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ABOUT THE GUIDE

This Program Performance Dashboard (PPD) Guide for Graduate Medical Education (GME) programs has been developed to provide GME program staff with the information needed to achieve the parameters of the PPD.

The guide is sectioned into five areas: Accreditation, Administration, Educational Program, Evaluations, and Clinical Learning Environment.

Each PPD parameter listed in the guide includes (when applicable):

- Requirement – providing a link to the requirement, policy and/or rationale for the parameter.

- How the parameter is scored – explaining the measures applied to scoring the parameter.

- How GME is determining the score – describing what is used or how the score is determined by the GME office.

- Program responsibility – describing the responsibility program staff have in achieving the parameter.
Accreditation Status

**REQUIREMENT**

_ACGME Accreditation Policies and Procedures_ (Subject: The Accreditation Process)

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Continued Accreditation</th>
<th>Continued Accreditation with Warning(s)</th>
<th>Probation</th>
</tr>
</thead>
</table>

**HOW IS GME USING TO DETERMINE THE SCORE**

*ACGME programs*—GME Office will review the current Letter of Notification (LON) found in ACGME ADS to determine the accreditation status of ACGME programs.

*Non-ACGME programs*—GME Office will review the most recent Texas Medical Board approval notice.

**THE PROGRAM’S RESPONSIBILITY TO SATISFY THIS DASHBOARD ITEM**

- Nothing additional.
Citations

REQUIREMENT

ACGME Accreditation Policies and Procedures (Subject: The Accreditation Process)

HOW THE PARAMETER IS SCORED

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No citations</td>
<td>1-2 citations</td>
<td>3 or more citations and/or any citations that have been extended</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—GME Office will review the most recent Letter of Notification (LON) to identify citations issued on an ACGME program.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Nothing additional.
Areas for Improvement/Concerning Trends

REQUIREMENT

ACGME Accreditation Policies and Procedures (Subject: The Accreditation Process)

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 AFI/CTs</td>
<td>1-2 AFI/CTs</td>
</tr>
<tr>
<td>3 or more AFI/CTs</td>
<td>3 or more AFI/CTs</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

*ACGME programs*—GME Office will review the most recent Letter of Notification (LON) to identify Areas for Improvement/Concerning Trends issued to the program.

*Non-ACGME programs*—This item is not applicable.

PROGRAM RESPONSIBILITY

- Nothing additional.
Qualified Program Director

**REQUIREMENT**

**ACGME Common Program Requirements (II.A.3.)**

**GME Policy: Program Directors**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Yes, qualified program director is in place and with sufficient dedicated time.</th>
<th>Yes, but without sufficient dedicated time.</th>
<th>No, a program director is not in place for the program.</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will review documentation to assess this parameter.

**PROGRAM RESPONSIBILITY**

- Ensure program director qualifications are up-to-date in ACGME Web ADS.
- Ensure the program is complying with the GME Policy: Program Directors.
Qualified Program Coordinator

REQUIREMENT

ACGME Common Program Requirements (II.A.3.)

GME Policy: Program Coordinators

HOW THE PARAMETER IS SCORED

| Yes, a qualified program coordinator is designated to the program and with sufficient dedicated time and support. | Yes, but without sufficient dedicated time and support. | No, a program coordinator is not in place for the program. |

HOW IS GME DETERMINING THE SCORE

The GME Office is using the reorganization plans submitted by department administrators to score this parameter.

PROGRAM RESPONSIBILITY

- Ensure the GME Office is up-to-date with any changes to the GME Program Coordinator position(s).
- Ensure the program is complying with the GME Policy: Program Coordinators
Resident Survey Completion Rate

**REQUIREMENT**

*Resident/Fellow and Faculty Surveys*

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Completion Rate</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;95%</td>
<td>Green</td>
</tr>
<tr>
<td>70-94%</td>
<td>Yellow</td>
</tr>
<tr>
<td>&lt;70%</td>
<td>Red</td>
</tr>
</tbody>
</table>

**HOW IS GME DETERMINING THE SCORE**

*ACGME programs*—The GME Office will utilize the Response % rate reported in the Resident ACGME Survey Report which is required to be uploaded/entered into MedHub (as part of the Annual Program Evaluation process).

*Non-ACGME programs*—This item is not applicable.

**PROGRAM RESPONSIBILITY**

- Upload the ACGME Resident Survey report into MedHub.
  - From MedHub Homepage:
    - Navigate to the Site Management section.
    - Click on the Program Accreditation link.
    - Click on the Surveys tab.
    - Confirm the correct academic year for the Survey.
    - Confirm ACGME – Resident Survey is selected.
    - Click Import Survey to upload the PDF file.
    - **G. ONLY FOR PROGRAMS WITH FEWER THAN FOUR RESIDENTS/FELLOWS AND OR LESS THAN 70% COMPLETION (see pg. 9)**
- Programs with fewer than four residents/fellows and with less than 70% compliance rate will only have access to the PDF report on a multi-year basis after at least three years of survey reporting.
  - These programs will manually enter basic information about the survey and upload the PDF report.
Resident Survey Results

REQUIREMENT

The Graduate Medical Education Committee (GMEC) must identify institutional performance indicators for the Annual Institutional Review (AIR), which includes:

- Results of ACGME surveys of residents/fellows and core faculty members

ACGME Institutional Requirements (I.B.5.a).(2)]

HOW THE PARAMETER IS SCORED

| No ACGME survey items that are >10% of the national compliance rate | One to three survey items >10% of the national compliance rate | Four or more items >10% of the national compliance rate |

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will use Resident ACGME Survey Reports to determine the number of survey items that fall below or above (by 10%) of the national compliant rate.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Refer to pages 8-9 of this document find the steps to upload the Resident ACGME Survey into MedHub.
Faculty Survey Completion Rate

REQUIREMENT

Resident/Fellow and Faculty Surveys

HOW THE PARAMETER IS SCORED

| >90% completion rate | 70-89% completion rate | <70 |

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will use the response % rate reported in the Faculty ACGME Survey Report which is required to be uploaded/entered into MedHub (as part of the Annual Program Evaluation process).

