**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:**

|  |  |
| --- | --- |
| StrengthsClick here to enter text. | Areas for ImprovementClick here to enter text. |
| OpportunitiesClick here to enter text. | ThreatsClick 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.