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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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
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

Ongoing Improvement

Yr 0
AE

Yr 1
AE

Yr 2
AE

Yr 3
AE

Yr 4
AE

Yr 5
AE

Yr 6
AE

Yr 7
AE

Yr 8
AE

Yr 9
AE

Yr 10
AE

AE: Annual Program Evaluation

From ACGME: Program Requirements 2013
From 2016 - 2017 is year 3

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

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: 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
Tracking Improvements

- Design and Implement solutions
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  - 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
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
SMART GOALS

SPECIFIC

TIME BOUND

MEASURABLE

RELEVANT

ASSESSED
Sample Improvement Plan

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Issue(s)</th>
<th>Improvement Plan</th>
<th>Group Responsible</th>
<th>Target Completion Date</th>
<th>Follow-up</th>
</tr>
</thead>
</table>
| 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 |
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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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!!!
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?”
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
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.
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?

© 2015 Accreditation Council for Graduate Medical Education
Familiar Components: Strengths and Areas for Improvements

- Strengths
  - Important to acknowledge and celebrate
  - What should definitely be continued (important question in an environment of limited resources)

- Areas for Improvements identified by:
  - Citations, areas for improvement, and other information from ACGME
  - Annual Program Evaluation
  - Other program/institutional data sources

- Expected: Longitudinal tracking of strengths and areas for improvements through successive Annual Program Evaluations
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, introducing the interventions, applying our best knowledge to the pursuit of our desired purpose and goals.
Self-Study Tidbits and Takeaways....

- Good APEs
- Good Self-Study
- Good Site Visit
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

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   1c. Walk away with some tools to do fabulous Aims, SWOTs and APEs!!!
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.)
   \[\text{Goals should be SMART: Specific, Measured, Assessed, Relevant, and Timebound.}\]

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

I. Background Information
   Common Program Requirements.................................................................Page 1
   Annual Program Evaluation and 10 Year Self Study......................................Page 2
   Guralnik S, et.al. The ACGME Self-Study – An Opportunity, Not a Burden. JGME September 2015
   Guralnik ACGME Self-Study—Supplemental Materials
   ACGME Webinar Self-Study: Nuts and Bolts June 2015

II. Program Aims and SWOT Analysis............................................................Page 3

III. Tools

   Written Description PEC Responsibilities

   APE Pre-Meeting Checklist

   APE Agenda/Minutes Template

   Program Aims Tool
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:
1. Progress on the previous year’s action plan(s);
2. Specific 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.

<table>
<thead>
<tr>
<th>Area</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Resident Performance (V.C.2a)</td>
<td>Most recent aggregated written evaluations of the residents/fellows submitted by faculty and other evaluators (V.a.2.b.(1-4))</td>
</tr>
<tr>
<td></td>
<td>Resident scholarly activity</td>
</tr>
<tr>
<td></td>
<td>Most recent aggregate Milestone achievement information</td>
</tr>
<tr>
<td></td>
<td>Most recent aggregated In-Training Examination Results</td>
</tr>
<tr>
<td></td>
<td>Learning portfolios: Quality projects, CLER activities, etc.</td>
</tr>
<tr>
<td>B. Faculty Development (V.C.2.b)</td>
<td>Participation of Program leadership and core faculty member in Faculty or Leadership Development programs re</td>
</tr>
<tr>
<td></td>
<td>Participation of all faculty members involved in the education of residents in programs to enhance the effectiveness of their teaching and assessment skills</td>
</tr>
<tr>
<td></td>
<td>ABMS certification status for all faculty (II.B.2)</td>
</tr>
<tr>
<td></td>
<td>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)</td>
</tr>
<tr>
<td></td>
<td>Scholarly Activity of Faculty: Presentations at regional, national, or international professional and scientific society meetings (II.B.5 b.(3)</td>
</tr>
<tr>
<td></td>
<td>Scholarly Activity of Faculty: Participation in national committees or educational organizations II.B.5.b),(4)</td>
</tr>
<tr>
<td>C. Graduate Performance (V.C.2.c)</td>
<td>Aggregated First Time Board Pass rates (V.C.2.c)</td>
</tr>
<tr>
<td></td>
<td>Alumni surveys</td>
</tr>
<tr>
<td></td>
<td>Graduation feedback</td>
</tr>
</tbody>
</table>
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 obtained 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
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, as well as delineate how they will be measured and monitored. (V.C.2.3)

Please document formal systematic evaluation of **ALL 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 PAY year)
- Program Coordinator (recommended)

### Progress of Previous Year’s Action Plan(s) (V.C.2.e)

<table>
<thead>
<tr>
<th>Action Plan(s)</th>
<th>Goal Acheived/ Improvement Made</th>
<th>Goal Not Acheived/No Significant Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### Resident Performance (V.C.2.a)

<table>
<thead>
<tr>
<th>Review Comments</th>
<th>Action Plan* (if indicated)</th>
<th>How action Plan will be measured and monitored</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

### Faculty Development (V.C.2.b)

Faculty Development activities of program faculty (should include actual activities with dates, and names of participants)
- Participation of Program leadership and core faculty members 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 ABO organization
- ABMS certification status for all faculty II.8.2

### Scholarly Activity of Faculty (V.B.3.i)

- Participation in journal club and program case conferences (I.B.2.5.a)
- Peer-reviewed funding (I.B.2.5.b)(2)
- Publication of original research or review articles in peer-reviewed journals or chapters in textbooks (I.B.2.5.b)(2)
- Presentations at regional, national, or international professional and scientific society meetings (I.B.2.5.b)(2)
- Participation in national committees or educational organizations (I.B.2.5.b)(4)

### Graduate Performance (V.C.2.g)

<table>
<thead>
<tr>
<th>Review Comments</th>
<th>Action Plan* (if indicated)</th>
<th>How action Plan will be measured and monitored</th>
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<tbody>
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</tbody>
</table>

* Pass rate for the program’s graduates from the preceding 5 years.
# 2015-2016 Annual Program Evaluation Action Plan

## Used for Current Year's Meeting

<table>
<thead>
<tr>
<th>Issue / Area of Concern</th>
<th>Description of Action Plan</th>
<th>Specific Goal / Action Step</th>
<th>Person(s) Responsible</th>
<th>Outcome Measure(s)</th>
<th>Target Date</th>
<th>Used for Next Year's Meeting</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Year's Unresolved Issues</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Year's Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:**
- Fill in the table with relevant information for both current and future years.
- Ensure all key details are recorded to facilitate effective planning and tracking.
Self-Study Tidbits and Takeaways

DON’T WAIT UNTIL 2018....

Great APES, Aims and SWOTs start Now!!
THANK YOU

QUESTIONS?

Comments?