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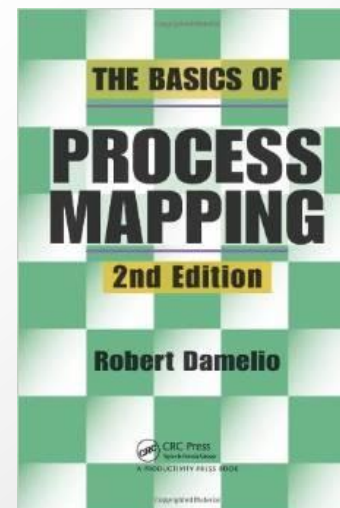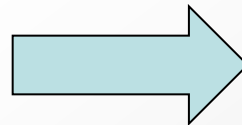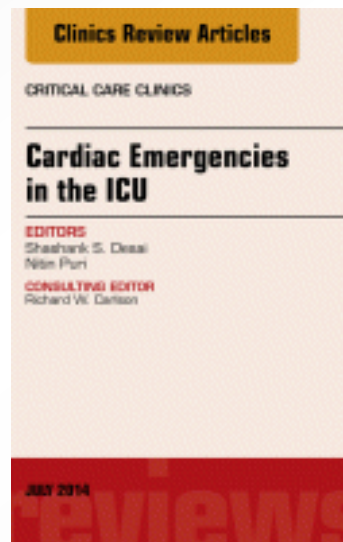
The Self-Study and 10-Year Site Visit
Association of Pediatric Program Directors
Alexandria, Virginia – September 18, 2014

Mary W. Lieh-Lai, MD, FAAP, FCCP
Senior Vice President, 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

Objectives

- The role of the Self-Study in the Next (New) Accreditation System (NAS)

- Discuss elements of the Self-Study

- Concept of continuous improvement in the period between 10-Year Site Visit

- Practical suggestions for Self-Study preparation and process

- The 10-Year Site Visit
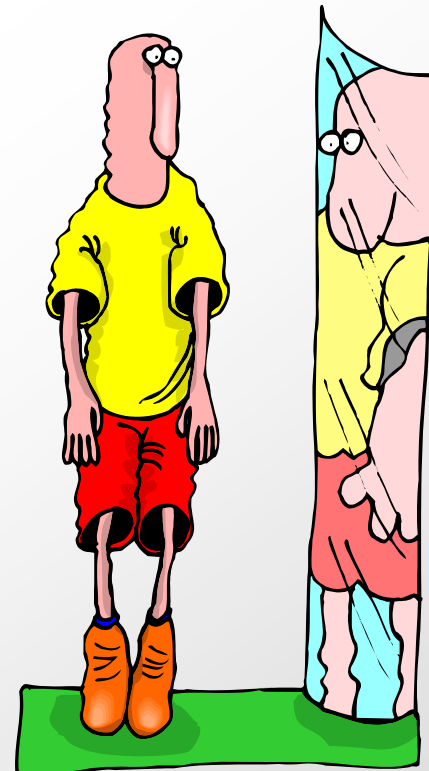
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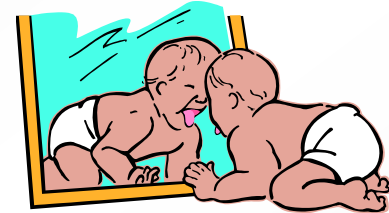
- Ask not what you have to do (yet again) for the ACGME

- Ask what you can do for your program

What is a Self-Study Anyway?

- A procedure where an education program
  - *Describes*
  - *Evaluates*
  - Subsequently *improves* the quality of its efforts
  - Must be ongoing

The Self-Study (done by the program) is not to be confused with the
10-Year Site Visit (done by the ACGME)

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What is a Self-Study?

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

What is a 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

The Self-Study

- A comprehensive review of the program

  - Using the Annual Program Evaluation

    (please don't call me APE)

- Information on how the program creates an effective learning and working environment

  - How this leads to desired educational outcomes

- Analysis of strengths, weaknesses, opportunities and threats, and ongoing plans for improvement

- Subspecialty Programs

  - Core and subspecialty programs <u>reviewed</u> <u>together</u>

Core and Subspecialty Programs Reviewed Together

- Needs of core residency taken into account
  - When fellowships are started
  - Decisions made regarding finite resources
- Coordination of curriculum and program resources
  - Subspecialties can access core resources
  - Local oversight of fellowships