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Upload the ACGME Faculty Survey report into MedHub.
  - From MedHub Homepage:
    - A. Navigate to the Site Management section.
    - B. Click on the Program Accreditation link.
    - C. Click on the Surveys tab.
    - D. Confirm the correct academic year for the Survey.
    - E. Confirm ACGME – Faculty Survey is selected.
    - F. Click Import Survey to upload the PDF file.
    - G. ONLY FOR PROGRAMS WITH FEWER THAN FOUR FACULTY AND OR LESS THAN 70% COMPLETION (see pg. 12)
- Programs with fewer than three faculty and with less than 60% response rate will only have access to the PDF report on a multi-year basis after at least three years of survey reporting.
  - These programs will manually enter basic information about the survey and upload the PDF report.
Faculty Survey Results

REQUIREMENT

ACGME Institutional Requirements (I.B.5.a).(2)]

HOW THE PARAMETER IS SCORED

| No ACGME survey items that are >10% of the national compliance rate | One to three survey items >10% of the national compliance rate | Four or more items >10% of the national compliance rate |

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will use the Faculty ACGME Survey Report to determine the number of survey items that fall below or above (by 10%) of the national compliant rate.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Refer to pages 11-12 of this document to find the steps to upload the Faculty ACGME Survey into MedHub.
Program Evaluation Committee Membership

REQUIREMENT

ACGME Common Program Requirements (V.C.1.a).(1))

HOW THE PARAMETER IS SCORED

| Committee membership (at minimum) is composed of two program faculty members and one resident listed in MedHub. | Committee membership does not comply with the ACGME requirement and or not listed in MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm PEC committee members listed in MedHub.

PROGRAM RESPONSIBILITY

- Utilize the Program Evaluation Committee function in MedHub to list the members of the committee.
  - From MedHub Home Screen:
    - A. Navigate to the Security Section.
    - B. Click on Program Evaluation Committee
    - C. Add committee members under the Committee Members tab.
Program Evaluation Committee Description

REQUIREMENT

ACGME Common Program Requirements (V.C.1.a.(2))

GME Policy: Evaluation

HOW THE PARAMETER IS SCORED

| PEC description is available in MedHub. | PEC description is not available in MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm the PEC Roles and Responsibilities document is uploaded into MedHub.

PROGRAM RESPONSIBILITY

- Utilize the Program Evaluation Committee function, in MedHub, to upload a copy of the PEC Roles and Responsibilities document.
  - From MedHub Home Screen:
    A. Navigate to the Security Section.
    B. Click on Program Evaluation Committee.
    C. Click Resources/Files tab.
    D. Upload or Add a link to the document.
  - **File Title**: PEC Roles and Responsibilities
Program Evaluation Committee Function

REQUIREMENT

ACGME Common Program Requirements (V.C.2 – V.C.3.a)

GME Policy: Evaluation

HOW THE PARAMETER IS SCORED

| PEC meetings and meeting minutes are entered/uploaded into MedHub. | PEC meetings entered into MedHub, but no meeting minutes uploaded. | No PEC meetings nor meeting minutes are entered/uploaded into MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm PEC meetings and meeting minutes are entered/uploaded into MedHub.

PROGRAM RESPONSIBILITY

- Utilize the Program Evaluation Committee function, in MedHub, to enter and upload meeting and meeting minutes.
  - From MedHub Home Screen:
    A. Navigate to the Security Section.
    B. Click on Program Evaluation Committee.
    C. Click Meetings tab.
    D. Click Add Meeting and enter/upload the requested information.
Clinical Competency Committee Membership

**REQUIREMENT**

**GME Policy: Evaluation**

**ACGME CCC Guidebook**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Membership comprised of three or more active teaching faculty listed in MedHub.</th>
<th>Membership comprised of less than three active teaching faculty listed in MedHub.</th>
<th>No members listed in MedHub.</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will confirm CCC members are listed in the Clinical Competency Committee function in MedHub.

**PROGRAM RESPONSIBILITY**

- Utilize the Clinical Competency Committee function in MedHub to list the members of the committee.
  - From MedHub Home Screen:
    - D. Navigate to the Security Section.
    - E. Click on Program Evaluation Committee
    - F. Add committee members under the Committee Members tab.
Clinical Competency Committee Description

REQUIREMENT

ACGME Common Program Requirements (V.A.1.b)

GME Policy: Evaluation

HOW THE PARAMETER IS SCORED

| CCC description of responsibilities is available in MedHub. | CCC description is not available in MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm the CCC document of responsibilities is uploaded into the CCC Resources/Documents in MedHub.

