# Program Director/Associate Program Directors/Faculty/Coordinators:

# Self-Study:

* Is there a brief, written history of your program?
	+ Yes – If not, then the Program Evaluation Committee (PEC) should develop brief history and disseminate – useful for PEC, Self-Study
* Where is the ACGME self-study website including the “8 Steps for Conducting a Self-Study”?
	+ <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>
* What documents are needed for the Self-Study (18-24 months prior to 10-Year Accreditation Site Visit)?
	+ completion and **uploading** of a **Self-Study Summary Form** **to ADS** 18 to 24 months before the site visit date (<https://www.acgme.org/LinkClick.aspx?link=PDFs%2fSelfStudy%2fSSSummary.docx&articleId=4566>)
	+ Last 5 year’s **Annual Program Evaluations** (APEs) including each year’s SWOT analyses--located in New Innovations
	+ **ACGME APE Action Plan and Follow-Up Template** that includes the following components:
		- Areas for improvement by AY;
		- Intervention/Action Plan;
		- Date Instituted/Individual Responsible;
		- Link to Program Aims and/or Context (SWOT Opportunities/Threats);
		- Expected Resolution (Outcome Measures and Date);
		- Status (Resolved, Partially, Not Resolved) (<https://www.acgme.org/Portals/0/PDFs/SSEvalActionPlanFollowupTemplate.docx>)
* What are the required dates for uploading the self-study summary document in ADS specified in your ACGME letter of notification? Specify dates…
* Is your program’s mission and vision on your program’s website? Yes
* Can everyone, e.g. Chair, Division Chief, PD, APDs, Faculty, Trainees, etc. recite your program’s mission and vision? Yes
* How did select which program improvement action plans to prioritize?
	+ Example 1: based on those linked to bringing the program to the next level (e.g. linked to program aims, mission and vision)
	+ Example 2: rated areas needing improvement as either a) urgent and important, b) not urgent but important, c) urgent but not important, or d) neither urgent nor important. Next, had entire PEC vote for the top 3 areas needing improvement. Looked at possible solutions and placed those areas for improvement with potential solutions into an effort/impact grid. Areas for improvement rated urgent and important with high impact and low effort were given highest priority. Solutions were implemented and tracked using a QI process including PDSA cycle and using tools such as a run chart.
	+ Example 3: Used a Pareto Chart to analyze categories that most impacted a program improvement area with targeted solutions using PDSA cycles and tracking progress with a run chart.
	+ Example 4: Other………
* If you are the core program, how are you assisting your subspecialty programs’ self-study process?
	+ The Core program’s Self-Study group should try to coordinate activities with the Self-Study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.
	+ Having documented meetings with all the subspecialty program faculty, staff and housestaff to share ideas, projects and efforts, and failures and successes for areas of program improvement.

**10-Year Accreditation Site Visit**

* Where is the ACGME site-visit website?
	+ <https://acgme.org/What-We-Do/Accreditation/Site-Visit>
* Where is the site visit FAQ website?
	+ <https://acgme.org/What-We-Do/Accreditation/Site-Visit/Site-Visit-FAQs>
* What will the ACGME ask for just **prior** to the site visit?
	+ Faculty will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor
	+ Residents will be asked to prepare a consensus list of program strengths and opportunities for improvement and send it to the site visitor
* What happens during the site visit?
	+ Separate interviews with the program director, faculty, residents, and DIO or designee
	+ If less than 15 residents/fellows, all residents/fellows on duty will be interviewed
	+ If more than 15 residents/fellows, a minimum of 15-18 **peer-selected** residents/fellows will be interviewed
	+ Site visitors will indicate the interview format to be used
* What documents will be needed on-site for a 10-Year Accreditation Site Visit?
	+ Program Letters of Agreement (PLAs)
	+ Files of recent program graduates and current residents
	+ Sample of competency-based goals and objectives for one rotation/assignment
	+ Sample of completed annual confidential evaluation of faculty members by residents
	+ Written description of CCC (membership, semiannual resident evaluation process, reporting of Milestones to ACGME, CCC advising on resident progress)
	+ Written description of PEC (membership, evaluation and tracking protocols, resident evaluations of rotations, development of APE and action plans resulting from APE)
	+ Program-specific policies for resident supervision
	+ Sample duty hour compliance data demonstrating monitoring system
	+ Sample documents demonstrating resident participation in patient safety and QI projects
	+ The list of documents for on-site review varies by the type of site visit. A standard list of each type is attached to the ACGME site visit announcement letter. Items typically included include: <https://www.acgme.org/Portals/0/PDFs/DocumentListSelfStudy.pdf>
* What ***additional*** documentation is needed for a 10-Year Accreditation Site Visit?
	+ The **Summary of Achievements Form** describes improvements that the program has made in areas that were identified during the self-study (18-24 months prior to the 10-year site visit) that you must upload prior to your actual site visit <http://www.acgme.org/Portals/0/PDFs/SelfStudy/SummaryAchievements.docx>
	+ completion of **Self-Study Summary Update Form** at the time of the site visit (<https://www.acgme.org/Portals/0/PDFs/SelfStudy/SSSummaryUpdate.docx>)
* What are your program’s aims/goals and associated action plans that are kept in New Innovations? Specify…..
* Are any of your program action plans linked to program aims? Yes
* Are any of your program action plans linked to SWOT opportunities and/or threats? Yes

