

# Aims for Core and Subspecialty Programs

John Frohna, MD, MPH

University of Wisconsin School of Medicine and Public Health

With thanks to Sandra Moore, Alex Rakowsky, Kim Gifford, Priya Garg, and the APPD Self-Study Collaborative

# Disclosures

---

- We have no financial disclosures

# Philibert et al. JGME Sept 2014

## ACGME NEWS AND VIEWS

### A Practical Guide to the ACGME Self-Study

INGRID PHILIBERT, PhD, MBA  
MARY LIEH-LAI, MD

*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.*

On July 1, 2014, the second group of programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) entered the Next Accreditation System (NAS), and all programs are now functioning under the principles of NAS, which include continuous accreditation via annual reviews of data, lengthening the interval between scheduled accreditation visits, and a focus on educational outcomes. The aims are to reduce the burden of accreditation, contribute to ongoing program improvement, and allow high-performing programs to innovate.<sup>1</sup> The focus on improvement calls for a new approach to self-assessment, and the model is a Self-Study undertaken by the program, producing a record of improvements and areas still being worked on, followed by Self-Study Visit (SSV). The SSV has 2

guidance is organized around 8 steps for conducting a Self-Study, shown in BOX 1.

#### 1. The Self-Study Committee

Given its role in the Annual Program Evaluation, the Program Evaluation Committee (PEC), or a slightly expanded group with additional faculty and residents will be ideally suited to serve as the core body for the Self-Study. The members of the PEC are already involved in planning and evaluating educational activities, reviewing and revising curricula, addressing areas of noncompliance, and conducting the Annual Program Evaluation. In addition, given the focus on educational outcomes, it may be useful to have a representative from the Clinical Competency Committee on the Self-Study Committee.

Subspecialty programs will appoint their own PEC, but it is important to note that the SSV for a subspecialty program will be coordinated with that for its core program, and there may be benefit in coordinating the Self-Study. The reason for the coordinated approach is that in NAS,

# Collaborating Across Fellowships

- Development of Aims
- SWOT Analysis
- Outcome Measures

*Pediatric Fellowships*  
*Self-Study Pilot Visit Process Flow Diagram*

Action	January				February				March				April				May				June				July				August				September				October				November				December			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Introduction of Self-Study Concept to Program Directors																																																
Development and Refining of Program Aims																																																
Self-Study Process and Aims Shared with Program Coordinators																																																
Revise Annual Program Evaluation to Incorporate Aims																																																
Identification of Overarching Opportunities & Threats																																																
Review ACGME "Eight Steps" Document																																																
Identification of Individual Self-Study Groups																																																
Programs Engage Self-Study Group in Aims Discussion																																																
Programs Identify Areas of Strength & Areas for Improvement																																																
Identification of Opportunities & Threats on Program Level																																																
Identification of Measures for Achievement of Program Aims																																																
Program Reflection/Completion of Internal Self-Study Report																																																
Review of Internal Self-study Report with Individual Programs																																																
Discussion of Themes Identified by Individual Program Meetings																																																
PDs Share Internal Self-Study Report with Core Faculty/Fellows																																																
SWOT Analysis with Core Faculty - Strengths/Areas for Improvement																																																
SWOT Analysis with Fellows - Strengths/Areas for Improvement																																																
Annual Program Evaluation Goals, Action Plans & Progress Analysis																																																
Preparation of ACGME Self-Study Summary Report																																																
Submission of Documentation to ACGME Site Visit Team																																																
Self-Study Pilot Visit Meeting Preparation																																																
ACGME Self-Study Pilot with Department of Pediatrics																																																
Self-Study Pilot Visit Debrief Meeting																																																
Process Planning for Upcoming Self-Study Visit (Non-Pilot)																																																

Core PD (PD), Fellowship Manager (FM)  
 PD, FM, Fellowship Directors (FD)  
 PD, FM, Fellowship Coordinators (FC)  
 PD, FM, FD, FC

**Outcomes: Starting with the  
end in mind**

---

# Outcomes: The “Old” Way

- Annual Program Evaluation Goals
  - Carried over from year to year
  - Vague
    - Improve ABP Pass Rate
    - Ensure good mix of specialty clinic experience for each fellow
  - Not “SMART” Goals

# Identifying Common Outcomes

## Measuring Effectiveness According to Aim

### 1. Expert Clinicians

Cultivate clinicians with expertise as subspecialty pediatricians and leaders of their multidisciplinary teams.

- Effectiveness of consult skills by other specialties
- Varying levels of feedback over time (i.e. Access Center consults)
- Case logs for review by faculty
- 360° evaluations from RNs, family, patients in clinic (random, 1x vs. frequent flyer)
- Case presentation evaluation form (standard and anonymous)

### 2. Advancement of Science/Research

Nurture the next generation of scholars in their application of innovative approaches in the advancement of science and their dedication to scientific integrity.

- Number of abstracts/grants submitted; Papers published; Presentations given
- Standardized evaluation(s) for presentation
- Track with T32 data; Scholarly Output
- Practicing in subspecialty (% academic, career satisfaction)



# Tracking Outcome Measures

- Dashboard
  - By program
  - Across programs
- What central resources might be needed?

