

**ACGME ACCREDITATION
AND THE PROGRAM
ADMINISTRATOR**

OVERVIEW



- ✓ The role and significance of the program administrator
- ✓ The program administrators Role & ACGME accreditation
- ✓ Identify internal and external resources



THE PROGRAM ADMINISTRATOR

YOU ARE IMPORTANT!

"Residency Coordinators today are more than their Program Director's right hand, they are a driving force to the success of a smoothly-run program with a successful accreditation..."



ACGME & PROGRAM ADMINISTRATOR (PA)

Background and Intent: Each program requires a lead administrative person, frequently referred to as a program coordinator, administrator, or as titled by the institution. This person will frequently manage the day-to-day operations of the program and serve as an important liaison with learners, faculty and other staff members, and the ACGME. Individuals serving in this role are recognized as program coordinators by the ACGME.

The program coordinator is a member of the leadership team and is critical to the success of the program. As such, the program coordinator must possess skills in leadership and personnel management. Program coordinators are expected to develop unique knowledge of the ACGME and Program Requirements, policies, and procedures. Program coordinators assist the program director in accreditation efforts, educational programming, and support of residents.

Programs, in partnership with their Sponsoring Institutions, should encourage the professional development of their program coordinators and avail them of opportunities for both professional and personal growth. Programs with fewer residents may not require a full-time coordinator; one coordinator may support more than one program.

WHAT YOU DO...

Rotation Schedules
Orientation
In-Service Exams
Evaluations
Update Program Information
ERAS
Recruitment
Resident Files
Maintain book/travel funds
FRIEDA
NRMP
WebADS
GME Track
Schedule CCC, PEC, Semi-Annual, etc



Human Resources
Counselor
Advocate
I.T.
Sales
Accountant



"Yes, yes, I get the symbolism, Mr. Sanchez.
You can wear many hats. Very clever."

A black and white photograph of a baseball cap, viewed from the front. The cap has a white crown and a black brim. The text is printed in a bold, black, sans-serif font on the white part of the cap. The text reads: "Interprets and applies ACGME policies to support Program compliance." The cap is centered against a plain white background.

**Interprets and applies
ACGME policies to
support Program
compliance.**



Accreditation Council for
Graduate Medical Education

ACGME

is a shorter form of

Accreditation Council for
Graduate Medical Education



WHAT IS THE ACGME?

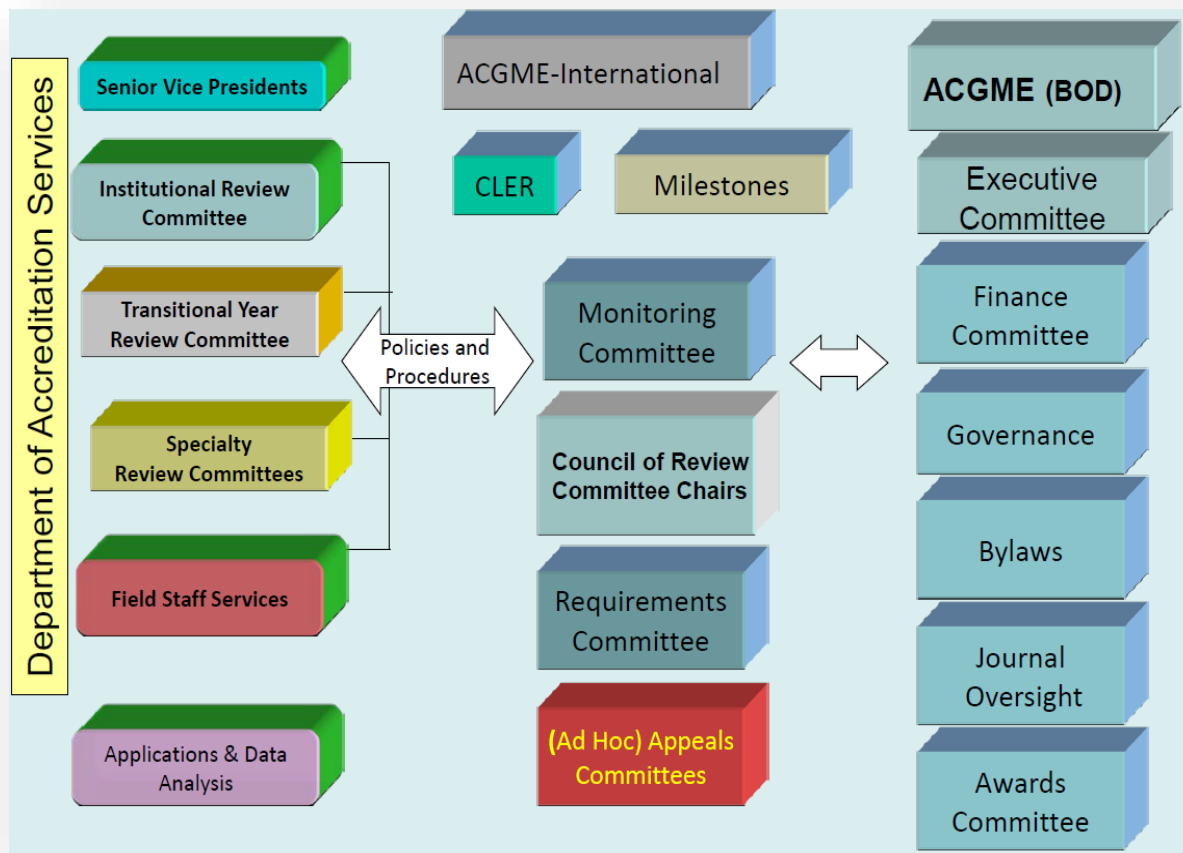
The Accreditation Council for Graduate Medical Education (ACGME) is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

In Academic Year 2018-2019, there were approximately **11,700** ACGME-accredited residency and fellowship programs in **181** specialties and subspecialties at approximately **850** Sponsoring Institutions.

