**Phase IV: Annual Program Evaluation 2018-2019**

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

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

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| **ACCREDITATION INFORMATION** |
| **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 revised  2) 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 | |  |  |  |  | |  |  |  |  | |
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| **FACUTY INFORMATION** |
| **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, DO  Fred Flynn, DO  Samantha Silver, DO | Orange Regional Medical Center | 1.0 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |

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| **Faculty Turnover**  Area of Program Evaluation: Program Quality   |  | | --- | | *List faculty members who have either left or joined the program:*  *1.*  *2.*  *3.*  *4.* | |
| **PROGRAM** |
| **Rotation Evaluations**  Area of Program Evaluation: Program Quality   |  |  |  | | --- | --- | --- | | *Rotation Name* | *Lowest Scoring Parameter (quality of teaching, quality of feedback, supervision)* | *Score* | | *ICU* | *Quality of teaching* | *2.7* | |  |  |  | |  |  |  | |  |  |  |   **Curriculum Review**  Area of Program Evaluation: Program Quality   |  |  |  |  |  | | --- | --- | --- | --- | --- | | *Rotation* | *Date PEC reviewed Goals & Objectives* | *Are patient numbers sufficient?* | *Are procedure numbers sufficient?* | *Evaluation Comment Trends* | | *NICU* | *Oct 2018* | *Y* | *Y* | 1. *Feedback has improved* 2. *Residents do not always feel appropriately supervised* | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |
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| **CEE Violation Trends**  Area of Program Evaluation: Program Quality   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | *Service* | *1 day in 7 Off Duty* | *80 hours per Week (averaged over 4 weeks)* | *24 + 4 hours* | *14 hours free of work after call* | *8 hours between work periods* | *Specific Issues* | | *Labor & Delivery* | *2* | *3* | *9* | *1* | *2* | *The adoption of EMR has caused several 24+4 violations* | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| **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 | |  |  |  | |
| **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 | |  |  | |  |  | |  |  | |
| **GRADUATE PERFORMANCE** (IF APPLICABLE) |
| **Graduate performance**  *Placement of Graduates*   |  |  | | --- | --- | | *Name* | *Placement* | | *Dean Sanders* | *Pulmonary Critical Care Fellowship; University of California, Irvine* | |  |  | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Grad Year | # of Grads | # Took Written | # Passed Written  First Attempt | # Passed Written  All Attempts | # Took Oral | # Passed Oral  First Attempt | # Passed Oral  All Attempts | Percent Board Certified | | 2018 |  |  |  |  |  |  |  |  | | 2019 |  |  |  |  |  |  |  |  | | 2020 |  |  |  |  |  |  |  |  | | 2021 |  |  |  |  |  |  |  |  | | 2022 |  |  |  |  |  |  |  |  | | 2023 |  |  |  |  |  |  |  |  | | 2024 |  |  |  |  |  |  |  |  | | 2025 |  |  |  |  |  |  |  |  | |
| **SCHOLARLY ACTIVITY** |
| **Faculty 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 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Resident Scholarly Activity**  Area of Program Evaluation: Program Quality   |  |  |  |  | | --- | --- | --- | --- | | *Resident* | *PMID Publications* | *Other*  *(curriculum, abstracts, regional/national presentations)* | *Leadership Roles (regional, national); Peer Reviewer (Y/N)* | | Joe Smith, DO | 1 | 4 | Y | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **INFRASTRUCTURE** |
| **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 EM*  *PGY-2/Peds EM*  *PGY-3/PICU* | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **List new participating sites in 2018-2019**       **List withdrawn participating sites in 2018-2019** |
| **SURVEY RESULTS** |
| 1. **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* | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **Internal Resident Survey Findings**   |  |  | | --- | --- | | *Issue* | *Provide details about Issues* | | *Didactics* | *Residents would like to have more outside speakers for didactics* | |  |  | |  |  | |  |  | |

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| **Internal Faculty Survey Findings**   |  |  | | --- | --- | | *Name* | *Placement* | | *Dean Sanders* | *Pulmonary Critical Care Fellowship; University of California, Irvine* | |  |  | |  |  | |  |  | |
| **IMPROVEMENT PLANS** |
| 1. **Improvement Plans from 2018-2019 APE**  |  |  |  |  | | --- | --- | --- | --- | | *Action Item* | *Identify Area of Program Improvement:*   1. *Program Quality* 2. *Resident Performance* 3. *Graduate Performance* 4. *Faculty Development* | *Status of Action Item* | *Resolved*  *Carryover* | | *Faculty evaluations, according to the ACGME Faculty survey, are not providing adequate feedback about teaching skills.* | *Program Quality; Faculty Development* | *The faculty evaluation (2018) indicated that the faculty felt they were getting adequate feedback about teaching skills (92%)* | *Resolved* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. **New/Carryover Improvement Plans for 2019-2020**  |  |  |  |  | | --- | --- | --- | --- | | *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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**