DISLOSURE: No Conflicts of Interest to Disclose
SES104 *Flex your PECs*
GMEC Oversight of Annual Program Evaluation and Improvement (*Program Evaluation Committees*)

Accreditation Council for Graduate Medical Education
2015 Annual Education Conference

Saturday February 28, 2015  San Diego, California
SES104 Saturday 1:45 p.m. – 3:15 pm

Flex your PECs*

GMEC Oversight of Annual Program Evaluation and Improvement (*Program Evaluation Committees)

Speakers:
Kathy Andolsek MD, MPH
Diana McNeill, MD, FACP
Rhea Fortune

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

1. Recognize ACGME Requirements related to the annual program evaluation (APEI) (Common Program Requirements Section V; Institutional Requirements Section IB)

2. Contrast required & optional components of the APEI

3. Develop a process to optimize the benefits of a comprehensive annual program evaluation for programs & sponsoring institutions

4. Share as a community on how we’ve evolved and enhanced our APEI processes
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.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

Diagnose
the Problem
If there is one!

Promote
Innovation

“problem”
OR
enhancement

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

• Program
• Institution
• Others?
ACGME Measures of Program Quality

✓ Annual webADS
  • Resident attrition
  • Structure/resources of program
  • Scholarly activity

✓ Clinical experience (procedures & 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 (APEI)
Building Blocks to Self Study

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

Ongoing Improvement

ACGME Slide

Self-Study VISIT
Building Blocks to Self Study

Ongoing Improvement

Yr 0 AE
Yr 1 AE
Yr 2 AE
Yr 3 AE
Yr 4 AE
Yr 5 AE
Yr 6 AE
Yr 7 AE
Yr 8 AE
Yr 9 AE
Yr 10 AE

Self-Study VISIT

ACGME Slide
What are the Benefits to an Annual Program Evaluation?

• Program

• Institution

• Others?
What are the Benefits to an Annual Program Evaluation?

- Program
- Institution
- Others?
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 evaluation 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; the CPRs don’t address who should be included
1. The group that performs the annual program evaluation should be composed of:

A. Anyone the Program Director appoints
B. Only core faculty; minimum of 3
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D. The program director and program coordinator
E. None of the above; the CPRs don’t address who should be included
Extra credit:

- What is this group called?
......What if there is “no resident?”
What if there are no residents/fellows currently training in my program?

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

- Great opportunity to make enhancements prior to residents/fellows joining
- Maybe the action plan/improvement is to how to recruit!
  - Reviewing/revise recruiting/interviewing processes
2. 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. Review & make recommendations for revising of 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
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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
The Program Evaluation Committee:

- must be composed of at least two program faculty members and should include at least one resident;  
  (Core)

- must have a written description of its responsibilities; and,  
  (Core)

- should participate actively in:
  
  1. planning, developing, implementing, and evaluating educational activities of the program;  
     (Detail)
  
  2. reviewing and making recommendations for revision of competency-based curriculum goals and objectives;  
     (Detail)
  
  3. addressing areas of non-compliance with ACGME standards; and,  
     (Detail)
  
  4. reviewing the program annually using evaluations of faculty, residents, and others, as specified below.  
     (Detail)

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)
2. 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. Review & make recommendations for revising of 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
The Program Evaluation Committee:

must be composed of at least two program faculty members and should include at least one resident; (Core)

must have a written description of its responsibilities; and, (Core)

should participate actively in:

planning, developing, implementing, and evaluating educational activities of the program; (Detail)

reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)

addressing areas of non-compliance with ACGME standards; and, (Detail)

reviewing the program annually using evaluations of faculty, residents, and others, as specified below. (Detail)

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)
Review Section V of your ACGME Program Requirements for other requirements.
2. 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. Review & make recommendations for revising of 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**
V.C.1.a) The Program Evaluation Committee:

V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one resident; *(Core)*

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

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

V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; *(Detail)*

V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; *(Detail)*

V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, *(Detail)*

V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below. *(Detail)*

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)*
2. 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. Review & make recommendations for revising of 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
Written Plan of Action
CPR Section V.C.3

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)
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)

- How/what will you measure and monitor
- How to judge outcomes/impact for next year’s APE
3. Which of the following is NOT required as part of the 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
3. Which of the following is NOT required as part of the 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

C. 2 a-e
Requirements of an APEI

- Resident Performance
- Faculty Development
- Program Quality
- Graduate Performance
- Progress on Previous Years’ Action Plan
Pediatrics Program Requirements
P 25 Effective July 2013

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.

