Going Ape for APE

Objectives

1. Ensure that all programs implement a robust APE process that promotes and documents ongoing program improvement and places them in good stead for eventual self-study

    1a. Appreciate the importance of meaningful APE Action Plans and follow-up to #1

    1b. Articulate ACGME expectations regarding the Context of program improvement

    1c. Walk away with some tools to do fabulous Aims, SWOTs and APEs!!!

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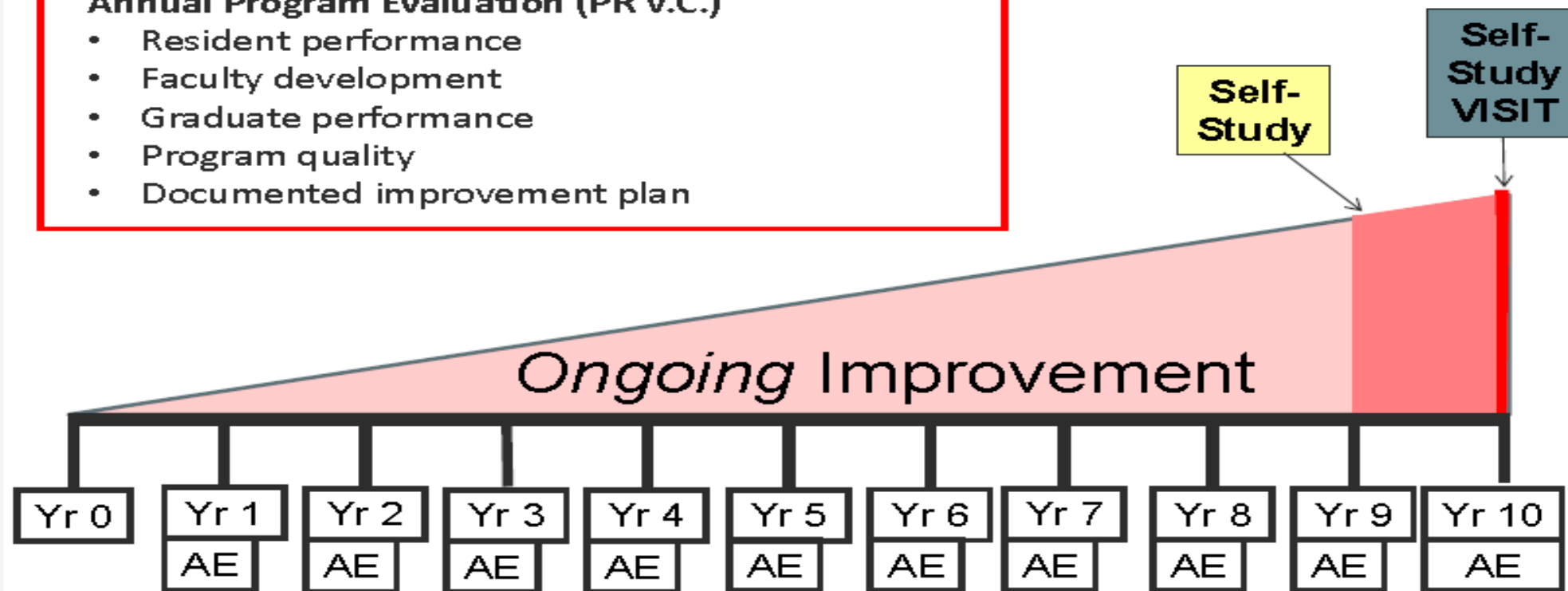   1c. Walk away with some tools to do fabulous Aims, SWOTs and APEs!!!

The Next Accreditation System

- Annual data collection and review

- A Self-Study Visit every 10 years

- Increased focus on continuous improvement
  - Institutional oversight
  - Ongoing assessment and improvement using the Annual Program Evaluation

