Program Coordinators’ Meeting

May 10, 2018
GME Updates

• ACGME Survey Results
• Medical Board of California (MBC) L3A-B and L4 forms
• Transitions of Care
• Sharps Training
• Check Out Process
• Evaluations
  – Milestones
  – Summatives
• APES
### SHC Institutional Report Card

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Sufficient Instruction</td>
<td>83%</td>
<td>86%</td>
<td>87%</td>
<td>85%</td>
<td>83%</td>
<td>82%</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Sufficient Supervision</td>
<td>94%</td>
<td>95%</td>
<td>95%</td>
<td>93%</td>
<td>93%</td>
<td>91%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td>Faculty and Staff Create Environment of Inquiry.</td>
<td>79%</td>
<td>84%</td>
<td>84%</td>
<td>81%</td>
<td>80%</td>
<td>80%</td>
<td>85%</td>
<td>83%</td>
</tr>
<tr>
<td>Residents Can Raise Concerns without Fear</td>
<td>78%</td>
<td>82%</td>
<td>84%</td>
<td>79%</td>
<td>80%</td>
<td>80%</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Satisfied with Process for Problems and Concerns</td>
<td>73%</td>
<td>82%</td>
<td>81%</td>
<td>78%</td>
<td>79%</td>
<td>78%</td>
<td>83%</td>
<td>81%</td>
</tr>
<tr>
<td>Education Not Compromised by Service Obligations</td>
<td>58%</td>
<td>67%</td>
<td>68%</td>
<td>66%</td>
<td>61%</td>
<td>58%</td>
<td>63%</td>
<td>73%</td>
</tr>
<tr>
<td>Overall Evaluation of Program</td>
<td>89%</td>
<td>89%</td>
<td>92%</td>
<td>91%</td>
<td>90%</td>
<td>90%</td>
<td>91%</td>
<td>91%</td>
</tr>
<tr>
<td>Total Number of ACGME Citations - Last Site Visit</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Institutional ACGME Cycle Length</td>
<td>5yrs</td>
<td>5yrs</td>
<td>5yrs</td>
<td>13 yrs</td>
<td>13 yrs</td>
<td>13 yrs</td>
<td>16 yrs</td>
<td>16 yrs</td>
</tr>
<tr>
<td>NRMP Trend Analysis - 25 yrs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Is Organized to Meet Educational Needs.</td>
<td>87%</td>
<td>88%</td>
<td>88%</td>
<td>88%</td>
<td>92%</td>
<td>85%</td>
<td>86%</td>
<td>89%</td>
</tr>
<tr>
<td>Program Balances Service with Clinical Education.</td>
<td>84%</td>
<td>86%</td>
<td>85%</td>
<td>86%</td>
<td>87%</td>
<td>84%</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>Overall Satisfaction with Training in Program</td>
<td>88%</td>
<td>88%</td>
<td>89%</td>
<td>85%</td>
<td>92%</td>
<td>92%</td>
<td>93%</td>
<td>94%</td>
</tr>
<tr>
<td>Would Recommend Training Program</td>
<td>91%</td>
<td>91%</td>
<td>94%</td>
<td>91%</td>
<td>94%</td>
<td>93%</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>Faculty Spend Sufficient Time Supervising Trainees</td>
<td>93%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>96%</td>
<td>92%</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>Faculty Are Successful Teachers</td>
<td>94%</td>
<td>95%</td>
<td>94%</td>
<td>95%</td>
<td>97%</td>
<td>93%</td>
<td>94%</td>
<td>95%</td>
</tr>
<tr>
<td>Encouraged To Ask Questions</td>
<td>93%</td>
<td>95%</td>
<td>96%</td>
<td>95%</td>
<td>97%</td>
<td>91%</td>
<td>93%</td>
<td>96%</td>
</tr>
<tr>
<td>Have Not Been Personally Mistreated in Training Program</td>
<td>No Data</td>
<td>89%</td>
<td>91%</td>
<td>89%</td>
<td>89%</td>
<td>91%</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Opportunity To Participate In QI Projects</td>
<td>43%</td>
<td>54%</td>
<td>52%</td>
<td>66%</td>
<td>88%</td>
<td>76%</td>
<td>73%</td>
<td>80%</td>
</tr>
<tr>
<td>Faculty Overall Evaluation of Programs</td>
<td>8.76</td>
<td>8.51</td>
<td>8.24</td>
<td>8.70</td>
<td>8.76</td>
<td>8.92</td>
<td>8.95</td>
<td>Data Pending</td>
</tr>
<tr>
<td>Resident Overall Evaluation of Programs</td>
<td>9.09</td>
<td>9.11</td>
<td>7.92</td>
<td>8.70</td>
<td>8.94</td>
<td>8.34</td>
<td>8.86</td>
<td>Data Pending</td>
</tr>
</tbody>
</table>

