

Self-Assessment and Action Plan

*Community Health Center Sponsoring Institution
and Residency Program*



California Primary Care Association

The California Primary Care Association (CPCA) was formed in 1994 and is the statewide leader and recognized voice representing the interests of California community health centers (CHCs) and their patients. CPCA represents more than 1,300 not-for-profit CHCs and Regional Clinic Associations who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. CPCA provides advocacy, education, and services to lead and position CHCs as key players in the health care delivery system in order to improve the health status of their communities.

California Community Health Centers

CHCs are nonprofit, tax-exempt clinics that are mission driven to minimize the impact of barriers to health and health care access including poverty, lack of health insurance, immigration status, ethnicity, language and culture, disability, homelessness, geographic isolation and other diverse needs. California's CHCs offer a proven delivery model that can serve as a quality benchmark for meeting the needs of California's diverse and disenfranchised populations. As providers for the most vulnerable Californians, CHCs understand that in order to achieve the goal of access to health for all, California cannot rely entirely on incremental expansion of existing publicly funded health insurance programs. Access to healthcare will require expanding and diversifying our physician workforce to meet the needs of California's diverse patient population.

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Community Health Center Residency Road Map

Several CHC Graduate Medical Education (GME) Programs in California have taken advantage of opportunities available through the Health Resources and Services Administration (HRSA) Teaching Health Center Graduate Medical Education (THCGME) Program, Song-Brown Healthcare Workforce Training Program, and CalMedForce Program to sustain, expand, and develop new residency programs. Many other CHCs also continue to explore the potential of developing primary care residency programs and partnerships to grow their workforce.

As a result, CPCA developed the Community Health Center Residency Road Map to offer a series of trainings and resources that achieve the following three goals:

- Develop comprehensive trainings and resources for CHCs desiring to implement or sustain residency training programs or partnerships;
- Increase the number of new CHC residency partnerships and accredited programs to expand primary care GME in California; and
- Strengthen and sustain existing CHC residency partnerships and accredited programs to maximize ongoing efforts that train primary care residents to work with underserved populations in community-based settings and underserved areas.

This program was developed with the generous support of the Northern and Southern California Kaiser Permanente Community Health Programs and in partnership with Wipfli, LLP. Through this work, CPCA created a number of different toolkits and offered several in-person meetings whose presentations were converted to webcasts.

Community Health Center Residency Road Map Resources

ADDITIONAL RESOURCES

- Pathways to Residency: Community Health Center Models for Graduate Medical Education
- Preparing for Accreditation: Community Health Center as Sponsoring Institutions
- Graduate Medical Education Funding: Community Health Center Resources for Residency Training

TRAINING WEBCASTS

- Training Physician Residents in Community Health Centers
- ACGME Accreditation: Community Health Centers as Sponsoring Institutions
- Cultivating Community-Based Graduate Medical Education

ALL MATERIALS developed through the Community Health Center Residency Road Map program can be accessed at www.cPCA.org/residency.

About this Resource

Self-Assessment and Action Plan

Community Health Center Sponsoring Institution and Residency Program

PURPOSE OF THE SELF-ASSESSMENT

This self-assessment is one of the resources created by the Community Health Center Residency Road Map. It was designed to help ACGME-accredited CHC sponsoring institutions complete their annual institutional review, which is a required process by the Accreditation Council for Graduate Medical Education (ACGME). This resource will give CHC Sponsoring Institutions the mechanisms to evaluate their sponsoring institution and accredited graduate medical education program(s), identify strategic opportunities, and develop an action plan that will strengthen their infrastructure.

HOW TO USE THE TOOL

This self-assessment includes 81 multiple-choice questions and should take approximately 15-20 minutes to complete. The questionnaire asks questions about core components of ACGME-accredited sponsoring institutions and residency programs, including budget and finance; graduate medical education committee; compliance, policies, and procedures; evaluations; faculty development; wellness; scholarly activity; and curriculum. ACGME requirements associated with this self-assessment and other resources created by ACGME can be accessed using the Community Health Center Residency Road Map GME Resource Library: www.cpc.org/gmeresourcelibrary.

The tool does not cover all requirements associated with ACGME accreditation, therefore, it is advised that additional steps be taken to holistically evaluate other aspects of the sponsoring institution GME program.

NEXT STEPS

At the end of the questionnaire, you will find an action plan template that will allow you to think strategically about how to improve the core functions identified in the self-assessment. There is dedicated space in the action plan to note down the challenges, goals, strategies for improvement, timeline, and individuals involved for each core component.

