STANFORD
HOSPITAL & CLINICS
Stanford University Medical Center

Stanford Children's Health | Lucile Packard Children's Hospital Stanford

COORDINATORS MEETING

September 10, 2015

AGENDA

- 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)

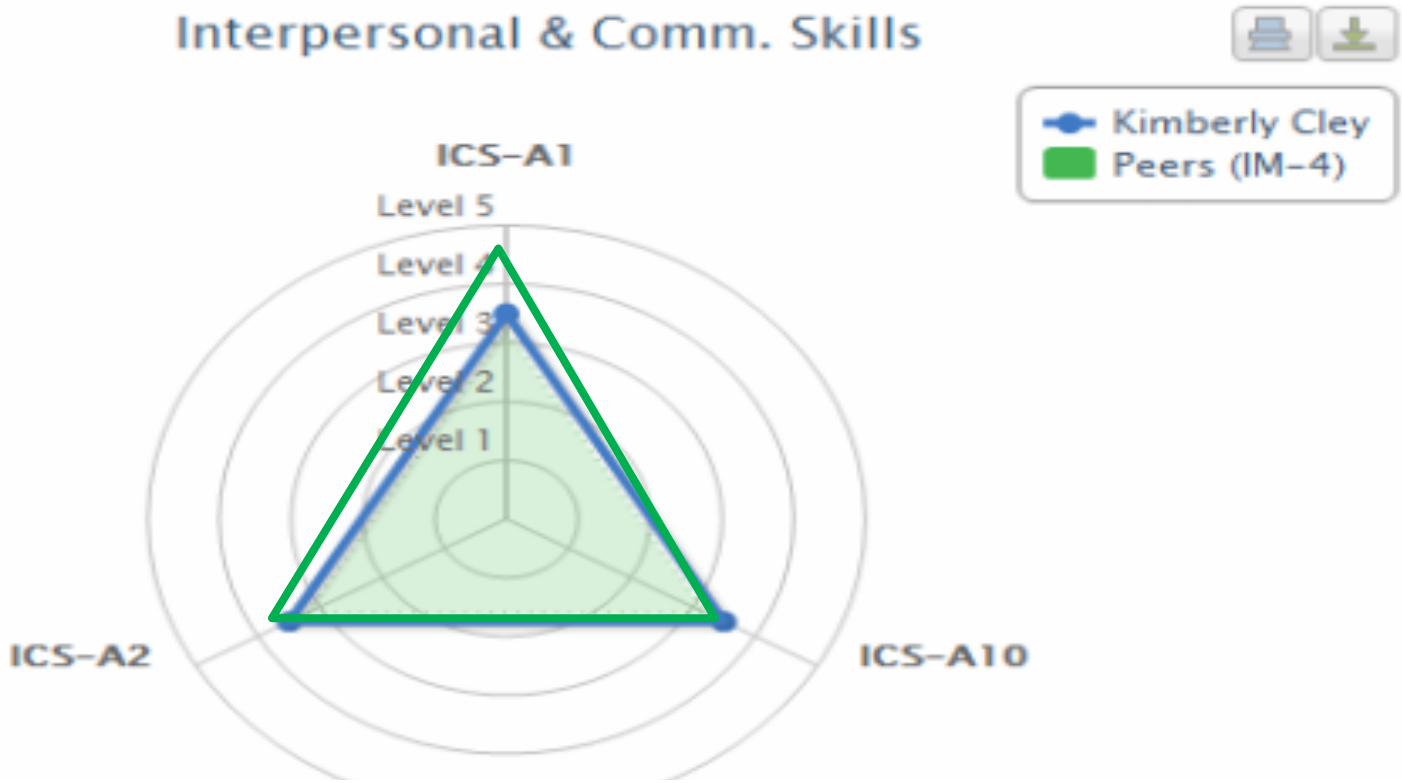
Date	Session 1 10:00am – 11:00am	Session 2 11:00am – 12:00pm
Monday, August 31, 2015	9	8
Thursday, September 3, 2015	10	8

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



PGY 1 Ranked at Graduation Level

Milestones (NAS) | EPAs | Objectives/Curricular Milestones | Milestone Achievements | Milestone Settings

Resident (Level): **DeNu** PGY2

Achievements: **0** / 12

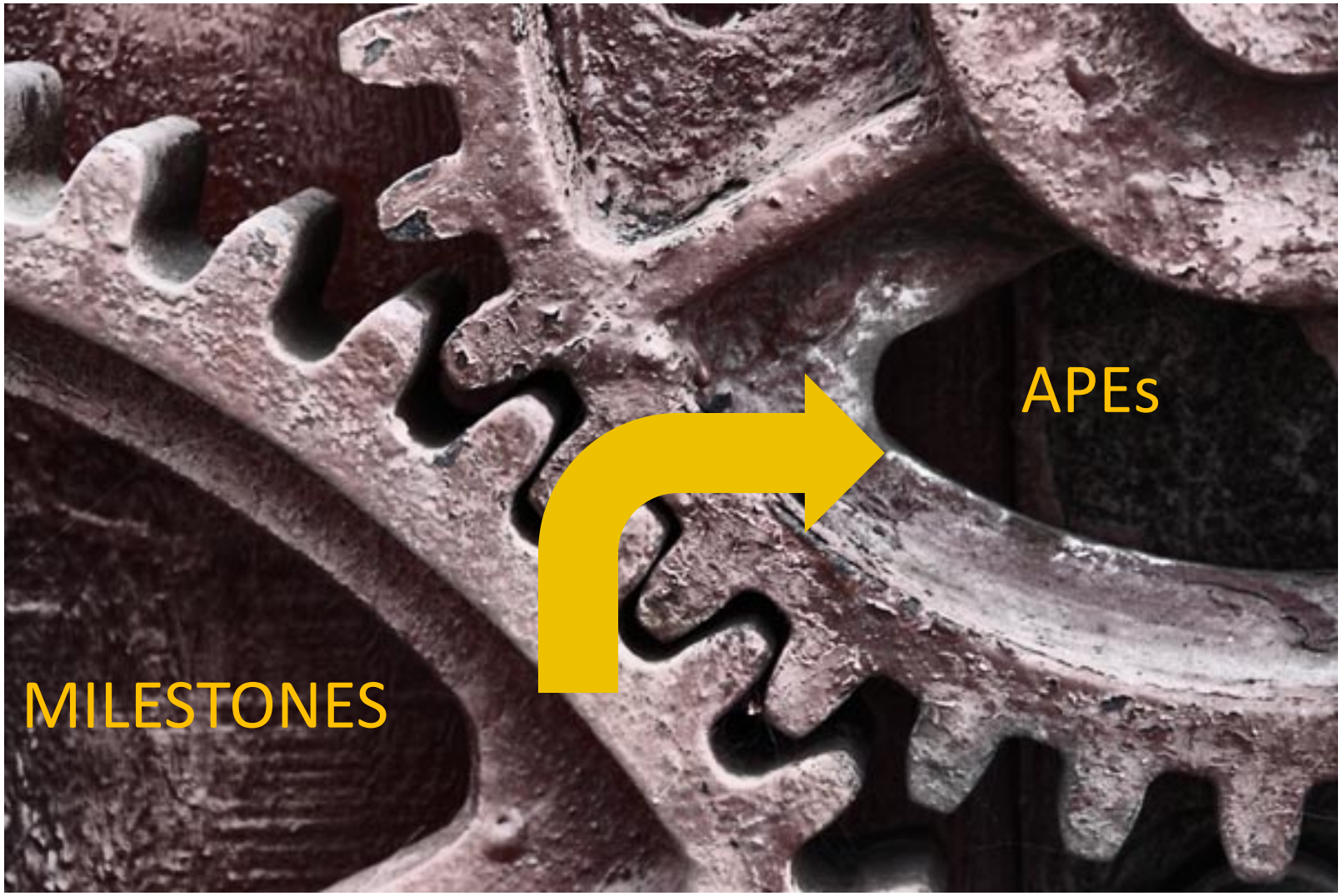
Radiology Milestone Achievements

Achieved:	ID:	Milestone:	PAST YEAR STATISTICS Average:	Range:	# Questions:
☐	ICS1	Effective communication with patients, families, and caregivers	3.3	1.0 - 4.5	3
☐	ICS2	Effective communication with members of the health care team	3.8	1.5 - 5.0	4
☐	MK1	Protocol selection and optimization of images	3.3	1.0 - 4.5	4
☐	MK2	Interpretation of examinations	1.3	1.0 - 1.5	4
☐	PCTS1	Consultant	3.8	1.5 - 4.0	3
☐	PCTS2	Competence in procedures	- -	- -	0
☐	PBLI1	Patient safety: contrast agents; radiation safety; MR safety; sedation	3.3	1.0 - 4.5	2

1

?

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.

PEDIATRIC GASTROENTEROLOGY ANNUAL PROGRAM EVALUATION MEETING

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

AGENDA

I. 2014-2015 Action Plan and Current Progress
II. Elements of Program
  a. Fellow Performance
  b. Faculty Development
  c. Graduate Performance
  d. Program Quality
III. Program Aims and SWOT Analysis
IV. 2014-2015 Action Plan
V. Discussion

ATTENDEES

Faculty	Sign Name:
Dorsey Bass	
Rachel Bensen	
William Berquist	WB
Jennifer Burgis	
Ricardo Castillo	
Kenneth Cox	
Chris Fink	
Manuel Garcia	
John Kerner	
Nasim Khavari	
Audrey Lau	
Rebecca McKenzie	
KT Park	
Eric Sibley	

Residents/Fellows	Sign Name:	PGY Level:
Warapan Nakayuenyongsuk	WN	IV
Danielle Barnes		V
Kelly Haas		V
Patricio Arias		VI
Alexis Rodriguez		VI

Previous Year's Action Plan: Review it every year!

Issue Synopsis	Proposed Actions	Actual Outcome	Resolved (Y/N)
Deficiencies in Program Curriculum	Improved Nutrition Weeks from Boston model	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.	implementation pending
Deficiencies in Didactics	Schedule more Journal Clubs, incorporate into SOCs when appropriate	Fridays are fine, now adding mandatory board review session every other Wednesday 4-5.	Y
Need more support in preparing for boards.	Tailor presentations to board topics	3rd year fellow in charge of schedule emails specific topics to cover in each area. Going well.	Y
	Reinstitute fellow-led board review sessions (every other Wednesday).	See above.	Y
Information needs to be easier to access for new fellows.	Prepare on-the-go Fellow guide based off new fellows binder.	Pocket fellow guide created and distributed to fellows (and green team residents!). Will be updated annually.	Y
2GUTS needs to be less of a burden	Focus on consultation rather than out-of-office coverage	2GUTS changed so that fellows only take new patient consults as of July 2014.	Y

105%

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:

