

Title: GME Annual Program Evaluations & Improvement Plans	*Applicable to: Beaumont Health	Effective Date: 03/25/2018
		Last Periodic Review Date: 03/25/2018
Policy Owner: Graduate Medical Education Committee	Document Type: Policy	Functional Area: GMEC Oversight

***For This Document, Beaumont Health Includes:**

Beaumont Corporate Shared Services
 Beaumont Hospital, Dearborn
 Beaumont Hospital, Farmington Hills
 Beaumont Hospital, Grosse Pointe
 Beaumont Hospital, Royal Oak
 Beaumont Hospital, Taylor
 Beaumont Hospital, Trenton
 Beaumont Hospital, Troy
 Beaumont Hospital, Wayne
 Beaumont Medical Group

I. PURPOSE

The purpose of this policy is to outline the requirements of each Graduate Medical Education program to complete its **Annual Program Evaluation (APE) and Improvement Plan**.

II. RESPONSIBILITIES

- A. Each residency/fellowship program shall establish a program-specific policy that establishes the responsibilities, procedures and membership of its Program Evaluation Committee (PEC) which is responsible for completing its **Annual Program Evaluation (APE) and Improvement Plan** including:
1. Planning, developing, implementing and evaluating educational activities of the program;
 2. Reviewing and making recommendations for revisions of competency-based curriculum;
 3. Addressing areas of non-compliance with ACGME standards;
 4. Reviewing the program using the most recent academic year's data.;
 5. Rendering a written Annual Program Evaluation (APE), using the format prescribed by the Designated Institutional Official (DIO), which addresses:
 - a. Resident performance
 - b. Faculty development
 - c. Graduate performance, including performance on the Board certification examination
 - d. Program quality
 - e. Progress on the previous year's Improvement Plan
 - f. Summary of Strengths, Weaknesses, Opportunities and Threats (SWOT)
 - g. Program Aims

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6. Preparing a written Improvement Plan (IP) of action, using the format prescribed by the DIO, to document initiatives to improve performance in one or more of the areas listed in II.A.5 above.
 - a. The IP must delineate how the initiatives will be measured and monitored.
 - b. The IP must be reviewed and approved by the teaching faculty, with such approval documented.
7. The APE and IP must be completed and submitted to the Graduate Medical Education Office by the date specified by the DIO each year.

III. REVIEWS

- A. Annual Program Evaluations (APEs) and Improvement Plans (IPs) for all ACGME-accredited programs are reviewed by the Regional GME Councils which present summaries and recommendations to the GMEC each year as part of the Annual Institutional Review.
- B. Regional GME Councils also make recommendations regarding Special Reviews for programs that are underperforming and meet criteria for a Special Review (I.B.6.a) in accordance with [GME Special Reviews](#).
- C. The Regional GME Councils monitor progress on program Improvement Plans at least semiannually, and report to the GMEC.

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IV. PROGRAM PERFORMANCE INDICATORS

The following indicators will be used to measure performance:

Category	Measure	Yellow	Red
Resident Performance			
1. In-Training Exam performance	Levels \geq National Average (NA)	1 < NA	\geq 2 NA
2. Milestone Achievement			
3. Procedural Volume:	Achievement of minimum requirements	1 graduate missing 1 type	\geq 1 graduate missing 1 type; \geq 2 graduates missing \geq 2 types
4. Scholarly Activity per Accreditation Data System (ADS)	% current year graduates completing scholarly activity	<100%	<90%
5. PubMed Identification Numbers (PMID) (per ADS)	% Residents/Fellows PMID		
6. Work Hour Compliance	Avg. # Violations per Resident/ Fellow during last year	1	\geq 2
7. Transitions of Care Competence	% Residents/Fellows credentialed as competent	<100%	<90%
8. Quality Improvement (QI)/Safety Projects	% current year graduates participated in project	<100%	<90%
9. Health Care Disparities Projects	% current year graduates participated in project	<100%	<90%
Faculty Development			
10. Scholarly Activity (per ADS)	% of Faculty with one activity	<90%	<60%
11. PMIDs (per ADS)	% Faculty PMID		
12. Teaching Development	% of Faculty attending 1 session in past yr	<50%	<25%
Graduate Performance			
13. Board Pass Rate (per ADS)	% Residents/Fellows	<10% below RRC Req. or 80% if no req.	\geq 10% below RRC Req. or <70% if no req.
14. Post Graduate Plans	% to Fellowship % to Practice % Other		
15. Graduate Feedback			

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Program Quality			
16. Match Unfilled Positions	Did not fill through match	1-3 in 5 years	>3 in 5 years
17. ACGME Resident Survey	% Responded	<90%	<70%
18. ACGME Resident Survey	% Positive + Very Positive	<90%	<80%
19. ACGME Faculty Survey	% Responded	<80%	<60%
20. ACGME Faculty Survey	% Positive + Very Positive	<90%	<80%
21. Wellness/Fatigue	Ongoing & new Initiatives		
22. ACGME Active Citations	LON Citations	1-2	≥ 3
23. ACGME Areas for Improvement	LON	Any Unresolved	Unscheduled Site Visit or < Initial/ Cont. Accreditation
24. Major Program Changes			
25. Previous year's Improvement. Plan	Initiatives completed	< 50%	<25%

V. REFERENCES

Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements, Section V.C.2

Approved by the Beaumont Health Graduate Medical Education Committee (GMEC),
June 20, 2017

CORPORATE AUTHORITY:

Beaumont Health (“BH”) as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., (“Subsidiary Hospitals”) establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals’ workforces are collectively designated as BH workforce throughout BH policies.