PROGRAM DIRECTORS’ MEETING

September 10, 2015
• Milestones Workshops
• Annual Program Evaluation (APE) Review
• ADS Updates Review
• Program Expansion & Funding Due October 1, 2015 for January 2016 cycle
# Milestones Workshop: Number of Attendees (35)

| Date                           | Session 1  
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>10:00am – 11:00am</td>
</tr>
<tr>
<td>Monday, August 31, 2015</td>
<td>9</td>
</tr>
<tr>
<td>Thursday, September 3, 2015</td>
<td>10</td>
</tr>
</tbody>
</table>
Lessons Learned

• MedHub Milestone Functionality “RICH”
  – “Milestone Settings”
  – Importing Milestones/Questions
  – Tagging Milestones

• DEMOs!!
Leveraging MedHub Functionality

• Aggregate reporting and graphic summaries
  • Peer or departmental average, individual average, minimum and maximum scores, standard deviation or listing of all scores
### Radiology Milestone Achievements

<table>
<thead>
<tr>
<th>Achieved</th>
<th>ID:</th>
<th>Milestone:</th>
<th>PAST YEAR STATISTICS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Effective communication with patients, families, and caregivers</td>
<td>average: 3.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Effective communication with members of the health care team</td>
<td>range: 1.0 - 4.5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Protocol selection and optimization of images</td>
<td># Questions: 3</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interpretation of examinations</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Consultant</td>
<td>average: 3.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Competence in procedures</td>
<td>range: 1.5 - 4.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Patient safety: contrast agents; radiation safety; MR safety; sedation</td>
<td># Questions: 2</td>
</tr>
</tbody>
</table>
Switching Gears From Milestones to APEs
Summary thoughts on APE Reviews

• Documentation is key!
  – Keep Detailed Records.
  – Basis for Longitudinal ACGME Self-Study
    • 10-15 years out...many of our PDs/PCs....

• Quick Review of the Essentials...
Major Gaps & Oversights with Annual Program Evaluations…

• No Signed Attendance List
• No Resident or Fellow at APE/PEC meeting
• No Review of Previous Year’s Action Plan
• Lack of Documentation in All Required Areas
• No Action Plan Developed for AY 2015 – 2016
• Action Items Not Based on Aggregated Annual Program Data such as Program Evaluations By Residents and Faculty
• No Discussion of Program Aim or Strengths, Weaknesses, Opportunities & Threats
• No Documentation of Faculty Approval for New Action Plan
Attendance List: **Record Meeting Attendance.**

- Upload Signed Attendance List Into MedHub In the Annual Program Evaluation Folder.
- Document That At Least One Resident Attended the APE/PEC Meeting.

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**PEdiatric Gastroenterology Annual Program Evaluation Meeting**

**Date/Time:** Wednesday, May 20th  
**Location:** Fleming’s Steakhouse

**AGENDA**

   a. Fellow Performance
   b. Faculty Development
   c. Graduate Performance
   d. Program Quality

II. Elements of Program

III. Program Aims and SWOT Analysis

IV. 2014-2015 Action Plan

V. Discussion

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**ATTENDEES**

**Faculty**
- Dorsey Bass
- Rachel Bensen
- William Berquist
- Jennifer Burgis
- Ricardo Castillo
- Kenneth Cox
- Chris Fink
- Manuel Garcia
- John Kermer
- Nasim Khavari
- Audrey Lau
- Rebecca McKenzie
- KT Park
- Eric Sibley

**Residents/Fellows**
- Warapan Nakayuenyongsuk
- Danielle Barnes
- Kelly Haas
- Patricio Arias
- Alexis Rodriguez

**Sign Name:**

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**PGY Level:**
- IV
- V
- VI
### Previous Year’s Action Plan: Review it every year!

<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Proposed Actions</th>
<th>Actual Outcome</th>
<th>Resolved (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Improved Nutrition Weeks from Boston model</td>
<td>Scheduling issues means weeks need to be set up individually in advance. Andrea Gilbaugh will schedule nutrition weeks six months at a time. Expectations for the fellow have been documented. Fourth nutrition week of the year will culminate in presentation to division.</td>
<td>implementation pending</td>
</tr>
<tr>
<td>Deficiencies in Didactics</td>
<td>Schedule more Journal Clubs, incorporate into SOCs when appropriate</td>
<td>Fridays are fine, now adding mandatory board review session every other Wednesday 4-5.</td>
<td>Y</td>
</tr>
<tr>
<td>Need more support in preparing for boards.</td>
<td>Tailor presentations to board topics</td>
<td>3rd year fellow in charge of schedule emails specific topics to cover in each area. Going well.</td>
<td>Y</td>
</tr>
<tr>
<td></td>
<td>Reinstitute fellow-led board review sessions (every other Wednesday).</td>
<td>See above.</td>
<td>Y</td>
</tr>
<tr>
<td>Information needs to be easier to access for new fellows.</td>
<td>Prepare on-the-go Fellow guide based off new fellows binder.</td>
<td>Pocket fellow guide created and distributed to fellows (and green team residents!). Will be updated annually.</td>
<td>Y</td>
</tr>
<tr>
<td>2GUTS needs to be less of a burden</td>
<td>Focus on consultation rather than out-of-office coverage</td>
<td>2GUTS changed so that fellows only take new patient consults as of July 2014.</td>
<td>Y</td>
</tr>
</tbody>
</table>
Program Evaluation Committee (PEC) Must Monitor and Track (V.C.2):

