

# Graduate Medical Education New Program Director Orientation

## Part 3 of 4



# Why conduct a program evaluation?

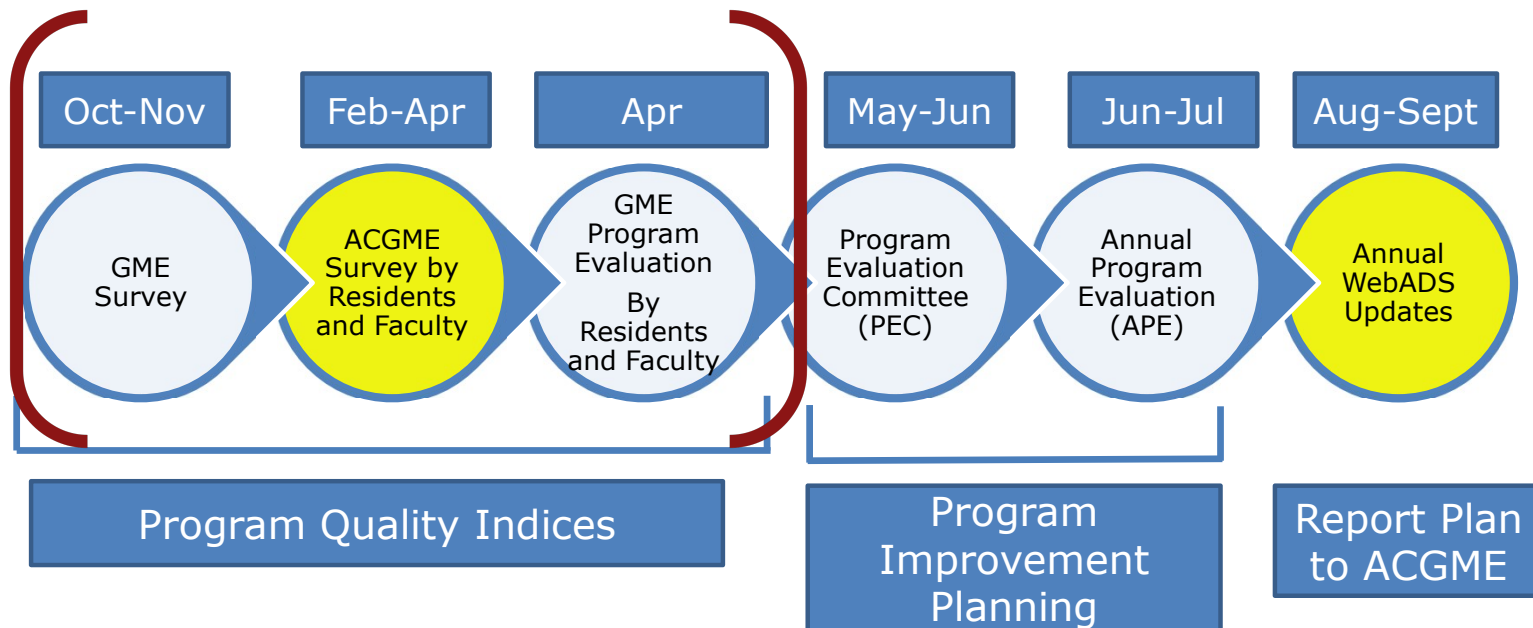
- ▶ Annual program evaluation is required by ACGME

V.C.1.d)	<b>The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats.</b>
V.C.1.e)	<b>The annual review, including the action plan, must:</b>
V.C.1.e).(1)	<b>be distributed to and discussed with the members of the teaching faculty and the residents; and, <sup>(Core)</sup></b>
V.C.1.e).(2)	<b>be submitted to the DIO.</b>

- ▶ Implement continuous process improvement model
  - Address areas for improvement
  - Build on strengths

What will take my program to the next level?

# Overview of Program Evaluation Process



# GME Housestaff Survey – Program Quality #1

Oct-Nov

GME Survey

GME  
Block Options

Q1

Thank you for participating in the Annual GME House Staff Survey. This survey will take 3-5 minutes. We really appreciate your opinions and suggestions. Your responses are all anonymous and only questions with 4 or more responses will be reported. To begin, please tell us a little about yourself (NOTE: Responses will be aggregated to protect anonymity).

