

# Annual Program Evaluation



Program Name:	
Academic Year:	2020-2021 (Date submitted)

PROGRAM DIRECTOR NAME:		PROGRAM ADMINISTRATOR NAME:	
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## Program Evaluation Committee (PEC) Meeting Date(s):


<p><b>Participants</b></p> <p>Must include at minimum:</p> <ul style="list-style-type: none"> <li>• Program Director</li> <li>• At least two program faculty members, at least one of whom is a core faculty member</li> <li>• At least one resident/fellow (<i>include PGY year</i>)</li> <li>• Program Administrator (suggested)</li> </ul>	<p>Please list all participants (names) and their titles (can be as simple as core teaching faculty, resident, program administrator, etc.):</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>
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Review of Previous Year's Top 2-3 Action Plans	Action Items	Status	GME-SRC REVIEW
<p>For each previous year's action plan update, please add a brief sentence or two describing the actions of the progress over the past year.</p>		<input type="checkbox"/> Goal Achieved <input type="checkbox"/> On track for completion <input type="checkbox"/> Improvement Made <input type="checkbox"/> No significant Improvement <input type="checkbox"/> Goal Not Achieved	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A
		<input type="checkbox"/> Goal Achieved <input type="checkbox"/> On track for completion <input type="checkbox"/> Improvement Made <input type="checkbox"/> No significant Improvement <input type="checkbox"/> Goal Not Achieved	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A
		<input type="checkbox"/> Goal Achieved <input type="checkbox"/> On track for completion <input type="checkbox"/> Improvement Made <input type="checkbox"/> No significant Improvement <input type="checkbox"/> Goal Not Achieved	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A
	Summary of additional actions taken as a result of issues that arose during the year, if any:	<input type="checkbox"/> Goal Achieved <input type="checkbox"/> On track for completion <input type="checkbox"/> Improvement Made <input type="checkbox"/> No significant Improvement <input type="checkbox"/> Goal Not Achieved <input type="checkbox"/> N/A	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A

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<b>OTHER COMMENTS REGARDING LAST YEAR'S APE REVIEW:</b>	<b>GME-SRC REVIEW</b>
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

<b>ACCREDITATION LETTER (MOST RECENT)</b>		
Date of most recent program accreditation letter: <a href="#">Click or tap here to enter text.</a>	Did your program receive any citations? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "yes", then list citations below. If "no" skip to next section)	
<b>LIST ALL CITATIONS BELOW.</b> Citations can be copied and pasted from your most recent accreditation letter.	Describe below how the program is addressing/has addressed the citation(s)?	
1. 2. 3.	1. 2. 3.	<b>GME-SRC REVIEW</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
<b>LIST ALL CONCERNING TRENDS OR AREAS FOR IMPROVEMENT BELOW.</b> These can be copied and pasted from your most recent accreditation letter.	Did your program receive any concerning trends or areas for improvement? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", then list them and describe below how the program is addressing these areas. If "no" skip to next section)	
1. 2. 3.	1. 2. 3.	<b>GME-SRC REVIEW</b> <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

Please document formal systematic evaluation of ALL Domains:

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## CORE DOMAIN ADDRESSED

PROGRAM REQUIREMENTS:				GME-SRC REVIEW
Has the program reviewed the Common Program Requirements and Program-Specific Requirements in the past year?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
RESIDENT PERFORMANCE	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Milestone Achievement (MedHub and/or other) [Are the residents/fellows achieving the milestones as expected?]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No trainees in program <input type="checkbox"/> Non-ACGME program	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
In-Training Examination Outcomes (where applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
FACULTY DEVELOPMENT	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Faculty Development activities of program faculty (activities related to education)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Participation of all faculty members involved in the education of residents/fellows in programs	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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<p>to enhance the effectiveness of their skills as educators, based on their roles in the program.</p> <ul style="list-style-type: none"> <li>• % faculty attended a faculty development event in the past year: <a href="#">Click or tap here to enter text.</a></li> <li>• % faculty attended a faculty development event in the last 3 years: <a href="#">Click or tap here to enter text.</a></li> </ul>				
Scholarly activities of program faculty [Are program faculty achieving scholarly activity as expected?]	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