1. RESIDENT PERFORMANCE
2. FACULTY DEVELOPMENT
3. GRADUATE PERFORMANCE
4. PROGRAM QUALITY
5. PROGRESS ON THE PREVIOUS YEAR’S ACTION PLAN
Use the Annual Program Evaluation Checklist.

- Gather and Upload Into MedHub Several Types Of Specific Documentation For Each of the Required Areas:

<table>
<thead>
<tr>
<th>Item</th>
<th>Responsibility</th>
<th>Source &amp; Path</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RESIDENT PERFORMANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly Activity of Residents</td>
<td>Program</td>
<td>WebADS</td>
</tr>
<tr>
<td>In-Training Exam Scores*</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td>Aggregated Resident Performance Report</td>
<td>Program</td>
<td>MedHub - Resident/Faculty/Service Ranking</td>
</tr>
<tr>
<td>Procedure Logs*</td>
<td>Program</td>
<td>Varies for each program</td>
</tr>
<tr>
<td>OSCEs (Objective Structured Clinical Examinations)*</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td><strong>FACULTY DEVELOPMENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scholarly Activity of Faculty</td>
<td>Program</td>
<td>WebADS</td>
</tr>
<tr>
<td>ABMS Certification Status</td>
<td>Program</td>
<td>Board Certification Verification Websites</td>
</tr>
<tr>
<td>Faculty Attendance in Grand Rounds &amp; Conferences</td>
<td>Program</td>
<td>Medhub - &quot;Reports&quot; tab - Faculty Conference</td>
</tr>
<tr>
<td>Faculty Professional Development Courses</td>
<td>Program</td>
<td>Program Coordinator</td>
</tr>
<tr>
<td><strong>GRADUATE PERFORMANCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aggregated Board Exam Pass Rates From Each of the Past 5 Years</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td>Alumni Survey*</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td>Graduate Placement</td>
<td>Program</td>
<td>Program Coordinator/Program Director</td>
</tr>
<tr>
<td><strong>PROGRAM QUALITY</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014-2015 Action Plan</td>
<td>Program</td>
<td>Program Coordinator/PEC</td>
</tr>
<tr>
<td>2015 Annual Evaluation of Program by Residents/Fellows</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>2015 Annual Evaluation of Program by Faculty</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>2014-2015 GME House Staff Survey</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>2015 Trend Analysis*</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>2014 ACGME Faculty and Resident Surveys*</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>ACGME Letters of Notification and ACGME citations</td>
<td>GME</td>
<td>Medhub - &quot;Program Accreditation&quot; under &quot;Site Management&quot;</td>
</tr>
<tr>
<td>Overview of the Curriculum and Rotations</td>
<td>Program</td>
<td>Medhub - &quot;Curriculum Objectives/Goals&quot; and</td>
</tr>
<tr>
<td>Exit Summative Evaluation/Interview*</td>
<td>Program</td>
<td>Program Records</td>
</tr>
</tbody>
</table>
RESIDENT PERFORMANCE

- The most recent aggregated written evaluations of the residents submitted by faculty and other evaluators
- In-training/In-service exam scores
- Procedure logs (if applicable)
- Scholarly activity (publications, presentations, grant awards, etc.)
- Learning portfolios: documented quality improvement activities
Faculty Development

- ABMS certification status for all faculty
- Faculty’s recent scholarly activity (publications, presentations, grant awards, etc.)
  - Updated faculty CVs
- Documentation (faculty survey; attendance logs) of faculty participation in:
  - CME-type activities directed toward acquisition of clinical knowledge and skills and also activities directed toward developing teaching abilities, professionalism, and abilities for incorporating the core competencies into practice
  - Teaching (conferences, grand rounds, journal clubs, lecture-based CME events, workshops, directed QI projects, practice-improvement self study).
- Faculty actively involved in mentor relationships with residents/fellows.
GRADUATE PERFORMANCE

• **Aggregated** board exam pass rates
• **Aggregated** alumni survey results
  – Typically, such surveys target physicians one year and five years after graduation – survey questions may inquire about such items as current professional activities of graduates and perceptions on how well prepared they are as a result of the program.
• Other outcome measures:
  – Graduate Placement
  – Practice Location (underserved areas)
  – Academic Affiliations
  – Scholarly Activity
How many years are you out from fellowship?

