


Accreditation Council for Graduate Medical Education

**The ACGME Self-Study Update from the ACGME**

Louis Ling, MD  
Senior VP for Hospital-based Specialties

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**Slides courtesy of:**

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1. Why does the ACGME want a self study?
2. What is the deal with the pilot study?
3. What have we learned so far?
  1. Lessons from a Pediatric working group
  2. Steps to a self study
  3. Tricks to make it easier
4. What documentation do I need to keep?
5. How is this related to the 10 year site visit?

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### Why a Self-Study?

- Goal: Program improves beyond minimum requirements to meet local needs and aspirations
  - Self-assessment: Moving beyond Internal reviews
  - Periodic: every 10 years
  - Program determines priorities instead of the ACGME
  - QI model: non-punitive, shares only good news with the RRC

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### Program Aims

- Place Program Improvement in Context
- Aims: differentiate programs.
  - Set, reassessed during the Annual Program Evaluation
  - Meet the needs of the program's service area (may be local, regional or national)

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### Opportunities and Threats

- Opportunities and Threats
  - External factors that may contribute to program success or may have a negative effect
  - While the program cannot fully control them, beneficial to have plans to take advantage of, or mitigate their effect
- Ultimate goal: **Consideration of program context**

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Annual Program Evaluation as Basis of Self-Study

- Data and action plans provide the foundation
- Formal and systematic evaluation
  - PEC
- Essential elements (musts):
  - Resident performance
  - Faculty development
  - Graduate performance
  - Program quality



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12 to 18-month Time Lag between Self-Study and 10-Year Site Visit

Rationale:

- Allows for honest self-study
- 12 to 18-month time lag between self-study and 10-year visit allows program to improve
  - The program communicates improvements to Review Committee for the 10-year site visit
  - At the time of the site visit, the program:
    - Provides a summary of achievements made as a result of its self-study 12-18 months earlier
    - May provide an update to its self-study summary

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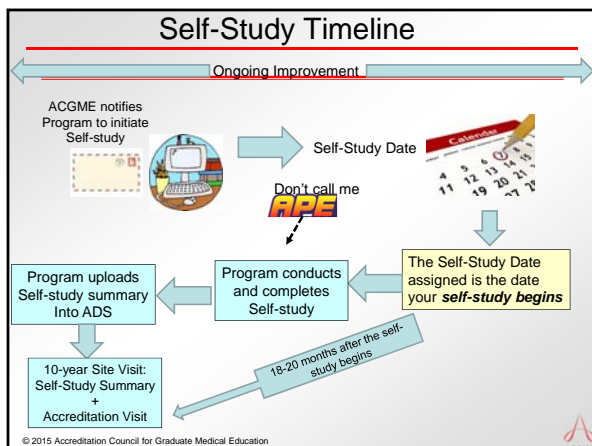
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### Pilot: Voluntary Self-Study Pilot Visit

- Phase I programs with initial 10y site visit between April 2015-July 2016
- Purely voluntary:
  - Site Visit 3m after completion of self-study
  - **NOT** an accreditation visit
  - Site visit team: offers verbal feedback for improvement
  - Report is not shared with the Review Committee
  - Program updates self-study summary
- If Core program volunteers – subspecialties can opt in or out

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### Objectives of the Pilot Visits

- Verify data: aims, assessment methods, effectiveness of process
- Gather info: program environment
- Review strengths and areas for improvement
- Are findings aligned with aims and environment
- Review action plans
- Provide feedback

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### Findings from Pilot Visits

- Started in June 2015
- DR, EM, IM, NS, OS, Peds, Urology
- 80 visits so far (more ongoing)
- Early data useful in identifying:
  - Efficient, effective self-study processes
  - Effective improvement activities
  - Program leadership and faculty needs: evaluation and improvement

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**Benefits of Pilot Visit**

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- Needs assessment:
  - Feedback from participants and site visitors,
- Process:
  - Effective approaches for conducting the self-study
- Assessment:
  - Whether pilot visit with feedback accelerates program self-improvement
  - Will assess outcome data
  - Assess which program areas are associated with accelerated improvement



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**The ACGME Self-Study: Early Lessons Learned in Peds**

- John Frohna, Sandra Moore, Alex Rakowsky, and Kim Gifford for the APPD Self-Study Collaborative



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**APPD Self-Study Collaborative**

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- Self-identified programs from around the country
  - 18 programs
  - Community-based, University
  - One DO dually-accredited program
- All participating in the pilot self-study program
  - 3 completed visits
  - All scheduled in the next 9-12 months

Data courtesy of John Frohna & the APPD Self-Study Collaborative



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## Early Lessons Learned

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- Review the Self-Study Process
  - Developing Aims and Collecting Data
  - Synthesizing Data and Goals
- Lessons Learned from Pilot Visit
- What You Can Do Now
- Collaboration

