**SUNY DOWNSTATE Annual Program Evaluation (APE)**

**PURPOSE:** As required by the ACGME Common Program Requirements (V.C.1-3), each program director must appoint a Program Evaluation Committee (PEC) to complete an Annual Program Evaluation (APE).

The APE process is intended to promote a meaningful way for program leadership to review and analyze program data. This document is a template to assist your completion of the APE process to meet ACGME Common Program Requirements while generating an action plan. More specifically, this guide will help programs gather appropriate information needed for data analysis to ultimately drive quality improvement, at both the training program and institutional level.

The Graduate Medical Education Committee (GMEC) is charged with the oversight of SUNY Downstate sponsored programs, and as part of this required process, the GMEC will review each program’s Annual Program Evaluation and Action Plan.

Please follow the instructions below and enter the requested information. We’d appreciate if you would **please transmit the completed Word document to the GME Office (**[**pbowman@downstate.edu**](mailto:pbowman@downstate.edu)**) by January 31, 2014. We will only be processing electronic versions.**

Please contact Pamela Bowman, GME Director, with any questions or concerns. [pbowman@downstate.edu](mailto:pbowman@downstate.edu) or (718)270-4188.

**ANNUAL APE PROCESS STEPS (please refer to the Program Evaluation and Annual Program Evaluation Review Policy for details):**

**Step 1: Convene the Program Evaluation Committee (PEC), comprised of at least 2 faculty and 1 resident who are provided with a written description of responsibilities;**

**Step 2: Gather essential data and information for your Committee;**

**Step 3: Analyze data relative to:**

* 1. **Resident\* performance**
  2. **Faculty development**
  3. **Graduate performance**
  4. **Program quality; and**
  5. **Clinical learning environment**

**Step 4: Complete your written APE Summary and Action Plan Report using this template. Please submit by January 31, 2014 for review by the GMEC.**

\*Please note: The term “resident” is used **generically to mean residents or fellows per ACGME practice.**

**STEP 1-PROGRAM EVALUATION COMMITTEE**:

**The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE) Summary & Action Plan. The PEC charge includes:**

a) Planning, developing, implementing, and evaluating all significant educational activities of the program;

b) Developing, reviewing, making recommendations for revisions of competency-based curriculum goals and objectives;

c) Addressing areas of non-compliance with ACGME standards and assuring that they are corrected; and

d) Reviewing annually the program using evaluations of faculty, resident, and others in addition to other measures.

e) Document a formal, systematic evaluation and render a written and Annual Program Evaluation report and action plan.

List PEC Committee Members (Membership minimum: PD, 2 faculty and 1 peer-selected resident per each training year; additional members may be included):

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The ACGME requires the PEC to have a written description of its responsibilities and to keep minutes. Please share your written description here:

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Date/time/place of PEC meeting(s) to conduct APE:

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Meeting format/agenda (minutes must be kept):

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**STEP 2-DATA GATHERING - PROGRAM REVIEW INFORMATION**

**The program must monitor and track: 1) Resident Performance 2) Faculty Development 3) Graduate Performance 4) Program Quality and 5) The Clinical Learning Environment**

**Instructions: The PEC should review as many data sources as possible in evaluating the program. Please indicate by checking the corresponding box which items were reviewed in this process.**

**Data items relevant to ALL AREAS:**

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|  | Updated Annual ADS Update information submitted to ACGME by the program |
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|  | Annual Program Evaluation report and action plan from the prior year |
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|  | Latest Annual Program Evaluation (or when appropriate Internal Review Report and/or Special Review by the Institution) |
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|  | Common and Specialty-specific program requirements |
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|  | Competency-based goals and objectives for each assignment of the program |
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|  | Regularly scheduled didactic sessions and conferences for the program |