**KEY**

- **STRENGTH**
- **WEAKNESS**

*Last Updated on May 8 2018*
ACGME SURVEYS – RESIDENT & FACULTY
ANNUAL AND NEW WELLNESS SURVEYS

In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements. At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients. This year of data collection, which will serve as a baseline measure, aggregate reports will be provided to the program and sponsoring institution. These data will not be provided to the Review Committees to make accreditation decisions.

Please rate how often you have done or experienced each of the following items in the past 3 weeks:

<table>
<thead>
<tr>
<th>Item</th>
<th>Never (%)</th>
<th>Rarely (%)</th>
<th>Sometimes (%)</th>
<th>Often (%)</th>
<th>Very Often (%)</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflected on how your work helps make the world a better place</td>
<td>17.7</td>
<td>22.4</td>
<td>36.9</td>
<td>31.6</td>
<td></td>
<td>4.9</td>
</tr>
<tr>
<td>Felt the vitality to do your work</td>
<td>0.2</td>
<td>2.1</td>
<td>15.6</td>
<td>38.1</td>
<td>46.1</td>
<td>4.3</td>
</tr>
<tr>
<td>Felt supported by your co-workers</td>
<td>0.2</td>
<td>2.0</td>
<td>11.3</td>
<td>33.9</td>
<td>52.7</td>
<td>4.4</td>
</tr>
<tr>
<td>Was proud of the work you did</td>
<td>0.3</td>
<td>0.2</td>
<td>6.0</td>
<td>30.4</td>
<td>62.6</td>
<td>4.6</td>
</tr>
<tr>
<td>Was eager to come back to work the next day</td>
<td>0.4</td>
<td>3.3</td>
<td>14.0</td>
<td>39.2</td>
<td>42.6</td>
<td>4.2</td>
</tr>
<tr>
<td>You felt your basic needs are met</td>
<td>0.1</td>
<td>2.9</td>
<td>12.7</td>
<td>37.4</td>
<td>49.9</td>
<td>4.3</td>
</tr>
<tr>
<td>You ate well</td>
<td>0.7</td>
<td>4.0</td>
<td>14.9</td>
<td>37.0</td>
<td>43.3</td>
<td>4.3</td>
</tr>
<tr>
<td>You felt connected to your work in a deeper sense</td>
<td>0.5</td>
<td>2.4</td>
<td>12.2</td>
<td>35.0</td>
<td>40.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Felt the amount of work you were expected to complete in a day was reasonable</td>
<td>1.6</td>
<td>6.2</td>
<td>26.9</td>
<td>41.1</td>
<td>30.3</td>
<td>4.0</td>
</tr>
<tr>
<td>Participated in decisions that affected your work</td>
<td>1.1</td>
<td>3.8</td>
<td>15.8</td>
<td>33.5</td>
<td>45.4</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Please rate how often you have done or experienced each of the following items in the past 3 weeks:

<table>
<thead>
<tr>
<th>Item</th>
<th>Never (%)</th>
<th>Rarely (%)</th>
<th>Sometimes (%)</th>
<th>Often (%)</th>
<th>Very Often (%)</th>
<th>NA (%)</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had an enjoyable interaction with a patient</td>
<td>0.0</td>
<td>0.7</td>
<td>3.3</td>
<td>16.5</td>
<td>71.6</td>
<td>7.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Knew who to call when something tragic happened at work</td>
<td>0.9</td>
<td>2.0</td>
<td>4.3</td>
<td>16.0</td>
<td>45.5</td>
<td>30.2</td>
<td>4.5</td>
</tr>
</tbody>
</table>
L3A-B MBC Forms

- Facility Name: Stanford Health Care
- Facility Address: 300 Pasteur Drive, Stanford, CA 94305
- Specialty: Program
- ACGME 10-digit Program #: Check ACGME website or check list provided by GME
- Dates of Training: Start date at Stanford. End date is the expected program completion date.