V.C.3.b)
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

Orthopaedics

Emergency Medicine

Neurosurgery

At least 86% of a program’s residents taking the ABNS certifying written examination for credit for the first time during the past seven years must pass. (Outcome)

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. (Outcome)

If fewer than 10 program graduates have taken the oral exam in the past seven years, then at least 80% of the last 10 program graduates taking the oral exam for the first time must pass. (Outcome)

At least 90% of those completing their training in the program must satisfy the residency training requirement in the ABMS-defined specialty. (Outcome)

At least 90% of the program’s graduates from the Dermatology 17 program must have taken the American Board of Dermatology certifying examination. (Outcome)

At least 90% of the program’s graduates from the preceding four years must have taken the American Board of Dermatology certifying examination. (Outcome)

At least 90% of the program’s graduates from the preceding four years taking the exam for the first time must pass. (Outcome)

If fewer than 10 residents have graduated from the program in the preceding four years, then at least 90 percent of the last 10 residents to take the exam for the first time must pass. (Outcome)

75% of a program’s graduates should take both Part I and Part II of the ABOS examinations. (Outcome)

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. (Outcome)

The program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program. (Outcome)

The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Outcome)

The program faculty members should periodically evaluate the utilization of the resources available to the program. This should include the contribution of each clerk participating in the program. The program must provide financial and administrative support, the volume and variety of patients available to the program for educational purposes, including staff performance, and the quality of patient care. (Outcome)
Programs must use the results of assessments to provide faculty improvement (e.g., development activities to improve the faculty's teaching and evaluation skills, continuing education activities related to education, the development of new skills in their specialty to improve patient care, and scholarly activities); (Detail)
4. 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
4. 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
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E. All of the above
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Common Program Requirement V.C.

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.

Common Program Requirements 15

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

V.C.2.a) resident performance;

V.C.2.b) faculty development;

V.C.2.c) graduate performance, including performance of program graduates on the certification examination;

V.C.2.d) program quality; and

V.C.2.d)(1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and

V.C.2.d)(2) 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.

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

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.

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.
5. 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
F. All of the above
G. None of the above
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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
F. All of the above
G. None of the above
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. (Details)
GMEC Responsibilities must include:

I.B.4. Responsibilities: GMEC responsibilities must include:

I.B.4.a) Oversight of:

I.B.4.a).(1) the ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs; (Outcome)

I.B.4.a).(2) the quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites; (Outcome)

I.B.4.a).(3) the quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes as identified in the ACGME Institutional Requirements 4

Common and specialty/subspecialty-specific Program Requirements: (Outcome)

I.B.4.a).(4) the ACGME-accredited program(s)' annual evaluation and improvement activities; and, (Core)
6. 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
7. The Special Review 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
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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.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.
Duke’s process

- First Steps
- Logistics
- The role of the review team (GMEC subcommittee)
- What happens after the team meeting
- Gathering feedback
- Process enhancements
Step 1
Where to start?
Collecting hard/paper copies – NOT an option!
### Team 1
- Female Pelvic Med & Reconstructive Surgery
- Obstetric Anesthesiology
- Pediatric Endocrinology
- Pediatric Infectious Diseases
- Vascular/Interventional Radiology
- Hospice and Palliative Medicine
- Radiation Oncology

### Team 2
- Critical Care Anesthesiology
- Family Medicine
- Internal Medicine
- Nephrology
- Obstetrics and Gynecology
- Thoracic Surgery
- Neurology