- Programs with a status of Continued Accreditation free to innovate
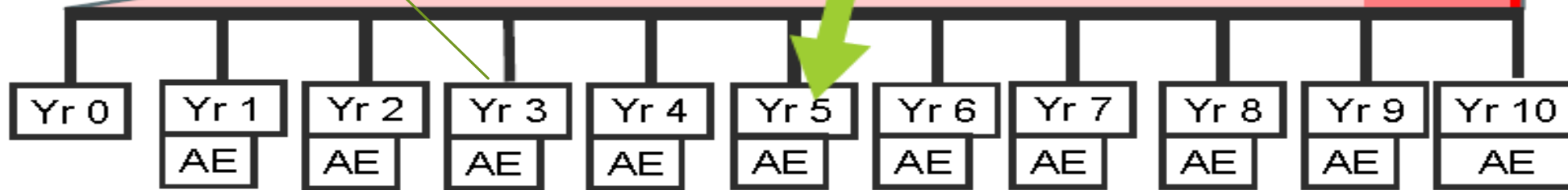
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Ten Year Self-Study and Self-Study Visit (...in 2024?)

Annual Program Evaluation (PR V.C.)
- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

2016-2017 is year 3

4 programs scheduled for Self-Study in 2018!

Ongoing Improvement

| Yr 0 | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | Yr 7 | Yr 8 | Yr 9 | Yr 10 |
| AE | AE | AE | AE | AE | AE | AE | AE | AE | AE | AE |

AE: Annual Program Evaluation

From ACGME: Program Requirements 2013

Tracking Improvements

- Design and Implement solutions
  - Identify individual or group that will be responsible
  - Identify and secure resources
  - Timeline
- Follow-up is key: ensure all issues addressed
- Documentation to facilitate ongoing tracking
  - Example: A simple spreadsheet recording improvements achieved and ongoing priorities
  - Record over multiple years of improvement

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Formal, systematic evaluation of the curriculum at least annually

- The program must monitor and track each of the following areas:
  - resident performance
  - faculty development
  - graduate performance including board pass rates
  - program quality; and,
    - Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
    - 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.
  - progress on the previous year's action plan(s). (Core)

- 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.

- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Common APE boo-boos

- APE Not Done
- Confidential faculty evaluation of program not done
- Action Plans not consistent with NAS annual review items (Board pass rates, Resident surveys, Case #'s, Scholarly Activity, Citations, etc.)
- Action Plans don't reflect work that is actually being done
- Action plans report steps/actions taken in the past
- Action Plans lack specific actions, measurable outcomes or timeline. (They are not SMART)
- APE lacks follow-up on Action Plans from previous year
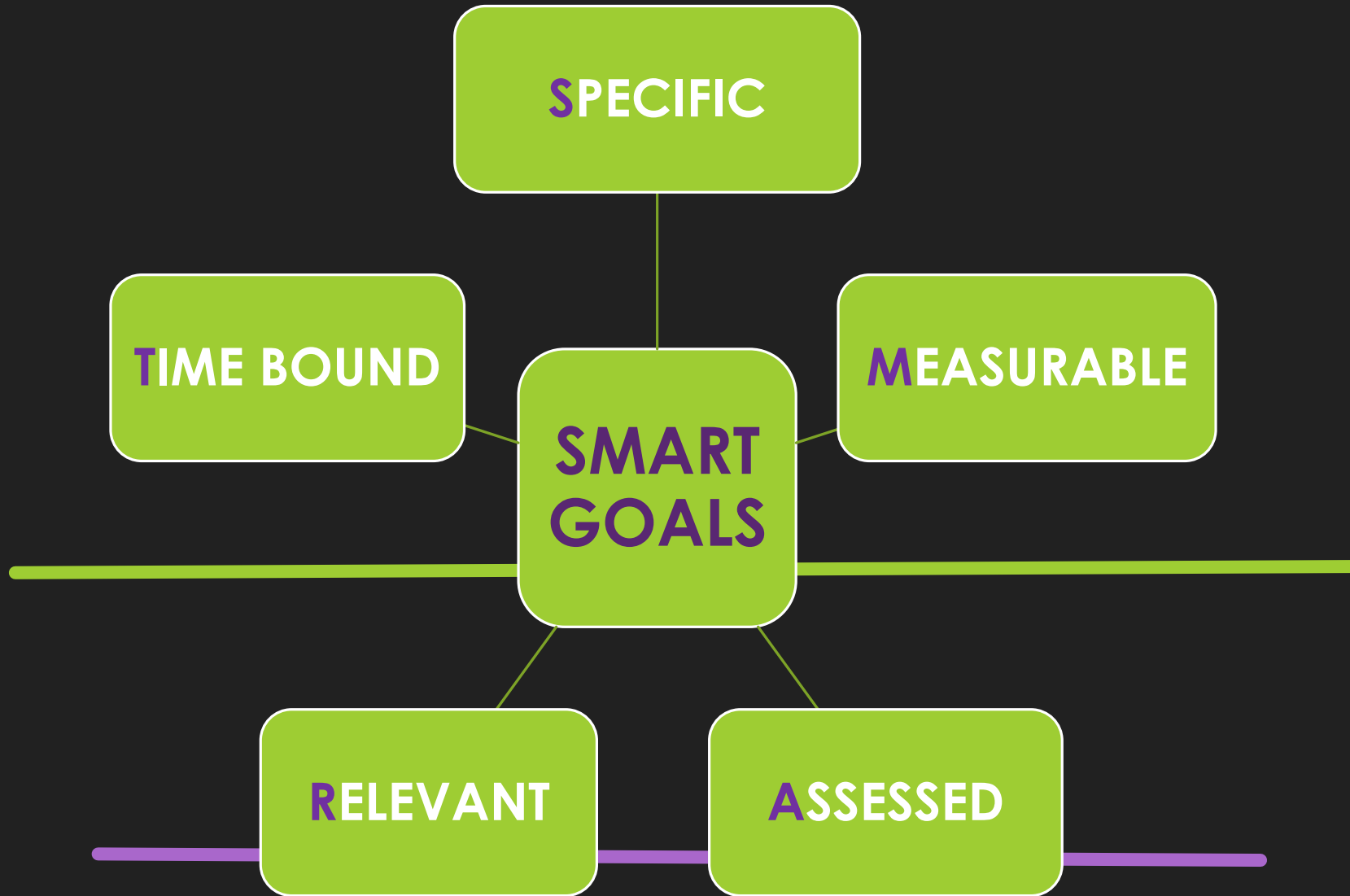
Sample Improvement Plan