Answered: 10  Skipped: 0

- Less than five years
- 5 to 10 years
PROGRAM QUALITY

- Most Recent Aggregated Written Program Evaluations By Faculty
- Most Recent Aggregated Written Program Evaluations By Residents
- Current ACGME survey results
- Current GME House Staff survey results
- Current GMEC Internal Review Report
- Recent communications from the ACGME or RRC
- Program Report Card/Scorecard
  - Trend Analyses
• **Curriculum:**
  - Overall and rotation-specific goals and objectives
  - Didactic curriculum
  - Opportunities for scholarly activity
  - Compliance with any new ACGME, RRC, ABMS standards
  - Assessment Methods

• **Resources:**
  - Personnel,
  - Affiliated Training Sites,
  - Patient/Procedure Volume

• **Learning Environment:**
  - Space
  - call rooms
  - Books
  - computers
How Do Programs Document PEC Review of Annual Data?

• MedHub
• Meeting Minutes
• APE Guidebook
• New Action Plan
• APE PowerPoint Presentation
• SWOT Analysis
MedHub: Stores Documentation and Attendance.

Annual Program Evaluations Folder within Program Accreditation

This Annual Program Evaluation does an excellent job of covering all the required areas in an exemplary PowerPoint presentation and detailed PEO meeting minutes. Thank you for creating a thorough new Action Plan in a clear format based on careful consideration of annual program data and last year's Action Plan. — DO

Update for Jan. Many thanks to your attention to detail. — DO

[Table and additional content]

[Table and additional content]

[Table and additional content]
APE MEETING MINUTES: Create a record of the discussion.

IN ATTENDANCE
Faculty:
John Kerner
Dorothy Bass
Rachel Bensin
William Bergquist
Jennifer Burgis
Kenneth Cox
Nasim Khavari
Audrey Lau
Rebecca McKenzie
KT Park
Eric Silver

Fellows:
Waraporn Nakeyuenyongsuk (PGY 4)
Kelly Hass (PGY 5)
Patricia Arias (PGY 6)
Alexis Rodriguez (PGY 6)

Coordinator:
Megan Christofferson

AGENDA
II. Fellow Performance
III. Faculty Development
IV. Graduate Performance
V. Program Quality
VI. Program Aims and SWOT Analysis
VII. 2014-2015 Action Plan
VIII. Discussion

Program Director, Dr. John Kerner, led discussion off of a PowerPoint presentation that contained results from evaluations and tests for academic year 2014-2015.

I. REVIEW OF PREVIOUS ACTION PLAN AND PROGRESS
See attached previous action plan with updated outcomes.

II. FELLOW PERFORMANCE
a. Faculty evaluation of fellows
   i. Milestone evaluations were aggregated across the year and within each competency.
   ii. All PGY levels are performing at expectation or above.
   iii. Stellar second-year class averaged above current 3rd-year graduates.
b. In-service exam scores
   i. Over the past 5 years, we have had more fellows perform above the national than below for chief PGY.
   ii. Fellows who fall below the national average have still shown to pass the board exam in 2016.
   iii. In 2016, the average of all six fellow scores was slightly below the national average.
c. Fellow scholarly activity
   i. Fellows in academic year 2013-2014 were responsible for:
      1. 8 publications
      2. 14 presentations
      3. 1 chapter
   d. SOC work products
      i. 3 current fellows supported by a CHRI grant
      ii. 2 fellows supported by a Tissue & Transplant Engineering grant
      iii. 2 applications for CHRI funding pending
      iv. Dr. KT Park is serving as primary division mentor on 5/6 of these projects

III. FACULTY DEVELOPMENT
a. Fellow evaluation of the faculty
   i. Teaching
      1. Faculty averaging above "at expectation" in all areas
      2. Lowest score is in "teaching of technical skills"
   ii. Patient care
      1. Faculty averaging above "above expectation" in all areas
   b. Scholarly activity
      i. Faculty in academic year 2013-2014 were responsible for:
         1. 15 publications
         2. 29 conference presentations
         3. 75 other presentations
         4. 1 chapter/textbook
         5. 16 grant leadership
      ii. Recent textbook publications will greatly increase chapters for academic year 2014-2015
   c. Faculty involvement
      i. Faculty attendance rates at conferences, grand rounds, and journal clubs tracked in MedHub
      ii. All faculty are encouraged to get involved in fellow SOC and GI projects
   d. Faculty development
      i. Opportunities exist on campus for teaching support through the Stanford Faculty Development Center for Medical Teachers
      ii. Presentations given by the GME office