PROGRAM RESPONSIBILITY

- Utilize the Clinical Competency Committee function, in MedHub, to upload a copy of the CCC Roles and Responsibilities document.
  - From MedHub Home Screen:
    - E. Navigate to the Security Section.
    - F. Click on Clinical Competency Committee.
    - G. Click Resources/Files tab.
    - H. Upload or Add a link to the document.
Clinical Competency Committee Function

REQUIREMENT

GME Policy: Evaluation

ACGME CCC Guidebook

HOW THE PARAMETER IS SCORED

| CCC meetings and meeting attendance are entered/uploaded into MedHub. | CCC meetings entered into MedHub, but no meeting attendance uploaded. | No CCC meetings nor meeting attendance are entered/uploaded into MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm that CCC meetings and meeting attendance are entered/uploaded into MedHub.

PROGRAM RESPONSIBILITY

- Utilize the Clinical Competency Committee function, in MedHub, to enter and upload meeting and meeting attendance.
  - From MedHub Home Screen:
    A. Navigate to the Security Section.
    B. Click on Clinical Competency Committee.
    C. Click Meetings tab.
    D. Click Add Meeting and enter/upload the requested information.
Annual ADS Update

**REQUIREMENT**

*ACGME Common Program Requirements (II.A.4.g.(1))*

**HOW THE PARAMETER IS SCORED**

| Timely completion | Not completed by due date |

**HOW IS GME DETERMINING THE SCORE**

*ACGME programs*—The GME Office will review the program’s Annual ADS status in ACGME.

*Non-ACGME programs*—This item is not applicable.

**PROGRAM RESPONSIBILITY**

- Ensure the Annual ADS updates are entered into ACGME ADS by the due date.
Program Aims

**REQUIREMENT**

**ACGME Self-Study**

**GME Policy: General Requirements for UTSW Graduate Medical Education Programs**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Program Aims uploaded in MedHub Policies</th>
<th>Program Aims uploaded into APE</th>
<th>Program Aims not uploaded.</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will review every program to confirm the Program Aims are uploaded into Medhub.

**PROGRAM RESPONSIBILITY**

- Complete Program Aims using template in Appendix A
- Upload into MedHub Policies Section
  - Video – Uploading Policies into MedHub
Annual Program Evaluation (APE) Submitted by GME Due Date

**REQUIREMENT**

**ACGME Common Program Requirements (V.C.2)**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Submitted by due date</th>
<th>Submitted after due date</th>
<th>Not submitted</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will use the date stamped in MedHub to determine whether the APE was submitted by the due date.

**PROGRAM RESPONSIBILITY**

Submit the Annual Program Evaluation, in MedHub, by the due date.

---

Last Year’s APE Action Plan Reviewed by PEC

**REQUIREMENT**

**ACGME Common Program Requirements (V.C.2)**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will review the APE-PEC form to determine if the PEC completed a review of last year’s action plan.

**PROGRAM RESPONSIBILITY**

- Utilizing the APE-PEC Form, the PEC should document the results/outcomes of last year’s action plan items.
- The APE-PEC form should be uploaded to the PEC meeting, as an attachment, in MedHub.
  - ![See Annual Action Plan Guide](https://example.com/annual-action-plan-guide)
Annual Program Evaluation (APE) Action Plan

REQUIREMENT

ACGME Common Program Requirements (V.C.3)

HOW THE PARAMETER IS SCORED

| Complies with requirements | Complies with two of three requirements. | Complies with zero to one of the three requirements. |

HOW IS GME DETERMINING THE SCORE

Action Plans will be downloaded from the 2016-2017 APE (file attachment section) in MedHub.

The GME Office in coordination with the Program Performance Improvement Sub-committee will review and score each action plan.

Action Plan requirements:

- Three to five action items listed.
- At least one of the action items targets one of the four program areas for improvement: Resident Performance, Faculty Development, Graduate Performance; Program Quality.
- Each action plan’s objective is SMART: Specific, Measurable, Attainable, Relevant, Time-phased.

PROGRAM RESPONSIBILITY

- Utilize the Action Plan template (excel document) to complete the annual action plan.
- Ensure the action plan complies with the three requirements.
- Upload the action plan to the Annual Program Evaluation (File Attachment area).
  - See Annual Action Plan Guide
Required rotation sites listed in WebADS

**REQUIREMENT**

**ACGME Common Program Requirements (I.B.2)**

**HOW THE PARAMETER IS SCORED**

| ADS required sites listed in MedHub | ≥ 1 ADS required site missing from MedHub. |

**HOW IS GME DETERMINING THE SCORE**

**ACGME programs**—The GME Office will compare the required sites listed in ACGME WebADS (inclusive of the Block Diagram) to the sites used in MedHub (Services, shifts/call, continuity clinics).

**Non-ACGME programs**—This item is not applicable.

**PROGRAM RESPONSIBILITY**

Ensure the required sites in ACGME WebADS are current and the services, shifts/calls, and or continuity clinics in MedHub are representative of those sites.

Program Letters of Agreement (PLA)

**REQUIREMENT**

**ACGME Common Program Requirements (I.B.1)**

**HOW THE PARAMETER IS SCORED**

| Current and complete for all sites. | PLAs in draft mode | >1 PLA missing or expired. |

**HOW IS GME DETERMINING THE SCORE**

**ACGME programs**—The GME Office is comparing the number of active/current required sites listed in ACGME ADS to active PLAs in the Total Contracts Management system (TCM).