**Clinical Competency Committee (CCC)**

* What components does the written description of the CCC need to include? (will be needed during site visit)
	+ Membership (including named Faculty, Staff, Residents/Fellows),
	+ semiannual resident evaluation process,
	+ reporting of Milestones to ACGME,
	+ CCC advising on resident progress
* Are your Faculty and Staff named in your written description for the CCC? Yes
* What documents should the CCC be familiar with?
	+ **Clinical Competency Committees: A Guidebook for Programs (2nd Edition)**
	+ **The Milestones Guidebook (Version 2016)**
* How often should the CCC meet?
	+ At least twice per year. May need to meet more frequently to review specific resident/fellows in trouble and their progress if applicable. Specify….
* Who chairs the committee? Is the Program Director the Chair, or is someone else? Specify….
* Are the committees keeping minutes? Yes
* Do Residents/Fellows do a self-evaluation at least every 6 months? Yes
* Does the program obtain patient and multi-source evaluations of trainees? Yes
* What is your process for completing the Semi-Annual Review with your Residents/Fellows in preparation for the Milestone Reporting? Specify….
* Do you provide timely feedback after the Semi-Annual Review? Yes, as soon as possible
* Do you complete a **Final Summative Evaluation Form** for your Residents/Fellows and keep it in their permanent file? Is it available for the Resident’s/Fellow’s review? Yes and Yes
* Does the **Final Summative Evaluation Form** contain this exact wording from the program requirements: “***the fellow/resident has demonstrated sufficient competence to enter practice without direct supervision***” Yes
* Does the CCC use the Milestones as a framework for evaluation data in the evaluation process? Yes
* How do you provide remediation for a Resident/Fellow who is falling behind?
	+ The CCC committee may need to meet additionally to discuss remediation for residents/fellows and specify an individual educational plan with specific expectations and timeline to be signed off on by both the program director and resident/fellow.

