|  |
| --- |
| **Goal:** Improve communication and culture  |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| Develop mechanisms for receiving and addressing concerns in a positive manner.  | Increase compliance on the following ACGME resident survey questions: “ability to raise concerns without fear of intimidation or remediation” from 26%  to >= 60% on the 2022 survey. Improve resident overall evaluation of the program to 0% very negative or somewhat negative on the 2022 survey.  | Anonymous email or phone line specific for GME, town halls are already scheduled, may use outside department facilitators to run meetings, prepare agenda ahead of time to include updates on topics, solicit resident and faculty input for agenda items. Individual class meetings can be held with representatives bringing concerns directly to the program director. Residents have the option of attending institutional resident/fellow forum to report concerns, as well.  | Communication and culture are essential for any positive change to happen within the program. ACGME requires compassion, integrity, and respect for others (IV.B.1.a.1.a) and programs, in partnership with their Sponsoring Institutions, must provide a professional, equitable, respectful, and civil environment that is free from discrimination, sexual and other forms of harassment, mistreatment, abuse, or coercion of students, residents, faculty, and staff (VI.B.6).  | Hold monthly meetings, either class meetings or town hall style, beginning October 2021. ACGME resident surveys to be completed by April 2022. Results to be released May 2022.  |

|  |
| --- |
| **Goal:** Update all rotation goals and objectives and corresponding evaluation forms  |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| All required rotation goals and objectives reviewed, or created, along with a corresponding evaluation form.  | All rotation goals, objectives and evaluations reviewed and approved as evidenced by the PEC minutes and reported on the program 2022 APE.  Aggregate responses from resident evaluations of rotation experience; increase of resident survey question “faculty members interested in education” from 38% compliant to be at or above the specialty mean, improve “quality of clinical experience” in all clinical experiences to be at or above “good” and “satisfied with faculty members feedback” to be at or above the specialty mean as reported by 2022 ACGME resident survey results. | The program evaluation committee (PEC) is a regularly occurring meeting that reviews the entire residency program.  Assignment of rotation goals throughout the year to ensure all general and subspecialty rotation goals and objectives, along with the corresponding evaluation, have been reviewed, updated, and approved by the PEC.All goals and objectives to be uploaded into residency management system, or internal web page, to be accessible by all faculty and residents.  | ACGME requires competency-based goals and objectives for each educational experience designed to promote progress on a trajectory to autonomous practice (IV.A.2).  Subspecialty coordinators are accountable to the program director for coordination of the resident’s subspecialty educational experiences in order to accomplish the goals and objectives in the subspecialty (II.B.1.1.b). Evaluation is most effective when comparing resident performance against expected goals of the rotation.  | All rotations and evaluations reviewed and updated by July 1, 2022.   |

|  |
| --- |
| **Goal:** Increase amount of feedback received by residents  |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| Incorporate Feedback Friday on inpatient general surgery rotations so that each resident receives a three-to-five-minute, specific, brief, verbal comment on his/her performance during the week | Confirmed receipt of verbal feedback during resident semi-annual meetings. Increase percent compliance on resident survey (satisfied with faculty members feedback) to be at or above the mean on the 2022 ACGME resident survey. | A few minutes with 3-4 residents per week will take up about 20 minutes total time. This could be spread out throughout the day or completed in one set time.  | ACGME requires feedback to residents and having set aside time during the rotation week for verbal feedback will supplement the written evaluation. | All residents on general surgery rotation to receive verbal feedback on Fridays by December 31, 2021. |

|  |
| --- |
| **Goal:** Close the loop on resident concerns |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| Provide feedback on resident concerns during the bi-monthly Town Halls.  | Documented feedback in town hall meeting minutes. Improve resident overall evaluation of the program to 0% for very negative and somewhat negative on the 2022 ACGME resident survey.  | Meetings currently occur. Carving out 5-10 minutes to provide updates on issues that resident had brought forth will not impact current agenda.  | Program improvement and follow-up on action plans is required by ACGME. This is also a good time to remind residents of/discuss policies and procedures that are hospital based. | Incorporate into the next town hall; part of standing agenda by December 2021. |

|  |
| --- |
| **Goal:** Protect didactic time |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| Residents to receive protected time for formal didactics with workload covered during that time. | Increase percent compliance on resident survey (time to participate in structured learning activities and appropriate balance between education and patient care) to be at or above the mean on the 2021 ACGME resident survey. | Currently residents receive protected time for attending formal educational sessions; however, patient care is not covered by faculty or other personnel during this time and residents must “make up” the patient care that was missed during didactics. Faculty should take the lead and cover all patient care during protected didactic time. | ACGME requires protected time to participate in core didactic activities (PR IV.A.4). | Expected coverage to be in place by July 1, 2021. |

|  |
| --- |
| **Goal:** Increase number of boarded faculty |
| **S** | **M** | **A** | **R** | **T** |
| Specific | Measurable | Attainable | Relevant | Timely |
| Current, non-boarded faculty to obtain board certification. | Documented passing score on ABR or AOBR board certification exam(s). | All faculty have completed a radiology residency program and are therefore eligible to sit for the boards.  | ACGME requires faculty are certified by either the ABR or AOBR [PR II.B.3.b).(1).] Board certification is one indication of broad knowledge of the specialty. Board-certified faculty serve as role models for residents. Board certification is a requirement to be a core faculty. | Non-boarded faculty to obtain board certification by July 2022. |