Q2

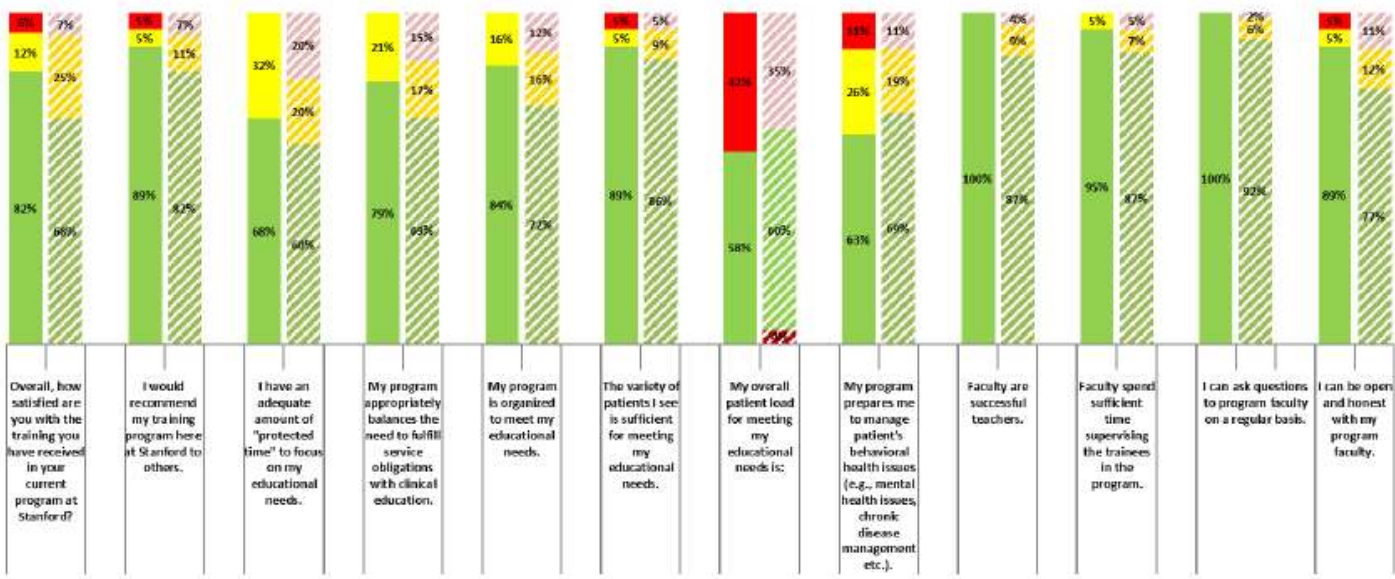
What is your current level of training at Stanford?

Q3

Please identify your current training program at Stanford.

## Survey Report

### PART 1



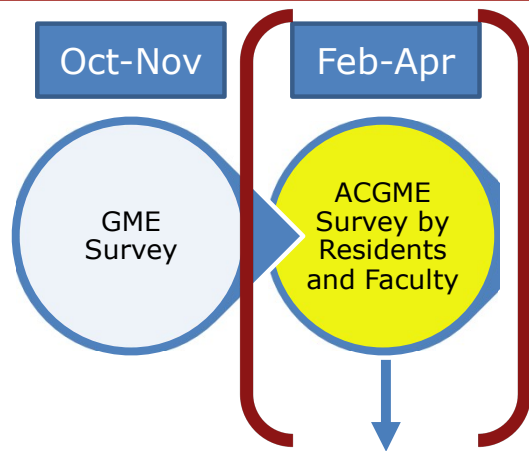
## GME Housestaff Survey – Cont.

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- ▶ Completely anonymous and confidential internal survey
- ▶ Your role is to encourage your trainees to complete the survey
- ▶ Reports are generated if program have 4 or more responses
  - Highlights areas your program excels and are deficient in
  - Qualitative comments provide context
  
- ▶ Your program will use the report to address areas for improvement or critical incidents, especially before ACGME Surveys are distributed.



# ACGME Survey - Program Quality #2



**Program Percentage at-a-glance**

Category	Program Percentage
Resources	4.4
Professionalism	4.5
Patient Safety and Teamwork	4.5
Faculty Teaching and Supervision	4.7
Educational Content	5.0
Overall Mean	4.6

**Faculty's overall evaluation of the program**

Category	% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean
<b>Resources</b>	100%	4.2	95%	4.2
<i>Satisfied with professional development and education</i>				
<i>Workload exceeded residents/fellow's available time for work</i>				
<b>Participated in activities to enhance professional skills, e.g.</b>				
Education	100%			
Quality improvement and patient safety	100%			
Fostering your own well-being	88%			
Fostering resident/fellow well-being	88%			
Practice-based learning and improvement	100%			
Contributing to an inclusive clinical learning environment	100%			
<b>Professionalism</b>	88%	3.9	91%	4.3
Faculty members act unprofessionally	100%	4.7	100%	4.8
Residents/fellows comfortable asking supervisor with for questions	100%	5.0	100%	5.0
Process for confidential reporting of unprofessional behavior	100%	4.9	100%	4.7
Satisfied with process for problems and concerns	100%	4.7	98%	4.8
Experienced or witnessed abuse	100%	4.1	95%	4.5
<b>Patient Safety and Teamwork</b>	100%	4.6	100%	4.9
Information not lost during shift changes or patient transfers	100%	4.6	98%	4.7
Effective teamwork in patient care	100%	4.7	98%	4.8
Interprofessional teamwork skills modeled or taught	100%	5.0	87%	4.8
Effectively emphasizes culture of patient safety	100%	5.0	98%	4.8
Residents/fellows participate in adverse event analysis	100%	5.0	98%	4.8
Know how to report patient safety events	100%	5.0	92%	4.8
Process to transition care when residents/fellows fatigued	100%	5.0	92%	4.8
<b>Faculty Teaching and Supervision</b>	100%	4.3	95%	4.5
Sufficient time to supervise residents/fellows	100%	5.0	100%	4.9
Faculty members committed to educating	100%	4.9	98%	4.7
Program director effectiveness	100%	4.6	91%	4.4
Faculty members satisfied with process for evaluation as educators	100%	4.6	91%	4.4
<b>Educational Content</b>	88%	4.4	95%	4.8
Residents/fellows instructed in cost-effectiveness	100%	5.0	100%	5.0
Residents/fellows prepared for unsupervised practice	100%	5.0	100%	5.0
Learning environment conducive to education	100%	5.0	100%	5.0

Purpose: ACGME check in on program quality and another data tool (external) for your program evaluation

Your Role:

- Ensure completion rate: resident 70%; faculty 70%
- Ensure that residents and faculty understand survey is confidential

# ACGME Survey – Cont.

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- ▶ ACGME's sends annually survey to trainees and faculty
- ▶ Completely anonymous and confidential
- ▶ Survey will be live typically from the end of February to mid-April
- ▶ ACGME will generate 4 total reports from the survey:
  - (1) ACGME survey by trainee
  - (2) Wellness survey by trainee
  - (3) ACGME survey by faculty
  - (4) Wellness survey by faculty



# ACGME Survey – Domains & Questions

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Resources

Professionalism

Patient Safety  
and Teamwork

Faculty  
Teaching and  
Supervision

Evaluation

Educational  
Content

Diversity and  
Inclusion

Clinical  
Experience and  
Education

Wellness



# ACGME Surveys

2019-2020 ACGME Resident/Fellow Survey - page 1

Survey taken: January 2020 - February 2020

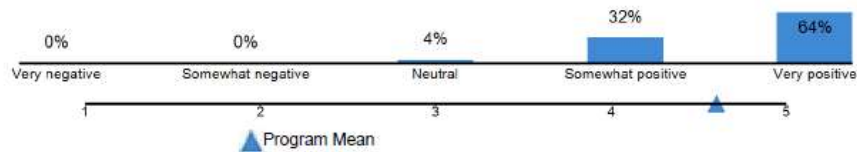
Residents Surveyed 28

Residents Responded 25

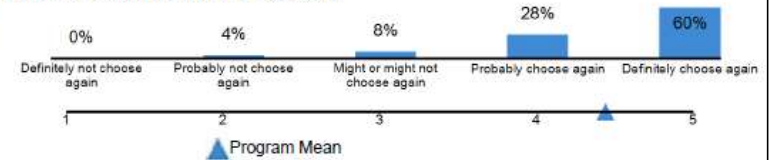
Response Rate 89%

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

## Residents' overall evaluation of the program



## Residents' overall opinion of the program



		% Program Compliant	Program Mean	% Specialty Compliant	Specialty Mean
<b>Resources</b>	Education compromised by non-physician obligations	96%	4.6	86%	4.3
	Impact of other learners on education	92%	3.8	93%	3.9
	Appropriate balance between education and patient care	60%	3.7	75%	4.0
	Faculty members discuss cost awareness in patient care decisions	88%	3.3	89%	3.5
	Time to interact with patients	92%	4.2	85%	4.2
	Time to participate in structured learning activities	76%	4.0	78%	4.1
	Able to attend personal appointments	72%	3.9	87%	4.5
	Access to mental health counseling or treatment	96%	4.8	93%	4.7
	Satisfied with safety and health conditions	80%	4.2	87%	4.4
<b>Professionalism</b>	Residents/fellows comfortable calling supervisor with questions	80%	4.4	89%	4.5
	Faculty members act professionally when teaching	100%	4.8	93%	4.6
	Faculty members act professionally when providing care	100%	4.8	96%	4.7
	Process in place for confidential reporting of unprofessional behavior	96%	4.8	85%	4.4
	Able to raise concerns without fear or intimidation	72%	4.0	80%	4.2
	Satisfied with process for dealing with problems and concerns	80%	4.1	78%	4.1
	Experienced or witnessed abuse	96%	4.6	93%	4.6
<b>Patient Safety and Teamwork</b>	Information not lost during shift changes or patient transfers	80%	3.9	81%	4.0
	Culture emphasizes patient safety	92%	4.6	89%	4.4
	Know how to report patient safety events	100%	5.0	96%	4.9
	Interprofessional teamwork skills modeled or taught	72%	4.0	75%	4.1
	Participate in adverse event analysis	80%	4.2	77%	4.1
	Process to transition care when fatigued	88%	4.5	88%	4.5

# Well-Being Surveys

2019-2020 ACGME Resident/Fellow Survey

Survey taken: January 2020 - February 2020

Residents Surveyed 24

Residents Responded 24

Response Rate 100%

Well-Being Survey Questions

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

An important component of the Common Program Requirements is that physician well-being is crucial to delivering the safest, best possible care to patients. The results of the Well-Being Survey are intended to help your program and institution build and improve local well-being efforts, and make it easier to comply with the ACGME well-being requirements.

Aggregate reports will be provided to the program and sponsoring institution when a minimum number of responses is reached. This ensures anonymity and maintains confidentiality for survey respondents. **These results are NOT used by the ACGME in the accreditation process.**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Program Mean	National Mean
I find my work to be meaningful.	58.3%	41.7%	0.0%	0.0%	3.6	N/A
I work in a supportive environment.	75.0%	25.0%	0.0%	0.0%	3.8	N/A
The amount of work I am expected to complete in a day is reasonable.	20.8%	58.3%	20.8%	0.0%	3.0	N/A
I participate in decisions that affect my work.	58.3%	37.5%	4.2%	0.0%	3.5	N/A
I have enough time to think and reflect.	25.0%	54.2%	16.7%	4.2%	3.0	N/A
I am treated with respect at work.	70.8%	29.2%	0.0%	0.0%	3.7	N/A
I feel more and more engaged in my work.	29.2%	50.0%	20.8%	0.0%	3.1	N/A
I find my work to be a positive challenge.	29.2%	66.7%	4.2%	0.0%	3.3	N/A
I find new and interesting aspects in my work.	33.3%	58.3%	8.3%	0.0%	3.3	N/A