There were approximately **140,500** active full- and part-time residents and fellows.

1 out of 7 active physicians in the US is a resident or fellow.

ACGME: ORGANIZATIONAL STRUCTURE



- Board:**
- Sets Policy & Direction
 - Responsible for accreditation
 - Delegates authority to accredit programs/ institutions to its RC
 - Monitors RC
 - Sets budget and fees

REVIEW COMMITTEE

Three Types of Review Committees

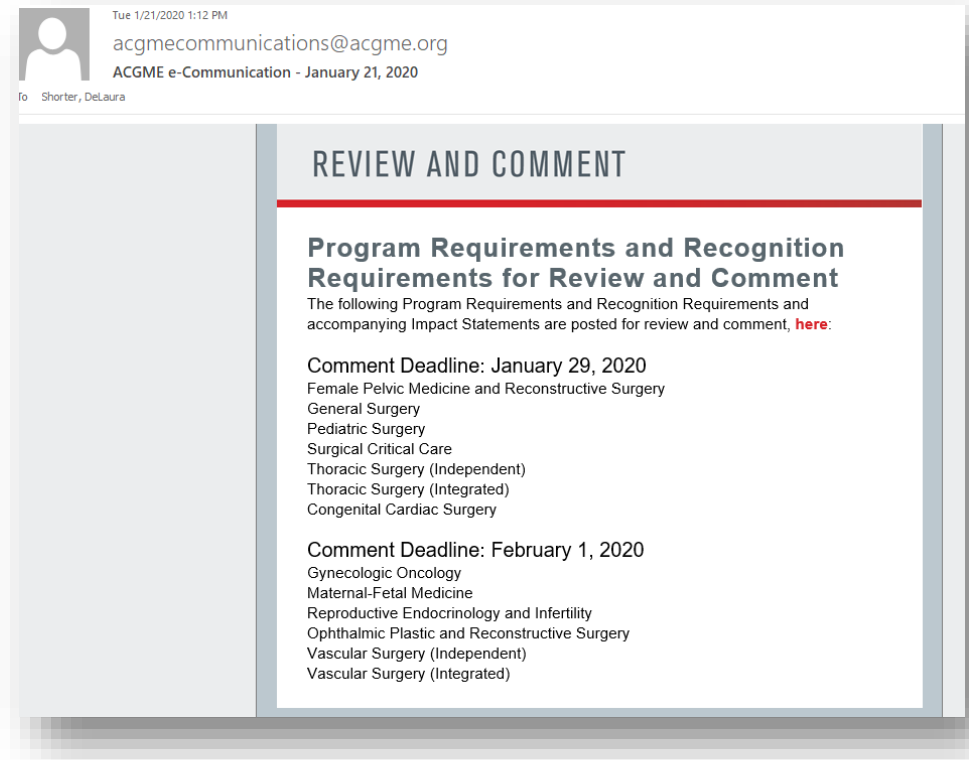
- ****Specialty Review Committee,**
- Transitional Year Review Committee, and
- Institutional Review Committee.

Specialty Committee Membership

- Physician members
- Resident
- Public member

REVIEW COMMITTEE ROLE

1. Prepare, revise, and/or recommend, Specialty specific and Institutional Requirements to reflect current educational and clinical practice



The image shows a screenshot of an email from ACME communications. The header includes the sender's name 'acgmecommunications@acgme.org', the subject 'ACGME e-Communication - January 21, 2020', and the recipient 'Shorter, DeLaura'. The main body of the email is titled 'REVIEW AND COMMENT' and contains information about program requirements and recognition requirements for review and comment. It lists two comment deadlines: January 29, 2020 for several surgical specialties and February 1, 2020 for several medical specialties.

Tue 1/21/2020 1:12 PM
acgmecommunications@acgme.org
ACGME e-Communication - January 21, 2020
To Shorter, DeLaura

REVIEW AND COMMENT

Program Requirements and Recognition Requirements for Review and Comment

The following Program Requirements and Recognition Requirements and accompanying Impact Statements are posted for review and comment, [here](#):

Comment Deadline: January 29, 2020
Female Pelvic Medicine and Reconstructive Surgery
General Surgery
Pediatric Surgery
Surgical Critical Care
Thoracic Surgery (Independent)
Thoracic Surgery (Integrated)
Congenital Cardiac Surgery

Comment Deadline: February 1, 2020
Gynecologic Oncology
Maternal-Fetal Medicine
Reproductive Endocrinology and Infertility
Ophthalmic Plastic and Reconstructive Surgery
Vascular Surgery (Independent)
Vascular Surgery (Integrated)

REVIEW COMMITTEE ROLE

2. Provides peer evaluation to assess the degree to which programs or sponsoring institutions comply with the published educational Standards

The Review Committee may use the following information to assess programs:

- a. Continuous Data Collection/Review
 - (1) ADS annual update
 - (2) Resident Survey
 - (3) Faculty Survey
 - (4) Certification examination performance
 - (5) Case Log data
 - (6) Hospital accreditation data
 - (7) Other
- b. Other data (episodic)
 - (1) ACGME Complaints (Section 23.10)
 - (2) Verified public information
 - (3) Historical accreditation decisions/citations
 - (4) Institutional quality and safety metrics
 - (5) Other

