Date: February 19, 2015

To: Programs directors and designated institutional officials of Phase I programs scheduled for their first 10-year site visit between April 2015 and July 2016; Members of the graduate medical education community

From: Thomas J. Nasca, MD, MACP, Chief Executive Officer, ACGME

Re: A Voluntary Pilot Study to Facilitate Program Improvement through the ACGME Self-Study

Background

The first group of Next Accreditation System (NAS) Phase I programs is scheduled for their first 10-year site visits in late spring/early summer of 2015. To facilitate program improvement in the NAS, this visit will be preceded by 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, as well as an analysis of strengths, weaknesses, and plans for improvement.1 The results of the self-study are to be reviewed during the program’s 10-year site visit, with an assessment “that the self-study document offers an objective, factual description of the learning and working environment.”1

During the process of establishing the specifics of the 10-year site visit, feedback from the community suggested that including a detailed review of areas for improvement identified by the program during its self-study as part of the 10-year site visit may be a barrier to a complete and thorough exploration of the program, due to concerns that areas for improvement discussed during the site visit might become a basis for citations.

A Pilot to Assess the Value of a Separate Self-Study Visit

To see if an added site visit to review the self-study will accelerate program improvement, the ACGME is initiating a pilot study for any Phase I program with its initial 10-year site visit scheduled between April 2015 and July 2016. In this

pilot, following the program’s self-study, a special (non-accreditation) visit for guided discussion and feedback would be conducted by a group of field representatives with added training in self-study review. Programs will volunteer to be part of this pilot. The self-study pilot visit will not be an accreditation visit, and data shared by programs will not be used to assess compliance with requirements. Twelve to 18 months after the self-study pilot visit, the 10-year site visit would take place. The Figure at the end of this document shows a graphic of the timeline and sequence of the self-study and, for a program that volunteers for the added visit, the self-study pilot visit for a sample program with an initial 10-year site visit date of July 2015.

The Self-Study (All Programs)

All programs will initiate their self-study, with the start date being announced by the ACGME in a letter to each program (most programs already have been granted a few months delay in their self-study start date and will initiate their self-study in the month/year the Review Committee previously identified for the initial 10-year site visit). The self-study will include an introspective deliberation on the program’s aims and the context in which it operates, and should explore how the program improves and innovates within its aims and context.

Subspecialty programs will be asked to initiate their self-study concurrently with the self-study of their core program. The self-study for a subspecialty program will be less extensive and formal than that for a core program.

After completing the self-study, the program will write a brief self-study report and upload it through the Accreditation Data System (ADS). The report uses a structured template that collects information on:

1) program aims (goals, such as desired educational outcomes);
2) the environmental context in which the program operates, including opportunities and threats to achievement of its goals posed by the program’s environment;
3) a summary of the processes used for the self-study; and,
4) any additional learning (such as identification of a ‘best practice’) that occurred during the self-study.

Information on program strengths and areas for improvement is omitted from the self-study report uploaded through ADS. This is by design, to ensure that areas of improvement the program has identified are not used in any accreditation review of the program.

The Self-Study Pilot Visit (ONLY Programs that Volunteer for the Added Visit)

Programs that volunteer for the self-study pilot visit will be scheduled for a self-study pilot visit three to four months after initiating their self-study. The self-study pilot visit will be conducted by a team of ACGME field representatives with added training in the review of the self-study. During this visit, programs will verbally share information on their strengths and areas for improvement with the site visit team.
At the conclusion of the self-study pilot visit, the site visit team will discuss the program’s key strengths and areas for improvement. The aim of this conversation is to assist the program in contextualizing the findings of its self-study, and to offer actionable suggestions for improvement.

After the visit, the team will develop a written site visit report that discusses the program’s aims and context, and includes a summary of key strengths and areas for improvement that the program identified in its self-study. Similar to a report from the Clinical Learning Environment Review (CLER) program, this report will only be shared with the program; it will not be shared with the Review Committee.

10-Year Site Visit (All Programs)

Approximately 12 to 18 months after a program has initiated its self-study, it will be scheduled for its 10-year site visit. This will be a full site visit focusing on compliance with all applicable program and institutional requirements. In the NAS, there is no extensive documentation that needs to be prepared specifically for the site visit, such as a program information form (PIF).

Visits for subspecialty programs will be scheduled concurrently with the visit of their core program.