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| Data items relevant to ***Resident Performance:***   |  |  | | --- | --- | |  | Aggregated resident competency data and results of milestone assessments of program residents (If applicable to your specialty this year) | |  | Aggregated scores of residents on in-training examinations for last 3 years | |  | Aggregated data on clinical experience of residents and/or case logs (i.e., residents logging required minimums, of ACGME or specialty board) | |  | Data on resident participation in patient safety/quality improvement activities | |  | Aggregated data of recent resident scholarly activity | |  | Data on resident progress and advancement in the program | |  | Program duty hour logging and violations reports | | Data items relevant to ***Faculty Development:***   |  |  | | --- | --- | |  | Reports of faculty attendance at faculty development meetings related to enhancement of teaching skills | |  | Reports of faculty attendance at organized didactic sessions and conferences | |  | Faculty effort in teaching activities | |  | Faculty participating in department meetings related to education or teaching | |  | Aggregated results of confidential resident evaluations of faculty | |  | Aggregated data of faculty scholarly activity | |  | Latest ACGME Faculty Survey Report | |  | Aggregated results of evaluation of faculty by Program Director and/or Chair | |  | Roster of faculty with specialty expertise and qualification | |
| Data items relevant to ***Graduate Performance:***   |  |  | | --- | --- | |  | Aggregated 3 year board certification passage rates for program graduates, first-time taker s | |  | Research and scholarly activity of recent graduates (from PubMed Search, WebADS or other) | |  | Graduate employment placement | |  | Graduate acceptance into fellowships (if applicable) | |  | Surveys of recent graduates and/or employers of recent graduates (if available) | |  | Other graduate outcome data | | Data items relevant to ***Program Quality:***   |  |  | | --- | --- | |  | Previous Citations, changes in participating sites, resources, or leadership. | |  | Program compliance with ACGME common/specialty specific requirements | |  | Program goals and objectives with advancement criteria and aggregate data of resident progress in achieving objectives | |  | Aggregate data and trends in program case and procedure volume | |  | Data on resident recruitment (NRMP outcomes, applicant quality, competitiveness data) | |  | Aggregated results of latest confidential resident evaluations of the program | |  | Aggregated results of latest confidential faculty evaluations of the program | |  | Latest ACGME Resident Survey Report | |  | Latest ACGME Faculty Survey Report | |  | Latest SUNY Downstate annual midyear Program Evaluation Survey Report (New Innovations) | |  | Aggregated results of evaluation of faculty by trainees | |  | Evaluation of structured didactics (conferences, grand rounds, journal club) | |  | Aggregated completion rates of evaluations | |

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| ***Data items relevant to the Clinical Learning Environment:***   |  |  | | --- | --- | |  | Issues related to and resident involvement in patient safety activities, risk reduction initiatives and adverse event review at each program participating site. | |  | A each participating site, quality improvement activities and resident active participation including compliance with clinical guidelines, internal clinical quality indicators (vs. national benchmarks), quality improvement initiatives and outcomes | |  | Standardized approach to transitions of care and assessment of resident competency in hand-off communications | |  | Aggregate data on compliance with duty hour rules, resolution of duty hour violations and issues related to alertness management and fatigue mitigation | |  | Issues regarding supervision and aggregate data on resident assignment of progressive clinical responsibilities and conditional independence | |  | Resident participation and interaction in interdisciplinary health care teams with aggregate data from 360 degree evaluations from other care providers | |  | Aggregate data regarding issues of professionalism, personal responsibility, and timely and honest reporting of information | | ***Below list any other data used:***   |  | | --- | |  | |

**STEP 3- DATA ANALYSIS OF PROGRAM INFORMATION**

**The following questions can be used to assist the PEC in analyzing the program data. Other questions can be added to supplement the review.**

***RESIDENT PERFORMANCE***

**(For programs with RRC generated Milestones)** Is the Clinical Competency Committee (CCC) able to assess milestones using current evaluation information collected by the program? If not, what is needed?

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Do the aggregated resident competency or milestone data indicate any trends that may need to be addressed (if applicable to your specialty this year)? If so, what?