ACCREDITATION STANDARDS

- Common Program Requirements (CPR)
- Specialty Specific Requirements
- *Institutional Requirements*

ACCREDITATION STANDARDS: CPR

Common Program Requirements (CPR)

- Foundational elements for all GME programs
- Three versions
 - Residency
 - Fellowship
 - One year Fellowship
- Embedded in the requirements of your specialty/subspecialty
- CPRs are easily recognizable because they **are in bold font**

I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)
I.D.4.	The program's educational and clinical resources must be adequate to support the number of residents appointed to the program. (Core)
I.D.4.a)	Patient Population
I.D.4.a).(1)	The patient population must have a variety of clinical problems and stages of disease. (Core)
I.D.4.a).(2)	There must be patients of both sexes, with a broad age range, including geriatric patients. (Core)
I.D.4.b)	There must be services available from other health care professionals such as nurses, social workers, case managers,

ACCREDITATION STANDARDS: SPECIALTY REQUIREMENTS

- Text that are **Not** bolded are specialty/Sub-specialty specific.
- Note all subspecialties (fellowships) accredited by the ACGME are overseen by the same Review Committee as their prerequisite specialty (core residency).

I.D.3.	Residents must have ready access to specialty-specific and other appropriate reference material in print or electronic format. This must include access to electronic medical literature databases with full text capabilities. (Core)
I.D.4.	The program's educational and clinical resources must be adequate to support the number of residents appointed to the program. (Core)
I.D.4.a)	Patient Population
I.D.4.a).(1)	The patient population must have a variety of clinical problems and stages of disease. (Core)
I.D.4.a).(2)	There must be patients of both sexes, with a broad age range, including geriatric patients. (Core)
I.D.4.b)	There must be services available from other health care professionals such as nurses, social workers, case managers,

NON-CITABLE CONTENT IN REQUIREMENTS

Statements of philosophy

(*Text in Italics*)



II.B. Faculty

Faculty members are a foundational element of graduate medical education – faculty members teach residents how to care for patients. Faculty members provide an important bridge allowing residents to grow and become practice-ready, ensuring that patients receive the highest quality of care. They are role models for future generations of physicians by demonstrating compassion, commitment to excellence in teaching and patient care, professionalism, and a dedication to lifelong learning. Faculty members experience the pride and joy of fostering the growth and development of future colleagues. The care they provide is enhanced by the opportunity to teach. By employing a scholarly approach to patient care, faculty members, through the graduate medical education system, improve the health of the individual and the population.

Statements of background and intent

(set off by boxes)



Background and Intent: While the ACGME recognizes the value of input from numerous individuals in the management of a residency, a single individual must be designated as program director and made responsible for the program. This individual will have dedicated time for the leadership of the residency, and it is this individual's responsibility to communicate with the residents, faculty members, DIO, GMEC, and the ACGME. The program director's nomination is reviewed and approved by the GMEC. Final approval of program directors resides with the Review Committee.

REQUIREMENT CATEGORIZATION

- 10 “Detail” requirements
- 16 “Outcome” requirements
- 269 “Core” requirements

***Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.

†Detail Requirements: Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs and sponsoring institutions in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.

‡Outcome Requirements: Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

EXAMPLE

IV.C.3.h)

Experiences must include required critical care rotations (medical or respiratory intensive care units, cardiac care units). ^(Core)

IV.C.3.h).(1)

These experiences cannot be fewer than three months and more than six months over the 36 months of training. ^(Detail)

STANDARDS

**Outcomes
Core Process
Detail Process**

**Application
for
New Program**

**Outcomes
Core
Detail**

**Initial
Accreditation**
**Init. Accred.
With Warning**
**Cont. Accred.
w/o Outcomes
Accreditation
with Warning**
**Probationary
Accreditation**

**Outcomes
Core
Detail**

**Continued
Accreditation**

**Outcomes
Core
Detail**


REVIEW COMMITTEE ROLE

3. Confers an accreditation status annually with regard to meeting requirement standards.

- Continued Accreditation with/**without** warning
- Continued Accreditation without Outcomes
- Initial Accreditation with/**without** Warning

Adverse Actions:

- Accreditation Withheld
- Probationary Accreditation
- Withdrawal of Accreditation
- Reduction in Resident Complement (non-voluntary)



Key to Standard Notification Letter for Status of Continued Accreditation
(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

Accreditation Council for Graduate Medical Education

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

Status: *This is the accreditation status assigned to the program or institution by the Review Committee following annual review of the program or institution.*

Maximum Number of Residents: *If the Review Committee approves resident complement, this section lists the maximum number of residents that may be appointed to the program at any given time.*