Annual Program Evaluation (APE) Checklist

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

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

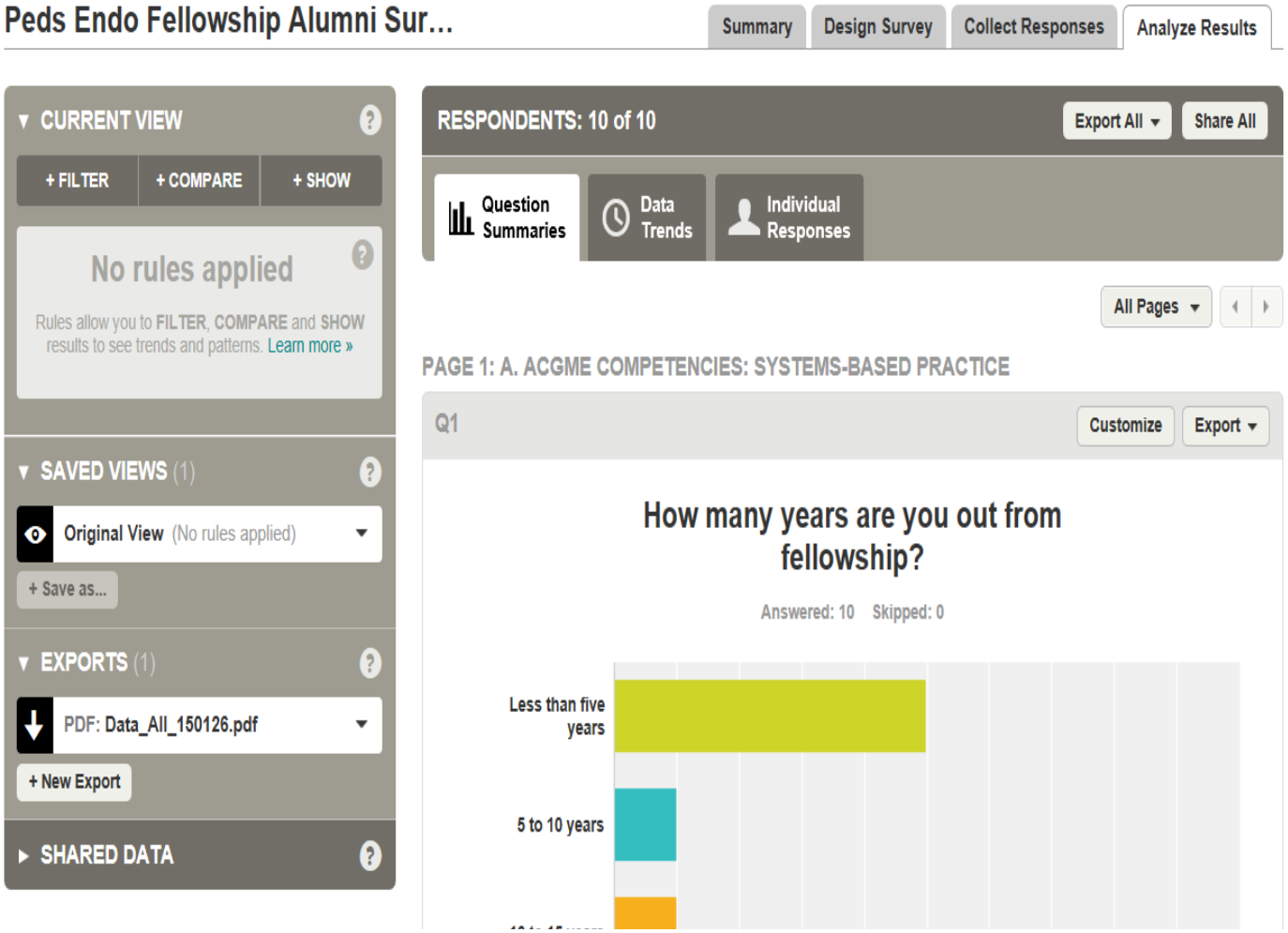
FACULTY DEVELOPMENT

- 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

Alumni Surveys …



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

PROGRAM QUALITY - Continued

- **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

Status*: Reviewed by GME/DIO

Review Dates: Program (Proj.)*: 05/20/2015 GME/DIO Review: 08/23/2015 (MM/DD/YYYY)

Review Comments:

Program Strengths: See attached documents.

Program Areas for Improvement: See attached documents.

Action Plan: See attached documents.

GME/DIO Notes: This Annual Program Evaluation does an excellent job of covering all the required areas in an exemplary PowerPoint presentation and detailed PEC meeting minutes. Thank you for creating a thorough new Action Plan in a tracker table based on careful consideration of annual program data and last year's Action Plan. -DHS

Excellent job-again. Many thanks to your attention to detail. AD

Submit | Delete Program Review

Attached Files

File/Link:	Size:	Updated:	Author:	Actions:
2014 ACGME Pediatric GI Faculty Survey	67K	5/7/2015	Steinberg	Modify Delete
2014 ACGME Pediatric GI Fellow Survey	78K	5/7/2015	Steinberg	Modify Delete
2015 Pediatric GastroenterologyTrend Analysis	120K	3/27/2015	Dinh La	Modify Delete
Action Plan	17K	5/26/2015	Christofferson	Modify Delete
Aims and SWOT Analysis	53K	5/26/2015	Christofferson	Modify Delete
APE Agenda and Sign-In	90K	5/26/2015	Christofferson	Modify Delete
APE Meeting Notes	27K	5/26/2015	Christofferson	Modify Delete
APE Presentation	3M	5/26/2015	Christofferson	Modify Delete
Pediatric Gastroenterology 2015 Program Evaluation by Faculty	27K	5/18/2015	Dinh La	Modify Delete
Pediatric Gastroenterology 2015 Program Evaluation by Fellows	29K	5/18/2015	Dinh La	Modify Delete
Pediatric Gastroenterology ACGME Survey 2015 by Faculty	73K	7/9/2015	Dinh La	Modify Delete
Pediatric Gastroenterology ACGME Survey 2015 by Fellow	78K	7/9/2015	Dinh La	Modify Delete
Pediatric Gastroenterology House Staff Survey 2014-2015	160K	1/12/2015	Dinh La	Modify Delete

Name:	Role:
Kerner, John	Director
Bass, Dorsey	Faculty Member
Bensen, Rachel	Faculty Member
Berquist, William	Faculty Member
Burgis, Jennifer	Faculty Member
Cox, Kenneth	Faculty Member
Khavari, Nasim	Faculty Member
Lau, Audrey	Faculty Member
Mckenzie, Rebecca	Faculty Member
Park, Kun Tae	Faculty Member
Sibley, Eric	Faculty Member
Christofferson, Megan	Administrator
Arias, Patricio	Resident
Haas, Kelly	Resident
Nakayuenyongsuk, Warapan	Resident
Rodriguez, Alexis	Resident

Add/Update Committee Members

GME Reviewers

Name:	Role:
Dohn, Ann	DIO
Steinberg, Diane H	GME Staff

Add/Update GME Reviewers

Review Checklist

- [x] A. Resident Performance
  Aggregated evaluations of the residents; in-training/in-service exam scores; procedure logs; scholarly activity; learning portfolios
- [x] B. Faculty Development
  ABIM certification status for all faculty; updated faculty CVs; documentation (faculty survey; attendance logs) of faculty participation in faculty development activities
- [x] C. Graduate Performance
  Aggregated board exam pass rates; aggregated alumni survey results; other outcome measures
- [x] D. Program Quality
  aggregated evaluations of the program by faculty; aggregated evaluations of the program by residents; aggregated evaluations of the faculty by residents; ACGME/GME survey results; curriculum; assessment methods; resources
- [x] E. Reviewed Actions Items from last APE

Submit

APE MEETING MINUTES: Create a record of the discussion.

May 20, 2015
Annual Program Review Notes

IN ATTENDANCE

Faculty:
John Kerner
Dorsey Bass
Rachel Bensen
William Berquist
Jennifer Burgis
Kenneth Cox
Nasim Khavari
Audrey Lau
Rebecca McKenzie
KT Park
Eric Sibley

Fellows:
Warapan Nakayuenyongsuk (PGY 4)
Kelly Haas (PGY 5)
Patricio Arias (PGY 6)
Alexis Rodriguez (PGY 6)

Coordinator:
Megan Christofferson

AGENDA

I. 2014-2015 Action Plan and Current Progress
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 valuations were aggregated across the year and within each competency.
   ii. All PGY levels are performing as expected 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 level than below for their PGY.
   ii. Fellows who fall below the national average have still been shown to pass the board exam
   iii. In 2015, 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. 3 publications
      2. 14 presentations
      3. 1 chapter
d. SOC Work Products
   i. 3 currents fellows supported by a CHRI grant
   ii. 1 fellow supported by a Tissue and 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. 11+ publications
      2. 29 conference presentations
      3. 7 other presentation
      4. 1 chapter/textbook
      5. 14 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 QI projects
d. Faculty Development
   i. Opportunities exist on campus for teaching support through
      1. Stanford Faculty Development Center for Medical Teachers
      2. 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, 82% 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 = Slicer/Dicer (fellow access needs to be requested)
   iii. Faculty Survey
      1. Slightly low areas:
         a. Fellow workload exceeds capacity to do the work
         b. Satisfied with faculty development to supervise and education fellows
c. Housestaff Survey (4 of 6 fellow responding)
   i. Possible problem areas:
      1. Faculty members in my program expect me to do many tasks well, without instructing me on how to do them
      2. The general feeling in my program is that ability is labeled based on initial performance
      3. Do you receive formal performance feedback from your peers
         a. What peers for fellows? 3rd years?
      4. Effectiveness of your mentor with respect to Clinical Skill Advancement

APE MEETING NOTES continued

a. Who is meant by mentor?
5. Effectiveness of your mentor with respect to Sponsorship and Advocacy For You During Training
   a. Who is meant by mentor?
6. Effectiveness of your mentor with respect to Research Productivity
   a. Who is meant by mentor?
7. Aware of mechanisms within the institution to raise and resolve issues without fear of intimidation or retaliation
8. Opportunity to participate in QI
   a. Should first year fellows be required to participate in first year?
   b. "At times, my QI project is difficult to fit in amongst other research projects and clinical duties"

d. Program Evaluations
   i. Fellows
      1. All high scores!
      2. Lowest = having protected time to attend didactics
      3. Overall very satisfied with training
   ii. Faculty
      1. Mostly high scores
      2. Lowest = administrative support
   iii. Strengths
      1. Faculty, fellows, and residents are joys to work with, bright, inquisitive, and generally excellent
      2. Shout out to Drs. Kerner and Park for support and mentorship
      3. High volume, well-balanced, wide variety of exposure to cases
      4. #1 Pediatric liver transplant program in the country
   iv. Weaknesses
      1. Need for funding for fellows in 2nd and 3rd years
      2. Difficulty in truly protecting 75% time for research in 2nd and 3rd years
      3. Limited basic science opportunities?
      4. Less advanced/interventional endoscopy
      5. More clinic time/training in outpatient management for fellows
      6. Current fellow clinic gets busy when attendings also see patients.
      7. Need more (clinical?) administrative support
         a. New office admin will alleviate burden, but are more needed?
         b. Need RN/NP/PA support for GI side of program
         c. Need coverage plan for absences, sabbaticals, retirement
   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. Move grant application period
      5. Let 2nd/3rd years 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
c. New item: Megan, Dr. Bensen, and Dr. Yeh to develop QI curriculum with assessment and project development tools
d. Other things to add?...

VIII. 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. CPMC
      2. San Carlos
      3. Sunnyvale
b. Requirement for grant submission in first year
   i. Scholarly activity a 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
   iii. Early meetings helpful – more needed?
      1. Peds Research Club VERY useful - encourage first years to go early on
      2. Maybe mentor could be found there?
      3. More research meetings and brainstorming opportunities
      4. 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 is 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
c. Need for mentorship
   i. Research and professional
   ii. Professional mentorship should happen organically
      1. With annual IDP/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

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.