IV. GRADUATE PERFORMANCE
a. Performance on the boards
   i. Average board score over the past 5 years has been above the required score
   ii. Average board score has been above the national average 3/4 of the last testing years
   iii. GI Boards take place this year
b. Graduate placement
   i. Over the last 5 years, 92% of fellows have gone into an academic position post-fellowship
   ii. Our 3rd-year fellows have excellent post-fellowship positions as Clinical Instructor at Advocate Children's and Director of Hepatology and Medical Director of Liver Transplant at Children's Hospital New Orleans

V. PROGRAM QUALITY
a. Program has continued accreditation as of 1/29/2015
b. ACGME survey
   i. Program is at or above national means for all categories, except:
      1. Faculty supervision and teaching (difference negligible)
      2. Resources
   ii. Resident survey
      1. Provided data about practice habits not compliant
         a. Possible solution = Silver/Dilute (fellow access needs to be requested)
   iii. Faculty Survey
      1. Slightly low area:
         a. Fellow workload exceeds capacity to do the work
   iv. House staff survey (4 of 6 responding):
      1. Possible problem areas:
         a. Faculty members in my program expect me to do many tasks well, without instructing me on how to do them
         b. The general feeling in my program is that ability is labeled based on initial performance
         c. Do you receive formal performance feedback from your peers
            1. What peers for fellows? 5th year?
      2. Effectiveness of your mentor with respect to Clinical Skill Advancement
APE MEETING NOTES continued

VII. OPEN DISCUSSION
a. Fellows who know which track they want – clinical vs. research – need to be proactive to take advantage of opportunities
   i. Example – opportunity for more clinic time in outreach
      1. CPVC
      2. San Carlos
      3. Sunnyvale
b. Requirement for grant submission in first year
   i. Scholarly activity, fellowship requirement, but not all fellows are research focused
   ii. Grant in first year kicks you in the butt, but that’s a good thing
      1. Like “pushing a kid to play piano”
      2. Funding problem can be an opportunity

VIII. Early meetings helpful – more needed?
   i. Peds Research Club VERY useful - encourage first years to go on early
      1. Maybe mentor could be found there?
   ii. More research meetings and brainstorming opportunities
   iii. First years come in with a small knowledge base – how can they identify what they want to focus on?
      a. Hinges on finding the one idea
      b. Ask faculty for list of “sparks of ideas” to give to fellows to start the conversation
      5. SPECTRUM – hit or miss
         a. Many years it’s extremely useful
         b. Difficult to produce useful project to be workshopped
         c. Sometimes project picked is practically finished and therefore not useful
   iv. More delineated timeline would be helpful

IX. Need for mentorship
   i. Research and professional
      1. Professional mentorship should happen organically
         1. With annual ICP/ILP
         2. Meetings with PD
      3. SOC committee
   iii. Maybe mentor could be assigned early on – fellows asked who they would like to speak to
   iv. More talking with more people can help stimulate ideas

V. Possible actions to take
   1. Encourage residents to spend time with all faculty in clinic
   2. Look at organization of time utilization and activities
   3. Encourage more outpatient, longitudinal care of chronic illness
   4. More grant application period
   5. Let 2nd/3rd year work with adults for endoscopy exposure
   6. Reduced clinic schedule for faculty covering fellows?
   7. Administrative support
   8. Faculty meetings
   9. More clinical and research support on GI side

VI. Program Aims and SWOT Analysis
a. See attached

VII. 2014-2015 Action Plan
a. See attached
b. Rollover items from last years
   i. New item: Megan, Dr. Bensen, and Dr. Yeh to develop QI curriculum with assessment and project development tools
   d. Other things to add?
APE GUIDEBOOK: Repository for many years of your program’s Action Plans and SWOT Analyses

- The APE Guidebook makes it easier to track your programs innovations over time.
NEW ACTION PLAN: Provides detailed plans for upcoming academic year based on annual program data.

- Move unresolved Action Items from previous academic year to current Action Plan.
- Use tracker table and fill out all columns for each row. Can expand rows.

