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# Self-Studies and Site Visit Preparation: What Fellowship Directors Should Know

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THE  
University of Vermont  
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# Disclosures

- We have no financial interests or relationships to disclose

## Session Objectives

- At the end of this session, all participants will be able to:
  - Describe the purpose of ACGME's self-study and the steps involved in the process
  - Develop a SMART goal for one of your program aims
  - List three tools that can be used in a quality improvement process for your SMART goal
  - Discuss the process for obtaining Part 4 credit from the American Board of Pediatrics for your fellowship program improvements

## Plan for Today

- Overview of the Self-Study Process and Site Visit
- Developing Program Aims
  - SMART goals
- Overview of the QI Process
  - QI Tools applied to a specific program goal
- Maintenance of Certification (MOC) Part 4 Credit
- Questions & Answers

# The Self-Study: A Brief Overview



# 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.*

**O**n 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,

# 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



www.acgme.org

Self-Study

www.acgme.org/What-We-Do/Accreditation/Self-Study

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Resident Case Log System

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Specialties

Home > What We Do > Accreditation > Self-Study

Self-Study

Eight Steps for Conducting The ACGME Program Self-Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first Self-Study.

The Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the Self-Study from areas for improvement the Review Committee identifies during accreditation

Quick Links

Accreditation Field Representatives

Site Visit

The ACGME and the Accreditation Process

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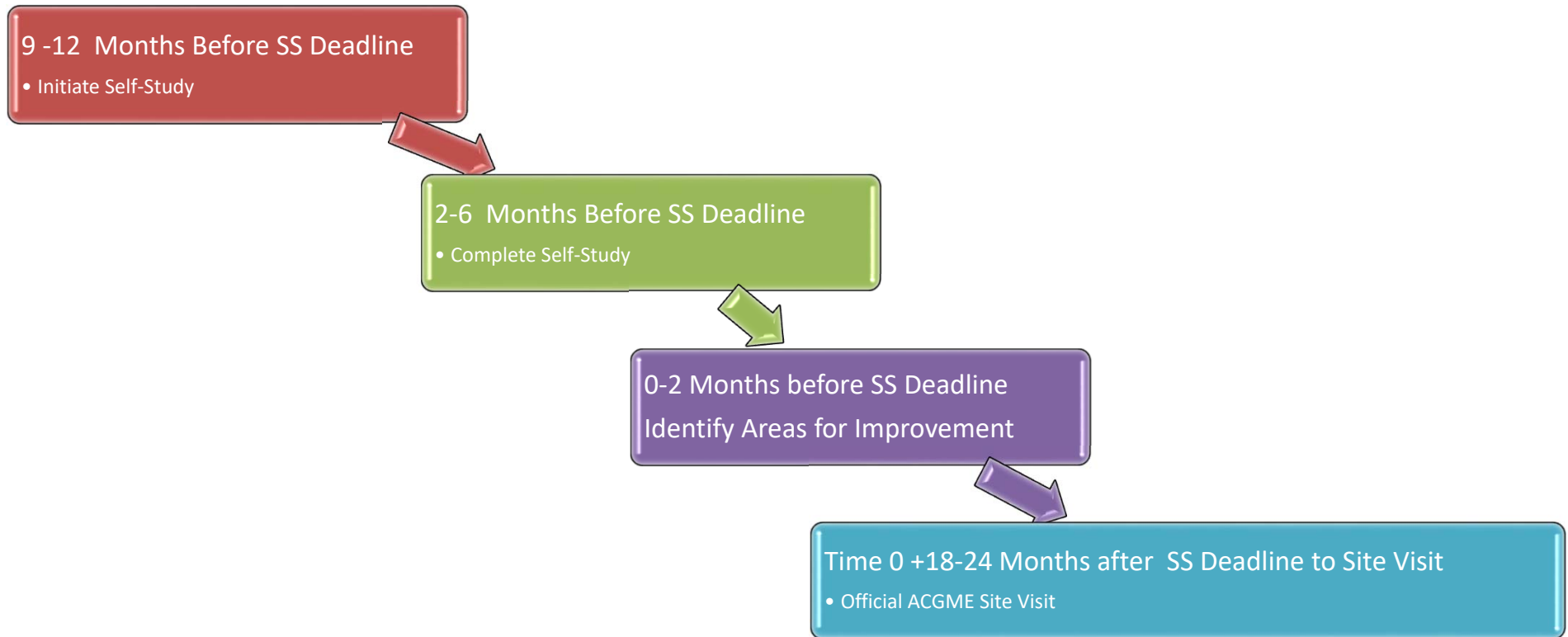
## Intent of the Self-Study