2014-2015 APE Meeting - SWOT Analysis

TE: 11-May-15

M: Pathology

Aim			
Pathology: To improve resident training and well-being			
Strengths		**Weaknesses**	
#1	Graduated responsibilities, complex case volume, preview time, US guided FNA service	#1	Physical space, adequate ancillary support
#2	Caliber of faculty & residents	#2	IT support
#3	Didactics, conferences	#3	Need for improved training in the Gross room, VA chemistry
#4	Exposure to non-academic form of Pathology training (private practice panel discussions,	#4	SP sign outs, juggling training with subspecialization
#5	Graphics Art Support	#5	Delayed exposure to CP
Opportunities		**Threats**	
#1	New chair, potential for additional space & resources; New faculty hired	#1	Financial constraints (high cost of living, difficulties in hiring residents and faculty)
#2	Expansion of hospital services (UHA); potential exposure to private practice setting	#2	Cuts for NIH funding
#3	Integrating molecular testing with other services; Test utilization training paths	#3	Relative real life/practical value of general vs subspecialized fellowship training (job market)
#4	Informatics fellowship: Pathology now funds 1 fellow each year	#4	Changing role of Pathology in the setting of ACOs
#5	Alternate career path opportunities (biotech, industry, collaborations with other Stanford	#5	Reduced reimbursements for clinical work

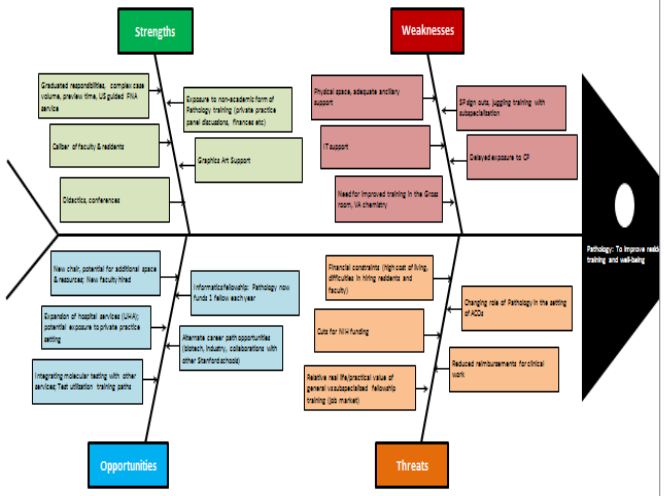
2014-2015 APE Meeting - Action Plan for Next Year

DATE: 5/11/2015

PROGRAM: Pathology

	Used For Current Year's Meeting					*Used For Next Year's Meeting*	
	Issue Synopsis	**Description**	**Proposed Actions**	**Person(s) Responsible**	**Targeted Outcome/Due Da**	**Actual Outcome**	**Resolved (Y/N)**
Last Year's Unresolved Issues	IT support + colaplex		Enable Pharma Intel Inno + web communication for approximately 40 PI in BMC PI.	Drs. Tan	6/30/2015	A dedicated e-consult e-mail account is in place. Full IT support continues to be suboptimal	No
	Improve Gross Pathology cut-in education		Begin Pathology cut-in lectures	Drs. Long/Kambham	6/30/2015	SP sign out dictation conference to be challenging. We are hopeful that Task Force recommendations can be implemented in July 2015. The time constraints may be better managed with additional Faculty embedded to begin in July 2015	In process
Current Year's Issues	Physical space, adequate ancillary support		Phase II & III of SP remodel; Work with SHC to improve ancillary	Dr. Long	Remodel completion; Adequate support staffing; 12/1/2016		
	IT support		Continue working with SHC to address IT issues in real time	Dr. Tan	Better IT support; 6/30/2016		
	Need for improved training in the Gross room, VA chemistry		Improved GR training by PAs	Dr. Long/Alex Martin	Higher level of GR supervision and training; 10/30/2015		
	SP sign outs, juggling training with subspecialization		Improve SP sign out structure and times	Dr. Long	Streamlined resident and faculty staffing		
	Delayed exposure to CP		Explore options with a task force.	Dr. Kambham	Early exposure of various fields of Pathology in the first 2 years of training; 6/30/17		

2014-2015 APE Meeting - Cause-Effect Diagram



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.

2014-2015 Annual Program Evaluation Meeting Action Plan

	Used For Current Year's Meeting					*Used For Next Year's Meeting*	
	Issue Synopsis	**Description**	**Proposed Actions**	**Person(s) Responsible**	**Targeted Outcome/Due Date**	**Actual Outcome**	**Resolved (Y/N)**
Last Years Unresolved/Ongoing Issues	Deficiencies in Program Curriculum	Fellows require more structured training in certain procedures. Proposed motility/procedure weeks could not be implemented due to scheduling issues	Addition of motility and procedure week to first year fellow schedule	William Berquist	By end of academic year		
	Deficiencies in Program Curriculum	Fellows have four nutrition weeks in first year, but set schedules for each week vary and are often interrupted for other concerns	Implement newly revised nutrition curriculum that outlines responsibilities for each week	John Kerner Andrea Gilbaugh	Review success of initiative at end of academic year		
	Increase fellow research productivity	Fellows complete SOC projects but do not always present their findings at national meetings	Set goal of presenting research poster at NASPGHAN in 3rd year	Fellows and research mentors	on target for 2015 fall meetings, ongoing goal		
	Attracting the best applicants	Many successful fellowship programs have a brochure highlighting program strengths	Develop Fellowship brochure	Megan Dr. Kerner	By end of academic year		
Current Year's Issues	Deficiencies in Program Curriculum	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	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.	Megan Rachel Bensen Ann Ming Yeh	By end of academic year. Implementation July 2016.		
	1st year grant requirement	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	Develop a list of faculty project ideas or musings to stimulate discussion.	Megan Faculty	List to be developed for July 2015		

APE POWERPOINT PRESENTATION: Displays annual data and previous action plan for committee consideration.

PEDIATRIC GASTROENTEROLOGY ANNUAL PROGRAM REVIEW

Wednesday, May 20, 2015
Fleming's Steakhouse

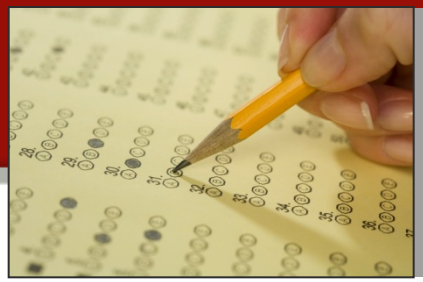
Tonight's Agenda

1. **2014-2015 Action Plan and Current Progress**
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**

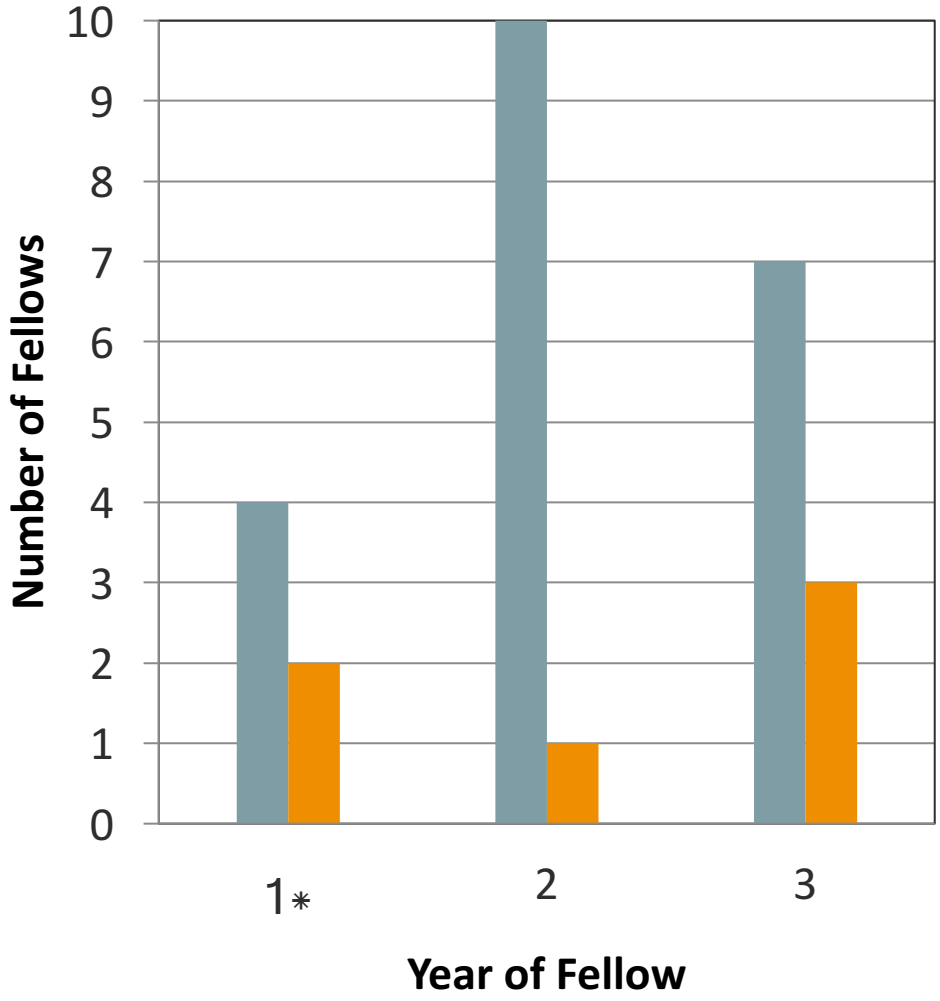
2014-2015 Action plan reviewed

Issue Synopsis	Proposed Actions	Actual Outcome	Resolved (Y/N)
Increase fellow research productivity	Set goal of presenting research poster at NASPGHAN in 3rd year	On track for 2nd years to present research updates at NASGPHAN 2015.	On-going
Deficiencies in Program Curriculum	Addition of motility/procedure week to first year fellow schedule	Scheduling issues, but all fellows should at least be required to take NASPGHAN motility module	N
Deficiencies in procedure totals	Institute procedure weeks for 2nd and 3rd year fellows; use NASPGHAN guidelines to guide procedure totals	Procedure weeks have eliminated fighting over procedures. Easier to prepare prior to procedures. 3rd years get more weeks than 2nd years last six months.	Y
Need to standardize application review	Develop specific criteria for application review based off of pediatric residency process.	Scoring system implemented for application review through online ERAS. Reviewers found it helpful in determining who should be invited to interview.	Y
Attracting the best applicants	Update Fellowship portion of division website	Site updated for web conversion. Now complete with application and interview timeline and updated eligibility guidelines.	Y
Attracting the best applicants	Develop Fellowship brochure	Brochure has not yet been developed.	N