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Core and Subspecialty Programs
Reviewed Together

- Coordinated Self-Study of core & subspecialty programs:
  - Assess common strengths and improvement areas
  - Action plans for improvement
- Efficient 10-Year Site Visit
  - Less time and resources spent, coordinated collection and review of data
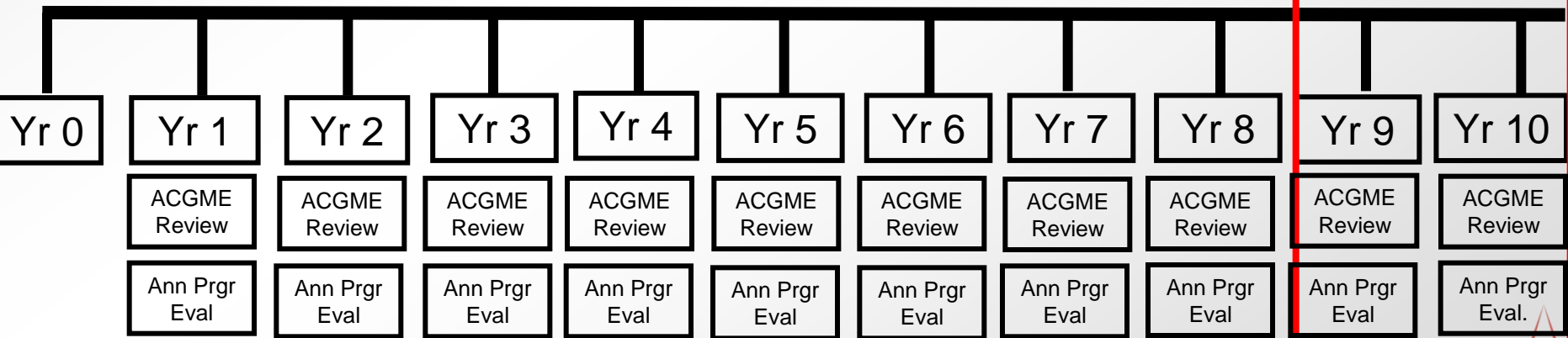
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Self-Study: Conceptual Model

ACGME provides summary data from Annual Reviews for Self-Study

The Self-Study & 10-Year Site Visit

For the next couple of years, programs are expected to use data accumulated since the last 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
	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review	ACGME Review
	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval	Ann Prgr Eval.

Self-Study: 8 steps

1. Forming the Self-Study Committee
2. Longitudinal Annual Program Evaluation data
3. Program Aims
4. Strengths and self-identified areas for improvement
5. Opportunities and threats
6. Aggregating the Self-Study findings
7. Discussion of findings
8. The Self-Study document
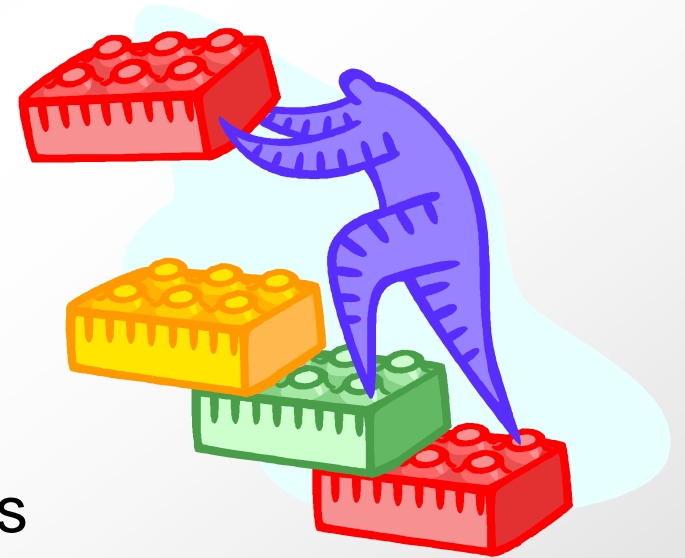
Step 1. The Self-Study Committee

- OMG! Do we have to form yet another committee?
  - No – a word about the PEC
  - Annual Program Evaluation: PR since 1994
- Suggestions:
  - Expand the PEC
  - Add a representative from the CCC
- Can the CCC and the PEC be one and the same?
  - Can share resources, but not exactly. Remember – you must have a resident or fellow in the PEC; and the PEC and CCC have different functions
 - May be unavoidable in small programs

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Common Program Requirement – VII.C. (1996)

Program

The educational effectiveness of a program must be evaluated at least annually in a systematic manner.