### Team 3
- Adult Reconstructive Orthopaedics
- Pediatric Hematology-Oncology
- Orthopaedic Surgery
- Pediatric Critical Care Medicine
- Pediatric Pulmonology
- Pediatrics
- Geriatric Medicine
- Foot and Ankle Orthopaedics

### Team 4
- Pediatric Rheumatology
- Neurological Surgery
- Pediatric Radiology
- Hematopathology
- Cardiovascular Disease
- Hematology/Medical Oncology
- Dermatopathology
- Child and Adolescent Psychiatry
• Programs Required to complete APE

• Templated using Qualtrics Survey
  • Incorporated logic
  • WebADs used for information

• Timeline
  • Emailed to PTDs on May 1
  • Due to GME on Sept 1
1. Documents collected

2. Programs divided into teams

3. Who will review?
The review process

11 Teams / ~8 programs each
Program Director – Lead Reviewer
Program Coordinator
Trainee
GME representative

reviews Sept 8 - Nov 17
Mondays / ~4 hours
PTDs (the “leader”)
Rotating schedule
Contacted by Section Head
Given written instruction

PCs
Rotating schedule
Required workshop on the process
Given written instruction

Trainees
Participants in a Resident as Educator Group
Enhancement to current curriculum
Paid a stipend = to internal moonlighting (~8 hrs.)
Given written instruction
Each Team member reviews (for each of the ~8 programs)

1. APE
2. WebADs (program summary)*
3. Faculty survey*
4. Resident survey*

* New in 2014
All documents sent via email to the review teams
Each member is emailed an evaluation form to complete on each program.

5 sections
- Resident Performance
- Faculty Development
- Graduate Performance
- Program Quality*
- Plan of Action

* Follow up on previous years action plan

**Not Compliant**
**Minimum Compliance**
**Substantial Compliance**
**Exceeds Compliance**
• Based on individual team evals completed a composite dashboard is created to facilitate the discussion during team meetings. (one for each program)

• Discussion leads to one final consensus for each section and a final rating for each program being reviewed

<table>
<thead>
<tr>
<th>Evaluator</th>
<th>Program</th>
<th>Rating</th>
<th>Comments</th>
<th>Rating</th>
<th>Comments</th>
<th>Rating</th>
<th>Comments</th>
<th>Rating</th>
<th>Comments</th>
<th>Rating</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>PTD</td>
<td>Program A</td>
<td>3</td>
<td>2</td>
<td>Assess why faculty supervision and teaching are below average for faculty and trainees</td>
<td>4</td>
<td>100% - can’t get any better</td>
<td>3</td>
<td>Action plan was addressed where possible</td>
<td>3</td>
<td>Action plan set. This committee meets annually</td>
<td>2</td>
</tr>
<tr>
<td>FC</td>
<td>Program A</td>
<td>3</td>
<td>3</td>
<td>Primary concern involves instructional/educational feedback to trainees regarding performance, practice habits, and clinical consultation</td>
<td>4</td>
<td>The overall satisfaction is less than standard satisfaction regarding performance feedback and evaluation. Based on the information provided by the survey, it is important to determine whether this</td>
<td>3</td>
<td>Overdue, a positive review with the following constructive feedback. The theme of the resident and faculty surveys suggests that re-evaluation of the process in which constructive</td>
<td>3</td>
<td>See above</td>
<td></td>
</tr>
<tr>
<td>Trainee</td>
<td>Program A</td>
<td>2</td>
<td>1</td>
<td>Would encourage using more than global assessment for evaluation</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GME Rep</td>
<td>Program A</td>
<td>3</td>
<td>3</td>
<td>A requirement of 3 faculty for survey</td>
<td>3</td>
<td>CFM program and national pass rate is a 3-year average. Not reflecting until the next APEL...the 4 that</td>
<td>3</td>
<td>All citations have been addressed and there has been a change in leadership</td>
<td>3</td>
<td>Outlined a great plan to track the progress of former trainees and more faculty development</td>
<td>3</td>
</tr>
</tbody>
</table>

