Nuts and Bolts of the APE

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- Disclosure(s):

  – No financial relationships with commercial entities to disclose

  – No discussion of medications or devices

Who am I?

- GME 15 YEARS
  - 3 INSTITUTIONS, SURGICAL AND NONSURGICAL
- 21 RESIDENTS
- UF AND VA

Objectives

PLAN:

Data Collection

APE, what do I need?

DO:

SWOT's and Action Plans

ACT(ion):

Outcomes and Goals

What is the APE?

Background and Intent: In order to achieve its mission and train quality physicians, a program must evaluate its performance and plan for improvement in the Annual Program Evaluation. Performance of residents and faculty members is a reflection of program quality, and can use metrics that reflect the goals that a program has set for itself. The Program Evaluation Committee utilizes outcome parameters and other data to assess the program's progress toward achievement of its goals and aims.

Let's get to the heart of the beast…

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation…

- The PEC must have a written description of its responsibilities…

- The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed […] as well as delineate how they will be measured and monitored.

- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

V.C.1.c)   **The Program Evaluation Committee should consider the following elements in its assessment of the program:**

V.C.1.c).(1)   **curriculum;** [Core]

V.C.1.c).(2)   **outcomes from prior Annual Program Evaluation(s);** [Core]

V.C.1.c).(3)   **ACGME letters of notification, including citations, Areas for Improvement, and comments;** [Core]

V.C.1.c).(4)   **quality and safety of patient care;** [Core]

V.C.1.c).(5)   **aggregate resident and faculty:**

V.C.1.c).(5).(a)   **well-being;** [Core]

V.C.1.c).(5).(b)   **recruitment and retention;** [Core]

V.C.1.c).(5).(c)   **workforce diversity;** [Core]

V.C.1.c).(5).(d)   **engagement in quality improvement and patient safety;** [Core]

V.C.1.c).(5).(e)   **scholarly activity;** [Core]

V.C.1.c).(5).(f)   **ACGME Resident and Faculty Surveys; and,** [Core]

V.C.1.c).(5).(g)   **written evaluations of the program.** [Core]

V.C.1.c).(6)   **aggregate resident:**

V.C.1.c).(6).(a)   **achievement of the Milestones;** [Core]

V.C.1.c).(6).(b)   **in-training examinations (where applicable);** [Core]

V.C.1.c).(6).(c)   **board pass and certification rates; and,** [Core]

V.C.1.c).(6).(d)   **graduate performance.** [Core]

V.C.1.c).(7)   **aggregate faculty:**

V.C.1.c).(7).(a)   evaluation; and, [Core]

V.C.1.c).(7).(b)   professional development. [Core]

V.C.1.d)   The Program Evaluation Committee must evaluate the program's mission and aims, strengths, areas for improvement, and threats. [Core]

V.C.1.e)   The annual review, including the action plan, must:

V.C.1.e).(1)   be distributed to and discussed with the members of the teaching faculty and the residents; and, [Core]

V.C.1.e).(2)   be submitted to the DIO. [Core]

Annual Program Evaluation Template

- 10 Sections:
  - Part #1: Meeting Documentation
  - Part #2: ACGME Faculty and Resident/Fellow Survey
  - Part #3: Program concerns - ACGME citations, AFI's
  - Part #4: Faculty Development Documentation.
  - Part #5: Examination Outcome Measures
  - Part #6: Case Logs Review
  - Part #7: Quality Improvement (QI) and Patient Safety (PS)
  - Part #8: Scholarly Activity Review
  - Part #9: Well-Being
  - Part #10: Program's Mission Statement, AIMS and SLOT Analysis

Gather your Resources
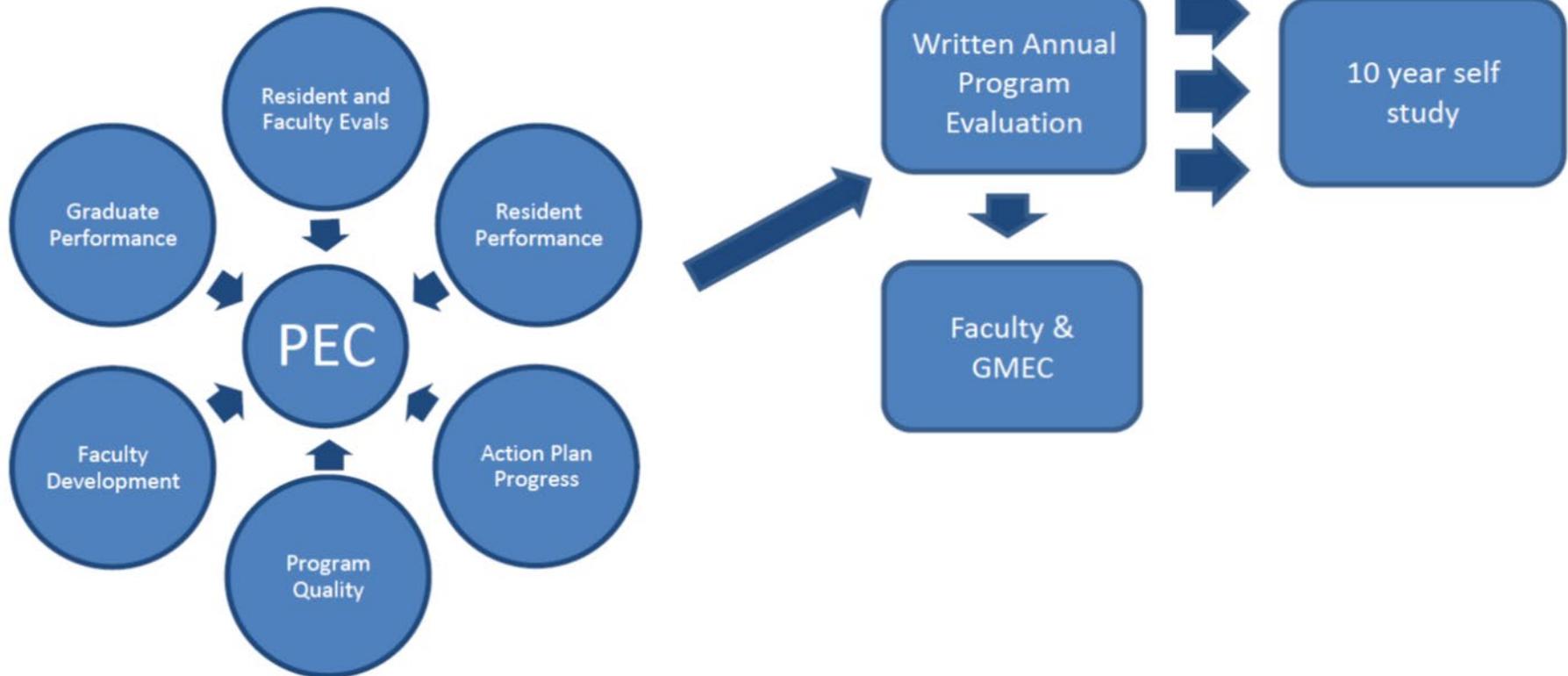
Gather your Resources