**Non-ACGME programs**—This item is not applicable.

**PROGRAM RESPONSIBILITY**

Ensure all PLAs are current and active for all required sites listed in ACGME ADS.
Program Complement

REQUIREMENT

ACGME Policies and Procedures Section 18.105

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Condition</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total filled ≤ Total Approved</td>
<td>Green</td>
</tr>
<tr>
<td>Filled &gt; Approved in ≥1 year</td>
<td>Yellow</td>
</tr>
<tr>
<td>Total Filled &gt; Total Approved</td>
<td>Red</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will review the complement status of the program in ACGME’s WebADS.

Non-ACGME programs—GME Office will review the most recent Texas Medical Board approval notice.

PROGRAM RESPONSIBILITY

Nothing additional.

Demographics in MedHub comply with policy

REQUIREMENT

GME Policy: Documentation Standardization and Retention

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Compliance Level</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% compliant with entering demographics into MedHub</td>
<td>Green</td>
</tr>
<tr>
<td>90-99% compliant</td>
<td>Yellow</td>
</tr>
<tr>
<td>&lt;90% compliant</td>
<td>Red</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

The GME Office, through MedHub reporting, will review to ensure all required demographic information was entered for each trainee (including six commonly omitted primary items: University ID, NPI, Employer ID, Employer, Primary email address, and all USMLE/COMLEX scores).

PROGRAM RESPONSIBILITY

- Utilizing the GME policy (above), enter all demographics and test scores into MedHub for every active/current trainee.
- Programs can generate Resident Ad-hoc and Test Scores Reports to identify missing or incorrect information.
Scheduling Errors in MedHub

**REQUIREMENT**

**GME Policy: Documentation Standardization and Retention**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th></th>
<th>1-4 errors</th>
<th>&gt;4 schedule errors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office, utilizing MedHub reports, reviewed to determine the number of unresolved schedule errors for the Academic Year.

**PROGRAM RESPONSIBILITY**

- Utilize MedHub reports: Resident Schedule Error Report
- Clear all schedule errors on a regular basis.
Graduate Performance: Board Pass Rate, First Attempt*

**REQUIREMENT**

ACGME Common Program Requirements (V.C.2.c)

**HOW THE PARAMETER IS SCORED**

| GME report uploaded into MedHub | GME report not uploaded into MedHub |

**HOW IS GME DETERMINING THE SCORE**

The GME Office will review the Board Pass Rate Table (or other documentation) uploaded into MedHub for programs in specialties that offer board certification examinations.

**PROGRAM RESPONSIBILITY**

- If applicable, the program should utilize the GME provide Board Pass Rate table to report results.

**UPLOAD**

- From your MedHub homepage find and click the Program Accreditation link.
- Navigate to the appropriate Annual Program Evaluation.
- Attach the document.
Overall Program Educational Goals

**REQUIREMENT**

**ACGME Common Program Requirements (IV.A.1)**

**General Requirements for UTSW Graduate Medical Education Programs**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Uploaded in MedHub</th>
<th>Not uploaded into MedHub</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office will search to ensure the program’s overall educational goals are uploaded into MedHub.

**PROGRAM RESPONSIBILITY**

- The program should establish overall educational goals and upload into MedHub.
- The program director and/or the coordinator with appropriate access level can upload the document.
- See [Appendix B](#)

**UPLOAD**

- From your MedHub homepage find and click the Curriculum Objectives/Goals link.

**Curriculum Objectives/Goals**

- Click the “Upload File” button and upload the document
  - List the Overall Educational Goals as “Other-Curriculum” so it appears in the “Non-Service Curriculum” section.
Competency-based Goals and Objectives (G&O)

REQUIREMENT

ACGME Common Program Requirements (IV.A.2)

General Requirements for UTSW Graduate Medical Education Programs

HOW THE PARAMETER IS SCORED

| G&O for each activity and level uploaded into MedHub. | G&O for each activity but not each level uploaded into MedHub | No G&Os uploaded into MedHub. |

HOW IS GME DETERMINING THE SCORE

The GME Office will search and review the Curriculum Objectives/Goals section in MedHub to ensure the G&Os for each activity and by level are available.

PROGRAM RESPONSIBILITY

- Develop goals and objectives for each activity and by level.
- Attach to each activity in MedHub.
- See Appendix B

UPLOAD

- From your MedHub homepage find and click the Curriculum Objectives/Goals link.

  **Curriculum Objectives/Goals**

- Click the “Upload File” button and upload the document
  - Attach the appropriate document(s) to each activity.
Faculty Qualifications

REQUIREMENT

ACGME Common Program Requirements (II.B.1-4)

HOW THE PARAMETER IS SCORED

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All faculty are Board Certified or RRC approved</td>
<td>Any Board eligible or not yet RRC approved</td>
<td>No documentation of Board Certification or RRC approval</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will review the faculty roster listed in ACGME WebADS.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Ensure faculty qualifications are up-to-date in ACGME WebADS.
EVALUATIONS
Milestones Timely Submission

REQUIREMENT

ACGME Common Program Requirements (V.A.1.b).(1).(b))

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will utilize reporting from ACGME WebADS to score this item.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Ensure milestones are submitted into ACGME WebADS by the due date.

Timely Formative Evaluation

REQUIREMENT

ACGME Common Program Requirements (V.A.2.a)

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th></th>
<th>≥90% Faculty of Resident Evaluations completed within two weeks of delivery.</th>
<th>80%-89%</th>
<th>&lt;80%</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

The GME Office will review MedHub Reports to determine the percentage of faculty completing Faculty Evaluation of Resident type evaluations within two-weeks (15 days) of delivery.