![Dashboard](image-url)
• Teams meet and complete final evaluation report

• Sent to Dr. McNeill (ICGME Section Head, Program Oversight)

• Posted to our RMS

• Program notified to log in and see the final report
Institutional Dashboard developed to identify:

- Programs in need of support
- Opportunities for institutional enhancements

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>RESIDENT PERFORMANCE (CPRV.C.1.a)</td>
<td></td>
</tr>
<tr>
<td>FACULTY DEVELOPMENT (CPR V.C.1.a)</td>
<td></td>
</tr>
<tr>
<td>GRADUATE PERFORMANCE (CPR V.C.1.c)</td>
<td></td>
</tr>
<tr>
<td>PROGRAM QUALITY (CPR V.C.1.d)</td>
<td></td>
</tr>
<tr>
<td>OVERALL TEAM RATING</td>
<td></td>
</tr>
</tbody>
</table>
Is it worth the effort?

Feedback from the Review Teams
Will your participation in the APEI Review Team process enhance your GME Program?

![Bar Chart]

- **No**
- **Maybe**
- **Yes**
- **If "maybe" or "yes" please provide details.**
<table>
<thead>
<tr>
<th>Will your participation in the APEI Review Team process enhance your GME Program?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YES</strong> - Learned <strong>ideas for faculty development and innovative education</strong> approaches that can be adopted</td>
</tr>
<tr>
<td>I have better ideas of <strong>what other programs are doing to meet resident needs</strong>.</td>
</tr>
<tr>
<td>Organizational aspects of review brought certain <strong>administrative details into greater light</strong></td>
</tr>
<tr>
<td><strong>Better understanding</strong> goals and details of the process for both GME and ACGME</td>
</tr>
<tr>
<td>I thoroughly enjoyed participating in the team meeting. I learned great tools that other programs are doing and can implement those tools to help enhance my program.</td>
</tr>
<tr>
<td>Suggestions and feedback provided to other programs can be used to enhance and modify <strong>my</strong> GME program</td>
</tr>
</tbody>
</table>
**Additional comments:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I think education to the PDs on the review (actually, all PDs) on the definition of faculty development. .......</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Nearly everyone missed the point of the faculty development question (that it's development as an educator). ....</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Thank you for allowing me to participate as a team leader. I hope to be able to do this again next year!</strong></td>
<td></td>
</tr>
<tr>
<td><strong>There is still a lot of subjectivity in the process of evaluating a particular program. Not sure how to eliminate that.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Very much enjoyed being involved!</strong></td>
<td></td>
</tr>
</tbody>
</table>
What are your Special review criteria?

<table>
<thead>
<tr>
<th>I.B.6.</th>
<th>The GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. <em>(Core)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>I.B.6.a)</td>
<td>The Special Review process must include a protocol that: <em>(Core)</em></td>
</tr>
<tr>
<td>I.B.6.a).(1)</td>
<td>establishes criteria for identifying underperformance; and, <em>(Core)</em></td>
</tr>
<tr>
<td>I.B.6.a).(2)</td>
<td>results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. <em>(Core)</em></td>
</tr>
</tbody>
</table>
What are *your* Special review criteria?
Duke’s protocol for special review

A special review will be conducted by a committee
  • ICGME Section Head for Program Oversight
  • member of the executive APEI competency committee
  • member of the residency council

Special Reviews can be **general** or **specific**
  • occur within 6 weeks of final APEI report to the DIO
  • Program directors will be notified electronically
**General** special review indications:

- Low composite APEI rating
- Below specialty’s national average on resident survey question
  - “Residents can raise concerns without fear”
  - “Education (not) compromised by service obligations”.
- Review team or DIO recommendation
Specific special review indications:

- Unclear answers
- Absent QI activities
- WebAds doesn’t correlate with APEI
- Board pass rate < national average
• Graduate Outcomes
• Faculty Development
• Action plan on past Citation
• Resident Survey
• Faculty Survey
A Reminder... APEIs Must REVIEW

- Resident Performance
- Faculty Development
- Graduate Outcomes
- Program Quality
- *Progress on Previous Years’ Action Plan*
Case 1

In the process of doing your APEI, your PEC realizes they don’t have much data that helps them assess graduate performance.

