a program director, chair, or DIO
- ?

SR Report
The SR Report will be include the quality improvement goal(s), the corrective action(s) that will be implemented, and a Description of the Process for monitoring of outcomes by the GMEC.

Description of the quality improvement goals
Representative quality improvements goals include:

Description of the “Corrective actions” that may be implemented
Representative quality improvement goals include:

Description of the Process for GMEC’s monitoring of outcomes
Representative processes for monitoring of outcomes by the GMEC includes:

How does GMEC identify programs?
Who does GMEC appoint/delegate to conduct the SR?
Who is responsible for authoring the report and submitting to the GMEC?
What is the timeline between identification and report back to the GMEC?
How does GMEC analyze results of any corrective action plans?
Participation

1. What are the best items to measure each category?
   - Resident Performance
   - Faculty Development
   - Graduate Outcomes
   - Program Quality
   - Progress on Previous Years’ Action Plan
Small Groups

What are the best items to measure each category for the APEI? How would you expect programs should measure these?

- Resident Performance
- Faculty Development
- Graduate Outcomes
- Program Quality
- Progress on Previous Years’ Action Plan

What are the criteria for a Special Review?
Participation

1. What are the best items to measure each category?
   - Resident Performance
   - Faculty Development
   - Graduate Outcomes
   - Program Quality
   - *Progress on Previous Years’ Action Plan*
Resident Performance
Duke Best Practices & 2013 ACGME Conference Participant Responses

- Rotation evaluations
- 360s by healthcare team members
- Patient evaluations
- In-training exam scores (written)
- Oral exams (mock)
- Semi-annual evaluations with resident and program director
- Self assessment
- Case logs and procedure logs
- Simulation results
- Chart audit
- QI projects
- Scholarly activity
- Milestone achievement
- Hospital committee participation
- Didactic/conference attendance
- CEX observed patient encounters
- Evaluation of presentations
- Technical skills and abilities
- Compliance (administrative tasks)
Participation

1. What are the best items to measure each category?
   – Resident Performance
   – Faculty Development
   – Graduate Outcomes
   – Program Quality
   – *Progress on Previous Years’ Action Plan*
Faculty Development
Duke Best Practices & 2013 ACGME Conference Participant Responses

- In-training exam for faculty
- Teaching strategies/methods
- Completion of education modules
- Completion of course on How to be a Teacher
- Academic promotions
- Mentoring
- Faculty meeting attendance
- Local, regional and national meeting/committee participation
- Participation in resident conferences/didactics
- Scholarly activity

- Resident evaluation of faculty
- Maintenance of Certification
- Quality of evaluations
- Quality of providing formative feedback
- Publications
- Self assessment
- Participation on Clinical Competency Committee
Participation

1. What are the best items to measure each category?
   - Resident Performance
   - Faculty Development
   - Graduate Outcomes
   - Program Quality
   - *Progress on Previous Years’ Action Plan*
Graduate Outcomes

Duke Best Practices & 2013 ACGME Conference Participant Responses

- Board pass rate (1st and 2nd attempt)
- How many sit for the Boards
- Graduate survey results
- New employer survey
- Fellowship match results
- Alumni involvement
- Graduate interviews versus positions offered
- On-time graduation
- Professor level
- Employee retention

- Completion of program
- Employment – academics, private, research, GME
- Employment status
- Scholarly activity
Participation

1. What are the best items to measure each category?
   – Resident Performance
   – Faculty Development
   – Graduate Outcomes
   – Program Quality
   – Progress on Previous Years’ Action Plan
Program Quality
Duke Best Practices & 2013 ACGME Conference Participant Responses

- Match results
- Post-match survey results
- Board scores
- Case logs/procedure logs
- Retention of program director and coordinator
- Faculty and resident evaluation of program
- Scholarly activity of faculty and residents
- Attrition of faculty and residents
- Progress on milestone implementation
- ACGME surveys (faculty and residents)
- ACGME status
- Cycle length
- Citations (number and content)
- Results of Internal Review
- Technical and skill ability

- Clinical quality measures/patient care outcomes
- Rotation evaluations
- In-service exams
- QI activities
- Hospital committee participation by residents
- Employment of graduates
Participation

1. What are the best items to measure each category?
   - Resident Performance
   - Faculty Development
   - Graduate Outcomes
   - Program Quality
   - Progress on Previous Years’ Action Plan
Participation

1. What are the criteria for a Special Review?
Participation

Share a Program Improvement that resulted from your Program’s Annual Program Evaluation
Last Year’s ACGME Pre-Conference Survey Results: Program improvements as a result......

- Improvement in fellows' longitudinal continuity clinic.
- Grand Rounds Conference Schedule was organized to be followed with a quiz on the topic to prepare the residents for the in-service exam.
- Additional research component.
- Equipment purchases.
- We were able to get support for hiring mid-level providers.
- Increase in faculty involvement.
- Holding mock oral and written boards for the residents.
- New policies.
- Changes to rotation schedules, adding rotations to other institutions.
- Improving mentorship.
- More opportunities for procedures and procedure training through simulation.
- More board preparation guidance and testing materials.
Last Year’s ACGME Pre-Conference Survey Results: **Institutional improvements as a result...**

- Better understanding of topics for faculty development for PDs.
- Issues identified in one program reviewed upgraded and improved for many.
- Additional resources allocated to programs based on their annual evaluations.
- New policies.
- institutional OSCE implementation.
- Advancement of skills lab with more simulation opportunities and the addition of a full-time clinical coordinator.
- House staff quality committee.
- Dedicated work space for residents.
- Changing meal ticket disbursement process from yellow construction paper (archaic) to loading their resident ID cards.
- Structure for handoffs.
- Recently all of the Program Coordinators are the responsibility of the Central GME office, who are required to obtain Professional Development, and all follow the same job description.
Duke GME’s review of APEIs

