**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 QualityPerson(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 DevelopmentPerson(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 QualityPerson(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 QualityPerson(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.  |