The Community Health Center Residency Road Map contains a series of webcasts available on some of the topics covered within the self-assessment tool. These resources can be used to identify additional ways to strengthen your ACGME-accredited GME program and can be found on the CPCA webcasts and podcasts page: www.cpc.org/webcasts.

Community Health Center Sponsoring Institution and Residency Program Self-Assessment

This self-assessment tool was designed to help ACGME-accredited CHC sponsoring institutions complete their annual institutional review. Please take a few minutes to complete the following self-assessment to evaluate your current residency program structure, future plans, challenges, and opportunities. This information is meant to provide meaningful information that will strengthen your sponsoring institution and residency program infrastructure by uncovering and pinpointing the areas where your organization may want to improve its processes to meet ACGME requirements or implement best practices. Once you have completed this self-assessment, it is recommended that the Graduate Medical Education Committee (GMEC) review the findings and collaborate to identify strategies for improvement via the attached action plan.

CONTACT INFORMATION

Name _____ Title _____

Organization _____

Email _____

Phone Number _____

Sponsoring Institution and Program Information

1. Does your organization currently have ACGME accreditation as a Sponsoring Institution? Yes No

IF YES, list the name of your sponsoring institution: _____

2. Does your organization currently sponsor any ACGME-accredited graduate medical education training programs? Yes No

IF YES, please specify which specialty(ies):

- Family Medicine
- Internal Medicine
- Psychiatry
- Preventive Medicine
- Other

If other, please specify _____

Sponsoring Institution and Program Information

3. What organizations is your residency program currently affiliated with to train physician residents?

Hospitals _____
Academic Institutions _____
Community Health Centers _____
Public Clinics and Hospitals _____
Community-Based Organizations _____
Veterans Administration _____
Other _____

4. What additional organization(s) would your residency program like to partner with to enhance training?

What is the purpose of this new partnership? _____

5. What steps does your community health center plan to take in the next three years to train physician residents?

Select all that apply.

- Seek accreditation from the Accreditation Council for Graduate Medical Education (ACGME) to become a Sponsoring Institution
- Develop a new consortium with other academic institutions, hospitals, or health systems to pursue ACGME accreditation
- Create a new partnership with an external residency program in a hospital or academic institution to become a continuity training site or rotation site
- Sustain the current number of residents training in my organization
- Expand the total number of residents training in my health center
- Develop a second residency program within my health center's existing ACGME-Accredited Sponsoring Institution
- Establish new partnerships with community-based organizations (i.e. public health departments, international organizations) to enhance my residency program
- Other

If other, please specify: _____

Program Challenges and Barriers

6. What challenges are you experiencing in sustaining or expanding your existing physician residency program or partnership?

Select all that apply.

- Securing or Maintaining ACGME Accreditation
- Obtaining Funding for Start-Up
- Securing Funds to Sustain or Expand Residency Training
- Sustaining and/or Establishing New Partnerships with Training Institutions
- Securing or Maintaining Health Center Leadership and/or Board Buy-In
- Recruiting or Retaining Faculty
- Capital Construction
- Editing Existing or Developing New Policies and Procedures
- Developing or Enhancing Residency Program Curriculum
- Establish or Support a Business Model for Residency Training
- Working through Potential Legal Issues
- Engaging the Community
- Other

If other, please specify _____

7. What are the biggest barriers your faculty face to teach within your residency program?

Select all that apply.

- Education
- Culture Change
- Adequately Reserved Time for Teaching
- Program Funding
- Compensation
- Perceived (In)Efficiencies
- Scholarly Work
- Other

If other, please specify _____

Sponsoring Institution and Residency Program Evaluation Self-Assessment

Complete this self-assessment by selecting one check box for each row displaying an ACGME requirement or best practice of a CHC sponsoring institution or residency program. The survey scale used for this tool is intended to evaluate where ACGME requirements or best practices are not being met, are being met, or are being exceeded.

The following definitions for each survey measurement are defined below to offer clarity:

- **NOT MEETING:** Weak to no process or structure currently in place to meet the ACGME requirement or implement the best practice.
- **MEETING:** Process or structure currently in place to meet the ACGME requirement or implement the best practice.
- **EXCEEDING:** Extraordinary process or structure currently in place to exceed expectations created by the ACGME requirement or best practice.

