

**2020-2021**  
**Annual Program Evaluation (APE)**  
**INFORMATION GUIDE**

This APE Information Guide is one piece of the SIU OGME APE Manual, which is intended to help programs organize, conduct and document your APE. Other pieces of the APE Manual include an optional template for documenting your PEC meeting(s) and the required Action Plan Smart Goal spreadsheet. There is also valuable information contained in [the ACGME Program Director’s Guide to the Common Program Requirements](#), including an additional tool you might find useful for recording your PEC meeting and process (see pages 268-279 (Residency); 258-267 (Fellowship)).

We recommend that you plan your APE for some time between May and early August. This gives your PEC access to current Resident and Faculty Survey results (released in May), your program’s annual confidential review of the program by residents and faculty, as well as the SIU End of Year Evaluation feedback (released in early July), and allows you to address any items of concern from your ACGME surveys in your APE action plan and WebADS update.

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## **ACGME Common Program Requirements State:**

V.C.1. The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process. (Core)

V.C.1.a) The PEC must be composed of at least two program faculty members, at least one of whom is a core faculty member, and at least one resident/fellow. (Core)

V.C.1.b) PEC responsibilities must include:

V.C.1.b).(1) acting as an advisor to the program director, through program oversight; (Core)

V.C.1.b).(2) review of the program's self-determined goals and progress toward meeting them; (Core)

V.C.1.b).(3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and, (Core)

V.C.1.b).(4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims. (Core)

V.C.1.c) The PEC should consider the following elements in its assessment of the program:

V.C.1.c).(1) curriculum; (Core)

V.C.1.c).(2) outcomes from prior APE(s); (Core)

V.C.1.c).(3) ACGME letters of notification, including citations, Areas for Improvement, and comments; (Core)

V.C.1.c).(4) quality and safety of patient care; (Core)

V.C.1.c).(5) aggregate resident/fellow and faculty:

V.C.1.c).(5).(a) well-being; (Core)

V.C.1.c).(5).(b) recruitment and retention; (Core)

V.C.1.c).(5).(c) workforce diversity; (Core)

V.C.1.c).(5).(d) engagement in quality improvement and patient safety; (Core)

V.C.1.c).(5).(e) scholarly activity; (Core)

V.C.1.c).(5).(f) ACGME Resident and Faculty Surveys (where applicable); and, (Core)

V.C.1.c).(5).(g) written evaluations of the program. (Core)

V.C.1.c).(6) aggregate resident/fellow:

V.C.1.c).(6).(a) achievement of the Milestones; (Core)

V.C.1.c).(6).(b) in-training examinations (where applicable); (Core)

V.C.1.c).(6).(c) board pass and certification rates; and, (Core)

V.C.1.c).(6).(d) graduate performance. (Core)

V.C.1.c).(7) aggregate faculty:

V.C.1.c).(7).(a) evaluation; and, (Core)

V.C.1.c).(7).(b) professional development. (Core)

V.C.1.d) The PEC must evaluate the program's mission and aims, strengths, areas for improvement, and threats. (Core)

V.C.1.e) The annual review, including the action plan, must:

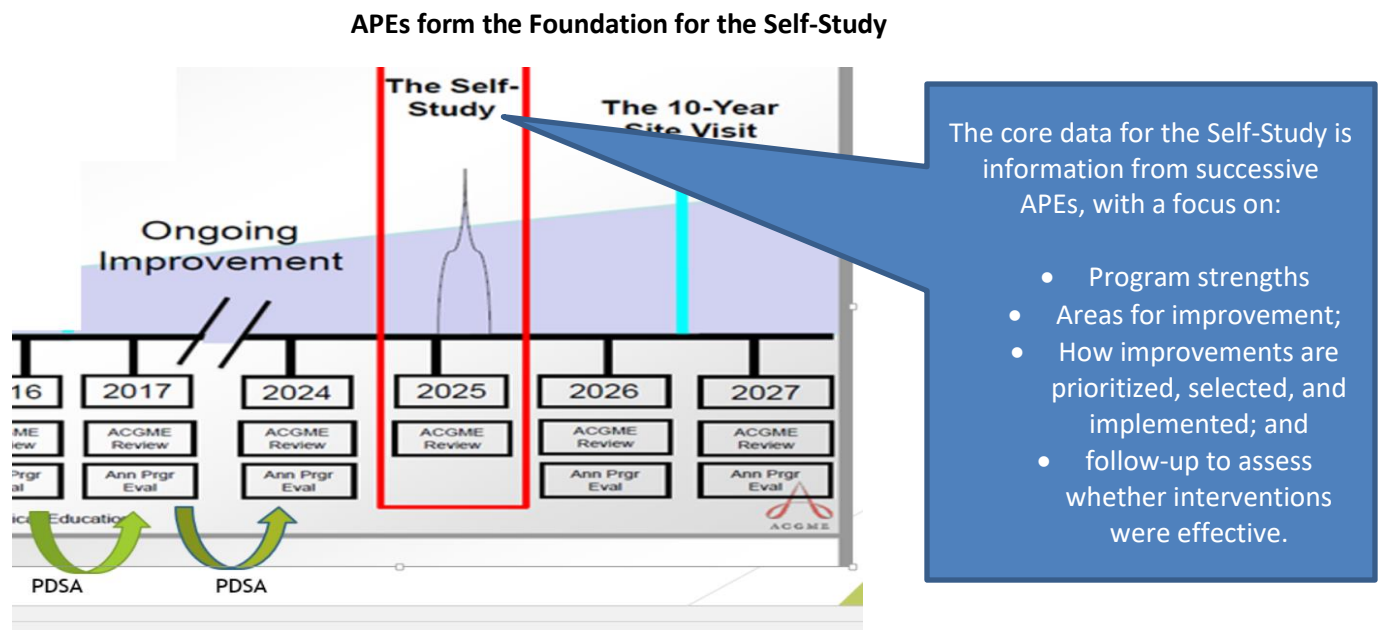
V.C.1.e).(1) be distributed to and discussed with the members of the teaching faculty and the residents/fellows; and, (Core)