Data courtesy of John Frohna & the APPD Self-Study Collaborative

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~~Guralnick et al. JGME Sept 2015~~

ACGME NEWS & VIEWS

### The ACGME Self-Study—An Opportunity, Not a Burden

Susan Guralnick, MD Tamika Hernandez, BS Mark Condit, MD Janice Yedowitz-Freeman, DO Stanislav Klok, MD	Jonathan Rodriguez, MD Nicholas Berliak, MD Kathryn Braun, BS Kara Scalice, MBA, BS Linda Wade
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*Editor's Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its various committees. The decision to publish the article is made by the ACGME.*

**Introduction**

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System.<sup>1</sup> A major goal of the new system is for program accreditation to become a continuous process of quality improvement. Accredited and candidate programs report special data annually to the ACGME. These data are then reviewed by the specialty review committees for compliance with each specialty's requirements. The process, the less time they may have to actually perform the self-study.

The purpose of this article is to provide an example of a successful self-study process, along with a sample timeline and self-study materials. This will hopefully guide other programs through the process, and decrease the time spent on developing a new self-study process. Ultimately, this should allow more time to be spent on the performance of a rich and informative self-study.

**The Self-Study Process**

Programs are notified approximately 6 to 7 months prior to their self-study submission date. The self-study process requires the key steps shown in [see 1](#).

Engagement of key stakeholders is essential, as in

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## The Self-Study Process

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- Initial Work
  1. Assemble the self-study group
  2. Engage and discuss program aims
  3. Examine opportunities and threats
  4. Aggregate/analyze data: longitudinal assessment of the program's improvement
  5. Obtain stakeholder input
  6. Interpret the data and aggregate findings

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## The Self-Study Process

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- Prepare the Report
  7. Discuss the findings with stakeholders
  8. Develop a succinct self-study document for use in further program improvement and as documentation for the program's 10-year site visit

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## Step 2: Developing Aims


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- Key Point: Everything should be viewed through the lens of the aims
- Questions to help frame aims (Guralnick et al)
  - Who are we training?
  - What do our trainees do when they graduate?
  - What patient populations do we serve?



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## Step 2: Developing Aims

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- Examples
- Advocacy
  - Foster a commitment to advocacy for the advancement of child health priorities at the local, national, and/or international level
- Clinical
  - Provide excellent general pediatric training for a diverse group of residents who will be confident in their abilities to care for infants, children, adolescents and young adults upon completion

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### Step 3: SWOT Analysis

- Strengths/Weaknesses
  - Inherent to the program
  - Think broadly
- Opportunities/Threats
  - External to the program: local, regional, national
  - Important to consider how to take advantage of opportunities to improve program



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### Step 4: Using the APEs

- Develop a strong process
  - Review program aims, SWOT analysis
- Develop and use a longitudinal process
  - Document and review APEs
  - Ensure follow-up for all action plans
- Educate:
  - about data used
  - their roles in program evaluation
    - Guralnick et al., JGME Sept 2015

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### Step 4: Data Collection and Analysis

- Rotation Self-Study
- Annual Program Evaluations
- Other data sources
- E.g.: Rotation self-study
  - Career Preparation
  - Curriculum
  - Educational Environment
  - Faculty
  - Program Administration
  - Resident Assessment

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## Step 4: Rotation Self-Study

- Educational Environment
  - Duty Hours
  - Handoffs
  - Mentoring
  - Morale
  - Patient Safety
  - Professionalism
  - Quality Improvement
  - Supervision
  - Wellness

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## Step 4: Using the APEs

### Suggested Annual Program Evaluation Action Plan and Follow-up Template

Use this template for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue. (Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits.)

	Area for Improvement (17-2014-15)	Intervention	Date Institutional responsibility	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and detail, not resolved and date)
1					
2					
3					
...					
	Area for Improvement (17-2015-16)	Intervention	Date Institutional responsibility	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and detail, not resolved and date)
1					

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## Step 4: Using the APEs

### Annual Program Evaluation Improvement Plan and Follow-up Tracking Document

PROGRAM NAME: Podiatrics  
 Institutions: Use this form for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. Indicate APE Category for each improvement: RP = Resident Performance, FD = Faculty Development, GP=Graduate Performance, PG = Program Quality