What are your recommendations?

“M and M”

( = Measuring and Monitoring)
Case 1 Discussion

In the process of doing your APEI, your PEC realizes they don’t have much data that helps them assess graduate performance.
Case 1 Discussion

- Know board pass rate compared with national average
- Other measures
- Where are they
- Practice
- One year and 5 year feedback reflecting on training early warning system on new procedures, aspects of practice
- Mission match:
  - Scholarly activity (grants and publication)
  - Underserved geographic area
  - Referrals to SI
  - Philanthropy form grads
Case 2

Your GMEC reviews your program and schedules a special review, concerned about insufficient faculty development. What are your plans to improve faculty development (that may form the basis for one or more action plan(s))?

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(= Measuring and Monitoring)
Case 2 Discussion

Your GMEC reviews your program and schedules a special review, concerned about insufficient faculty development. What are your plans to improve faculty development (that may form the basis for one or more action plan(s))?
Case 2 Discussion
Faculty Development

• Educational faculty development
• You are doing it, But don’t document—how best to document
• “Just in time faculty” development
  – Faculty meeting
  – MOC
  – Journal Club
• Collaboration with others... other programs, the institution, OGME
Case 3

Your RRC cited you four years ago for insufficient research at the time of your last site visit. (You had been given a 5 year cycle length)

You immediately established a research rotation with identified faculty mentors and statistical support for projects.

Your PEC is meeting today. How/what/where will you document your improvement.

• “M and M”

• (= Measuring and Monitoring)
Case 3 Discussion

Your RRC cited you four years ago for insufficient research at the time of your last site. (You had been given a 5 year cycle length) You immediately established a research rotation with identified faculty mentors and statistical support for projects. Your PEC is meeting today. How/what/where will you document your improvement.
Case 3 Discussion:
Documenting Research Improvement

- Documentation Ideas

- Research Ideas
  - QI
  - Case Reports
  - Med Ed Research
Case 4

You review your resident survey results and only a small percentage indicated they were provided data about their own practice habits. How might you address?

“M and M”

(= Measuring and Monitoring)
Case 4 Discussion

You review your resident survey results and only a small percentage indicated they were provided data about their own practice habits. How might you address?
Case 4 Discussion

- Electronic Health Record on identified quality measures
- QI improvement during M and M
- Chart audits
- Collaborate with hospital groups on standard reporting
Choosing Wisely

Lists

United States health care provider organizations representing more than one million providers developed lists of Things Physicians and Providers Should Question in recognition of the importance of conversations to improve care and eliminate unnecessary tests and procedures.

These lists represent specific, evidence-based recommendations providers and patients should discuss together in order to make wise decisions about the most appropriate care based on their individual situation. Each list provides information on when tests and procedures may be appropriate, as well as the methodology used in its creation.

Choosing Wisely recommendations should not be used to establish coverage decisions or exclusions. Rather, they are meant to spur conversation about what is appropriate and necessary treatment. As each patient situation is unique, providers and patients should use the recommendations as guidelines to determine an appropriate treatment plan together.

In collaboration with the partner organizations, Consumer Reports has created resources for consumers and providers to engage in these important conversations about the overuse of medical tests and procedures that provide little benefit and in some cases harm.

Specialty Society Lists of Five Things Physicians and Patients Should Question (for physicians):

- AMDA – The Society for Post-Acute and Long-Term Care Medicine
- American Academy of Allergy, Asthma & Immunology
- American Academy of Dermatology
- American Academy of Family Physicians
- American Academy of Hospice and Palliative Medicine
- American Academy of Neurology
- American Academy of Nursing

Patient-Friendly Resources from Specialty Societies and Consumer Reports:

- Allergy tests: When you need them and when you don’t
- Antibiotics for ear infections in children: when you need them...
- Antibiotics for pink eye...
- Antibiotics for urinary tract infections in older people
- Antibiotics for your skin: When you need them...
- Antibiotics: When you need them...
- Antibiotics: When children need them for respiratory illness

http://www.choosingwisely.org/
American Academy of Pediatrics

Ten Things Physicians and Patients Should Question

Released February 21, 2013 (1-5) and March 17, 2014 (6-10)

1. Antibiotics should not be used for apparent viral respiratory illnesses (sinusitis, pharyngitis, bronchitis).

Although overall antibiotic prescription rates for children have fallen, they still remain alarmingly high. Unnecessary medication use for viral respiratory illnesses can lead to antibiotic resistance and contribute to higher health care costs and the risks of adverse events.

2. Cough and cold medicines should not be prescribed or recommended for respiratory illnesses in children under four years of age.

Research has shown these products offer little benefit to young children and can have potentially serious side effects. Many cough and cold products for children have more than one ingredient, increasing the chance of accidental overdose if combined with another product.

3. Computed tomography (CT) scans are not necessary in the immediate evaluation of minor head injuries; clinical observation/Pediatric Emergency Care Applied Research Network (PECARN) criteria should be used to determine whether imaging is indicated.

Minor head injuries occur commonly in children and adolescents. Approximately 50% of children who visit hospital emergency departments with a head injury are given a CT scan, many of which may be unnecessary. Unnecessary exposure to x-rays poses considerable danger to children including increasing the lifetime risk of cancer because a child's brain tissue is more sensitive to ionizing radiation. Unnecessary CT scans impose undue costs to the health care system. Clinical observation prior to CT decision-making for children with minor head injuries is an effective approach.

4. Neuroimaging (CT, MRI) is not necessary in a child with simple febrile seizure.

CT scanning is associated with radiation exposure that may escalate future cancer risk. MRI also is associated with risks from required sedation and high cost. The literature does not support the use of skull films in the evaluation of a child with a febrile seizure. Clinicians evaluating infants or young children after a simple febrile seizure should direct their attention toward identifying the cause of the child's fever.

5. Computed tomography (CT) scans are not necessary in the routine evaluation of abdominal pain.

Utilization of CT imaging in the emergency department evaluation of children with abdominal pain is increasing. The increased lifetime risk for cancer due to excess radiation exposure is of special concern given the acute sensitivity of children's organs.

American College of Cardiology

Five Things Physicians and Patients Should Question

Released April 4, 2012

1. Don’t perform stress cardiac imaging or advanced non-invasive imaging in the initial evaluation of patients without cardiac symptoms unless high-risk markers are present.

Asymptomatic, low-risk patients account for up to 45 percent of unnecessary “screening.” Testing should be performed only when the following findings are present: diabetes in patients older than 40 years old, peripheral arterial disease; or greater than 1 percent yearly risk for coronary heart disease events.

2. Don’t perform annual stress cardiac imaging or advanced non-invasive imaging as part of routine follow-up in asymptomatic patients.

Performing stress cardiac imaging or advanced non-invasive imaging in patients without symptoms on a serial or scheduled pattern (e.g., every one to two years or at a heart procedure anniversary) rarely results in any meaningful change in patient management. This practice may, in fact, lead to unnecessary invasive procedures and excess radiation exposure without any proven impact on patient outcomes. An exception to this rule would be for patients more than five years after a bypass operation.

3. Don’t perform stress cardiac imaging or advanced non-invasive imaging as a pre-operative assessment in patients scheduled to undergo low-risk non-cardiac surgery.

Non-invasive testing is not useful for patients undergoing low-risk non-cardiac surgery (e.g., cataract removal). These types of tests do not change the patients’ clinical management or outcomes and will result in increased costs.

4. Don’t perform echocardiography as routine follow-up for mild, asymptomatic, native valve disease in adult patients with no change in signs or symptoms.

Patients with native valve disease usually have years without symptoms before the onset of deterioration. An echocardiogram is not recommended yearly unless there is a change in clinical status.

5. In response to new science showing that complete revascularization of all significantly blocked arteries leads to better outcomes in some heart attack patients, the American College of Cardiology (ACC) has withdrawn its Choosing Wisely recommendation that patients and caregivers examine whether this practice is truly necessary.