Area for Improvement	Issue(s)	Improvement Plan	Group Responsible	Target Completion Date	Follow-up
Dissemination of Goals and Objectives	• Posted on Intranet (5 clicks to reach) • Not accessed • Not known how this is utilized by residents and faculty	• Educate residents and faculty • More prominent placement on Intranet (1-click) • Make accessible/ viewable in every setting • Integrate with resident formative evaluations	2 residents and 1 faculty member (names) – give them credit for work	• June XXXX for implementation at start of new academic year	• Quarterly survey regarding effectiveness of new approach • Spot check

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Self-Study Scope

- Assesses program performance and ongoing improvement effort

  - Facilitate improvement in areas already in substantial compliance with the accreditation standards

- Initial period: since last accreditation review

  - Ultimately, a 10-year interval

- Review improvement activities, successes achieved, and areas in need of improvement

  - Based on successive Annual Program Evaluations, ACGME Resident and Faculty Survey data, other relevant information, stakeholder input

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Benefit of a Focus on Context

- Facilitates assessment of the program's performance in its local environment/context
- In this context
  - What are program strengths?
  - What are areas for improvement?
    - Prioritize by relevance to program aims, compliance, importance to stakeholders
- How are they affected by context
- Useful, particularly for high-performing programs: "What will take our program to the next level?"

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New Area: Program Aims

- **Program aims**
  - Aims as a way to differentiate programs
  - Self-study will ultimately evaluate program effectiveness in meeting these aims
  - Moves beyond improvement solely based on compliance with minimum standards
  - Assessment of relevant initiatives and their outcomes

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Benefits of a Focus on Program Aims

- Suggests a relevant dimension of the program:

  - What kinds of graduates do we produce for what kinds of practice settings and roles?

- Allows for a more "tailored" approach to creating a learning environment

  - Focus on specific aims can produce highly desirable "graduates" that match patient and healthcare system needs[1]

Hodges BD. "A *Tea-Steeping* or *i-Doc* Model for Medical Education?," Acad Med 85(9) Sept Suppl 2010, pp. S34-S44.

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Defining Program Aims

- Set aims as part of the annual program evaluation
- Relevant considerations
  - Who are our residents/fellows?
  - What do we prepare them for?
    - Fellowship
    - Academic practice
    - Leadership and other roles
  - Who are the patients/populations we care for?

