**Phase I: Annual Program Evaluation 2016-2017**

Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Program Evaluation Committee (PEC) Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Current Citations and Areas for Improvement (AFIs) from ACGME/AOA**

*Note: This information is found on your Letters of Notification.*

Area of Program Evaluation: Program Quality, Faculty Development, Graduate Performance, Resident Performance

|  |  |  |  |
| --- | --- | --- | --- |
| *Description of Citation/AFI* | *Reference from Requirements* | *Plans to Resolve Citation/Address AFI* | *Status of Resolution (Partial, Full, Resolved)* |
| Citation: Evaluation of Faculty: Faculty survey is somewhat below the national mean for effectiveness of graduating residents/fellows | V.C.1 | 1) Faculty evaluations will be reviewed by the PEC and revised2) PEC will track faculty evaluation compliance and report on quarterly to GMEC | Partial |
| AFI: Educational Environment: Review Committee noted that the resident survey is negative in that residents believe that education may be compromised by service obligations | NA | 1. PEC will create education regarding what is “service” as this is a common misunderstanding
2. Internal survey will address current resident opinion – results will be reported to GMEC at next update
 | Partial |
|  |  |  |  |
|  |  |  |  |

1. **Faculty Development focused on Teaching Skills**

Area of Program Evaluation: Faculty Development

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Activity* | *Which faculty attended* | *Sponsored by* | *Number of Hours* |
| Providing Feedback | Sam Sanders, DOFred Flynn, DOSamantha Silver, DO | Orange Regional Medical Center | 1.0 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **Milestone Averages (June 2017)**

Area of Program Evaluation: Resident Performance

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Milestone Label* | *Average for**PGY-1s* | *Average for PGY-2s* | *Average for**PGY-3s* | *Average for**PGY-4s* | *Average for PGY-5s* |
| ICS 1 | 2.3 | 3.4 | 3.9 | NA | NA |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Scholarly Activity**

Area of Program Evaluation: Program Quality

|  |  |  |  |
| --- | --- | --- | --- |
| *Core Faculty Member* | *PMID Publications* | *Other**(curriculum, abstracts, regional/national presentations)* | *Leadership Roles (regional, national); Peer Reviewer (Y/N)* |
| Joe Smith, DO | 1 | 4 | Y |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **ITE Performance**

Area of Program Evaluation: Graduate Performance (Note this may be need to be reconfigured depending on your Intraining Examination)

|  |  |  |
| --- | --- | --- |
| PGY Year | Average ITE Score | Areas of weakness for this training cohort |
| PGY=1 | 47% | Pathology of disease, pediatrics & oncology |
|  |  |  |

1. **Attrition of Residents**

Area of Program Evaluation: Program Quality

|  |  |
| --- | --- |
| *Resident Name* | *Reason for leaving program* |
| Jane Smith, DO | Personal; wanted to be closer to fiancée |
|  |  |
|  |  |
|  |  |

1. **Review of Affiliation Arrangements/PLAs**

Requirement: When Participating Sites are added/deleted this needs to be approved by GMEC

|  |  |  |  |
| --- | --- | --- | --- |
| *Participating Site* | *Date of Affiliation Agreement* | *Date of PLA* | *Identify Rotations* |
| Greener Hospital | June 2015 | June 2016 | PGY-1/Peds EMPGY-2/Peds EMPGY-3/PICU |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**List new participating sites in 2016-2017**

1.
2.

**List withdrawn participating sits in 2016-2017**

1.
2.
3.
4. **ACGME Survey Results (Resident and Faculty)**

**Any area that received less than 85% should be listed**

|  |  |  |
| --- | --- | --- |
| *Area* | *Score* | *Proposed plan to increase score* |
| Faculty evaluations are not confidential according to the faculty survey | 67% | 1. Discuss with PEC the process for keeping faculty evaluation confidential
2. Investigate with residents why they do not feel faculty evaluations are confidential
 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Action Items for 2017-2018**

|  |  |  |  |
| --- | --- | --- | --- |
| *Action Item* | *Identify Area of Program Improvement:*1. *Program Quality*
2. *Resident Performance*
3. *Graduate Performance*
4. *Faculty Development*
 | *Person(s) Responsible* | *Potential Data Sources* |
| Faculty evaluations, according to the ACGME Faculty survey, are not providing adequate feedback about teaching skills.  | Program Quality; Faculty Development | Jim Pierce, DO (Program Director) | * ACGME Faculty Survey
* Internal Program Evaluations
 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Date Faculty Review/Approved APE and Action Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**