



Navigating the Self-Study and the 10-year Accreditation Site Visit: The “What, Why, and How” to Prepare Your Program

Cathy Nace, MD

Accreditation Field Representative, ACGME

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DISCLOSURES

- Speaker is employed by ACGME
- No other activities requiring disclosure

Objectives

- Discussion of the Self-study
 - Intent
 - Elements of the self-study
 - Suggested steps in conducting the self-study
 - Pearls and feedback from PDs who have participated in a pilot visit program, a self-study, or had a 10-year visit
- Discussion of the 10-year accreditation site visit
 - Practical advice

ACGME Definition of Self-study

- An objective, comprehensive evaluation of the residency or fellowship with the aim of improving it
- Includes
 - Longitudinal evaluation of the program and learning environment
 - Review of sequential annual program evaluations that focus on required components
 - Emphasis on program strengths and areas for improvement (AFI)
 - Exploration of program aims
 - Assessment of the environmental context

Developing an approach to the Self-study and the 10-year site visit

- The beginning (the ACGME Manual of Policies and Procedures):

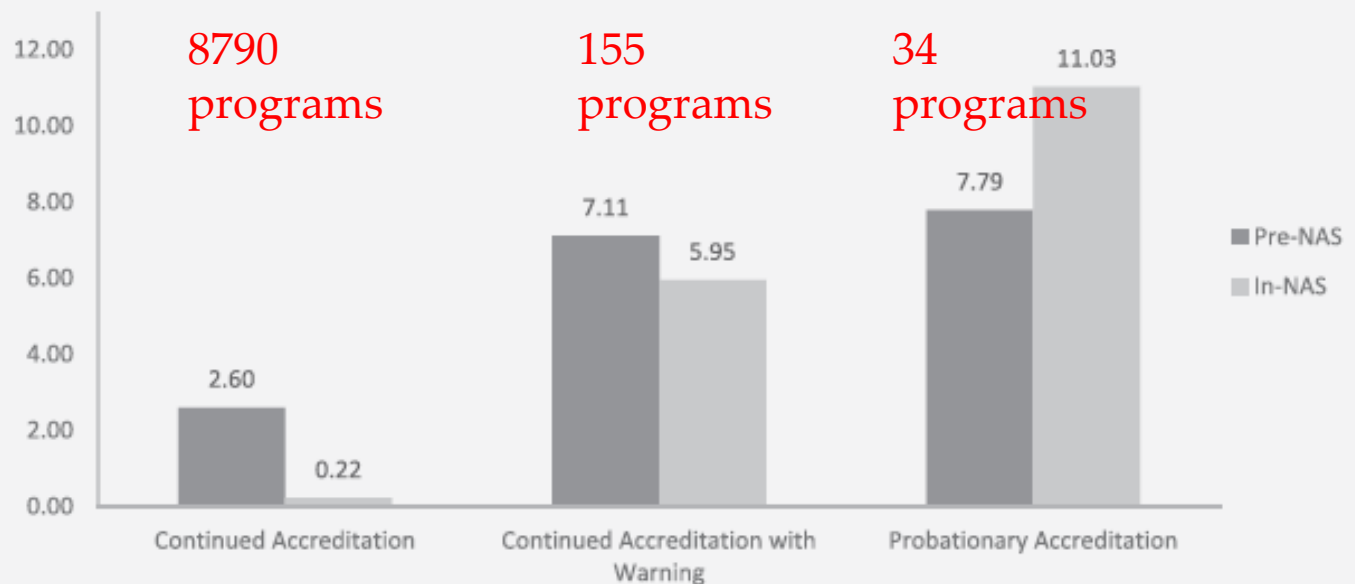
The 10 Year Self Study site visit is based on a comprehensive self-study, which includes a description of how the program or sponsoring institution creates an effective learning and working environment, and how this leads to desired educational outcomes, and an analysis of strengths, weaknesses, and plans for improvement.

Rationale for the Self-study

- In combination with the Annual Program Evaluation, the Self-study creates internal drivers for program improvement
- As opposed to citations as driver for change
- Relevant to the majority of programs that have no citations
- A focus on program improvement can:
 - Avoid future data prompted visits
 - Which avoids future citations
 - Drives innovation that makes the job interesting
 - May really make programs the best they can be

THE RATIONALE FOR THE SELF-STUDY

A Standards- and Citation-Based Approach Offers Limited Benefits for the Majority of Programs on Continued Accreditation



FIGURE

Average Number of Citations Issued by Accreditation Status (Pre-NAS and In-NAS)

Abbreviation: NAS, Next Accreditation System.

