**Program Improvement Plans Resulting from 2014-2015 APE**

*Program: \_\_\_\_ General Surgery Residency Program*

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| Task | Areas/Citations Addressed | Progress |
| **1. Duty Hour Compliance**  Area: Program Quality  Person(s):  Measurement: In the 2016 ACGME Survey there will be satisfactory compliance (85-100%) in all duty hour compliance categories.  Results:  How does this affect our program AIMS: | Duty Hour issues as reported on 2015 ACGME resident survey   * 80 hours * 8 hours between duty periods * Continuous hours scheduled * Reasons for duty hour issues:   + Patient needs   + paperwork | **July 2015**  Introduction to the interns by Dr \_\_\_ introduces the concept of work hour regulations and the importance of accurate checkout procedures and accurate hour reporting. Intern introduction lectures from GME office give reference to work-hours and fatigue mitigation webinars.  **August 2015**  Work hour reviews by PD and coordinator and counseled Dr \_\_\_ on not respecting the 10 hour rule for shift with resolution of events for May 2015.  **September 2015**  PEC reviews work hours for summer months with no noted violations. Dr \_\_\_ goes on maternity leave and Dr \_\_\_ works with chiefs to ensure that interns do not break hours from being short-staffed.  **October 2015**  Faculty retreat meeting 10-15-2015 re-emphasizes work hour regulations to faculty.  **November 2015**  PEC formulates the plan for the trauma service to include mid-level practitioner care for trauma patients between 6 AM and 3 PM during weekdays.  **December 2015**  Department hires fifth nurse practitioner to alleviate administrative responsibilities.  **January 2016**  Trauma service takes effect to care for trauma patients. Webinar on fatigue management is delivered during resident lecture. |
| **2. Faculty Issues from ACGME Resident Survey**  Area: Faculty Development  Person(s):  Measurement: In the 2016 ACGME Resident Survey, there will be satisfactory compliance (85-100%) in all faculty areas.  Results:  How does this affect our program AIMS: | Faculty issues:   * Supervision * Instruction * Interest * Environment of inquiry | **July 2015**  Dr \_\_\_ assigns faculty of the week to participate and deliver lectures on a weekly basis with expected faculty attendance and participation in all lectures for designated weeks.  **August 2015**  PEC makes rule for temporary collection of cell phones and beepers during conference.  **September 2015**  Faculty oversees implementation of simulation curriculum.  **October 2015**  Dr \_\_\_ presents concerns of survey to pan- Faculty meeting 10-15-2015 with description of new roles for the CC C and the associate program directors.  **November 2015**  Faculty supervision requirements are revised in the resident manual and presented to the residents by the PD and approved by the clinical competency committee.  **December 2015**  Bi-annual research presentations are held in conjunction with bi-annual evaluations to encourage research and quality improvement project completion and facilitate mentoring. |
| **3. Evaluation Issues from ACGME Resident Survey**  Area: Program Quality  Person(s):  Measurement: In the 2016 ACGME Resident Survey, there will be satisfactory compliance (85-100%) in all evaluation areas.  Results:  How does this affect our program AIMS: | Evaluation issues:   * Appropriate balance for education * Education not compromised by service * Data to show clinical effectiveness | **July 2015**  MILESTONES rubric introduction to incoming residents.  **August 2015**  Clinical competency committee meets to discuss resident plans for MILESONE implementation plus implementation of evaluations to provide data for personal efficacy  **September 2015**  Faculty give lectures and engage residents during didactics with resident presentation evaluations and feedback for lectures.  **December 2015**  OSATS and CAMEOs come due with MILESTONE meeting completion by the CCC. The bi-annual research day occurs in conjunction with bi-annual evaluations.  **January 2016**  Repeat meeting occurs with residents to discuss ABSITE preparation and roles of CCC and PEC with appointment of resident members of the program evaluation committee. |
| **4. Resources Issues from ACGME Resident Survey**  Area: Program Quality  Person(s):  Measurement: In the 2016 ACGME Resident Survey, there will be satisfactory compliance (85-100%) in all resources areas.  Results:  How does this affect our program AIMS: | Resource Issues   * Way to transition when fatigued * Satisfied with process to deal with problems and concerns * Raise concerns without fear | **July 2015**  Introduction to the interns by Dr \_\_\_ introduces the concept of shiftwork and fatigue mitigation and the importance of avoiding sleep related mistakes. Intern introduction lectures from GME office give reference to fatigue mitigation webinars.  **August 2015**  PEC appeals form is created for concerns from residents to include discipline to create a confidential committee to resolve concerns.  **September 2015**  PD revised supervision policy to include compliance with all rules of the ACGME.  **October 2015**  Faculty introduced to the concept of the CCC/PEC  **November 2015**  Residents lectures on the PEC as the forum to deal with problems and concerns and to raise concerns without fear as a partial mediating body that is advisory to the program director.  **December 2015**  Clinical competency committee advises PD on MILESTONE progress and results for bi-annual evaluations with disclosure of all resident concerns for remediation.  **January 2016**  Repeat lecture to residents to discuss confidential role of the CCC and resident role in the PEC for program improvement. The supervision policy is reviewed. |