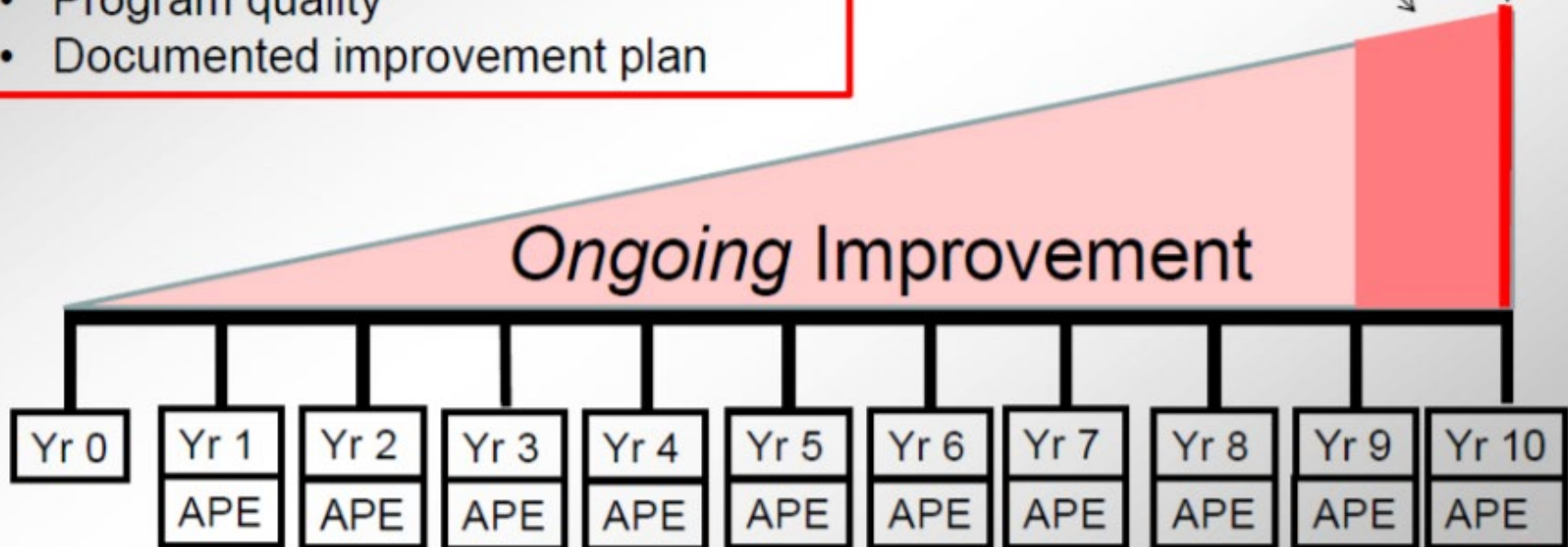
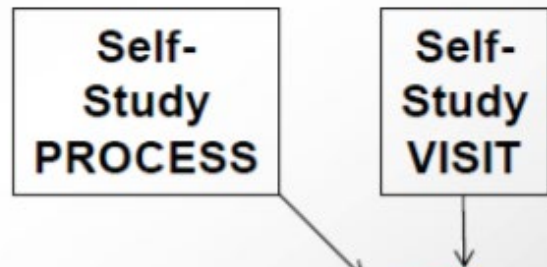
Residents per Level: *If the Review Committee approves resident complement by year, this section specifies the maximum number of residents that may be appointed at each level of the program.*

Effective Date: *The effective date of the accreditation action is the date of the Review Committee meeting at which the action was taken.*

Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan



WHO IS MY RC?



[Accreditation Data System \(ADS\)](#)

[ACGME Surveys](#)

[Case Log System](#)

What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
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[Home](#) > [Specialties](#) > [Plastic Surgery](#)

Plastic Surgery

The documents and resources housed within this section are provided by the Review Committee for Plastic Surgery and its staff at the ACGME to assist ACGME-accredited programs and those applying for accreditation in this specialty area and its applicable subspecialties.

PLASTIC SURGERY SUBSPECIALTIES

[Hand Surgery](#)
[Craniofacial Surgery](#)

OTHER ACCREDITATION RESOURCES

Single GME Accreditation System	
Common Program Requirements	
Review and Comment	
Osteopathic Recognition	

Overview	
Program Requirements and FAQs and Applications	
Milestones	
Documents and Resources	
Review Committee Members	



Contact Us:

Executive Director, RCs for Plastic Surgery,
Surgery and Thoracic Surgery
Chris Fox, PhD
cfox@acgme.org
312.755.5499

ACGME: WHAT YOU NEED TO KNOW

- Be familiar with Institutional requirements
- Know Common Program Requirements
- Know Specialty-specific Program Requirements
- Remain current on changing requirements and trends
- Join listserv for your specialty (if available)
- Network with friends in the same or other specialties
- Attend national meetings



THE ACCREDITATION CALENDAR

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	

CASE LOGS: WHAT IS IT?

A web based application developed in 2000 by the ACGME to allow the required programs the ability to enter and maintain resident experience/case/procedure data as required by the RRC

CASE LOGS: WHAT YOU NEED TO KNOW?

- Does your program's RRC require trainees to log case logs/procedures/diagnosis in ADS?

If yes

- Run Case log report at minimum semi-annually with CCC and Semi-Annual
- If case or procedure minimums are not defined but trainees are required to log in WebADS, you must monitor!

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	

WEBADS ANNUAL UPDATE

Program Information

[view >](#)

✔ You must have a primary clinical site.

[view >](#)

✔ Update the clinical experience and educational work section.

[view >](#)

✔ Update responses for all current citations.

[view >](#)

✔ Update the major changes section.



[view >](#)

✔ Update the overall evaluation methods section.

[view >](#)

✔ Update responses for common program requirement questions.

[view >](#)

✔ Update program details.

[view >](#)

✔ Update the sites tab for each participating site and review all requested information.



[view >](#)

✔ Upload current block diagram.



Resident Information

[view >](#)

✔ Confirm all unconfirmed residents and add new residents (if applicable).



[view >](#)

✔ Update scholarly activity for each resident.



[view >](#)

✔ Confirm ultimate certification status for graduates from 7 years ago.

[view >](#)

Faculty Information

[view >](#)

✔ Enter profile information for all physician and non-physician faculty and identify core faculty.

[view >](#)

✔ Update scholarly activity for all physician and non-physician faculty members.

[view >](#)

✔ Enter all required CV information for your program director.



[view >](#)

WEBADS ANNUAL UPDATE: WHAT YOU NEED TO KNOW?

