

Annual Program Evaluation Protocol

Section 3	Evaluation and Assessment Processes	Effective:	October 2001
Policy 3.1.	GMEC Oversight of ACGME-Accredited Programs	Revised:	September 2003, October 2006, December 2007, June 2012, May 2014, February 2015, March 2016, July 2017, September 2019
		Responsibility:	Designated Institutional Official
GMEC Oversight of ACGME-Accredited Programs			
Purpose	<p>It is the responsibility of the Graduate Medical Education Committee (GMEC) to oversee:</p> <ul style="list-style-type: none"> • The accreditation status of its ACGME-accredited programs; • the quality of the GME learning and working environment within each of its ACGME-accredited programs, and its participating sites; • the quality of educational experience in each ACGME-accredited program; • the ACGME-accredited programs' annual program evaluations and self-studies. (7/1/2019 IR I.B.4.a).(1) –(4)) 		
Policy	<p>Oversight of ACGME-accredited programs will consist of <u>Accreditation Data System Update Review</u>, <u>Annual Program Evaluation</u>, <u>Special Program Review</u>, <u>Self-Study Summary Review</u> and <u>Mock Site Visit</u>:</p> <ul style="list-style-type: none"> • <u>Accreditation Data System (ADS) Update Review</u> GME Faculty will review all ADS updates submissions. Three weeks prior to the submission deadline, the proposed update should be ready for review. Program leadership will receive feedback regarding their proposed submission at least two weeks prior to the submission deadline. • <u>Annual Program Evaluation (APE)</u> (7/1/2019 CPR V.C.1 for Residencies, Fellowships, and One-Year Fellowships) <ul style="list-style-type: none"> ○ APEs will be conducted annually by the program and reviewed by the GMEC Compliance & Accreditation Action Committee. ○ See Addendum A, <u>Annual Program Review Protocol</u>. 		

- **Special Program Review (SPR)** (IR I.B.6)
 - SPRs may be triggered by one or more of the following:
 - Negative communication from the ACGME
 - Resident complaint to ACGME
 - Duty hours non-compliance
 - Negative ACGME Faculty Survey trends
 - Negative ACGME Resident Survey trends
 - Significant concerns from APE
 - Match issues
 - Resident attrition
 - Scholarly activity deficiencies
 - Negative Milestones trends
 - Other at the discretion of the DIO
 - An SPR may be focused on specific areas or concern or may be broader in scope.
 - The SPR will be conducted by the DIO, a DIO designee, or a specially constituted panel and reviewed by the GMEC Compliance and Accreditation Action Committee.
 - See Addendum B, Special Program Review Protocol.

- **Self-Study (SS) Summary Review**
 - The Self-Study (SS) Summary will be reviewed by GME Faculty prior to submission to the ACGME.
 - See Addendum C, Self-Study Summary Review Protocol.

- **Mock Site Visit (MSV)**
 - The MSV format will be developed consistent with the ACGME 10-Year Accreditation Site Visit protocol as it becomes available.
 - See Addendum D, Mock Site Visit Protocol.

Addendum A

Annual Program Evaluation (APE)

Protocol

Effective July 1, 2019

According to the ACGME Common Program Requirements, section V.C.1 for Residencies, Fellowships, and One-Year Fellowships, the program, through the Program Evaluation Committee (PEC), must document formal, systematic evaluation of the program at least annually, and is responsible for rendering a written Annual Program Evaluation (APE).

The PEC must prepare minutes and a written plan of action, using the required Annual Program Evaluation Minutes (APE) and Action Plan template to document initiatives to improve performance as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. Residencies and Multi-Year Fellowships must review the areas delineated in the Annual Program Evaluation Minutes (APE) and Action Plan for Multiyear Residency and Fellowship Programs. The PECs for One-Year Fellowships are required to review fewer areas and must use the Annual Program Evaluation Minutes (APE) and Action Plan for One-Year Fellowships.

The APE Process

Programs will be assigned a date by which the program component APE process must be complete. This specific assigned date will recur yearly to facilitate long-term planning. The multi-step process is outlined below:

1. The program will receive a reminder notification 90 days in advance from the GME Office of the due date for completion of the program component of the APE process.*
2. The program completes the APE form in New Innovations.
3. The PEC conducts the APE Meeting.
4. The program submits the Annual Program Evaluation Minutes (APE) and Action Plan (for either multi-year programs or one-year programs) through New Innovations by the assigned due date.
5. An Annual Program Evaluation Report is generated and reviewed by the GMEC Compliance & Accreditation Action Committee.
6. The Annual Program Evaluation Report is presented to the GMEC.

Program APE Meeting

The program APE meeting should be conducted by the PEC within 90 days of the due date for completion of the program component of the APE process. The format for the meeting must be a SWOT (strengths, weaknesses, opportunities and threats) analysis of the program based on the materials provided and the participants' knowledge of the program's activities

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 *et seq.*

and processes.

