ANNUAL PROGRAM EVALUATION

The Annual Program Evaluation (APE) is a comprehensive review of the GME program with a focus on ongoing program assessment and improvement. The ACGME Common Program Requirements state that:

- Program Directors must appoint the Program Evaluation Committee (PEC);
- The PEC must be composed of at least two (2) program faculty members and should include at least one (1) resident;
- The PEC must have a written description of its responsibilities;
- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually and is responsible for rendering a written APE;
- The PEC must prepare a written plan of action to document initiatives to improve performance, as well as delineate how they will be measured and monitored; and
- The action plan should be reviewed and approved by the teaching faculty and documented in the meeting minutes.

Under the Next Accreditation System, longitudinal data and action plans from the APE will provide a foundation for your 10-year Self-Study. Programs should utilize the Program Accreditation/APE module available in the MedHub system.


All APEs and the Action Plans must be submitted by

August 15, 2018
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What’s new this year (about submission)?

Not a whole lot. We had tremendous success with last year’s Annual Program Evaluation process that we’ve decided to maintain the course (with a few minor tweaks).

- There is a slight change to the Annual Program Evaluation Template Form which we will point out in this guide.
- Otherwise we anticipate the entire process will continue to provide a meaningful and thoughtful approach to how Program Evaluation Committees implement the annual assessment of the program’s strengths, weaknesses, and opportunities.
- The APE will be completed in three parts:
  o Part I: Program Evaluation Committee- Annual Program Evaluation Template Form
  o Part II: Annual Action Plan Template (the excel from last year)
  o Part III: MedHub Program Accreditation/APE module

About this guide

The UT Southwestern GME Office developed this guide to assist with implementing the Annual Program Evaluation Plan and the Program Accreditation functions found in MedHub.

This guide, if followed, will assist you in completing and submitting the APE. Please share this guide with your PEC members, program director and APDs, and GME program coordinators.

This guide and related materials can be accessed:

- In MedHub > Resources and Documents > GME Annual Program Evaluation folder
- Or you can use this link to download the documents- GME APE Page

We welcome your feedback on how we can continue to improve this guide and the overall APE process.

Please email MedHub with your suggestions or questions.
PART I - The PEC Annual Program Evaluation Form (PEC-APE)

Part I involves the Program Evaluation Committee (PEC) using the Annual Program Evaluation Form to record the committee’s overall conclusions and identified opportunities for program improvement in the four primary domains: Resident Performance, Faculty Development, Graduate Performance, and Program Quality.

The form is formatted to be the formal documentation of the PEC’s final summary of the academic year and can be used by the program when PECs meet multiple times per year. Essentially, the PEC-APE Form is the preferred template for recording meeting minutes for all PEC meetings.

The Form includes sections for:

- Each of the four ACGME defined program areas:
  - Resident Performance
  - Faculty Development
  - Graduate Performance
  - Program Quality
- Each area is formatted with same sub-sections
  - Suggested data to be reviewed
  - Suggested topics to consider regarding resident performance, and
  - PEC Summary (for each area).

What does the PEC do with the PEC-APE Form?

- Use the form to:
  - Check the types of documentation/data used to summarize the committee’s evaluation for each program area.
  - During the PEC meetings leading up to the final submission of the APE and Action Plan, review, assess, evaluate, and deliberate the findings/data for each program area.

  *Suggested topics for discussion are provided on the Form. The individual responsible for recording meeting notes/minutes may modify this form to document PEC findings, action items, notes, etc. OR use their own format to document meeting notes/minutes. It is not necessary to include responses to the suggested topic questions in the final document for submission.*

  - The PEC, after thoughtful review of the data, will record conclusions in summarizing the status of the program in regards to each respective program area. The conclusions should describe:
    - Program area strengths,
    - Program area weaknesses,
    - Program area opportunities for improvement, and
    - Program area threats.

<table>
<thead>
<tr>
<th>Conclusions</th>
<th>Opportunities for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
After the PEC-APE Form is completed:

- Save the form in **Word** version and **upload** to the associated PEC meeting as an attachment in MedHub. Doing this will make it accessible to PEC members to review as needed.

- COPY AND PASTE Conclusions and Opportunities for Improvement into each respective field in MedHub. See **Part III** below for more details and instructions.
Part II - The Annual Action Plan Template

The Annual Action Plan Template (APT) was designed for programs to document action items to improve performance in one or more of the program areas mentioned above; and delineate how these action items will be measured and monitored.

The intent of the GME Annual Action Plan Template is to provide one dynamic document that can be updated, reviewed, and monitored by the PEC throughout the year and year-to-year.

Part II of this Guide has two sections:

Section A: Review of last year’s Action Plan.