# SWOT: An Essential Element

---

# SWOT Analysis

- Strengths and Weaknesses
  - Assess factors internal to the program
  - Maintain strengths
  - Resolve weaknesses
- 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

# SWOT: Common Themes in a Department

- Fellowship Directors developed initial common set of factors
- Vetted with Fellows and Faculty
- Final version used for Self-Study
  
- Integrate with Aims and Program Context

**It's All About The Aims**

---

# ACGME says.....

- Suggest a relevant dimension of the program
  - What's special about your program
- Allow for a more “tailored” approach to creating a learning environment
- Enhance the focus on functional capabilities of graduating residents

# It's NOT A Mission Statement

- Mission statements have a purpose
- Too complex for this purpose
- Too difficult to identify outcome measures

# Why have program aims?

(besides ACGME requirements)





# Program 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?

# 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 Corapi, MD  
Jamie Yedowitz-Freeman, DO  
Stanislaw Klek, MD

Jonathan Rodriguez, MD  
Nicholas Berbari, MD  
Kathryn Bruno, BBA  
Kara Scalice, MBA, BS  
Linda Wade

*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

# Program Aims: Common Themes

- Clinical Excellence
- Scholarly Contributions to the Field
- Advocacy
- Leadership
- Program Innovation
- Program Sustainability
- Quality/Safety

# Sample Core Program 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

# Sample Core Program Aims

- Quality/Safety
  - Prepare residents to be leaders in patient safety and quality improvement

# Using Aims

- Annual Program Reviews
- Program improvements
- Program requirements
- Program outcomes
- Recruitment
- Annual Surveys of Faculty/Residents
- Graduate Surveys
- Discussions with faculty
- Thinking about new initiatives

# Using Aims

Self Study Collaboration Between Core Programs and Subspecialties

AIM	APE Primary Area(s)	Sub-Area	Area of Focus	Program Requirements
Cultivate clinicians with expertise as subspecialty pediatricians and leaders of their multidisciplinary teams.	Resident Performance (RP)	Clinical Assessment	Evaluation Professionalism In-training Exam Mentoring/Career Planning Procedures	IVA5, VA
	Graduate Performance (GP)	Board Pass Rate	Board Pass Rate	VC2c
Nurture the next generation of scholars in their application of innovative approaches in the advancement of science and their dedication to scientific integrity.	Resident Performance (RP)	Scholarly Activities	Mentoring/Career Planning Professionalism Scholarly Activities	IVA5, IVB
	Graduate Performance (GP)	Scholarly Activities	Mentoring/Career Planning Scholarly Activities	IVB
Provide a progressive learning environment that promotes critical thinking and empowers learners to utilize state-of-the-art technology in patient care.	Program Quality (PQ)	Curriculum	Conferences Curriculum & Simulation Evidence-Based Medicine Outpatient Clinic Patient Mix Patient Safety Procedures Scholarly Activities	IV, VIII*
		Educational Environment	Duty Hours Handoffs Mentoring/Career Planning Morale Patient Safety Professionalism Supervision Wellness	IIC-E, VI, VIIB-D*

# Final Thought

- With apologies to Meghan Trainor...
- It's all about them aims, 'bout them aims. Not the mission....





# The Self-Study Learning Community: Lessons and Insights

John Frohna, MD, MPH

University of Wisconsin School of Medicine and Public Health

With thanks to the APPD Self-Study Collaborative

# APPD Self-Study Learning Community

- 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

# Lesson 1: Developing Aims

- Key Point: Everything should be viewed through the lens of the aims
- It's all about them aims...

# Lesson 2: SWOT Analysis

- Key Point: An early SWOT analysis can help inform the rest of the process
- Balance of high-level (SWOT) and detail-level (data, rotation-level self-study) provides an optimal self-study

# Lesson 3: Integrate with the APE Process

- 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

# Tracking 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					

# Insights from the Learning Community

---



# Insight 1: "Be Not Afraid"

- The ACGME truly 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

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

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

# Insight 3: The SWOT Process is Key

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

# Insight 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 information and then sends back out with:
  - Overall summaries
  - Request for stakeholders to propose solutions

# Insight 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 PDSA cycles are 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?







# Overcoming Barriers to Improvement

John Frohna, MD, MPH

University of Wisconsin School of Medicine and Public Health

# Money

---

- There is no money - sorry

# Time

- Start early
  - 1 year is best
  - Stick to your timeline
- Spread out the work among many people
  - But, keep a core group

# Expertise

- Begin early
  - Educate people
  - Be enthusiastic! This really is about your program
- Use resources (articles, webinars) from the ACGME, APPD, others
  - Translate for your audience

# Vagueness

- Teach people to write SMART goals (Specific, Measurable, Achievable, Relevant, Time-Bound)

# SMART Goals

- Before: Have fellows attend more diverse clinics to expand breadth of clinical training
- After: Over the next year, we will add three new clinic experiences that emphasize important aspects of modern practice; each 2<sup>nd</sup> and 3<sup>rd</sup> year fellow will attend these clinics for at least 3 sessions/each and we will assess the success of this by documenting clinic attendance and having the resident evaluate their experience in the annual program survey.

# Vagueness

- Teach people to write SMART goals (Specific, Measurable, Achievable, Relevant, Time-Bound)
- Make it matter to your program
- Refine aims, processes, outcome measures over time

# Other Barriers

- What else did you identify?
- What solutions did you identify?
- What barriers do you anticipate back home?