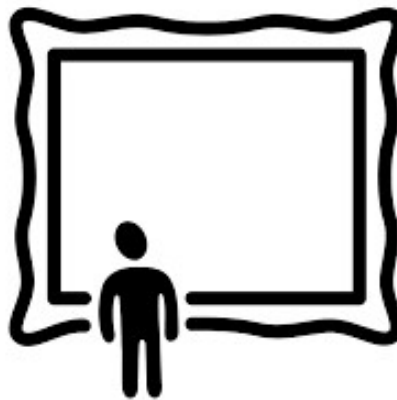
	Strongly Disagree	Disagree	Agree	Strongly Agree	Program Mean	National Mean
I often feel emotionally drained at work.	12.5%	50.0%	20.8%	16.7%	2.6	N/A
After work, I need more time than in the past in order to relax.	4.2%	50.0%	33.3%	12.5%	2.5	N/A
I feel worn out and weary after work.	8.3%	33.3%	50.0%	8.3%	2.4	N/A

***This report is confidential and not for further distribution. Please do not publish or share these results outside of your Sponsoring Institution.***

# ACGME Survey – Purpose and Accreditation

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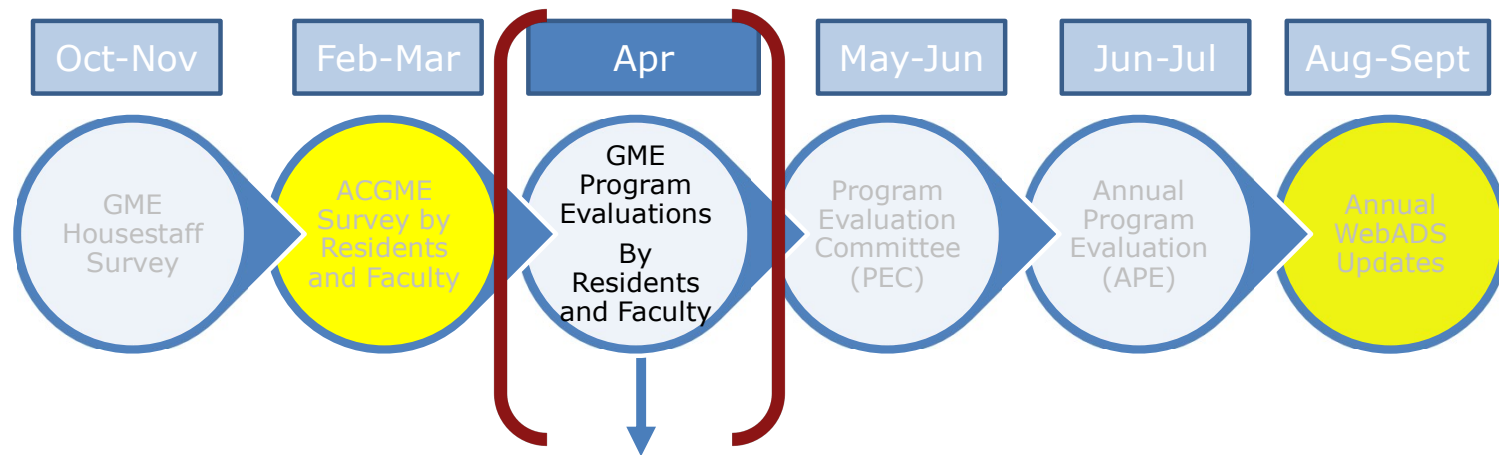
- ▶ ACGME surveys are another tool for your program evaluation process
- ▶ ACGME reviews surveys to assess your program
- ▶ Non-compliance (<70% response rate or <80% scoring) is a deficiency and can result in a citation



# Understanding the Report

- ▶ Your program uses the ACGME survey to address deficient areas and is a guiding datapoint in the annual program evaluation (APE)
- ▶ ACGME uses the ACGME survey to evaluate your program
  - Concerning programs are further monitored and can result in a citation or site visit
- ▶ GME uses the ACGME survey to measure your program's performance
  - Additionally, GME creates the 5-year trend analysis report to review longitudinal data. The 5-year trend analysis is a dashboard overview of your program's performance every year

# GME Program Evaluations – Program Quality #3



## Purpose:

- Annual evaluate program from both trainee and faculty perspective.
- More narrative questions


## Delivery & Reporting:

- GME distributes (via MedHub), aggregates, and generates reports for your program

## Your Role:

- Remind faculty and trainees to complete the evaluations

# GME Program Evaluations - Reports

 <b>STANFORD HEALTH CARE</b> <b>Aggregate Evaluation Report - Faculty Evaluation Of Program/hospital</b>								
Generated: 04/29/2020 4:03pm PDT								
Evaluation:								
Target:								
Date Range: 04/01/20-04/29/20								
Responses: 8								
To facilitate the evaluation and continual improvement of your program, we ask that you please answer the following questions. Your responses are confidential. Thank you.								
	Strongly Disagree	Disagree Moderately	Disagree Slightly	Agree Slightly	Agree Moderately	Strongly Agree	Avg:	Std:
1. The educational resources available to the training program are adequate.					12.50%	87.50%	<b>5.88</b>	0.3
2. The administrative support available to the training program is adequate.					25.00%	75.00%	<b>5.75</b>	0.4
3. The program allows me to maintain an educational environment conducive to educating residents in each of the ACGME Core Competency areas.					12.50%	87.50%	<b>5.88</b>	0.3
4. I have sufficient time allotted to me to fulfill my supervisory responsibilities.					25.00%	75.00%	<b>5.75</b>	0.4
5. I have sufficient time allotted to me to fulfill my teaching responsibilities.					25.00%	75.00%	<b>5.75</b>	0.4
6. I am able to regularly participate in organized clinical discussions, rounds, journal clubs, and conferences.				12.50%		87.50%	<b>5.75</b>	0.7
7. The program allows me to maintain an environment of inquiry and scholarship with an active research component.					25.00%	75.00%	<b>5.75</b>	0.4
8. There are a sufficient number of faculty with appropriate qualifications to supervise all the residents in the program.					25.00%	75.00%	<b>5.75</b>	0.4

