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Annual Program Evaluation (APE): How to Tame the Gorilla!

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Disclosures

The presenters do not have any relevant financial relationships with commercial entities to disclose.

Medications and medical devices will not be discussed during this presentation.

This presentation will be provided as evidence to support the presenters' application for academic/career promotion.

Learning Objectives

Upon completion of this activity, participants should be able to:

Cite the ACGME Common Program Requirements (CPRs) for Program Evaluation and Annual Program Evaluation (APE)

Complete the institutional APE in New Innovations

Discuss common pearls and pitfalls of the APE

CPRs: PEC and APE

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee to conduct and document the Annual Program Evaluation as part of the program's continuous improvement process. ^(Core)

V.C.1.a) The Program Evaluation Committee must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident. ^(Core)

V.C.1.b) Program Evaluation Committee responsibilities must include:

V.C.1.b).(1) acting as an advisor to the program director, through program oversight; ^(Core)

V.C.1.b).(2) review of the program's self-determined goals and progress toward meeting them; ^(Core)

V.C.1.b).(3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, ^(Core)

V.C.1.b).(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. ^(Core)

CPRs: PEC and APE

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

CPRs: PEC and APE

V.C.1.c)	The Program Evaluation Committee should consider the following elements in its assessment of the program:
V.C.1.c).(1)	curriculum; <small>(Core)</small>
V.C.1.c).(2)	outcomes from prior Annual Program Evaluation(s); <small>(Core)</small>
V.C.1.c).(3)	ACGME letters of notification, including citations, Areas for Improvement, and comments; <small>(Core)</small>
V.C.1.c).(4)	quality and safety of patient care; <small>(Core)</small>
V.C.1.c).(5)	aggregate resident and faculty:
V.C.1.c).(5).(a)	well-being; <small>(Core)</small>
V.C.1.c).(5).(b)	recruitment and retention; <small>(Core)</small>
V.C.1.c).(5).(c)	workforce diversity; <small>(Core)</small>
V.C.1.c).(5).(d)	engagement in quality improvement and patient safety; <small>(Core)</small>
V.C.1.c).(5).(e)	scholarly activity; <small>(Core)</small>
V.C.1.c).(5).(f)	ACGME Resident and Faculty Surveys; and, <small>(Core)</small>
V.C.1.c).(5).(g)	written evaluations of the program. <small>(Core)</small>
V.C.1.c).(6)	aggregate resident:
V.C.1.c).(6).(a)	achievement of the Milestones; <small>(Core)</small>
V.C.1.c).(6).(b)	in-training examinations (where applicable); <small>(Core)</small>
V.C.1.c).(6).(c)	board pass and certification rates; and, <small>(Core)</small>
V.C.1.c).(6).(d)	graduate performance. <small>(Core)</small>
V.C.1.c).(7)	aggregate faculty:

CPRs: PEC and APE

- V.C.1.c).(7).(a)** evaluation; and, ^(Core)
- V.C.1.c).(7).(b)** professional development. ^(Core)
- V.C.1.d)** **The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.** ^(Core)
- V.C.1.e)** **The annual review, including the action plan, must:**
- V.C.1.e).(1)** **be distributed to and discussed with the members of the teaching faculty and the residents; and,** ^(Core)
- V.C.1.e).(2)** **be submitted to the DIO.** ^(Core)

APE: Institutional Requirements

I.B.4.

Responsibilities: GMEC responsibilities must include:

I.B.4.a)

Oversight of:

I.B.4.a).(4)

the ACGME-accredited program(s)' annual program evaluation(s) and Self-Study(ies); ^(Core)



Institutional Requirements:
Special Reviews

Special Reviews

- I.B.6. The **GMEC** must demonstrate effective oversight of underperforming program(s) through a **Special Review** process. (Core)
- I.B.6.a) The **Special Review** process must include a protocol that: (Core)
 - I.B.6.a).(1) establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by **ACGME** policies; and, (Core)
 - I.B.6.a).(2) results in a timely report that describes the quality improvement goals, the corrective actions, and the process for **GMEC** monitoring of outcomes, including timelines. (Core)

Your APE Minutes



Tips for APE Minutes

Follow the requirements (annotate them even) for the APE

Be as specific as you can regarding goals and actions to be taken

APE minutes should not be (solely) about the daily nitty-gritty

Just as the institutional GMEC minutes are the only real window into action planning and follow up on major issues, so are the APE minutes

NEW INNOVATIONS APE 2015-2020

Developed over the last 5+ years (amazing assistance of Diana and Sony!!!)

48-73 questions plus Action Items (e.g. Psych 15 plus 44 closed)

2015-16: 73

2016-17: 71

2017-18: 59

2018-19: 51

2019-20: 48

Individual faculty/resident survey questions alone: 19

If survey questions taken out, down to 29.