Read the complete statement from ACC on this recommendation.
Curriculum for Educators and Residents

The High Value Care Curriculum (HVC) has been jointly developed by the American College of Physicians (ACP) and the Alliance for Academic Internal Medicine (AAIM) in an effort to train physicians to be good stewards of limited healthcare resources. This curriculum was initially released in July of 2012 and is available in a condensed and updated format. The newer version of the curriculum can be completed in six hours and includes audio/video content and a robust program director toolbox to help program directors measure curricular impact and individual resident performance in high value care.

Six Curriculum Topics:

https://hvc.acponline.org/curriculum.html
High Value Cost Conscious Care Curriculum

Six Curriculum Topics:

1. Eliminating Healthcare Waste and Over-ordering of Tests
2. Healthcare Costs and Payment Models
3. Utilizing Biostatistics in Diagnosis, Screening and Prevention
4. High Value Medication Prescribing
5. Overcoming Barriers to High Value Care
6. High Value Quality Improvement

Program Director's Toolbox:

This toolbox includes a retrospective pre-post survey that you can give to your residents after completing the six hour curriculum to measure its effectiveness. In addition, tools to help faculty and program directors assess resident competence in high value care milestones are provided. Examples include a high value care educational prescription, framework for resident audit and feedback in high value care, and a sample evaluation form that includes NAS milestones specific for high value care.
Teaching high-value, cost-conscious care to residents: the Alliance for Academic Internal Medicine–American College of Physicians Curriculum.

Smith CD¹; Alliance for Academic Internal Medicine–American College of Physicians High Value; Cost-Conscious Care Curriculum Development Committee.

Abstract
Health care expenditures are projected to reach nearly 20% of the U.S. gross domestic product by 2020. Up to $765 billion of this spending has been identified as potentially avoidable; many of the avoidable costs have been attributed to unnecessary services. Postgraduate trainees have historically received little specific training in the stewardship of health care resources and minimal feedback on resource utilization and its effect on the cost of care. This article describes a new curriculum that was developed collaboratively by the Alliance for Academic Internal Medicine and the American College of Physicians to address this training gap. The curriculum introduces a simple, stepwise framework for delivering high-value care and focuses on teaching trainees to incorporate high-value, cost-conscious care principles into their clinical practice. It consists of ten 1-hour, case-based, interactive sessions designed to be flexibly incorporated into the existing conference structure of a residency training program.

The value in the evidence: teaching residents to "choose wisely".

Moriates C¹, Soni K, Lai A, Ranji S.

Abstract
The Accreditation Council for Graduate Medical Education mandates that training physicians "incorporate considerations of cost awareness" into practice. However, medical education has traditionally avoided addressing costs, and most residency programs currently lack curricula to fulfill this requirement. With the recent widespread emphasis on unsustainable costs, inefficiencies, and waste in healthcare, the need to appropriately train physicians in this domain is increasingly apparent. In this article, we describe the implementation of a resident-led, case-based cost awareness curriculum for medicine residents at the University of California, San Francisco, sharing our keys to success and defining guiding principles.
Case 5

On review of your faculty survey, you note that few faculty believe they received “personal performance feedback.” How might your PEC address this in their action plan(s)?

“M and M”

(= Measuring and Monitoring)
Case 5 Discussion

On review of your faculty survey, you note that few faculty believe they received “personal performance feedback.” How might your PEC address in their action plan(s)?
Case 5 Discussion

• Define “feedback”
• Resident evaluations
• Meeting with program director/division chiefs/chairs
• Network with other program directors/faculty
• A P and T, awards/recognition
• Define faculty expectations for teaching/follow-up if they meet it/or don’t meet it
• Teaching Academy
What’s working for you?
What are you improving?
New for us 2013-2014

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

- If you are willing,
  - write that goal onto a sticky note to take home with you, and
  - Copy it onto the index card and leave at your table (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.mcneill@duke.edu.

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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.