Excerpted from: Byrne LM, Miller SM, Nasca TJ. Implementing the Next Accreditation System: Results of the 2014–2015 Annual Data Review, J Grad Med Educ. 2016 Feb;8(1):118-123.

Defining the Self-study

- Program self-reflection
 - Similar to asking the residents to do self-reflection
- Strategic Planning at the program level
- Asks:
 - Where have you been?
 - Where are you now?
 - Where are you going?



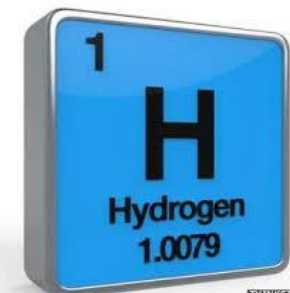


The Elements of the Self-Study



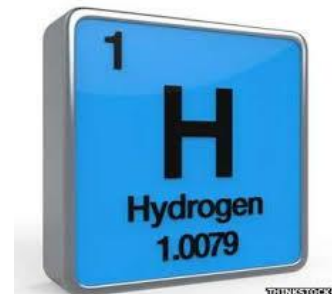
THE ELEMENTS OF THE SELF-STUDY

- Program description
 - Succinct depiction of the program
- Program aims
 - Goals of the program
 - What does the program strive to “produce”
- Activities in furtherance of the aims
 - List of actions or projects aligned with aims
- An environmental assessment (strengths, areas for improvement/limitations/vulnerabilities, opportunities and threats)
 - “SWOT” analysis



THE ELEMENTS OF THE SELF-STUDY AND SUMMARY

- A five-year look back at changes in the program, and a five-year look forward
 - Review of program revisions and achievements
 - Defining the five-year strategic plan
- Summary document
 - Outcome of your self-study
 - Approach to the self-study and who was involved
 - Review of the conduct of the self-study
 - The answer to the question “what will take this program to the next level?”



A FOCUS ON PROGRAM AIMS

- Suggests a relevant dimension of the program
 - Is training aligned with needs of patients and the health care system
 - Types of graduates produced for specific community needs, practice settings and roles
- Allows for a more “tailored” approach to creating a learning environment to achieve outcomes necessary for graduates and intended roles and practice
 - Focus on specific aims can produce highly desirable graduates that match patient and healthcare system needs (1)
 - If you intend to produce physician scientists, is your curriculum and mentorship system tailored in this way?



1. Hodges BD. “A Tea-Steeping or i-Doc Model for Medical Education?,” Acad Med 85(9) Sept Suppl 2010, pp. S34-S44.

BENEFITS OF FOCUS ON AIMS

- Enhances the focus on functional capabilities of graduating residents
 - Fits with a milestones-based approach to assessment
- Program Aims are a requirement of the self-study process in the NAS
- Aims are not static and they should be reviewed/revised as needed, not just in reaction to the self-study announcement



ANSWERING THE QUESTION “WHAT WILL TAKE THIS PROGRAM TO THE NEXT LEVEL?”



- This question has been a key conversation during the self-study site visit
- The question has two inherent components
 - What does the next level look like
 - How do we get there (and when do we expect to get there)?
 - What help, resources, etc. are needed?
- The self-study as a catalyst for change in taking the program to the next level
- Inherent focus on the long-term and on sustainability

Steps for Conducting the Self-study



Step 1a: Set the stage, review the summary questions

- Program description
- Program aims
- Program activities to advance the aims
- Opportunities for the program
- Threats facing the program
- Significant changes and plans
 - Describe significant changes and improvements made over the past five years
 - Project your vision and plans for the program in the coming five years
 - What will take this program to the next level?
- Describe elements used in your self-study process
 - (describe core program's role in self-study if a subspecialty)
- Learning that occurred during the self-study
- CONSIDER HOW YOU WANT TO STRUCTURE THE SELF-STUDY PROCESS

Step 1b: Assemble your self-study group

- PEC
- Other residents (ie more junior residents)
- Department chair/division chief
- Program director from another (related) program
- CCC representative
- Institutional education leader?*
- Program coordinator
- Organizational development personnel?*
- Non-physician faculty?
- Institutional leadership (ie “Director”)*
- Service line/specialty leader *
- Medical students