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Do the aggregated data on clinical experience show that residents are able to experience the number and range of cases and/or perform the number and types of procedures needed to meet specialty requirements during the program? If not, what is needed?

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Do the aggregated data on resident research and scholarly activities show that the program is meeting requirements in this area? If not, what is needed?

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Do the aggregated data on resident involvement in Patient Safety and Performance Improvement activities show that the program is meeting requirements in this area? If not, what is needed?

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Do the aggregated results of in-training-exams from recent years show any trends or program-wide areas of weaknesses? If so, what is needed to address these?

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Do duty hour reports show that residents log hours and that any violations are appropriately addressed by the program? If not, what is needed?

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Do the data show any other areas of *Resident Performance* that should be addressed? If so, what are they?

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***FACULTY DEVELOPMENT***

Do the results of the faculty survey indicate any areas of faculty development that need to be addressed? If so, what is needed to address the issues?

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Does the aggregated data on faculty scholarly activity indicate that there is sufficient faculty scholarly activity in the program? If not, what is needed?

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Does the WebADS faculty roster and ratio of faculty to residents indicate that there is an adequate number of faculty, breadth of faculty expertise, and that the requirements for Board and specialty certifications are met? If not, what is needed?

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Do the aggregated confidential evaluations of faculty by residents and/or the results of the resident survey indicate any faculty development and/or training needs in regards to their roles as educators? If so, what are they?

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Does aggregated data from Program Director or Chairman evaluation of faculty indicate any needs for program improvement or faculty development? If so, what is needed?

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Do reports of faculty attendance at organized clinical discussions, rounds, journal clubs, and conferences indicate that faculty members regularly participate and that the level of participation is adequate? If not, what is needed?

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Please specify any sessions/workshops that faculty and/or residents participate in for the enhancement of teaching skills: *(Note: This documentation will also be used to ensure LCME compliance for residents who teach medical students)*

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Do the data show any other areas of *Faculty Development* that should be addressed? If so, what are they?

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***GRADUATE PERFORMANCE***

Do the aggregated results of Board certification rates of program graduates meet specialty requirements regarding percentage of graduates taking and passing the boards within established time frames? If not, what is needed?

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Do the aggregated results of Board certification examinations indicate specific areas within the program in need of improvement? If so, what is needed?

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Have recent graduates of the program shown participation in scholarly activities?

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Do aggregated results of surveys (including exit evaluations or interviews) of recent graduates indicate any need for program changes? If so, what?

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If you survey employers of recent graduates, do the aggregated survey results indicate any need for program changes? If so, please specify?

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Are program graduates effectively placed in fellowships, academic or clinical practice employment positions of their choosing? If not, what is needed?

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Do the data show any other areas of *Graduate Performance* that should be addressed? If so, what are they?

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***PROGRAM QUALITY***

Are there any common or specialty program requirements that are not currently met by the program? If so, what are they?

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Is the status of all issues from previous citations, previous annual reviews, and previous internal/special/focused reviews of the program totally resolved? If not, what is still needed or expected to be ongoing?

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Are there any major changes that have occurred or are anticipated in the program that have accreditation implications? If so, please specify?

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Are there current Program Letters of Agreement describing the rotations to all participating sites? If not, what needs to be created or renewed?

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Do the aggregated results of resident progress in achieving program objectives or milestones indicate any areas of deficiency? If so, what are they?

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Do the aggregated results of the confidential resident evaluations of the program indicate any program issues that need to be addressed? If so, what are they?

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Do the aggregated results of the confidential faculty evaluations of the program indicate any program issues that need to be addressed? If so, what are they?

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Please list the sources of 360 evaluations and identify common areas for improvement based on aggregated data.

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Does the Match (i.e. NRMP or other) outcome data support program competitiveness and desirability? If not, what is needed?

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Do the results of the ACGME faculty survey indicate any areas that need to be addressed? If so, what are they?

