Sample Template – Annual Program Evaluation
(For Internal Use Only)

Program:
Date:
Academic Year:

Program Evaluation Committee Membership:
Faculty Members:
1. _____
2. _____
3. _____

Residents/Fellows:
1. _____
2. _____

Resident/Fellow Complement:

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current complement							

Accreditation Status of the Program:

☐ Continued Accreditation   ☐ Initial Accreditation
☐ Continued Accreditation with Warning   ☐ Initial Accreditation with Warning
☐ Probationary Accreditation   ☐ Continued Accreditation without Outcomes

Current program citations:

Insert text from ACGME Letter of Notification (LON)	*Current* program response to citation
1.	
2.	*Specific – actionable items*
3.	

Current Areas for Improvement (AFIs)

- *Use these to form action plans for citation prevention*

Insert text from ACGME LON	Program Actions to address AFIs
1.	
2.	*Specific – actionable items*
3.	

Program Aims:

- *Annual review of Aims – actionable items!*

Aim(s)	Met (M)/Unmet (U)

Plans for Unmet Goals: Follow SMART goal outline.
1. _____
2. _____
3. _____

Strengths of the Program:
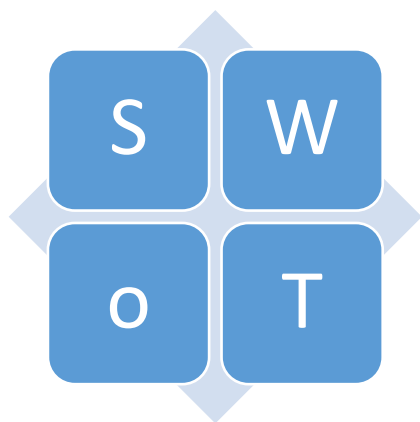1. _____
2. _____
3. _____

Challenges/Threats to the Program:
1. _____
2. _____
3. _____

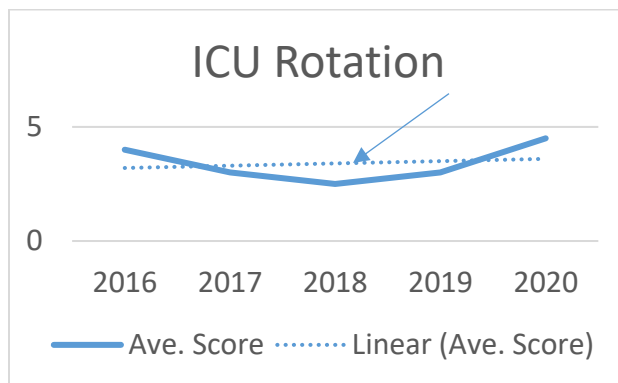**Opportunities for the Program:**
1. _____
2. _____
3. _____

This is a basic SWOT. Use a table with bullet points – pick two or three of the most agreed with. Easier to see and read than a lot of text.

Program Curriculum:

Curricular Element	Action: Modify (M), Add (A) or Delete (D)	Steps Taken:	Timeline for Completion
ICU	M	*Specific steps; see below*	*Hold yourself to an end date. Include owner of the steps.*

ICU Rotation Improvement

Interventions

- Updated G & O's – 12/2018
- Orientation to ICU - 1/2019
- Focused didactics – 1/2019
- Moved to end of PGY 1 – 7/2019
- Monthly ICU/PD meetings – 7/2019
- ICU led simulation – 1/2020

2018 "worst rotation"

- ✓ ICU Faculty teaching awards
- ✓ Improved Pulm/CC ITE scores to 90th percentile
- ✓ Exploring fellowship

2021 "best rotation"

Quality Improvement (QI) and Patient Safety (PS)

QI/PS Activity	Active Role Faculty (F) Resident or Fellow (R)	Has QI/PS Improved in the past year? (Yes/No)	Describe improvement, including efforts to include faculty member(s) and residents/fellows	Describe QI/PS activities that can be added or improved

Well-Being and Diversity:

Activity	Successes	Needs Improvement
Well-being		
Diversity		
Recruitment		
Retention		

Use charts/graphics to show state of each. As a whole, determine improvement areas. Can you link to aims or to opportunities from swot?
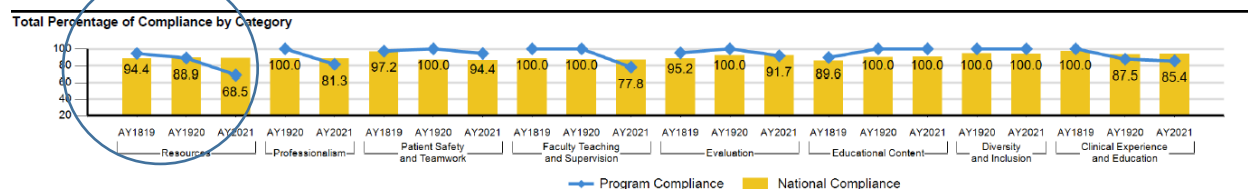
Scholarship:

Resident/Fellow/Faculty Scholarly Activities (append lists here)	If applicable, list efforts to increase scholarship
Useful to include the scholarly activity table from ADS.	*Make these SMART goals so you can demonstrate improvement.*

ACGME Annual Resident/Fellow Survey

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if applicable

- *Clip out your trend graphs*
- *In areas of decline, tease out the specific questions that may have contributed*
- *Develop SMART goals for the question or domain*

Total Percentage of Compliance by Category

Program Percentage at-a-glance

Resources		% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean	% National Compliant	National Mean
	Education compromised by non-physician obligations	0%	2.2	92%	4.6	88%	4.4
	Impact of other learners on education	83%	3.2	96%	3.7	89%	3.7
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	33%	3.5	84%	4.2	80%	4.1
	Faculty members discuss cost awareness in patient care decisions	83%	3.3	92%	3.7	90%	3.5
	Time to interact with patients	67%	3.8	92%	4.4	89%	4.3
	Protected time to participate in structured learning activities	50%	3.7	86%	4.4	85%	4.3
	Able to attend personal appointments	100%	5.0	95%	4.8	92%	4.7
	Able to access confidential mental health counseling or treatment	100%	5.0	96%	4.8	95%	4.8
	Satisfied with safety and health conditions	100%	4.7	92%	4.6	88%	4.5

Resource Action Plan	
S	Improve score on education compromised by non-physician obligations to at, or above, 80%.
M	1. Q4 mini resident satisfaction surveys 2. Maintain clinic patients at no more than 4 per half-session; maintain required patient caps on inpatient. 3. Ensure attendance at 90% of didactic sessions
A	1. Meet with department to clarify roles 2. Faculty to assist with resident workload 3. Re-educate staff on protected didactic time; visit floors and clinics to ensure residents are released for didactics. 4. Provide time management/practice skill sessions for patient interactions
R	1. ACGME requirement(s) 2. Improve patient outcomes 3. Improve patient safety 4. Provide work/education balance
T	September 2021 & December 2021 analysis. Score improvement on 2022 ACGME resident survey. Fully realized and maintenance plan in place by June 2022.

ACGME Annual Faculty Survey

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if applicable

- *Clip out your trend graphs*
- *In areas of decline, tease out the specific questions that may have contributed*
- *Develop SMART goals for the domain*

Written Evaluations of the Program

Who provides written evaluations of the program?
    ☐ Residents/fellows in this program   ☐ Faculty members in other programs
    ☐ Other hospital/clinic/facility personnel   ☐ Faculty members in this program
    ☐ Residents/fellows in other programs

Areas Identified for Program Improvement	Plans for Program Improvement/Target Date

-Summarize the major areas; Make your plans SMART.

Aggregate Resident/Fellow Achievement of Milestones

- *Scatter diagrams/graphs from residency management system*
- *Highlight what could be improved*

Exceeded National Means	Below National Means	Plans to Improve Milestones Achievement

Aggregate Resident/Fellow Performance on In-Training Examinations (if applicable)

Use exam result summary from the in-training report.

Performance of Cohort this Year Compared to Prior Year	Subject Areas where Cohort Fell Short of Program Expectations	Plans to Improve Performance in the In-Training Examination

Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program

Use result report from board,

Number Eligible to Take	Number Eligible who Took the Written Examination	How Many of Those Who Took the Exam Passed?

If applicable, how does program plan to improve resident/fellow/graduate performance on the examinations in the board certification process over the next year?

Specific SMART goals.

Performance of Program Graduates:

In what ways does the program monitor the performance of program graduates?
☐ Surveys of the graduates, themselves
☐ Surveys of the partners of the graduates
☐ Surveys of the employers of the graduates
☐ Surveys of the practice sites (hospitals, clinics, etc.) of the graduates
☐ Monitoring of the continuing board certification of the graduates
☐ Monitoring of state licensing board actions against graduates
☐ Monitoring of medico-legal actions against graduates
☐ Program does not monitor program graduates' performance
☐

- *How many do you do? If none, it would be beneficial to include at least one or two of these in your action plans for the next year.*
- *Information is useful for recruitment overall quality of the program.*

Areas for Improvement for Performance of Graduates	Plans to Address Areas Identified as Needing Improvement
	SMART goals

Faculty Evaluation

By whom are the faculty members in this program evaluated (for their contributions to the educational program)?

- ☐ Medical students
- ☐ Residents/fellows in this program
- ☐ Residents/fellows in other programs
- ☐ Peer faculty members in this program
- ☐ Peer faculty members in other programs

Areas for Improvement Identified for Faculty Member Contributions to the Program	Plans to Address Areas Identified as Needing Improvement
• Note the request for contributions to the program – not individual faculty improvements	• SMART goal

Faculty Development Activities

List Faculty Development Activities Available in the Past Year	Percent Faculty Participation	If applicable, how does program plan to increase participation in faculty development activities?

-Great place for a simple bar chart or pie chart with % faculty participation over the years.