- ❑ Start collecting data early!
- ❑ Conduct PEC meeting before submitting to ACGME

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	

MILESTONES: WHAT IS IT?

Milestones are learning trajectories highlighting significant points in resident and fellow development to assess learner competency in six key areas of medical education:

- Patient Care (PC);
- Medical Knowledge (MK);
- Professionalism (Prof);
- Interpersonal and Communication Skills (ICS);
- Practice-based Learning and Improvement (PBLI); and
- Systems-based Practice (SBP).

THE CLINICAL COMPETENCY COMMITTEE (CCC)

Membership:

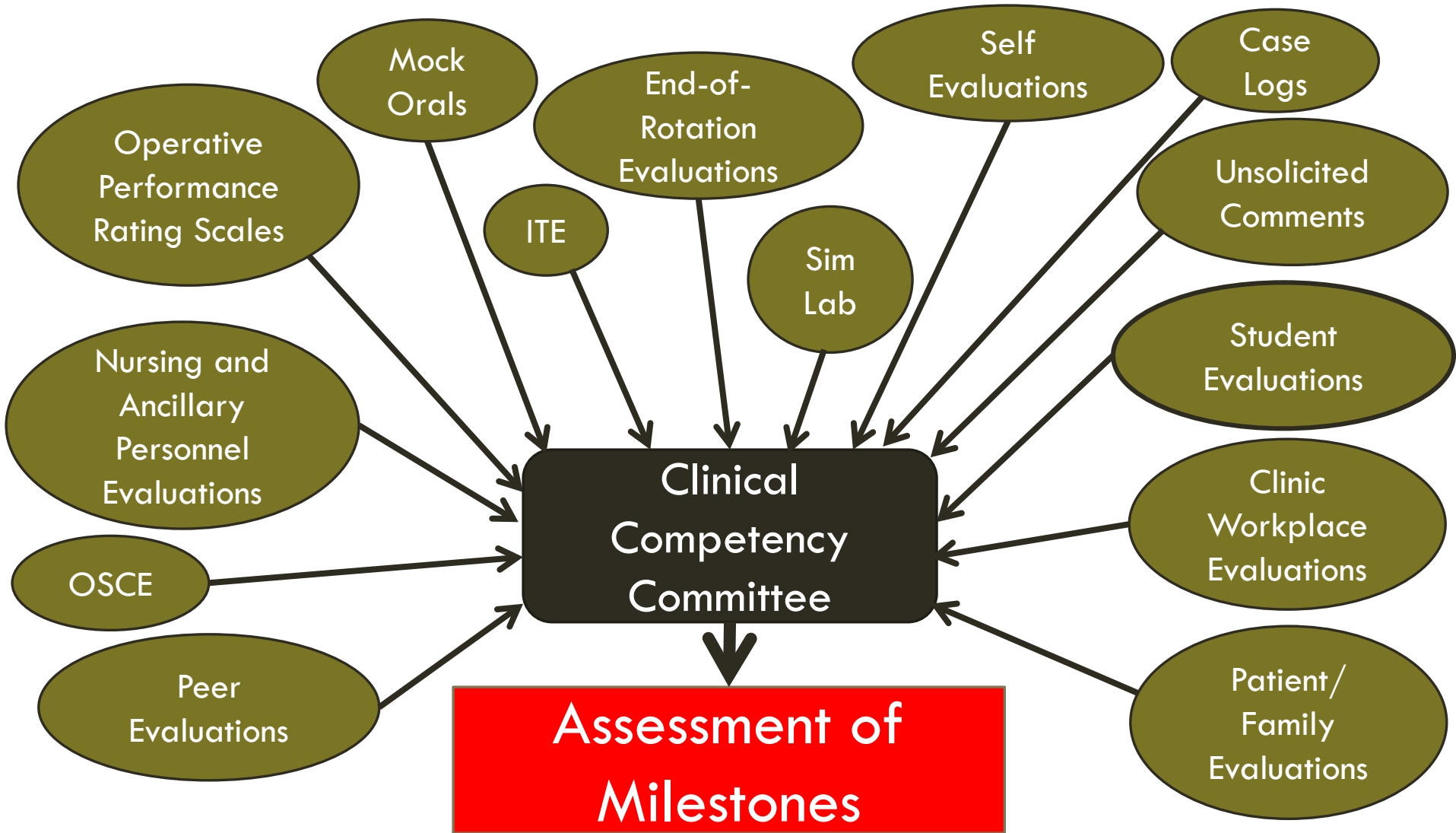
- ❑ must be appointed by the program director.
- ❑ At a minimum must include three members of the program faculty, at least one of whom is a core faculty member.
- ❑ Additional members must be faculty members from the same program or other programs, or other health professionals who have extensive contact and experience with the program's residents.

THE CLINICAL COMPETENCY COMMITTEE (CCC)

Charge

- ❑ Review all resident evaluations at least semi-annually;
- ❑ Determine each resident's progress on achievement of the specialty-specific Milestones; and,
- ❑ meet prior to the residents' semi-annual evaluations and advise the program director regarding each resident's progress.

CLINICAL COMPETENCY COMMITTEE



TIMELINE



MILESTONES: WHAT YOU NEED TO KNOW?