![Program Director to Complete ACGME or RCPSC Training Information](image-url)
L3A-B MBC Forms

- Questions 1-8 must all be answered.
- Question #8 is always **YES**

**UNUSUAL CIRCUMSTANCES**

Program Director: Please provide a signed and dated letter of explanation, including dates, for any “yes” response to questions #1-7. The explanation must be provided on program letterhead and mailed directly to the Board with the Form L3A-L3B.

1. Did the applicant receive partial or no credit during his/her postgraduate training?  [ ] Yes [ ] No
2. Did the applicant ever take a leave of absence or break from his/her training?  [ ] Yes [ ] No
3. Was the applicant ever terminated, dismissed or expelled?  [ ] Yes [ ] No
4. Was the applicant ever placed on probation?  [ ] Yes [ ] No
5. Was the applicant ever disciplined or placed under investigation?  [ ] Yes [ ] No
6. Were any limitations or special requirements placed upon the applicant for clinical performance, professionalism, medical knowledge, discipline, or for any other reason?  [ ] Yes [ ] No
7. Did the program decline to renew or offer the applicant postgraduate training program contract for a following year?  [ ] Yes [ ] No

**GENERAL MEDICINE TRAINING REQUIREMENT**

8. Did the applicant complete a minimum of four months of general medicine as part of this postgraduate training program accredited by the ACGME or the RCPSC?  [ ] Yes [ ] No

To qualify for licensure in California, applicants who are graduates of an international medical school must complete at least four (4) months of postgraduate training in GENERAL MEDICINE as part of the requirement. Applicants who are graduates of a U.S. or Canadian medical school, who have not completed postgraduate training required for licensure by July 1, 1990, must also complete four (4) months of training in GENERAL MEDICINE prior to licensure. The GENERAL MEDICINE requirement may be satisfied by actual clinical practice where the applicant had direct patient care responsibilities for at least four months in any particular specialty or sub-specialty area.
Medical Board of California (MBC) L3A-B and L4 forms

- **L3A-B MBC Forms**
- After completion return forms to the GME
  - GME seals and sends the form to MBC

Date must be after the day of internship completion
L4A MBC Forms

- Facility Name: Stanford Health Care
- Facility Address: 300 Pasteur Drive, Stanford, CA 94305
- Specialty: Program
- ACGME 10-digit Program #: check ACGME website or list provided by GME
- Dates of Training: Start date at Stanford. End date is expected program completion date.
L3 & L4A MBC Forms

Return forms to GME:  **No later than June 15th.**

**Original forms only (no copies)**

No forms = No license

Call: **650.723.5948**

Email: **mkulakow@stanfordhealthcare.org**
Transitions of Care – ACGME Requirements

Programs must design clinical assignments to optimize transitions in patient care, including their safety, frequency, and structure.

Are you in compliance with the ACGME Common Program Requirements for Transitions of Care (VI.E.3)?

- VI.E.3.b) Programs, in partnership with their Sponsoring Institutions, must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.
- VI.E.3.c) Programs must ensure that residents are competent in communicating with team members in the hand-over process.

If asked by a CLER Site Visitor, can your residents explain your hand-over system? Will they all answer similarly?
Transitions in Patient Care - Handover Evaluation (ACGME Requirement)

Evaluator: 
Evaluation of: 
Date: 

Attendings or residents can use this form to evaluate other residents in their documentation and communication around transitions in patient care ("hand offs"). Please note that your program's ACGME requirement might include the following:

Transitions of Care

V1.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

V1.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

This evaluation form will serve to monitor and ensure residents are competent in communicating in the hand-over process.

