



GMEC Institutional Program Annual Review (IPAR)

Name of Residency or Fellowship Being Evaluated/Program ID#:

Program Director Name:

Program Coordinator Name:

Assistant Program Director Name(s):

Total Number of Trainees approved by the RRC or ACGME

Number of Trainees Enrolled:

Explanation if the two numbers are different:

Date of Next Accreditation Self-Study or Site Visit

Date last ACGME Accreditation Action Plan was presented to faculty and subsequent updates reviewed with faculty (approval and documented in minutes):

APE and Action Plan

List Key/Core Faculty

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The Sponsoring Institution must provide oversight and documentation of resident/fellow engagement in the following six areas of the CLER requirements:

**1: Patient Safety**

1a. Describe the way(s) that a house officer participates in patient safety systems and contributes to the culture of patient safety. Does the department promote inter-professional team-based care?

{VI.A.1.a.(1).(a) & (b)}

1b. Describe the formal educational activities that promote patient safety-related goals, tools and techniques. {VI.A.1.a).(2)}

1c. Describe how your residents have access to a system for reporting errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal. Describe how house officers are informed of their responsibilities in reporting patient safety events. {VI.A.1.a).(3).(a).(i) & (ii)}

1d. Describe how house officers are provided with the institution's summary of patient safety reports. {VI.A.1.a).(3).(a).(iii)}

1e. Have your residents had opportunities to contribute to root cause analysis or other similar risk education processes? If not provided the opportunity to participate in an RCA at a clinical site, does the program provide simulated exercises? {VI.A.1.a).(3).(b)}

1f. Describe the training that house officers receive in delivering bad news, adverse events and patient safety events (real or simulated) to patients and families. {VI.A.1.a).(4).(a & (b))}

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**2: Quality Improvement**

2a. Describe the training house officers receive on QI processes and health care disparities. {VI.A.1.b).(1).(a)}

2b. Describe how house officers and faculty receive data on quality metrics, and personal patient population benchmarks. {VI.A.1.b).(2).(a)}

2c. Describe how residents have had the opportunity to participate in inter-professional quality improvement and specifically health care disparities related activities. Give one example of a resident-involved QI project. {VI.A.1.b).(3).(a) & (a).(i)}

2d. Number of House Officers      Number of Residents participating in QI projects      % participation

**3: Supervision and Accountability**

3a. Have residents/fellows had consistent and appropriate supervision in compliance with the Institutional/Program policies and provided a mechanism for reporting inadequate supervision without fear of reprisal? Describe the policy and procedure for supervision, including night float, weekends & holidays.

.3b. Describe the program's efforts in ensuring that patients are aware of Patient Care Roles. Describe how the program operates through the Resident Levels of Care. Give one example of Direct Supervision, Indirect Supervision, and Oversight. {VI.A.2.b).(1)}

**4: Professionalism**

4a. Describe the training house officers receive on professional responsibilities, including appropriate rest and fitness to provide the care required. {VI.B.1}}

4b. Describe how the program trains house officers in a lifelong commitment to learning (scholarly activity)

Fill in the following using the information found in your attached WEBADS

4c. Faculty Scholarly Activity

Total number of faculty

Total number of PMID numbers

Total number of Conference Presentations

Total number of Other Presentations

Total number of Chapters Textbooks

Total number of Grant Leadership

Number of faculty who have a Leadership or Peer Review Role

Number of faculty who Teach Formal Courses

4d. House Officer Scholarly Activity

Total number of House Officers

Total number of PMID numbers

Total number of Conference Presentations

Total number of Chapters Textbooks

Number of House Officers who have participated in research

Number of House Officers with Teaching Presentations

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5: Well-Being

5a. Describe the program's policy and procedures to ensure faculty and house officer well-being is encouraged {VI.C.1.a, b, c, d, e}

5b. Describe the program's policy and procedures for ensuring emergency coverage due to a house officer unable to perform patient care responsibilities. Note: negative consequences for being unable to perform patient care responsibilities due to well-being will be grounds for a Special Review {VI.C.2}

6: Fatigue Mitigation

6a. Describe the program's policy and procedures to ensure proper education and recognition of Fatigue and proper mitigation processes. {VI.D.1.a, b, c; 2, 3}

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**7: Transitions of Care**

7a. Describe the program's hand-off policy and procedures (VI.E.3.a, b, c, d, e)

**8: Clinical Experience and Education**

8a. Describe the program's efforts to comply with the Clinical hours rules, including utilizing the electronic Clinical Hours tracking module in MyEvaluations.com {VI.F.all}

8b. Describe any Clinical Hours rule violation (if applicable) and the program's plan to mitigate future occurrence.

**9: Practice Based Habits**

9a. Describe the program's efforts in providing practice based habits information to the house officers.

*IV.A.5.c) Practice-based Learning and Improvement*

*Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. See Common Program requirements for clarification*

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**10: In-training Exam Results**

Describe in the box below the In-training results for the Residents in the training program compared to the national average. National Average must be included.

Describe the program's preparation system for the In-training exams.

**11: Board Exam Results**

V.C.3.f) Programs must report, in ADS, board certification status annually for the cohort of board-eligible residents that graduated seven years earlier.