1.   Representative program personnel (i.e., at least the program director, representative faculty, and one resident) must be organized to review program goals and objectives, and the effectiveness with which they are achieved. This group must conduct a formal documented meeting at least annually for this purpose. In the evaluation process, the group must take into consideration written comments from the faculty, the most recent report of the GMEC of the sponsoring institution, and the residents' confidential written evaluations. If deficiencies are found, the group should prepare an explicit plan of action, which should be approved by the faculty and documented in the minutes of the meeting.

2.   The program should use resident performance and outcome assessment in its evaluation of the educational effectiveness of the residency program. Performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. The program should maintain a process for using assessment results together with other program evaluation results to improve the residency program.
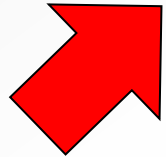
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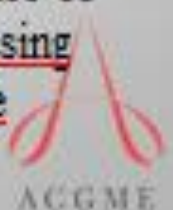
The Self-Study Committee
(AKA PEC+)

- You don't have one yet?
- 10-Year Site Visits for Pediatrics scheduled for spring/summer of 2015:
  - 29 core programs
  - 69 subspecialties

This means you need to start
Your Self-Study **now**

What did you do with that letter?

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The Self-Study: Timeline

Time *prior* to 10-Year Site Visit	ACGME Actions	Program Actions
11-12 months	Sends summary of actions/follow-up from Annual Data Review	Aggregates data from Annual Program Evaluations
6-11 months		Conducts Self-Study
4 months	Sets <u>FINAL</u> Self-Study Visit Date and informs program	
10 days		Completes ADS data update Uploads Self-Study summary to ADS

Self-Study: Participants

- Program Leadership

- Faculty

- Residents/Fellows

- Coordinators

- Potentially
  - Institutional Representatives
  - Others

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Who Should Organize and Conduct the Self-Study?

- Not defined in the requirements

- Members of the Program Evaluation Committee?
  - Natural extension of improvement process through the Annual Program Evaluation

- PEC requirements[1]
  - The PEC must be composed of at least 2 faculty members and at least 1 resident[(core)];
  - Must have a written description of responsibilities[(core)];

[1] ACGME Common Program Requirements, Effective July 2013

Who Should Organize and Conduct the Self-Study?

- Core and dependent subspecialties: committee made up of PEC members from the programs

  - *Effective*: Individuals who care the most about the program and have the most knowledge

  - *Efficient*: Link the Self-Study to existing structure:

    - identify and prioritize areas for improvement

    - track action plans and successes

  - *Coordinated*: Identify common areas for improvement across programs - address <u>collectively</u> - conserve resources and maximize impact

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)

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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**:

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current residents							

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):

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Parameter 3: Graduate Performance (*PR V.C.2.c*) and sources of information (eg, 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 (eg, 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):**

DRAFT

Area for improvement	Intervention/initiative	Responsible individual(s) and resources	Follow-up/ reassessment method	Follow-up date

   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):_____**

9. *Transfer action plan data to the Action Plan Tracking Form.*

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Step 2. Longitudinal Annual Program Evaluation Data

- From all annual evaluations since the last accreditation visit
  - Hopefully, you kept records
- Highlight strengths, improvements achieved, improvements still ongoing/need implementation
- Requirements:
  - V.C.3.$^{(Core)}$ each year's action plans
  - V.C.2.e.$^{(Core)}$ records of progress
  - V.C.3.e.$^{(Detail)}$ documentation in PEC meeting minutes

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Sample Summary Template
Annual Program Evaluation Action Plan and Follow-up

	Self-Identified Areas for Improvement AY 2014-2015	Intervention	Date Instituted/ Person Responsible	Expected Resolution (Outcome Measures/Date)	Status (Resolved and detail, not resolved and date)
1					
2					
3					
4					
	Self-identified Areas for Improvement AY 2015-2016	Intervention	Date Instituted/ Person Responsible	Expected Resolution (Outcome Measures/Date)	Status (Resolved and detail, not resolved and date)
1					
2					
3					

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New Components

- Program aims

  - Evaluate effectiveness in meeting aims

  - Assess relevant initiatives and outcomes achieved

  - Should be realistic (Goldilocks Rule)

- Opportunities and Threats

  - Assess how factors external to the program affect it: e.g., institutional, local, regional and national

