

# MUSC Graduate Medical Education Committee

## 2016 Annual Program Evaluation (APE)

Residency or Fellowship Being Evaluated:

Program Director Name:

Program Coordinator Name:

Total Number of Trainees approved by the  
RRC or ACGME

Number of Trainees Enrolled:

Explanation if the two numbers are different:

Date of Next Accreditation Self-Study or Site Visit

Date Annual Program Review was held:

Date Action Plan was presented to faculty and  
reviewed (approval and documented in  
minutes):

Date to be reviewed by GMEC (mm/year):

Have at least two face to face  
performance reviews been completed  
for each resident over the the last  
academic year (at six-month intervals?)

yes

no

Have summaries of each meeting been  
included in the resident's file (to include a  
signature by both the resident and PD)?

yes

no

When were your specialty or sub-specialty requirements last revised?

Do you require your PC to attend the monthly PC meetings offered by the GME Office?

yes

no

**The Program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering this APE. The Common Program Requirements V.C.2 require that the program monitor and track the following areas: resident performance, faculty development, graduate performance, program quality and progress on the previous year's action plan.**

***\* Resident Performance (e.g. results on in-training exams or other assessments, number of publications, quality improvement projects, etc...) were monitored and tracked:***

yes

no

Are the majority of your trainees involved in Quality Improvement or Patient Safety projects?

yes

no

Are any of your residents on formal academic remediation (through the GME Office)?

yes

no

If yes, how many and for what reasons? Are they making adequate progress toward improvement? Is this unusual for your program to have someone on remediation for these issues?

Has your program met the scholarly activity requirements for your trainees as set forth by your specialty program requirements:

yes

no

If no, why not?

Do our residents receive feedback on their individual patient care/quality outcomes? If so, what do they receive?

**\* Faculty Development ( e.g. activities toward developing faculty teaching abilities, professionalism, milestones, etc...) was monitored and tracked:**

yes

no

% of core faculty involved in Faculty Development opportunities:

Have the majority of your core faculty received training in Transitions of Care?

yes

no

Have the majority of your core faculty participated in sleep deprivation and fatigue training? (since becoming members of your faculty)

yes

no

Has your program met the scholarly activity requirements for your faculty as set forth by your specialty program requirements:

yes

no

If no, why not?

***\*Results of Graduates' Performance on Board Certification Examinations were monitored and tracked:***

yes

no

National Board Pass Rate  
(if available):

Your Program  
Pass Rate:

Your Take  
Rate:

Your RRC  
requirement  
pass rate:

For the board pass rates, please indicate if you have used the past year's rate, or if you have used a multi-year (i.e., 5 year) pass rate.

***\*Trainee evaluations of the faculty were completed and reviewed:***

yes

no

***\*Trainee evaluations (written) of the program were completed and reviewed:***

yes

no

Please **summarize** your trainee's most recent written confidential evaluations (not the ACGME Resident Survey). Identify particular strengths and weaknesses revealed in the data (weaknesses should feed into the action plan):

***\*Faculty evaluations (written) of the program were completed and reviewed:***

yes

no

Please **summarize** your faculty's most recent written confidential evaluation of the program (not the ACGME Faculty Survey). Identify particular strengths and weaknesses identified by the data (weaknesses should feed into the action plan).

***\*The previous year's action plan was reviewed and evaluated by the teaching faculty:***

yes

no

***\*The action plan for the current year has been reviewed and approved by the teaching faculty and documented in meeting minutes:***

yes

no

Did you use any other specific and objective performance outcome indicators during the Annual Program Evaluation?

yes

no

If you answered yes to the above question, please detail which indicators you used (i.e., graduate surveys, in-service training exams, etc...):

**Summarize** overall program performance relative to national norms and trends:

Do you have an effective Clinical Competency Committee, consisting of at least three members of the program faculty (and other requirements that may be set by your specialty specific program requirements) and does this committee have a written description of their responsibilities?

yes

no

Was there any significant change from last year to this year on the ACGME Resident Survey?  
Please use the most recent information available.

yes

no

N/A

If yes, please explain. You may also use this space to address any categories where there are negative responses or if the mean score is below 4.0. (These should also be addressed in the action plan.)

Was there any significant change from last year to this year on the ACGME Faculty Survey?  
Please use the most recent surveys that you have available.

yes

no

N/A

If yes, please explain. You may also use this space to address any categories where there are negative responses or where the mean score is below 4.0. (These should also be addressed in the action plan.)

Have you communicated at least once in the past year with the education director(s) at your affiliated site(s) to discuss goals and objectives, evaluations and other information?

yes

no

N/A (we do not have any affiliated sites)

Have you educated your trainees on effective teaching methods (Residents as Teachers)?

yes

no

If you answered yes to the above question, please indicate how (check all that apply):

Computer modules (CATTs, other online learning opportunities, etc....)

didactics

one-on-one training

teaching retreats or workshops

Have you incorporated milestones into your evaluation process?

yes

no

Are you fulfilling your program requirements for all case log/procedure experiences?

yes

no

N/A

If you answered no to the above question, please detail what areas are lacking and why:

Are there any other issues that you'd like the APE committee to be aware of? Are there any issues that your program needs particular help with?

Please save this document as a \*.PDF file.

**PLEASE BE CONCISE.** Your answers should fit in the space provided. If they do not, please submit them on a blank sheet of paper.

In addition to submitting this evaluation via e-mail, please include:

1. an electronic summary of your ACGME WEBADS Annual Update; and
2. electronic copies of the action plan for this year (which will also include the actual outcomes on action plan from last year - same form) **FYI: The action plan should utilize measurable data.** If you are quoting numbers for your program, please also include the RRC requirement for those number; and
3. an electronic copy of your most recent ACGME notification letter (Self-study or otherwise); and
4. copies of your most recent ACGME surveys (resident and faculty). If you do not have resident/faculty surveys, please print out the document saying not enough responded or the program does not have enough enrolled.

**The APE form and additional materials are due to the GME Office no later than the first Thursday of your *submission* month.**

**PDs and/or associate PDs are REQUIRED to be present at the GMEC meeting in the program's assigned *review* month.**

For a list of submission and review months, please visit the GME Website under Annual Program Evaluations.

If you have any questions, please contact Ann Ronayne in the GME Office (792-8681 or ronayne@musc.edu).