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New Area: Opportunities and Threats
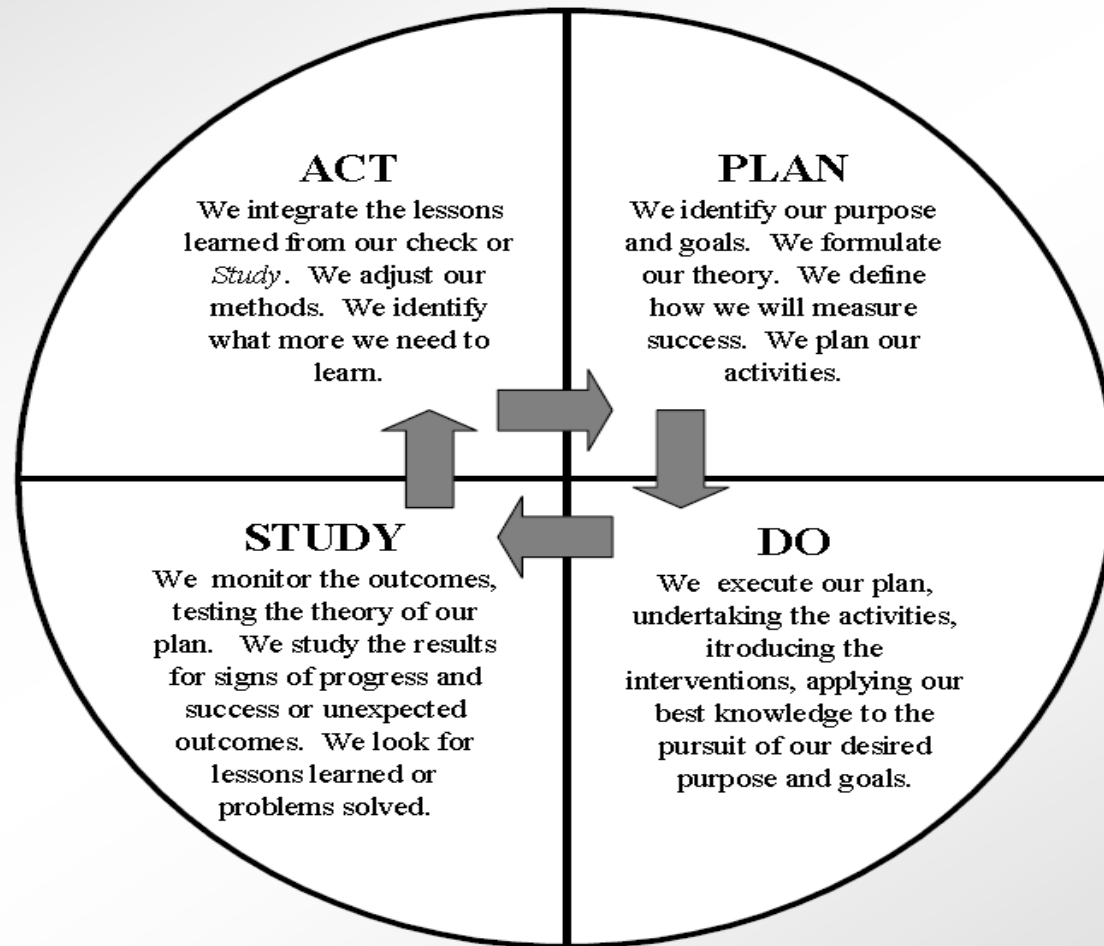
- Factors and contexts external to the program (institutional, local, regional and national) that affect the program

- Opportunities are external attractive factors that, if acted upon, will contribute to the program flourishing

- Threats include external factors that affect the program

- While the program cannot fully control them, beneficial to have plans to mitigate their effects

Self-Study Tidbits and Takeaways….

- **12-18 months between the self-study and the 10-year site visit**
  - Self-study without a concurrent site visit allows for an honest review of the program
  - time lag between self-study and 10-year visit allows programs to make improvements
- **Programs need to make improvements (think PDSA) between Self-Study and Site Visit**
  - Program asked to provide info ONLY on improvements that came from self-study…**no info collected on areas that have not been resolved**.
  - Info on areas for improvement is shared verbally during site visit – **NOT SHARED WITH RRC**

Quality Improvement - The Shewhart PDSA Cycle

ACT
We integrate the lessons learned from our check or *Study*. We adjust our methods. We identify what more we need to learn.