- Evaluate effectiveness in meeting program aims
- Assess relevant initiatives and outcomes achieved
- Develop action plans to move the program aims forward

# The Self-Study Process

- Assemble the Self-Study Committee
- Review data from Annual Program Evaluations to generate a longitudinal assessment of the program's improvement
- Discuss program aims
- Identify program strengths and areas for improvement (SWOT)
- Examine program opportunities and threats facing the program (SWOT)
- Aggregate the Self-Study findings
- Discuss the findings with program leadership and constituents to set improvement priorities
- Develop a succinct Self-Study document for use in further program improvement and as documentation for the Self-Study Visit

# Timeline



# Collaborating Across Fellowships

- Development of Aims
- SWOT Analysis
- Outcome Measures

## So, You Did Your Self Study – What Happens Next?

- Self-Study Update
- Self-Study Achievements
- 10-Year Site Visit
- Self-Study Review Report

# 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

- *Our Pediatric Cardiology Training Program will produce pediatric cardiologists with the cognitive and procedural expertise to provide excellent care to children with cardiovascular disease and the academic skills to make meaningful scholarly contributions.*
  - Mission statements have a purpose
  - Too complex for this purpose
  - Too difficult to identify outcome measures

## It's NOT a List of Goals

- University of Vermont Neonatal Program:
  - Improve fellow educational session attendance
  - Improve fellow procedural and simulation experiences
  - Improve frequency of research mentoring
  - Improve program feedback

## Program 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?
- Key Point: Everything should be viewed through the lens of the aims

# Program Aims: Common Themes

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

## Sample Program Aims

- Advocacy
  - Foster a commitment to advocacy for the advancement of child health priorities at the local, national, and/or international level
- Clinical
  - Prepare fellows to become leaders of a multidisciplinary team in general and cardiac ICUs that provides compassionate care to critically ill children
- Research
  - Generate new knowledge and scholarship in areas such as education, quality improvement, performance improvement, clinical informatics, clinical research, and health services research

# Creating Goals for Your Aims

- Aim: Provide a broad-based education to prepare fellows to practice in diverse academic settings
- Goal: Have fellows attend more diverse clinics to expand breadth of clinical training
- Write SMART goals
  - Specific
  - Measurable
  - Actionable
  - Realistic
  - Timely

