The Self-Study Pilot Visit: Guiding Programs into the Current Era of Accreditation

DeWitt (Bud) Baldwin Lecture Series, June 28, 2016

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DISCLOSURES

- Speakers are employed by ACGME
- No other activities requiring disclosure
RECOGNITION AND THANKS

• The Field Representatives who performed the visits:
  • John Beemink, MD, Barbara Bush, PhD, Donna Caniano, MD, John Coyle, MD, Joseph Gilhooly, MD, Donald Kraybill, PhD, David Larson, MD, Serge Martinez, MD, JD, Cathy Nace, MD, William Robertson, Jr. MD, MBA, Judith Rubin, MD, MPH, Theodore Sanford, MD

• Field Activities staff members who scheduled the visits:
  • Jim Cichon, MSW, Andrea Galla, MA, Penny Iverson-Lawrence

• Field Activities staff members who assisted with data aggregation and analysis:
  • Andrea Galla, MA, Sarah Moran, MA
OBJECTIVES

• Discuss the new elements of the self-study, and rationale for their inclusion

• Summarize common and unique elements in Phase I programs’ aims and assessment of their environment

• Report on the voluntary self-study site visit experience, the dialogue with programs, and ongoing refinements to the self-study and protocol for the 10-year site visit

• Describe design and validation of a developmental assessment tool for feedback on the maturity of programs’ improvement process
DEVELOPING AN APPROACH FOR THE SELF-STUDY AND 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.

• Early changes:
  • Establishing a 12- to 18 month lag time between self-study submission and the 10-year site visit
  • Instituting a voluntary non-accreditation visit with feedback soon after the self-study
  • A research program to assess the effectiveness of the pilot visit and the overall approach
DEVELOPMENT OF THE SELF-STUDY AND 10-YEAR SITE VISIT: THE JOURNEY

• Some of it has been like a cruise
  • Seeing high-performing programs
  • New ports of call
  • Conversation with a depth and breadth that has not been present in many site visits

• Aspects are like a container ship
  • Lots of data in different compartments
  • Program documents, site visit reports, field notes
  • We are unloading and organizing

• Aspects of it have been like traveling on a research vessel
  • We plan to analyze, publish the data
THE DEVELOPMENT PROCESS: AN AGILE MODEL

CONCEPTION
INITIATION
ANALYSIS
DESIGN
CONSTRUCTION
TESTING
DEPLOYMENT

Waterfall Model

CONCEPTION
INITIATION
ANALYSIS
DESIGN
CONSTRUCTION
TESTING
DEPLOYMENT

Agile
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.
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
  - Listing 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 (2)

• 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

• The 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?”
BENEFITS OF A FOCUS ON PROGRAM AIMS

• Suggests a relevant dimension of the program:
  • Types of graduates produced for specific community needs, practice settings and roles

• Allows for a more “tailored” approach to creating a learning environment
  • Focus on specific aims can produce highly desirable “graduates” that match patient and healthcare system needs (1)

• Enhances the focus on functional capabilities of graduating residents
  • Fits with a milestones-based approach to assessment

Hodges BD. “A Tea-Steeping or i-Doc Model for Medical Education?,” Acad Med 85(9) Sept Suppl 2010, pp. S34-S44.
EXPANDING “AREAS FOR IMPROVEMENT” TO INCLUDE VULNERABILITIES/LIMITATIONS

• Recognizes the very real observation that there are limits to improvement, particularly for high-performing programs
• Appreciates that high-performing programs may face “improvement fatigue” and sustaining performance is a realistic aim
• Injects a realism and understanding that programs face limitations and cannot make all improvements they might want to make
• Seeks to counter programs’ tendency to place items partially under the control of the program in the (external) threats category and treat them as “foreign” elements that do not need to be addressed
• Counters a tendency to define programs’ strategy by what they “cannot do”
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, and is being incorporated into the self-study summary for all programs.