**Program Evaluation Committee (PEC)**

* What components does the written description of the PEC need to include? (will be needed during site visit)
	+ Membership (including named Faculty, Staff, Residents/Fellows),
	+ evaluation and tracking protocols,
	+ resident evaluations of rotations,
	+ development of APE, and
	+ action plans resulting from APE
* How often should the PEC meet?
	+ At least once per year. Usually more often to review program improvement action plans and progress and/or immediate issues.
* Who chairs the committee -- Is the PD the Chair or is someone else? Specify….
* Does the PEC keep minutes for documentation? Yes
* What type of high-value data does the ACGME suggest for use in Program Evaluation?
	+ Overall categories (detailed list available here: <https://www.acgme.org/Portals/0/PDFs/SelfStudy/HighValueDataSSandAPE.pdf>) are:
		- Resident performance,
		- graduate performance,
		- faculty development,
		- program quality
* What process(es) do you use to evaluate your program and make changes?
	+ SWOT using high-value data
		- **S**trengths:
		- **W**eaknesses/Areas for **I**mprovement:
		- **O**pportunities:
		- **T**hreats/**C**hallenges/**B**arriers
	+ Checking for compliance based upon the program requirements
	+ Checking for program improvement areas based upon the **CLER Pathways to Excellence v1.1** (<https://www.acgme.org/Portals/0/PDFs/CLER/CLER_Pathways_V1.1_Digital_Final.pdf>)
	+ Etc.
* Each year, do you create new action plans and update progress on previous action plans for program improvement? Yes
* Are all action plans documented and regularly updated with progress and status in New Innovations? Yes
* Were there any Major Changes to your program since the last APE report?
	+ PD? Chair? Faculty? Sites? Rotations? Curriculum? Complement (number of trainees)? Etc.?
* Have you updated or made any changes to your Block Schedule? Specify…..
* Where do you find information that differentiates between core, detail, and outcome program requirements? At the end of your program requirements document located on the ACGME website
* Do you revise your Goals & Objectives on a yearly basis? Yes
* Do you revise your Policies on a yearly basis? Yes
* Do your Policies address progressive responsibilities for patient care and faculty responsibility for supervision? Yes
* Are Resident/Fellows allowed to moonlight and under what circumstances? Specify…..Do you have a written policy? Specify…..
* Are your current policies such as supervision, transitions of care, wellness (includes duty hours, fatigue and mitigations, moonlighting and other sections in the program requirements under Wellness), etc on New Innovations confirmed by both faculty and housestaff?
	+ Yes, 100% confirmation by both core faculty and by housestaff
* How do Resident/Fellows receive information on the program and rotation goals and objectives? Specify…..(e.g. website, New Innovations, orientation, etc.)
* Is the curriculum for each rotation or experience (e.g. continuity clinics) current in New Innovations AND linked to schedules? Yes and Yes
* Is each rotation’s curriculum (goals and objectives) mapped to the subcompetencies in your specialty’s Milestones document? Yes
* Are your goals and objectives competency- based AND specific for level of training (if more than a one year program)? Yes
* Are expectations discussed and set at the beginning of rotations by faculty and residents/fellows? Yes
* Are evaluations planned at the same time that curriculum is developed/revised? Yes
* Have you mapped each question on your evaluation forms to subcompetencies and/or milestones in New Innovations? Yes
* Are quality improvement activities (e.g. mock RCAs, education, presentations, etc.) documented in New Innovations conference module? Yes
* Are quality improvement projects registered in QIPR? Yes
* Are quality improvement project outcomes documented in New Innovations Projects and Teams module? Yes
* How many Journal Clubs do you hold each year? Specify…..
* Does the Resident/Fellow present at the Journal Clubs? Yes
* Does the Resident/Fellow present any other Didactics? Specify…..What percentage? Specify….. (should not be more than 50%)
* Do you cover all of the ACGME required topics listed under Medical Knowledge either in your didactic series, online courses, suggested readings and follow-up, etc? Specify…..
* Do you have proof that your Residents/Fellows attended the required Conferences?
	+ Yes, Documented in NI Conference module’s attendance (rules set up) and attendance
* Do you have medical students/ residents that rotate in your program? Specify…..Are procedures or patient cases educational quality diluted? No
* Do the Resident/Fellows feel that education is compromised by service in your program? No
* Can you provide samples of Resident/Fellow involvement in QI & PS? Specify…..
* Describe how health care disparities are addressed and reduced. Specify…..
* Which Sites (e.g. Shands, VA, Orlando, etc.) do your Residents/Fellows rotate?
	+ UF Health/Shands, and \_\_\_\_\_\_\_\_\_\_\_ (see sites listed in ADS, PLAs and on block diagram are congruent)
* Do you have updated Program Letters of Agreement with each site?
	+ Yes (should be located on New Innovations or can check with Diana Morris).
* Do you check on a regular basis to see how these other Sites are doing? Yes
* Are there any procedures or types of patients that your Residents/Fellows would not be exposed to? How do you track their procedures? What do you do if they do not complete ALL procedures by the end of their training?
	+ Regularly check their procedures and/or case logs and rotation evaluations so this will not occur. Make changes in rotations if necessary. Ensure Residents/Fellows log data. Resident/Fellow need to do an elective if short on specific cases/procedures.
* Are your program specific aims/goals measurable? Yes What kind of data are you tracking? Specify…..
* Do you survey and/or track your graduates based on program aims/goals? Yes
* If graduate surveys are distributed outside of NI (e.g. Qualtrics) do you keep copies of the surveys and resulting data in New Innovations under “More”🡪 “Resources” 🡪 “Annual Program Meeting Documentation” 🡪 uploading files? Yes
* What is your process for Faculty remediation/development? Specify……….
* Is your program funded for all the ACGME-approved positions you have? Yes
* Where does that funding come from? Specify………
* How many current residents/fellows are in your program? How many are you approved for by the ACGME? How many are you approved (have funding) for by UF? How many Categorical? How many Prelim? Specify……….
* Do your Residents/Fellows evaluate each rotation or required activity (e.g. continuity clinic)? Yes
* What is the percent of faculty who complete their evaluations of the Residents/Fellows within 2 weeks? > 80% [obtain from New Innovations reports, for this academic year) [Evaluations, Report, Faculty, Compliance, 14 Day Compliance]
* Do your Residents/Fellows evaluate the Faculty? Yes
	+ How/when do the Faculty receive results? Confidential results aggregated at least once a year (if a very small program, results may be aggregated within another program such as the core program, or held until at least 4 evaluations are completed)
* Are your Residents/Fellows able to access their evaluations from the faculty on their own? Yes
* Are the Faculty truly interested in Resident/Fellow education and do they create an environment of inquiry?
	+ What does your ACGME resident survey say?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ What is Program evaluation data?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ If applicable, what is Graduate survey data?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# All Personnel:

* How can you tell which ACGME program requirements are common (for every specialty) vs specific to your specialty (and even more specific/stringent than the common program requirements)?
	+ Common program requirements are in a bolded font, Specialty specific program requirements are in a non-bolded font.
* Have you had a Clinical Learning Environment Review (CLER) Visit?
	+ Yes, 2. Feb 14-16, 2017 and Dec 2-4, 2014
	+ **Next CLER visit is due October 2018 to February 2019**
* Define vision, mission, aim/goal, action plan
	+ **Program Vision** describes the program you see or wish to see in approximately the next five years.
	+ **Program Mission** describes what actions will bring about your Vision. The mission describes the purpose of the program or why it exists.
	+ **Aim** **(or Goal)** is a *strategic* direction that connects your mission to your vision.
	+ **Action Plan (or Objective)** is a planned undertaking that helps you reach an aim.
* Can you state your program’s vison and mission? Yes, specify…
	+ Where are they located? On the program’s website
* Are any of your program’s visions linked to the College of Medicine’s Missions? Yes, specify…
* Are any of your program’s aims/goals linked to your program’s vison and mission? Yes, specify…
* What are your program’s action plans/program improvement plans? Specify……
* What is the difference between confidential and anonymous evaluations?
	+ Anonymous evaluations are recorded so that the information can never be linked to the subject who supplied it
	+ Evaluations are confidential if participants provide personally identifying information but the connection between participant and results is not shared
	+ Which type is required by the ACGME? confidential
* Describe the difference between the Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC).
	+ The **CCC** assesses each resident/fellow individually and provides recommendations to the program director. No trainees can be members unless they are a chief resident that has graduated from the program
	+ the **PEC** evaluates the program using multiple data sources including, but not limited to aggregate resident/fellow performance data. Trainees should be members
* What are the six ACGME competencies?
	+ Patient Care and Procedural Skills
	+ Medical Knowledge
	+ Professionalism
	+ Interpersonal and Communication Skills
	+ Systems-based Practice
	+ Practice-based Learning and Improvement
* Define EPA.
	+ Entrustable Professional Activities (EPA) – the ability to effectively perform a professional activity without direct supervision (<https://www.aamc.org/download/379308/data/coreentrustableprofessionalactivities.pdf>)
	+ EPAs may incorporate multiple competencies. In other words, they describe what it is we expect a particular specialist to be able to do without supervision upon graduation from residency and fellowship. (<https://www.acgme.org/Portals/0/MilestonesFAQ.pdf?ver=2015-11-06-115640-040>)
* Are EPAs required by the ACGME? No. However, they are useful in that they usually result in shorter evaluation forms with EPAs mapped to critical subcompetencies. E.g. EPA, Drive a car. Linked Subcompetency: Rules of the road knowledge. Linked Subcompetency: Parking. Linked Subcompetency: Physical Ability, etc.
* What is the difference between a subcompetency and a milestone?