PLAN
We identify our purpose and goals. We formulate our theory. We define how we will measure success. We plan our activities.

STUDY
We monitor the outcomes, testing the theory of our plan. We study the results for signs of progress and success or unexpected outcomes. We look for lessons learned or problems solved.

DO
We execute our plan, undertaking the activities, itroducing the interventions, applying our best knowledge to the pursuit of our desired purpose and goals.

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Self-Study Tidbits and Takeaways….

Good APEs

Good Self-Study

Good Site Visit

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APE MEETING INSTRUCTIONS

BEFORE THE MEETING
1. Review the **APE Information Guide** (link to APE Info Guide)
2. Collect the data, materials, and information to be reviewed. **Click here for suggestions** (link to APE pre-meeting checklist)
3. Ensure all committee members are clear on the PEC context and responsibilities.

DURING THE APE MEETING
1. Review the action plan from the prior year.
2. Any goals that have been met should be noted as resolved.
3. Any unresolved issues from the prior year's action plan should be updated and continued in the current year's action plan.
4. Review:
Resident/Fellow Performance
Faculty Development
Graduate Performance
Program Quality
Any issues ascertained by other avenues or before the meeting
5. SWOT analysis and review of program Aims is strongly encouraged but not required.
6. Develop **Action Plan**. (Please remember that the whole point of developing an action plan is to keep the program moving forward with identifiable steps to improve the quality of the program. Each goal or action step should be as specific as possible, should have some outcome that you can track and measure and some target date for assessment.)
Goals should be SMART: **Specific, Measured, Assessed, Relevant, and Timebound.**

AFTER THE APE MEETING
1. Document the outcome of the meeting for GMEC, program faculty review and posterity.
2. You have two options for completing the Action Plan:
A. You may record the action plan in the Action Plan field of the NI APE Section
B. You may record your action plan in the appropriate years Action Plan table contained in this manual (recommended)
3. After your Action Plan has been reviewed and approved by your teaching faculty, fill out the NI APE section and submit for GMEC review.
4. If you utilize the table in this APE manual, you do not have to duplicate the information in the Action Plan field of New Innovations. Simply upload the Action Plan document to the NI Action Plan Section.

APE INFORMATION Guide

Table of Contents

Program Evaluation Committee
DESCRIPTION OF RESPONSIBILITIES

The Program Evaluation Committee (defined below) must document formal, systematic evaluation of the curriculum and program administration at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The Program Director is responsible for appointing faculty to the Program Evaluation Committee (PEC).

The Program Evaluation Committee:
1. Must be comprised of at least two program faculty members and should include at least one resident;
2. Must have a written description of its responsibilities; and,
3. Should participate actively in:
    a. Planning, developing, implementing, and evaluating educational activities of the program;
    b. Reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
    c. Addressing areas of non-compliance with ACGME standards; and,
    d. Reviewing the program annually using evaluations of faculty, residents, and others, as specified below.

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE).

The program, through the PEC, must monitor and track each of the following areas:
    a. progress on the previous year's action plan(s).
    b. resident performance

Annual Program Evaluation Pre-Meeting Checklist

The PEC must monitor and track each of the areas listed below. This is a list of materials typically available for PEC review. Items in dark pumpkin are required. Items in light pumpkin are strongly encouraged.

A.   Resident Performance (V.C.2a)
Most recent aggregated written evaluations of the residents/fellows submitted by faculty and other evaluators (V.a.2.b.(1-4)
Resident scholarly activity
Most recent aggregate Milestone achievement information
Most recent aggregated In-Training Examination Results
Learning portfolios: Quality projects, CLER activities, etc.
B.   Faculty Development (V.C.2.b)
Participation of Program leadership and core faculty member in Faculty or Leadership Development programs re
Participation of all faculty members involved in the education of residents in programs to enhance the effectiveness of their teaching and assessment skills
ABMS certification status for all faculty (II.B.2)
Scholarly Activity of Faculty (V.B.2):Publication of original research or review articles in peer reviewed journals or chapters in textbooks (Review PMID list for all faculty)
Scholarly Activity of Faculty : Presentations at regional, national, or international professional and scientific society meetings II.B.5 b.(3)
Scholarly Activity of Faculty: Participation in national committees or educational organizations II.B.5.b).(4)
C.   Graduate Performance (V.C.2.c)
Aggregated First Time Board Pass rates (V.C.2.c)
Alumni surveys

PROGRAM AIMS

What kind of graduates do we produce for what kinds of practice settings and roles? Are we producing graduates that match our patient and healthcare system needs? What differentiates us?