• 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.
The Voluntary Self-Study Pilot Visit Experience
THE PILOT

• A voluntary non-accreditation site visit with feedback
• ACGME staff contacts eligible programs and asks if interested in participating

• Open to:
  • Phase I programs with an initial 10-year site visit between April 2015 and January 2017; Phase II programs with an initial 10-year site visit between April 2016 and July 2017

• Visits are conducted by members of the ACGME accreditation field staff with added training
  • Visits offer immediate verbal feedback AND a written report
  • No program level information shared with review committees

• Core and subspecialty programs
  • If the core volunteers, subspecialty programs can opt in or out of the self-study pilot visit
7 PRINCIPAL OBJECTIVES FOR THE SELF-STUDY PILOT VISIT

1. **Verify the data in the self-study summary**, with a focus on exploring program aims, as described in the self-study summary, and assessing the efficacy and effectiveness of the self-study process.

2. **Gather information about the program’s environment** and the context in which it operates through observation and interviews.

3. **Review/verify/clarify the program’s strengths and areas for improvement**, using information verbally presented by program leadership during the pilot site visit.

4. **Assess the degree to which the program’s self-study findings are congruent** with program aims and environmental context.
5. **Discuss the program’s action plans for areas for improvement** identified during the self-study.

6. **Provide feedback on self-study content**, highlighting congruence/lack of congruence between the program’s aims and environmental context, and strengths and key areas for improvement identified.

7. **Collect aggregated data on the self-study process**, highlighting efficient approaches to self-study organization and execution.
THE SELF-STUDY PILOT SITE VISIT

• Two site visitors assigned
• Time commitment is ½ day for core program
• Request for list of “Strengths and Areas for Improvement” from faculty and residents prior to SV
• Meetings during the SV
  • Program director and program coordinator
  • Residents (two or more groups, split between SVs)
  • Faculty (two groups)
  • Program coordinator
  • DIO and Department Chair (separately)
  • Out-briefing with PD and others as invited by PD

• If subspecialties included
  • Joint meeting of PDs, PCs
  • Similar format but abbreviated sessions
THE SELF-STUDY PILOT REPORT

• Summary of program aims and activities
• Four-square of strengths, AFIs, opportunities and threats
• Key trends and developments
• Review of Annual Program Evaluation and Self-study Process
  • Notation of any best practices
• Summary feedback
  • Perceived value to the program of the self-study and self-study pilot
  • Value to other stakeholders
• Description of “next level”
• Any learning for the program or points for ACGME
SELF-STUDY PILOT REPORT (2)

- Report developed by the team is shared with the program
- Program may edit the report and return to the team for revision
- Program sent an evaluation form for feedback on the quality of the report and the value of the pilot site visit
- Final report submitted to DFA office
- Report not shared with Review Committee
- Program may update its self-study summary in response to the feedback
## THE PILOT: PARTICIPATION BY PHASE I PROGRAMS

<table>
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<tr>
<th>Specialty</th>
<th>Pilot Visits</th>
<th>Eligible</th>
<th>% Participation</th>
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<tr>
<td>Neurological Surgery</td>
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<td><strong>659</strong></td>
<td><strong>37%</strong></td>
</tr>
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</table>
THE PILOT: SITE VISITORS' EXPERIENCE

• An opportunity to discuss the new accreditation system with program directors, DIOs, faculty, and residents
• Program directors often have a favorable impression of the site visit
  • Increased understanding of NAS and the purpose of the self-study
  • Appreciation for the opportunity to more deeply reflect on the program
  • Embraced the opportunity to speak with field staff in a “non-attributional” forum
  • Enthusiasm generated by DIOs and PDs has led to expansion of pilot to Phase II programs
• Offering program directors a “different” site visit experience
• For Field Staff
  • Useful information on effective means for conduct of the self-study
  • Highlights program challenges, positive themes, and innovative approaches across specialties, geographic regions
Self-Study Pilot Visit: A View from the Weeds
DISTRIBUTION AND PRIOR ACCREDITATION PERFORMANCE OF PARTICIPATING PROGRAMS

• Programs that volunteered for the Phase I self-study pilot visits represented 3 groups:
  • Majority of programs were high performing programs that participated to celebrate (and gain recognition?) for their high performance
  • Smaller number had recently addressed citations and sought “approval” of their current performance (“What do we do now”?)
  • Even smaller group of programs were performance challenged (not recognized?), and were often “volunteered” by their institutional leaders to get help
PERFORMANCE CHALLENGED PROGRAMS