* + (<https://www.acgme.org/Portals/0/PDFs/ACGMEMilestones-CCC-AssesmentWebinar.pdf>)
* What is the hierarchical order from EPAs to milestones?
	+ EPA
		- Core Competency
			* Subcompetency
				+ Level of Progression/Milestone Sets (columns in milestone document)

Milestone (bulleted items in milestone document)

* What level of progression in the milestones document is required for graduation?
	+ The ACGME has no required minimums for Milestone reporting. The determination of an individual’s readiness for graduation is at the discretion of the program director. (<https://www.acgme.org/Portals/0/MilestonesFAQ.pdf>)
	+ Level 1 states the skills/knowledge/attitudes a resident/fellow should have the day they enter the program
	+ Level 4 is the *targeted* level upon graduation
	+ Level 5 is what a master clinician would be able to do
* If a resident/fellow does not graduate from your program, is a final milestones evaluation required? Yes
* What documents should the PEC be familiar with?
	+ “Program Requirements”, “FAQs”, and other “Documents and Resources” found on the RRC website
	+ Your specialty’s Milestones document
	+ **The Milestones Guidebook (Version 2016)**
	+ **Milestones Guidebook for Residents and Fellows (June 2017)**
* Describe the processes used to evaluate your program and make changes.
	+ Several Options:
		- Programs may use a continuous quality improvement process and tools
			* 1) CMS.gov has a PDSA Cycle Template: (<https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf>); next,
			* 2) Visit the AMA STEPSforward Quality Improvement Using Plan-Do-Study-Act (<https://www.stepsforward.org/modules/pdsa-quality-improvement>) website. Includes downloadable tools such as run chart, gap analysis, etc.
		- Use a Logic Model, e.g. Formative Evaluation, Process/implementation evaluation, Outcome/effectiveness evaluation, Impact evaluation, etc. (<https://www.cdc.gov/std/Program/pupestd/Types%20of%20Evaluation.pdf>)
* How do you access the UF GME Office’s policies?
	+ <https://gme.med.ufl.edu/policy-procedures/gme-policies-and-procedures/> Password: Found on homepage of New Innovations
* Do you participate in Wellness Activities – Yes, specify…..
* What type of hospital is UF Health Shands?
	+ Private, not-for-profit 501(c)(3) corporation affiliated with UF
* From where does UF Health Shands draw patients?
	+ All 67 Florida counties, throughout the nation and more than a dozen countries (<https://ufhealth.org/sites/default/files/media/fact-sheets/2018-uf-health-shands-fact-sheet.pdf>)
* Is there patient diversity in the hospital?
	+ Yes. UF Health Shands is one of Florida’s 14 “safety-net” hospital systems that provide accessible, high-quality health care for all Floridian, regardless of their ability to pay (<https://ufhealth.org/sites/default/files/media/fact-sheets/2018-uf-health-shands-fact-sheet.pdf>)
* Where can I find community health indicators, promising practice, funding opportunities, demographic data and other resources that impact the community’s health?
	+ <https://ufhealth.org/community-health>
* How big is UF Health/Shands Unit Bed Size?
	+ 996 licensed beds
	+ <https://ufhealth.org/health-system-facts-and-figures>
	+ <https://ufhealth.org/sites/default/files/media/fact-sheets/2016-uf-health-overview-fact-sheet.pdf>
* What is the percent of full capacity at UF Health Shands?
	+ We function at over 90% capacity at all times.
* How big is the VA Bed Size?
	+ <https://www.northflorida.va.gov/NORTHFLORIDA/about/history.asp>
* What state-designated “level” is the UF Health Shands?
	+ Level 1 Trauma Center that treats more than 2,000 patients per year,
	+ Level IV neonatal intensive care unit,
	+ Regional burn center, and
	+ Emergency air and ground transport program
	+ <https://ufhealth.org/sites/default/files/media/fact-sheets/2018-uf-health-shands-fact-sheet.pdf>
* Who staffs UF Health Shands?
	+ More than 1,000 UF College of Medicine faculty and community physician in more than 100 specialty and subspecialty medical areas (<https://ufhealth.org/sites/default/files/media/fact-sheets/2018-uf-health-shands-fact-sheet.pdf>)
* Are you affiliated with any other Medical Schools besides UF College of Medicine? No
* Do you have call rooms? Are these dedicated specifically for your program? Yes and Yes
* Do you have an EMR? Yes - EPIC
* Are there any physical clinical facilities, food service, equipment concerns for your program? No