CURRICULUM	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Review the curriculum, including the didactic program, rotation schedule, rotations evaluations, (MedHub or program evaluations) and all educational elements, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Case Log Review (select N/A if no case logs required for specialty)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No <input type="checkbox"/> N/A	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A

GRADUATE PERFORMANCE				GME-SRC REVIEW
<b>Board Pass Rates (These answers may be copied and pasted from the GME-APR Program Director/Dean's Dashboard Survey)</b>				
Total number of eligible graduates who passed the board exam during fiscal year 2017 on the first attempt? [Example: 4/5 (4 passed on the first attempt out of 5 who took the exam for the first time)]	(numerator / denominator) #	Is this an area of concern? <input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	Bullet point strategy to address identified concerns: <ul style="list-style-type: none"><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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Average passage rate (percentage) of eligible graduates who took the board exam during the FY2013-FY2017 (5-year) time period? (show calculation) [Example: 24/25 = 96% (24 passed out of 25 who took the exam during the noted time period)]	(numerator / denominator = %) %	Is this an area of concern? <input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	Bullet point strategy to address identified concerns: • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
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PROGRAM QUALITY	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Most recent anonymous resident/fellow evaluation of program (MedHub and/or other program evaluation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Most recent anonymous faculty evaluation of program (MedHub and/or program evaluation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Results of most recent ACGME / CODA / CPME Site Visit or Self-Study visit (if applicable) (a.k.a. accreditation status letter)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No <input type="checkbox"/> N/A	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Most recent ACGME letters of notification including citations, areas for improvement and concerning trends	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Aggregate resident/fellow engagement in patient safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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Aggregate resident/fellow engagement in quality improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Recruitment and retention of residents/fellows	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Aggregate resident/fellow workforce diversity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Aggregate resident/fellow scholarly activity	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Resources (Reference: I.D. in ACGME Common Program Requirements or as specified by your Review Committee )	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
<b>Supervision (direct and indirect)</b> Were there any patient care issues that arose due in whole or in part to inappropriate supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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PROGRAM QUALITY	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
<p>Policies: All policies must be reviewed and modified if necessary, at a minimum, every three years.                      (please enter the date last reviewed for each policy listed below)</p> <ol style="list-style-type: none"> <li>1. Educational Grievance Policy: Click or tap to enter a date.</li> <li>2. Disaster or Interruption in Patient Care: Click or tap to enter a date.</li> <li>3. Clinical and Educational Work Hours: Click or tap to enter a date.</li> <li>4. Transitions of Care Click or tap to enter a date.</li> <li>5. Evaluation, Promotion, Appointment Renewal, and Dismissal: Click or tap to enter a date.</li> <li>6. Moonlighting: Click or tap to enter a date.</li> <li>7. Selection: Click or tap to enter a date.</li> <li>8. Supervision: Click or tap to enter a date.</li> <li>9. Vacation / Paid Time Off Click or tap to enter a date.</li> <li>10. Leaves of Absence (covering paid &amp; unpaid): Click or tap to enter a date.</li> <li>11. Clinical Competency Committee: Click or tap to enter a date.</li> <li>12. Program Evaluation Committee: Click or tap to enter a date.</li> </ol>	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
<p>Check all that apply:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All program policies are accessible to the program's House Officers</li> <li><input type="checkbox"/> Program's House Officers annually receive copies of the program policies</li> </ul>	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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PROGRAM QUALITY	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	• BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
<p>Work Hours Compliance                      (After reviewing your recent data)                      Check boxes below that indicates the types of GME emails you received regarding the monitoring of your program's duty hours:</p> <p><input type="checkbox"/> (#1) Zero Work Hour Violations</p> <p><input type="checkbox"/> (#2) Violations, But Concerning Longitudinal Trend NOT Identified (explain what you did to improve your work hours compliance in the Strategies column)</p> <p><input type="checkbox"/> (#3) Violations that exceed our institutional tolerance level (explain what you did to improve your work hours compliance in the Strategies column)</p> <p><input type="checkbox"/> (#4) Violations; including exceeding institution's tolerance level and/or demonstrating Concerning Longitudinal Trend Identified (explain what you did to improve your work hours compliance in the Strategies column)</p>	<p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes (see strategy)  <input type="checkbox"/> No</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<p><input type="checkbox"/> Satisfactory  <input type="checkbox"/> Unsatisfactory / Areas of Concern</p>