- ❑ There are 2 reporting windows for milestones December and June.
- ❑ Milestones must be entered for all active residents including those who left the program on or after September 1st (for Mid-year) and January 15th (for Year- end) in WebADS
- ❑ Evaluations must be mapped to Milestones in New Innovations.
- ❑ Speak with your Program Director on how to prepare for CCC meeting

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
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				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
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										2 ND MILESTONE	
										PEC/APE	



ACGME LETTER OF NOTIFICATION (LON)



Key to Standard Notification Letter for Status of Continued Accreditation

(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

**Accreditation Council for
Graduate Medical Education**

515 North State Street
Suite 2000
Chicago, Illinois 60610

Phone 312.755.5000
Fax 312.755.7498
Web www.acgme.org

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

LON

- ❑ Continued Accreditation
- ❑ Continued Accreditation with Warning
- ❑ Probationary Accreditation (must undergo a site visit before a Review Committee may confer Withdrawal of Accreditation upon it.)
- ❑ Withdrawal of Accreditation (must undergo a site visit before a Review Committee may confer Withdrawal of Accreditation upon it.)
- ❑ Administrative Withdrawal

THE ACCREDITATION PROCESS

Continuous Data Collection/Review

- (1) ADS annual update
- (2) Resident Survey
- (3) Faculty Survey
- (4) Certification examination performance
- (5) Case Log data
- (6) Hospital accreditation data
- (7) Other

Other data (episodic)

- (1) ACGME Complaints
- (2) Verified public information
- (3) Historical accreditation decisions/citations
- (4) Institutional quality and safety metrics
- (5) Other

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
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						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	

SURVEYS

GENERAL INFORMATION

The screenshot shows the top navigation bar with links for ABOUT US, CONTACT US, and NEWSROOM. A search bar is present with the text "Type your search here...". Below the navigation bar is the ACCGME logo and the text "Accreditation Council for Graduate Medical Education". A LOGIN button is visible. A secondary navigation bar contains links for "What We Do", "Designated Institutional Officials", "Program Directors and Coordinators", "Residents and Fellows", "Meetings and Events", "Data Collection Systems", and "Specialties". A dropdown menu is open under "Data Collection Systems", listing "Overview", "Resident Case Log System", "Case Logs Statistical Reports", "Resident/Fellow and Faculty Surveys", and "Data Systems Technical Support". A red arrow points to the "Resident/Fellow and Faculty Surveys" link. Below the navigation bar is a "WHAT'S NEW" section with a table of recent updates.

DATE	TITLE	STATUS
FEB 8 2017	Register Today Disparities f	NEW UP TO DATE
FEB 2 2017	Second Letter	NEW
JAN 30 2017	CEO Dr. Nasir Policy	NEW

- FAQs
- Survey Taker Content and Access Guides
- Link to Access Resident and Faculty Surveys

ACGME SURVEY WHAT IS IT?

- ❑ Metric used by RC to monitor clinical education and environment
- ❑ Provides early warning of potential non-compliance with ACGME accreditation requirements.
- ❑ All accredited programs (regardless of size) are required to participate in these surveys each academic year between the months of January and April.

RESIDENT & FACULTY SURVEY

- ❑ Administered annually – Jan-April (5 week reporting windows)
- ❑ Requires accurate resident information in ADS
- ❑ Includes all active residents (resident=fellow)
- ❑ Requires 70% compliance (or $<4 = 100\%$)
- ❑ Compliance managed by YOU (program)
- ❑ Instructions must be emailed to your residents within ADS containing links and logins
- ❑ Reports available in May

QUESTION CONTENT

- Clinical Experience and Education (e.g. 80 hours per week)
- Faculty Teaching and Supervision (e.g. Faculty members interested in education)
- Evaluation (e.g. Able to access evaluations)
- Educational Content (e.g. Opportunities for research participation)
- Diversity and Inclusion (e.g. Preparation for interaction with diverse individuals)
- Resources (e.g. Impact of other learners on education)
- Patient Safety and Teamwork (e.g. Know how to report patient safety events)
- Professionalism (e.g. Faculty members act professionally when teaching)
- Overall evaluation of the program

RESPONSE MANAGEMENT

Overview Program ▾ Faculty ▾ Residents ▾ Sites Surveys Milestones Case Logs ▾ Summary Reports

1201234567 - Example Residency Program

Family Medicine - Chicago, IL

Resident Survey 60.00% Complete

Currently Scheduled: January 16, 2017 - February 19, 2017
Current Survey Completion Rate: 60.0% - [3 of 5]

[View Current Resident Survey Takers](#)

Last Administration Window: January 11, 2016 - February 14, 2016
Compliance Rate: 100.0% - [5 of 5]

[Program FAQs](#) [View Reports](#)

Faculty Survey 71.00% Complete

Currently Scheduled: January 16, 2017 - February 19, 2017
Current Survey Completion Rate: 71.0% - [5 of 7]

[View Current Faculty Survey Takers](#)

Last Administration Window: January 11, 2016 - February 14, 2016
Compliance Rate: 85.0% - [6 of 7]

[Program FAQs](#) [View Reports](#)

Important Dates

✔ **Annual Update Status:**
Jul 06, 2016 - Sep 01, 2016

Next Site Visit: Not Scheduled

Self Study Date (Approx):
Jun 01, 2023

✔ **Faculty Survey Status:**
Jan 16, 2017 - Feb 19, 2017

⚠ **Resident Survey Status:**
Jan 16, 2017 - Feb 19, 2017

Annual Reporting Cycle ▾

Reference Materials

RESPONSE NOTIFICATION

- Communicate directly with residents and faculty about survey involvement
- Emails sent by YOU using tool within ADS
- Email includes direct links and default survey login information, sent simply and securely from the servers

Deadline: February 19, 2017
Completion Rate: 60.0% - [3 of 5]

All people listed below have been scheduled to complete this survey. Use this list to help administer the survey by sending emails to your individual survey takers, notifying/reminding them to complete the survey. These emails will contain a link to the survey and access to their login information. To send them, use the individual checkboxes (or the "check all" box at the top of the list next to the Resident header) and click the "Send Emails" button. Residents can also use the "Forgot Username/Password" feature on the survey login screen at any time during the window to access their survey login.