<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Description</th>
<th>Proposed Actions</th>
<th>Person(s) Responsible</th>
<th>Targeted Outcome/Due Date</th>
<th>Actual Outcome</th>
<th>Resolved (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Year's Unresolved/Ongoing Issues</strong></td>
<td></td>
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</tr>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Fellows require more structured training in certain procedures. Proposed mobility/procedure weeks could not be implemented due to scheduling issues.</td>
<td>Addition of mobility and procedure week to first year fellow schedule.</td>
<td>William Berquist</td>
<td>By end of academic year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Fellows have four nutrition weeks in first year, but set schedules for each week vary and are often interrupted for other concerns.</td>
<td>Implement newly revised nutrition curriculum that outlines responsibilities for each week.</td>
<td>John Kerner, Andrea Gilbaugh</td>
<td>Review success of initiative at end of academic year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase fellow research productivity</td>
<td>Fellows complete SOC projects but do not always present their findings at national meetings.</td>
<td>Set goal of presenting research poster at NASPGHAN in 3rd year.</td>
<td>Fellows and research mentors</td>
<td>On target for 2015 Fall meetings, ongoing goal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attracting the best applicants</td>
<td>Many successful fellowship programs have a brochure highlighting program strengths.</td>
<td>Develop Fellowship brochure.</td>
<td>Megan, Dr. Kerner</td>
<td>By end of academic year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Year's Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Fellows are expected to complete QI projects before graduating, but they are given little formal training to do so, and no formal evaluation method exists to gauge their knowledge of the QI process.</td>
<td>1. Develop QI curriculum for teaching techniques and development of QI projects. 2. Develop ways to assess fellow knowledge of QI. 3. Develop system for guiding fellows through the selection of their QI project.</td>
<td>Megan, Rachel Bensen, Ann Ming Yeh</td>
<td>By end of academic year. Implementation July 2016.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st year grant requirement</td>
<td>Due to funding issues, first year fellows are required to submit a proposal for funding in January/February. With only six months GI experience, they do not always identify a project earlier enough to ensure a smooth grant writing process.</td>
<td>Develop a list of faculty project ideas or musings to stimulate discussion.</td>
<td>Megan, Faculty</td>
<td>List to be developed for July 2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APE POWERPOINT PRESENTATION: Displays annual data and previous action plan for committee consideration.
Tonight’s Agenda

2. Fellow Performance
   ✓ Review faculty, family, and staff evaluations of fellows, in-service exam results, procedure numbers, SOC progress
3. Faculty Development
   ✓ Review fellow evaluations of faculty, faculty involvement, and available resources
4. Graduate Performance
   ✓ Review aggregated board exam pass rates, input from past graduates
5. Program Quality
   ✓ Program evaluations by fellows and faculty
6. Program Aims and SWOT Analysis
7. 2015-2016 Action Plan
8. Discussion
2014-2015 Action plan reviewed
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</thead>
<tbody>
<tr>
<td>Increase fellow research productivity</td>
<td>Set goal of presenting research poster at NASPGHAN in 3rd year</td>
<td>On track for 2nd years to present research updates at NASPGHAN 2015.</td>
<td>On-going</td>
</tr>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Addition of motility/procedure week to first year fellow schedule</td>
<td>Scheduling issues, but all fellows should at least be required to take NASPGHAN motility module</td>
<td>N</td>
</tr>
<tr>
<td>Deficiencies in procedure totals</td>
<td>Institute procedure weeks for 2nd and 3rd year fellows; use NASPGHAN guidelines to guide procedure totals</td>
<td>Procedure weeks have eliminated fighting over procedures. Easier to prepare prior to procedures. 3rd years get more weeks than 2nd years last six months.</td>
<td>Y</td>
</tr>
<tr>
<td>Need to standardize application review</td>
<td>Develop specific criteria for application review based off of pediatric residency process.</td>
<td>Scoring system implemented for application review through online ERAS. Reviewers found it helpful in determining who should be invited to interview.</td>
<td>Y</td>
</tr>
<tr>
<td>Attracting the best applicants</td>
<td>Update Fellowship portion of division website</td>
<td>Site updated for web conversion. Now complete with application and interview timeline and updated eligibility guidelines.</td>
<td>Y</td>
</tr>
<tr>
<td>Attracting the best applicants</td>
<td>Develop Fellowship brochure</td>
<td>Brochure has not yet been developed.</td>
<td>N</td>
</tr>
</tbody>
</table>
FELLOW PERFORMANCE
In-service Exam Scores
2011-2015

*In 2012 and 2013, 1st year fellows did not take the site exam
In-service Exam Scores
2011-2015

Average Scores by Year

Our Average
National Average
<table>
<thead>
<tr>
<th>Publications</th>
<th>Presentations</th>
<th>Chapters/Textbooks</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>14</td>
<td>1</td>
</tr>
</tbody>
</table>

*From data collected and submitted to ACGME in September 2014 via WebAds. Activity for current academic year will be collected and submitted in the fall.*
Scholarly Activity Work Products

• **Alexis**: Evaluation of hepatic fibrosis using ARFI in children
• **Patricio**: Initial and Recurrent Clostridium Difficile Infections in Children and Clinical Implications Associated with High Virulence in BI/NAP1/027
• **Dani**: A Novel Preparation of Fecal Microbiota Transplant in Recurrent Pediatric C. Difficile Infection
• **Kelly**: Text Message Intervention to Improve Adherence in Adolescents and Young Adults with Celiac Disease
• **Travis**: Towards personalized dosing: Predictive clinical markers and drug monitoring in inflammatory bowel disease
• **Warapan**: Rapid Fecal Calprotectin Screening for Necrotizing Enterocolitis in at-risk Preterm Infants
Faculty Evaluations by the Fellows