# Program's 5-Year Trend Analysis (Program Report Card)

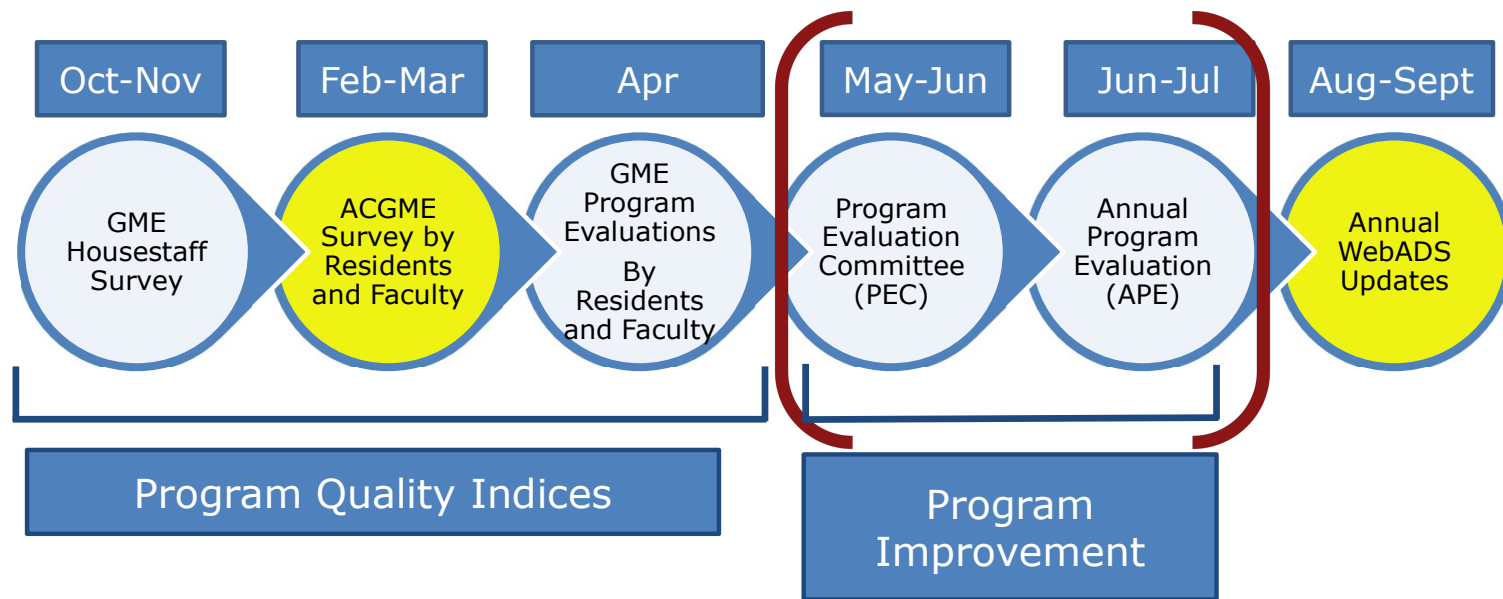
ACGME Survey

GME Survey

GME Program Evaluation

SHC Balanced Report Card Key Measures	SOURCE	INT/EXT	Data Source	2016-2017	2017-2018	2018-2019	2019-2020	2020-21
Sufficient Supervision	RESIDENT	EXT	Survey ACGME %-COMPLIANT	97%	85%	90%	98%	
Sufficient Instruction			Survey ACGME %-COMPLIANT	88%	64%	69%	68%	
Faculty/Staff Create Environment of Inquiry			Survey ACGME %-COMPLIANT	80%	60%	72%	70%	
Satisfied with Process for Problems and Concerns			Survey ACGME %-COMPLIANT	86%	63%	62%	53%	
Climate Where Residents Can Raise Concerns Without Fear			Survey ACGME %-COMPLIANT	83%	71%	75%	58%	
Overall Eval of the Program			Survey ACGME %-COMPLIANT	89%	83%	85%	83%	
Current Number of ACGME Citations	PROGRAM		ACGME					0
Board Pass Rates			ABMS	93%	83%	Pending	Pending	
Overall Satisfaction with Program	RESIDENT	INT	GME-Survey	90%	89%	90%	81%	83%
Program Organized to Meet Educational Needs			GME-Survey	77%	73%	65%	76%	83%
Service Over Education			GME-Survey	71%	49%	49%	52%	90%
Encouraged to Ask Questions on a Regular Basis			GME-Survey	94%	92%	92%	96%	72%
Residents Can Be Open and Honest with Faculty			GME-Survey	92%	95%	93%	83%	97%
Residents Would Recommend Program			GME-Survey	96%	86%	88%	96%	79%
Faculty Overall Evaluation Program	FACULTY		Pgm Eval Mean Score/10	8.73	7.72	7.78	9.09	pending
Resident Overall Program Evaluation	RESIDENT		Pgm Eval Mean Score/10	8.39	7.51	8.18	8.46	pending
>80 Violations / AY	PROGRAM		MedHub Duty Hr Rpt	1	2	3	2	5
# Unreviewed Duty Hr Periods by PD / AY			MedHub Detailed Rpt	0	0	0	0	0
KEY				STRENGTH			WEAKNESS	