PROGRAM RESPONSIBILITY

- Ensure faculty complete Faculty Evaluation of Resident type forms within two-weeks of delivery.
- Utilize the Evaluation Completion Summary report to track throughout the year.
Use of Multiple Evaluators in Formative Evaluation

**REQUIREMENT**

ACGME Common Program Requirements (V.A.2.b)(2))

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Score Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full 360 (4-5 evaluation types--including Faculty of Resident) completed</td>
<td></td>
</tr>
<tr>
<td>Partial 360 (2-3 evaluation types--including Faculty of Resident completed)</td>
<td></td>
</tr>
</tbody>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office utilized MedHub reporting to determine the results of this parameter.

Full 360 (four evaluation types):

- Faculty Evaluation of Resident
- Resident Evaluation of Other Resident (Peer)
- Resident Self Evaluation
- Patient/Staff of a Resident (specifically searched for patient evaluation titled forms)
- Patient/Staff of a Resident (specifically searched for staff evaluation titled forms)

**PROGRAM RESPONSIBILITY**

- Ensure 360 evaluations are being completed, at minimum semi-annually.
- Ensure that evaluator type is clearly specified in all Evaluation of Resident forms.
Residents Evaluate Faculty At Least Annually

REQUIREMENT

ACGME Common Program Requirements (V.B.3)

GME Policy: Evaluation

HOW THE PARAMETER IS SCORED

| Residents are submitting Resident Evaluation of Faculty type forms. | Program delivers, but residents are not submitting forms. | Program is not delivering evaluations. |

HOW IS GME DETERMINING THE SCORE

The GME Office utilizes MedHub reports to assess the parameter.

PROGRAM RESPONSIBILITY

- Ensure Resident Evaluation of Faculty Member type forms are available and being submitted at least once a year.
Residents and Faculty Evaluate Program At Least Annually

**REQUIREMENT**

ACGME Common Program Requirements (V.C.2.d).(1))

**GME Policy: Evaluation**

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>Status</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluations delivered (or accessible) to residents and faculty.</td>
<td>Green</td>
</tr>
<tr>
<td>Evaluations delivered (or accessible) to either residents or faculty.</td>
<td>Yellow</td>
</tr>
<tr>
<td>No evaluations delivered or accessible to residents or faculty.</td>
<td>Red</td>
</tr>
</tbody>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office utilizes reports in MedHub to assess this parameter.

**PROGRAM RESPONSIBILITY**

- Ensure residents and faculty have the opportunity to evaluate the program at least once annually, through MedHub.
CLINICAL LEARNING ENVIRONMENT
Quality Improvement Education

REQUIREMENT

ACGME Common Program Requirements (VI.A.b).(1).(a))

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Quality Improvement Process document uploaded into MedHub</th>
<th>Not uploaded into MedHub</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will confirm the Quality Improvement Process document is uploaded into MedHub.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Complete the Quality Improvement document.
  o See Appendix E
- Upload into MedHub.

UPLOAD

- From the MedHub homepage, find and click the Program Accreditation link.
- Click the Policies Tab
- Add Document as policy type: “Program Quality Improvement Process”
  o Video – Uploading Policies into MedHub
Fatigue Mitigation Education

REQUIREMENT

ACGME Common Program Requirements (VI.D.1.a)

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Fatigue Mitigation Process uploaded into MedHub</th>
<th>Not uploaded into MedHub</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

ACGME programs—The GME Office will confirm the process is uploaded in MedHub.

Non-ACGME programs—This item is not applicable.

PROGRAM RESPONSIBILITY

- Complete the Fatigue Mitigation Process form.
  - See Appendix C
- Upload into MedHub.

UPLOAD

- From the MedHub homepage, find and click the Program Accreditation link.
- Click the Policies Tab
- Add Document as policy type: “Program Fatigue Mitigation Process”
  - Video – Uploading Policies into MedHub
Transition of Care/Handoff Process

REQUIREMENT

ACGME Common Program Requirements (VI.E.3.a-e)

GME Policy: Transitions of Care

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Handoff Process uploaded into MedHub</th>
<th>Not uploaded into MedHub</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm the process is uploaded in MedHub.

PROGRAM RESPONSIBILITY

- Complete the Handoff Process form.
  - See Appendix D
- Upload into MedHub.

UPLOAD

- From the MedHub homepage, find and click the Program Accreditation link.
- Click the Policies Tab
- Add Document as policy type: “Program Handoff Process”
  - Video – Uploading Policies into MedHub
Duty Hours – Submission Rate

REQUIREMENT

ACGME Common Program Requirements (II.A.4.j.(2))

GME Policy: Duty Hours

HOW THE PARAMETER IS SCORED

| Work hours are submitted in MedHub ≥95% of the time. | 90%-94% | <90% |

HOW IS GME DETERMINING THE SCORE

The GME Office utilizes MedHub reports to assess this parameter. The reporting period spans the July 1st – June 30th, academic year.

PROGRAM RESPONSIBILITY

- Ensure all residents and fellows submit their work hours on a regular basis.
- Monitor submissions on a regular basis utilizing MedHub reports.
Duty Hours – 80 Hour Compliance

REQUIREMENT

ACGME Common Program Requirements (VI.F.1)

GME Policy: Duty Hours

HOW THE PARAMETER IS SCORED

| Zero 80-hour workweek violations. | >0 80-hour workweek violations. |

HOW IS GME DETERMINING THE SCORE

The GME Office utilizes MedHub reports to assess this parameter. The reporting period spans the July 1st – June 30th, academic year.