## 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



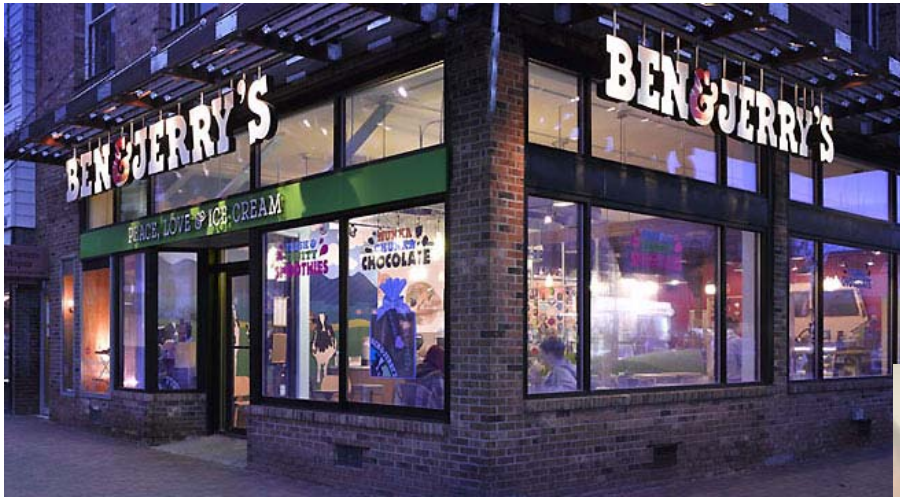
## Small Groups #1

- Select one of your program aims
  - Discuss how the aim relates to your program context
- Choose one program aim per table
- Develop one SMART goal (Specific, Measurable, Actionable, Realistic, Timely) that relates to the program aim

# Educational Quality Improvement



## From MA → Vermont Autumn 2016



# University of Vermont

- University of Vermont Department of Pediatrics, Robert Larner, MD College of Medicine
  - Faculty: 48 full-time, 19 part-time (greater than 0.5 FTE)
  - Residents: 21
  - Fellows: 3
  - Neonatal-Perinatal Medicine Fellowship increased complement to 3 fellows July 2017
  - Leadership change with new program director and administrator July 2017



# Self-Study Steps

- Assemble the Self-Study Committee
- Review data from Annual Program Evaluations to generate a longitudinal assessment of the program's improvement
- Discuss program aims
- Identify program strengths and areas for improvement (SWOT)
- Examine program opportunities and threats facing the program (SWOT)
- Aggregate the Self-Study findings
- Discuss the findings with program leadership and constituents to set improvement priorities –at Program Evaluation Committee Meeting (May 2017)
- **Develop a succinct Self-Study document for use in further program improvement and as documentation for the Self-Study Visit**

# Self-Study

- Sufficient time to demonstrate improvement?
- Self-study review during the site visit—not the optimal time to discuss areas of future improvement
- New approach:
  - 1) Protect areas of improvement during site visit
  - 2) Separate the self-study and site visit (12-18 months, closer to 24 months)
  - 3) Voluntary pilot self-study visit
  - 4) Programs report on improvements addressed during self-study



# Involvement

- Initial involvement in SWOT analysis as part of Program Evaluation Committee (PEC)
  - All NPM faculty, fellows, NNP, nurse managers
  - Review ADS, APE
- Department-wide effort for all faculty to be involved in Quality Improvement
  - Prior experience: project on safe sleep in the NICU at Boston Children's Hospital
  - PDSA
    - Patient-centered outcome→ shift to program improvement and outcomes



## Action Items Self-Study

- Determine key stakeholders
- Identify Self-Study Committee
- Define timeline for meetings and process
- Set deadlines
- Define the GME representative who will assist the program(s)
  - Meet regularly
- Adopt or adapt tools already available to meet specific needs