• How did we know?
  • Looked at LONs
  • Reviewed ACGME resident and faculty surveys
  • Learned about it on-site during the resident interviews

• Presented a challenge to the site visitors: Crossing the chasm from self-study pilot visit to semi-accreditation visit

• How did we deal with this?
  • Bluntly but tactfully
  • Added to their “Areas for Improvement”
  • Encouraged collaboration with core program, assistance from their institution
  • Share with other subspecialty PDs
HIGH-PERFORMING CORE ≠ HIGH-PERFORMING SUB PROGRAM

• In many visits of a core and its subspecialty programs, the subspecialty programs exhibited a range of levels of performance

• Most common reasons was that subspecialties operative in different “market” (different aims)

• Disparity reduced in settings
  - With close collaboration between core and subs
  - Core program valued the subspecialty experiences for the core’s learners
  - With a high level of institutional oversight
  - Where there were “uber” subspecialty directors and coordinators
SELF-STUDY PILOT VISITS: FINDINGS TO DATE

- Phase I Self-Study Pilot Site Visits began in June 2015
- All 7 specialties and associated sub-specialties have participated, and more than 240 programs have received feedback on their self-study
- One aim of the self-study pilot visit is early identification of effective, efficient practices for the self-study
- Early data very useful in identifying:
  - Effective/efficient self-study processes
  - Relevant improvement activities
  - Learning needs of program leaders and faculty
  - Maturity of programs’ improvement efforts
FINDINGS ON THE PROCESS: SELF-STUDY AND STRATEGIC PLANNING

• Many program directors have had no experience in strategic planning
• Strategic Planning is a team effort
  • Sets your direction and priorities
  • Gets everyone on the same page
  • Simplifies decision making
  • Aligns activities and priorities
  • Communicates your mission
• A need for basic ACGME resources for strategic planning
FINDINGS ON THE PROCESS:
SELF-STUDY AND STRATEGIC PLANNING

• Where have you been?
• Where are you now?
• Where are you going?
FINDINGS ON THE PROCESS: THE MORE COLLABORATION THE BETTER

• Retreats
• Facilitated by an expert on strategic planning
• Focus groups
• Identifying the stakeholders
• Share the workload
• Follow-up group meetings to share results
• ...and don’t forget the residents/fellows
STAKEHOLDER ENGAGEMENT IS KEY

• The self-study is NOT an exercise in authorship for program leadership or even the Program Evaluation Committee

• An positive example:
  • [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

• Key components:
  • Soliciting input on areas for improvement
  • Engagement in prioritization and communication on what is feasible or not
  • Stakeholder involvement in the improvement process.
"WE ARE IN THIS TOGETHER"

• At Level 1 – At the program level

• At Level 2 – At the department/institutional level
  • As shared engagement in the self-study by core and subspecialty programs, even including shared aims or aims developed collectively in some programs
  • As shared improvement work and shared resources
  • Limitation: Potentially skewed Phase I sample (internal medicine, pediatrics)

• At Level 3 – At the learning community level
  • Exemplified by John Frohna’s and the pediatric community’s effort
APPD SELF-STUDY COLLABORATIVE

Self-identified programs from around the country

- 18 programs: Community-based, University
- One dually-accredited program
- Included pediatric subspecialties
- All participating in the pilot self-study program

Early Learning

- Aims are Key: they are the lens through which everything else can be viewed
- Improvement should be ongoing and bi-directional communication with stakeholders is essential
- The benefit comes from the self-study process itself, not from the report that is generated

Thanks to John Frohna, MD, MPH for this slide
PROGRAM AIMS: NO METRICS

• Most programs could identify their aims but few had any metrics in place to measure their achievement.

• Why are metrics important?
  • Need data to measure needs and success in order to mobilize both continued and new resources.
  • Show applicants your program can deliver...
FINDINGS ON THE PROCESS: FOREST AND THE TREES

• Do subspecialty programs need to be doing individual self-studies or should they all work together to identify common strengths, areas for improvement, opportunities, and threats?