A wide-angle photograph of a coastal dune landscape. A wooden boardwalk, constructed from light-colored planks, winds from the foreground into the distance, curving to the right. The terrain is covered in dense, tall grasses and low-lying shrubs. In the background, several sand dunes are visible, some with exposed sand. A line of trees marks the horizon under a heavy, overcast sky. The overall mood is serene and natural.

Introducing the New and
Improved NI APE 2021-22!

We got it down to
30!!!

APE Background and Intent

Background and Intent: The quality of the faculty's teaching and clinical care is a determinant of the quality of the program and the quality of the residents' future clinical care. Therefore, the program has the responsibility to evaluate and improve the program faculty members' teaching, scholarship, professionalism, and quality care. This section mandates annual review of the program's faculty members for this purpose, and can be used as input into the Annual Program Evaluation.

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

Program Evaluation Committee

Sample Program Director (PD)

Sample Assoc. Program Director (APD)

Sample Faculty Member A (FAC)

Sample Faculty Member B (FAC)

Sample Faculty Member C (FAC)

Sample Resident A (FAC)

Reviewers

Sample Program Director (PD)

Sample Assoc. Program Director (APD)

Sample Faculty Member A (FAC)

Sample Faculty Member B (FAC)

Sample Faculty Member C (FAC)

Sample Resident A (FAC)

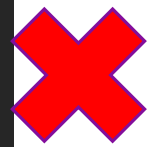
Meetings

11/1/2020 2/1/2021 4/1/2021

APE—PEC and Meetings

Part 1 - Meeting Documentation: Please make sure to upload APE meeting minutes. Remember to include the attendance listing the names and roles of all the individuals, whom attended meetings. Minimum ACGME requirement for Program Evaluation Committee is to have at least 2 program faculty members, at least 1 core faculty member, and at least 1 resident/fellow.

New Part 2 (ACGME Surveys) for 2021



List a formalized action plan for all survey areas <85% or <4.0

List a formalized action plan for your top/prioritized 3-5 areas >15% below the national compliance



New Part 2 (ACGME Surveys) for 2021 ACGME Surveys

Upload copies of your surveys in NI

Downward trends in areas of the survey (at bottom of the survey)

- 3-year trend
- Significant change in 1 year

Part 3

DUTY HOURS CITATIONS



Part 4: Evaluations

14-day compliance—importance of timely feedback to trainees

Making sure you have varied evaluation tools

- Faculty eval of resident/fellow
- Peer evals
- 360 evals
- Self evals
- Etc.

Part 5: Faculty Development

How do your faculty learn HOW to TEACH?

- Teaching skills
- Curriculum development
- Assessment
- Evaluation

Can be...

- Local/institutional
- Regional/national

Examination Outcomes

Board pass rate

In-training exam

Step 3



A large field of black umbrellas, with one bright yellow umbrella standing out prominently in the foreground. The umbrellas are arranged in a grid-like pattern, receding into the distance. The yellow umbrella is positioned slightly to the right of the center.

Part 7: Case logs

Part 8: QI/PS



Root Cause
Analysis (RCA)