Areas of Evaluation Requirements

1. Budget and Finance
2. Graduate Medical Education Committee (GMEC)
3. Compliance, Policies and Procedures
4. Evaluations
5. Faculty Development
6. Wellness and Well-Being
7. Scholarly Activity, Quality Improvement (QI) and Quality Assurance (QA)
8. Curriculum

Self-Assessment

AREAS OF EVALUATION	NOT MEETING	MEETING	EXCEEDING
I. Budget and Finance			
Our organization has created a five-year GME budget (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization reviews resident salaries and benefits annually (ACGME Institutional Requirement II.D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization reviews teaching faculty compensation annually (includes conducting fair market analysis) (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization regularly seeks and reviews external GME funding opportunities (ACGME Common Program Requirement I.D.1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Graduate Medical Education Committee (GMEC)			
Our GMEC has a written charter and organizational chart that is reviewed/revised annually (ACGME Requirement for Sponsoring Institution Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our GMEC meets at least quarterly (ACGME Institutional Requirement I.B.3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our GMEC follows a set agenda that meets Sponsoring Institution requirements (ACGME Institutional Requirement I.B.4.b.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our GMEC has an Annual Institutional Review Subcommittee (ACGME Institutional Requirement I.B.5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our GMEC has a Special Review Subcommittee (ACGME Institutional Requirement I.B.6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our GMEC members are trained annually on their roles and responsibilities (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each subcommittee has its own written mission statement, rules, and requirements (ACGME Requirement for Sponsoring Institution Application)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GMEC reviews and approves the completed Annual Institutional Review each year (ACGME Institutional Requirement I.B.5.b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GMEC practices effective oversight of all accredited programs (ACGME Institutional Requirement I.B.4.a.(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Assessment

AREAS OF EVALUATION	NOT MEETING	MEETING	EXCEEDING
Graduate Medical Education Committee (GMEC) <i>continued</i>			
The GMEC reviews, approves, and updates Program Letters of Agreement when required (ACGME Common Program Requirement I.B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Designated Institutional Officer demonstrates their commitment to their role through regular attendance at role related education/conferences (ACGME Institutional Requirement II.A.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Compliance, Policies and Procedures			
Our organization regularly reviews and/or revises institutional and program level policies (ACGME Institutional Requirement IV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policies and procedures are easily accessible for review (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Every rotation has goals and objectives that meet specialty and milestone requirements. (ACGME Common Program Requirement IV.A.2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual rotation goals and objectives are reviewed annually and updated as necessary (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization annually reviews our resident handbook (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our organization annually reviews our resident contract (ACGME Institutional Requirement IV.B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evaluations			
Residents in our program report that they get enough feedback (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents in our program report that they get high-quality feedback (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents are evaluated via a variety of tools and evaluator types (ACGME Common Program Requirement V.A.I.c).(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluations of residents are milestone (competency) based (ACGME Common Program Requirement V.A.I.d.(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our program reviews evaluation tools and revises them on a regular basis (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty are regularly evaluated by residents (ACGME Common Program Requirement V.B.I.b.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results of resident evaluations of faculty are reported back to faculty in a meaningful way (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Assessment

AREAS OF EVALUATION	NOT MEETING	MEETING	EXCEEDING
Evaluations <i>continued</i>			
Residents and faculty have the opportunity to evaluate the program, at least annually (ACGME Common Program Requirement V.C.1.a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a formal Program Evaluation Committee that meets at least annually (ACGME Common Program Requirement V.C.1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results from program evaluations (such as ACGME surveys) are reported back to the faculty/residents (ACGME Common Program Requirement V.C.1.e).(1))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a formal Clinical Competency Committee that meets twice a year (ACGME Common Program Requirement V.A.3.b.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Faculty Development			
Our program has a formal faculty development program/plan (ACGME Common Program Requirement V.B.3.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty are provided with formal lectures/workshops in areas to grow their professional/personal development (ACGME Common Program Requirement II.B.2.f.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty are provided non clinical time to complete academic work (ACGME Common Program Requirement IV.D.2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Core faculty are provided with educational funds and the opportunity to attend educational events pertinent to their role in the program (ACGME Institutional Requirement II.B.3.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty have the opportunity to participate in a mentoring program (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Program Director meets annually with each faculty member (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty receive annual feedback on their performance on their clinical, administrative, educational/scholarly work, their engagement in resident education, and participation in faculty development activities (ACGME Common Program Requirement V.B.1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty have the opportunity, annually, to develop individualized goal setting plans with the Program Director (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Assessment

