As part of the ACGME Common Program Requirements, all programs are required to prepare an annual review of their program. Please use the questions below as a template for the annual program review and action plan. Return to the GME Office no later than August 1, 2010

The review of the program can be part of an annual faculty meeting, the department education committee, or faculty education meeting. All faculty and residents must have the opportunity to evaluate the program confidentially and in writing at least annually.

The following faculty participated in the meeting:

The following residents participated in the meeting:

A. Educational Component

1. The program curriculum is current and meets all RRC program requirements.  
   (What new lectures/conferences have you added?)
   □ Yes □ No Explain

2. Goals and objectives are competency-based by rotation and vary with training level.
   □ Yes □ No Explain

3. Rotations at participating sites provide educational value.
   (Identify any new or deleted site)
   □ Yes □ No Explain

4. Program Letters of Agreement are current for each rotation.
   (Agreements have current names and signatures within last 5 years)
   □ Yes □ No Explain

5. Faculty actively participate in didactic sessions
   (i.e., journal club, conferences, M&M conferences etc.).
   □ Yes □ No Explain

6. All six general competencies are integrated into curriculum learning activities.
   □ Yes □ No Explain

7. Do you assess and teach each competency? (Give examples)
   a. Patient Care
      (ex. patient surveys, multi-source evaluations, procedure logs, patient logs)
      □ Yes □ No

   b. Medical Knowledge
      (ex. In-service Exams, Mock Boards, Board Pass Rate)
      □ Yes □ No
c. **Interpersonal & Communication Skills**
   (ex. documenting records, teamwork, transfer care)
   □ Yes □ No

d. **Professionalism**
   (ex. presentations, reflections, conversation with mentor)
   □ Yes □ No

**Practice-based Learning**
(ex. self-assessment & reflection, EMB QI, teaching
patients/families/students, evaluation tools on journal club, critically appraised topics, rounds,
evaluation of practice group prior/post changes to adopt best practices from the literature)
   □ Yes □ No

f. **Systems-based Practice**
(ex. identifying system errors, understanding healthcare system, using the Healthcare Matrix to identify errors)
   □ Yes □ No

8. **Quality Improvement Projects**
   Identify quality improvement projects and the rotation in which they occur.
   □ Yes □ No

**B. Scholarly Activity**

1. Key teaching faculty participate in scholarly activities and research.
   □ Yes □ If No Explain

1.a. Key teaching faculty cv’s updated in the program’s PIF Faculty Roster
   □ Yes □ No

2. Residents/fellows participate in scholarly activities and research.
   □ Yes □ If No Explain

3. Outcome measures of the scholarly activity over the last academic year.
   a. List of total publications (including abstracts) by all residents?
   b. List of total presentations (national, local) by all residents?
   e. Number of key teaching faculty

**C. Evaluations**

1. Performance evaluations are competency-based.
   □ Yes □ If No Explain

2. Performance evaluations are completed in a timely manner. *(within 1 month)*
   □ Yes □ If No Explain

3. Performance evaluations are reviewed with the resident at least twice per year.
   □ Yes □ If No Explain

4. All evaluations are in New Innovations.
   □ Yes □ If No Explain

5. Each resident receives a final summary evaluation upon completion of the program verifying, the resident has “demonstrated sufficient competence to enter practice without direct supervision”.
   □ Yes □ If No Explain

6. Evaluations of the faculty by residents include a review of teaching,
   □ Yes □ If No Explain
University of Colorado Denver School of Medicine
Graduate Medical Education

commitment to the educational program, and, level and availability of supervision.

7. All faculty and residents have the opportunity to evaluate the program ☐ Yes ☐ If No Explain conferences, rotations and educational activities confidentially and in writing at least annually in New Innovations.

8. Explain how program evaluation by faculty and residents results will be used to improve the program for the next academic year.

D. Duty Hour Compliance

1. Program monitors compliance with duty hour guidelines. ☐ Yes ☐ If No Explain

2. If non-compliant on the ACGME survey this year, what is your follow up action plan to maintain compliance?

E. Respond to ACGME Resident Survey non-compliance categories.
Identify how you will address all areas of non-compliance. Pay specific attention to questions #1 (teaching), #17 (raise questions without fear of intimidation/retaliation) and #19 (emphasize clinical education over service obligations)

E. Overall Program

1. Provide board certification first-time pass rates for recent graduates ______
   National comparison (if available) ______
   What pass rate does your RRC require? Not Applicable ☐

2. Results of in-service exams (Shelf, PRITE, etc.) by PGY level (if applicable).
   PGY 1 ______
   PGY 2 ______
   PGY 3 ______
   PGY 4 ______
   PGY 5 ______
   PGY 6 ______
   PGY 7 ______
   PRY 8 ______

3. Faculty participation in faculty development programs ☐ Yes ☐ If No Explain
   a. Within the program or department ______ # faculty per year
   b. Within the institution (e.g., Academy of Medical Educators) ______ # faculty per year
   c. Within professional societies ______ # faculty per year
F. Program Quality Improvement Action Plan

1. Describe the program’s plan for improvement. (Note: may attach document) Please include:
   a. overall improvement goals for conferences, rotations and curriculum plan
   b. specific actions to reach each goal
   c. timeline for the actions
   d. individual responsible for overseeing each action
   e. how will you measure improvement, including any benchmarks
   f. any changes to faculty members  [ ] increase  [ ] decrease  [ ] no change
   g. any changes to rotation sites  [ ] increase  [ ] decrease  [ ] no change

Meeting date for program evaluation:
(meeting must be held before July 1)

________________________________________  __________________________
Program Director signature                  Date
I. Previous RRC Accreditation Letter
   a. Date of Letter:
   b. Date Progress Report Due (if applicable):
   c. Accreditation Status:
   d. Citations: (Please list all citations and concerns)
   e. Current Action taken to resolve each issue:

II. Previous Internal Review Report
   a. Date of Internal Review:
   b. Recommendations:
   c. Progress made to address each recommendation:

III. ACGME 2010 Resident Survey
   a. Percent of residents responding:
   b. Areas of “non-compliance”:

   Progress to address issues: (how have these areas been corrected or your plan for the upcoming year)