Section B: Completion of this year’s action plan template.

Section A: Review of Last Year’s Action Plan

A very important role of the PEC is to review and document the outcome(s) of each action plan item submitted last year.

How does the PEC review last year’s action plan?

Retrieve the program’s Annual Action Plan Template (excel document). Last year’s action plan was (or should have been) saved in MedHub as a file attachment in the 2016-2017 Annual Program Evaluation. The action plan could have also been saved as a document attachment to last year’s PEC meeting. Either way, the GME program coordinator should be able to procure the action plan for the committee.

Once you have the Excel document of last year’s action plan:

☑ Click on the 2017-2018 Action Plan Tab

For each Action Plan Item the PEC will record responses to #9 and #10 fields (as shown in the graphic in the next section- page 7).

Section items #9 and #10 are intended to be completed by the PEC as part of the APE process. These two items provide the PEC an opportunity to reflect on the work accomplished and the outcomes achieved by fulfilling the action items. The PEC can respond to these two items any time during the year, but should be completed for submission with this year’s Action Plan.

9. Summarize the results of the work that was done for this item in terms of specific outcomes that were achieved.

10. Describe components of this item that were not achieved and why.

For each Action Plan Item the PEC will record responses to #9 and #10 fields (as shown in the graphic in the next section- page 7).

Section items #9 and #10 are intended to be completed by the PEC as part of the APE process. These two items provide the PEC an opportunity to reflect on the work accomplished and the outcomes achieved by fulfilling the action items. The PEC can respond to these two items any time during the year, but should be completed for submission with this year’s Action Plan.

9. Summarize the results of the work that was done for this item. Once the time-phase component of the SMART Objective has arrived, use this space to summarize the program’s successes with this Action Item. What was the end result of this Action Item?

10. Describe components of this item that were not achieved and why. Use this section to provide explanation as to why the SMART Objective wasn’t achieved. What didn’t work and why? What could be done differently?
Section B: Completion of this year’s action plan template.
Each section of the template is described below to provide guidance to the PEC on how to document an action item.

Remember the Action Plan is intended to be dynamic allowing the PEC to update and create new plans housed in one excel spreadsheet (year-to-year).

Confirm you are starting with a blank 2018-2019 Action Plan template (in the excel document).

How does the PEC complete the APT?

1. ACTION PLAN ITEM is a header used to separate each action item. The PEC is required to document at least three and not more than five action items addressing one or more of the program areas reviewed by the PEC (see Part I of this guide). There is no need to make any changes or additions to the header.

2. Program Area Check one of the program areas associated with this action plan item. The PEC, through its review annual review of the program, will identify the program area that will be addressed by the action item.

3. Briefly describe the problem/opportunity to improve performance. The PEC will use findings/data to determine how big the problem/weakness is and or that highlights an opportunity to make a change or an improvement in the program area (2). The PEC will use this section to briefly describe the problem and evidence/figures about the extent to which it exists in the program.

   EXAMPLE: “Faculty are not completing resident performance evaluations in a timely manner after every service. 37% of faculty are completing evaluations within two weeks of the service completion. This lack of timely completion could be contributing to the program scoring 10% lower than the national average on the ACGME Resident Survey item for resident’s satisfaction with feedback after assignments.”
4. **SMART Objective.** Once the PEC has an understanding of the problem/opportunity and its impact on the program, it is time to set an objective. This objective should be achievable and measureable and yet demanding. For this reason, the PEC will utilize the SMART model to define the objective for this action item. Enter the SMART objective for this item into this field.

   **EXAMPLE:** “Increase the completion rate of Faculty Evaluation of Resident type forms two-weeks after each service from 37% to 60% by June 30, 2017.”

   **More information about SMART**

5. **List the steps that will be taken to achieve the objective.** Now that a SMART objective has been clearly defined, the PEC will use this section of the Action Item to list the steps that are needed to achieve the intended outcome.

6. **Responsible.** List the individual(s) who will be responsible for carrying out each step listed for the Action Item.

7. **Target date.** Apply target dates for each step to be completed.

8. **Status/Progress.** Each step of the Action Item should be assessed periodically by the PEC to determine the level of progress being made toward achieving the intended outcome of the SMART objective. Documenting the status/progress of each step throughout the plan provides the PEC with information to determine:

   a. Are we doing what we said we would do?
   b. Are we doing it well?
   c. What are challenges?
   d. Is this advancing us toward reaching the intended outcome?

**Teaching Faculty Review and Approval**

The PEC and or the Program Director should confirm the Action Plan was reviewed and approved by the program’s teaching faculty.

