Meaningful Program Outcomes: Self-Study

Association of Pediatric Program Directors
Alexandria, Virginia – September 19, 2014

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Senior Vice President for Medical Accreditation
ACGME
Disclosures

• Professor of Pediatrics (Vol), Wayne State University School of Medicine

• Recovering Program Director - Pediatric Residency (1y) and Pediatric Critical Care Medicine Fellowship (15y) - Rehab not complete
The Conceptual Change
From…

The Old Accreditation System

Rules

Corresponding Questions

“Correct or Incorrect”

Answer

Citations and

Accreditation Decision

“Do this or else…..”

Programs did the minimum to meet requirements: innovations squashed
Switch in Mindset

Ask what you can do for your program

- Identify issues
- Look at outcomes: are your efforts working?

Continuous Observations

Promote Innovation

Assess Program Improvement(s)

Identify opportunities for improvement

Program Makes Improvement(s)
What is a Self-Study?

- Self-Study = Self-Assessment
- Identification of:
  - Strengths
    - Sustain good practices
  - Limitations
    - Delineate steps for correction
- Requires:
  - Commitment to change for the better, not just maintaining status quo (meeting bare minimum of program requirements to get a pass from the ACGME)
Self-Study

• What is our mission? What are our aims?
• Systematic and thorough evaluation of all components
• Needs input from those involved with the program
• Must be ongoing
• Plan-Do-Study-Act
  • Don’t just make plans that are filed in a binder: meaningless without the other components
Plan-Do-Study-Act

**Act:**
- What changes are to be made?
- Next cycle?

**Plan:**
- Objectives
- Questions/Predictions
- Plan to carry out the cycle

**Do:**
- Carry out the plan
- Document problems, unexpected findings
- Begin data analysis

**Study:**
- Complete analysis
- Compare to prediction
- Summarize learnings

**Plan:** plan a change or test of how something works

**Do:** Carry out the plan

**Study:** Look at the results. What did you find out?

**Act:** Decide what actions should be taken to improve
Self-Study: Conceptual Model

The Self-Study & 10-Year Site Visit

Ongoing Improvement

Yr 0 | Yr 1 | Yr 2 | Yr 3 | Yr 4 | Yr 5 | Yr 6 | Yr 7 | Yr 8 | Yr 9 | Yr 10
---|---|---|---|---|---|---|---|---|---|---

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Self-Study: Participants

- Program Leadership
- Faculty
- Residents/Fellows
- Coordinators
- Potentially
  - Institutional Representatives
  - Others
Required Components
Annual Program Evaluation

- Resident/Fellow performance (V.C.2.a.)\(^{(Core)}\)
- Faculty Development (V.C.2.b.)\(^{(Core)}\)
- Graduate Performance - including specialty examination (V.C.2.c.)\(^{(Core)}\)
- Program Quality (V.C.2.d.)\(^{(Core)}\)
Resident/Fellow Performance

- In-training examination
  - Analysis: pattern of performance
- Milestones
  - Trends
  - Use as an opportunity to review/improve curriculum
- OSCE/Simulation
- Evaluations
- Scholarly Activities
  - Identify availability (or lack) of opportunities
Faculty Development

- What are the needs?
  - Providing evaluation and feedback
  - Teaching methodology
  - Scholarly activity
  - Patient safety and quality improvement
- Time
- Motivation
  - Faculty members are busy people
  - What do I get from this?
- Innovative methods
Graduate Performance

- Specialty board examinations
  - Areas of poor performance vs areas of strong performance
- Board review
  - Who
  - How
  - Question writing
  - Sustained interest (faculty AND residents/fellows)
  - Track performance (provide feedback)
- Feedback from employers?
Program Quality

- Exit interviews
- Annual (confidential) evaluation of the program by faculty and residents/fellows
- Feedback from other departments
- Feedback from ACGME Review Committee
- Recruitment: faculty and residents/fellows
- National benchmarks
Annual Program Evaluation Template

Academic Year (AY) __________

Program: ________________________________ Completed by: ________________________________ Date: __________

1. Membership, Program Evaluation Committee (Program Requirements (PR) V.C.1.a):

2. Trainee Complement:

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
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<td>Positions approved</td>
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<td>Current residents</td>
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3. Number/Types of other learners (other residents, fellows, medical students, other health professions):