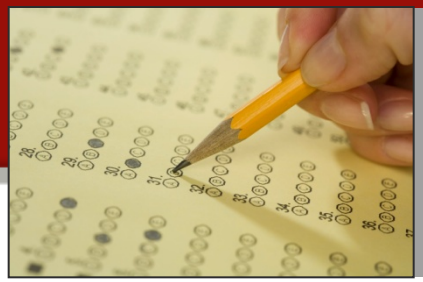
FELLOW PERFORMANCE



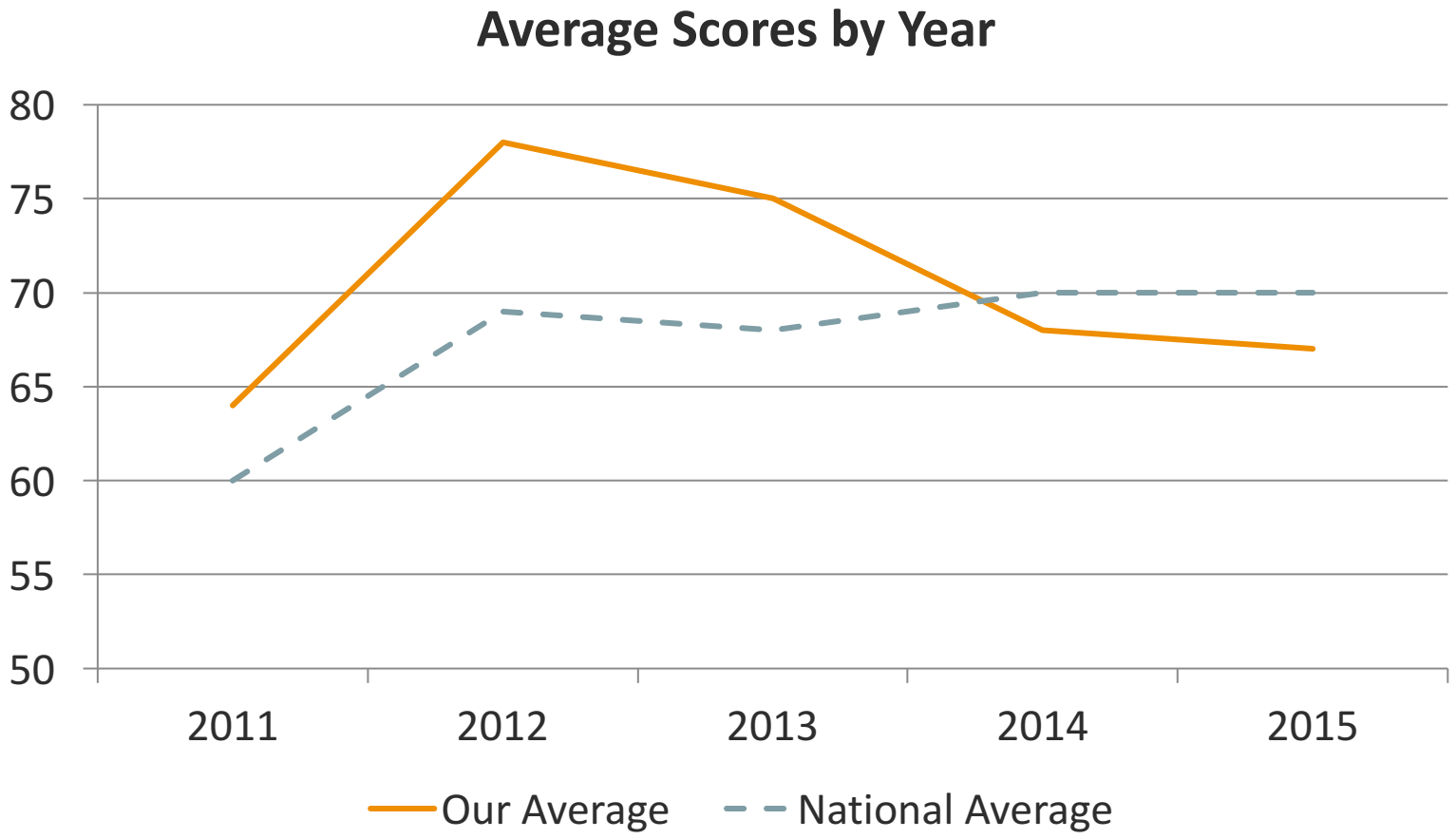
In-service Exam Scores 2011-2015



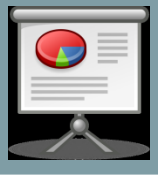
*In 2012 and 2013, 1st year fellows did not take the site exam



In-service Exam Scores 2011-2015



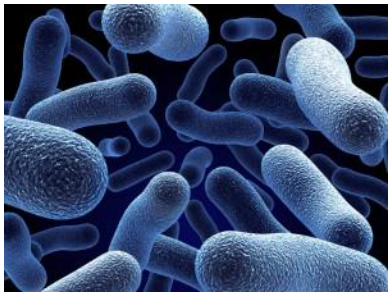
Scholarly Activity 2013-2014*

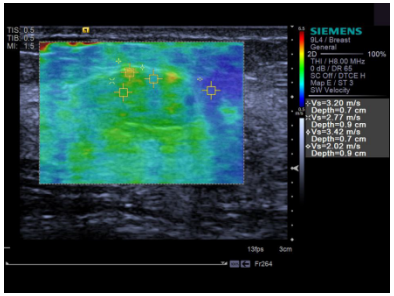
Publications	Presentations	Chapters/Textbooks
		
3	14	1

**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

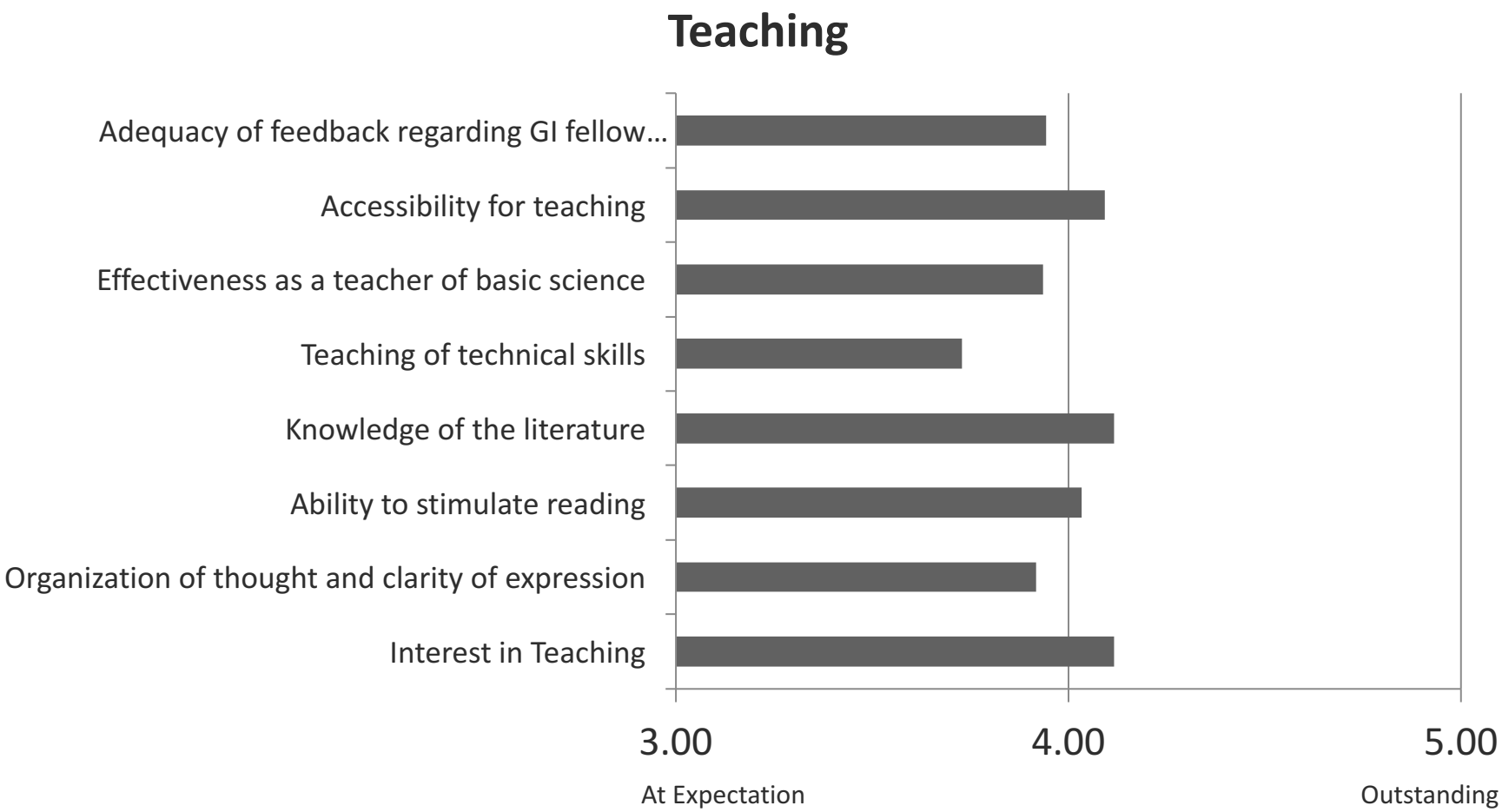
- **Alexis**: Evaluation of hepatic fibrosis using ARFI in children
- **Patricio**: Initial and Recurrent Clostridium Difficile Infections in Children and Clinical Implications Associated with High Virulence in BI/NAP1/027
- **Dani**: A Novel Preparation of Fecal Microbiota Transplant in Recurrent Pediatric 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