• A resounding “YES” for both.
FINDINGS RELEVANT TO THE GME COMMUNITY

• A need for “easy” interventions – the simplicity on the other side of complexity
  • Giving residents control over elements of their educational program
  • Slack – as a means to create some buffering for residents and faculty

• The EHR, RVUs, and lack of physician task-skill alignment as pressure on residents and faculty that contribute to burnout

• Difficult to have happy residents with burned out faculty, but happy residents make for happy faculty (or is it the other way around?)

• Lack of programs using available flexibility in the ACGME standards, due to a lack of understanding, or tight institutional rigor in enforcement
FINDINGS ON THE PROCESS RELEVANT TO ACGME’S APPROACH

• The need for a different model for the self-study, self-study summary, and the pilot site visit for subspeciality programs, particularly one-year fellowships (sub-sub-s)

• Intent
  • Reduce burden
  • Enhance coordination and shared learning among subspecialty programs

• What is New:
  • A new abbreviated format for the self-study summary for subspecialty programs
  • A different approach for the pilot site visit for subspecialty programs
...AND SPEAKING OF BURDEN

• The self-study is not wasted effort
  • Replaces 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
  • If you are a pediatrician, it gets you MOC points
Earning ABP MOC Credit for ACGME Program Evaluation and Improvement

A Joint Communication from the ABP and ACGME

February 3, 2016

The ABP is now offering Part 4 MOC credit to PDs, faculty, and residents/fellows who engage in quality improvement to address areas identified during the program’s annual program evaluation or self-study.
WHAT WE HEARD: INSTITUTIONAL LEADERS

• If you want us to achieve big, we need more than 18 months.

• Need to be sure the self-study plans don’t stop after the 10 year accreditation visit.
WHAT WE HEARD: INSTITUTIONAL LEADERS

• Is the self-study pilot visit needed?
  • Yes
    • Reassures the program they did this new thing right
    • Gave an external review of the program and their strategic review
    • Provided feedback on program improvement
  • No
    • Now that we got it, we are good.
    • Did they not want to get the feedback?
WHAT WE HEARD: FACULTY

• The “Threat” of RVU-based compensation: “We don’t have time to teach.”
• Who ever had time to teach?
• Some of us had to pay to teach!

• What can be done?
  • Connect Residents and Faculty at the bedside
  • Use the “One Minute Preceptor”
  • Give residents more autonomy
WHAT WE HEARD: RESIDENTS/FELLOWS

• Conferences are stale
  • Resident delivered
  • Faculty do not attend
  • Non-interactive
• Too much service
  • Too many patients
  • Not enough ancillary support
• Not enough autonomy
• No time
  • For research
  • For going to the simulation center
  • For reflection
• Change comes from on high
WHAT WE HEARD: RESIDENTS/FELLOWS

• They like their faculty
• They care about their patients
• Increased focus on wellness and well-being
WHAT WE HEARD: OTHER THEMES, NO SURPRISES

• Faculty development needs
• Is healthcare system expansion a threat or opportunity?
• Increasing specialization of care
  • Need for outside electives
  • Training tracks
• Scholarship
  • Need for faculty-resident collaboration
  • A need for ways to “squeeze” information out of the EHR
• Patient safety-Quality Improvement integration

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WHAT WE SAID: WHY WE ARE DOING THIS

• In combination with the Annual Program Evaluation, the Self-study creates internal drivers for program improvement

• As opposed to citations as a 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 them the best program
WHAT WE SAID: GET OFF THE POT!