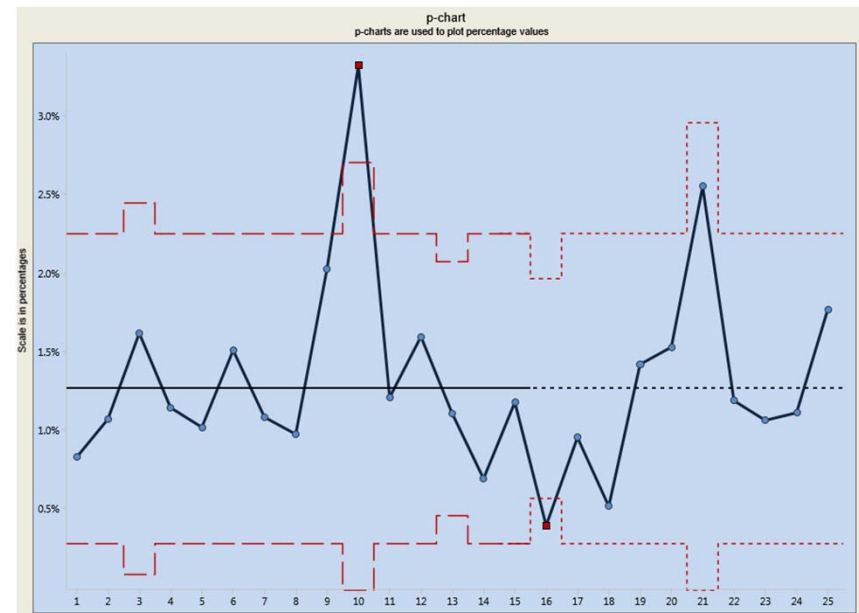
## Self-Study Details

### Neonatal-Perinatal Medicine Fellowship

- Submitted September 2016
- Document summarizing process of prior months (short version for subspecialty programs)
  - Program description and aims
  - Program activities to advance the aims
  - Opportunities/Environmental Context
  - Threats
- Describe self-study process
  - “Provide a brief description of the process for the Annual Program Evaluation, including action plan tracking, and the self-study process for this program.”

# Self-Study

- Optional question: Learning that occurred during the self-study
  - Improved generation of ideas, collaboration
  - Focus on program improvement rather than data analysis