*don't have to be involved in every meeting

Step 2: Collect and analyze data

- Gather and review data
 - Annual program evaluations
 - ACGME resident and faculty surveys
 - Graduate surveys
 - If you haven't begun these, can add to your "opportunities"
 - Program, faculty and rotation evaluations
 - Internal surveys
 - In-training exam scores
 - Board examination pass rates
 - Minutes or excerpts from other meetings (resident meetings, faculty meetings, etc)
 - AIR
 - Recruiting data
- Identify major/common themes
- Determine how areas will be prioritized

Step 3: Discuss and define program aims

- “What are you making”
- Key expectations of outcomes of your program
- Distinguishing features of your program
- Don’t forget to include local or regional aspects/goals
- These are long term goals, may change with time
- Are program aims aligned with department and institutional mission and values
- Examples
 - Prepare graduates to be outstanding clinicians who are able to perform expertly in rural environments
 - Cultivate specialists who practice evidence-based medicine

Examples of aims (cont)

- Produce graduates who are well-prepared to enter practice as a hospitalist or primary care clinician, or progress to fellowship training
- Develop residents who are focused on quality improvement, and are able to adapt to any practice setting
- Create a learning environment tailored to individual educational needs and goals
- Provide a meaningful opportunity to establish clinical relationships with a cohort of patients through continuity clinics
- Progress to Continued Accreditation in near future
- Increase the first-time board pass rate
- Program graduates will be well-prepared to enter further subspecialty training, and academic and clinical careers where they will be capable of seamlessly assuming positions of leadership.

Examples of Aims

- Develop “specialists” who participate in community events to support and improve local population health
- Ensure all graduates pass board examination on the first attempt
- Foster the advancement of the specialty through research and inquiry
- Develop residents as leaders
- To incorporate community and advocacy experiences into the resident’s curriculum that will instill in them the hospital’s core values of excellence, integrity, diversity, service and compassion in hope that they will be pillars in their communities
- Serve the surrounding community in a culturally competent manner; aim to recruit residents who reflect the diversity of the local/regional population

Examples of aims (cont)

- To provide a competency based system of “X specialty” education that prepares residents to be competent general “X specialists” able to provide comprehensive, coordinated care to a variety of “X specialist” patients
- The program aims to achieve comprehensive education, training, and experience in all areas of diagnostic imaging and to prepare residents for multi-specialty practice in a tertiary care setting.
- Create a supportive place of learning and practice that is collaborative across levels of training and among specialties
- Ensure graduates excel as members of a health-care team, understand the role of internal medicine in the greater context of health care, and have a solid foundation in QA/PI
- Create an academic learning environment within a community-based setting to become the program of choice in the state for applicants seeking a high-quality “X” program

Step 4: Define program strengths and areas for improvement

- First components of the SWOT analysis
- Data (ie internal survey) is critical in determination of both strengths and AFIs
- Look for distinguishing features of the program for strengths
- Identifying strengths further generates program enthusiasm, satisfaction, and increased cohesion; can also contribute to recruiting efforts
- AFIs are generally areas that are related to program requirements

Examples of Strengths and AFIs

- Strengths
 - Faculty mentorship and teaching skills
 - Voice of the residents in enacting program change
 - Research infrastructure and/or opportunities
 - Program flexibility in tailoring program to resident educational needs and career goals
- AFIs
 - Faculty development for external faculty
 - Confidentiality of faculty evaluation process
 - Timeliness of return of faculty evaluations of residents at the completion of rotations
 - Insufficient resident exposure to “X”
 - Faculty attendance and participation in didactics
 - Scholarly activity of faculty/residents

Step 5: Examine opportunities and threats

- In concert with a “SWOT” analysis
- In what environment does the program operate
 - Provides context for the self-study
 - Looks at external factors having an influence on the program
- Opportunities
 - Look at available resources, and how you can capitalize on those; can take many forms
- Threats
 - Usually beyond the control of the program; ie national, regional, political influences
 - Awareness allows development of strategies for mitigation

Examples of Opportunities:

- Implement plans to extract data from EPIC for data mining for patient and population research
- Expand the business of medicine curriculum to include charting efficiency, resource usage, and RVU generation and take advantage of administration assets to further those efforts
- Further explore educational curricula and models for physician wellness, as well as potential research opportunities in this area
- With the new family medicine residency at the institution, explore opportunities for interdisciplinary clinical research projects

Examples of Opportunities (cont)

- Consider holding an annual, off-site, ½ day retreat to involve key faculty and all residents in organized program review
- Take advantage of simulation resources for training in procedures and resuscitations
- Implement plan for incorporation of residents in community health care through expansion of Health System clinics
- Develop an alumni data base for resident networking, assessment of graduate practice trends, and tracking of outcomes data
- Seek alliances with other centers in Health System to increase research and collaborative opportunities
- Advance program marketing efforts to attract highest quality applicants, enlisting current residents and Health System assets to assist, especially highlighting unique aspects of the program and new GME spaces

Examples of Opportunities (cont)

- Leverage training outcomes, patient safety initiatives, and resident contributions to quality health care to further demonstrate GME value to Health System
- Explore addition of a practice management component to the curriculum as a recruiting tool, and means to further encourage primary care as a career choice

Examples of Opportunities (cont)

- Lead local and national efforts in development of mentorship and wellness programs through publication, promotion, and expansion of existing models in the program
- Take advantage of local university research resources for inclusion of research basics lectures and presentation of scholarly opportunities
- Maintain efforts to obtain EMR data to develop patient dashboard to address quality of care, health care disparities and population health endeavors with underserved population as well as to identify research opportunities in alignment with institutional goals

Examples of Threats:

- Competition for patients from local practicing specialists.
- Pressure on faculty for more productivity tends to detract from resident teaching.
- Healthcare changes diminishing compensation for services and adversely affecting faculty retention.
- High clinical volume risks burnout in residents and faculty and potential further losses in hospitalist staff
- Financial constraints which prevent hiring of additional midlevel providers to support growing clinical mission
- Cumbersome EMR and lack of analytical staff are barriers in patient data mining for research, practice-based learning, and resident patient panel statistics

Examples of Threats (cont)

- Needs and requirements of other specialty programs leading to competition for procedures
- New outpatient center presents logistical and workload challenges which has potential for negative impact on resident training
- Continued challenges related to ED needs for rapid interpretation may limit resident involvement
- New IR residency resulting in loss of two fourth year residents in the future
- Institutional financial constraints and funding restrictions jeopardize program expansion
- Faculty and residents dispersed to multiple regional sites presenting communication challenges

Step 6: Define the “next level”

- Relatively new element of self-study summary: “next level”
- What will take your program to the next level
- What does the next level look like
- A component of the “five-years back, five-years forward” element



Step 7: Obtain stakeholder input

- Who are your stakeholders
 - Residents
 - Patients
 - Departmental, divisional and institutional leadership
 - Graduates
 - Medical students?
- Can involve them in the process early or later
- Consider “survey monkey” surveys or solicit input via email

Step 8: Interpret the data and aggregate findings

- Completion of the self-study summary (but can utilize as a guide throughout the process)
- Firmly establish program aims
- Finalizing details of the SWOT analysis
- Prioritizing areas for improvement (AFIs)
- Developing plans to take advantage of opportunities
- Identifying mitigation strategies for threats

Step 9: Share findings with stakeholders

- Socialize self-study summary document with residents, faculty, and others to validate findings
- Edit based on any additional input



Step 10: Finalize self-study document

- Complete all questions in the document
 - 2300 words only
 - 4-6 pages for a core program, less for small subspecialty programs
 - **Omitted by design – information on strengths and AFls
- Make sure all involved in the self-study have seen and reviewed the drafts and final document
- Have GME office or others review (ie other PDs) prior to submission
- Upload to ADS

So What Happens Next?