# Overview of Program Evaluation Process





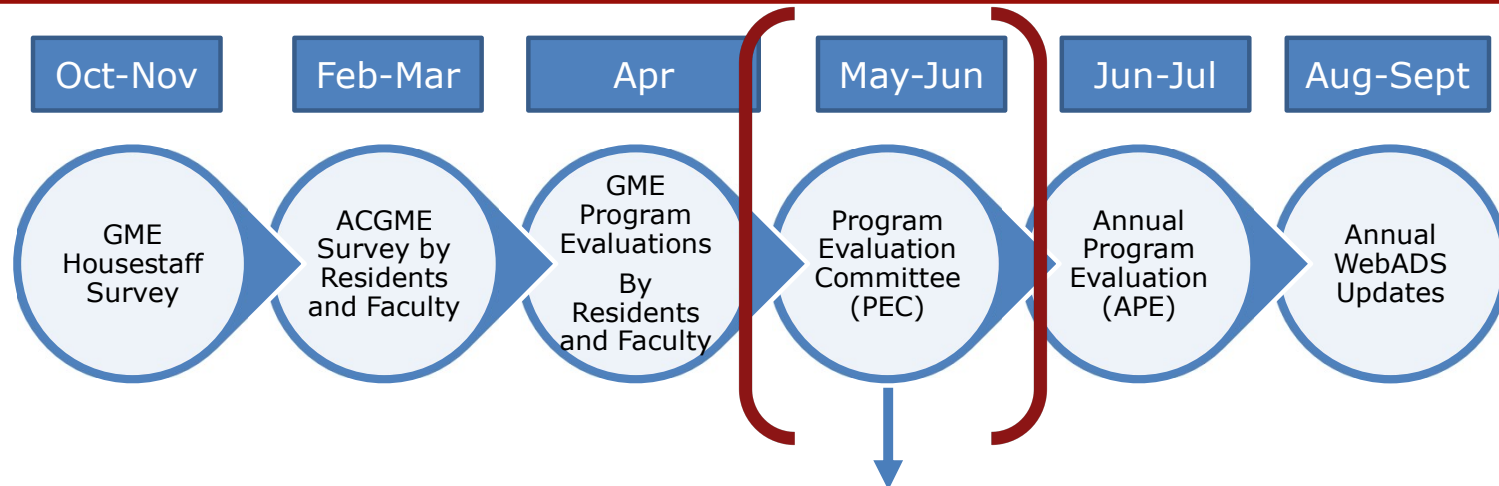
# What do you see when you look into the mirror?

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**Applicable and important for both ACGME and non-ACGME programs**

# Program Evaluation Committee

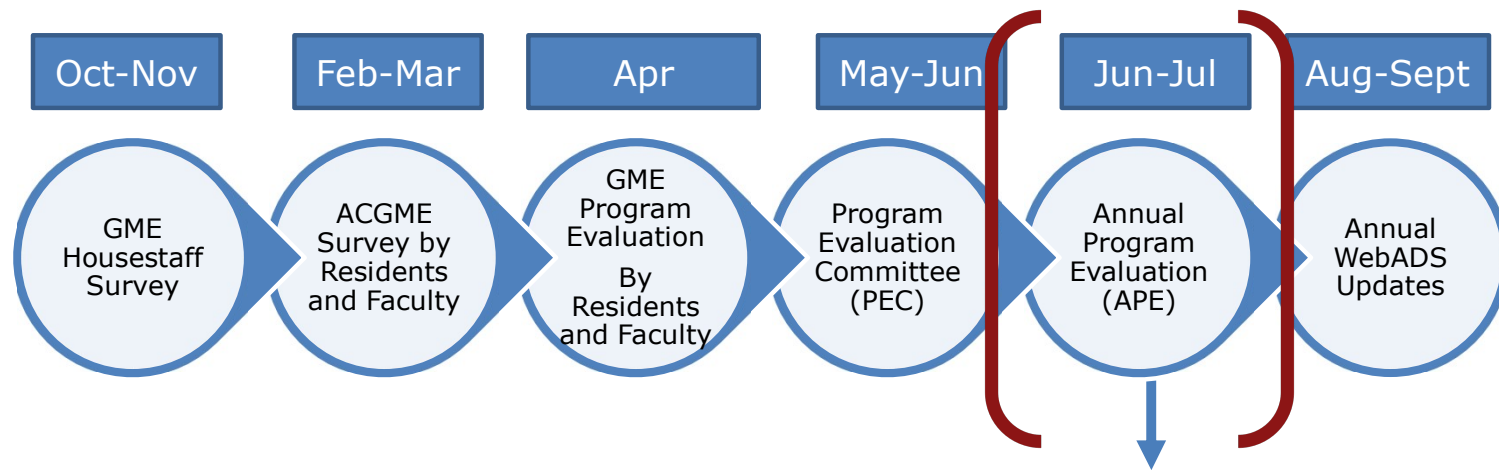


## Preparation Work

- Form the committee and schedule the APE meeting
- Compile program quality indices (see data checklist), distribute prior to meeting
- Analyze the information gathered