- Important to collect data and perform
  - Plan
  - Do
  - Study
  - Act
- PDSA cycles



## Our Program Aims

- Improve fellow educational session attendance
- Improve fellow procedural and simulation experiences
- Improve frequency of research mentoring
- Improve program feedback

# Test of Change

- Plan—know program aims (Broad and specific)
  - Why are we here? What are we doing? What are we trying to accomplish?
- Do—engage stakeholders, observe, collect data
- Study—analyze
  - What do the data show? How does it compare to expectations? What did you learn
- Act—plan intervention, next change
  - Did your test show improvement? Plan for next change or intervention?

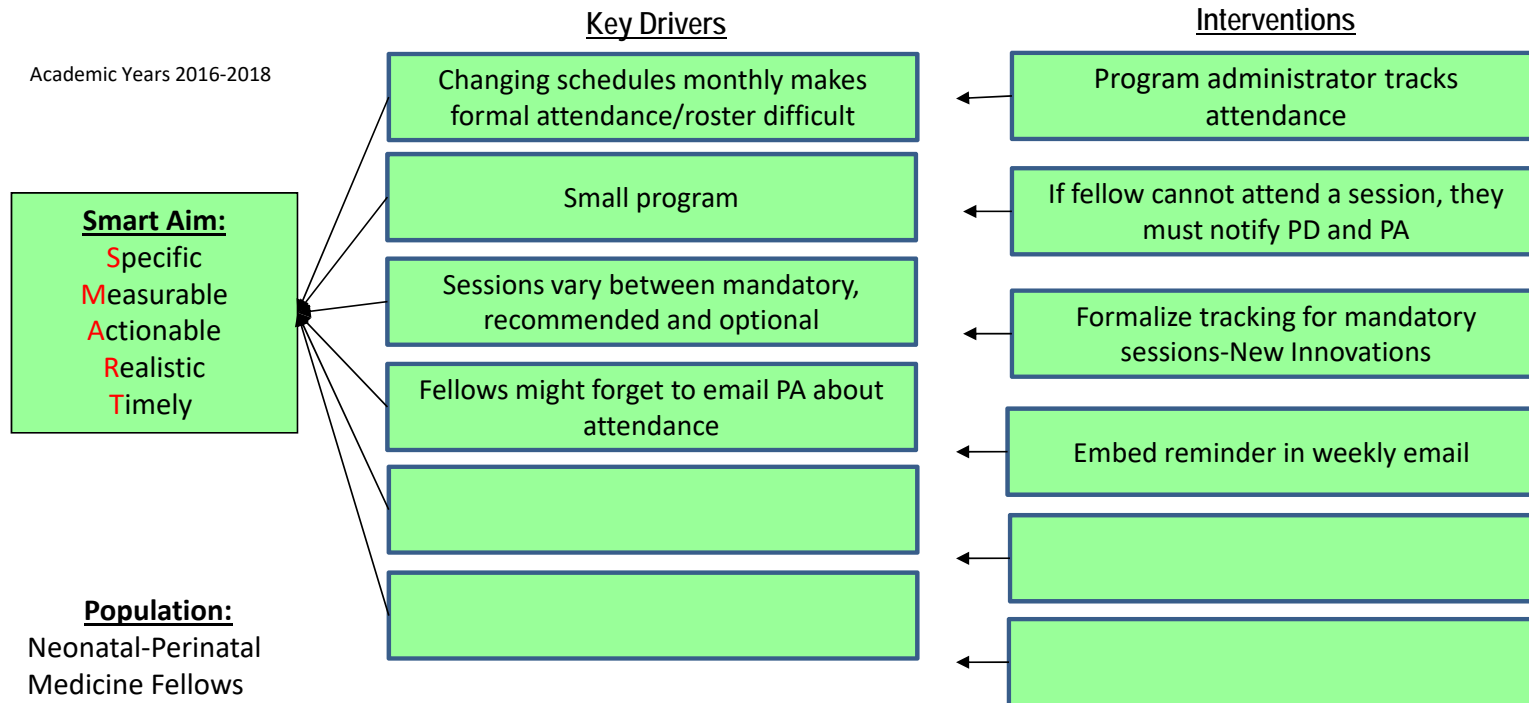
## Fellow Educational Session Attendance

