**LSU School of Medicine-New Orleans**

**Graduate Medical Education**

**Annual Program Evaluation AY 2022-23**

**PEC Response & Minutes**

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| **Program Name** |  | | | | | | | | |
| **Date Due to GME Office** | | | **September 15, 2023** | | | | **Date Submitted to GME Office** | |  | |
| **Date of Approval by Department:** | | | | | | | | | |
| **Program Director** | |  | | | | | **Program Coordinator(s)** |  | |
| **Associate Program Directors(s)** | | | |  | | | | | |
| **PEC Faculty Members** | | |  | | | | | | |
| **PEC Resident/Fellow Representative(s) and HO Levels** | | | | |  | | | | |
| **Date of PEC Meeting where APE/Action Plans were Reviewed** | | | | | |  | | | |
| **PEC Responsibilities:**   1. Planning, developing, implementing, and evaluating educational activities of the program 2. Reviewing and making recommendations for revision of curriculum goals and objectives 3. Addressing areas of non-compliance with ACGME 4. Reviewing the program annually using evaluations 5. Reviewing evaluation templates 6. Reviewing the Program Evaluation Committee (PEC) Policy 7. The program must monitor and track each of the following areas: resident performance, faculty development, graduate performance, program quality, and progress on the previous year’s action plan(s)    1. Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually    2. The program must use the results of the assessments of the program together with other program evaluation results to improve the program 8. **The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed 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.** | | | | | | | | | |