Survey takers identified below with a "Not Submitted" icon have selected a new login and already begun the survey, but have not yet completed it. Survey takers identified with a "Completed" icon have already completed this survey.

[Click Here to View Example Email](#)

Survey Takers Send Emails Refresh List

Filter Results

	<input checked="" type="checkbox"/> Resident	Year In Program	Email	Last Email Sent (CST)	
...	<input checked="" type="checkbox"/>	2	...	Feb 07, 11:06 AM	🕒
...	<input checked="" type="checkbox"/>	1	...	Feb 07, 11:06 AM	
...	<input type="checkbox"/>	2	...	Feb 07, 11:06 AM	✅
...	<input type="checkbox"/>	1	...	Feb 03, 10:31 AM	✅
...	<input type="checkbox"/>	1	...	Jan 18, 09:11 AM	✅

RESPONSE MANAGEMENT TRACKING

Deadline: February 19, 2017
Completion Rate: 60.0% - [3 of 5]

All people listed below have been scheduled to complete this survey. Use this list to help administer the survey by sending emails to your individual survey takers, notifying/reminding them to complete the survey. These emails will contain a link to the survey and access to their login information. To send them, use the individual checkboxes (or the "check all" box at the top of the list next to the Resident header) and click the "Send Emails" button. Residents can also use the "Forgot Username/Password" feature on the survey login screen at any time during the window to access their survey login.

Survey takers identified below with a "Not Submitted" icon have selected a new login and already begun the survey, but have not yet completed it. Survey takers identified with a "Completed" icon have already completed this survey.

[Click Here to View Example Email](#)

Survey Takers

Send Emails

Refresh List

Filter Results

<input checked="" type="checkbox"/>	Resident	Year In Program	Email	Last Email Sent (CST)	
...	<input checked="" type="checkbox"/> [Redacted]	2	[Redacted]	Feb 07, 11:06 AM	🔴
...	<input checked="" type="checkbox"/> [Redacted]	1	[Redacted]	Feb 07, 11:06 AM	🔴
...	<input type="checkbox"/> [Redacted]	2	[Redacted]	Feb 07, 11:06 AM	🟢
...	<input type="checkbox"/> [Redacted]	1	[Redacted]	Feb 03, 10:31 AM	🟢
...	<input type="checkbox"/> [Redacted]	1	[Redacted]	Jan 18, 09:11 AM	🟢

✔ **Completed** – survey has been submitted

🔴 **Incomplete** – survey has not yet been saved or submitted

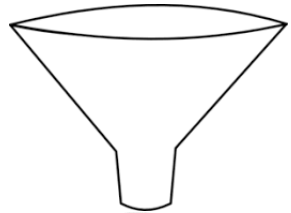
🔴 **Not Submitted** – default survey login has been changed, but survey has not yet been submitted

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
CASE LOG REPORTING											
ADS ANNUAL UPDATE											
				1 ST MILESTONE							
						ACGME NOTIFICATION LETTERS					
						RESIDENT & FACULTY EVALS					
										2 ND MILESTONE	
										PEC/APE	



ANNUAL REVIEW OF DATA

ACGME Survey
Letter of Notification
SWOT



Internal Review



Internal Review
&
External Review



External Review



PROGRAM EVALUATION COMMITTEE (PEC)

The program director must appoint the Program Evaluation Committee (PEC) to conduct and document the Annual Program Evaluation (APE) as part of the program's continuous improvement process.

The Program Evaluation Committee must be composed of:

- at least two program faculty members, (at least one core)
- at least one resident.

PROGRAM EVALUATION COMMITTEE (PEC)

Program Evaluation Committee responsibilities must include:

- 1) acting as an advisor to the program director, through program oversight;
- 2) review of the program's self-determined goals and progress toward meeting them
- 3) guiding ongoing program improvement, including development of new goals, based upon outcomes; and,
- 4) review of the current operating environment to identify strengths, challenges, opportunities, and threats as related to the program's mission and aims.

ANNUAL PROGRAM EVALUATION

- Sponsor
- Program
- Setup
 - Configuration
 - Participating Sites
 - Personnel
 - Block Diagrams
 - Policies
- Accreditation
 - Key Metrics
 - CLER Visit
 - RRC Visits
 - Agreements
 - APE**
 - Citations & Concerns
 - Action Plan
 - Projects & Teams

Program:

Overview of Annual Program Evaluations ▾

- 2018-19 University of South Florida (USF)
- 2017-18 University of South Florida (USF)
- 2016-17 University of South Florida (USF) 2018-19 Annual Program Evaluation
- 2015-16 University of South Florida (USF)

Instructions:
Use this form for aggregating information from a single year's Annual Program Evaluation. ALL questions require a response. You can add attachments if additional detail is needed.

The APE will be completed by the program and then reviewed by the Program Review Committee. After the review process, APEs requiring revision(s) will be returned to the program to address.

Attach PEC meeting minutes to the Meetings section below.