- Track attendance in New Innovations
- Review set period of time (last 2 academic years)
- Discuss with fellows at semi-annual reviews and monthly check-in sessions



## Improving NPM Fellow Educational Sessions

### **Key Driver Diagram**



**Global Aim:**  
To improve the neonatal-perinatal medicine fellow educational experience

#### Key

Gray shaded box = completed intervention

Green shaded box = what we're working on right now

Black shaded box = intervention that was rejected

LOR # = Level of Reliability Number, e.g., LOR 1



# Key Driver Diagrams

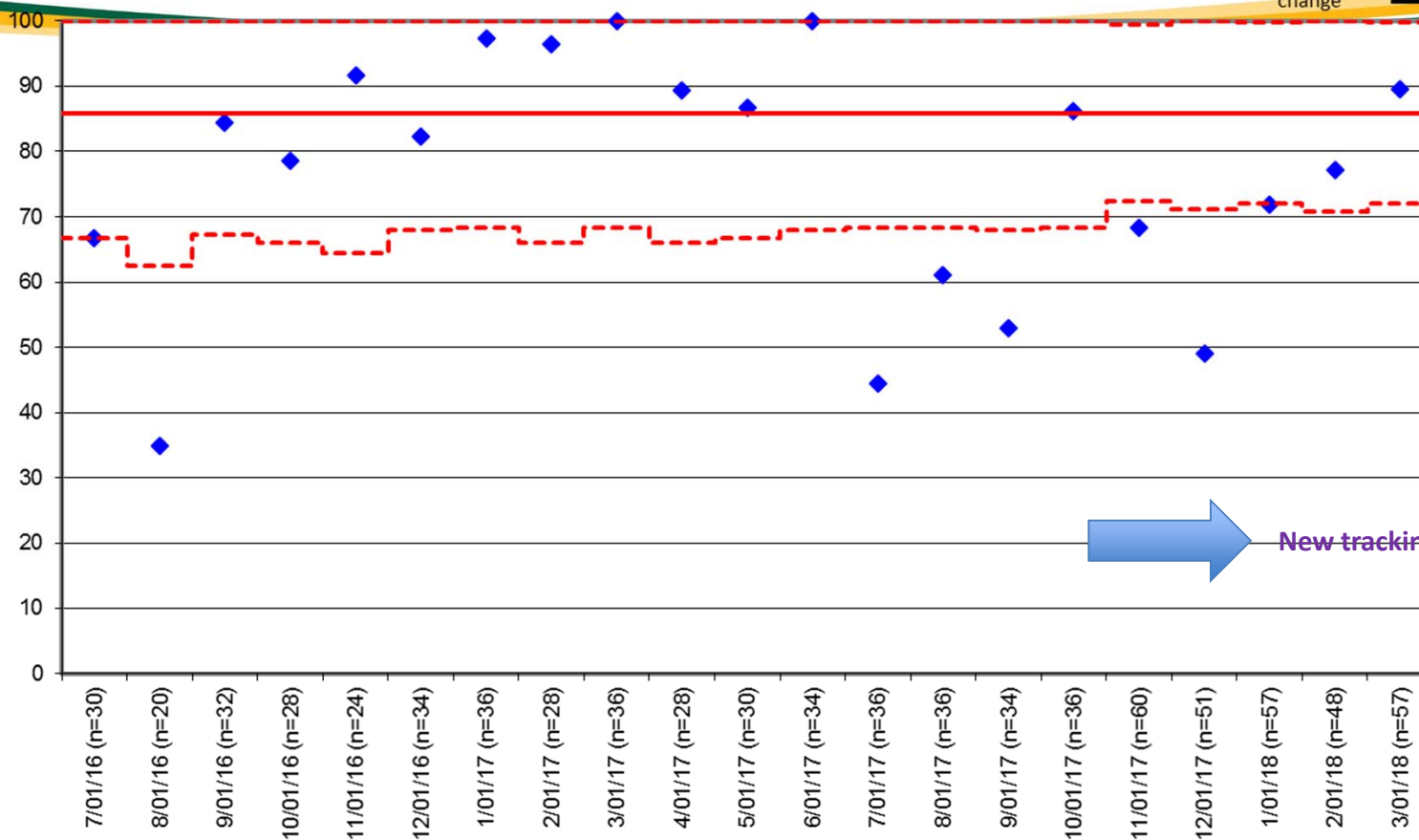
## Proper Steps to Completing a Key Driver Diagram:

1. Compile a multidisciplinary team
2. Develop clear aims
3. Observe the process several times
4. List key steps / Develop a process flow map
5. Revise the KDD as you learn more about the system

Slide courtesy of Keith Robinson, MD

# NICU Fellow Training Attendance P Chart July 2016 - March 2018

Percent of sessions attended by NICU fellows



◆ Monthly attendance

Month

— Mean

- - - Control Limits

# Implement Change

- New method for tracking attendance
- Next step→ another PDSA cycle
- Meet with physician QI leader
- Participate in division QI projects
- Expand process to other program aims

# Measurement and Program Improvement

Aim Statement	Measures	Outcome	Status
Improve educational session attendance and experience	Download data from New Innovations	Run chart of attendance, PDSA	Ongoing
	Increase online learning modules	Introduced fellows to Online Ethics Curriculum	Two modules remain, feedback
	Increase simulation experiences	Incorporated simulation training in JFC with Dartmouth	Ongoing
Improve fellow procedural exposures	Track attempts and success/failure in New Innovations	Review at monthly and semi-annual meetings, early identification of needs	Ongoing



# Process Improvement

- Process of tracking and evaluating led to new directions
- Focus on educational sessions → Mid-year fellow evaluations
  - Brief questionnaire
  - Identified a gap in knowledge about clinical research
  - Creation of “Foundations in Clinical Research” summer/fall lecture series
    - Neonatal-perinatal medicine fellows
    - Pediatric residents
    - Maternal-fetal medicine fellows

# Quality Improvement=Program Improvement

- <http://www.ihi.org>
- Quality improvement basics
- Free registration, online modules
- Provides framework for projects
- Identify institution supports, e.g. Physician Leader for QI, Patient Safety