  - Opportunities: Factors that favor the program

  - Threats: Factors that pose risks to the program

Step 3. The Self-Study Aims

- **Assess** ongoing compliance and improvement in all areas relevant to the program
- **Focus on**
  - Program Strengths
  - Areas that need improvement
- **Track** ongoing improvements and the success of actions taken
- **Consider**
  - Program Aims
  - External environment
    - Opportunities
    - Threats

Benefits of a Focus on Program Aims

- Provides relevance:
  - What kinds of graduates, practice settings and roles?
- "Tailored" approach to creating a learning environment
  - Produce graduates that match patient and healthcare system needs[1]
- Focuses on functional capabilities of graduates
  - Fits with a milestones-based approach to assessment
- Why should we care about the learning environment?[2]

1. Hodges BD. "A *Tea-Steeping* or *i-Doc* Model for Medical Education?," Academic Medicine, vol. 85, No. 9/September Supplement, 2010, pp. S34-S44.

2. Asch D et al: Evaluating obstetrical residency programs using patient outcomes. JAMA, 2009; 302 (12), 1277-83

Examples of Program Aims

- Provide a comprehensive 3y curriculum to learn tertiary, secondary, and primary care skills in all settings.

- Train individuals with expertise in population health and serving medically underserved.

- Produce excellent practitioners who will be local and national leaders, and for academic careers.

- Produce physician-scientists

Step 4. Strengths and Areas for Improvements

- Strengths and Areas for Improvement:

  - Citations, areas for improvement (AFI) and other information <u>from the ACGME</u>

  - Program <u>Self-identified</u> improvement areas

  - Annual Program Evaluation (include confidential evaluations from residents/fellows)

  - Other program/institutional data sources

- Data from all sources: entire period between Self-Studies/10-Year Site Visits

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Definition of "Strengths"

- Positive attributes <u>internal</u> to the program **(within the program's control)**
  - What do we do well?
  - What internal assets do we have? Faculty capabilities, resident quality, technology, research and scholarly activities, volume/variety of patients
  - What advantages do we have over other programs?
  - What other positive aspects are there that add value or provide for a specific benefit or "niche"?

Definition of
Self-Identified Areas for Improvement

- Aspects that place the program at a disadvantage
- **Need to address these areas to compete with your top competitor**
  - Factors within your control that prevent you from maintaining a great program
  - What areas need improvement to enhance or supplement existing strengths?
  - What does your program lack?
    - Resources
    - Personnel: faculty
    - Technology

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Definition of "Opportunities"

- Opportunities are <u>external</u> factors that if acted upon, **will allow the program to flourish**
  - How can you capitalize on them?
  - Recent changes that create an opportunity
  - Are these opportunities ongoing, or is there a narrow window? How critical is the timing?

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Examples of Opportunities

- Relationship with Federally Qualified Health Center to start new primary care track

- Relationship with other programs/departments e.g. comprehensive cross specialty patient safety initiative

- Caring for a socioeconomically disadvantaged population: development of a curriculum about the socioeconomic determinants of health

- New educational technology

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Definition of "Threats"

- <u>External</u> factors that affect the program.

- **Program has no control over these factors, but it is beneficial to have plans to address them if they occur**

  - Factors beyond your control place program at risk

  - Changes in residents' specialty choice or other factors that affect the future success of your program

- Challenges/unfavorable trends that may affect your program

  - e.g. faculty with heavy clinical load - prevents effective teaching and mentorship

  - Reduction in federal support for GME

Practical Suggestions

Components of an Effective Self-Study

- Fits the nature of the program and its aims

- Ensures effective evaluation of entire program with positive impact

- Engages program leaders and others

  - Faculty, residents, fellows, coordinators, staff

  - Potentially: graduates, institutions hiring them

- Efficient

- Reporting focused on

  - Improvements achieved

  - Tracking of action items for future improvement

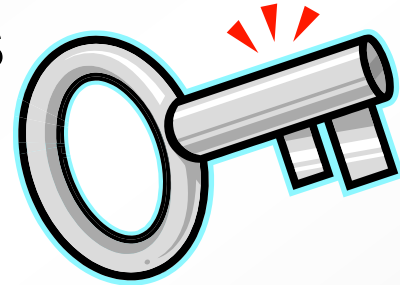# Resident Participation in the Self-Study

- Resident participation critical:

  - Beneficiaries of the educational program

  - 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

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Self-Identified Areas for Improvement