This section of the Action Plan will be found below Action Plan Item 5.
After the APT is completed:

Save the Excel document in two places:

- **1st Place**: As an attachment to the 2017-2018 Annual Program Evaluation (as shown in Part III of this guide below).
- **2nd Place**: As an attachment associated with the PEC meeting (as shown in Part I of this guide).
Part III - MedHub Program Accreditation Module

How to access the Annual Program Evaluation in MedHub (by Program Coordinators)

PLEASE decide who will initiate the Annual Program Evaluation, either the Program Coordinator or the Program Director. PLEASE avoid duplicating the initiation of the APE in MedHub.

1. Login to MedHub.
2. Click on Program Accreditation

(by Program Director or APD view)
3. **Click** on the APE tab.

The next screen should look similar to the image below.

4. **CLICK** on Initiate APE:

5. **CONFIRM** before Clicking “Initiate APE” (again).
   a. The program is correct (for this APE – this only happens if you are assigned to more than one program in MedHub).
   b. Academic Year is **July 1, 2017 – June 30, 2018**
   c. **Click** “Initiate APE”
Steps to entering and submitting the APE in MedHub
1. Every time you open the APE, Verify you are working on the correct program and academic year- July 1, 2017 – June 30, 2018.
2. For each value field enter ‘X’ (the field will auto-save).
3. Using the PEC-APE Form (See Part I above) COPY AND PASTE the PEC’s Conclusions and Opportunities for Improvement into each respective section of the APE in MedHub.
4. (Action Plan) Click “Add Action Item”.

5. For each field of the Action Plan enter “See the attached 2017 Action Plan”.

6. For the Target Date enter today’s date.

7. For Status change to “Closed”.

8. Click Submit.

(“Place #1 as explained on page 8 of this guide”)

10. (File Title) Use the following format as the title for the file:

    2018 Action Plan – [Name of program]

11. Click Submit File.
Submitting the APE

At this point in the MedHub Annual Program Evaluation, if you’ve completed all of the steps above, the Progress bar should be 100%. If the progress bar is not 100%, then steps were missed.

You can now **Click** the Submit APE button.

**PLEASE NOTE:**

You are still able to attach files AFTER clicking “Submit APE”.

You **CANNOT** make changes to the content of the APE (i.e., comment fields, value boxes, Action Plan or Review Checklist section) after clicking “Submit APE”.
Review Checklist

The Review Checklist is a tool to support your completion of the APE and associated requirements.

It is important that the following items be completed as part of the APE submission.

- **Update** the PEC module in MedHub (reference the Program Performance Dashboard Guide for instructions).
- **Attach**, if applicable, Board Certification Pass Rate Report (template is available from the GME office if needed).
- **Upload**, when applicable, ACGME Resident and Faculty Survey results into MedHub (steps to upload PDFs are provided below).
- **Attach** the Program Action Plan (excel document) to the APE in MedHub (as previously explained in this guide).
- **Any other checklist items listed in the APE.**

12. Review the Checklist and check mark the items that you’ve completed.

13. Click Update Checklist (each time you update the checklist).

(Review Checklist is a sample and could be different in MedHub.)
S.M.A.R.T is an acronym that you can use to guide the development of measurable objectives. To make sure your objectives are clear and reachable, each one should be:

- **SPECIFIC** (simple, sensible, significant)
- **MEASURABLE** (meaningful, motivating)
- **ACHIEVABLE** (agreed, attainable)
- **RELEVANT** (reasonable, realistic and resourced, results-based)
- **TIME-ORIENTED** (time-based, time limited, time/cost limited, time-sensitive)

### Specific
Clearly define the objective by narrowly focusing and being very specific about what you want to improve/accomplish.

**EXAMPLE:**

“By December 31, 2018, we will implement a new evaluation plan for faculty and staff using clearly defined processes and guidelines for completing faculty evaluations of residents, so residents can receive feedback and have timely accessibility to end of rotation performance evaluations.”

Specific is the “What, Why, and How” components of the SMART model.

“Implement a new evaluation plan for faculty and staff” = What

“using clearly defined processes and guidelines for completing faculty evaluations of residents” = How

“so residents can receive feedback and have timely accessibility to end of rotation performance evaluations” = Why

### Measurable
It’s important for an objective to be measurable. An objective should have some measurement of where you are now and where or how much you want to improve. A measurable objective makes it possible to assess (reassess) and track progress by answering the questions:

- What is the quantity expectation?
- What is the quality expectation?
- What are the frequency expectations?

**EXAMPLE:**

“By December 31, 2018, we will implement a new evaluation plan for faculty and staff using clearly defined processes and guidelines for completing faculty evaluations of residents, so residents can receive feedback and have timely accessibility to end of rotation performance evaluations.”