Your Program Total Board Exam Pass Rate (must be a percentage)

2012	2013	2014	2015	2016	2017	2018	7 Year Rate
------	------	------	------	------	------	------	-------------

Your Program Board Exam Take Rate (must be a percentage)

2012	2013	2014	2015	2016	2017	2018	7 Year Rate
------	------	------	------	------	------	------	-------------

National Board Exam  
Pass Rate

ACGME RRC Required  
Board Exam Pass Rate

ACGME RRC Required  
Board Exam Take Rate

12: GCEP Completion Rates (of the 6 annually required modules)  
 House Officers # who have completed all 6 modules in the current academic year Completion Rate

13: What is your program's Annual TB test compliance rate?

14: What is your program's Annual Campus Education Day (CED) compliance rate?

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**15: ACGME Resident Survey**

How many of the survey indicators have a "% Program Compliant" of less than 80%?

Was there any significant change from last year to this year on the ACGME Resident Survey?

YES

NO

N/A

If yes, please explain:

**16: ACGME Faculty Survey**

How many of the survey indicators have a "% Program Compliant" of less than 80%?

Was there any significant change from last year to this year on the ACGME Faculty Survey?

YES

NO

N/A

If yes, please explain:



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The Program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering this APE. The Common Program Requirements V.C.2 require that the program monitor and track the following areas: resident performance, faculty development, graduate performance, program quality and progress on the previous year's action plan.

**Please answer if the following areas were monitored and tracked:**

What is the name of the committee that completed your annual curriculum/program review?

Date Annual Program Curriculum Review was held in the Program:

List Faculty and House Staff (both are required) who participated in Annual Curriculum Review:

### **1) Resident Performance**

(e.g. results on in-training exams or other assessments, number of publications, quality improvement projects, etc...)

YES

NO

### **2) Faculty Development**

( e.g. activities toward developing faculty teaching abilities, professionalism, milestones, etc...)

YES

NO

% of core faculty involved in Faculty Development opportunities:

Have greater than 50% of your core faculty participated in sleep deprivation and fatigue training? (since becoming members of your faculty)

YES

NO

Have greater than 50% of your core faculty received training in Transitions of Care?

YES

NO

Give one example of a department-wide Faculty Development activity:

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3) Trainee evaluations of the program were completed and reviewed:

YES NO

4) Trainee evaluations of the faculty were completed and reviewed:

YES NO

5) Faculty evaluations of the program were completed and reviewed:

YES NO

6) Rotation Evaluations by Residents and Faculty completed and reviewed:

YES NO

7) The previous year's action plan was reviewed and evaluated:

YES NO

8) The action plan for the current year has been reviewed and approved by the teaching faculty and documented in meeting minutes? Please attach a copy.

YES NO

9) Have you communicated at least once in the past year with the education director(s) at your affiliated site(s) to discuss goals and objectives, evaluations and other information? **Includes dates and attendees below:**

10) Have you educated your residents on effective teaching methods (Residents as Teachers)?

YES NO

If you answered yes to the above question, please indicate how:

Didactics                  One-on-one training                  Modeling

11) Have you implemented "simulation" exercises in your training program?

YES NO

**Please provide an example of how the program uses simulation exercises:**

12a) Have at least two face to face performance reviews been completed for each resident over the last academic year (at six-month intervals?)

YES NO

12b) Have summaries of each meeting been included in the resident's file (to include a signature by both the resident and PD and/or designated faculty)?

YES NO



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13) Does the aggregate milestone data indicate a positive trajectory for all trainees for all levels of training?  
YES NO

13a) identify any concerning milestone trends below:

14) Date the PEC last reviewed the Rotation Specific Goals and Objectives:

15) Date the PEC last reviewed the Program Policy and Procedure manual:

16) Date the PEC last reviewed the Program's Supervision Policy:

17) Date the PEC last reviewed the program's Hand-Off (Transitions in Care) Policy:

18) Date Program Letters of Agreement were last reviewed/updated:

19) Were Case Logs/Procedure Logs/Patient Logs reviewed by the program and discussed with the House Officers (if applicable)

YES

NO



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Additional Information:

In what areas of your program do you need help? (think both institutionally and for the program itself.)

What can GME do to assist the program in promoting physician Well-Being?

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In addition to submitting this evaluation, please submit copies of the following documents:

Summary of your ACGME WEBADS Annual Update

The policy, member roster, and most recent minutes for your Clinical Competency Committee

Copies of your program's action plan for this year from your Program Annual Curriculum Evaluation

Progress report on the action plan Program Annual Curriculum Evaluation from last year

Departmental Program Evaluation policy and members list

**Copies of all updated Program Letters of Agreement fulfilling the new ACGME requirements.**

The most recent ACGME Resident Survey and ACGME Faculty Survey

An update to your Institutional Annual Program Evaluation submitted last year with updated & completed Action Plan submitted to the GMEC in 2017

The APE form and additional materials are due to the GME Office no later than the first Tuesday of your *submission* month. PDs and/or associate PDs are required to be present at the GMEC meeting in the program's assigned *review* month.

**ALERT: THIS INSTITUTIONAL LEVEL REVIEW IS NOT TO TAKE THE PLACE OF THE PROGRAM LEVEL ANNUAL CURRICULUM REVIEW/EVALUATION**

For a list of submission and review months, please visit the GME Website under Annual Program Evaluations.