1. New Process Fall 2012
2. 2013 the APEI was made available to Programs in May (via the GME website) with a due date of September 1, 2013
   – Followed ACGME requirements (PEC, etc)
   – Updated the template based on feedback from previous year
   – Used required template
   – Submitted via GME email
3. Review Teams formed
   - Program Director (Chair of team)
   - Program Coordinator
   - Resident
4. Review Teams received 8-10 APEIs (mid Sept-mid Nov)
5. Review Team members first reviewed each APEI individually (x 8-10)
   - Evaluation / color assigned each category

6. Review Teams met and created composite evaluation for each APEI using color codes = Team Dashboard
7. Team OGME member completes final report

8. GMEC Program Oversight Section Head reviews process and Team Dashboards

9. Final report loaded in RMS

10. PTD/PC notified (<6 weeks)
    - Oct / Dec

11. Institutional Dashboard developed to identify:
   - Programs in need of support
   - Opportunities for institutional enhancements
**Institutional Dashboard**

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</tr>
</tbody>
</table>

**Program Name:**

- RESIDENT PERFORMANCE (CPRV.C.1.a)
- FACULTY DEVELOPMENT (CPR V.C.1.a)
- GRADUATE PERFORMANCE (CPR V.C.1.c)
- PROGRAM QUALITY (CPR V.C.1.d)
- OVERALL TEAM RATING
Duke GME
2012 APEI Review Team Feedback

Enhanced Programs

2013 (n=28)

2012 (n=22)
Duke GME
2012 APEI Review Team Feedback

Enhanced Professional Development

Did your participation in the APEI Review process enhance your PROFESSIONAL DEVELOPMENT?

Answered: 29  Skipped: 6

- No
- Maybe
- Yes

- 0%
- 20%
- 40%
- 60%
- 80%
- 100%

Did your participation in the APEI Review process enhance your professional development?

- No
- Maybe
- Yes

- 0%
- 20%
- 40%
- 60%
- 80%
- 100%

96.2% (28)
# Program Director Feedback of APEI Process 2013

<table>
<thead>
<tr>
<th></th>
<th>Not satisfied at all</th>
<th>Somewhat satisfied</th>
<th>Satisfied</th>
<th>Very satisfied</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial correspondence from OGME (spring)</td>
<td>0%</td>
<td>18.75%</td>
<td>60.42%</td>
<td>20.83%</td>
<td>48</td>
</tr>
<tr>
<td>Time frame for completion (due Sept)</td>
<td>0%</td>
<td>8.16%</td>
<td>65.31%</td>
<td>26.53%</td>
<td>49</td>
</tr>
<tr>
<td>Template required to be used to document Review</td>
<td>8.16%</td>
<td>26.53%</td>
<td>48.98%</td>
<td>16.33%</td>
<td>49</td>
</tr>
<tr>
<td>Review Process (by team of peers)</td>
<td>6.25%</td>
<td>29.17%</td>
<td>43.75%</td>
<td>20.83%</td>
<td>48</td>
</tr>
<tr>
<td>QUALITY of Feedback received from the team who reviewed it</td>
<td>10.20%</td>
<td>24.49%</td>
<td>42.86%</td>
<td>22.45%</td>
<td>49</td>
</tr>
<tr>
<td>TIMELINESS of Feedback received</td>
<td>8.16%</td>
<td>12.24%</td>
<td>59.18%</td>
<td>20.41%</td>
<td>49</td>
</tr>
<tr>
<td>FORMAT of Feedback received (use of Medhub to store the review results)</td>
<td>2.04%</td>
<td>24.49%</td>
<td>46.94%</td>
<td>26.53%</td>
<td>49</td>
</tr>
</tbody>
</table>
Q5 Did conducting the Annual Program Evaluation and submitting the APEI report result in any improvements to your program?

Answered: 48  Skipped: 1

- Yes
- Maybe
- No
New this year for us

- Applied to non-ACGME programs
- Required use of a single template
- Feedback to all Program Directors (within 2 months)
- Feedback from all Program Directors
- Develop(ing) protocol and criteria for special review
- Greater involvement of residents in process
- Greater professional development of program directors and coordinators on APEIs prior to their submission
- Greater use of our Resident Management System
New this year for you?

• What is one thing you’re willing to consider doing differently based on today?

• If you are willing,
  • copy that goal onto the back of your QUIZ to take home with you, and
  • leave the index cards at your table for us (we will collect and post AT OUR WORD Press Site)
Annual Program Evaluation and Improvement

January 21st, 2014

Here are the materials from the ACGME Annual Educational Conference held Feb-March 2014 pertinent to the workshop: “Transitions of (Educational) Care: Applying lessons from Annual Program Evaluation & Internal Reviews to Pilot Education Competency Committees”

This site contains the following materials which we hope you find useful:
- The Podium version of the PowerPoint Presentation
- The APEI ‘Quiz’
- The APEI Poster (presented at the conference, Poster session)
- Handouts (including templates for Program Evaluation Committee (PEC) Description and Special Review Process/Protocol

Questions? contact kathryn.andolshek@duke.edu diana.mcnell@duke.edu.

Posted in Uncategorized | Edit | 1 Comment »
Related References

ACGME Proposed Institutional Requirement (pages 5-6) Accessed @
http://www.acgme.org/acgmeweb/tabid/303/ProgramandInstitutionalGuidelines/ReviewandComment/ArchiveIndex.aspx


Reed DA. Nimble approaches to curriculum evaluation in Graduate Medical Education. J Grad Med Educ. 2011;3(2):264-266.