4. Program Changes in the past year:

5. Plans for upcoming changes:

6. Annual Evaluation Process and Sources of Data:

7. Evaluation Parameters and Results:

   Parameter 1: Resident/Fellow Performance (PR V.C.2.a) and source(s) of information (eg, faculty evaluations, OSCE, in-service exam, case logs, scholarly activity, etc.):

   Parameter 2: Faculty Development (PR V.C.2.b) and sources of information (eg, formal and informal, online, departmental, institutional and regional/national, as well as topics/content, any post development assessment of enhanced skills):
Parameter 3: Graduate Performance (PR V.C.2.c) and sources of information (e.g., board examination performance, graduate placement, surveys of graduates and/or their employers or clinical settings):

Parameter 4: Program Quality (PR V.C.2.d) (Core) and sources of information (e.g., assessments by trainees and faculty, recruitment, institutional data on performance):

8. Key Findings and Action Plans:
   a. Strengths:
   b. Areas for Improvement:
   c. Action Plans for Areas for Improvement (V.C.2):

<table>
<thead>
<tr>
<th>Area for improvement</th>
<th>Intervention/initiative</th>
<th>Responsible individual(s) and resources</th>
<th>Follow-up reassessment method</th>
<th>Follow-up date</th>
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d. Date of the review and approval of the action plan by the teaching faculty (documentation in faculty meeting minutes V.C.3.a) (Detail): ____________________________

<table>
<thead>
<tr>
<th>Self-Identified Areas for Improvement AY 2014-2015</th>
<th>Intervention</th>
<th>Date Instituted/Person Responsible</th>
<th>Expected Resolution (Outcome Measures/Date)</th>
<th>Status (Resolved and detail, not resolved and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<thead>
<tr>
<th>Self-Identified Areas for Improvement AY 2015-2016</th>
<th>Intervention</th>
<th>Date Instituted/Person Responsible</th>
<th>Expected Resolution (Outcome Measures/Date)</th>
<th>Status (Resolved and detail, not resolved and date)</th>
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Components of an Effective Self-Study

- Fits the nature of the program and its aims
  - Meaningful
- Ensures effective evaluation of entire program
- Involve those who are affected the most:
  - Faculty, residents, fellows, coordinators, staff
  - Potentially: graduates, institutions hiring them
- Efficient
- Reporting focused on OUTCOMES
  - Improvements achieved
  - Tracking of action items for future improvement
Resident Participation in the Self-Study

- Resident participation critical:
  - They are the beneficiaries of the educational program
  - They have first hand knowledge of areas that need improvement (in the trenches)

- Double benefit:
  - Residents help improve their own education
  - Resident participation in “educational QI effort” can be used to meet the requirement for quality and safety improvement
Step 7. Tracking Improvements

• Design and implement solutions
  • Identify who will be responsible
  • Identify and secure resources
  • Timeline
• **Follow-up is key:** ensure all issues addressed
• Documentation for ongoing tracking
  • Example: A simple spreadsheet recording improvements achieved and ongoing priorities
  • Record over multiple years of improvement
    • Continuity is important
## Sample Improvement Plan

<table>
<thead>
<tr>
<th>Area for Improvement</th>
<th>Issue(s)</th>
<th>Improvement Plan</th>
<th>Group Responsible</th>
<th>Target Completion Date</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Multiple issues identified in “codes”</strong></td>
<td>• Chaotic</td>
<td>• Establish code team make-up, team leader</td>
<td>2 residents, nurse and 1-2 faculty member (names) – give them credit for work</td>
<td>Date of implementation</td>
<td>• Follow-up impact of simulation</td>
</tr>
<tr>
<td></td>
<td>• Med Errors</td>
<td>• Pharmacist presence at codes, make dosing info readily available</td>
<td></td>
<td></td>
<td>• Observe actual “codes”</td>
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<td></td>
<td>• Delays in airway mx</td>
<td>• Institute simulation exercises with audio-visual recording and immediate debriefing</td>
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<td></td>
<td>• Make sure everyone is trained/retrained</td>
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<tr>
<td></td>
<td>• Lack of knowledge in use of defibrillators</td>
<td>• Work with Anesthesiology to address airway mx issues</td>
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<td>• Ensure that successful measures are sustained</td>
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<td>• Team training</td>
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<td>• Revise actions that are not helpful</td>
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Elements of the Self-Study Document

- Introduction: How and Who
- Program Overview
- Program Aims
- Aggregated list of strengths and areas for improvement since the last visit
- Opportunities and Threats
- Action Plans for maintaining strengths, addressing areas for improvement and plans to address opportunities and threats
Thank You!