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| **Program Evaluation Committee (PEC) Pre Meeting Notes** | | |
| **Area 1: TRAINEE PERFORMANCE** | | |
| **Areas to Address** | **Discussion** | **Proposed Action Item (s)** |
| **In-Training-Exam Performance**  *Comments on* ***Attachment A***  *-Areas of success*  *- Areas of concern*  *- Trend data* |  | *-Suggested interventions (eg. curricular change or other) to address areas of concern*  *Content?* |
| **Volumes/Case Logs Review**  *Comments on* ***Procedural Volumes*** *Listed in the APE Data Sheet or comments from* ***Attachment B*** *showing the graduates ACGME Final Case Logs. Did graduates meet minimums?*  *Is this program procedurally strong?*  *Is that a defining part of this program?*  *Are there any particular procedures that we teach very well? Not so well?*  *Do we highlight that well to our recruits? Discuss any resident-to-resident variability among volumes or concerns about volume or logging of data* |  |  |
| **Clinical Competency Committee (CCC)**  *Comments on* ***Attachment C-policy/bylaws*** |  | *Any suggested changes to the CCC or PEC Bylaws or procedural notes?*  *Any long term tracking in New Innovations for house officers to report progress (Spider Graphs)?*  *Any new members?* |
| *Comments from* ***Data on Milestones***  *Are there any programmatic milestones of particular strength or programmatic milestones of weakness?*  *Are there any outlier individual residents who appear to underperform on the milestones?*  *Is there assurance that the CCC is involved in that resident’s progress?* |  | *What should we do about programmatic areas that score low?* |
| **Resident Scholarly Activity (SAT)**  *Any deficiencies, or commendations in this area.*  *Citations/Areas for Improvement?* |  | *Make suggested interventions to address any areas of concern* |
| **Quality Improvement (QI) and Patient Safety Initiatives**  ***Attachment F*** *and APE Data sheet regarding Resident survey information on participation in QI and rotational experience in EQuIP rotation).*  *Any deficiencies, or commendations.*  *Comment on the EQuIP rotation: is it unique? Any other initiatives at clinical sites please note. Any conferences to address?* |  | *Make suggested interventions to address any areas of concern* |
| **Clinical Performance Measures (CPM)**  *Review* ***Attachment G-*** *CPM and APE Data Sheet on whether residents “are provided data about practice habits”*  *Quantity and the quality of the data that the residents receive.* |  | *Is there additional data you feel needs to be provided? If so – make a suggestion as to how that data could be collated and provided to them.*  *What should be done when CPM suggest that a resident is noncompliant across multiple behaviors? Is it a professionalism issue?* |
| **Clinical and Educational Work Hours**  *Resident survey information on Clinical and Educational Workhours. Are there any areas below 100% compliance? If so, explain.*  *Has the program leadership addressed the concerns? If so, what action plan has been established. How often does leadership review work hours documentation?* |  | *What should be done to address any ongoing work hour violations or logging errors?* |
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| **Area 2: FACULTY DEVELOPMENT (FD)** | | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **Faculty Resources and Faculty Development**  *Review* ***Attachments H and I and*** *faculty Survey Question about satisfaction with FD from the GME side.*  ***THIS IS NOT DEVELOPMENT IN THE TRAINING SPECIALTY*** *BUT RATHER TOWARDS TEACHING, SCHOLARSHIP, EVALUATION, SUPERVISION, DIVERSITY and WELLBEING ETC.* |  | *Any suggestions that the program can implement to improve FD in the area of GME and provide 1-2 specific examples of needs in this area.* |
| What percentage of your faculty have completed modules in the ACGME Distance Learning Portal dl.acgme.org? LSU MEDS Website? |  |  |
| *Overall, is the program doing a good job with its completion rate and with the timeliness in providing resident evaluations?* |  | *Any suggestions as to how to encourage greater compliance and /or more frequent tracking of individual faculty performance in these areas.* |
| **Area 3: GRADUATE PERFORMANCE** | | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **Board Pass Rates**  *Review the APE Data Sheet on Board Pass rate. Do the board pass rates meet program requirements, including the percent taking the boards and the annual or multi-year pass rate?*  *Citation or Area for Improvement?* |  | *If not, suggest some reasons why or why not and some specific strategies to suggest how to improve pass rates.* |
| **Graduate Plans**  *Review* ***Attachment K****. Make comments on the type of graduates the program has been producing. Exit Interviews?* |  |  |
| **Graduate Survey**  *Review* ***Attachment L.*** *Identify the most common themes of program strength noted by the Program’s Grads. Identify the most common themes of program weakness by the Program Grads*  ***If you do not survey your graduates, please explain why not.*** |  | *Make suggestions to the curriculum to address any notable areas.* |
| **Area 4: PROGRAM QUALITY & ACCREDITATION STATUS** | | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **ACGME LON and Citations**  *Review* ***Attachment M.*** *Note the status of each Citation and each Area for Improvement (AFI). Make suggestions to address each.* |  |  |
| **GMEC Review Report**  *Review the data reported to GMEC during the 2022-2023 academic year. Review deficiencies addressed, noting whether the issue was resolved, and any action plans or program changes that resulted.* |  |  |
| **Didactic Curriculum**  *Review* ***Attachment N- 2021-2022 didactics.*** *Note: conference attendance requirements = ie:75%. Make comments on appropriateness of that. Is CME being given? Any concerns are issues regarding compliance with CME components?* |  | *Make any suggestions regarding needed didactic changes for upcoming year.* |
| **Rotation Schedule**  Review ***Attachment O****.* – which are the stronger or weaker rotations, too many of what, too little of what? |  | Make any suggestions regarding different rotational ideas |
| ***Trainees’ Perspectives*** | | |
| **ACGME Resident Survey – 2022 Results**  *Review* ***Attachment P****. Discuss overall response rate, the positive + very positive scores, and the number of line items falling below 80%ile. Unless the item that falls < 80%ile is addressed elsewhere in this document, make a comment here as to the nature of the issue and what recommendation you have to address the issue.*  *Are there areas of commendation you note in the survey? What is the overall trend data suggesting?* |  | Any action item needs? |
| **Trainees’ Evaluations of the Program and Faculty**  *Review* ***Attachments Q and R.*** *Both are surveys administered to the residents about the program quality. One is from the LSU GME Office and is more generic (Q). The other is an internal program survey and should have data that is more specific to the residency/fellowship program(R). Where there areas of concern?*  *Where there areas of strength?* |  | *What strategies can you suggest to improve the program?* |
| ***Faculty’s Perspectives*** | | |
| **ACGME Faculty Survey**  *Discuss overall response rate, positive + very positive score, and note line items falling below 80% program compliant, unless addressed elsewhere in the APE,* ***Attachments S and T****. What deficits, opportunities, or commendations are noted in the results?* |  |  |
| **Scholarly Activity of Faculty**  *Review Faculty Scholarly Activity table from* ***Attachment U*** *and data from ACGME Faculty Survey (“worked on scholarly project with residents/fellows”) that is provided in the APE data sheet. Comment on any deficiencies, plans, or commendations.* |  | Plans? |

