**SWOT Analysis**

|  |  |  |
| --- | --- | --- |
| Internal | **Strengths** | **Weaknesses** |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |
| External | **Opportunities** | **Threats** |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |
| 10 | 10 |

**Sample Strengths Sample Weaknesses**

Outstanding Medical Staff Lack of Adequate Resources

Strong Commitment to Community Mission Lack of Primary Care Network

Excellent Hospital Facilities Shortages of Critical Staff

Outstanding Healthcare Quality

High Level of Organizational Efficiency

**Sample Opportunities Sample Threats**

Growing Metropolitan Community Reduced Government Reimbursement

Increased Managed Care Business Competition for Specialty Physicians

Growing Community Healthcare Programs Increased Competition from Healthcare Provider Networks

\*\* Strengths and Weakness are ***internal*** to the program

* The APE assists programs in identifying the strengths and weakness of the program. The identified weakness require corrective action plans (APE section 6).
* Successive APE’s tell the program story across time and are used to identify strengths/weaknesses of the program and success of corrective actions (APE sections 1 and 6).
* Strengths and weakness are not reported in the Self-Study, but discussed during the site visit.

\*\* Opportunities are ***external*** to the program (*factors beyond the immediate control of the program that if able to act on would contribute to the success of the program*)

* Determined based on information gathered during the APE/Self-Study.
* Opportunities are external to the program (consider both for current program and for Aims).
* May either be explored and unable to act upon, or not as yet explored.

**Questions**

1. What are those opportunities that would enhance the current program and assist in meeting our Aims?
2. What are the obstacles to taking advantage of the opportunities?
3. How could we take advantage of the unrealized opportunities?

**Examples of Unrealized Opportunities**

1. Relationship with Federally Qualified Health Center to start new primary care track
2. Assess/enhance relationships with other departments such as comprehensive cross­ specialty patient safety initiative.
3. Caring for a socioeconomically disadvantaged population for developing curriculum in socioeconomic determinants of health.
4. New educational technology.

\*\* Threats are ***external*** to the program (f*actors beyond the immediate control of the program that are real or potential threats facing the program*)

* Determined based on information gathered during the APE/Self-Study
* Threats are external to the program (consider for current program and for Aims)

**Questions**

1. What are those threats which are either endangering the success of the program or would keep the program from reaching identified Aims?
2. What are the obstacles to reducing the threats?
3. What actions can be taken to mitigate the effects of the threats?

**Examples of Threats**

1. Reduction in federal support for GME
2. Loss of key faculty members
3. Loss of clinical learning sites that provide access to special populations
4. Clinical burden of faculty members – affects time and energy for teaching and supervision.