Teaching

- Adequacy of feedback regarding GI fellow...
- Accessibility for teaching
- Effectiveness as a teacher of basic science
- Teaching of technical skills
- Knowledge of the literature
- Ability to stimulate reading
- Organization of thought and clarity of expression
- Interest in Teaching

3.00 At Expectation
4.00
5.00 Outstanding
Faculty Evaluations by the Fellows

**Patient Care**

- Sensitivity to GI subspecialty fellows as individuals with individual needs
- Personal rapport with GI subspecialty fellows
- Perceptivity and sensitivity in dealing with professional personnel
- Accessibility for advice regarding patient management
- Accessibility for patient care
- Perceptivity and sensitivity in dealing with patients
- Quality of judgment and advice in patient management

<table>
<thead>
<tr>
<th>3.00 At Expectation</th>
<th>4.00</th>
<th>5.00 Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
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### Scholarly Activity 2013-2014*

<table>
<thead>
<tr>
<th>Publications</th>
<th>Conference Presentations</th>
<th>Other Presentations</th>
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<tbody>
<tr>
<td>11+</td>
<td>29</td>
<td>7</td>
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<table>
<thead>
<tr>
<th>Chapters/Textbooks</th>
<th>Grant Leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
</tr>
</tbody>
</table>

*From data collected and submitted to ACGME in September 2014 via WebAds. Activity for current academic year will be collected and submitted in the fall.*
Graduate Performance and Feedback
Performance on the Boards 2013

• New scaled score makes comparison across the years difficult...

2015 results will be presented next year
Congratulations to Alexis and Patricio, newly appointed Clinical Instructor at Advocate Children's Hospital and Director of Hepatology and Medical Director of Liver Transplant at Children's Hospital of New Orleans.
ACGME Communications

3320511005 – Pediatric gastroenterology
Continued Accreditation – Effective: 01/29/2015
2013-2014 ACGME Resident Survey

Program Means at-a-glance

<table>
<thead>
<tr>
<th></th>
<th>Very Compliant</th>
<th>Very Noncompliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours</td>
<td>5.0</td>
<td>4.8</td>
</tr>
<tr>
<td>Faculty</td>
<td>4.8</td>
<td>4.3</td>
</tr>
<tr>
<td>Evaluation</td>
<td>4.7</td>
<td>4.5</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.5</td>
<td>4.3</td>
</tr>
<tr>
<td>Resources</td>
<td>4.6</td>
<td>4.3</td>
</tr>
<tr>
<td>Patient Safety/Teamwork</td>
<td>4.8</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Blue = Program Means
Yellow = National Means

2013-2014 ACGME Faculty Survey

Program Means at-a-glance

<table>
<thead>
<tr>
<th></th>
<th>Very Compliant</th>
<th>Very Noncompliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Supervision and Teaching</td>
<td>4.4</td>
<td>4.5</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.8</td>
<td>4.7</td>
</tr>
<tr>
<td>Resources</td>
<td>3.9</td>
<td>4.3</td>
</tr>
<tr>
<td>Patient Safety</td>
<td>4.4</td>
<td>4.4</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.7</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Blue = Program Means
Yellow = National Means
Are you aware of mechanisms within the institution that are available to you so that you may raise and resolve issues without fear of intimidation or retaliation?  

Answer for red: No

In your program, have you had the opportunity to participate in any projects related to Quality Improvement (QI)?  

Answer for red: No

Please comment on your experience with Quality Improvement projects.

- At times, my QI project is difficult to fit it in amongst other research projects and clinical duties.
Program Evaluations by the Fellows

I would recommend this program: Agree

I have truly protected time to attend didactics: Agree

Able to comply with duty hour requirements: Agree

Learning NOT compromised by service obligations: Agree

Other learners DO NOT interfere with my education: Agree

Access to appropriate medical references: Agree

Advances basic principles of research: Agree

Variety of cases: Agree

Disagree | Slightly | Agree | Slightly | Agree | Moderately | Strongly Agree
3 | 3.5 | 4 | 4.5 | 5 | 5.5 | 6
Program Evaluations by the Fellows

Faculty participate regularly in conferences
Agree

Faculty participate regularly in journal clubs
Agree

Faculty participate regularly in rounds
Agree

Faculty devote sufficient time to SUPERVISION
Strongly Agree

Faculty devote sufficient time to TEACHING
Strongly Agree

Satisfaction with Training
Extremely Satisfied
Program Evaluations by the Faculty

Opportunities for faculty development
I have a say in program curricula
Sufficient faculty to supervise all trainees
Maintain an environment of inquiry and scholarship
Participation in conferences
Time for teaching
Time for supervision
Maintain an educational environment
Administrative Support
Educational Resources

Disagree Slightly    Agree Slightly    Agree Moderately    Strongly Agree
### STRENGTHS - People