## Small Groups #2

- Take program aim/SMART goal
- Discuss measures and outcomes
- Report back—10 minutes

# Getting MOC Credit for Your Program Improvements





# Maintenance of Certification



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BECOME  
CERTIFIED



MAINTAIN  
CERTIFICATION



APPLY FOR  
EXAM

## IMPROVING PROFESSIONAL PRACTICE (PART 4)

[HOME](#) » [MAINTAIN CERTIFICATION](#) » [IMPROVING PROFESSIONAL PRACTICE \(PART 4\)](#)

There are many avenues in which you can earn Part 4 credit – whether you're looking for a Part 4 activity, or you're already engaged in quality improvement efforts. The work you're doing now may be eligible for credit!

Already Engaged in QI?

Need Part 4 Activity?

New Part 4 Pathways

- Is your institution an MOC Portfolio sponsor?
- Does your institution sponsor Quality Improvement projects?
- Are you engaged in a QI project sponsored by the AAP?

### IMPROVING PROFESSIONAL PRACTICE (PART 4)

#### HOW TO EARN CREDIT

ABP PERFORMANCE  
IMPROVEMENT MODULES  
(PIMS)

APPROVED QI PROJECTS AND  
INITIATIVES

EARNING MOC CREDIT FOR  
ACGME PROGRAM  
EVALUATION

MAINTENANCE OF  
CERTIFICATION FAQ

FEEDBACK

# QI PROJECT REQUIREMENTS

## checklist--ABP website



### Small Group QI Project Application Checklist (Less Than 10 Physicians)

#### QI PROJECT REQUIREMENTS:

- ☐ It sought to improve a known gap in quality, not acquire new knowledge.
- ☐ It had quantified goals within a specific time frame.
- ☐ Measures were used to track the progress of this QI project.
- ☐ At least 3 points of de-identified aggregate data were gathered over time.
- ☐ The physician(s) applying participated in this QI project's planning, execution, data review, implementation of changes, and team meetings.

*This application takes approximately 15-30 minutes to complete if you have the following elements on hand:*

#### AIM STATEMENT:

- ☐ A gap you want to improve
- ☐ By how much
- ☐ By when

#### MEASURES:

- ☐ Elements tracked through this project
- ☐ Goal for each
- ☐ How often each measure was tracked

#### DATA:

- ☐ Graphic displaying AT LEAST 3 points of data over time  
(Pre, Post, Sustain OR Baseline, Improvement 1, Improvement 2)

**ATTESTATION:** This will be required for each physician seeking credit.

- ☐ Be intellectually engaged in planning and executing the project.
- ☐ Implement the project's interventions (the changes designed to improve care).
- ☐ Review data in keeping with the project's measurement plan.
- ☐ Collaborate actively by attending team meetings.

# QI Project Requirements

- It sought to improve a known gap in quality, not acquire new knowledge
- It had quantified goals within a specific time frame
- Measures were used to track the progress of this QI project
- At least 3 points of de-identified aggregate data were gathered over time
- The physician(s) applying participated in this QI project's planning, execution, data review, implementation of changes, and team meetings
- Fellows can also participate and “bank” credit for their MOC cycle

# Example

- Review second example on ABP website



## Improving Monthly Resident Evaluation Completions

Small Group QI Project (1-10) Physicians-Completed Project

\* QI Project Title (a brief title for your project) e.g., *Better Otitis Management at 123 Pediatrics*  
Improving Monthly Resident Evaluation Completions

\* Where do you work?  
Pediatric Medical Program

\* When did the project begin?  
*Dates should be provided in mm/dd/yyyy format*  
01/01/2014

\* When was the project completed or when was the most recent cycle of improvement finished? (if approved credit will be awarded on this date)  
*Dates should be provided in mm/dd/yyyy format.*  
12/31/2015

Quality Improvement Project Description

# Tools

- Templates (handouts)
- Links
- Resources
- Plan for ACTION!

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# Questions & Answers