Seven documents are located in the Resources section:

- 1) Guide to the APE
- 2) PEC Policy template (REVISED)
- 3) Program Evaluation Committee meeting minutes template (REVISED)
- 4) Defining Program Mission and Aims Worksheet (NEW)
- 5) SWOT Template (NEW)
- 6) Board Pass Rate template (REVISED)
- 7) Action Plan template (REVISED)

Infectious Disease University of South Florida (USF)

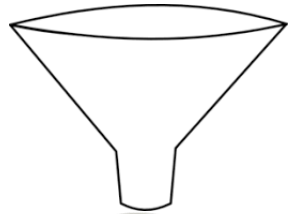
Program Director : [Beata Casanas D.O.](#) Program Coordinator : [Tammy Grice](#) Program Length : 2

Number of Trainees : 11 Number of Core Faculty : 11

[Program Evaluation Committee](#)

ANNUAL REVIEW OF DATA

ACGME Survey
Letter of Notification
SWOT



Internal Review



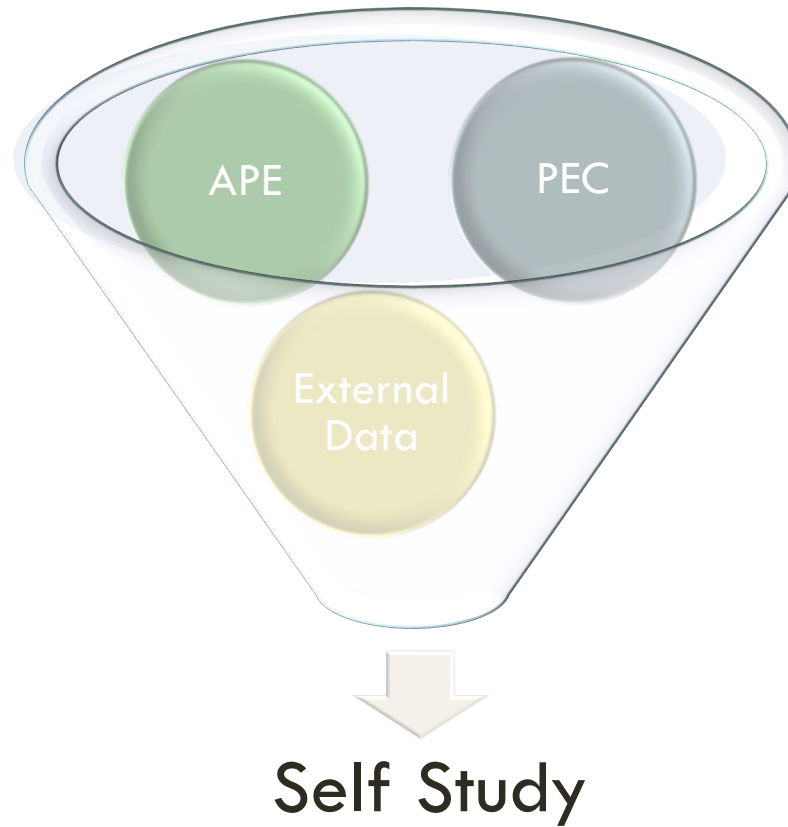
Internal Review
&
External Review



External Review



ACGME SELF-STUDY



TIPS FOR SUCCESS

- Own your program! Don't wait to be told. Be pro-active.
- Organize - Can't say enough about how important this is!
- Communicate – Good communication with everyone makes your life easier (Your PD, Associate PD's, residents, colleagues, GME Office, department office, etc., etc.)
- When in doubt, ask! You will save yourself some grief.
- Don't assume! You know what they say about assuming!!
- Know your program and your program's requirements.
- Network – with your professional association and your fellow coordinators at your institution.
- Recognize that what you do every day has an impact on your residents, your program and yourself!!!

Program Information

Program Director:	Michael A. Harrington, MD, MPH	Time in position	4 years, 0 months
Program Coordinator	Hailee Hall	Under Special Review	No

Trainee Demographics and Recruitment

Note: This data is from 2018-2019

# of Trainees in Program	20	# of Incoming	4
% of URM Trainees in Program	5%	Incoming Step 1 Score	241
AAMC URM Average	8%	Incoming Step 2 Score	251
% of Female Trainee Program	58%	% Incoming URM	COMING SOON
AAMC Female Average	42%	% Incoming Female	50%

*URM Black/African American, Mexican-Americans, Native Americans (American Indians, Alaska Natives, and Native Hawaiians), and mainland Puerto Ricans

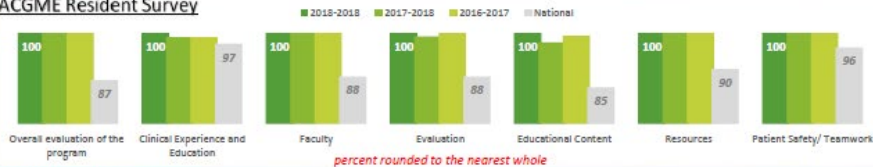
ACGME Accreditation Status



Board Pass Rate

Written	Oral if applicable	Year Aggregate
100%	100%	5

ACGME Resident Survey



Resident Wellness

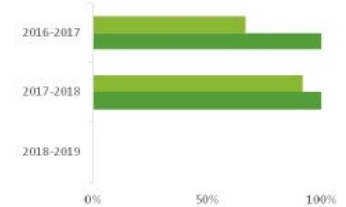
Overall Resident Wellness

4.8

National 4.0 out of 5

Scholarly Activity

- Plastic Surgery - Integrated - Faculty
- Plastic Surgery - Integrated - Resident



ACGME Faculty Survey



Faculty Wellness

Overall Faculty Wellness

4.6

National 4.3 out of 5

Program Compliance

Accreditation Status 	Program Recruitment 	Graduate Performance 	Work Hours 	ACGME Trainee Survey 	ACGME Faculty Survey 	Scholarly Activity 	Program Engagement
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Q & A |