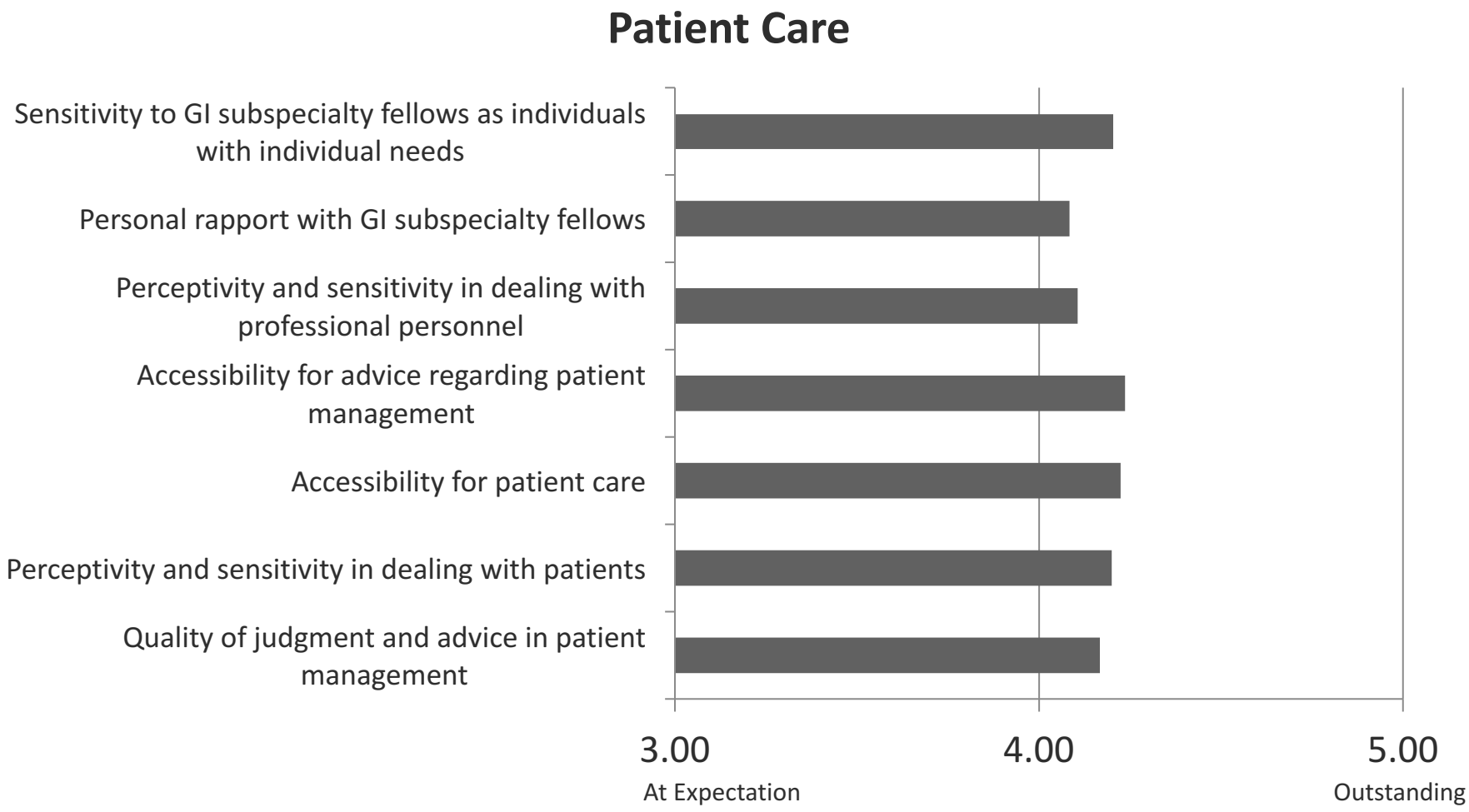


FACULTY DEVELOPMENT

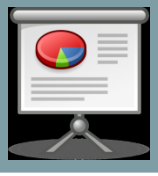
Faculty Evaluations by the Fellows



Faculty Evaluations by the Fellows



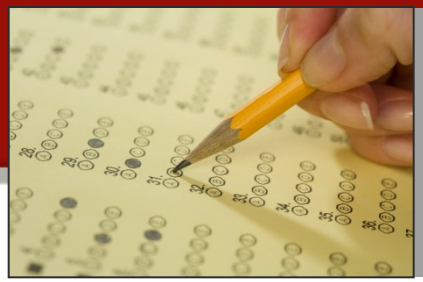
Scholarly Activity 2013-2014*

Publications	Conference Presentations	Other Presentations
		
11+	29	7

Chapters/Textbooks	Grant Leadership
1	14

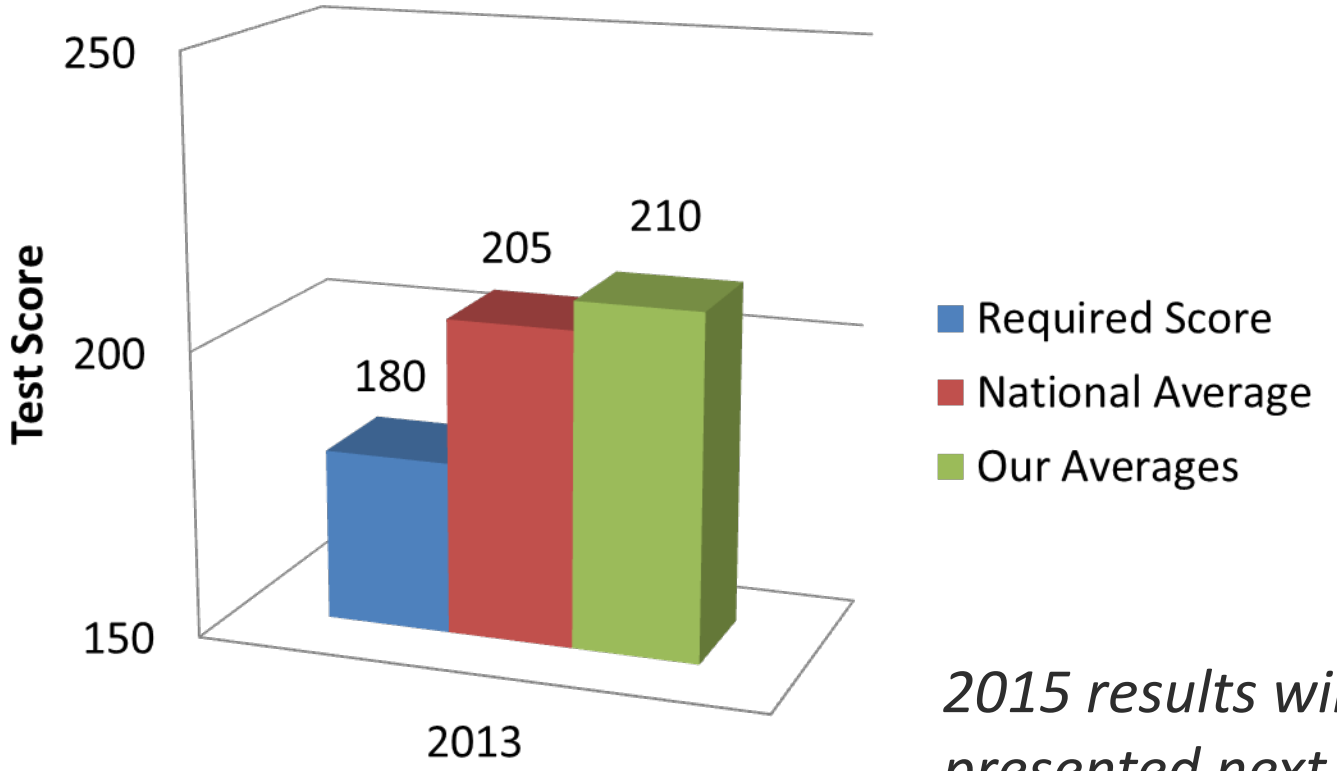
**From data collected and submitted to ACGME in September 2014 via WebAds. Activity for current academic year will be collected and submitted in the fall.*

GRADUATE PERFORMANCE and feedback



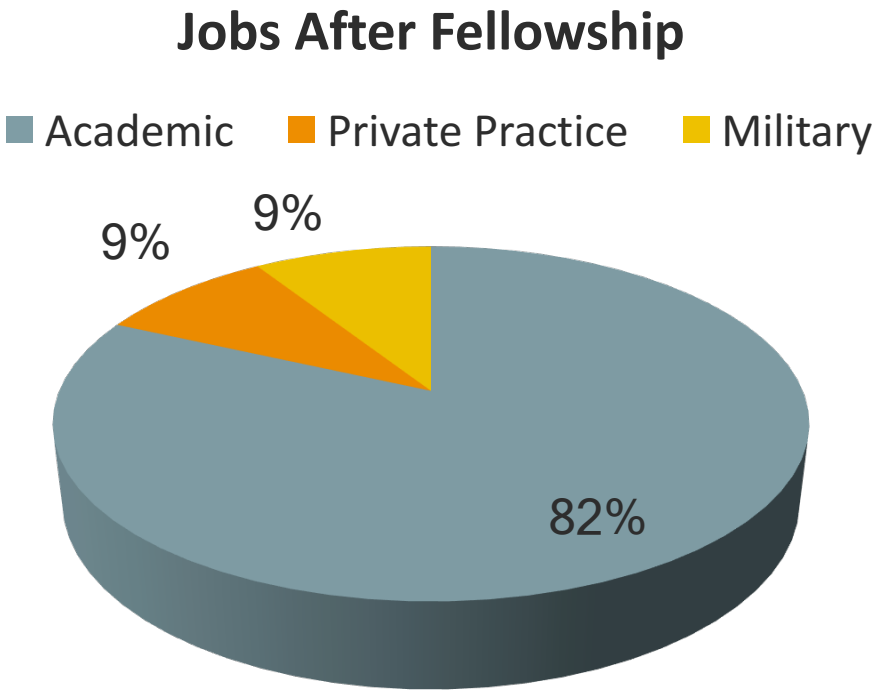
Performance on the Boards 2013

- New scaled score makes comparison across the years difficult…



2015 results will be presented next year

Graduate Placement 2011-2015

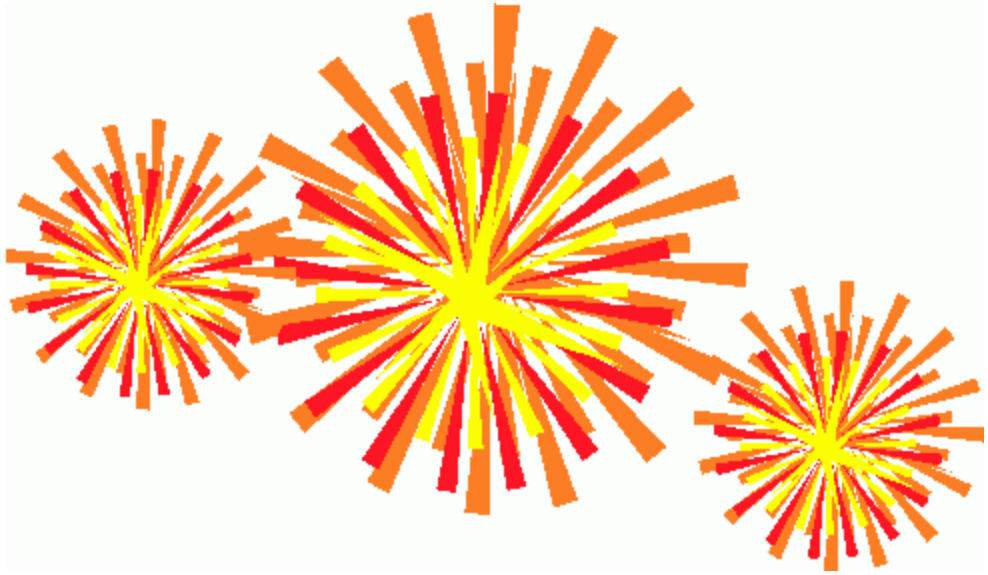


Congratulations to Alexis and Patricio, newly appointed Clinical Instructor at Advocate Children's Hospital and Director of Hepatology and Medical Director of Liver Transplant at Children's Hospital of New Orleans

PROGRAM QUALITY

ACGME Communications

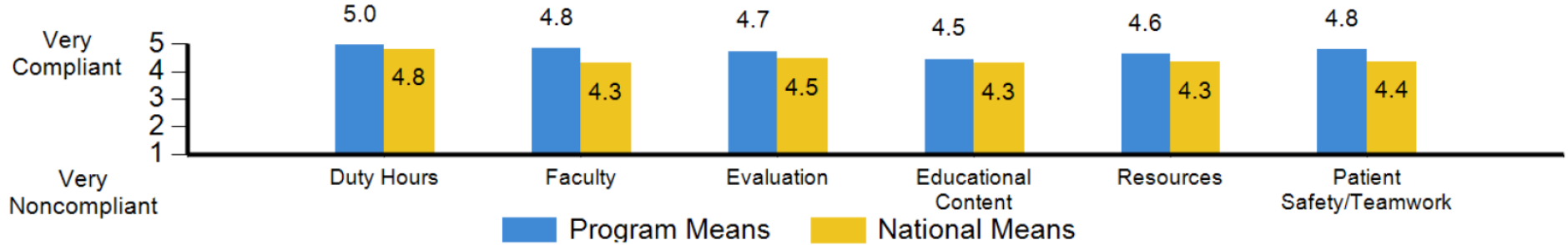
3320511005 – Pediatric gastroenterology
Continued Accreditation – Effective: 01/29/2015



ACGME Survey

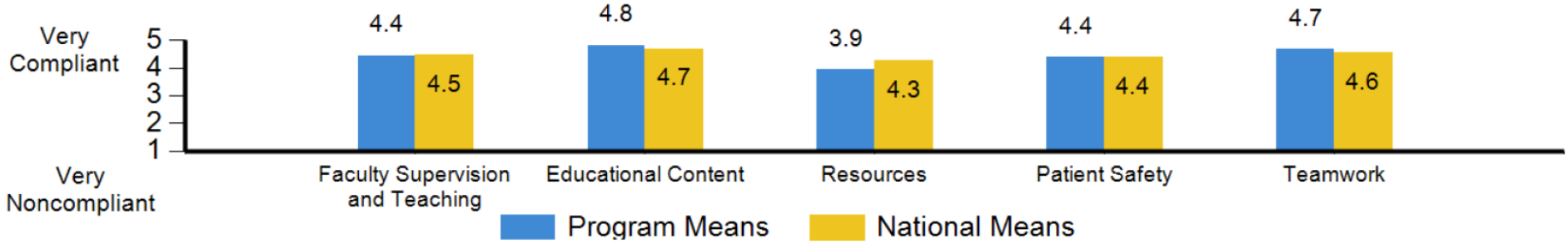
2013-2014 ACGME Resident Survey

Program Means at-a-glance



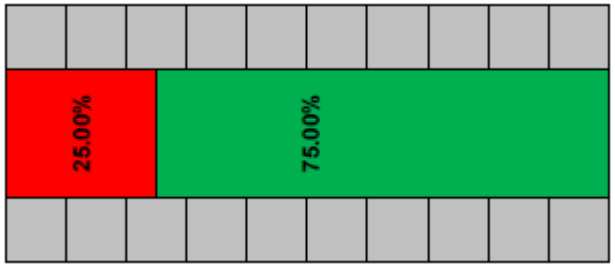
2013-2014 ACGME Faculty Survey

Program Means at-a-glance



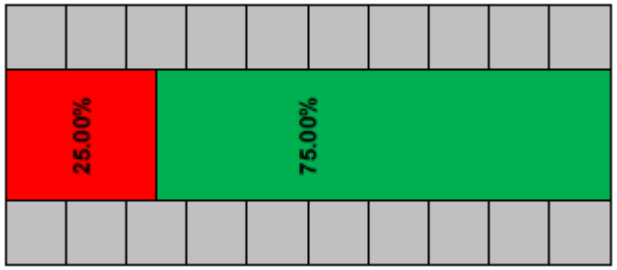
Housestaff Survey

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)?