APE Action Plan

An action plan must be created from the results of the SWOT analysis and documented using the Annual Program Evaluation (APE) Minutes and Action Plan Template. The action plan must be reviewed and approved by the teaching faculty and documented in meeting minutes of a faculty meeting. The action plan should be distributed to all residents/fellows.

GMEC Oversight

The GMEC Compliance & Accreditation Action Committee will review the Annual Program Evaluation Report at its monthly meeting as designated by the GME Program Oversight Calendar and either:

- a. Accept as submitted
- b. Ask for clarification/additional documentation
- c. Determine the need for a Special Program Review (SPR)

The Annual Program Evaluation Report will be presented to the GMEC.

Addendum A.1.
Annual Program Evaluation (APE)
Minutes & Action Plan
Residency and Multiyear Fellowship Programs

Program:

Date of the APE meeting:

Date Minutes & Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting(s) where the Minutes & Action Plan were distributed to and discussed with the members of the teaching faculty and the residents/fellows.

Academic Year reviewed:

Faculty Members of the PEC in attendance:

Resident/Fellow Members of the PEC in attendance:

Other Members of the PEC in attendance:

Question 1: Program description

Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about this program. (Maximum 250 words)

Question 2: Program aims

Based on information gathered and discussed during the APE, what are the program's aims? (Maximum 150 words)

Question 3: Program activities to advance the aims

Describe current activities that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Elements reviewed (ACGME Common Program Requirements V.C.1.c):

- Curriculum (changes to goals & objectives, didactics, rotations)
Supporting documents:

- Outcomes from prior APEs
Supporting documents:

- ACGME Letters of Notification (citations, areas for improvement, commendations, comments)

- Quality and safety of patient care
Supporting documents:

- Aggregate resident and faculty well-being
Supporting documents:

- Aggregate resident and faculty recruitment and retention
Supporting documents:

- Aggregate resident and faculty workforce diversity
Supporting documents:

- Aggregate resident and faculty engagement in quality improvement and patient safety
Supporting documents:

- Aggregate resident and faculty scholarly activity
Supporting documents:

- Aggregate resident and faculty program evaluations
Supporting documents:

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 *et seq.*

- Aggregate resident achievement of the Milestones
Supporting documents:

- Aggregate resident performance on in-training exams (if applicable)
Supporting documents:

- Aggregate resident board pass and certification rates
Supporting documents:

- Faculty professional development (teaching skills, quality improvement and patient safety, well-being, improving patient care)
Supporting documents:

- Aggregate faculty evaluation
Supporting documents:

- Graduate performance
Supporting documents:

- Program quality
Supporting documents:

- Policies, Protocols & Procedures
List of policies, protocols, and procedures reviewed:

- Supervision, Progressive Responsibility and Transition of Care
Supporting documents:

- Program Wellness Initiatives
Supporting documents:

SWOT Analysis

Strengths

Weaknesses

Opportunities

Threats

Action Plan

Item	Strategy	Resources	Timeline	Evaluation
Preservation Goals (Strengths)				
Elimination Goals (Weaknesses)				
Achievement Goals (Opportunities)				
Avoidance Goals (Threats)				

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 *et seq.*

Addendum A.2.

Annual Program Evaluation (APE) Minutes & Action Plan One-Year Fellowship Programs

Program:

Date of the APE meeting:

Date Minutes & Action Plan were reviewed and Approved by teaching faculty:

Please attach the minutes of the meeting where the Minutes & Action Plan were distributed to and discussed with the teaching faculty and fellows.

Academic Year reviewed:

Faculty Members of the PEC in attendance:

Fellow Members of the PEC in attendance:

Other Members of the PEC in attendance:

Question 1: Program description

Provide a brief description of your fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about this program. (Maximum 250 words)

Question 2: Program aims

Based on information gathered and discussed during the APE, what are the program's aims? (Maximum 150 words)

Question 3: Program activities to advance the aims

Describe current activities that have been or are being initiated to promote or further these aims. (Maximum 250 words)

Elements reviewed (ACGME Common Program Requirements (One-Year Fellowship) V.C.1.c)):

- Fellow performance
Supporting documents:

- Faculty development
Supporting documents:

- Progress on the previous year's action plan(s).
Supporting documents:

- Review of program's mission and aims
Supporting documents:

SWOT Analysis

Strengths

Weaknesses

Opportunities

Threats

Action Plan

Item	Strategy	Resources	Timeline	Evaluation
Preservation Goals (Strengths)				
Elimination Goals (Weaknesses)				
Achievement Goals (Opportunities)				
Avoidance Goals (Threats)				

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 *et seq.*

Addendum B

Special Program Review (SPR) Protocol

Effective July 1, 2019

According to the ACGME Institutional, section I.B.6, the GMEC must demonstrate effective oversight of underperforming programs through a Special Review process. The Special Review process must include a protocol that establishes criteria for identifying underperformance and results in a report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes. This protocol outlines the process for the Special Program Review (SPR).