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| ***Recruitment*** |  | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **Positions in Match/Applicants/Interviews/ Rank List/USMLE/COMLEX Scores**  *Discuss any areas of concern, including any unfilled positions, quality of applicants and matched class,* |  | *Any proposed recruitment strategies, changes for next year, etc.* |
| **Post-Match Survey**  *Review* ***Attachment V*** *for data from the post match survey. Indicate areas for improvement to recruitment strategies. What are the program’s biggest obstacles to matching quality candidates?* |  | *Suggest ways recruiting can be improved* |
| **Plans for Virtual/ Hybrid Recruitment**  Please note any plans, priorities, and concerns regarding virtual or hybrid interview/recruitment season. |  |  |

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| ***Wellness and Fatigue Mitigation*** |  | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **Monitoring**  *Discuss how the program is monitoring/evaluating wellbeing of residents and faculty.*  *Is the program looking at workplace injuries, physical or emotional violence, and emotional well-being after adverse events?* |  | *Any proposed wellness initiatives or, changes for next year, etc.* |
| **Policies and Programs**  *What policies and programs are in place that encourage optimal resident and faculty well-being?* |  | *Policies/Programming to be implemented* |
| **Education**  *How is the program educating the faculty and residents in identification of the symptoms of burnout, depression, and substance abuse, and the means to assist those who experience these conditions?* |  | *Suggest ways to educate* |

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| ***Diversity and Inclusion*** |  | |
|  | **Discussion** | **Proposed Action Item (s)** |
| **Monitoring**  *Discuss how the program is monitoring/evaluating the diversity and inclusion strategies for both residents and faculty.* |  | *Any proposed wellness initiatives or, changes for next year, etc.* |
| **Policies and Programs**  **Attachment Y:** *Program Policy on Recruitment and retention of minorities underrepresented in medicine.*  *Is your policy in place? What obstacles is the program facing in the recruitment efforts? Has the program changed any ways it does things to recruit and retain minorities in medicine?*  *Have they been successful or not?* |  | *Policies/Programming to be implemented* |
| **Education**  *How is the program educating the faculty and residents in identification of recruitment and retention strategies?* |  | *Suggest ways to educate* |
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| ***CoVID Pandemic*** |  | |
|  | **Discussion** | **Proposed Action Item (s)** |
| Please address any program plans, supervision, schedules, didactics, etc that were adjusted due to the Covid Pandemic this academic year. |  |  |

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| ***SWOT Analysis and Program Aims*** | |
| *Now that you have reviewed the program data answer the following questions:*  ***Attachment W***  ***Program Aims:***  *Who are your residents and fellows? Describe your typical residents/fellows and the type of graduates the program produces. Is the program designed to support the type of graduate it is producing? Is the program developing a certain type of physician that fills an important workforce need? If so – what is it? (In state, Out-state grads? IMG? % male; % female, private vs. academic, generalist vs. specialist, researcher etc.)* |  |
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| *Who are the ‘patients’/population you care for and how is it unique?* |  |

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| **Program Strengths**  *Discuss things your program does well; what should you preserve at all costs; what do you do better than other programs?* |  |
| **Programs Opportunities \*\*\*\*\*\***  *What are the opportunities that your program could take advantage of in the next 3-5 years?* |  |
| **Program Weaknesses**  *Discuss the top 3 things the program needs to improve immediately; What has your program done poorly; what do other programs do better than your program; what do people outside see as its weakness? Have you addressed these on an ongoing manner?* |  |
| **Program Threats**  *Discuss who/what are programs chief challenges or competitors or emerging challenges; What direction should the program AVOID taking in the future; What is changing in the environment around the city/ workforce that could adversely affect your program?* |  |

**Attachment X – Excel Action Plan Spreadsheet (Update previous years plans and add new tab 2023-24 Plans to work on.) – Please save the file attachment in a horizontal page setup.**

**Attachment Y – Program policy on recruitment and retention of minorities underrepresented in Medicine (Submit if changed from previous AY).**

**Failure to submit in a timely manner for the GMEC Subcommittee to review can result in a low evaluation.**

**DUE: September 15, 2023**