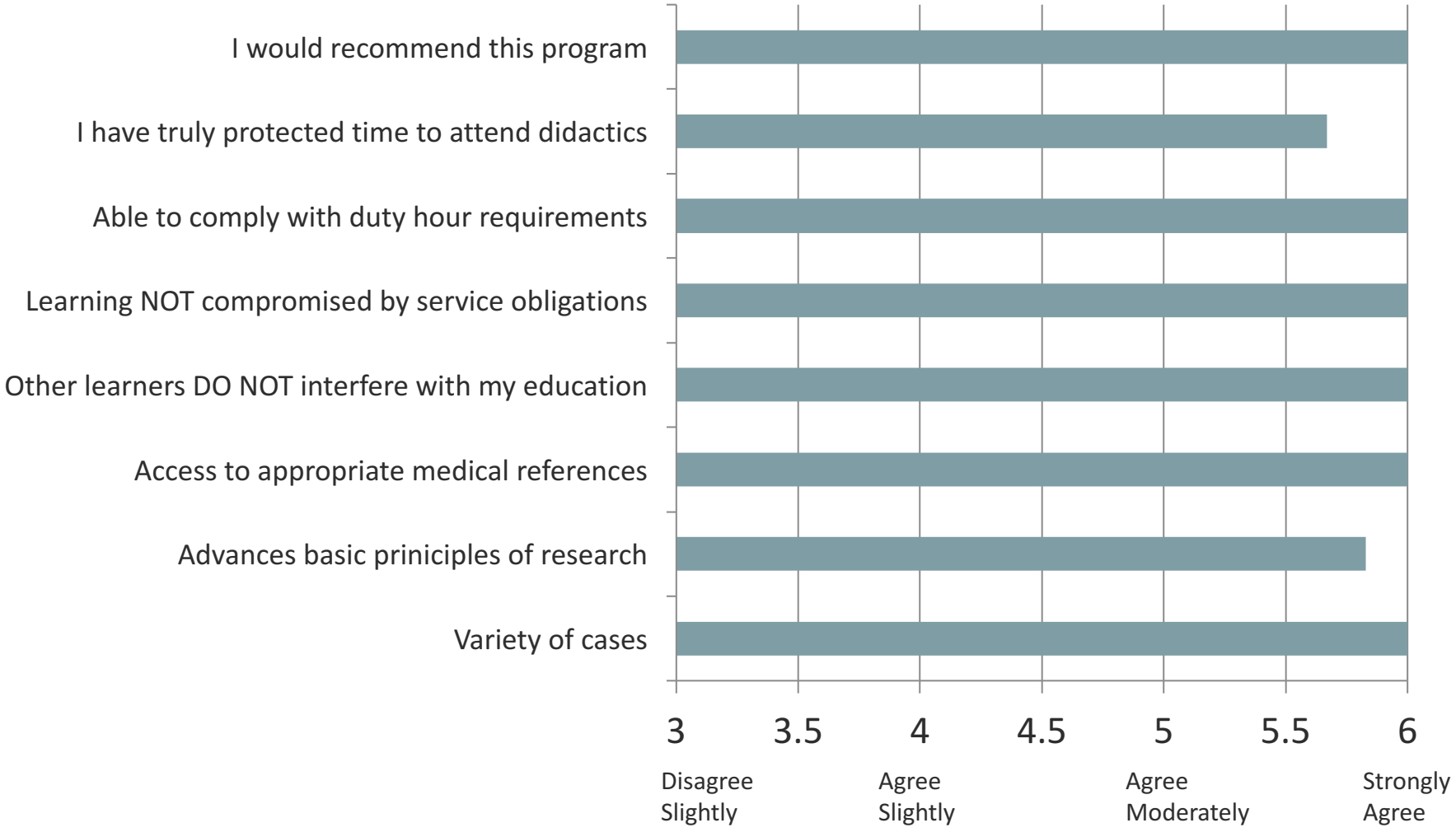


Answer for red:
No

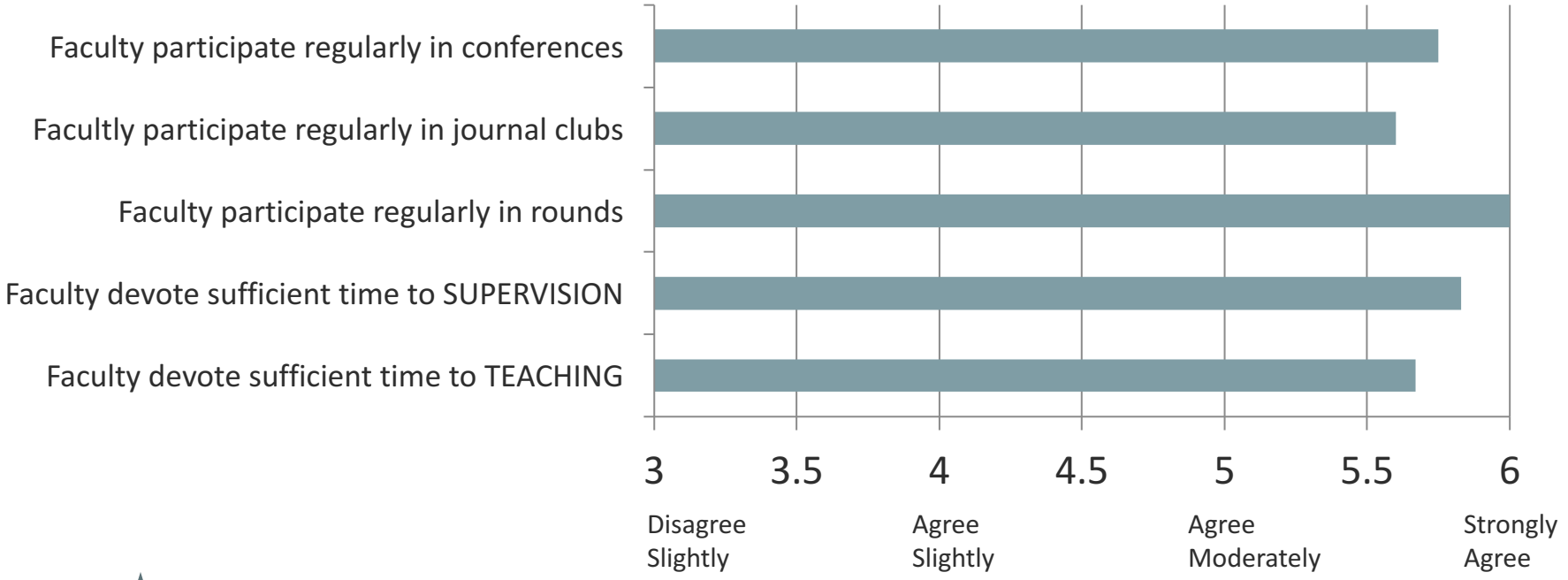
Please comment on your experience with Quality Improvement projects.

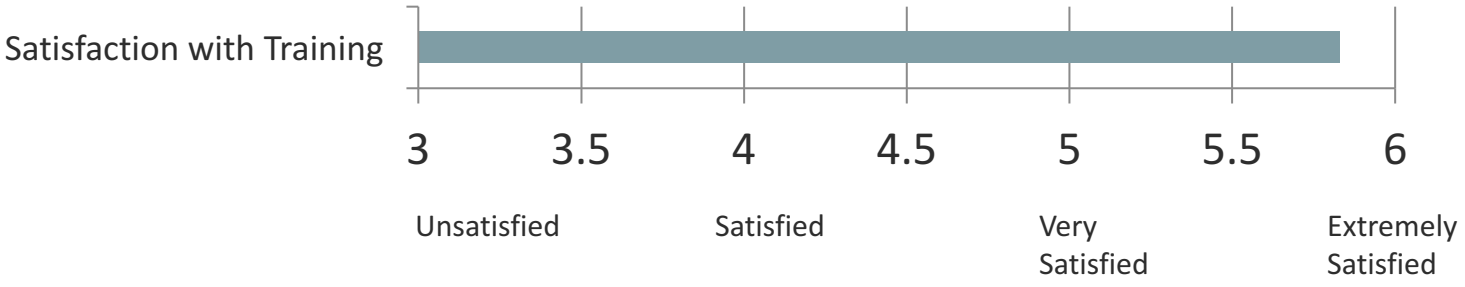
- At times, my QI project is difficult to fit it in amongst other research projects and clinical duties.

Program Evaluations by the Fellows

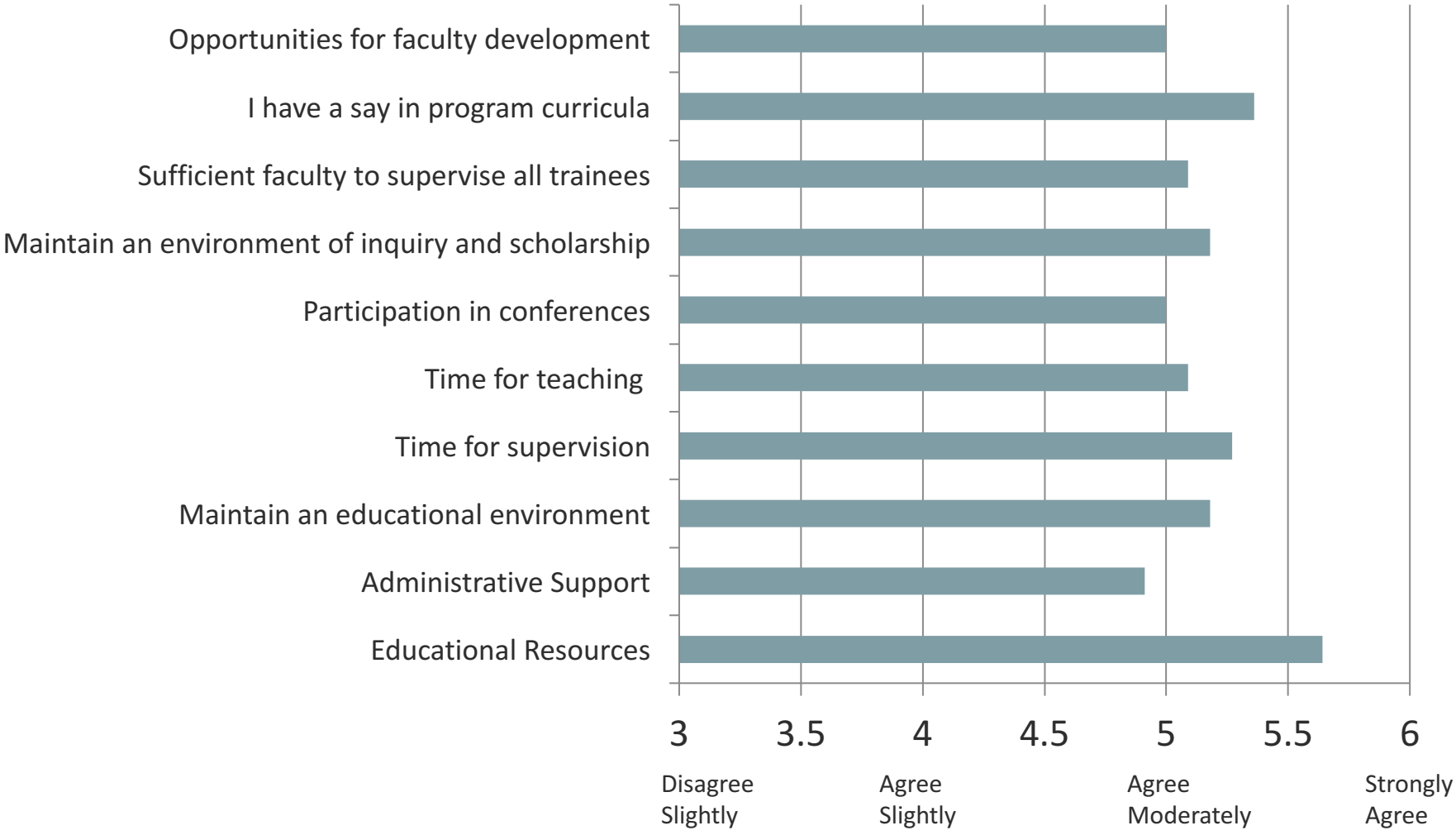


Program Evaluations by the Fellows





Program Evaluations by the Faculty



Program Evaluations

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.