PROGRAM RESPONSIBILITY

- Ensure all residents and fellows submit their work hours on a regular basis.
- Monitor potential work-hour violations on a regular basis utilizing MedHub reports.
Duty Hours – One-day in Seven Compliance

**REQUIREMENT**

ACGME Common Program Requirements (VI.F.2.d)

GME Policy: Duty Hours

**HOW THE PARAMETER IS SCORED**

<table>
<thead>
<tr>
<th>No violations</th>
<th>&gt;0 violations</th>
</tr>
</thead>
</table>

**HOW IS GME DETERMINING THE SCORE**

The GME Office utilizes MedHub reports to assess this parameter. The reporting period spans the July 1st – June 30th, academic year.

**PROGRAM RESPONSIBILITY**

- Ensure all residents and fellows submit their work hours on a regular basis.
- Monitor potential work-hour violations on a regular basis utilizing MedHub reports.
Supervision Grids

REQUIREMENT

ACGME Common Program Requirements (VI.A.2.b)(1))

Supervision of Graduate Medical Education Residents

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>Current supervision grid uploaded into MedHub</th>
<th>Not uploaded into MedHub</th>
</tr>
</thead>
</table>

HOW IS GME DETERMINING THE SCORE

The GME Office will confirm the document is uploaded into MedHub.

PROGRAM RESPONSIBILITY

- Complete and submit a supervision grid each academic year to the GME Office.
- Upload the current academic year’s supervision grid into MedHub.

UPLOAD

- From the MedHub homepage, find and click the Program Accreditation link.
- Click the Policies Tab
- Add Document as policy type: “Program Supervision Grid”
  - Video – Uploading Policies into MedHub
Residents Can Raise Concerns without Fear

REQUIREMENT

HOW THE PARAMETER IS SCORED

<table>
<thead>
<tr>
<th>National compliance differential</th>
<th>National compliance differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; -10%</td>
<td>&gt;=-10% and/or multiple or verified complaints</td>
</tr>
</tbody>
</table>

HOW IS GME DETERMINING THE SCORE

The GME Office will utilize the results from the ACGME Resident Survey and communications to assess this parameter.

PROGRAM RESPONSIBILITY

Ensure that all program personnel understand that no resident/fellow will be penalized, disciplined, or prejudiced for exercising the right to present a concern/grievance or for aiding another resident/fellow in the presentation of a concern/grievance and that retaliation against a resident/fellow for raising a concern/grievance in good faith or for assisting in the investigation of such a concern/grievance is strictly prohibited.
APPENDICES
Appendix A: Program AIMS

University of Texas Southwestern Medical Center
Graduate Medical Education

Program Aims Statement

GME Program: Click here to enter text.
Academic Year: Click here to enter text.

A GME program’s aims are program and institutional leaders’ views of key expectations for the program, and how the program differentiates itself from other programs in the same specialty/subspecialty. Aims may focus on the types of trainees recruited into the program, training for particular careers (clinical practice, academics, research, primary/generalist care), and other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Program aims serve as a way to differentiate programs, enhance intentionality in program design, and help the program to meet the needs of its service area (which may be local, regional, or national). Program aims should generally take a longer-term strategic view, but they also may change over time, in response to factors such as advances in the field, local or national demand for a resident workforce with certain capabilities, or new opportunities to train residents and fellows in a different setting.

Programs should set and/or reassess program aims as part of the annual program evaluation process with input from trainees, program and departmental leadership, and key faculty. Aims should be realistic, and a program must be able to evaluate its effectiveness in achieving its aims. Relevant considerations include:

- Who are our residents/fellows?
- What do we prepare them for?
  - Fellowship
  - Academic practice
  - Leadership and other roles
  - Etc.
- Who are the patients/populations our trainees care for?
- What is your vision of YOUR ideal program?
- What program activities advance and further the program’s Aims?
- How will the program measure success in achieving the Aims? What are the desired outcomes?

Establishing program aims is beneficial to GME programs in that it:

- Suggests a relevant dimension of the program:
  - What kinds of graduates do we produce for what kinds of practice settings, roles and/or community needs?
- Allows for a more “tailored” approach to creating a learning environment
A focus on specific aims can produce highly desirable graduates that match patient and healthcare system needs.

- Enhances the focus on functional capabilities of graduating residents
  - Fits with a milestones-based approach to assessment

Sample Program Aims

- Provide a comprehensive 3-year curriculum to enable residents to learn tertiary, secondary, and primary care skills in all settings.
- Educate residents to be excellent practitioners of medically directed anesthesiology in an Anesthesia care team model.
- Train individuals with expertise in population health and serving medically underserved.
- Produce excellent, independent practitioners who will be local and national leaders, and for academic careers.

A program’s complete Aims Statement should not exceed 150 words in length.

Program Aims Process

1. Define Program Aims.
   a. The Program Director and Program Evaluation Committee utilize the information above and develop an initial draft of Program Aims.
   b. This is not a Program Coordinator responsibility, although Program Coordinators may provide input and document the process.

2. Vet and communicate Program Aims.
   a. Who needs to vet the Aims (Department Chair, Division Chief, Faculty)?
   b. Who needs to know about the Aims (current and prospective trainees, the public, etc.)?

3. Identify the activities in your program that advance and further the defined Program Aims.
   a. Consider both existing activities and new activities that you plan to initiate.
   b. Identify metrics for success.