- ## Resident Performance
  - In-Training Exam
  - Faculty Evaluations
  - Multi-source Evaluations (360's)
  - Clinical Skills Assessments (Case Logs, Direct Observations, OSCEs)
  - Number of Presentations, Publications
  - Participation in Quality Improvement
  - Participation on Local, National and Regional Committee's
  - Self Assessments
  - Milestone Progress
    - Heat Map

Semi Annual Review 20XX; Program Overview

	PGY 1	PGY 1	PGY 1	PGY 2	PGY 2	PGY 2	PGY 3	PGY 3	PGY 3	PGY 4	PGY 4	PGY 4	PGY 5	PGY 5	PGY 5	PGY 6	PGY 6	PGY 6	PGY 7	PGY 7	PGY 7	
PC1	1.0	1.5	1.5	1.5	1.5	2.0	2.5	2.0	2.5	2.5	2.5	3.5	2.5	3.5	3.5	4.0	3.5	4.0	4.5	4.5	4.0	Brain Tumor (Patient Care)
PC2	1.0	1.5	1.5	1.5	1.5	2.5	2.0	2.5	2.5	2.5	4.0	3.5	3.0	3.0	3.5	4.0	3.5	4.5	4.0	4.0	4.0	Surgical Tx of Epilepsy & Moveme
PC3	1.0	n/a	1.0	n/a	1.0	2.0	2.0	2.0	2.5	2.5	2.5	2.5	2.0	3.0	2.5	3.5	3.5	4.0	4.0	4.0	3.5	Pain & Peripheral Nerves (Patient
PC4	1.5	1.5	1.5	1.5	1.5	2.5	2.5	2.5	2.5	2.5	3.0	3.5	2.5	3.5	3.5	3.5	3.0	4.0	4.0	4.5	4.5	Spinal Neurosurgery (Patient Care
PC5	1.0	1.0	1.0	1.0	1.0	1.5	2.0	2.0	2.5	2.5	3.0	3.0	3.5	3.0	3.0	3.5	4.0	3.5	5.0	4.0	4.0	Vascular Neurosurgery (Patient Ca
PC6	1.0	1.0	1.5	1.0	1.0	2.0	2.5	2.5	2.5	2.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	4.0	4.0	4.5	4.0	Pediatric Neurological Surgery (Pa
PC7	1.0	1.5	1.5	1.0	1.5	2.5	2.5	3.0	3.0	3.0	3.0	3.5	3.0	3.0	3.5	3.5	3.5	4.5	4.0	4.5	4.0	Traumatic Brain Injury (Patient Ca
PC8	n/a	3.0	3.0	1.5	2.5	3.0	3.0	3.0	3.0	3.0	3.0	3.5	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	4.0	Critical Care (Patient Care
MK1	1.0	1.5	1.0	1.0	1.0	2.0	2.5	3.0	3.0	3.0	3.0	3.5	4.0	3.0	4.0	4.0	4.0	4.5	4.5	4.5	4.0	Information Gathering
MK2	1.0	1.5	1.0	1.0	1.0	2.0	2.0	2.5	3.0	3.0	3.0	3.5	4.0	3.0	4.0	4.0	3.5	4.0	4.5	4.5	4.0	Critical Thinking for Diagosis and
SBP 1	1.0	2.0	2.0	2.0	2.0	3.0	3.0	3.0	2.5	2.5	3.0	3.0	3.0	3.0	3.0	4.0	3.5	4.0	4.5	4.5	4.0	Patient Safety
SBP2	1.0	1.5	1.5	1.5	2.0	2.0	3.0	2.0	2.5	2.5	3.0	3.0	4.0	4.0	4.0	4.0	4.0	4.0	4.5	4.5	4.0	Quality Improvement
SPB3	1.0	1.5	1.5	1.5	2.0	3.0	3.0	3.0	3.0	3.0	3.5	3.0	4.0	3.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	Heath Care Systems Awarness
PBLI 1	1.0	1.0	1.0	1.0	1.0	1.5	2.0	2.0	2.5	3.0	3.0	3.0	3.0	3.0	4.0	4.0	4.0	4.0	4.5	4.5	4.0	Evidence Based Practice
PBLI 2	3.0	3.0	3.0	3.0	3.0	3.0	4.0	3.0	4.0	4.0	3.0	3.0	4.5	4.5	4.0	4.0	4.5	3.0	4.5	4.5	4.0	Research
PBLI 3	1.0	1.5	1.5	1.5	1.5	2.0	2.5	2.5	5.0	2.5	3.0	4.0	3.5	3.5	3.5	4.0	4.0	4.0	4.0	4.0	4.0	Mentorship and Teaching
PRO1	1.0	1.5	2.0	2.0	2.0	2.5	2.5	3.0	3.0	3.0	3.0	3.5	4.0	3.0	3.5	4.0	4.0	4.0	4.0	4.0	4.0	Ethical Behavior
PRO2	1.0	2.0	2.0	2.0	2.0	2.5	2.0	3.0	3.0	3.0	3.0	3.5	3.0	3.0	3.5	4.0	4.0	4.0	4.0	4.0	4.0	Wellbeing
IPCS1	1.0	1.5	2.0	1.0	2.0	3.0	3.0	3.0	2.5	3.0	3.0	3.5	4.0	3.5	4.0	4.5	4.5	4.0	4.0	4.0	4.0	Patient and Family Communicatio
IPCS2	1.0	1.5	2.0	1.0	2.0	3.0	3.0	3.0	3.0	3.0	3.0	3.5	3.5	3.0	4.0	4.5	4.0	4.0	4.0	4.0	4.0	Communication in Coordination o

