**A picture containing logo

Description automatically generated**

**Sample Template – Annual Program Evaluation**

*Note: This form is intended for internal use only and should NOT be shared with the Review Committee or with ACGME Accreditation Field Representatives during accreditation site visits.*

**Program:**

**Date:**

**Academic Year:**

**Program Evaluation Committee Membership**

Faculty Members:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residents/Fellows:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Resident/Fellow Complement**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 |
| Positions Approved |  |  |  |  |  |  |  |
| Current Complement |  |  |  |  |  |  |  |

**Accreditation Status of the Program**

Continued Accreditation Initial Accreditation

Continued Accreditation with Warning Initial Accreditation with Warning

Probationary Accreditation Continued Accreditation without Outcomes

**Current Program Citations:**

|  |  |
| --- | --- |
| Insert Text from ACGME Letter of Notification (LON) | *Current* Program Response to Citation |
| 1. |  |
| 2. |  |
| 3. |  |

**Current Areas for Improvement (AFIs)**

|  |  |
| --- | --- |
| Insert Text from ACGME LON | Program Actions to Address AFIs |
| 1. |  |
| 2. |  |
| 3. |  |

**Program Aims**

|  |  |
| --- | --- |
| **Aim(s)** | **Met (M)/Unmet (U)** |
|  |  |
|  |  |
|  |  |

**Plans for Unmet Goals**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Strengths of the Program**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Challenges/Threats to the Program**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Opportunities for the Program**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Curriculum**

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

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| QI/PS Activity | Active Role  Faculty (F), or  Resident or Fellow (R) | Has QI/PS Improved in the past year? (Yes/No) | Describe improvement, including efforts to include faculty member(s) and residents/fellows | Describe QI/PS activities that can be added or improved |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Well-Being and Diversity**

|  |  |  |
| --- | --- | --- |
| Activity | Successes | Needs Improvement |
| Well-being |  |  |
| Diversity |  |  |
| Recruitment |  |  |
| Retention |  |  |

**Scholarship**

|  |  |
| --- | --- |
| Resident/Fellow/Faculty Member Scholarly Activities  (append lists here) | If applicable, list efforts to increase scholarship |
|  |  |
|  |  |
|  |  |
|  |  |

**ACGME Annual Resident/Fellow Survey**

|  |  |  |
| --- | --- | --- |
| Areas with Improvement | Areas with Deterioration | Plans to Address Areas of Deterioration, if applicable |
|  |  |  |
|  |  |  |

**ACGME Annual Faculty Survey**

|  |  |  |
| --- | --- | --- |
| Areas with Improvement | Areas with Deterioration | Plans to Address Areas of Deterioration, if applicable |
|  |  |  |
|  |  |  |
|  |  |  |

**Written Evaluations of the Program**

Who provides written evaluations of the program?

* + - Residents/fellows in this program
    - Other hospital/clinic/facility personnel
    - Residents/fellows in other programs
    - Faculty members in other programs
    - Faculty members in this program

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

**Aggregate Resident/Fellow Achievement of Milestones**

|  |  |  |
| --- | --- | --- |
| Exceeded National Means | Below National Means | Plans to Improve Milestones Achievement |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Aggregate 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 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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? |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**If applicable, how does program plan to improve resident/fellow/graduate performance on the examinations in the board certification process over the next year?**

**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 for Performance of Graduates | Plans to Address Areas Identified as Needing Improvement |
|  |  |
|  |  |
|  |  |
|  |  |

**Faculty Evaluation**

By whom are the faculty members in this program evaluated (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

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

**Faculty Development Activities**

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