Program Evaluations

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

Program Evaluations

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.

Program Evaluations

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.

Program Evaluations

POSSIBLE ACTIONS TO TAKE - Fellowship

- 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

Program Aims

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.

Internal

Positive

Negative

S

- #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

Strengths

W

- 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

Weaknesses

O

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

Opportunities

T

- Cost of living in Bay Area deterrent to fellowship applicants
- Decreases in federal funding for medical programs/research

Threats

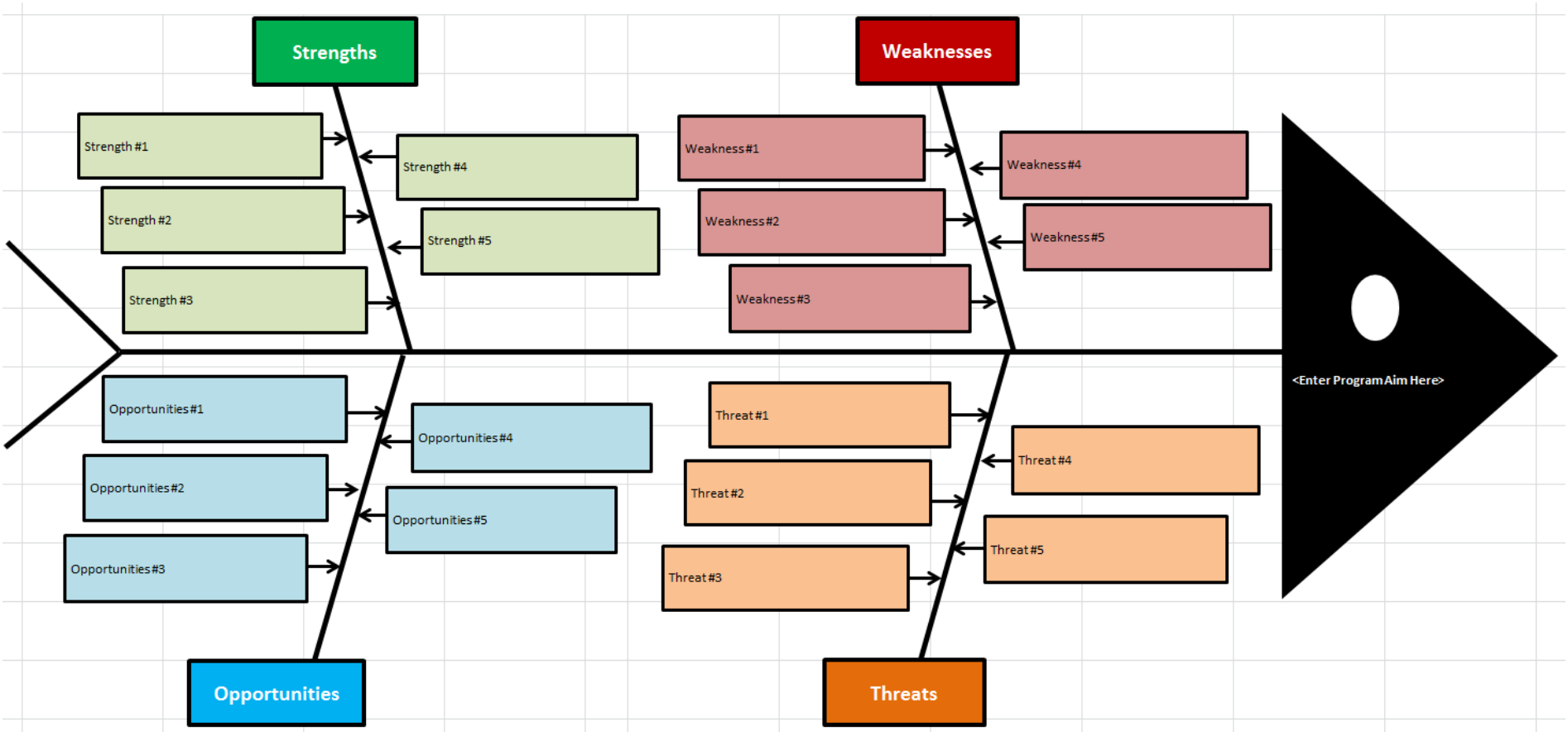
External

2015-2016 ACTION PLAN

	Issue Synopsis	Description	Proposed Actions	Person(s) Responsible	Targeted Outcome/Due Date
Last Years Unresolved/Ongoing Issues	Deficiencies in Program Curriculum (Motility)	Fellows require more structured training in certain procedures. Proposed motility/procedure weeks could not be implemented due to scheduling issues	Addition of motility and procedure week to first sixth months of second year, required NASPGHAN Motility module	William Berquist	By end of academic year
	Deficiencies in Program Curriculum	Fellows have four nutrition weeks in first year, but set schedules for each week vary and are often interrupted for other concerns	Implement newly revised nutrition curriculum that outlines responsibilities for each week	John Kerner Andrea Gilbaugh	Review success of initiative at end of academic year
	Increase fellow research productivity	Fellows complete SOC projects but do not always present their findings at national meetings	Set goal of presenting research poster at NASPGHAN in 3rd year	Fellows and research mentors	on target for 2015 fall meetings, ongoing goal
	Attracting the best applicants	Many successful fellowship programs have a brochure highlighting program strengths	Develop Fellowship brochure	Megan Dr. Kerner	By end of academic year
Current Year's Issues	Deficiencies in Program Curriculum	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	Develop QI curriculum for teaching techniques and development of QI projects.	Megan	By end of academic year. Implementation July 2016.
			Develop ways to assess fellow knowledge of QI	Rachel Bensen	
			Develop system for guiding fellows through the selection of their QI project.	Ann Ming Yeh	

Open discussion

APE "SWOT" Analysis Tool



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:

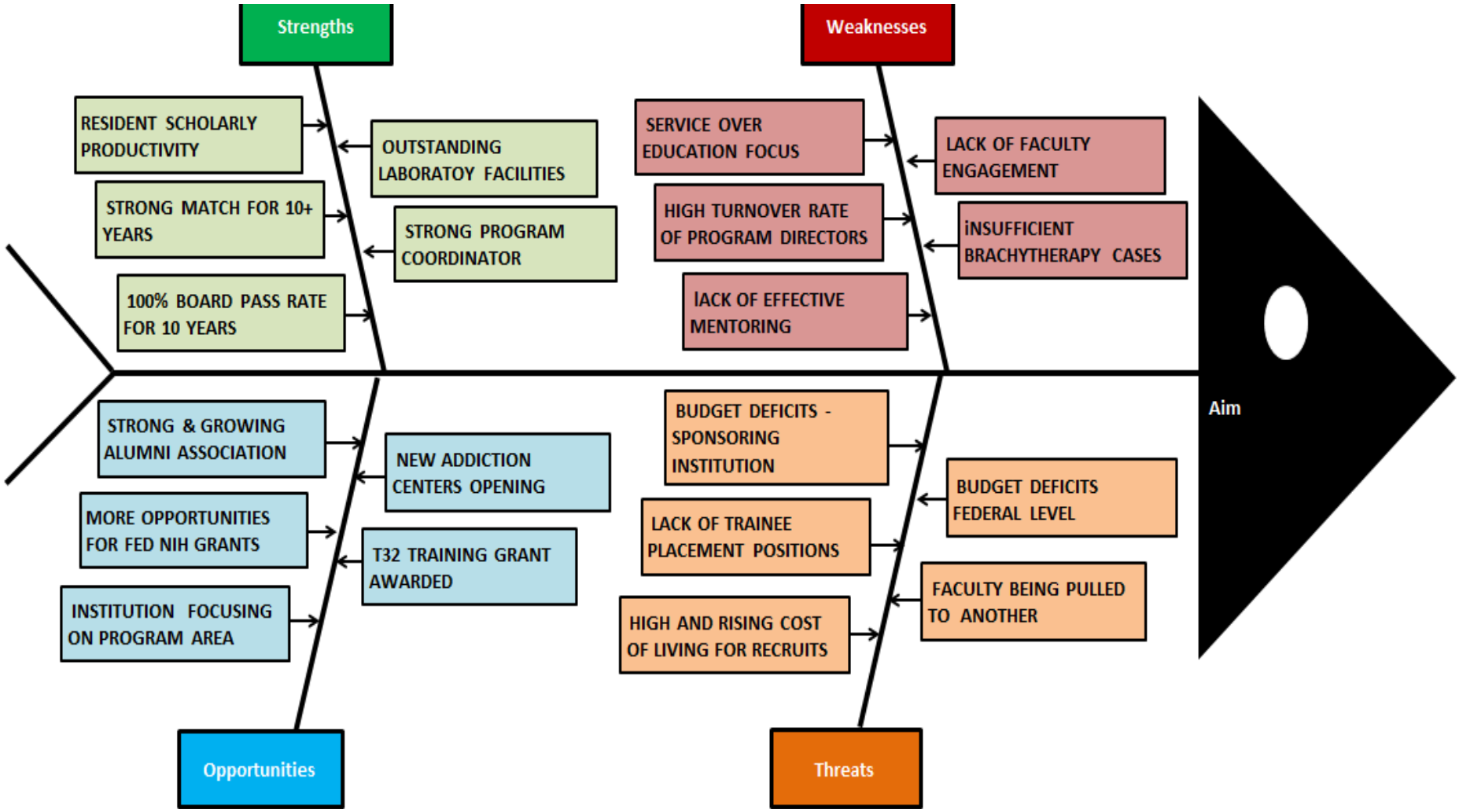
- What are capabilities for further evolving the program; how can the program capitalize on them?
- Has there been recent change in the program's context that that creates an opportunity?