**Program Director (PD)/Associate Program Directors (APD)**

* What are your role and responsibilities within the program?
	+ Specify…..What is listed in ADS and is this accurate and up-to-date?
* Are the hours for your research, clinical, and didactic responsibilities dedicated solely for the program appropriate? Yes
* Do you have ***adequate*** time to be a Program Director/APD? Yes
* Do you have ***protected*** time to be a Program Director/APD? Is this in writing?
	+ Program Requirements specify \_\_% time, I have \_\_% time
	+ Where is this documented and who has it?
* Who do you report to? Is this person aware of your responsibilities for PD/APD duties?
	+ Department Chair (PD), or Program Director (APD), Yes
* Do you have to generate X number of dollars to cover for your protected time? No
* Is all the information in ADS correct and updated at least once a year (ideally, as changes happen)? Yes
* When and how do you provide feedback (vs evaluations) to the Faculty on how they are doing?
	+ Specify……….
* Are your rotation/required experiences (e.g. continuity clinic, research) goals and objectives competency-based? Yes
* Are your rotation/required experiences goals and objectives level specific if your program is longer than 1 year? Yes
* For each rotation or major learning experience (e.g. continuity clinic), do the competency-based goals and objectives (the written curriculum) contain the educational plan, goals and objectives, educational methods, and the evaluation tools that the program will use to assess the resident’s competence? Yes
* Do your evaluations tools for housestaff reflect corresponding goals and objectives/written curriculum? (e.g. different evaluation forms for different rotations/required experiences based on specific curriculum) Yes
* Are you able to demonstrate compliance for all of your program requirements? Yes
* If your program has the status of continued accreditation, and you do not meet a “detail” program requirement, are you able to demonstrate that you are demonstrating compliance in an improved manner? Yes
* Have you reviewed your specialty’s FAQs and “Document and Resources” from your ACGME RC’s web page? Yes
* Are you familiar with the ACGME “[Glossary of Terms](https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095126-363)”, “[Policies and Procedures](https://acgme.org/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf?ver=2018-10-09-170414-333)”, and “[Avoiding Common Errors in the ADS Annual Update](https://acgme.org/Program-Directors-and-Coordinators/Avoiding-Common-Errors-in-the-ADS-Annual-Update)”? Yes

# Program Coordinator (PC):

* What are your roles and responsibilities within this specific program? Is this congruent with your job description? Specify…..
* List types of training you received for this role Specify…..
* Do you have opportunities to take part in continuing education (e.g. by GME office, ACGME, etc.) for this role? Yes, Specify…..
* Do you have ***enough*** time to be a Program Coordinator? Yes
* Who do you report to? Is this person aware of your responsibilities for coordinator responsibilities?
	+ Program Director? Division Chief? Department Chair? Division Administrator? Yes
* Is the CURRENT block schedule uploaded in ADS? Yes
* Is the current schedule set up for both faculty and residents/fellows in New Innovations? Yes
* Are current goals and objectives uploaded in New Innovations for distribution for **every** rotation/experience and linked to the schedule? Yes
* Have evaluation form items been linked to subcompetencies or milestones in New Innovations? Yes
* Are evaluation sessions and forms linked to the schedule in New Innovations? Yes
* Are evaluations in New Innovations set up with reminders for 14 days? Yes
* Have graduate surveys been distributed each year and data collected for PEC use? Yes
* Are graduate surveys and resulting data available in NI? Yes
* Have formal program evaluations been distributed to resident/fellows and faculty each year through New Innovations with collated data for PEC use? Yes
* To what degree have the residents/fellows confirmed receipt of goals and objectives in New Innovations? Goal is 100%
* In New Innovations, do you use your own rotation, goals and objectives and evaluation forms instead of another program’s which may not be relevant for your trainees?
	+ Yes? (e.g. if Int Med residents are scheduled for an ICU rotation, they are not using the ICU rotation used by the Pulmonary and Critical Care Fellowship program. You would expect residents to learn at a different level and different things compared to the fellows).
* To what degree have the residents/fellows confirmed policies (supervision, wellness, transitions, etc.) in New Innovations? 100%
* Do you keep a separate procedure and/or case log for each Resident/Fellow in their permanent file? Yes
* Are your program’s action plans all documented in New Innovations and regularly updated with progress and status? Yes