Is this example the measure is qualitative; the metric is whether the “new evaluation plan” is implemented by December 31st, or not.
Achievable
Objectives should feel challenging, but defined well enough that the outcome can be achieved.

Achievable in S.M.A.R.T is the mid-point in the process where the opportunity presents itself to reflect on the Specific and Measurable components of the objective to answer the questions:
- “Is the objective specific to addressing an opportunity for improvement?”
- “Is the measure realistic and can it be achieved (within the time frame)?”
- “Do we have the abilities, skills, resources to achieve the intended outcome?”

EXAMPLE:
“By December 31, 2018, we will implement a new evaluation plan for faculty and staff using clearly defined processes and guidelines for completing faculty evaluations of residents, so residents can receive feedback and have timely accessibility to end of rotation performance evaluations.”

To reach this objective it must present a large enough challenge for you/the team to remain interested and committed to accomplish.

Relevant
The relevancy is about acknowledging the value and purpose for establishing the objective. Relevancy can be determined by answering these questions:
- Is the objective applicable to the current and future needs of the program?
- Which area does it relate to/support?
- What about the objective will improve the overall performance and or quality of the program?

EXAMPLE:
“By December 31, 2018, we will implement a new evaluation plan for faculty and staff using clearly defined processes and guidelines for completing faculty evaluations of residents, so residents can receive feedback and have timely accessibility to end of rotation performance evaluations.”

Relevancy, in this example, is pertinent to the intended outcome of the objective and not the individual steps or actions that occur in order to make the objective a reality. The outcome is implementing a process that provides residents with feedback and timely accessibility to end of rotation performance evaluations.

Time-Oriented
Every objective needs a target date. The due date or deadline provides focus and direction. The end-date provides another opportunity to reflect on the construct of the objective to answer the question:
- “Can I/we accomplish this objective in this amount of time?”

EXAMPLE:
“By December 31, 2018, we will implement a new evaluation plan for faculty and staff using clearly defined processes and guidelines for completing faculty evaluations of residents, so residents can receive feedback and have timely accessibility to end of rotation performance evaluations.”

December 31, 2018 provides the target date for this objective.
Other SMART Examples:

“Improve resident access to scholarly activity by dedicating research time and increasing exposure to journal clubs in order to improve compliance on the Resident Survey from 69% to 80% by May 1, 2019.”

“By March 31, 2019 the program will increase compliance from 44% to 60% on the ACGME Resident Survey by reducing resident presence at Clements Hospital at night when educational yields are lowest to affect resident perceptions when asked about “education (not) compromised by service obligations”.

References:
http://www.umassd.edu/fycm/goalsetting/resources/smartgoals/
http://hr.wayne.edu/leads/phase1/smart-objectives.php
Annual ACGME Resident and Faculty Surveys

How to upload the Annual ACGME Resident and Faculty Survey

A very valuable feature of Program Accreditation function in MedHub is the ability to upload ACGME Resident and Faculty Survey. Each program must upload the Resident and Faculty ACGME Surveys into MedHub as part of the APE.

(NOTE: Programs that do not meet the minimum requirements to receive survey results may not be able to upload documents into MedHub. You CANNOT upload aggregate year results into MedHub (See directions below on how to upload the files into MedHub).

Here are the directions to import the survey data into MedHub.

*Download the PDF files of your resident and faculty survey data from the ACGME Web Ads. (Email gme@utsouthwestern.edu if assistance is needed on how to download the surveys from Web Ads.)

1. Login to MedHub.
2. Click on Program Accreditation.
3. Click on the Surveys tab.
4. Choose ACGME Resident or ACGME-Faculty.
5. Click Import Survey.
7. Click Submit.

Repeat for each year academic year and resident/faculty type import.
Programs that **DO NOT** have annual results for Resident and or Faculty Surveys

1. FOLLOW steps 1-4 above.

2. CLICK “+Add Survey” button.

3. Enter the information, as best as possible, from the aggregate year survey results.
   - Change the Status field to “Complete”
   - Add comments to indicate that the program only received aggregate annual results.

4. **Click Submit**.

5. Scroll to the bottom of the screen and Click “+Attach File” and complete the steps to upload the file into MedHub.
ACGME Common Program Requirements
Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee (PEC). (Core)

V.C.1.a) The Program Evaluation Committee:

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

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

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

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

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

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

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

V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. (Core)

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

V.C.2.a) resident performance; (Core)

V.C.2.b) faculty development; (Core)

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

V.C.2.d) program quality; and, (Core)

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

V.C.2.d).(2) The program must use the results of residents’ and faculty members’ assessments of the program together with other program evaluation results to improve the program. (Detail)

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

V.C.3. The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. (Core)

V.C.3.a) The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. (Detail)