Threats

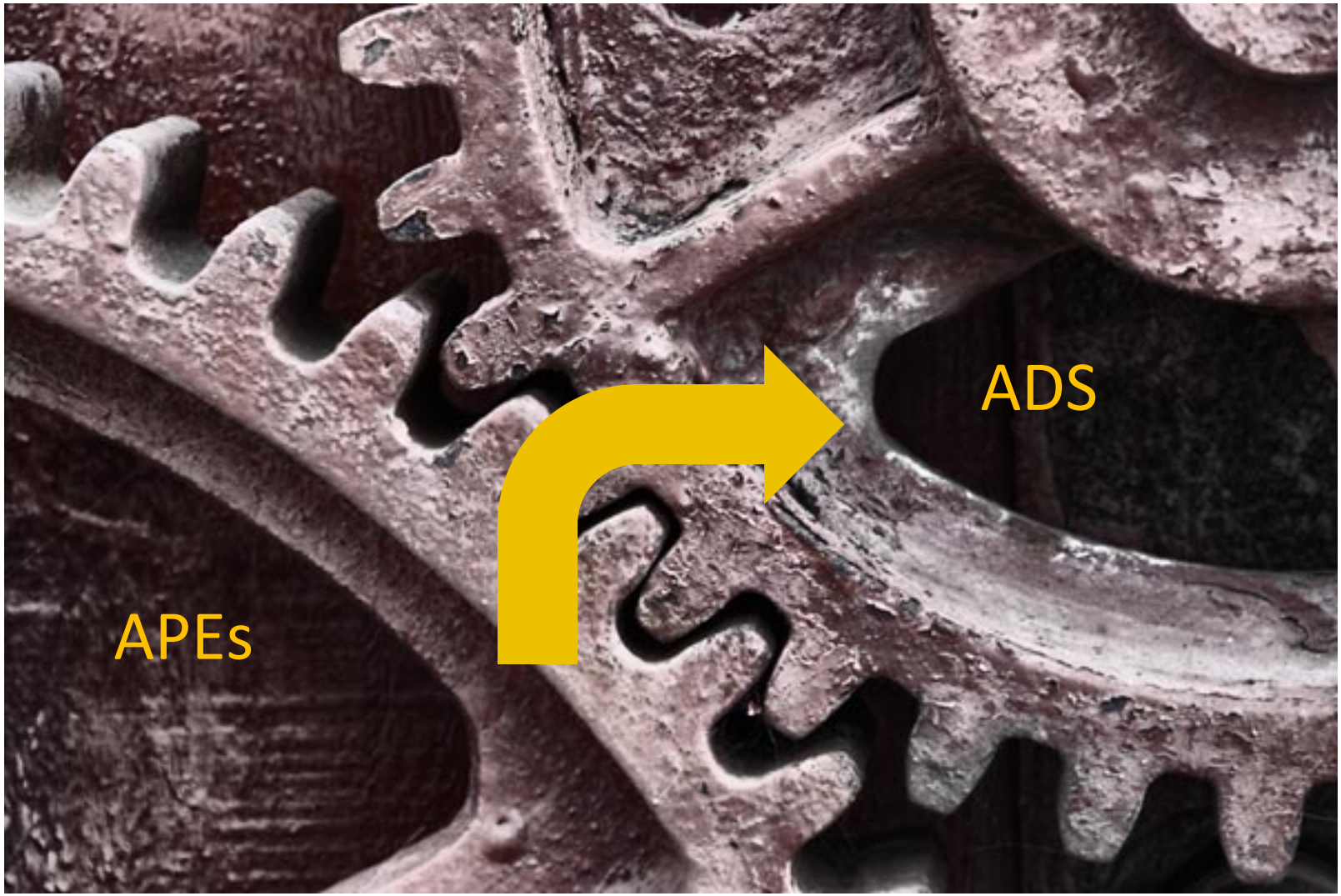
External Factors and conditions that are likely to have a negative effect on achieving the program's objectives, or making the objective redundant or un-achievable:

- 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?

SWOT Analysis Completed Example



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

Major Changes

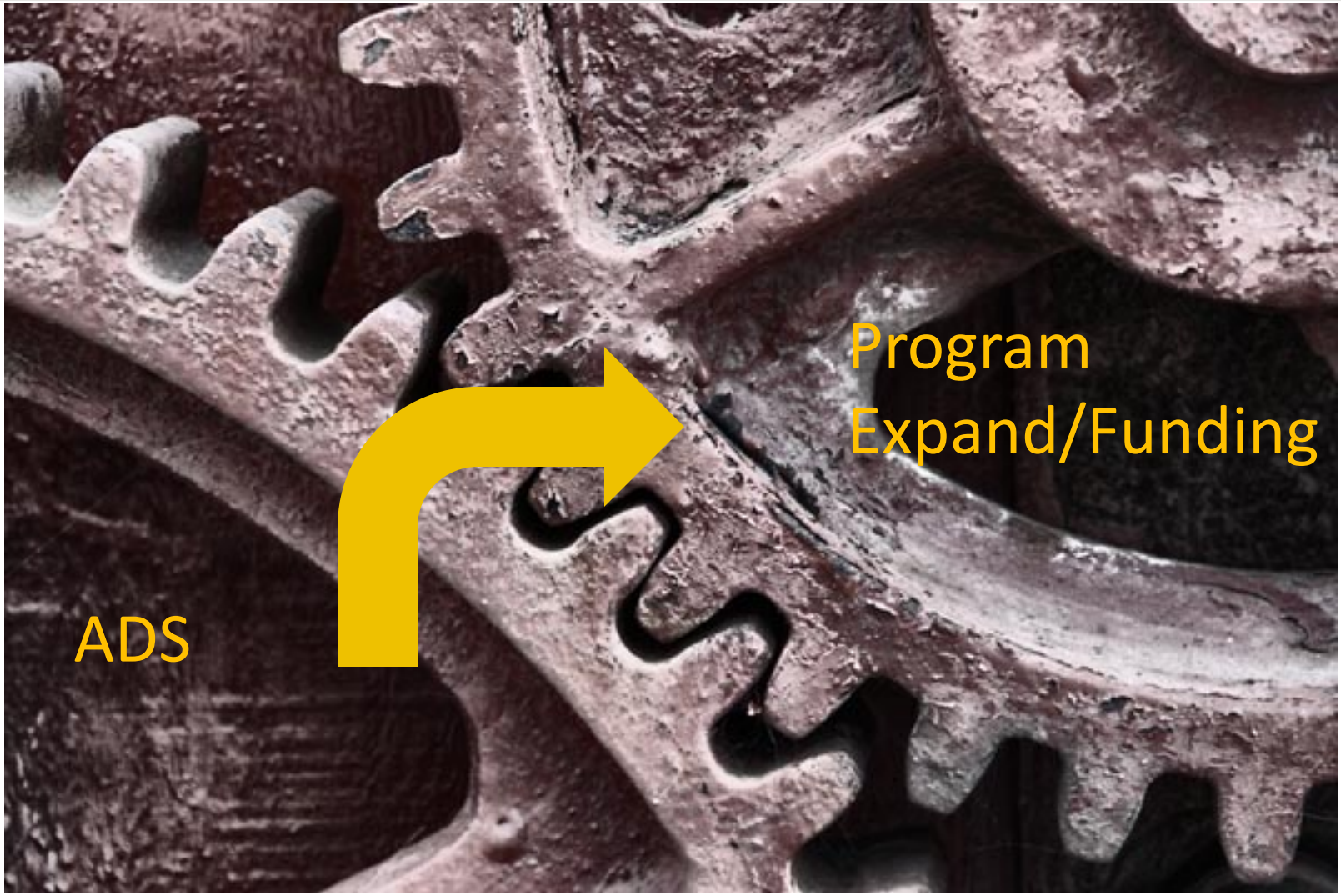
Please provide a brief update explaining any major changes to the training program since the last academic year. Please limit your response to 8000 characters.

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

Stanford MEDICINE | Graduate Medical Education

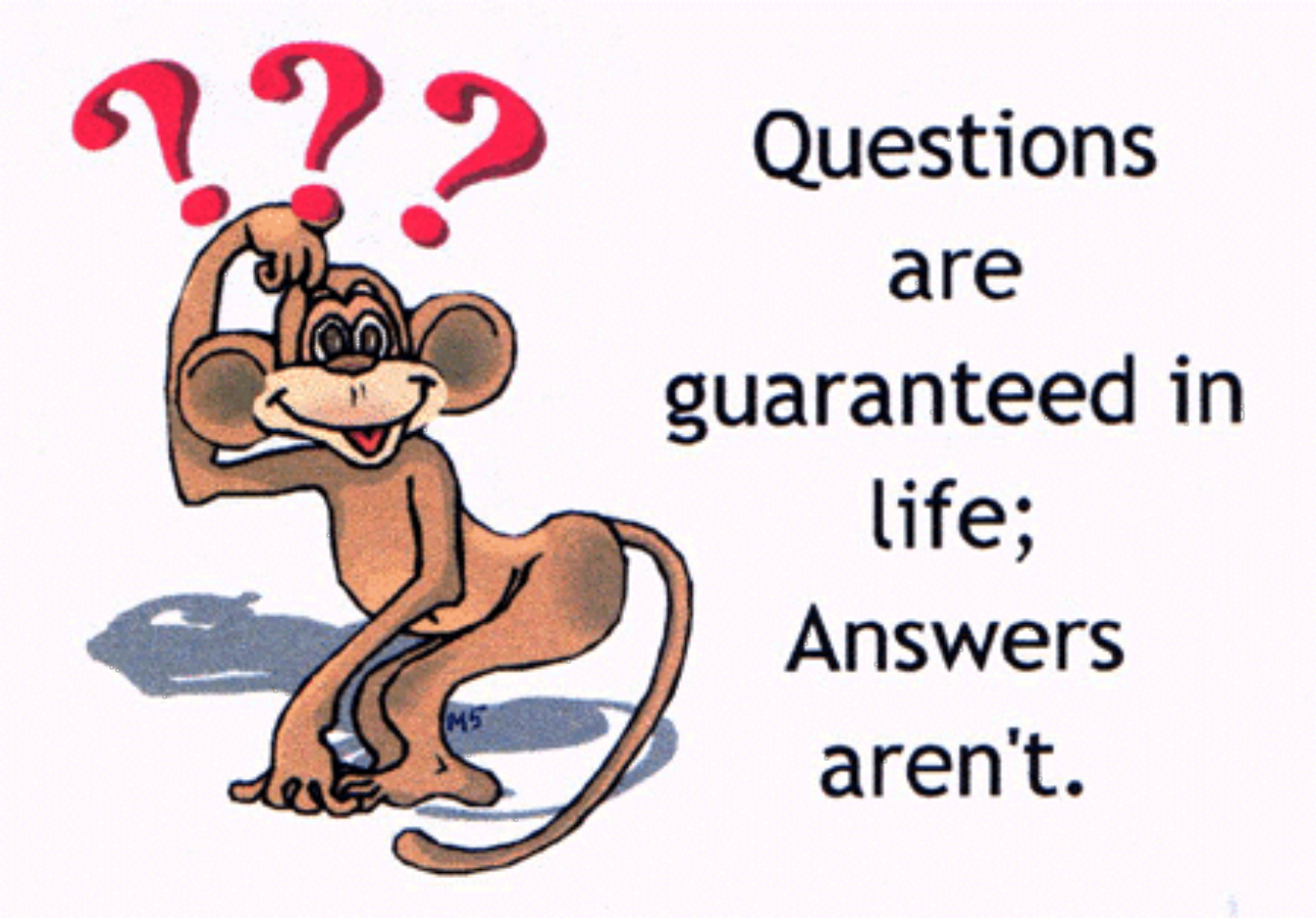
Home | Incoming Residents/Fellows | Current Residents/Fellows | Visiting Residents | Policies & Procedures | Directors & Coordinators

Stanford Medicine » School of Medicine » Education » Graduate Medical Education » Directors & Coordinators

DIRECTORS & COORDINATORS

Program Expansion Application Process and Forms (ACGME and Non-ACGME)

The application and process is dependent upon the type of expansion you are seeking. Select from the following list to access the appropriate application:

ACGME Programs - New Application and Expansion Process:

Questions