VERBAL HANDOFF

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The sign-out is face to face?</td>
<td>✔️</td>
<td>☐</td>
</tr>
<tr>
<td>2. The sign-out took place in a setting free of interruptions and distracting noises?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Transitions of Care – Training - MedHub Home Page

- Transitions of Care (Handoff)

GME Financial Workshop Follow Up Opportunity
Employment Contracts - Free consultation for Residents & Fellows
A simple standing offer for all residents and fellows. Whenever you have a contract or offer letter(s) in hand, email it to christopher.wetton@nm.com for a complimentary review and free consultation, available to all Stanford residents and fellows any time of year. If you prefer text, 650-771-9455.

Reconcile Problem List for Discharge
Starting May 2, 2018, discharge medication reconciliation now includes a section for reconciling problems on the Problem List.

Discharge
- [Reconcile Problem List for Discharge]

- [Diabetes mellitus, type 2 (CMS-HCC)]
- [HTN (hypertension)]

Please see new maps of the new Sobrato Pavilion at the Santa Clara Valley Medical Center in the Resources/Document Section of MedHub.

SHC 4th Floor on Call Quarters
No reservations! Door combinations 4-3-3-5. Interior lock (latch) bypasses the combination lock.

(Additional text and links related to institutional functions and resources are present in the image, but not transcribed.)
Sharps Training

- Must be completed by all INCOMING House Staff – residents and fellows and checklist must be completed and saved for each trainee in MedHub – Forms/files
Sharps Training Checklist – Post to MedHub Forms/Files

Resident Summary
Demographics
Contact Information
Visa/Immigration
Education
Certifications
Test Scores
Training History
Forms/Files
Orientation
Comments
Alumni

Forms/Files

Resident Files

Form Name: 2018 New Hire Application Packet for July 5th Orientation
Modified: --
Size: --
Shared: --
Share with Mentor: --
Author: --
Actions: --

Upload File
Add File
Select Folder
Search Files

General Forms

Form Name: (unavailable)
Type: (unavailable)
Last Printed By: (unavailable)

Verification Letters

Sent To: (unavailable)
Sent Date: (unavailable)
Form: (unavailable)
Last Printed: (unavailable)
Actions: (unavailable)

Certificates
• All residents/fellows MUST check out in person at the GME Office on their last day of training
  – Final paycheck is LIVE
  – Must be picked up in person at Check out
  – Certificates can also be picked up at Checkout

• PD must notify GME by **June 1st** if they have trainees leaving early

• Residents must bring completed Check out sheet –on the GME Website
2018 Orientation Dates

Orientation Dates

**GME Housestaff Orientation**
For incoming housestaff at SHC/LPCH and affiliated hospitals

Please be early!
- Visit the Incoming Housestaff Orientation page.
- *INTENS from Ob/Gyn, General Surgery & ALL Surgical Specialties, Emergency Medicine, and Psychiatry:
- Orientation starts promptly at 8:00 AM. Please arrive early.
- *INTENS from Internal Medicine and Pediatrics:
- Orientation starts promptly at 10:00 AM. Please arrive early.

**JUNE 22 2018 FRIDAY**
2nd Floor, Li Ka Shing Center

**JUNE 29 2018 FRIDAY**
2nd Floor, Li Ka Shing Center

**JULY 5 2018 THURSDAY**
2nd Floor, Li Ka Shing Center

**JULY 31 2018 TUESDAY**
2nd Floor, Li Ka Shing Center
Milestone & Summative Evaluations

• Milestone Evaluations

Spring 2018 Milestones reporting window is open now and closes-June 22
Summative Evaluations – What, Why and When?

- For **CURRENT** trainees, prior to completion of the program:
  - V.A.3.b) “The program director must provide a summative evaluation for each resident upon completion of the program. (Core)”

- For **TRANSFER-OUT** trainees:
  - III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. (Detail)

- For **TRANSFER-IN** trainees:
  - III.C.1. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. (Detail)
Dr. <Insert Name> performed in an excellent fashion during the past four years of training. Performance was evaluated using the following competencies and include evaluations of patient care, medical knowledge, interpersonal and communication skills, practiced based learning and improvement, professionalism, and system based practice.