RESIDENT, A
CCC Milestone Assessment 20XX - 20XX

Category	Competency		PGY1 Dec	PGY1 June	PGY2 Dec	PGY2 June	PGY3 Dec	PGY3 June	PGY4 Dec	PGY4 June	PGY5 Dec	PGY5 June	PGY6 Dec	PGY6 June	PGY7 Dec	PGY7 June	
1	1	PC1	n/a	1.0	1.5	2.0	2.0	2.5	2.5	2.5	3.5	3.5	3.5	3.5	4.0	4.0	Brain Tumor (Patient Care)
3	2	PC2	1.5	1.5	2.5	2.5	3.0	3.0	3.0	3.0	3.5	3.5	3.5	4.0	4.0	4.0	Surgical Tx of Epilepsy & Movement Disorders (Patient Care)
5	3	PC 3	n/a	1.5	2.0	2.0	2.5	2.5	2.5	2.5	3.0	3.0	3.0	3.0	3.0	3.5	Pain & Peripheral Nerves (Patient Care)
7	4	PC4	n.a	1.0	1.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	4.0	4.0	4.5	4.5	Spinal Neurosurgery (Patient Care)
9	5	PC5	n/a	n/a	2.5	2.5	2.5	2.5	2.5	2.5	3.0	3.0	3.5	3.5	3.5	4.0	Vascular Neurosurgery (Patient Care)
11	6	PC6	n/a	1.0	2.0	2.0	2.0	2.5	2.5	2.5	3.5	3.5	3.5	4.0	4.0	4.0	Pediatric Neurological Surgery (Patient Care)
14	7	PC7	1.5	1.5	2.0	2.5	2.5	2.5	2.5	2.5	3.0	3.0	4.0	4.0	4.0	4.0	Traumatic Brain Injury (Patient Care)
16	8	PC8	n/a	1.0	2.0	2.5	2.5	3.0	3.0	3.0	3.0	3.5	4.0	4.0	4.0	4.0	Critical Care (Patient Care
2	9: BT	MK1	n/a	1.0	2.5	2.5	3.0	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	4.0	Information Gathering and Interpretation
4	10: CC	MK2	n/a	1.5	1.5	3.0	3.0	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	4.0	Critical Thinking for Diagnosis and Therapy
6	11: Epi/MD	MK3	n/a	1.0	1.0	2.0	3.0	3.0	3.0	3.0	3.5	4.0					
8	12: Pain	MK4	n/a	1.0	1.0	2.0	2.0	3.0	3.0	3.0	3.0	4.0					
10	13: Peds	MK5	n/a	n/a	1.0	2.0	2.5	2.5	2.5	2.5	3.0	4.0					
12	14: Spine DD	MK6	n/a	1.0	2.5	2.5	2.5	2.5	2.5	2.5	3.5	4.0					
13	15: Spine Trau	MK7	n/a	1.0	1.0	2.0	2.5	2.5	2.5	2.5	3.5	4.0					
15	16: Vascular	MK8	1.5	1.5	2.5	3.0	3.0	3.0	3.0	3.0	3.5	4.0					
17	17	SBP1	n/a	n/a	2.0	2.5	3.0	3.0	3.0	3.0	3.0	3.0	4.0	4.0	4.0	4.0	*Patient Safety*
18	18	SBP2	n/a	n/a	1.5	2.5	3.0	3.0	3.0	3.0	3.5	3.5	4.0	4.0	4.0	4.0	*Quality Improvement*
		SBP3											4.0	4.0	4.0	4.0	*Health Care Systems Awareness*
19	19	PBLI1	n/a	1.0	1.5	2.0	2.5	2.5	2.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	*Evidence-Based Practice*
20	20	PBLI2	n/a	1.0	1.0	2.0	2.5	3.0	3.0	4.0	4.0	4.0	4.0	4.0	4.0	4.0	*Research*
		PBLI3											4.0	4.0	4.0	4.0	*Mentorship and Teaching*
21	21	PRO1	1.0	1.0	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	*Ethical Behavior*
22	22	PRO2	1.0	2.0	2.5	2.5	3.0	3.5	3.5	3.5	3.5	3.5	4.0	4.0	4.0	4.0	*Well Being*
23	23	ICS1	2.0	2.0	2.5	3.0	3.0	3.0	3.0	3.0	3.5	3.5	4.0	4.0	4.0	4.0	*Patient and Family Communication*
24	24	ICS2	1.5	1.5	3.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.0	4.0	4.0	4.0	*Communication in Coordination of Care*