• Moving the self-study forward
  • Prioritized action items
  • What can reasonably be accomplished in 18 months
  • Assembled teams of residents and faculty to take ownership of action items
  • Looking ahead to completing the Summary of Achievements in 18 months
The Plan for the 10-Year Accreditation Site Visit
THE 10-YEAR ACCREDITATION SITE VISIT (ALL PROGRAMS)

• A full accreditation site visit with review of all applicable requirements
• 12- to 18-month lag period after self-study is by design, to allow programs to implement improvements
• Program submits a “Summary of Achievements”
• “Formative only” evaluation of the self-study
  • Envisioned for 4 to 5 years as ACGME and the GME community learns about effective approaches
In closing: Assessing Self-Study Effectiveness and Progress
PROGRAM IMPROVEMENT AS A DEVELOPMENTAL PROCESS

Level 1
“Random Acts of Improvement”
Reactive, execution incomplete, few if any outcomes

Level 2
Improvement with some beneficial outcomes, reactive, no link to aims

Level 3
Beginning of a directed approach awareness of aims and context, beginning relationship among improvement projects

Level 4
Repeatable, repeated improvement, linked to aims, and with consideration of context, alignment among projects, and in carrying out activities

Level 5
Repeatable, repeated improvement with multiple periods of data, and ongoing refinement and innovation, tight link to aims and relevant to context, integration among projects, and among program/department and institutional units carrying out activities

Adapted from Malcolm Baldrige Quality Award, “Steps toward Mature Processes, 2015
BENEFITS OF A DEVELOPMENTAL APPROACH TO CATEGORIZING SELF-STUDY MATURITY AND IMPROVEMENT

• Consistent with the educational milestones and the CLER Pathway document
• A more consistent way of categorizing program improvement, with the ability to offer feedback tailored to the program, to get them to “The Next Level”
  • Eg, one would NOT provide feedback to get to Level 5 to a program currently at Level 1
• Use as a self-assessment tool
• Providing a shared mental model about improvement to programs, accreditation field staff, and Review Committees
• Validation is planned for the summer/fall of 2016
Level 1: “Random Acts of Improvement”
Reactive, execution incomplete, few if any outcomes

- For performance at Level 1, the faint errors reflect projects left incomplete, PDCA cycles arrested at the P stage
- Feedback: “Just get it done.”
- Use regular checking on process changes and tracking of outcomes to get a sense of each intervention
- Can you identify activities that are important to the aims? Give these first consideration in carrying through and assessing outcomes
WHAT DOES CONCRETE FEEDBACK LOOK LIKE?

- For performance at Level 2, but individual initiatives could compete or be at cross-purpose with each other.
- Feedback: Consider a matrix to help you align/integrate activities with the aims.
- Are there aims without activities, activities without aims, what competes, what could be streamlined or combined?
- What are key priorities? What key data items for tracking progress?
THE “SKINNY” ON INNOVATION

• Innovation in the suggested developmental model is not expected until level 4 and beyond
• What we found:
  • A lack of innovation in many settings, often due to a reported sense of working at maximum capacity
  • In some settings innovation arose out of:
    • Strategic planning
    • Gaps in performance too big for “standard” improvement
    • Serendipitous events
THE $60,000 (AT LEAST) QUESTION: WILL WE CONTINUE THE PILOT AFTER THE INITIAL PHASE

• Gazing into the crystal ball suggests:
• Not in the way in which it is currently structured
• The rationale is that in about 4 of 5 program, we validate their approach to the self-study and offer little new information (though often a lot of welcome reassurance and praise)
• For 1 of 5 programs, the site visit is a real Eureka moment
• While it is not perfectly correlated with prior performance, less high performing programs have tended to be more “needy,” and site visitors have offered more useful advice
• Could we consider a site visit program for low performing or struggling programs?
• A decision will require data on outcomes for the members of this group that had a site visit, compared to other programs with similar prior performance
TAKE-AWAY MESSAGES: SUSTAINABILITY AS AN EMERGING AIM

• Essential for high-performing programs
  • Consistent with the science of improvement and maintaining gains in high-performing programs
  • Essential for avoiding “improvement burn-out”
  • Process fit to scale and scope
• Essential given the pressures of the clinical environment
• Long-range planning for education
  • The training received will need to sustain graduates over 35 to 40 years of practice (sufficiency of focus on life-long learning)
• Sustainability at the level of Self-study mandated processes via activities that serve multiple purposes
  • Annual evaluation before 10-year visit for harvesting improvements
  • MOC4 credit for program improvement activities
Q & A