**Faculty:**

* Are you ABMS Board certified?
	+ Yes. If not, please provide explanation to program leadership (e.g. scheduled to take the certification examination on X date) -- ADS requires an explanation
* Do you have time and are you encouraged to complete Scholarly Activity for this specific program? Does your RC have more stringent scholarly activity requirements to be met than the common program requirements?
	+ If yes, specify specific requirements from Program Requirements, FAQs, or Other documents from RRC website……….
* Do you complete your evaluations of the Residents/Fellows on time (within 2 weeks)? Yes
* Describe the process for Faculty development Specify……….
* What are sources for local faculty development sessions and workshops?
	+ MyUFLTraining: myufl.edu 🡪 main menu 🡪 my self service 🡪 training and development 🡪 myTraining 🡪 activity search
* If you attended UF faculty development sessions or workshops, how do you obtain a transcript?
	+ MyUFLTraining: myufl.edu 🡪 main menu 🡪 my self service 🡪 training and development 🡪 myTraining 🡪 training transcript
* Did you provide program leadership with faculty development activities/events I have attended related to both clinical and teaching/education at least once a year prior to the annual program evaluation? Yes
* How do I know my responsibility for supervision of the Resident/Fellows and other policies?
	+ I confirmed the supervision policy and all other policies located on the program’s New Innovations website
* Am I aware of the Goals & Objectives for each rotation I teach?
	+ Every rotation and longitudinal experience (e.g. continuity clinic) have goals and objectives uploaded to New Innovations [Schedules, Curriuclum]
	+ These should be assigned based upon the schedule that is input into New Innovations so everyone receives them before the rotation/required experience begins
* Do you formally evaluate the program at least once a year? Yes

**Residents/Fellows:**

* Can you state your program’s vison and mission? Yes Where are they located? (should be on the program’s website)
* How do you receive information on the program and rotation goals and objectives? Via NI
* Are expectations discussed and set at the beginning of rotations? Yes
* Do you feel that education is compromised by service in your program? No
* Do you have procedure and/or case logs? Specify…..How do you access them? Specify…..
* Are there any procedures or types of patients that you are not exposed to? No
	+ What happened if you did not meet minimum requirements? Specify…..
* Do you have medical students/residents that rotate in your program? Specify…..Are procedures or patient cases educational quality diluted? No
* Are you satisfied that your evaluation of the faculty are kept  **confidential** and understand the process to keep information confidential? Yes
* What document should you be familiar with for milestones? ACGME Milestones Guidebook for Residents and Fellows June 2017) (<https://www.acgme.org/Portals/0/PDFs/Milestones/MilestonesGuidebookforResidentsFellows.pdf?ver=2017-06-29-090859-107>)
* What process do you use to evaluate your program and make changes? Specify…..
* Do you perform a self-evaluation? Yes
* Do you evaluate each rotation or required activity (e.g. continuity clinic)? Yes
* Do you evaluate the Faculty? Specify…..How/when do the Faculty receive results? At least once a year, in a collated manner that does not identify the evaluator.
* Are you able to access your evaluations from the faculty on your own? Yes
* Do you formally evaluate the program at least once a year? Yes
* What are your program’s aims/goals and associated improvement action plans? Specify…..
* Describe the research projects/scholarly activities that Resident/Fellows participate in? Specify…..What is the output from these activities (e.g. publications, poster sessions, etc.) Specify…..
* How is research/scholarly activity incorporated into your schedule? Specify…..
* Do you present at the Journal Clubs? Yes
* Does the Resident/Fellow present any other Didactics? Yes What percentage? Should be < half
* Describe the data you receive for practice habits and performance measures. Specify…..How often do you receive this data? at least as often twice a year with semi-annual reviews
* Describe how health care disparities are addressed and reduced in your patient population Specify…..
* How are you instructed on transitions of patient care? Specify….
* How are you evaluated on transitions of patient care and how often? Specify….
* Do you use the EPIC IPASS Handoff Tool? Yes
* Describe a PDSA cycle you participated in for a QI project. Specify….
	+ PDSA defined here: <https://www.cms.gov/medicare/provider-enrollment-and-certification/qapi/downloads/pdsacycledebedits.pdf>
* Have you attended/participated in actual or mock RCAs?. Yes
* If your program allows moonlighting, describe the moonlighting policy as stated available on the New Innovations website for your program. Specify….
* Do you have in-house call and/or night float? Specify….If yes, describe the policy as stated in the supervision policy that is available on the New Innovations website for your program. Specify….
* Are you instructed on how to manage fatigue? Yes
* If a Resident/Fellow has an issue with the PD or other program faculty, where and to whom do they report the issues? Refer to Housestaff Manual and/or GME policies, password for GME policies is located on the New Innovations homepage.