Key: 1.0 1.5 2.0   2.5 3.0 3.5 4.0 5.0

Faculty Data Points:

- Faculty Development
- Aggregate Evaluation Scores from Residents
- Written Resident Comments
- Professional Development
  - Especially as it relates to teaching
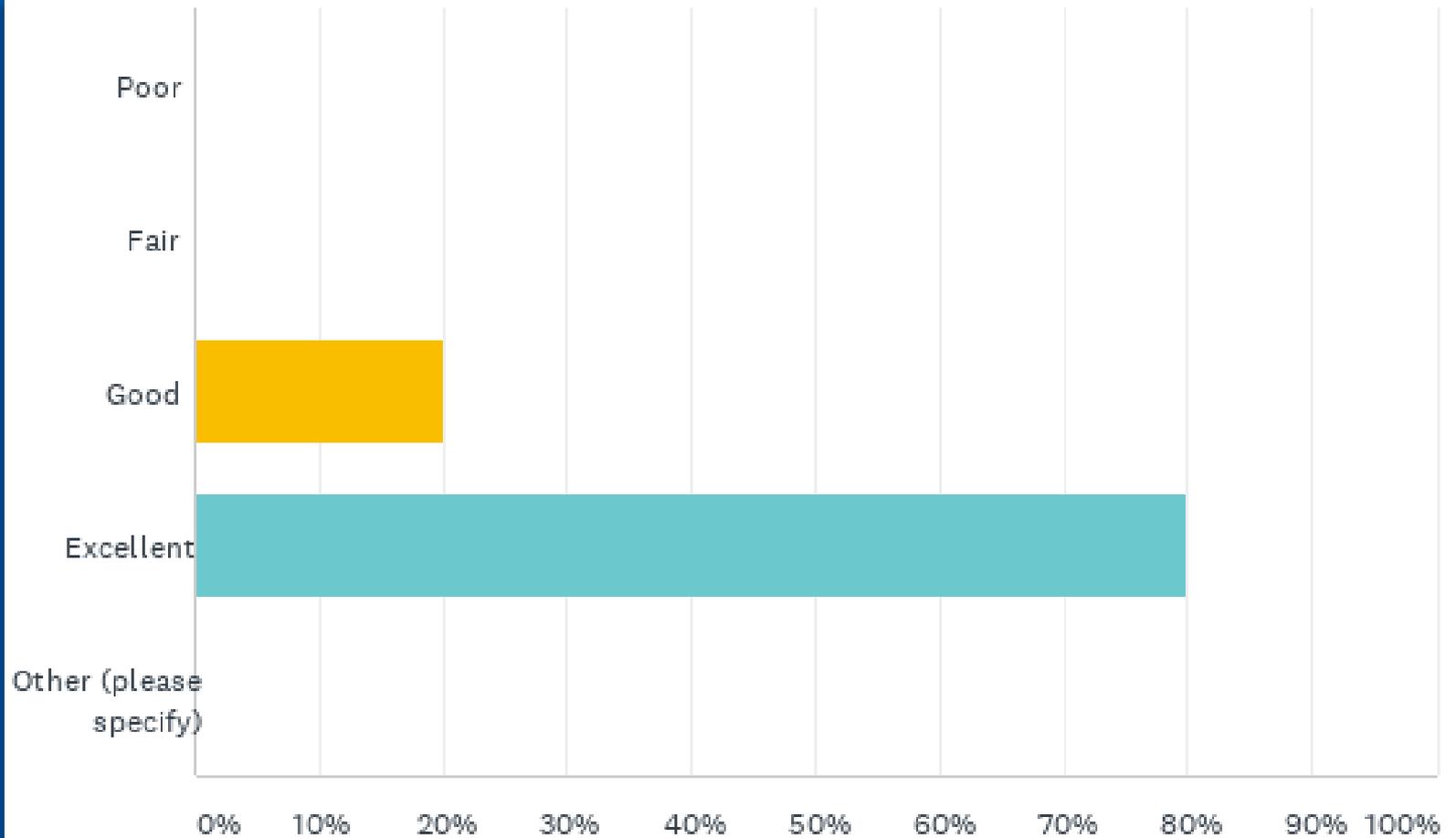- Scholarly Activity

