



## BAPTIST MEMORIAL MEDICAL EDUCATION

### GRADUATE MEDICAL EDUCATION POLICY AND PROCEDURE MANUAL

Effective Date: July 2013	<h1>Annual Program Evaluation</h1>
Last Review/Revision: June 2021, May 2021	
Reference: BMME 0010	

#### **PURPOSE:**

The purpose of this policy is to outline the process for Annual Program Evaluations of all Accreditation Council of Graduate Medical Education (ACGME)-accredited training programs sponsored by Baptist Memorial Medical Education (BMME) and based within the Baptist system.

#### **POLICY:**

- A. **RESIDENT/FELLOWS:** Trainees must be given the opportunity to evaluate their program and teaching faculty at least annually. This evaluation must be confidential and must be completed in writing on a paper evaluation or by utilizing online evaluations through New Innovations.
- B. **FACULTY:** Faculty must be given the opportunity to evaluate their program at least annually. This evaluation must be confidential and must be completed in writing on a paper evaluation or by utilizing online evaluations through New Innovations.
- C. **PROGRAM DIRECTOR:** The Program Director maintains authority for the daily operation of the Program and achievement of its mission to train quality physicians, which is accomplished in part by evaluation of the program's performance and plan for improvement through review of the Annual Program Evaluation.
- D. **PROGRAM EVALUATION COMMITTEE:** Each Program must establish and maintain a Program Evaluation Committee (PEC) to assess the Program's progress toward achievement of its goals and aims. The responsibilities of the PEC include:
  - a. Acting as an advisor to the Program Director, through program oversight including review of the Annual Program Evaluation;
  - b. Review of the program's self-determined goals and progress toward meeting them;
  - c. Guiding ongoing program improvement, including development of new goals, based upon outcomes, and;
  - d. Review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

The ACGME and Graduate Medical Education Committee (GMEC) of Baptist Memorial Medical Education requires that the educational effectiveness of a program must be formally evaluated at least annually in the systematic manner described herein.

See *GMEC Program Evaluation Committee Policy* for additional information.

ANNUAL PROGRAM EVALUATION: The Annual Program Evaluation (APE) is completed through New Innovations. The ACGME has provided the template that follows, which may be utilized when completing the APE. BMME has adapted this template into New Innovations format. This template can be found at: [Annual Program Evaluation template. \(https://www.acgme.org/What-We-Do/Accreditation/Self-Study\)](https://www.acgme.org/What-We-Do/Accreditation/Self-Study)

**Sample Template – Annual Program Evaluation  
(For Internal Use Only)**

**Program:**

**Date:**

**Academic Year:**

**Program Evaluation Committee Membership:**

Faculty Members:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Residents/Fellows:

1. \_\_\_\_\_
2. \_\_\_\_\_

**Resident/Fellow Complement:**

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current complement							

**Accreditation Status of the Program:**

- |  |  |
|--|--|
| <input type="checkbox"/> Continued Accreditation<br><input type="checkbox"/> Continued Accreditation with Warning<br><input type="checkbox"/> Probationary Accreditation | <input type="checkbox"/> Initial Accreditation<br><input type="checkbox"/> Initial Accreditation with Warning<br><input type="checkbox"/> Continued Accreditation without Outcomes |
|--|--|

**Current program citations:**

Insert text from ACGME Letter of Notification (LON)	Current program response to citation
1.	
2.	
3.	

**Current Areas for Improvement (AFIs)**

Insert text from ACGME LON	Program Actions to address AFIs
1.	
2.	
3.	

**Program Aims:**

Aim(s)	Met (M)/Unmet (U)

**Plans for Unmet Goals:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Strengths of the Program:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Challenges/Threats to the Program:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Opportunities for the Program:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Program Curriculum:**

Curricular Element	Action: Modify (M), Add (A) or Delete (D)	Steps Taken:	Timeline for Completion

**Quality Improvement (QI) and Patient Safety (PS)**

QI/PS Activity	Active Role Faculty (F) Resident or Fellow (R)	Has QI/PS Improved in the past year? (Yes/No)	Describe improvement, including efforts to include faculty member(s) and residents/fellows	Describe QI/PS activities that can be added or improved

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**Well-Being and Diversity:**

Activity	Successes	Needs Improvement
Well-being		
Diversity		
Recruitment		
Retention		

**Scholarship:**

Resident/Fellow/Faculty Scholarly Activities (append lists here)	If applicable, list efforts to increase scholarship

**ACGME Annual Resident/Fellow Survey**

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if applicable

**ACGME Annual Faculty Survey**

Areas with Improvement	Areas with Deterioration	Plans to Address Areas of Deterioration if applicable

**Written Evaluations of the Program**

Who provides written evaluations of the program?

- Residents/fellows in this program
- Other hospital/clinic/facility personnel
- Residents/fellows in other programs
- Faculty members in other programs
- Faculty members in this program

Areas Identified for Program Improvement	Plans for Program Improvement/Target Date

**Aggregate Resident/Fellow Achievement of Milestones**

Exceeded National Means	Below National Means	Plans to Improve Milestones Achievement

**Aggregate Resident/Fellow Performance on In-Training Examinations (if applicable)**

Performance of Cohort this Year Compared to Prior Year	Subject Areas where Cohort Fell Short of Program Expectations	Plans to Improve Performance in the In-Training Examination

**Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program**

Number Eligible to Take	Number Eligible who Took the Written Examination	How Many of Those Who Took the Exam Passed?

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**If applicable, how does program plan to improve resident/fellow/graduate performance on the examinations in the board certification process over the next year?**

**Performance of Program Graduates:**

In what ways does the program monitor the performance of program graduates?

- Surveys of the graduates, themselves
- Surveys of the partners of the graduates
- Surveys of the employers of the graduates
- Surveys of the practice sites (hospitals, clinics, etc.) of the graduates
- Monitoring of the continuing board certification of the graduates
- Monitoring of state licensing board actions against graduates
- Monitoring of medico-legal actions against graduates
- Program does not monitor program graduates' performance

Areas for Improvement for Performance of Graduates	Plans to Address Areas Identified as Needing Improvement

**Faculty Evaluation**

By whom are the faculty members in this program evaluated (for their contributions to the educational program)?

- Medical students
- Residents/fellows in this program
- Residents/fellows in other programs
- Peer faculty members in this program
- Peer faculty members in other programs

Areas for Improvement Identified for Faculty Member Contributions to the Program	Plans to Address Areas Identified as Needing Improvement

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**Faculty Development Activities**

List Faculty Development Activities Available in the Past Year	Percent Faculty Participation	If applicable, how does program plan to increase participation in faculty development activities?

**Suggested Annual Program Evaluation Action Plan and Follow-Up Template**

Use this template for tracking Areas for Improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue.

*(Note: This form should NOT be shared with the Review Committee or with ACGME field representatives during accreditation site visits.)*

	Areas for Improvement (AY 2020-2021)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						

....						
	Areas for Improvement (AY 2019-2020)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						
....						
	Areas for Improvement (AY 2018–2019)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not resolved)
1						
2						
3						

....						
	Areas for Improvement (AY2017-2018 )	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						
...						