Evaluations of patient care activities including history and physical examination, appropriateness of diagnosis, use of evidenced based treatment, and surgical skills, revealed the resident’s performance was excellent. There were no areas identified where significant improvement was needed.

Evaluations of medical knowledge including an understanding of basic science concepts, application of knowledge and use of scientific reasoning were considered and assessed as excellent. There were no areas identified where significant improvement was needed. Performance on the In Training Examination was excellent. An overall score of ____ and a standardized score to year 4 of ____ was achieved.

Evaluations of interpersonal and communication skills including effectiveness as a team member/leader, patient counseling and sensitivity, and maintenance and appropriateness of medical records were considered excellent. There were no areas identified where significant improvement was needed.

Evaluations of practice based learning including use of constructive feedback, use of information technology, and active self-learning were considered excellent. There were no areas identified where significant improvement was needed.

Professionalism evaluations based on ethical behavior, appropriate continuity of care, sensitivity to age, cultural and ethnic issues, and appropriate acknowledgement of criticism and

http://med.stanford.edu/gme/gme_community.html
Annual Program Evaluation (APE): PD/PC Toolbox

• APE Prep Instructions
  – 1-page Instruction & Data Checklist

• APE Guidebook
  – Action plan & SWOT

• APE Documentation Templates
  – Sign-in Sheet & Agenda, Meeting Minutes,
  – Approval of Action Plan

http://med.stanford.edu/gme/gme_community.html

MedHub > Resources/Documents (left bottom of page) > 02 Forms, Templates, & Examples > Annual Program Evaluation (APE) & Program Evaluation Committee (PEC)
Annual Program Evaluation (APE): Toolbox

- **APE Prep Instructions**
  - 1-page Instruction & Data Checklist

**Instructions on Annual Program Review (APE)**
For Program Directors:

1. Revisit Last Year's Action Plan
2. Review current curriculum and update if needed
3. Lead Discussions on ALL Applicable Metrics from the APE Checklist. 4 Key Areas:
   - Resident Performance
   - Faculty Performance
   - Program Quality
   - Other Concerning Issues raised in the APE meeting
4. Brainstorm for Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
5. Generate an Action Plan. Action Items SHOULD address:
   - Weaknesses from the SWOT Analysis
   - Low scores (<80%) on ACGME Surveys and Program Evaluations
   - ACGME citations or Areas of Concern
   - Other concerning issues raised in the APE meeting

Take the APE as an opportunity for a Program Retreat. Encourage and facilitate an open and deep discussion on all aspects of the program.

- Get approval of the Action Plan from all Core Teaching Faculty in your program by presenting it at the next regular Faculty Meeting
- Start working based on the Action Plan
- Review GME’s Comments on your APE in MedHub

**Annual Program Evaluation Checklist**

<table>
<thead>
<tr>
<th>Resident Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milestone achievements/evaluations</td>
</tr>
<tr>
<td>Faculty evaluations (of trainees)</td>
</tr>
<tr>
<td>Self-assessment</td>
</tr>
<tr>
<td>Quality improvement and safety projects</td>
</tr>
<tr>
<td>Didactic/conference attendance</td>
</tr>
<tr>
<td>Duty hour compliance</td>
</tr>
<tr>
<td>Scholarly activities of residents</td>
</tr>
<tr>
<td>*Case experience and procedures logs</td>
</tr>
<tr>
<td>*In-training examination results</td>
</tr>
<tr>
<td>*Objective structured Clinical Examinations</td>
</tr>
</tbody>
</table>

**Faculty Performance**

- Training evaluation of faculty MedHub > "Reports" > "In-Training Evaluation Report" > "Resident evaluation of faculty member"
- ACGME certification status Program Notes > Certification Verification Wizard
- Faculty attendance in grand rounds & conferences MedHub > "Reports" > "Faculty Conference Attendance"
- Faculty professional development courses Program Notes or submitted for data entry via MedHub |
- Scholarship activity of faculty Web: AOS Web: AOS Update > https://www.aos.org > "Faculty Scholarly Activity"