Graduate Performance

- Graduate Survey

- Practice type and location

- Fellowship training

- Oral Exam pass rate

- Training and practice satisfaction

- Suggestions for program improvement

Q2 Current practice type:
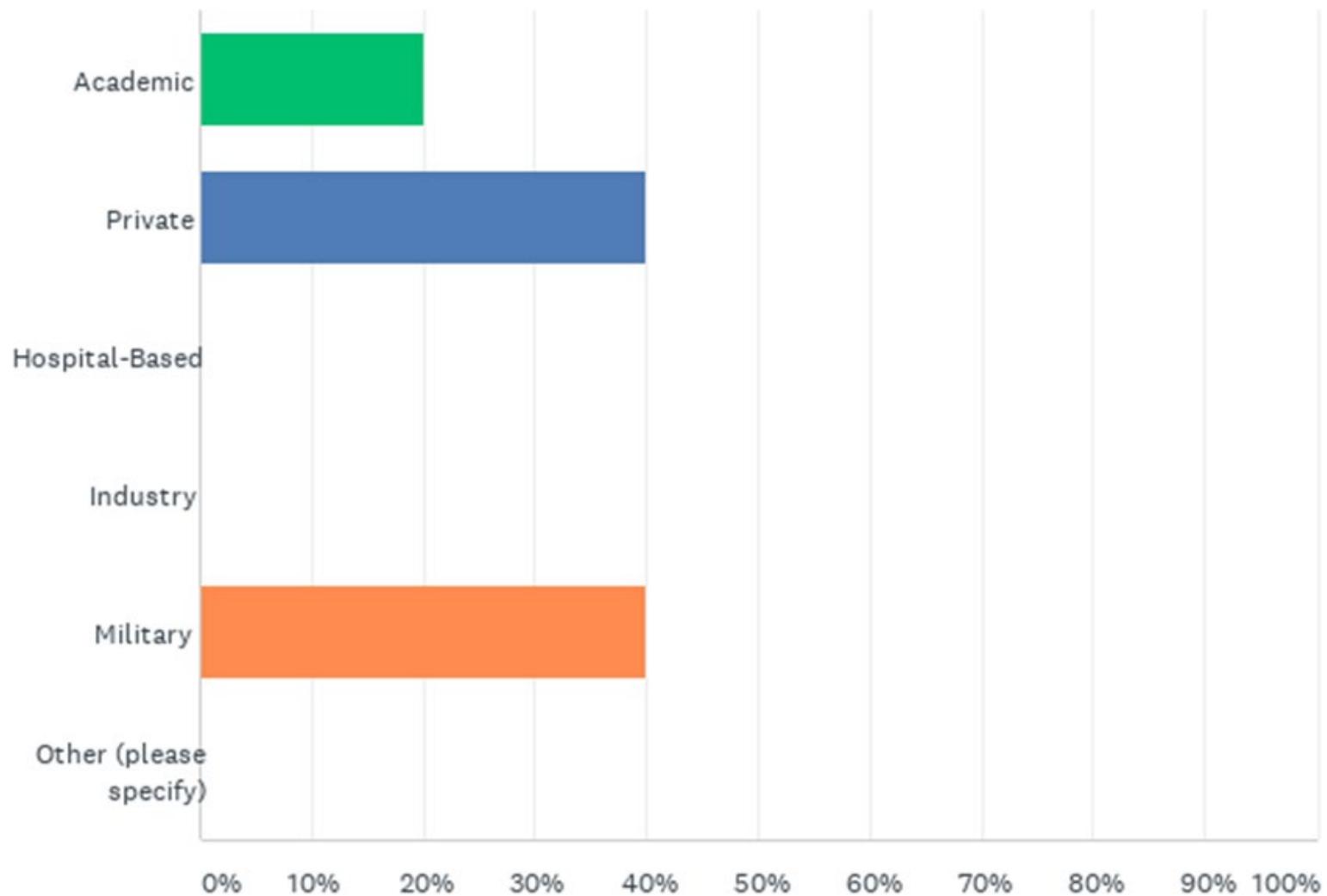
Q5 Overall rating of the residency program.

Program Quality

- ACGME Resident Survey Results
- ACGME Faculty Survey Results
- Annual Confidential Resident Evaluation of Program Results
- Annual Confidential Faculty Evaluation of Program Results
- ACGME citations/areas for improvement/of concern
- Scholarly Activity report
- Resident evaluations of didactics
- Milestone progress
  - Heat Map

Resident Performance

Faculty Development

Graduate Performance

Program Quality

- Which are the most challenging to find data?
- What changes might you make NOW to collect data or change a process to overcome those challenges?

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Then what?

Analyze

- Areas of concern
  - ❑ Residents not attaining a milestone
- Areas of noncompliance
  - ❑ Procedure numbers not being met
- Areas of dissatisfaction
  - ❑ Feedback on didactic sessions

- ➤ Evaluation or curriculum change

- ➤ Curricular change, addition of a clinic or experience, logging method
- ➤ Reevaluation of timing of didactics or quality of speakers

Action Plan

- Title – Clear description of goal.

- Issue – Describes what the issue or goal the program wishes to address or achieve.

- Action – Describes, in detail, how the program plans to achieve this goal.

- Action Item Oversight – Responsible individual or individuals who oversee the plan to fruition.

- Timeline – When you expect the plan to be completed and implemented. You may add an update to the timeline, such as: "Progress Update" (if desired).

- Follow/Up – Re-assessment or changes to the original goal or plan.

Citations & Concerns ⊕

The following are not limited to activity during the current academic year.

Open Issues			Since	Status	
Citation *RRC*	Maximum Hours of Clinical and Educational Work per Week `PQ` `RP`		1/8/2021	**Extended**	Action
Concern *RRC*	Educational Environment `PQ` `RP`		1/6/2017	**Extended**	Action

4 Resolved Issues

Action Plan ⊕

The following action items are not limited to activity during the current academic year.