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WELLNESS (Residents and Faculty)	IS THE PROGRAM PLEASED WITH CURRENT STATUS? (COMMENTS OPTIONAL)	IS THIS AN AREA OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Does the program have wellness initiatives in place for residents/fellows? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Are available wellness initiatives effective for residents/fellows? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Does the program have wellness initiatives in place for faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Are available wellness initiatives effective for faculty? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (see strategy) <input type="checkbox"/> No	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Please share innovative or best practices of wellness initiatives that you have done (briefly describe).	• • •			

ALUMNI FEEDBACK	Comments (bullet points)	GME-SRC REVIEW
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Does your program have alumni? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section)		
Describe in bullet points, the process by which the program collects feedback from alumni about the program. (e.g. an alumni survey, in-person meeting) <ul style="list-style-type: none"> <li>Date last sent to alumni: _____</li> </ul>	• •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A

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From the most recent feedback from alumni about the program, describe in bullet points on what you learned.	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A
Briefly describe in bullet points how the alumni feedback has been used to improve the program in the past year.	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern <input type="checkbox"/> N/A

ACGME Resident/Fellow Survey	Please check below in each survey category, one box from group A and one box from group B:	BULLET POINT AREAS OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
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<b>SKIP THIS SECTION IF:</b>	<input type="checkbox"/> <b>THIS PROGRAM IS NOT ACGME</b> <input type="checkbox"/> <b>DATA NOT AVAILABLE. PROGRAM DID NOT MEET 70% COMPLETION RATE THRESHOLD</b> <input type="checkbox"/> <b>DATA NOT AVAILABLE (FEWER THAN 4 TRAINEES IN PROGRAM AND NO MULTI-YEAR DATA SUMMARY AVAILABLE)</b>			
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Clinical Experience and Education	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
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Faculty Teaching and Supervision	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
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Evaluation	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
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Educational Content	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p> <p>B. Overall trend of the program  <input type="checkbox"/> Declining  <input type="checkbox"/> Stable  <input type="checkbox"/> Improving</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
<b>Diversity and Inclusion</b>	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p> <p>B. Overall trend of the program  <input type="checkbox"/> Declining  <input type="checkbox"/> Stable  <input type="checkbox"/> Improving</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Resources	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p> <p>B. Overall trend of the program  <input type="checkbox"/> Declining  <input type="checkbox"/> Stable  <input type="checkbox"/> Improving</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
➤ Residents/Fellows can raise concerns without fear.	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Patient Safety/Teamwork	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p> <p>B. Overall trend of the program  <input type="checkbox"/> Declining  <input type="checkbox"/> Stable  <input type="checkbox"/> Improving</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
<b>Professionalism</b>	<p>A. Relationship to National Mean:  <input type="checkbox"/> Less than National Mean  <input type="checkbox"/> Equal to or Greater than the National Mean</p> <p>B. Overall trend of the program  <input type="checkbox"/> Declining</p>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

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	<input type="checkbox"/> Stable <input type="checkbox"/> Improving			
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ACGME Resident/Fellow Wellness Survey	Please check boxes below in this column that apply to your program:	BULLET POINT AREAS OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
<b>SKIP THIS SECTION IF:</b>	<input type="checkbox"/> THIS PROGRAM IS NOT ACGME <input type="checkbox"/> DATA NOT AVAILABLE. PROGRAM DID NOT MEET 70% COMPLETION RATE THRESHOLD <input type="checkbox"/> DATA NOT AVAILABLE (FEWER THAN 4 TRAINEES IN PROGRAM AND NO MULTI-YEAR DATA SUMMARY AVAILABLE)			
Aggregate resident/fellow well-being survey	Is the Program Pleased with the results of the well-being survey? (comments optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