AREAS OF EVALUATION	NOT MEETING	MEETING	EXCEEDING
6. Wellness and Well-Being			
There is a wellness and well-being policy (ACGME Common Program Requirement VI.C.1.d.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faculty and staff are respectful of resident work hours (ACGME Common Program Requirement VI.C.1.b.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are rarely duty hour violations in our program (ACGME Common Program Requirement VI.F.1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a sleep/fatigue policy (ACGME Common Program Requirement VI.D.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents feel there is an appropriate balance between service/ education (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are adequate resident rest facilities at all training sites (ACGME Common Program Requirement VI.D.2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents have access to wellness assessment tools (ACGME Common Program Requirement VI.C.e).(3))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents have access to an Employee Assistance Program (EAP) (ACGME Institutional Requirement III.B.7.C). (8))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our institution has a formal wellness curriculum (ACGME Common Program Requirement VI.C.1.e.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our institution assesses resident well-being (ACGME Common Program Requirement VI.C.1.e).(2).)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The residency/institution closely monitors faculty burnout (ACGME Common Program Requirement VI.C.1.e.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Scholarly Activity, QI and QA			
Residents have access to a variety of scholarly opportunities (ACGME Common Program Requirement VI.D.3.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a formal scholarly work curriculum (ACGME Common Program Requirement IV.D.1.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is a formal QI and QA curriculum (ACGME Common Program Requirement IV.A.1.b.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents have the opportunity to participate in interdisciplinary activities (ACGME Common Program Requirement IV.B.1.f).(1).(d).)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents have the opportunity to participate in formal QI and QA activities such as committees (ACGME Common Program Requirement IV.A.1.b).(3).(a))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Self-Assessment

AREAS OF EVALUATION	NOT MEETING	MEETING	EXCEEDING
8. Curriculum			
Our program(s) revise(s) their curriculum annually (Best Practice)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our training program addresses timely issues as they relate to the specialty (e.g. Opioid epidemic, LGBTQIA accessible care) (Requirements Differ According to Specialty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Residents have an opportunity to learn about social determinants of health via didactic and in-person experiences (Requirements Differ According to Specialty)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Our program has a formal professionalism curriculum that is not lecture based (ACGME Common Program Requirement VI.B.1.a.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The behavioral health curriculum is integrated; across rotations and years of training and incorporates lectures and other types learning (ACGME Common Program Requirement IV.C.2.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team based care, or interprofessional teams, is an integral part of our health care delivery model (ACGME Common Program Requirement IV.B.1.f).(1).(d))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
We prepare our residents for independent practice in areas outside of the standard curriculum (e.g. how to bill, financial planning, conflict management resolution) (ACGME Common Program Requirement IV.B.1.f.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sponsoring Institution and Residency Program Action Plan

Now that the self-assessment is complete, the GMEC will need to collaboratively take the following three steps to fill in the action plan:

1. First, highlight in red the areas where your organization indicated "not meeting" for a specific ACGME requirement or best practice in the self-assessment and action plan.
2. Next, identify the areas where your organization indicated "meeting" for a specific ACGME requirement or best practice in the self-assessment. If your organization believes an area could be improved and/or would like to move it to the "exceeding" category, highlight it in yellow within the self-assessment and action plan.
3. For each area highlighted in red or yellow, identify the challenges, goals, strategies for improvement, timeline, and individuals involved. The goal is to move each of these highlighted areas one box to the right and into the "meeting" or "exceeding" categories.

Action Plan

I. Budget and Finance

Our organization has performed a GME feasibility study

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Our organization has created a five-year GME budget

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Our organization reviews resident salaries and benefits annually

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

I. Budget and Finance *continued*

Our organization reviews physician compensation annually (includes conducting fair market analysis)

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Our organization regularly seeks and reviews external GME funding opportunities

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

2. Graduate Medical Education Committee (GMEC)

Our GMEC has a written charter and organizational chart that is reviewed/revised annually

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Our GMEC meets at least quarterly

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

2. Graduate Medical Education Committee (GMEC) *continued*

Our GMEC follows a set agenda that meets Sponsoring Institution requirements

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our GMEC has an Annual institutional Review Subcommittee

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our GMEC has a Special Review Subcommittee

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Each subcommittee has its own written mission statement, rules, and requirements

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

The GMEC reviews and approves the completed Annual Institutional Review each year

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

2. Graduate Medical Education Committee (GMEC) *continued*

The GMEC practices effective oversight of all accredited programs

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

The GMEC reviews, approves, and updates Program Letters of Agreement when required

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our GMEC members are trained annually on their roles and responsibilities

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

3. Compliance, Policies and Procedures

Our organization regularly reviews and/or revises institutional and program level policies

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Policies and procedures are easily accessible for review

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Every rotation has goals and objectives that meet specialty and milestone requirements.