Open Action Item		Since	Progress
80 Hours Compliance (Resident Survey)	`PQ` `RP`	5/1/2018	Progressing
Education Vs. Service (Resident Survey)	`PQ`	6/27/2018	Progressing
Resident Evaluation Compliance Rates (Program Goal)	`PQ` `RP`	7/18/2017	Progressing
Increase program rankings (3-5 Year Goal)	`PQ` `RP` `GP`	6/29/2018	Progressing
Wellness Curriculum (Program Goal)	`PQ` `RP` `FD`	6/30/2015	Progressing
Role of Physician Extenders (SLOT)	`PQ` `RP`	6/11/2018	Progressing
Increase the # of graduates who practice academic medicine (3-5 Year Goal)	`PQ` `RP` `GP`	6/29/2018	Progressing
18-19: Continuous Hours Scheduled	`PQ`	7/1/2019	Progressing
19-20: Resident Survey;Resources; Education (not) compromised by other trainees	`PQ`	9/8/2020	Progressing
80 Hours per week	Since: 01/08/2021	Status: Extended	`PQ` `RP`	4/25/2022	New

Enter Response

Citations & Concerns ⊕

The following are not limited to activity d...

Open Issues

			Status	
Citation RRC	Maximum Hours		**Extended**	Actio...
Concern RRC	Educational Envir...		**Extended**	Actio...

4 Resolved Issues

Action Plan ⊕

The following action items are not limited...

Open Action Item | | | **Progress**

80 Hours Compliance (Resident Su...			Progressing
Education Vs. Service (Resident Su...			Progressing
Resident Evaluation Compliance Ra...			Progressing
Increase program rankings (3-5 Yea...			Progressing
Wellness Curriculum (Program Goa...			Progressing
Role of Physician Extenders (SLOT...			Progressing
Increase the # of graduates who practice academic medicine (3-5 Year Goal)	PQ RP GP	6/29/2018	Progressing
18-19: Continuous Hours Scheduled	PQ	7/1/2019	Progressing

Action Item ✕

Goal | **Progress** | Outcome | Attachments | **Delete**

Add Progress ⊕

Progressing 4/29/2022 ✕

Dow, Jamie 💬

Action: The program developed in collaboration with the residents an automated call scheduler to eliminate the possibility of not having 1 day off in 7. The Duty hours task force continues to meet and make recommendations such as shifting man power on weekends to more equitably distribute workload. The program implemented dedicated time (the first 5 min of morning conference) for resident duty hour logging. Residents felt this protected time would allow them to log their hours more frequently and accurately. Action: The program is in the process of hiring an additional extender for a team of 5. The role of the extenders is in the process of evolving. They are working to increase inpatient care responsibilities and decrease resident workload. ACTION: The Program Director has implemented a weekly Friday reminder to log duty hours. Those who are not up to date by Sunday will be held out of the operating room on Monday. The program had a special review by the GME IPRC, the program is awaiting the final report and recommendations. OVERSIGHT: PD and Coordinator TIMELINE: the program is running violations reports every Friday to monitor hours. We will implement recommendations as given by the task force, IPRC and upcoming 2022 ACGME

Return to Citation or Concern

- **TITLE:** [Program Requirement VI.F.1] Clinical and educational work hours must be limited to no more than 80-hours per week, averaged over a four-week period: 80 Hours per week | Since: 01/08/2021 | Status: Extended

- **ISSUE**: ACGME Survey Citation: 80 Hours – Accurate Logging, perception of inequity

- **ACTION**: The program developed in collaboration with the residents an automated call scheduler to eliminate the perception of inequity. The Duty hours task force continues to meet and make recommendations such as shifting man power on weekends to more equitably distribute workload. The program implemented dedicated time (the first 5 min of morning conference) for resident duty hour logging (real time issues). Residents felt this protected time would allow them to log their hours more frequently and accurately.

- **ACTION**: The program is in the process of hiring an additional extender (inpatient) for a team of 5. The role of the extenders is in the process of evolving. They are working to increase inpatient care responsibilities and decrease resident workload.

- **ACTION**: The Program Director has implemented a weekly Friday reminder to log duty hours. Those who are not up to date by Sunday will be held out of the operating room on Monday. The program had a special review by the GME IPRC, the program is awaiting the final report and recommendations.

- **OVERSIGHT**: PD and Coordinator

- **TIMELINE**: the program is running violations reports every Friday to monitor hours. We will implement recommendations as given by the task force, IPRC and upcoming 2022 ACGME Survey results. Measurable Outcomes are Duty Hours violations for April 1 through June 30, 2022.

AIMs and SLOT/SWOT/SIOT

AIMS

Aims come from program and institutional leaders

- Key expectations for program and how it's different
- Types of trainees
- Types of careers/community need
- Longer-term strategic view but may change over time

PROGRAM AIMS TOOL

1. **What kind of graduates do we produce for what kinds of practice settings and roles?**

2. **Are we producing graduates that match our patient and healthcare system needs?**

3. **What differentiates us?**

Trigger questions: Who are we training?

Where do our residents/fellows come from?

What cultures/communities are represented?

Why do they choose this program?

What are they seeking from this program vs others?

Do they have/obtain additional education? (MPH, MBA, PhD)

What do our trainees do when they graduate?