4. Measure your program’s progress and success in meeting the Program Aims.
   a. Measure against pre-defined metrics.
   b. Revise Program Aims if necessary as part of the Annual Program Evaluation.

Enter Your Program’s Aims Statement (box will expand):
Appendix B: Educational Program

University of Texas Southwestern Medical Center
Graduate Medical Education

Educational Program Goals and Objectives

This guidance addresses both Overall Educational Goals and Competency-Based Goals and Objectives.

I. Overall Educational Goals

Overall program educational goals describe a general overview of what the program is intended to achieve with regard to its educational curriculum. These create a framework for expectations on the part of residents, faculty, and others in the program, and should not be a ‘laundry list’ of learning objectives. There is likely to be overlap between a Program’s Aims Statement and its overall educational goals. The Aims Statement, however, represents a more comprehensive view of a program’s goals while overall educational goals are a component of the program’s curriculum and serve as a statement of purpose for the curriculum.

Although the ACGME does not assign responsibility for establishing a program’s overall educational goals to any particular person or committee, the Program Evaluation Committee (PEC) should review the overall educational goals of the program as part of the Annual Program Evaluation (APE) to ensure that the program’s educational activities are aligned with its goals.

The overall educational goals must be distributed to residents and faculty annually, either electronically or on paper. Programs should post these in MedHub and have a process in place that assures the residents and faculty both know and understand these overall educational goals.

The ACGME, in Common Program Requirement IV.A.1, requires overall education goals, but it does not require these goals to be competency-based or to vary by level of training. However, many programs include the six ACGME competencies in their overall educational goals, and many programs also provide overall educational goals for each level of training. UT Southwestern encourages programs to consider including these elaborations on the basic requirement.

Sample Overall Educational Goals

Below are links to several sets of overall educational goals developed at different institutions across the country. These are provided only as examples of how others are attempting to meet the requirement for overall educational goals. They are not endorsed by UT Southwestern GME. They are provided by request and because they were easy to find online.

- Penn Medicine Vascular Surgery and Endovascular Therapy Training Program
- Vanderbilt University Pediatrics Residency Program
- Stanford General Surgery Program
- Baylor Surgery Program
II. Competency-Based Goals and Objectives

The ACGME and UT Southwestern GME policy require programs to provide competency-based goals and objectives for each assignment at each educational level. Programs are also required to distribute these goals and objectives to residents/fellows and faculty at least annually, in either written or electronic format. These requirements reflect an understanding that explicit goals and objectives contribute to the planning, conduct, and evaluation of programs that prepare residents able to practice independently at the completion of training. It is important for Program Directors to understand the scope of these requirements.

Goals vs. Objectives

Goal(s) communicate the general purpose and direction of the assignment. They are broad statements of a purpose an educational program or curriculum hopes to achieve. For example, a program educational goal may be “to expand the cadre of physicians who have the skills to understand and reduce the risks of disease, disability, and death, both in individuals and population groups.”

Objectives are the intended results of the instructional process or activity. They communicate to residents, faculty, and others involved the expected results in terms of resident outcomes and typically are the basis for items within evaluation instruments. They are statements provided to learners that describe what the trainee is expected to learn and how they will demonstrate their learning. For example, an educational objective related to quality improvement education may be “by the second year of training, identify predictable barriers to quality improvement on an inpatient ward.”

Goals tell us where we want to be. Objectives tell us how we get there.

ACGME Competencies

It is assumed that all program leadership and faculty are familiar with the six competencies identified by the ACGME. If not, review section IV of your Program Requirements. All goals and objectives provided by a program in accordance with this requirement must be explicitly linked to one or more of the six ACGME competencies. It is not necessary for the goals and objectives for each assignment to incorporate all six competencies.

Assignments

The ACGME does not specifically define the term ‘assignment’ as used in this requirement. It is generally understood to include scheduled rotations, but it may also include non-rotational assignments such as Journal Club presentations, scholarly activity requirements, etc.

Educational Level

The ACGME does not specifically define the term ‘educational level’ as used in this requirement. It does, however, define ‘graduate-year level as “a resident’s current year of accredited GME. This designation may or may not correspond to the resident’s particular year in a program.” It also indicates that the concept of graded and progressive responsibility is one of the core tenets of American graduate medical
education. For the purposes of complying with this requirement, educational level is equivalent to graduate-year level, barring circumstances that indicate otherwise. Because competency-based goals and objectives must be provided for each assignment at each year of training, assignments that cross multiple years of training (e.g., Inpatient Ward rotation, etc.) must have multiple sets of goals and objectives. It is expected that the goals and objectives will have considerable overlap in such cases, but they must demonstrate graded and progressive responsibilities. Thus, the goals and objectives for assignments completed at more than one educational level cannot be exactly the same.

**Putting it All Together**

To meet this requirement, programs must:

1. Identify all resident/fellow assignments. This should be consistent with, but not limited to, the programs’ block rotation diagram, and it should include any other required assignments (e.g., scholarly activity, quality improvement projects, etc.)
2. Provide written goals and objectives explicitly linked to one or more ACGME competencies for each assignment at each level of training. The UT Southwestern GME Office can provide a recommended template for appropriately documenting the goals and objectives.
3. Post these goals and objectives in MedHub and distribute to all residents/fellows and faculty annually via a link and/or in written format.
4. Through the Program Evaluation Committee, review and evaluate the goals and objectives as part of the Annual Program Evaluation (APE).