ACGME Faculty Survey	Please check below in each survey category, one box from group A and one box from group B:	BULLET POINT AREAS OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
<b>SKIP THIS SECTION IF:</b>	<input type="checkbox"/> THIS PROGRAM IS NOT ACGME <input type="checkbox"/> DATA NOT AVAILABLE. PROGRAM DID NOT MEET 70% COMPLETION RATE THRESHOLD <input type="checkbox"/> DATA NOT AVAILABLE (FEWER THAN 4 FACULTY IN PROGRAM AND NO MULTI-YEAR DATA SUMMARY AVAILABLE)			
Faculty Teaching and Supervision	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

# Annual Program Evaluation

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

Academic Year: **2020-2021** (Date submitted)



PROGRAM DIRECTOR NAME: _____	PROGRAM ADMINISTRATOR NAME: _____
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Educational Content	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	• • •	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Diversity and Inclusion	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	• • •	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Resources	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	• • •	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Patient Safety and Teamwork	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	• • •	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern
Professionalism	A. Relationship to National Mean: <input type="checkbox"/> Less than National Mean <input type="checkbox"/> Equal to or Greater than the National Mean B. Overall trend of the program <input type="checkbox"/> Declining <input type="checkbox"/> Stable <input type="checkbox"/> Improving	• • •	• • •	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

# Annual Program Evaluation



Program Name: \_\_\_\_\_  
 Academic Year: **2020-2021** (Date submitted)

PROGRAM DIRECTOR NAME: \_\_\_\_\_ PROGRAM ADMINISTRATOR NAME: \_\_\_\_\_

ACGME Faculty Wellness Survey	Please check boxes below in this column that apply to your program:	BULLET POINT AREAS OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
<b>SKIP THIS SECTION IF:</b>	<input type="checkbox"/> THIS PROGRAM IS NOT ACGME <input type="checkbox"/> DATA NOT AVAILABLE. PROGRAM DID NOT MEET 70% COMPLETION RATE THRESHOLD <input type="checkbox"/> DATA NOT AVAILABLE (FEWER THAN 4 FACULTY IN PROGRAM AND NO MULTI-YEAR DATA SUMMARY AVAILABLE)			
Aggregate faculty well-being survey	Is the Program Pleased with the results of the well-being survey? (comments optional in Strategy column) <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

Other Surveys		BULLET POINT AREAS OF CONCERN	BULLET POINT STRATEGY TO ADDRESS IDENTIFIED CONCERNS	GME-SRC REVIEW
Does the training program utilize program-generated resident/fellow/faculty surveys to evaluate the program separate from ACGME generated surveys? <input type="checkbox"/> Yes <input type="checkbox"/> No  (provide copy(ies) of any program-generated <u>aggregate survey results</u> in pdf attachment as the last document)	Is the Program Pleased with the results of these surveys? (comments optional in Strategy column) <input type="checkbox"/> Yes <input type="checkbox"/> No	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> </ul>	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory / Areas of Concern

# Annual Program Evaluation

Program Name:

Academic Year:

2020-2021 (Date submitted)



PROGRAM DIRECTOR NAME:

PROGRAM ADMINISTRATOR NAME:

## PROGRAM AIMS

If your program has had a recent ACGME Self-Study, this can be copied and pasted from your program's most recent ACGME Self-Study document. Otherwise, follow steps in Guide Book to list program AIMS here.

# Annual Program Evaluation

Program Name:

Academic Year:

2020-2021 (Date submitted)



PROGRAM DIRECTOR NAME:

PROGRAM ADMINISTRATOR NAME:

## SWOT

**Strengths**

**Weakness**

**Opportunities**

**Threats**



# Annual Program Evaluation



Program Name:	
Academic Year:	2020-2021 (Date submitted)

PROGRAM DIRECTOR NAME:		PROGRAM ADMINISTRATOR NAME:	
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## ACTION PLAN 2021-2022 (Top 2-3 Action Plan Items)