Trigger questions:

Who are we training?

- Where do our residents/fellows come from?
- What cultures/communities are represented?
- Why do they choose this program? What are they seeking from this program vs others?
- Do they have/obtain additional education? (MPH, MBA, PhD)

What do our trainees do when they graduate?

- General practice
- Fellowship
- Subspecialty practice
- Academic setting
- Private practice
- Community Health Center
- Global Health
- Research
    - Basic
    - Clinical
    - Translational
- Additional educational programs (MPH, MBA, PhD, other)
- Other

Annual Program Evaluation
Agenda/Minutes Template
Program:_____
Meeting Date(s):

The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed below, <u>as well as delineate how they will be measured and monitored.</u> (V.C.2 ,3)

Please document formal systematic evaluation of <u>ALL</u> Domains:

Program Evaluation Committee :
- ✓ Must be appointed by PD
- ✓ Must have a written description of its responsibilities
- ✓ Must include at least 2 faculty members
- ✓ Should include at least one resident (*include PGY year*)
- ✓ Program Coordinator (recommended)

Please list all participants:
- •
- •
- •
- •
- •
- •

Review Progress of Previous Year's Action Plan(s) V.C.2.e (Did the program meet the goals of the previous action plans? If not, discuss barriers and changes in the plan to meet goals.

Action Items	Goal Achieved/ Improvement Made	Goal Not Achieved/No significant Improvement

Resident Performance (V.C.2.a)	Review Comments	Action Plan* (If indicated)	How action Plan will be measured and monitored
✓ Aggregated Resident Performance Evaluations			
✓ Aggregated In-Training Examination Results			
✓ Resident Scholarly Activity			
✓ Aggregate Milestone achievement			
✓ Any other Performance Measures used			
○ (Please specify)			
Comments:			

Faculty Development (V.C.2.b)	Review Comments	Action Plan (If indicated)	How action Plan will be measured and monitored
Faculty Development activities of program faculty (should include actual activities with dates, and names of participants)			
✓ *Participation of Program leadership and core faculty member in Faculty or Leadership Development programs relevant to their roles in the program.*			
✓ *Participation of all faculty members involved in the education of residents in programs to enhance the effectiveness of their skills as educators, based on their roles in the program.*			
✓ *Does the Program Director Belong to your specialty PD organization*			
✓ ABMS certification status for all faculty II.B.2			
Scholarly Activity of Faculty (V.B.2)			
✓ *Participation in journal club and program case conference (II.B.5.a*			
✓ *Peer-reviewed funding II.B.5.b).(1)*			
✓ *Publication of original research or review articles in peer reviewed journals or chapters in textbooks (II.B.5.b.(2)*			
✓ *Presentations at regional, national, or international professional and scientific society meetings II.B.5 b.(3)*			
✓ *Participation in national committees or educational organizations II.B.5.b).(4)*			
✓ Other			
Comments:			

Graduate Performance (V.C.2.c)	Review Comments	Action Plan (If indicated)	How action Plan will be measured and monitored
First time Board Pass rates (V.C.2.c)			
✓ *% pass rate for the program's graduates from the preceding 5 years.*			

2015-2016 ANNUAL PROGRAM EVALUATION
ACTION PLAN

DATE:

PROGRAM:

	USED FOR CURRENT YEAR'S MEETING						USED FOR NEXT YEAR'S MEETING	
	Issue / Area of Concern	Description of Action Plan	Specific Goal / Action Step	Person(s) Responsible	Outcome Measure(s)	Target Date	Actual Outcome	Resolved Y/N
Last Year's Unresolved Issues								
Current Year's Issues								

APE Meeting Instructions | **2015-2016 APE Action Plan** | 2016-2017 APE Action Plan | 2017-2018 APE Action Plan

GE: 1 OF 1

Self-Study Tidbits and Takeaways

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DON'T WAIT UNTIL 2018….

Great APES, Aims and SWOTs start Now!!

THANK YOU

QUESTIONS?

Comments?