- Fantastic faculty who provide mentorship, support, excellent teaching, and are a joy to work with.
- Finally have better office staff and more support.
- Bright and interactive residents
- Good support from all areas - nutritionist, clinic support, pharmacists, and office staff!
- Excellent colleagues
- Support for our (fellow) research - KT provides an unparalleled mentorship to the fellows and Megan provides extensive support. Other programs don't always have someone like Megan and we are truly very lucky.
- One of our other strengths is our program director - I always feel very supported and know that I can go to him with any concerns I may have.
STRENGTHS - Program

- High volume, excellent exposure to wide variety of GI and liver problems.
- Well-balanced program -- has improved in this area
- We have such strong liver and short gut training.
- This program has a very strong clinical and academic strengths.
- #1 Pediatric Liver transplant program in the country
- Impressive support staff for liver transplant
WEAKNESSES - Fellowship

• Requirement to have to write grant proposals to fund 2 of the 6 fellow slots obtaining a grant so early in fellowship is not optimal and usually is followed by regret/lack of interest in choosing an specific project.

• It is both a benefit and a downside that we do not truly have 75% protected research time during 2nd and third years - superior clinical experience but less research time.

• Basic science research possibilities are limited. Endoscopy, advanced/interventional endoscopy is not as much as other fellowships. We could work better with the adult GI division.

• Would like to have more time with residents.

• More clinic time for fellows

• I think we could do better in training fellows in outpatient management

• At times it can be very busy in clinic if only one faculty mentor who also has their own clinic patients to see as well as staffing 1-3 fellows' clinic patients.
WEAKNESSES - Division

- Need more RN/NP/PA support for TPN and intestinal rehab patients.
- needs administrative support!!!
- Lack of clinical support for the program
- too many people take sabbaticals and leave coverage sparse, outreach clinics take away from time at LPCH and we can’t bill for them, need better help for bowel kids and a plan for when Dr. Castillo retires
- Compared to some other programs, we have less administrative support on the GI side.
Encourage residents to spend time with all faculty in clinic to obtain a more diverse experience
- Look at organization of time utilization and activities
- Encourage more outpatient longitudinal care of chronic illness
- Move grant application to late first years/beginning of second.
- Ability to do elective time in our 2nd/3rd years with the adult group for more endoscopy exposure
- Perhaps a reduced clinic schedule for faculty covering fellows?
Program Evaluations

POSSIBLE ACTIONS TO TAKE - Division

• Video conferencing to link Valley, CPMC, WC for conferences
• Administrative support!!!
• Needs faculty meetings regularly to improve care and cohesiveness as a group
• Upgrade the clinical and research support on the GI side of the program
• need to know plan re bowel kids
• continue to assess need for liver outreach and what clinics are helpful or not
• More administrative support on the GI side - coordinator, etc - would increase my time to focus on the medical side of things.
• would be nice to have more help especially with GI in having extra NP/PA for inpatient, or for nutrition support
PROGRAM AIMS AND SWOT ANALYSIS
1. To provide fellows with structured, balanced training in pediatric gastroenterology, hepatology, and nutrition.

2. To train fellows to succeed as junior level, pediatric gastroenterology attendings in academic settings.
- #1 transplant program in the country
- Strong exposure to "bread and butter" GI conditions as well as medically rare and complex cases.
- Program director with extensive experience in training fellows, residents, and medical students in Pediatric Gastroenterology

- Need to secure funding for second and third year fellows
- Lack of clinical support for program
- Difficulty in balancing educational needs for all learners at Stanford

- Research mentorship opportunities at Stanford beyond our division and the medical school.

- Cost of living in Bay Area deterrent to fellowship applicants
- Decreases in federal funding for medical programs/research
2015-2016 ACTION PLAN
<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Description</th>
<th>Proposed Actions</th>
<th>Person(s) Responsible</th>
<th>Targeted Outcome/Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last Years Unresolved/Ongoing Issues</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Deficiencies in Program Curriculum (Motility)</td>
<td>Fellows require more structured training in certain procedures. Proposed motility/procedure weeks could not be implemented due to scheduling issues</td>
<td>Addition of motility and procedure week to first sixth months of second year, required NASPGHAN Motility module</td>
<td>William Berquist</td>
<td>By end of academic year</td>
</tr>
<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Fellows have four nutrition weeks in first year, but set schedules for each week vary and are often interrupted for other concerns</td>
<td>Implement newly revised nutrition curriculum that outlines responsibilities for each week</td>
<td>John Kerner</td>
<td>Review success of initiative at end of academic year</td>
</tr>
<tr>
<td>Increase fellow research productivity</td>
<td>Fellows complete SOC projects but do not always present their findings at national meetings</td>
<td>Set goal of presenting research poster at NASPGHAN in 3rd year</td>
<td>Fellows and research mentors</td>
<td>on target for 2015 fall meetings, ongoing goal</td>
</tr>
<tr>
<td>Attracting the best applicants</td>
<td>Many successful fellowship programs have a brochure highlighting program strengths</td>
<td>Develop Fellowship brochure</td>
<td>Megan</td>
<td>By end of academic year</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dr. Kerner</td>
<td></td>
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<tr>
<td><strong>Current Year’s Issues</strong></td>
<td></td>
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<tr>
<td>Deficiencies in Program Curriculum</td>
<td>Fellows are expected to complete QI projects before graduating, but they are given little formal training to do so, and no formal evaluation method exists to gauge their knowledge of the QI process</td>
<td>Develop QI curriculum for teaching techniques and development of QI projects.</td>
<td>Megan</td>
<td>By end of academic year. Implementation July 2016.</td>
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<tr>
<td></td>
<td></td>
<td>Develop ways to assess fellow knowledge of QI</td>
<td>Rachel Bensen</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Develop system for guiding fellows through the selection of their QI project.</td>
<td>Ann Ming Yeh</td>
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</table>
Open discussion
APE “SWOT” Analysis Tool

