

# The ACGME Self-Study: Early Lessons Learned

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for  
APPD Self-Study Collaborative  
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# APPD Self-Study Collaborative

- 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 with visits already
  - All scheduled in the next 9-12 months

# 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

# Guralnick et al. JGME Sept 2015

ACGME NEWS & VIEWS

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

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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 review 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 residency and fellowship programs report specified 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 BOX 1.

Engagement of key stakeholders is essential, as is an

# The Self-Study Process

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- Initial Work

1. Assemble the self-study group
2. Engage program leaders and constituents in a discussion of program aims
3. Examine opportunities and threats

# The Self-Study Process

- Data Analysis
  4. Aggregate and analyze data to generate a longitudinal assessment of the program's improvement
  5. Obtain stakeholder input
  6. Interpret the data and aggregate the self-study findings

# The Self-Study Process

- 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

# Step 2: Developing Aims

- 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.



# Step 2: Developing Aims

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- Quality/Safety
  - 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.

# Step 2: Developing Aims

- Key Point: Everything should be viewed through the lens of the aims
- Aims may be similar between programs, but the processes to achieve them are unique
  - How do we assess outcomes across programs?
- 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?

# 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

# Step 4: Data Collection and Analysis

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- Rotation Self-Study
- Annual Program Evaluations
- Other data sources

# Step 4: Rotation Self-Study

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- Career Preparation
- Curriculum
- Educational Environment
- Faculty
- Program Administration
- Resident Assessment

# Step 4: Rotation Self-Study

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

# Step 4: Using the APEs

- Develop a strong annual program evaluation process
  - Review program aims, SWOT analysis
- Develop and use a longitudinal process
  - Document and review APEs
  - Ensure follow-up for all action plans
- Educate stakeholders about data used
- Educate stakeholders on their roles in program evaluation

# 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).*

	Areas for Improvement (AY 2014-15)	Intervention	Date instituted/Individual responsible	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and detail, not resolved and date)
1					
2					
3					
....					
	Areas for Improvement (AY 2015-16)	Intervention	Date instituted/Individual responsible	Expected Resolution (outcome measures and date)	Status (resolved, partially resolved and detail, not resolved and date)
1					



# Step 4: Using the APEs

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

PROGRAM NAME: Pediatrics

Instructions: 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, PQ = Program Quality

2014-15	2014-15 Areas for Improvement (add more rows as needed)	Indicate APE Cat.: RP, FD, GP, PQ	Intervention/Initiative	Date instituted/ Individual(s) responsible	Expected Resolution (outcome measures and date)	Status • Resolved • Partially Resolved • Not Resolved (provide details and dates to be resolved)
1	Increase faculty number of faculty members	PQ	<ul style="list-style-type: none"> <li>The PD will work with the department Chairperson to develop a strategic plan to 1. Increase core faculty (recommend at least 2) and 2. Increase engagement of adjunct faculty and post a position for 4th year Chief</li> </ul>	Chairperson Senior Administrator Program Director	Addition of faculty and a 4 <sup>th</sup> year chief resident (faculty member)	<b>NR</b>  This is a complex issue and the program has not determined optimal number of core faculty and optimal engagement of adjunct faculty. However faculty still report risk of burnout. This will remain an active issue
2	Increase faculty scholarly activity and participation in resident educational sessions	FD	<ul style="list-style-type: none"> <li>The department needs to allot resource to accomplish increase scholarly productivity of faculty members</li> </ul>	Chairperson Senior Administrator Program Director	Increase faculty publications	<b>PR</b>  This is an ongoing issue that extends beyond the scope of the program. We will continue to work with the department leadership to improve
3	Increase Board Rates	RP	<ul style="list-style-type: none"> <li>We already have in place a very robust board improvement plan, which we monitor closely (mini ITEs on a quarterly basis) by faculty and residents. Discussed with residents 2-4 times per year.</li> <li>We also monitor very closely our recruitment strategy</li> </ul>	All PDs, faculty and residents	Most resident hitting monthly ITE targets. We have seen significant improvements in mini ITEs since going to monthly mini ITEs	<b>NR</b>  Although trending in the right direction, Board pass rates are over the past 5 years, it will take time to resolve.

# Step 4: Using the APEs

Year	Goal	Plan	What was accomplished?	Aligns with Which Aim?
AY15	Improve procedure skills	We will encourage the fellows to document all procedures, and monitor every 6 months to be sure they are meeting goals.	Procedure logs reviewed at semi-annual meetings; need to establish goals	Aim 1: Procedures
AY15	Get more evaluation data	Will send evaluations after each service month. Will also develop plan for collection of 360 evals.	Sending evals after each month; no 360s yet	Aim 1: Evaluation
AY15	Develop CCC	We will establish the Clinical Competence Committee for the Fellowship. We will have faculty complete the evaluations this fall in anticipation of the report to the ACGME that is due in January.	CCC established	Aim 5: Program Administration
AY15	Support fellow research	We will continue to support research of the fellows through regular meetings of the Scholarly Oversight Committees.	Doing this	Aim 2: Mentoring, Scholarly Activities
AY15	Improve board pass rate	Continue to support fellow attendance at the NeoPREP course.	Division has agreed to fund for current residents	Aim 1: Board Pass Rate
AY15	Improve board pass rate	Ensure review of all core topics throughout fellowship, using the content specifications as a guide.	Not implemented formally	Aim 1: Board Pass Rate
AY15	Cover ABPs Scholarly Activities content	Ensure adequate review of Scholarly Activities topics by means of the monthly departmental Fellow Conference.	John and Caroline are ensuring that the core topics are covered	Aim 2: Scholarly Activities
AY15	Provide clinical support for fellows	Appoint clinical mentors for each fellow.	Discussed but not implemented	Aim 1: Mentoring
AY15	Appoint AFD from neonatology	Over this next year, identify someone to serve as associate fellowship director.	Lydia appointed as AFD	Aim 5: Program Administration
AY15	Clarify roles for fellows	Develop policies and procedures for the roles of the fellows, particularly at deliveries, with procedures, and generally caring for	Discussed	Aim 3: Curriculum

# Step 4: Resident and Graduate Data Sources

## RESIDENTS

- Demographics
- Aggregate Resident Milestone Ratings (end of year)
- Aggregated data of clinical experience of residents (data from NI)
- 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

# 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

- AGGME 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

# Step 4: Other Data Sources

- Program administration
- PEC / CCC members
- Department chairperson
- Residents and medical students
- Director of GME for hospital partner
- Hospital Executive involved in GME (for hospital partner)
- Other local/regional program director
- Other depending on program structure

# 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

# Lessons Learned

# 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



# Lesson 2: A Big Aim Should Be Your Aim Statement

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- Have all of your stakeholders (residents, faculty, program staff, others) involved
- Spend time on this
- Really defines who you are and want to be

# Lesson 3: The SWOT Process is Key

- The site visitors focused on strengths and needed improvements
- However, the entire SWOT really needed to figure out the above
- Get input from all
- "Saturation" of themes. Ask folks to prioritize top 2-3 for each
- Send out final consensus SWOT to everyone involved

# Lesson 4: Process, Process, Process

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

# Lesson 5: Think of This as QI Process

- We all 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

# 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

# Opportunities for Collaboration

- Support group for guinea pigs!
- What's the value of pediatric residency?
- How can we learn from sharing [data]?
- Other ideas?