Mock or actual



QI Projects

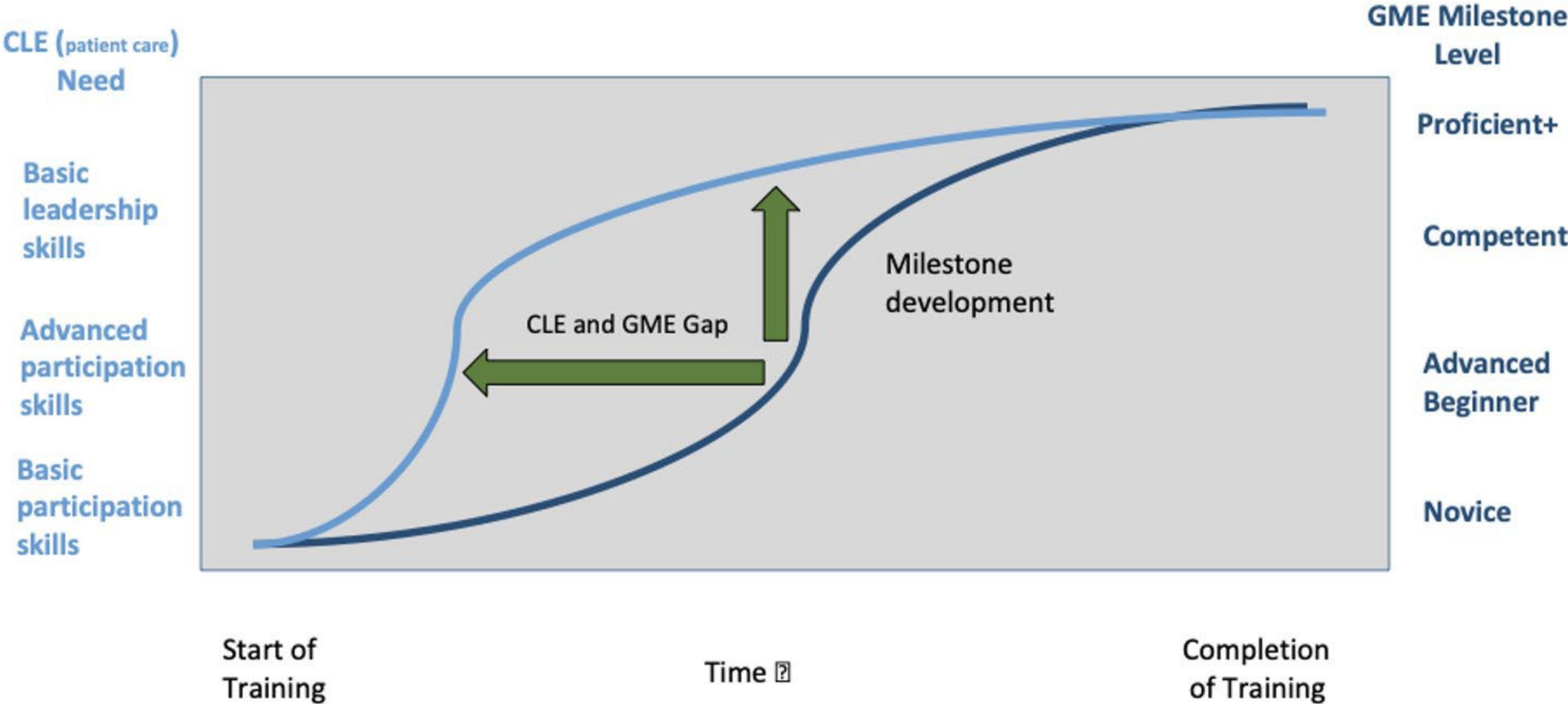
Recommend team
projects
Align with hospital
goals
Use the PDSA cycle



ACGME is really focusing on
making QI/PS part of daily
clinical work

Optimal Resident QIPS Competency Development from two stakeholder perspectives:

The needs of the (1) CLE and the expectations from (2) GME



Part 9: Curriculum



Goals and objectives



Program policies



Milestones



Consider rotations (block diagram) and didactics

Part 10: Scholarly Activity



Faculty



Resident/Fellow



The balance

Part 11a



Well-Being



Institutional Issues

Part 11b

SLOT/SWOT analysis

Program Aims

Link to mission/aims on program website

Action Plans



Issue

Plan

Responsible party

Timeline/Deadline



Action Plans

- [Action Plans Video](#)

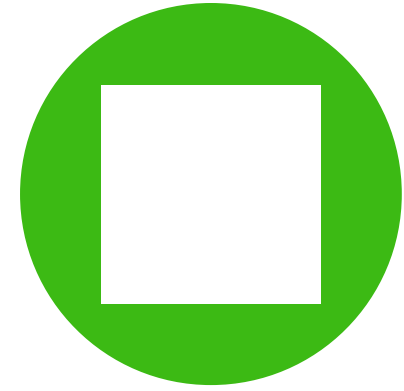
Action Plans



BE THOUGHTFUL



BE SPECIFIC



SHOW/EDIT YOUR
WORK

How to prioritize your 3-5 action plans

This is up to your program/PEC

Consider

- Citations/AFIs (link action plan to citation in NI)
- ACGME Survey items >15% below the national compliance mean
- Program mission/aims
- APE Review report items
- PEC issues/concerns
- Etc.

Transition to Residency (COVID-19):

Consider providing enhanced monitoring of the clinical learning environment for first-year residents in areas including, but not limited to,

- ✓ Supervision
- ✓ Clinical and educational work hours
- ✓ Patient safety,
- ✓ Transitions of care
- ✓ Well-being

<https://acgme.org/COVID-19/Transition-to-Residency>

Tasha's Tips on the APE and minutes

- Know your program requirements and follow them unconditionally.
- Program Coordinators should be attending PEC meetings.
- Check your program's website to see if the mission statement and program aims are listed.
- The APE should be a working document used to track your program's progress for that entire academic year (July 1 – June 30).
- The Institutional Review Committee does not expect the PEC to report to the GMEC, it may be appropriate to facilitate required oversight of ACGME-accredited programs' annual program evaluations. [Institutional Requirements: I.B.2.a)-b)]
- UF GME APE yearly reporting window usually occurs around mid-May to mid-September.



Thank you!!!

Questions/Feedback