V.C.1.e).(2) be submitted to the DIO. (Core)

## What is the Relationship Between the Annual Program Evaluation and 10-Year Self-Study?

Per the ACGME, the Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations (APEs) that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement (as opposed to areas for improvement the Review Committee identifies during accreditation reviews).

Exploration of a program’s aims and institutional, local or regional environment provide important dimensions for annual evaluations and self-studies. The focus on aims and the program’s environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements.



To learn more about The Self-Study, visit:

- A. <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>
- B. [Guralnik, et. al. The ACGME Self-Study – An Opportunity, Not a Burden, with Self-Study Supplemental Materials. JGME September 2015.](#)
- C. ACGME 2018 Self-Study Webinar: Maximizing the Value of the ACGME Self-Study Process for Your Program: No Need to Be Afraid!  
[Slides](#)  
[Handout](#)

## **PROGRAM AIMS**

Aims are program and institutional leaders' views of key expectations for the program, as well as how the program differentiates itself from other programs in the same specialty/subspecialty. Aims may focus on the types of trainees recruited by the program, or on preparing graduates for particular careers (clinical practice, academics, research, or primary/generalist care). Aims may also include other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Review this brief slide presentation on how to set and validate program aims: [The ACGME Program Self-Study: Developing Your Program Aims](#)

In setting aims, programs should generally take a longer-term strategic view. However, aims may change over time. Factors such as a shift in program focus initiated by institutional or department leadership, changes in local or national demand for a resident workforce with certain capabilities, or new opportunities to train residents and fellows in a different setting may prompt revision of program aims.

In the Annual Program Evaluation and in your Self-Study, you are asked to review your program's strengths, opportunities, threats and weaknesses as they relate to your programs mission and aims. *As a result, as the PEC formulates the APE, each identified area for improvement or Action item should link in some way to your aims.*

## **SWOT ANALYSIS**

A SWOT analysis is a more familiar concept and will be a large part of the ten-year self-study. Programs are asked to conduct a SWOT analysis as part of the APE, especially as it relates to achievement of your program's aims.

### **Strengths**

- It is important to acknowledge and celebrate positive aspects of the program.
- What should definitely be continued (important question in an environment of limited resources)?

### **Weaknesses**

- Look for citations, areas for improvement, and other information from ACGME, or as identified in the Annual Program Evaluation and other program/institutional data sources.

### **Opportunities**

- External attractive factors that will contribute to the program flourishing, if acted upon.
- What are capabilities for the future involving the program, and how can the program capitalize on them?
- Has there been a recent change in the program's context that creates an opportunity?
- Are these opportunities ongoing, or is there a narrow window for them? How critical is the timing?

### **Threats**

- Are there external factors that affect the program and may place it at risk?
- While the program cannot fully control its threats, it's beneficial to have plans to mitigate their effect:
  - What are changes in residents' specialty choice, regulation, financing, or other factors that may affect the future success of the program?
  - Are there challenges or unfavorable trends in the immediate context that may affect the program?
    - i.e. clinical demands on faculty?

See Also: [ACGME - A Quick Guide to the SWOT Analysis](#)

## **APE GOALS AND ACTION ITEMS**

Once your program has reviewed all your quality and performance information and performed a SWOT analysis, your PEC will develop one or more action items. *These should flow directly from your identified areas for improvement. As a general rule, if you have any citations or areas of concern from your annual RRC letter, correction of these should generate action items.*

Your program will be expected to implement and assess the impact of your action plan, so any action items should be SMART:

- **Specific** (what will happen and how)
- **Measurable** (what can you observe, count, measure to let you know if you have achieved your goal)
- **Accountable\*** (who will be responsible for implementing, tracking data, reporting data, etc.)
- **Relevant** (do they add value to your program, are they linked to your aims, etc)
- **Time-bound** (by when)

\*The A in SMART is sometimes used as Achievable – is the goal feasible within available resources? A worthy consideration. We use the Accountable version as it makes tracking easier.