- Based on data and facts

- Focus on learners, patients and others
  - Helps prioritize (cannot improve everything at once)

- Systems Thinking
  - Relevant to resident education and areas needing improvement

- Process Thinking
  - Processes: sets of related tasks used to accomplish something
  - Processes are the focal areas for improvement

Step 7. Tracking Improvements

- Design and implement solutions
  - Identify who will be responsible
  - Identify and secure resources
  - Timeline
- <u>Follow-up is key</u>: ensure all issues addressed
- Documentation for ongoing tracking
  - Example: A simple spreadsheet recording improvements achieved and ongoing priorities
 - Record over multiple years of improvement

Sample Improvement Plan

Area for Improvement	Issue(s)	Improvement Plan	Group Responsible	Target Completion Date	Follow-up
Residents consistently performing poorly in endocrinology topics on ITE and Specialty Board Exams	• One didactic lecture scheduled every 18 months • Lectures cancelled • Endocrinology rotation not required	• Identify and overcome reason(s) for lectures being cancelled • Institute board reviews – ensure proper question writing format • Cover related topics in morning report • Faculty development • If required rotation is not possible, look at other options	• 2 residents and 1 faculty member (names) – give them credit for work	• June XXXX for implementation at start of new academic year	• Follow-up ITE/board scores • Ensure that successful measures are sustained • Revise actions that are not helpful

Step 8. 10-Year Site Visit Documentation

Evolving approach

- Self-Study Visit document prepared in ADS

  - Summary of RRC decisions based on review of the Annual Data

- Self-Study summary document prepared by the program

  - 5-7 pages for core program, less for subspecialties

  - Focus: key Self-Study dimensions (strengths, areas for improvement, opportunities and threats)

  - Evidence of ongoing improvement through sequential Annual Program Evaluations

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- NOTE: The10-Year Site Visit has two components:
  - Review of the Program Self-Study

    AND
  - A Full Site Visit (to verify compliance with PRs)

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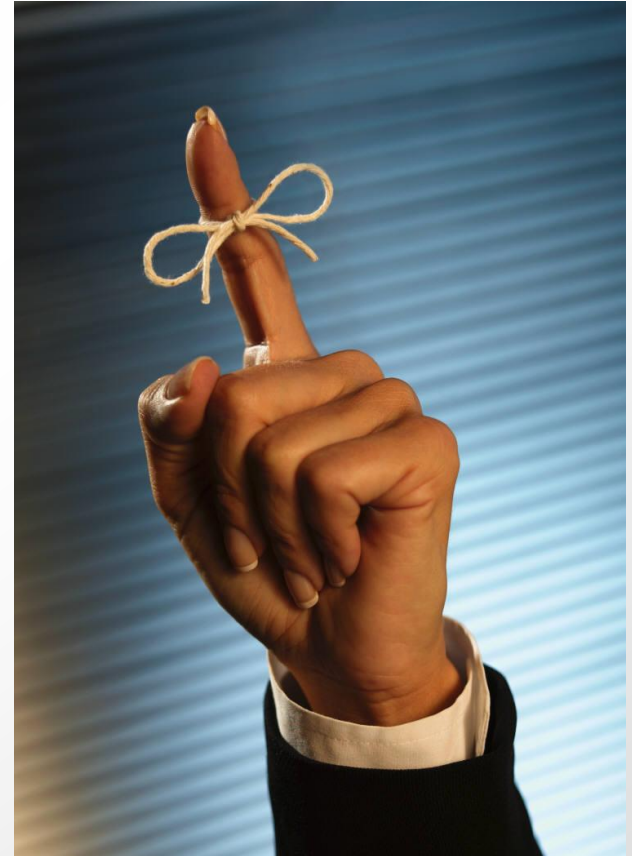
Elements of the Self-Study Document

- 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

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Ongoing ACGME Development Work

- Refine the 10-Year Site Visit

- Education sessions and information on the Self-Study and 10-Year Site Visit

  - Web page – Early October 2014

  - Journal of Graduate Medical Education

    - ACGME News and Views: A Practical Guide to the ACGME Self-Study, 2014; 6(3): 612-614

    - Andolsek KM, Nagler A, Weinerth JL: Use of an Institutional Template for Annual Program Evaluation and Improvement: Benefits for Program Participation and performance. J Grad Med Educ, 2010; 2 (2): 160-164

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Thank You!

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