A helpful reference is [Communicating Your Program’s Goals and Objectives](https://journals.ama-assn.org) from the *Journal of Graduate Medical Education*. 
Appendix C: Fatigue Mitigation Process

University of Texas Southwestern Medical Center
Graduate Medical Education

Fatigue Mitigation Processes and Continuity of Patient Care

GME Program: Click here to enter text.
Academic Year: Click here to enter text.

Each UTSW GME program must adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning, and each program must have a process to ensure continuity of patient care in the event that a resident may be unable to perform his/her patient care responsibilities due to excessive fatigue or when clinical care needs exceed a resident's ability. Despite general adherence to duty hour requirements, instances of resident and fellow fatigue are still reported. Fatigued providers can place patients at risk and can also jeopardize their own health (e.g., accidents, burnout, etc.).

Formal fatigue-management educational activities create a shared mental model necessary for residents/fellows to work consistently in a safe manner. Programs must (1) educate residents and faculty to recognize the signs of fatigue and sleep deprivation, (2) educate residents and faculty in alertness management and fatigue mitigation processes, and (3) encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning. Monitoring of duty hours is a necessary yet insufficient method for assessment of resident (and faculty) fatigue. A number of factors including but not limited to task/mental overload due to high volume or high acuity patient activity, circadian rhythm disruption, chronic sleep deficit, and nonwork-related activities should also be considered in the comprehensive and effective evaluation and mitigation of fatigue. System-wide strategies to relieve fatigued providers—in addition to individual strategies—are strongly encouraged.

Explain how the program educates all faculty members and residents to recognize the signs of fatigue and sleep deprivation.

Explain how the program educates all faculty members and residents in alertness management and fatigue mitigation processes.

Explain how the program encourage residents to use fatigue mitigation processes to manage the potential negative effects of fatigue on patient care and learning.
Please indicate the fatigue prevention and mitigation strategies adopted by this program:

☐ Scheduling to maximize rest/reset circadian rhythms
☐ Batching calls
☐ Sleep hygiene training
☐ Provide transportation for safe return home
☐ Bright light
☐ Other Click here to enter text.
☐ Strategic naps
☐ Daytime sleep during night float
☐ Treatment of sleep-related illnesses
☐ Exercise/activity during duty
☐ Caffeine when sleepy (and not when awake)
☐ Other Click here to enter text.

Which of the following back-up systems does the program have in place that ensure coverage of patient care in the event that a resident may be unable to perform their patient care responsibilities due to excessive fatigue or when clinical care needs exceed a resident’s ability?

☐ Physicians are immediately available (on site)
☐ Physicians are available by phone
☐ Senior Residents or Fellows are immediately available (on site)
☐ Senior Residents or Fellows are available by phone
☐ Mid-level Providers are immediately available (on site)
☐ Mid-level Providers are available by phone
☐ Other Click here to enter text.
☐ Other Click here to enter text.
Appendix D: Handoff Process

University of Texas Southwestern Medical Center
Graduate Medical Education

Handoff Process

GME Program: Click here to enter text.
Academic Year: Click here to enter text.

In accordance with the UT Southwestern GME policy on Transitions of Care each graduate medical education program is responsible for developing a standardized approach to hand-offs and a hand-off template. There is no “one size fits all” solution, but our policy standardizes the essential properties of the hand-off process while allowing for additional specialty- or unit-specific components as needed.

Examples of standardized hand-off processes (with relevant web references) include:

- A Structured Handoff Program for Interns (SAIF-IR)
  - SAIF-IR Handover video
- Situational-Background-Assessment-Recommendation (SBAR)
- I PASS THE BATON
  - Communication Strategies for Patient Handoffs
- I-SWITCH
  - Improving the Clinical Handoff
  - Hand-Off Template
- SafetyFirst: 5Ps for Patient Handoffs

1. Identify the hand-off process utilized by your program. Choose an item.

If ‘Other” or a modified version of one of the options is selected, please include a description of your process to this submission. If your program uses multiple processes, please include a description of the processes (as necessary) and explain.

2. In the text box below, describe how and when residents/fellows and faculty receive instruction on the proper utilization of the hand-off process (box will expand).
3. Are hand-offs supervised and evaluated by faculty? Choose an item.
4. Explain how the program ensures that residents are competent in communicating with team members in the hand-over process.
A cohesive model of health care includes quality-related goals, tools, and techniques that are necessary for health care professionals to achieve quality improvement goals. In order to understand quality from a systems-based perspective, it is necessary to be familiar with the entire cycle of quality improvement (QI) from planning through execution and reassessment. Access to data is essential to prioritizing activities for care improvement and evaluating success of improvement efforts. Formal educational activities that create a shared mental model with regard to health care quality-related goals, tools, and techniques are necessary in order for health care professionals to consistently work in a well-coordinated manner to achieve health care quality improvement goals and a true patient-centered approach that considers the variety of circumstances and needs of individual patients. Furthermore, experiential learning is essential to developing the ability to identify and institute sustainable systems-based changes to improve patient care.

How does the program provide residents/fellows with progressive education and training on quality improvement that involves experiential learning? (Text box will expand.)

How does the program provide residents and faculty members with data on quality metrics and benchmarks related to their patient populations? (Text box will expand.)

Explain how the program provides residents with the opportunity to participate in interprofessional quality improvement activities including activities aimed at reducing health care disparities? (Text box will expand.)