Implementing and assessing progress on your action plans will often involve one or more Plan-Do-Study-Act (PDSA) cycles. This will become even more important in the interval between your self-study and your site visit, when you will be expected to conduct a full PDSA cycle on your self-study goals. It is common to focus on the Plan and Do parts of any action plan or intervention, and forget about the Study and Act parts.

### **PDSA: UNDERSTANDING THE IMPORTANCE OF THE “STUDY” AND “ACT” PHASES OF THE CYCLE**

(from Program Improvement, The Self-Study and Bit on Institutional Oversight, Ingrid Philibert, May 2018)

The “Study” phase:

- Evaluation of the intervention, comparison to a hypothesis, or less formal set of expectations
- Exploring successes, failures, surprises, and unintended consequences (good and bad)
- Assessing intervention effectiveness is critical, but frequently is not done

The “Act” phase:

- Decisions about the intervention
- Options include 1) ADOPT the change, 2) ADAPT the change to address minor deficits, or 3) ABANDON the intervention in favor of a better approach
- Options need to be considered in an evidence-based way, using data collected during the cycle

## Appendix A: APE MEETING INSTRUCTIONS

### BEFORE THE APE MEETING (s)

1. Review this APE Information Guide
2. Review the Action Plan Smart Goal spread sheet.
3. Collect the data, materials, and information to be reviewed  
**Please Note: A previously optional data review point on interprofessional team activities has been made Required to reflect the CLER emphasis on teaming.**
4. Ensure all committee members are clear on the PEC context and responsibilities.

### DURING THE APE MEETING(s)

1. Review the action plan (s) and outcomes thereof 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. SWOT analysis and review of program Aims.
5. Data Review.
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, Accountable (and Achievable), Relevant, and Timebound.

### AFTER THE APE MEETING (s)

1. Document the process and outcomes of the meeting(s) for the GMEC APE Review Subcommittee, faculty and resident review and posterity.
2. Record your Action plan in the 2020 APE Action Plan SMART Goal Spreadsheet. **Please Note: This Action Plan spreadsheet has been revised significantly since prior years versions.**
3. After your Action Plan has been distributed to and discussed with faculty and residents/fellows, fill out the NI APE section and submit for GMEC review. **YOU MUST UPLOAD THE ACTION PLAN SMART GOAL SPREADSHEET INTO NI.**
4. You are strongly encouraged to upload any other materials associated with the review (including meeting minutes, documents reviewed, etc.) for ease of retrieval when you prepare for your self-study, and to aid the GMEC APE Review Subcommittee members as they review your program's APE as required by the ACGME Institutional Requirements.

## Appendix B: PROGRAM AIMS TOOL

1. What kind of graduates do we produce for what kinds of practice settings and roles?
2. Are we producing graduates that match our patient and healthcare system needs?
3. 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

#### What patient populations do we serve?

- Urban/suburban/rural
- Cultures (race, ethnicity, religion, immigrant-legal/illegal...)
- Hospital-based vs community-based practices
- Insured/uninsured/types of insurance
- Patient access to health care (private car, public transportation, other)
- How do we engage the community?
- Have we performed community needs assessments?

Adapted from Guralinck S, Hernandez T, Corapi M, Yedowitz-Freeman J, Klek S, Rodriguez J, et al. The ACGME Self-Study—An Opportunity, Not a Burden. *J Grad Med Educ.* 2015;7(3):502-505.)



### PLAN DO STUDY ACT (PDSA) FORM

Project Title:

Action Item:

Objective of this Cycle:

Start Date:

Cycle #:

End Date:

Project Lead:

Develop a Change     Test a Change     Implement a Change

Targets for Change:

**Aim Statement (WHAT YOU ARE TRYING TO ACCOMPLISH):**

- Specific- targeted population:
- Measurable- what to measure and clearly stated goal:
- Achievable- brief plan to accomplish it:
- Relevant- why is it important to do now:
- Time Specific- anticipated length of cycle:

#### PLAN



**Test/Implementation Plan (THINK ABOUT WHAT CHANGES YOU CAN MAKE THAT WILL RESULT IN IMPROVEMENT):**

What change will be tested or implemented? Include how change will be conducted, who will run it, where it will be run and when it will be run unless already noted in Aim Statement above. (If needed, include specifics on tasks, responsibilities and due dates.)

.....  
**Prediction:**

.....  
**Data Collection Plan (THINK ABOUT HOW YOU WILL KNOW THE CHANGE IS AN IMPROVEMENT):**

What data/measures will be collected?

Who will collect the data?

When will the collection of data take place?

How will the data (measures or observations) be collected and displayed?

What decisions will be made based on data?

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**DO**



**Activities/Observations:**

Record activities/observations that were done in addition to those listed in plan (above):

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**STUDY**



**Questions:** Copy and paste Prediction from Plan above and evaluate learning. Complete analysis of the data. Insert graphic analysis whenever possible.

**Prediction:**

**Learning (Comparison of questions, predictions, and analysis of data):**

**Summary** (Look at your data. Did the change lead to improvement? Why or why not?):

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**ACT**



**Describe next PDSA Cycle:** Based on the learning in "Study," what is your next test?

After your PDSA cycle(s) what does the revised Action Item look like now?

What did you learn from this QI process?