2014-15	2014-15 Areas for Improvement (Add those areas as needed)	Intervention	Date Institutional Responsibility	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved, not resolved, outcome measures and date to monitor)
I.	Increase faculty number of faculty members	PG The PD will work with the department Chairperson to develop a strategic plan to 1. increase core faculty recruitment of at least 10 and 2. increase engagement of adjunct faculty and gain positions for all-year chief	Chairperson Senior administrator Program Director	Addition of faculty and a 1/2 year chief resident (Faculty member)	Not Resolved This is a strategic issue and the program has not determined optimal number of core faculty and optimal engagement of adjunct faculty. However faculty will report back at next meeting. This will monitor at office visit 15/16
II.	Increase faculty scholar's activity and participation in resident educational sessions	FD The department needs to start measures to accomplish increase scholarly productivity of faculty members	Department Senior administrator Program Director	Increase faculty publications	Not Resolved This is an ongoing issue that extends beyond the scope of the program. We will continue to work with the department leadership to improve
III.	Increase Board Status	RP We already have in place a very robust board improvement plan, which we monitor closely (10 on a target) based on faculty and residents. Standard with residents 1-4 times per year. We also monitor very closely our recruitment strategy	all PG, Faculty and residents	Board resident filling monthly (10 targets. We have seen significant improvements in new PGs (one going to faculty), new PGs)	Not Resolved Although handling in the right direction, board rank takes are over the past 6 years. It will take time to resolve.

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### Step 4: Resident and Graduate Data Sources

- Residents
  - Demographics
  - Aggregate Resident Milestone Ratings (end of year)
  - Aggregated data of clinical experience of residents
  - Aggregate scores of residents on ITE (data from ABP)
  - Aggregate Report of Resident Scholarly activity (data from ACGME)
  - Program duty hour logging and violations reports (data from NI)
  - Review ACGME and GME Resident Surveys
- Graduates
  - Demographics
  - Board Pass rate (data from ABP)
  - Research and scholarly activity of recent graduates (from PubMed Search, WebADS or other)
  - Graduate Survey

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### Step 4: Faculty and Program Quality Data Sources

- Faculty Evaluation
  - Demographics
    - Faculty Roster
  - Participation in Residency Program
  - Scholarly Activity (data)
  - Faculty Evaluation Aggregate Summary (by Residents)
  - Review ACGME and GME Faculty Surveys
  - Faculty Development Activities
- Program Quality
  - ACGME Accreditation Status
  - Citation Action Plan
  - Major Program Changes
  - Aggregate Report of Recruitment Data
  - Rotation aggregate information
  - Curriculum Review
  - Aggregate Report of program projects related to patient safety/performance improvement
  - Graduate Exit Survey

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### Step 4: Analyzing Data

- Subcommittees rate each area (Resident, Graduate, Faculty and Program Quality)
  - 1 = Needs Major Improvement
  - 2 = Needs Minor Improvement
  - 3 = Satisfactory
  - 4 = Good
  - 5 = Excellent
- Explain further any area <3
- List strength and weakness for each section
- Entire committee approved final SWOT after all data collected

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### Lesson 1: "Be Not Afraid"

- The ACGME really is interested in using this process as a way to help all of us improve
- The site visitors were positive and open to discussion
- Not punitive
- Really a way for you to learn



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### Lesson 2: Aims

- Involve everyone
- Spend time on this
- Define who you are and want to be



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### Lesson 3: The SWOT Process is Key

- The site visitors focused on strengths and improvements
- Get input from all
- "Saturation" of themes. Prioritize top 2-3 for each
- Send out final consensus SWOT to everyone involved



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### Lesson 4: Process, Process, Process

- Emphasis on how feedback works. Most important lesson learned
- No longer a one way street
- NOW: Program consolidates but then sends back out with:
  - Overall summaries
  - And asking for stakeholders to propose solutions

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### Lesson 5: Think of This as QI Process

- All programs have issues
- Be aware of these issues (Aims and SWOT will help you focus)
- Work on the processes that will help you start to fix these issues
- Many PDSAs expected. Just keep track of them to show how things are progressing

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### The Self-Study Summary ADS Document

- After the self-study, the program uploads the Self-Study Summary through ADS
- ACGME Template: 2300 words (~4-5 pages) for core program, less for small subspecialty programs
- Sections: Key Self-Study dimensions
  - Aims
  - Opportunities and Threats
  - Self-study process
  - Who was involved, how were data collected and interpreted
- **Omitted by design: Information on strengths and areas for improvement**

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### The 10-Year Site Visit Part 1

- Assess improvement facilitated through the self-study
  - 12- to 18-month lag is by design, to allow programs implement improvements
- Program submits a "Summary of Achievements"
  - ACGME template uploaded through ADS
  - ~ 1200 words, describing only program strengths and improvements from the self-study
  - **No information collected on areas not yet resolved**
  - Program may provide an update to its self-study summary

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### The 10-Year Site Visit Part 2

- A full accreditation site visit
  - Review of all applicable requirements
  - Citations/Responses
  - AFIs
  - Other ADS Data

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### What Can You Do Now?

- Create your program aims (and apply them to everything)
- Ensure your APE process is robust
  - Identify ways to engage stakeholders in a reciprocal way
  - Define both process and outcome metrics for your goals
- Collaborate - examine common themes across rotations and disciplines



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