## IMPROVEMENT ACTION PLAN

Program					
The	program met on (date) to evaluate its effectiveness in reaching its				
	educational goals and objectives and achieving competences in resident performance. At least one				
resident	resident or fellow attended. Meeting minutes document the agenda and the attendance.				
Faculty Evaluation, and Program Evaluation and Improvement					
a)	a) Resident performance using aggregated resident data				
	The following resident assessment tools were used in the past year:				
	Resident presentations/publications in the past year: (list here or attach list to end of				
	document)				
	Resident performance concerns (specific):				
	Resident representatives to department and institutional committees:				
	<u> </u>				
	Effect of the presence of other learners on resident performance:				
<b>L</b> .\	For with a development				
b)	Faculty development				
	(attendance at faculty development activities; review of the teaching faculty identified the				
	following areas for possible educational improvement)				
c)	Graduate performance				
	(board pass rates, fellowship placement, post-graduation surveys, etc.)				

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	Program
d)	Program quality
	(results of annual GME resident and faculty surveys and ACGME resident survey if applicable
	Areas for improvement include:
e)	Faculty performance
	(results of resident evaluations and other assessments)
	Clinical teaching abilities (areas of concern or improvement are listed):
	Education commitment (weaknesses or concerns are listed; describe involvement in faculty
	development and CME activities):
	Clinical knowledge (weaknesses or concerns are listed):
	Professionalism (areas of concern are listed):
	Scholarly activities (list scholarly activities here or attach a list of publications and regional on national presentations; describe areas of concern, weakness, or improvement):
	Resident evaluations of faculty and rotations (areas for improvement or concern are listed):
rall	I Assessment of the Educational Program
	on the above, the following assessment is made; be specific)
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## **Action Plan**

(include specific details, implementation dates for steps or procedures to address identified deficiencies)

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Program				
The above Action Plan was reviewed and approved by the teaching faculty and was documented in meeting minutes.				
Signed	Date			
Program Director				
The above Action Plan was discussed by the Progran	n Director with the DIO.			
Signed	 Date			
Designated Institutional Official				