**Graduate placement**

- Program Notes or submitted for data entry via MedHub
- *Board scores/pass rates (most recent year or aggregated over 5 years)* Program Notes or submitted for data entry via MedHub

**Program Quality**

- Last year's action plan MedHub > Home > "Program Accreditation" > "APE tab" > Select last AY > Scroll down to "File Attachments"
- ACGME faculty survey GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
- ACGME citations and/or letters of notification GME > Home > "Program Accreditation" > "APE tab" > Select "ACPME Accredited" > "Current"|
- Program Schedule/Calendar GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
- Overview of the curriculum and rotations MedHub > Home > "Curriculum Overview/Goals" |
- Exit surveys (interviews/evaluations) GME > Home > "Resident" tab > "Forms/Pis" or Manual retrieval by program
- *Resident/fellow program evaluations GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
- *ACGME resident/fellow survey GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
- *GME House Staff Survey GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
- *Most Updated Trend Analysis GME > Home > "Program Accreditation" > "APE tab" > Select the current AY > Scroll down to "File Attachments"
**Annual Program Evaluation (APE): Toolbox**

- **APE Prep Instructions**
  - 1-page Instruction & Data Checklist
- **APE Guidebook**
  - Action plan & SWOT

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### Program Evaluation Tool

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
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<td>W1: Weakness 1</td>
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<tr>
<td>O3: Opportunity 3</td>
<td>T3: Threat 3</td>
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<td>T4: Threat 4</td>
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### Used for Next Year’s Meeting

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<th>Issue Synopsis</th>
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<th>Person(s) Responsible</th>
<th>Targeted Outcome/Date</th>
<th>Actual Outcome</th>
<th>Required (Y/N)</th>
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### Current Year’s Issues

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**DATE: (Enter Date)**

**PROGRAM: (Your Program’s Name)**
Annual Program Evaluation (APE): Toolbox

• APE Prep Instructions
  – 1-page Instruction & Data Checklist

• APE Guidebook
  – Action plan & SWOT

• APE Documentation Templates
  – Sign-in Sheet & Agenda, Meeting Minutes,
  – Approval of Action Plan
Annual Program Evaluation (APE): PD/PC Toolbox

- **APE Prep Instructions**
  - 1-page Instruction & Data Checklist
- **APE Guidebook**
  - Action plan & SWOT
- **APE Documentation Templates**
  - Sign-in Sheet & Agenda, Meeting Minutes,
  - Approval of Action Plan

**http://med.stanford.edu/gme/GME_Community.html**

**MedHub > Resources/Documents (left bottom of page) > 02 Forms, Templates, & Examples > Annual Program Evaluation (APE) & Program Evaluation Committee (PEC)**
Annual Program Evaluation (APE): Pre-APE

- Appoint the Program Evaluation Committee
  - (must include at least 2 faculty member and 1 trainee)
- Download APE Data Checklist
  http://med.stanford.edu/gme/GME_Community.html
- Collect and review data on all applicable metrics
- Review GME’s comments on your last year’s APE in MedHub

- Program Director may summarize all the data reviewed and deliver a presentation at the APE meeting
Annual Program Evaluation (APE): Meeting Agenda

- Re-visit last year’s Action Plan
  - Q: Outcome? Resolved? ....Dropped? What now?
- Curriculum review
- Discuss:
  - Resident performance
  - Graduate performance
  - Faculty development
  - Program quality
- SWOT Analysis & Program Aim
- Develop your Action Plan:
  - Weaknesses from SWOT
  - < 80% on ACGME surveys, GME survey, and Program Evaluations
  - ACGME citations & areas of concern
  - Other issues raised in the discussion

- Encourage and facilitate an open and thorough discussion
Annual Program Evaluation (APE): Post-APE

• Get approval from all Core Teaching faculty with respect to the APE Action Plan.
• Start working on the action plan!

Review GME Review Comments in MedHub
THANK YOU!