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Individual rotation goals and objectives are reviewed annually and updated as necessary

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our organization annually reviews our resident handbook

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

3. Compliance, Policies and Procedures *continued*

Our organization annually reviews our resident contract

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

4. Evaluations

Residents in our program report that they get enough feedback

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Residents in our program report that they get high-quality feedback

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Residents are evaluated via a variety of tools and evaluator types

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

4. Evaluations continued

Evaluations of residents are milestone (competency) based

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our program reviews evaluation tools and revises them on a regular basis

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Faculty are regularly evaluated by residents

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Results of resident evaluations of faculty are reported back to faculty in a meaningful way

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Residents and faculty have the opportunity to evaluate the program, at least annually

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

4. Evaluations *continued*

There is a formal Clinical Competency Committee that meets twice a year

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

5. Faculty Development

Our program has a formal faculty development program/plan

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

**Faculty are provided with formal lectures/workshops in areas to grow their professional/
personal development**

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Faculty are provided non clinical time to complete academic work

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

5. Faculty Development *continued*

Core faculty are provided with educational funds and the opportunity to attend educational events pertinent to their role in the program

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Faculty have the opportunity to participate in a mentoring program

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

The program director meets annually with each faculty member

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Faculty receive annual feedback on their performance on their clinical, administrative, educational/scholarly work, their engagement in resident education, and participation in faculty development activities

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

5. Faculty Development *continued*

Faculty have the opportunity, annually, to develop individualized goal setting plans with the program director

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

6. Wellness and Well-Being

There is a wellness and well-being policy

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Faculty and staff are respectful of resident work hours

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

There are rarely duty hour violations in our program

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

6. Wellness and Well-Being *continued*

Residents feel there is an appropriate balance between service/education

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

There are adequate resident rest facilities at all training sites

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Residents have access to wellness assessment tools

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Residents have access to an Employee Assistance Program (EAP)

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our institution has a formal wellness curriculum

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

6. Wellness and Well-Being *continued*

Our institution assesses resident well-being

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

7. Scholarly Activity, QI and QA

Residents have access to a variety of scholarly opportunities

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

There is a formal scholarly work curriculum

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

There is a formal QI and QA curriculum

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

7. Scholarly Activity, QI and QA continued

Residents have the opportunity to participate in interdisciplinary activities

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Residents have the opportunity to participate in formal QI and QA activities such as committees

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

8. Curriculum

Our program(s) revise(s) their curriculum annually

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Our training program addresses timely issues as they relate to the specialty (e.g. Opioid epidemic, LGBTQIA accessible care)

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

8. Curriculum continued

Residents have an opportunity to learn about social determinants of health via didactic and in-person experiences

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Our program has a formal professionalism curriculum that is not lecture based

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

The behavioral health curriculum is integrated; across rotations and years of training and incorporates lectures AND other types learning

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Team based care, or interprofessional teams, is an integral part of our health care delivery model

Assessment _____
Gaps/Barriers _____
Opportunities _____
Strategies for Improvement _____
Timeline _____
Individuals Involved _____

Action Plan

8. Curriculum continued

We prepare our residents for independent practice in areas outside of the standard curriculum (e.g. how to bill, financial planning, conflict management resolution)

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

I feel that there are topics that our residents do not address during training that would make them more effective practitioners

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan

Additional Areas for Improvement

Extra space is provided in this action plan to note down additional areas for improvement that have been identified by the sponsoring institution or residency program, but were not evaluated in the self-assessment.

Assessment _____

Gaps/Barriers _____

Opportunities _____

Strategies for Improvement _____

Timeline _____

Individuals Involved _____

Action Plan Implementation

1, What strategies in your action plan are your top three priorities? Areas directly correlated to an ACGME requirement should be prioritized in the action plan.

1. _____

2. _____

3. _____

2. How will the strategies identified in this action plan be communicated to other members of the residency program and sponsoring institution?

3. What additional resources will be needed to implement the strategies identified in this action plan?

4. How will progress be monitored to ensure successful implementation of the identified strategies?

5. Are there any additional trainings or resources that CPCA can provide to assist you in strengthening your graduate medical education program? Please email all suggestions to training@cpca.org.

NOTICES AND DISCLAIMER

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