Data gathering checklist found inside GME APE Guidebook  
[https://med.stanford.edu/gme/program\\_portal/program/ape\\_pec.html](https://med.stanford.edu/gme/program_portal/program/ape_pec.html)

# Annual Program Evaluation



## Actual Meeting

- Attend meeting, take meeting minutes
- Contribute to the discussion
- Get core faculty approval for action plan and guidebook
- Documentation

APE Guidebook will help track SWOT analysis and action plans for each year  
[https://med.stanford.edu/gme/program\\_portal/program/ape\\_pec.html](https://med.stanford.edu/gme/program_portal/program/ape_pec.html)

# Prep Work (May – June)

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**Logistics**



**Data**

# Prep Work (May – June)

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## 1. Logistics

### 1) Form a Program Evaluation Committee (PEC):

Program director, associate program director(s), program manager or coordinator, site director, **(at least one) core faculty member**, **(at least one) faculty member**, division chief, director of education, department chair, **(at least one) trainee**.

Think of it as a Program Retreat!

### 2) Set up a meeting time:

- Reserve enough time for the meeting
- Send out calendar invites as early as possible!



# Prep Work (May – June)

## 2. Data

### 1) Facilitate in data gathering

#### Trainee

- Milestone
- In-training exam
- Scholarly activity
- Recruitment & retention
- Well-being
- Diversity
- Quality improvement & patient safety

#### Faculty

- Scholarly activities
- Recruitment & retention
- Well-being
- Diversity
- Quality improvement & patient safety
- Professional development

#### Graduates

- Board pass rate
- Employment

#### Program

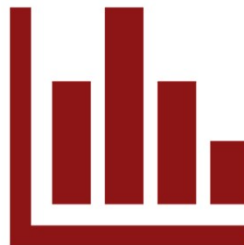
- GME survey
- ACGME surveys
- ACGME well-being surveys
- GME Program evaluations
- ACGME citations or areas of concern

Action plan from the previous year

Current program curriculum

APE Data Checklist:

[https://med.stanford.edu/content/dam/sm/gme/gme\\_community/APE/APE\\_Prep\\_Instructions\\_for\\_Program\\_Directors.pdf](https://med.stanford.edu/content/dam/sm/gme/gme_community/APE/APE_Prep_Instructions_for_Program_Directors.pdf)



# Prep Work (May – June)

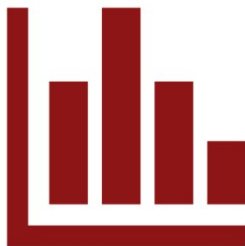
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## 2. Data

1) Facilitate in data gathering

2) Facilitate in data reviewing:

Best practice: 1) PD (or the lead of PEC) prepares a presentation summarizing all key data points; 2) share the data with the committee before the meeting



# APE Meeting (June – July)

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- ▶ Based on the data provided, meeting content should cover:
  - Outcomes from prior APE
  - Program's mission and aims
  - SWOT analysis
  - Curriculum
  - Programmatic issues (such as scores lower than 80%)
  - A new action plan



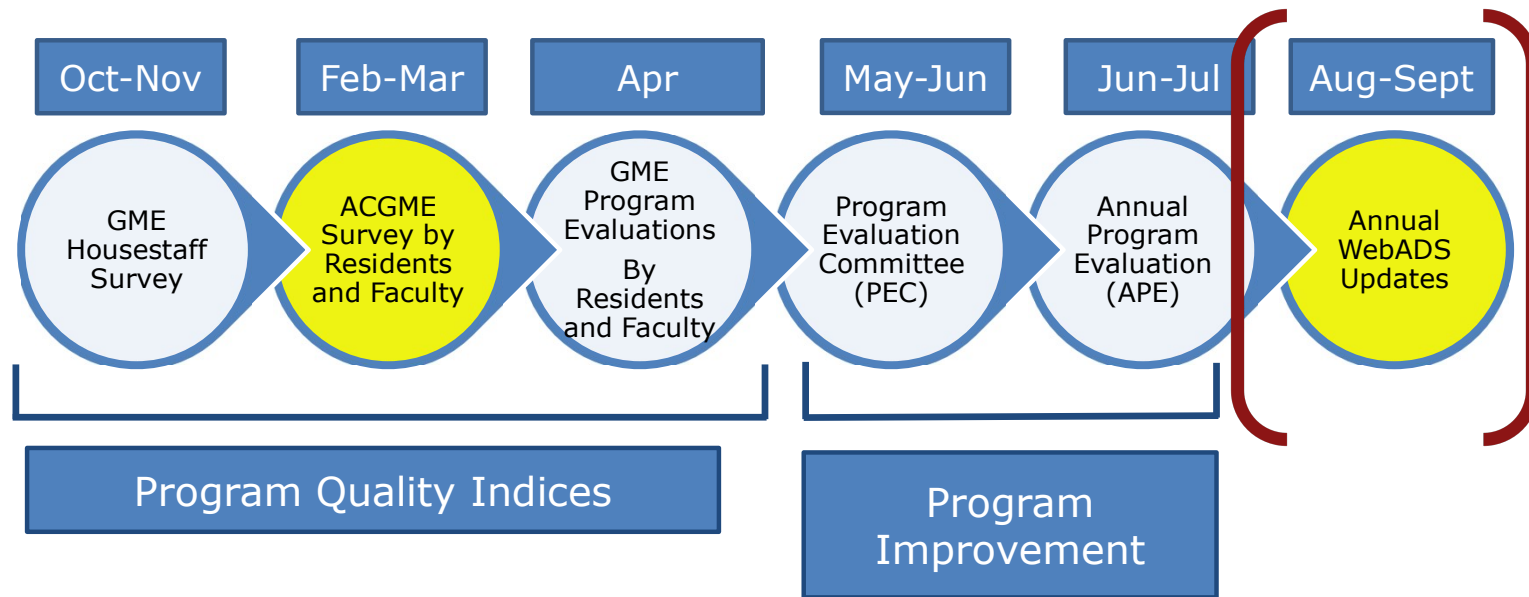


# Documentation (July – early August)

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- ▶ Documentation! Documentation! Documentation!
  - xyz
  