- General practice
- Fellowship
- Subspecialty practice
- Academic setting
- Private practice
- Community Health Center
- Global Health
- Research
  - Basic
  - Clinical
  - Translational
- Additional educational programs (MPH, MBA, PhD, other)
- Other

What patient populations do we serve?

- Urban/suburban/rural
- Cultures (race, ethnicity, religion, immigrant-legal/illegal…)
- Hospital-based vs community-based practices
- Insured/uninsured/types of insurance
- Patient access to health care (private car, public transportation, other)
- How do we engage the community?
- Have we performed community needs assessments?

Adapted from Guralinck S, Hernandez T, Corapi M, Yedowitz-Freeman J, Klek S, Rodriguez J, et al. The ACGME Self-Study— An Opportunity, Not a Burden. J Grad Med Educ. 2015;7(3):502-505.)

UF NSG MISSION STATEMENT

Our Department continues its longstanding legacy and unwavering pursuit of its three part mission:

- Dedication to providing technically superb, compassionate and timely medical care to our patients.

- Commitment to the education of resident physicians, and to the continuing medical education for practicing physicians in the art of science and neurosurgery.

- Exploring and developing through clinical and basic research at the UF McKnight Brain Institute new and better treatments for neurosurgical disorders.

UF AIMS

1. Mitigate health care disparities by attracting and training highly-qualified and diverse set of residents. (Patients and Residents)

2. Provide exemplary neurosurgical care and improve the patient experience throughout the continuum of care by focusing on safety and quality initiatives. (Patient Care, Education, Research)

3. Maintain a "Just Culture" that promotes the alignment of leadership and providers through the effective use of data and provider feedback. (Patient Care)

4. Prepare residents for board certification and successful careers in academic medical centers, the military or private practice. (Education)

Breaking down an AIM…

- **AIM**: Mitigate health care disparities by attracting and training highly-qualified diverse set of residents.
  - **Activity/Action**: <mark>Residency Recruitment</mark>: The program's recruitment process focuses on finding a diverse set of applicants to discover if the applicants personal and professional traits and goals fit our program and community needs.
  - **Activity/Action**: Match Results: provide <mark>outcomes data</mark> for program recruitment efforts.
  - **Activity/Action**: Post Match Applicant <mark>Survey</mark>: Provides <mark>feedback</mark> to the program regarding applicant perspective of UF recruitment process/efforts.

Strengths	Weaknesses	Opportunities	Threats
What are we good at?	What areas are lacking?	Improvement Areas?	What could jeopardize your programs plan?

Opportunities are external factors that can help the program flourish

- Not entirely under the control of the program
- Access to expanded populations
- Partnerships, agreements and collaborations

UFHealth
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STRENGTHS:	LIMITATIONS:
1. Department Market Share/Halifax 2. Department Growth/Research 3. Stroke Center of Excellence 4. Clinical Productivity/Case Volume 5. Orientation (TTI) 6. New Neuro Tower 7. Quality Improvement Infrastructure 8. Neuro-Oncology group 9. Military Residents 10. VA/Halifax (clinical volume and varied practice experience) 11. Neuro Critical Care Team (CAST accreditation) 12. Philanthropy	1. Limited GME Funding 2. COI/ Resources for education 3. End of TTP
OPPORTUNITIES:	**THREATS:**
1. Additional elective time 2. Research 3. Simulation/Cadaver Lab Curriculum 4. Faculty Development 5. Evaluation Methods 6. Wellness Curriculum	1. Cost of providing indigent care 2. Financing increased costs of Residency 3. Increasing number of surrounding neurosurgeons 4. Duty hours reform 5. Resident expectations/perceptions

OPPORTUNITIES:

1. Additional elective time
2. Research
3. Simulation/Cadaver Lab Curriculum
4. Faculty Development
5. Evaluation Methods
6. Wellness Curriculum

Strengths	Weaknesses	Opportunities	Threats
What are we good at?	What areas are lacking?	Improvement Areas?	What could jeopardize your programs plan?

Threats also largely beyond the control of the program

- Change in support
- Changing priorities at the institutional or state levels
- Local factors, such as erosion of a primary ambulatory system based on voluntary faculty

THREATS:

1. Cost of providing indigent care
2. Financing increased costs of Residency
3. Increasing number of surrounding neurosurgeons
4. Duty hours reform
5. Resident expectations/perceptions

WHERE DID THEY GO?
UF Department of Neurosurgery Resident Alumni

104 Residents
2022

Map markers by state:
- MT: 1
- OR: 1
- WI: 1
- NY: 1
- CA: 5
- CO: 4
- MO: 3
- MD: 3
- NC: 3
- WV/VA: 2
- OK: 1
- TN: 3
- AL: 2
- GA: 2
- SC: 1
- TX: 8
- MS: 1
- LA: 4
- FL: 54
- HI: 3

Think about it

- What are your program aims?

- What are some program activities that have been or are being initiated to promote or further these aims?

- What are important opportunities for your program? What factors favor your program, that your program may take advantage of?

- What are real or potential threats facing your program? What factors present threats?

What's Changed since last year?

| Strengths	Weaknesses
1. What is our competitive advantage? **2. What resources do we have?** **3. What are we doing well?**	**1. Where can we improve?** **2. What area are underperforming?** **3. Where are we lacking resources?**
Threats 1. What new regulations threaten training? 2. What do our competitors do well? 3. What trends threaten the training experience?	**Opportunities** 1. What technology can we use to improve operations? 2. Can we expand? a. Should we? 3. What new funding opportunities can we explore? 4. Demographics

Goal of the APE is not simply to "check a box" or fulfill a requirement, but to set the stage for meaningful program assessment and improvement.

