**Graduate Medical Education   
Annual Program Evaluation  
Program Evaluation Committee (PEC) Minutes**



**Program Name:** Click or tap here to enter text.   
**Date of PEC meeting:** Click here to enter a date.

**PEC Members Present**  
**Faculty**: Click here to enter text.  
**Trainees**: Click here to enter text.  
**Other**: Click here to enter text.

**The following data was used to complete this APE (check all that apply):**

|  |  |  |  |
| --- | --- | --- | --- |
| ACGME Letter on Notification | Departmental Surveys |  | Milestone achievement |
| ACGME Resident & Faculty Survey | Rotation Evaluations |  | In-training exam scores |
| ACGME Resident & Faculty Well-being survey | Faculty Evaluations |  | Certification rates |
| GME Survey | Program Evaluations |  | Resident & Faculty scholarly activity |

**As part of the APE, the PEC reviewed and updated the program’s mission and aims.**

The mission statement was (select one):

Reaffirmed

Updated

* + New Mission Statement: Click or tap here to enter text.

The aims were (select one):

Reaffirmed

Updated

* + New Aim 1: Click here to enter text.
  + New Aim 2: Click here to enter text.
  + New Aim 3: Click here to enter text.
  + New Aim 4: Click here to enter text.
  + New Aim 5: Click here to enter text.

**As part of the APE, the PEC reviewed and evaluated the program’s strengths, areas for improvement, threats and opportunities. Updated SWOT analysis:**

|  |  |
| --- | --- |
| Strengths  Click here to enter text. | Areas for Improvement  Click here to enter text. |
| Opportunities  Click here to enter text. | Threats  Click here to enter text. |

**The following elements were considered in the assessment of the program:**

|  |  |
| --- | --- |
| **Topic** | **Program Response** |
| Updated from prior APE |  |
| * Items resolved | Click here to enter text. |
| * Items partially resolved | Click here to enter text. |
| * Items ongoing | Click here to enter text. |
| ACGME LON |  |
| * Citation | Click here to enter text. |
| * Concerns / areas for improvement | Click here to enter text. |
| Curriculum |  |
| * Strengths | Click here to enter text. |
| * Target improvement areas | Click here to enter text. |
| Quality and safety of patient care | Click here to enter text. |

**Departmental (Resident and Faculty)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | **Resident** | **Faculty** | **Aggregate** |
| Well-being | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Recruitment & retention | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Workforce diversity | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Engagement in QI & PS | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Scholarly Activity | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| ACGME Surveys | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Written program evaluations | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Residents**

|  |  |
| --- | --- |
| **Topic** | **Response** |
| Milestone achievement | Click here to enter text. |
| In-training exams | Click here to enter text. |
| Board pass and certification rate | Click here to enter text. |
| Graduate Performance | Click here to enter text. |

**Faculty**

|  |  |
| --- | --- |
| **Topic** | **Response** |
| Evaluations | Click here to enter text. |
| Professional Development | Click here to enter text. |

**Action Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area for Improvement** | **Intervention** | **Responsible individual(s) & Resources** | **Follow up / Reassessment** | **Follow up date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
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Notes/Comments: Click here to enter text.

Date which the APE and action plan were distributed to and discussed with the members of the teaching faculty and the residents: Click here to enter a date.

Date which the APE was submitted to the DIO as part of the APR: Click here to enter a date.

Program Director Signature: Click here to enter text.