- ▶ GME staff and Ann Dohn (DIO and GME Director) review all APEs every year and provide comments and feedback.

# Overview of Program Quality Evaluation Process



# Accreditation Data System (ADS)

- ▶ At the beginning of the academic year, ACGME requires program to complete an WebADS update.
- ▶ This is one tool ACGME uses to monitor program changes.

## Accreditation Information

**Date:** 8/25/2021

**Title of Program:** Stanford Health Care-Sponsored Stanford University Program

**Address:**

Stanford University Medical Center  
300 Pasteur Drive, Room H-2103  
Stanford, CA 94305-5218

**County:** Santa Clara County

**Program Director:**

**Email:**

**Program Coordinator:**

**Email:**

**Program Coordinator:**

**Email:**

**10 Digit ACGME Program ID# (for accredited programs):**

**Accreditation Status:**

**Effective Date:**

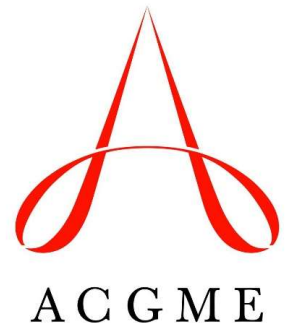
**Number of Approved Positions:**

# Components of ADS

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ADS update covers:

- ▶ Program mission & aim
- ▶ Diversity & recruitment
- ▶ Major changes since last ADS and responses to citations
- ▶ Participating sites
- ▶ Faculty roster and scholarly activities
- ▶ Trainee roster and scholarly activities
- ▶ Other program specific information & updates



# Significance of ADS

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- ▶ ACGME's Review Committee will check for compliance in ADS
  - Example:
    - ▶ Faculty qualification
    - ▶ Information are current
    - ▶ Follow-up from citations/areas of concern

**Your program can & will receive citations if review committee find errors in the ADS**

# How to submit a successful ADS

- ▶ Refer to GME's WebADS Updates Manual

[https://med.stanford.edu/gme/program\\_portal/program/ads.html](https://med.stanford.edu/gme/program_portal/program/ads.html)

## 2021 ACGME WebADS Updates Manual

### Timeline (2021)

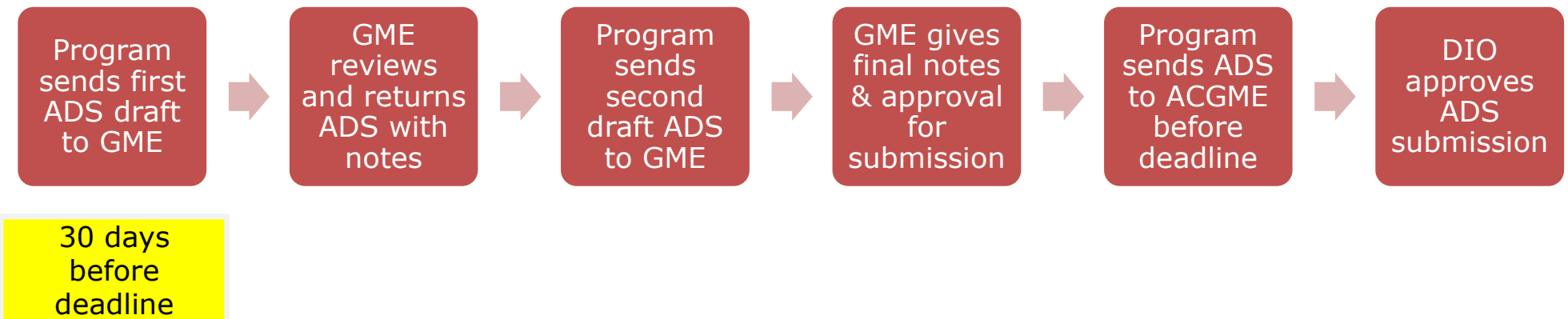


Please check the ACGME website to see what your program's reporting period is for WebADS.

Your WebADS MUST be reviewed by the GME office prior to submission to ACGME. Please send a PDF copy of your updates to **Jie Li** (Senior Program Manager) at [jieli@stanfordhealthcare.org](mailto:jieli@stanfordhealthcare.org) or **Trey Huynh-Ngo** (Program Manager) at [THuynhngo@stanfordhealthcare.org](mailto:THuynhngo@stanfordhealthcare.org). After GME PM review, the draft will be forwarded to Ann Dohn for review and approval.

**Note:** Leave yourself enough time for your Program Manager and Ann Dohn to review the Annual Update before submitting. You may need to go back and forth a few times based on comments and changes made to the Annual Update. **Four-weeks** is the minimum but try to submit it as early as possible for review.

- ▶ Work with your GME PM and Ann Dohn for ADS update review





**Thank You!**