### ACTION PLAN ITEM 1

Program Area: Check one of the program areas associated with this action plan item	<input type="checkbox"/> Resident Performance	<input type="checkbox"/> Faculty Development	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Graduate Performance	<input type="checkbox"/> Program Quality	<input type="checkbox"/> Wellness
Briefly describe the problem/opportunity to improve performance:						
Objective:						
Priority:	<input type="checkbox"/> Emergent	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine			

List <b>specific</b> steps that will be taken to achieve the objective	Responsible Individual(s):	Outcome Measurements:	Target Date for Completion:

### ACTION PLAN ITEM 2

Program Area: Check one of the program areas associated with this action plan item	<input type="checkbox"/> Resident Performance	<input type="checkbox"/> Faculty Development	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Graduate Performance	<input type="checkbox"/> Program Quality	<input type="checkbox"/> Wellness
Briefly describe the problem/opportunity to improve performance:						
Objective:						
Priority:	<input type="checkbox"/> Emergent	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine			

List <b>specific</b> steps that will be taken to achieve the objective	Responsible Individual(s):	Outcome Measurements:	Target Date for Completion:

# Annual Program Evaluation



Program Name:	
Academic Year:	2020-2021 (Date submitted)

PROGRAM DIRECTOR NAME:		PROGRAM ADMINISTRATOR NAME:	
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### ACTION PLAN ITEM 3

Program Area: Check one of the program areas associated with this action plan item	<input type="checkbox"/> Resident Performance	<input type="checkbox"/> Faculty Development	<input type="checkbox"/> Curriculum	<input type="checkbox"/> Graduate Performance	<input type="checkbox"/> Program Quality	<input type="checkbox"/> Wellness
Briefly describe the problem/opportunity to improve performance:						
Objective:						
Priority:	<input type="checkbox"/> Emergent	<input type="checkbox"/> Urgent	<input type="checkbox"/> Routine			

List <b>specific</b> steps that will be taken to achieve the objective	Responsible Individual(s):	Outcome Measurements:	Target Date for Completion:

**Reminder: In accordance with the ACGME Common Program Requirements (V.C.1.e).(1) -- The annual review, including action plans, must: be distributed to and discussed with the members of the teaching faculty and the residents/fellows.**

# Annual Program Evaluation



Program Name:	
Academic Year:	2020-2021 (Date submitted)

PROGRAM DIRECTOR NAME:		PROGRAM ADMINISTRATOR NAME:	
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## SRC OVERALL FINAL ASSESSMENT SUMMARY OF PROGRAM (to be completed by members of the SRC only)

The members of the Special Review Committee (SRC) have reviewed your training program's documentation and offer the following summary and overall final assessment:

The Annual Program Evaluation (APE) report you submitted this year is overall

Satisfactory     Unsatisfactory  
 Satisfactory with High Concerns/Warning

### FINAL SRC PROGRAM ASSESSMENT SUMMARY STATEMENT

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### SRC PEER RESIDENT/FELLOW INTERVIEWS

Annually, on a rotating basis, one-third of all of the reviewed training programs will have peer interviews conducted with its residents/fellows. Additional peer resident/fellow interviews may be scheduled on an ad hoc basis as deemed necessary by the SRC.

<input type="checkbox"/> Not selected <input type="checkbox"/> Program selected (see comments)	COMMENTS:  
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### SRC FACULTY INTERVIEWS

Faculty interviews may be scheduled on an ad hoc basis as deemed necessary by the SRC.

<input type="checkbox"/> Not selected <input type="checkbox"/> Program selected (see comments)	COMMENTS:  
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### BEST PRACTICES IDENTIFIED

None identified  
 Yes

- 
- 
-

# Annual Program Evaluation



Program Name:	
Academic Year:	2020-2021 (Date submitted)

PROGRAM DIRECTOR NAME:		PROGRAM ADMINISTRATOR NAME:	
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<b>SRC ADDITIONAL REQUIRED ACTIONS</b>	<input type="checkbox"/> None	<input type="checkbox"/> Yes (listed below)	<input type="checkbox"/> This program has been selected for a focused review (listed below):
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Status of SRC Additional Required Actions must be reported in next APE submission

- 1.
- 2.
- 3.