

## Mass General Brigham GME Office Annual Program Evaluation (APE) Template Report Academic Year (AY) 2023-2024

The information below will be used by the GME Office as part of the Annual Review of Programs (ARP).

This form is a modified version of the ACGME's [APE \(Annual Program Evaluation\) Template](#).

Please note: A critical component of a program conducting a meaningful ACGME Self Study is information from successive Annual Program Evaluations with a focus on program strengths, areas for improvement, and follow-up. For more information, please visit the [Self-Study](#) section of the ACGME website.

*(Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits).*

As you complete this form, please refer to the "APE Instructions AY2024" document for additional guidance, clarification and definitions.

**Program Evaluation Committee:** *(Program Requirements (PR) V.C.1.a) (effective 7/1/2022)*  
*(List at least 2 faculty members and one trainee under PEC membership)*

**Program Name:**

**PEC Meeting Date(s):**

**Program Evaluation Committee (PEC) Membership:**

Faculty Members:

- 1.
- 2.
- 3.

Residents/Fellows:

- 1.
- 2.

**Q1. Current program citations.** *Responses to citations should be current and describe steps and changes that have taken place to resolve cited areas, and if possible, provide data demonstrating that the issues have been resolved. The program will need to submit these responses as part of the Annual ACGME ADS Update.*

Insert text from ACGME Letter of Notification (LON)	Current program response to citation
1.	
2.	

**Q2. Current Areas for Improvement (AFIs).** *Program responses addressing areas for improvement (AFIs) below can be incorporated in the program's response to the Major Changes section of the Annual ACGME ADS Update.*

Insert text from ACGME LON	Program Actions to address AFIs
1.	
2.	

**Q3. Program Aims:**

Please refer to the “APE Instructions AY2023” document for additional guidance.

Program Aim(s)	Indicate if they're Met (M) or Unmet (U)

**Q4. Plans for Unmet Aims/Goals of the Program:**

- 1.
- 2.
- 3.

**Q5. Strengths of the Program:**

- 1.
- 2.
- 3.

**Q6. Challenges/Threats to the Program:**

- 1.
- 2.
- 3.

**Q7. Opportunities for the Program:**

- 1.
- 2.
- 3.

**Q8. Program curriculum. Please describe program curriculum changes, if any, that were recently implemented or are planned for the upcoming year.**

Curricular Element	Action: Modify (M), Add (A) or Delete (D)	Steps Taken or to be Taken:	Timeline for Completion

**Q9. Quality Improvement (QI) and Patient Safety (PS)**

Types of QI/PS Activities (e.g., projects, root cause analyses, conferences, etc.)	Please enter (F) for Faculty <u>and/or</u> (T) for Trainees if they have an active role in the activity listed	Has QI/PS activity improved in past year? (Yes, No, or Unchanged)	Describe improvement, including efforts to include faculty member(s) and residents/fellows	Describe how QI/PS activities can be improved (or what activities could be added)

**Q10. Summary of Resident/Fellow and Faculty Well-Being and Diversity:**

Activity	Summary of Successes	Needs Improvement
Well-being		
Diversity		
Recruitment		
Retention		

**Q11. Summary of Resident/Fellow and Faculty Scholarship:**

Types of Resident/Fellow and Faculty Scholarly Activities (e.g., publications, chapters, presentations, grants, etc.)	Please provide a <u>brief summary of your assessment</u> of trainee/faculty participation in the scholarly activities listed, and if applicable, list efforts to increase scholarship.
Publications	
Chapters	
Presentations	
Grants	
Other	

**Q12. ACGME Annual Resident/Fellow Survey.** *Actions taken or plans made to address deterioration or deficiencies can be incorporated in the program's response to the Major Changes section of the Annual ACGME ADS Update.*

Areas with Improvement	Areas with Deterioration or Deficiencies	Actions Taken or Plans Made to Address Deterioration or Deficiencies, if applicable

**Q13. ACGME Annual Faculty Survey.** *Actions taken or plans made to address deterioration or deficiencies can be incorporated in the program's response to the Major Changes section of the Annual ACGME ADS Update.*

Areas with Improvement	Areas with Deterioration or Deficiencies	Actions Taken or Plans Made to Address Deterioration or Deficiencies, if applicable

**Q14. Written Evaluations of the Program**

Please indicate who provides written evaluations of the program.

- |   |  |
|---|--|
| <input type="checkbox"/> Residents/fellows in this program        | <input type="checkbox"/> Faculty members in other programs |
| <input type="checkbox"/> Residents/fellows in other programs      | <input type="checkbox"/> Faculty members in this program   |
| <input type="checkbox"/> Other hospital/clinic/facility personnel |  |

Areas Identified for Program Improvement	Plans for Program Improvement/Target Date

**Q15. Summary of Resident/Fellow Achievement of Milestones**

Exceeded National Means	Below National Means	Plans to Improve Milestones Achievement

**Q16. Enter the average percentile score on the In-Training Examination (ITE) for all your trainees.** If you have no ITE, please indicate whether none is available or whether your program chooses not to participate.

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**Q17. Summary of Resident/Fellow Performance on In-Training Examinations (if applicable)**

Performance of Cohort this Year Compared to Prior Year	Subject Areas where Cohort Fell Short of Program Expectations	Plans to Improve Performance in the In-Training Examination

**Q18. In the academic year that was just completed, how many trainees did you have on formal remediation?**

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**Q19. In the academic year that was just completed, how many trainees did you have on probation?**

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**Q20. Aggregate Performance of Residents/Fellows and Graduates on Board Certification Examinations in the Specialty/Subspecialty Program**

Number Eligible to Take	Number Eligible who Took the Written Examination	How Many of Those Who Took the Exam Passed?

**Q21. How does program plan to improve resident/fellow/graduate performance on the examinations in the board certification process over the next year?** If not applicable, please enter N/A.

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**Q22. Performance of Program Graduates:**

In what ways does the program monitor the performance of program graduates?

- ☐ Surveys of the graduates, themselves
- ☐ Surveys of the partners of the graduates
- ☐ Surveys of the employers of the graduates
- ☐ Surveys of the practice sites (hospitals, clinics, etc.) of the graduates
- ☐ Monitoring of the continuing board certification of the graduates
- ☐ Monitoring of state licensing board actions against graduates
- ☐ Monitoring of medico-legal actions against graduates
- ☐ Program does not monitor program graduates' performance

Areas for Improvement based on Performance of Graduates	Plans to Address Areas Identified as Needing Improvement

**Q23. Faculty Evaluation**

Please indicate who evaluates the faculty members in this program for their contributions to the educational program.

- ☐ Medical students
- ☐ Residents/fellows in this program
- ☐ Residents/fellows in other programs
- ☐ Peer faculty members in this program
- ☐ Peer faculty members in other programs
- ☐ Other, please specify

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Areas for Improvement Identified for Faculty Member Contributions to the Program	Plans to Address Areas Identified as Needing Improvement

**Q24. Faculty Development Activities**

List the Types of Faculty Development Activities Available in the Past Year	Percent Faculty Participation	If applicable, how does program plan to increase participation in faculty development activities?

**Q25. Please indicate ways in which the GME Office and/or institution can assist in improving your program.**

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