APE

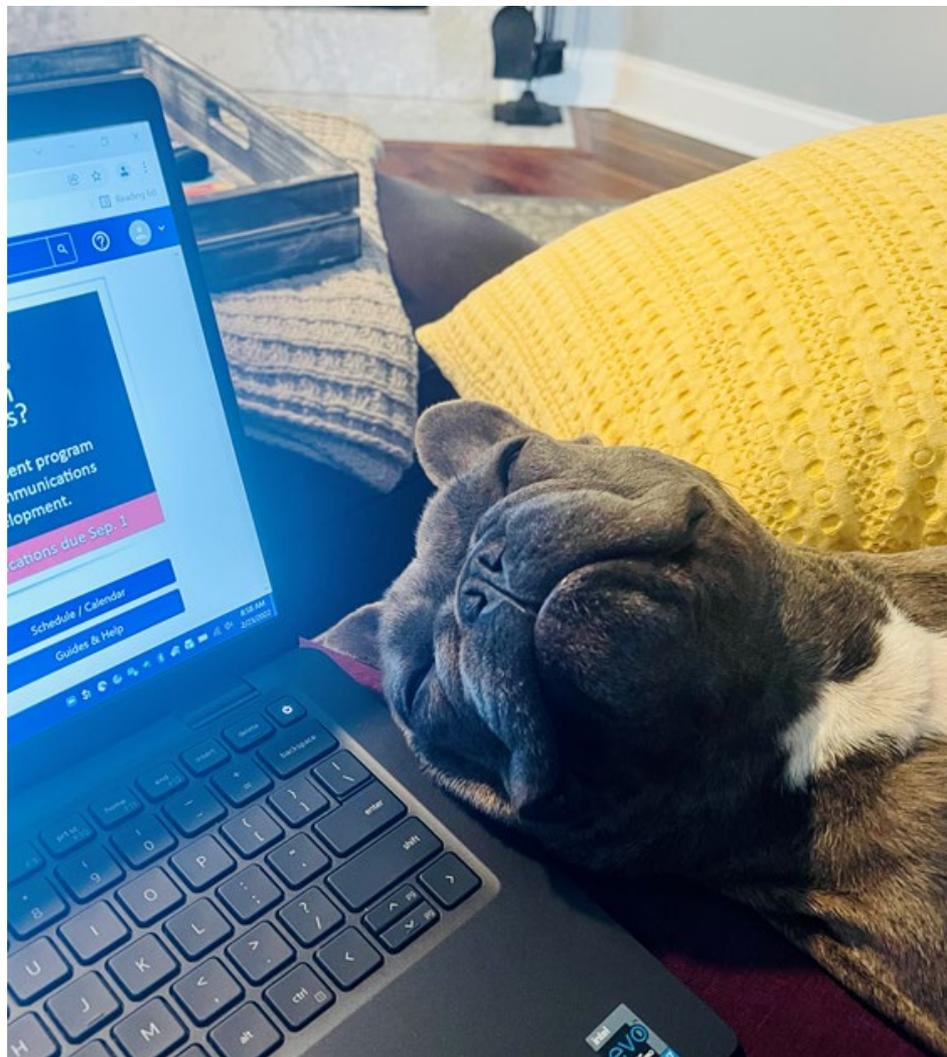UFHealth

UNIVERSITY OF FLORIDA HEALTH
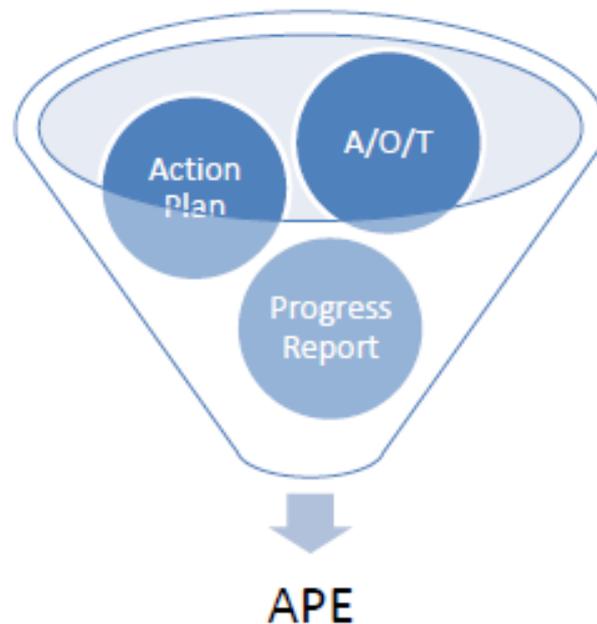
Benefits of APE

- Becomes the stage for program assessment

- Record of program improvement initiatives

- Site visit prep

- ADS data submission

- Self Study preparation

- Internal Review Data

- Department Reporting Data

Resources and References

- acgme.org/What-We-Do/Accreditation/Self-Study
- med.stanford.edu/gme
- ACGME Milestone Annual Report 2016
- Use of Institutional Template for Annual Program Evaluation and Improvement: Benefits for Program
- Participation and Performance. Andolsek, K; Nagler, A; Weinerth, J. Journal of Graduate Medical
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- Redefining the coordinator's role in the current GME environment. Residency Program Alert. October 2016. HCPro.com.

Thank You