The SPR Process

Criteria for Identifying Underperformance

Potential triggers for an SPR include, but are not limited to:

- Negative communication from the ACGME
- Resident complaint to ACGME
- Duty hours non-compliance
- Negative ACGME Faculty Survey trends
- Negative ACGME Resident Survey trends
- Significant concerns from APE
- Match issues
- Resident attrition
- Scholarly activity deficiencies (either resident or faculty)
- Negative Milestones trends
- Failure to adequately address action plan items from a previous SPR
- Non-compliance with program oversight processes
- Other at the discretion of DIO

Special Program Reviews occur at the discretion of the DIO and/or upon the recommendation of the Compliance and Accreditation Action Committee.

SPR Materials

Materials requested for the SPR will be determined by the DIO in conjunction with the Chair of the GMEC Compliance and Accreditation Action Committee. The materials will be selected based on the deficits identified.

All proceedings and records of the Graduate Medical Education Committee are confidential and all professional review actions and communications made to the Graduate Medical Education Committee are privileged under Texas and federal law. TEX. OCC. CODE ANN. CHPS.151 & 160; TEX HEALTH AND SAFETY CODE §161.032; and 42 U.S.C. 11101 *et seq.*

SPR Program Participants

Program representatives (program leadership, faculty, or residents/fellows) to be interviewed during the SPR will be determined by the DIO based on the deficits identified.

The SPR Meeting

The SPR meeting will be conducted by the DIO or a designee of the DIO. A panel including program directors, faculty, and residents may be created to conduct the review at the discretion of the DIO.

SPR Report

A Special Program Review Report will be created documenting the findings of the SPR. In compliance with IR I.B.6, an SPR summary report will be presented to the GMEC outlining the quality improvement goals, corrective actions, and the process for GMEC monitoring of outcomes resulting from the Special Program Review.

Addendum C

Self-Study (SS) Review Protocol

Effective July 1, 2019

The SS Process

Programs will receive notification from the ACGME indicating the due date of the Self-Study. The multi-step process is outlined below:

1. The program will receive a reminder notification from the ACGME of the due date for completion of the program self-study.
2. The program leadership is encouraged to meet with GME faculty to discuss the Self-Study process.
3. The program assembles the Self-Study Committee (SSC).
4. The SSC engages program leadership, faculty, trainees and staff in a discussion of program aims.
5. The SSC reviews the SWOTs and Action Plans to determine ongoing threats and opportunities.
6. The SSC aggregates and analyzes data to generate a longitudinal assessment of the program's improvement.
7. The SSC obtains stakeholder input.
8. The SSC interprets the data and aggregates the self-study findings.
9. The SSC discusses the findings with stakeholders.
10. The SSC completes the Self-Study Summary Document and uploads into New Innovations.
11. GME Faculty will review the Self-Study Summary Document and provide verbal feedback to the SSC Chair and Program Leadership.
12. The Self-Study Summary Document is uploaded into ADS.

Addendum C.1.

Self-Study Summary **Department of Accreditation, Recognition, and Field Activities**

After completing the Self-Study, provide responses to the eight questions below.

The deadline for uploading the Self-Study Summary into the Accreditation Data System is the last day of the month the Review Committee indicated for the program's first site visit in the Next Accreditation System. (For example, if the Review Committee indicated **October 2018** as the date of the first site visit, the document would have to be uploaded by **October 31, 2018**.)

Program Name: _____

Program Number: _____

Self-Study Date (Month, Year): _____

Note

The documents will be used to assess the program's aims and environmental context, as well as the process used for the Self-Study and how this facilitates program improvement.

*Do **NOT** provide information on areas for improvement identified during the Self-Study. The Summary of Achievements will request information on improvements realized in areas identified in the Self-Study.*

Program Description and Aims

Describe the program and its aims, using information gathered during the Self-Study.

Question 1: Program Description

Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Question 2: Program Aims

Describe the program's aims. (Maximum 150 words)

Question 3: Program activities to advance the aims

Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Environmental Context

Summarize the information on the program's environmental context that was gathered and discussed during the Self-Study.

Question 4: Opportunities for the program

Describe important opportunities for the program. (Maximum 250 words)

Question 5: Threats facing the program

Describe any real or potential significant threats facing the program. (Maximum 250 words)

Significant Changes and Plans for the Future

Question 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Question 6b: Share the vision and plans for the program for the coming five years. What will take this program to “the next level”? (Maximum 350 words) *Note: In the response, discuss what the “next level” will look like, the envisioned steps and activities to achieve it, and the resources needed.*

--

Self-Study Process

Question 7a: Describe elements of the Self-Study process for your program.

Provide information on your program’s Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)

Who was involved in the Self-Study (by role/title)?	
How were areas for improvement prioritized?	

Question 7b: Describe the core program’s role in the Self-Study(ies) of its dependent subspecialty program(s). (Maximum 150 words)

Note: If this is an individual core program without associated subspecialty programs or a dependent freestanding subspecialty program, skip to Question 8.

--

Question 8: Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)

--