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Do the results of the ACGME resident survey indicate any areas that need to be addressed? If so, what are they?

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Do the results of the Downstate midyear Annual Program Evaluation survey from the GME Office indicate any areas that need to be addressed? If so, what are they?

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Is there general agreement between the results of the faculty survey and the resident survey for similar questions? If not, please highlight the different perceptions of the program by residents and faculty.

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Do the reports of evaluation completion rates demonstrate completion in a timely manner?

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Does the structured and organized didactic curriculum satisfactorily fulfill all expected teaching and learning needs and expectations of accrediting or regulatory agencies and of the trainees? If not, what are deficient?

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Does the aggregated data on patient case and procedure volume indicate sufficient clinical resources to achieve adequate experience (above minimum standards) for all residents? If not, what areas are deficient or insufficient?

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Do the data show any other areas of *Program Quality* that should be addressed? If so, what are they?

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***Clinical Learning Environment***

Are residents involved in patient safety activities, risk reduction initiatives, adverse event reviews at each program site? If not, why and what is needed?

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At each program site, do residents actively participate in quality improvement activities? If not, why and what is needed?

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Does each participating site adequately establish, monitor, endeavor to achieve target thresholds for clinical quality indicators, quality improvement initiatives, quality of care and patient safety goals, and compliance with standards, benchmarks and clinical quality guidelines? If not, specify areas in need of improvement.

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For each participating site, is there a standardized approach to transitions of care and is resident competence in handoff communication documented? If not, what areas are in need of improvement?

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Are residents and faculty educated to recognize fatigue/impairment, manage alertness, mitigate fatigue and address its consequences including transitioning care to other providers when appropriate? If not, what is needed?

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Based on aggregated duty hour monitoring data, are there recurring duty hour violations? If so, what are they and how are they being resolved?

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Does aggregated data (such as resident surveys, duty hour surveys, incident reports, complaints, etc.) indicate any issues with residents receiving appropriate level of supervision for the resident’s demonstrated competence by appropriately experienced personnel? If so, what are they?

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Are there any issues regarding formal processes and assessments used to grant residents progressive responsibility and conditional independence appropriate for demonstrated and documented level of skill and competence? If so, what are they?

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Do residents participate in interdisciplinary care teams and are they evaluated by team members (i.e. 360 degree assessments)? If not, what is needed?

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Does aggregated data of resident performance indicate any issues regarding professionalism, personal responsibility, timely and especially honest reporting of information? If so, what are the issues?

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In the clinical setting at each site are there sufficient resources so that residents do not perform excessive non-physician or clinical service activities and there is an appropriate balance between clinical demands and resident education? If not, what is needed?

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Do the data show any other areas regarding the *Clinical Learning Environment* that need to be addressed? If so, what are they?

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**STEP 4 - APE SUMMARY & ACTION PLAN**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Use the following to organize the findings from the PEC data analysis and subsequent discussion, and create an action plan to improve performance in the areas identified. Please add additional rows as needed.**

**Summary of Program Strengths:**

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**Summary of Program Issues/Challenges/Opportunities for Improvement:**

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**Action Plan for Specific Improvement Priorities:**

**Note: The GME Office suggests identifying at least several areas for improvement and at least one in each category reviewed.**

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| **Area for Improvement Identified** | **Modifications or Steps to Achieve Improvements & Monitoring Plan** | **Target**  **Outcome** | **Responsible Person(s)** | **Target Completion Date** |
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**Progress summary on recommendations and/or citations from latest RRC/internal/special review and/or last program evaluation action plan:**

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**Summary of Program Changes Anticipated by the PEC for this Academic Year:**

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The action plan was reviewed and approved by the teaching faculty and documented in meeting minutes.

Approval date/or expected approval date:

Program Evaluation Committee meeting minutes for the Annual Program Evaluation are to be attached.

I certify that all requirements have been met:

Program Director Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_