- 10-year site visit occurs 18-**24** months after the self-study
- Non-concurrent site visit
 - Fosters (hopefully!) a frank, forthright, and thorough review of the program
 - Time lag allows programs to make improvements
- Follow-up documents on self-study prepared prior to site visit
 - Self-study update (optional)
 - Summary of achievements

Additional self-study documentation

- Prior to the site visit
 - Self-study Summary Update document (optional)
 - Significant program changes
 - Leadership, vision, “next level”
 - Changes in description, aims, and environmental context (opportunities, threats)
 - Summary of Achievements
 - Listing of strengths
 - Relationship to aims and context of the program
 - Listing of improvements/achievements
 - Relationship to aims and context
 - Process for enacting changes
 - Lessons learned
 - Best practices, what would you do differently, any “aha” moments

The 10-year Site Visit

- 18-24 months after completion of your self-study
- ~90 days advance notice
- Combination of accreditation and review of self-study
- Structure of visit similar
 - Interviews with PD, residents, faculty, department chair, DIO
 - Discussion of the self-study
 - Opportunity to reflect on accomplishments through the Self-study Update and Summary of Achievements
- Discussion of initiatives to foster resident and faculty well-being

Preparation for the 10-year Site Visit

- Self-study documents
 - Self-Study Summary Update (optional)
 - Summary of Achievements
- Site visit documents
 - Listed in the letter from ACGME (Ingrid Philibert)
 - Additional document requests in the letter from your site visitor
 - Update ADS data
 - Major changes (“toot your horn” section)
 - Faculty information, certification data
 - Case log data
- Consider circulating the self-study documents to residents and faculty

Site Visit Tips

- Communicate with the site visitor
 - Email is best, but call if necessary
- Bring a copy of your documents (self-study...) with you to the site visit
 - Have a pen and note paper handy
 - Be honest
- Annual updates
 - Communicate with the RC through “major changes” section

Site Visit is Over, So Now What?

- Relax!
- Site visitor writes a two-part report
 - Accreditation portion: Compliance with requirements
 - Self-study section that includes feedback for the program
 - Link aim and context
 - Completing the PDSA cycle
 - Managing improvement action plans and data
 - Stakeholder involvement and engagement
 - Alignment of aims and priorities
 - Second section will be shared directly with programs once letter of notification from RC sent

Feedback on the Self-study from other PDs

- Start early
- Recognize that each program is different, tailor aims to YOUR program
- Consider a retreat to conduct the self-study
- Engage a facilitator with experience in strategic planning
- Have focus groups beforehand, or during a retreat
- Think about faculty development
 - Directed (not cafeteria style)
 - Aligned with program goals
 - Meets educational needs of the program and fits interests of faculty
 - Addresses deficiencies in program/individuals

More advice

- Don't forget input from residents/fellows
- Make sure to identify all stakeholders – their engagement is key
 - Self-study is not an exercise for the PD or PEC
 - Solicit input on AFIs and prioritization
 - Gain insight into feasibility of plans
- Share the workload
- Schedule follow-up meetings to review findings



Feedback from PDs on the Self-study

- “The self-study really made us focus on the questions of who we are and who do we want to be.”
- “By starting off with the questions, it set the table and allowed for more frank and more directed discussions.”
- “It forced us to take the time to get the view from 35,000 feet. We were only getting the 5000 foot view during our Annual Program Evaluation.”
- “[The self-study] put all of us - residents, faculty, staff, even the medical students came to one of our SWOT meetings - in the same boat and thinking as a group and not thinking of “what can the faculty do better?” or “what should the residents do better?” This leveling of the playing field led to great discussions and cleared many of the usual inhibitions that you encounter at meetings.”

More PD feedback

- “Although there is benefit in having the summary completed, the main benefit is in the self-study process, itself.”
- “The Aims are the key: they are the lens through which everything else can be viewed.”
- “The development of activities and metrics to measure achievement, helps to document success, potentially mobilizes new resources, and supports recruiting efforts.”

And finally.....

- The self-study is not wasted effort
 - Replaces the annual program evaluation for the year
 - Fits with departmental strategic planning
 - Gives a guiding light to the annual program evaluation process
 - Creates collaboration and engagement of stakeholders
 - Defines accountability
 - Beats doing a PIF (for those who remember these HUGE accreditation documents)
 - If you are a pediatrician, it gets you MOC points (hoping that other specialties will hop on this bandwagon: ABP now offering Part 4 MOC credit to PDs and faculty to address areas identified during the APE or self-study)

References

- ACGME Website:
 - Under “what we do”/accreditation/self-study
 - See also “self-study tools”
 - Articles by Guralnick and Philibert
- PD societies and meetings
- ACGME Annual Meetings
- AHME Meetings!



Actually, it's made education, accreditation, and our programs MUCH better! Ask anyone who has been around awhile!



THANK YOU!



QUESTIONS??