**MUSC GRADUATE MEDICAL EDUCATION COMMITTEE**

**2023 Annual Program Evaluation (APE) Form**

***If you have any questions regarding this form or APE submissions, please contact Ann Ronayne***

***in the GME Office at 843-792-8681 or Ronayne@musc.edu.***

**Residency or Fellowship being evaluated:** *Click here to enter text.*

**Program Director Name*:*** *Click here to enter text*.

*Have you been PD for a year or less?*  yes no

% of FTE allocated to the program: *Click here to enter text.*

ACGME requirement for PD support:

Do you have an Associate Program Director(s)?  yes no

% of FTE allocated to the program: *Click here to enter text.*

ACGME requirement for APD support:

**Program Coordinator Name(s):** *Click here to enter text.*

*Have you been PC for a year or less?*  yes no

% of FTE allocated to the program: *Click here to enter text.*

ACGME requirement for PC support:

Do you have additional programs you are responsible for*?*  yes no

How much FTE time is devoted to those other programs? *Click here to enter text.*

**Total number of trainees approved by the RRC/ACGME:** *Click here to enter text.*

**Total number of trainees enrolled:** *Click here to enter text.*

**Please provide an explanation if these two numbers are different***: Click here to enter text.*

**Have you requested a permanent increase in the last year?** yes no

**Have any of your trainees left the program throughout the past year (attrition, not graduation)?**  yes no

**What percentage of faculty has left in the past year?** *Click here to enter text*.

**Feedback**

**Have at least two face-to-face performance reviews been completed for each resident over the last academic year (in at least six-month intervals)?**  yes no N/A

**Have summaries of those meetings been included in the resident’s file (to include a signature by both the resident and the PD)?**  yes no N/A

**Performance Improvement Plans**

**Do you utilize programmatic or GME level PIPS to improve resident performance?**  yes no

**If no, what do you do?** *Click here to enter text.*

**Teaching**

**Have you educated your trainees on effective teaching methods?**  yes no

**If yes, please indicate the method(s) (check all that apply):**

Computer Modules (FYI – all incoming residents and fellows get Our Day learning modules on this)

Didactics

One-on-One Training

Teaching Retreats or Workshops

Other (please explain): *Click here to enter text.*

**Quality & Safety**

**Do you have a quality and safety committee?**  yes no

* **If yes, are residents on that committee?**  yes no
* **If no, how do you address quality and patient safety in your program/department? Could your residents/fellows join the specialty quality and patient safety group?** *Click here to enter text.*

**Healthcare Disparity**

**Are your residents involved in health care disparities projects or conferences?**  yes no

**If yes, please name them.** *Click here to enter text.*

**Root Cause Analysis (RCA)**

**How are your trainees trained in Root Cause Analysis (RCA)?** *Click here to enter text.*

**Handoffs**

**Does your program have formal criteria to assess trainees’ skills in change of duty handoffs?**  yes no

**Where can we find the policy?** *Click here to enter text.*

**How did you train your incoming trainees on hand-offs in 2022/2023?** *Click here to enter text.*

**Supervision**

**Do you have a program-specific policy for trainee supervision?**  yes no

**How does your program actively monitor trainee supervision?** *Click here to enter text.*

**Raise & Resolve:**

**How does your program handle complaints from residents about professionalism or perceived mistreatment?** *Click here to enter text.*

**Diversity**

**Review your faculty and trainee workforce. Do they reflect the diversity of our community?**  yes no

Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for residents. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment. (You may copy and paste into/from ADS)

*Click here to enter text.*

Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc.. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment. (You may copy and paste into/from ADS)

*Click here to enter text.*

**Wellness:**

**Does your program have a wellness committee?**  yes no

**If yes, what are the goals of the committee?**  *Click here to enter text.*

**Are you aware of the GME Wellness Committee?** yes no

**Have you, your trainees or your PC received any notable awards or distinctions in the past 12 months?** *Click here to enter text.*

**What has your program instituted in the past year that could be considered innovative or a best practice?**   *Click here to enter text.*

**Is there anything else that you would like the APE committee to be aware of?**   *Click here to enter text.*

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

*Click here to enter text.*