Strengths
- Strength #1
- Strength #2
- Strength #3
- Strength #4
- Strength #5

Opportunities
- Opportunities #1
- Opportunities #2
- Opportunities #3
- Opportunities #4
- Opportunities #5

Weaknesses
- Weakness #1
- Weakness #2
- Weakness #3
- Weakness #4
- Weakness #5

Threats
- Threat #1
- Threat #2
- Threat #3
- Threat #4
- Threat #5

<Enter Program Aim Here>
Program Aims – ACGME Perspective

- The AIM setting is part of the annual program evaluation
- Relevant considerations
  - Who are our residents/fellows?
  - What do we prepare them for?
  - Academic practice
  - Leadership and other roles
  - Who are the patients/populations we care for?
- AIMS are a way to differentiate programs
  - Self-study will ultimately evaluate program effectiveness in meeting these aims
  - Moves beyond improvement solely based on compliance with minimum standards
  - Assessment of relevant initiatives and their outcomes
Strengths and Weaknesses – Internal Factors

Strengths
Program factors that are likely to have a positive effect on (or be an enabler to) achieving your program’s aims:

• Important to acknowledge and celebrate
• What should definitely be continued (important question in an environment of limited resources)

Weaknesses
Program factors that are likely to have a negative effect on (or be a barrier to) achieving your program’s objectives:

• Citations, areas for improvement and other information from ACGME
• The Annual Program Evaluation and other program/institutional data sources
Opportunities and Threats – External Factors

**Opportunities**

External Factors that are likely to have a positive effect on achieving or exceeding your program’s objectives not previously considered:

- What are capabilities for further evolving the program; how can the program capitalize on them?
- Has there been recent change in the program’s context that creates an opportunity?

**Threats**

External Factors and conditions that are likely to have a negative effect on achieving the program’s objectives, or making the objective redundant or un-achievable:

- While the program cannot fully control them, beneficial to have *plans to mitigate their effect*
- What are changes in residents’ specialty choice, regulation, financing, or other factors that may affect the future success of the program?
Switching Gears From APEs to WebADS
ADS Updates Review

- 26 completed (9/03/2015) out of 96 SHC Programs
  - 70 to go...(Due by 10/08/2015 and 10/29/2015)
Pitfalls to Watch for...

- Major Changes...
- CVs
  - Update them...
- Expired Licenses and Board Certifications
- Core Faculty
  - Alpha by Site...
- Missing Information
Major Changes

Please provide a brief update explaining any major changes to the training program since the last academic year. Please limit your response to 8000 characters.

New Fundamentals of Primary Care Rotation: We have developed a new Fundamentals of Primary Care Rotation for our PGY2 residents, in order to further augment their primary care education. The rotation helps our residents develop skills in management of core primary care topics: obesity, sports physicals, ADHD, working with school systems to improve the health of our mutual patients.

New Required Infectious Disease Rotation (2 weeks) and Endocrinology Rotation (2 weeks) in the PGY1 year to further improve our residents’ education in these two core areas. The interns spend the majority of their time in ID and Endocrinology clinics and consults.

Removed the Kaiser Inpatient Rotation in the PGY1 year replaced it with 2 weeks of Fundamentals of Primary Care and 2 weeks of ED. This change was made because we wanted to strengthen the primary care and ED training of our residents. We continue to have continuity clinic and elective experiences at Kaiser Santa Clara. This was a very popular change, initiated by the PEC and supported by the residents.
Switching Gears From WebADS to Program Exp/Funding
Program Expansion & Funding

• Due October 1, 2015 for January 2016 cycle
  – Application Materials re on the GME Website
    • Program Expansion Application Process and Forms (ACGME and Non-ACGME)
    • [http://med.stanford.edu/gme/program_directors/program_expansion.html](http://med.stanford.edu/gme/program_directors/program_expansion.html)
Questions are guaranteed in life; Answers aren't.