After the site visit, the site visit team will prepare a report that documents the program’s compliance with all applicable requirements, as well as verifies the addendum on program improvements resulting from its self-study. The Review Committee will use the self-study summary and addendum and the site visit report to, 1) make a determination about program compliance with the requirements, and 2) assess the effectiveness of the self-study process, and the improvements and innovations realized.

The 10-Year Site Visit (Programs that Volunteer for the Self-Study Pilot Visit)

The 10-year site visit for programs that volunteered for the pilot will be conducted by a different team of field representatives from the team that conducted the self-study pilot visit. This is to ensure that information on program areas for improvement discussed during the pilot visit will not be used in the accreditation process.

In all other aspects, the 10-year site visit for programs in the self-study pilot will be identical to the standard 10-year site visit.

Preparing for the 10-Year Site Visit (All Programs)

For the 10-year visit, programs will be asked to provide an update of their self-study summary (for any changes in aims or environmental context), along with a succinct addendum that details program strengths and improvements the program has already achieved as a result of its self-study conducted 12 to 18 months earlier. No information will be requested for areas still in need of improvement. The update of ADS data on responses to citations and major changes
in the program, the update to the self-study summary, and the addendum are the only
documents programs need to prepare and submit for the 10-year site visit.
The 12- to 18-month interval between the self-study and the 10-year site visit is intended to
allow programs to implement improvements in areas identified during the self-study, including
potential areas of non-compliance and improvements in areas where the program already
complied with the standards, with a focus on improvements relevant to the program’s aims and
the context in which it operates.

**Benefits of the Self-Study Pilot Visit**
The rationale for the self-study pilot visit is to assess whether an added non-accreditation visit
by a team of trained field representatives will accelerate program improvement, including
improvement in those areas where programs already comply with the accreditation standards.
This approach is intended to facilitate improvement, and to allow programs to innovate and
make improvements in areas important to their aims, and relevant given their local or regional
context.

**Formal Evaluation of the Benefits of the Self-Study Pilot Visit**
The effectiveness of a separate self-study pilot visit will be assessed through an ongoing formal
program evaluation that will gather input from program and institutional leadership, Review
Committee members and staff, and accreditation field representatives.

For programs participating in the self-study pilot visit, only **aggregated, de-identified** data from
these visits will be shared with the Review Committees and the graduate medical education
community, focusing on examples of effective program improvement and best practices for
planning and executing the self-study.

Specific objectives for assessment of the effectiveness of the self-study pilot visit include:

1) Assess whether the self-study pilot visit allows programs to conduct a thorough
review of their performance, with a robust, frank discussion of the current state,
plans, successes, and areas in need of improvement during the self-study visit, and
whether the feedback received during the visit accelerates improvement.

2) Explore whether the self-study pilot visit increases improvement in areas where the
program already complies with the accreditation standards, with a focus on areas
informed by the exploration of program’s aims and the context in which the program
operates.

3) Determine the appropriate time lag between the self-study and the 10-year site visit
that follows it. Specifically, the self-study pilot will evaluate whether 12 to 18 months
after the initiation of a self-study is sufficient time to address compliance problems,
and to begin to realize improvement in areas identified during a program’s self-study.
4) Explore the perceptions of the benefit of the self-study pilot visit, and perceptions of the burden of an additional visit on programs, sponsoring institutions, and the ACGME.

5) Identify best practices for how to conduct a self-study.

An added critical aim is to allow the ACGME, the Review Committees, and the GME community to learn from the early self-study process. Information from programs with an early self-study will be used to identify innovation in GME, along with common areas for improvement across programs for ACGME education and outreach efforts. The ACGME will disseminate information learned through this approach via its website, in meetings and webinars, and through the *Journal of Graduate Medical Education (JGME)*.

**Conclusion**

Through this pilot, the ACGME hopes to promote intentionality in the design and implementation of all accredited education programs, and determine whether programs benefit from a dispassionate observer reaction to the internal self-assessment. We desire programs self-assessment to be meaningful and beneficial to the program, faculty, and residents.

Studying the value of an external review and discussion of the self-study with volunteer programs will give the ACGME insight into whether such an added non-accreditation visit should be put in place for all programs. Conversely, if we find that the voluntary site visit to discuss and review the self-study does not add value to the program self-assessment and goal setting process, we will not incorporate it into the self-study protocol.

We would like to express our appreciation for the input we have received from the community that has guided the development of the self-study, and would like to thank you in advance for your decision regarding participation in the self-study pilot. Whether you choose to participate in the pilot or opt for the “traditional” site visit alone, we appreciate your assistance as we attempt to provide each program with support on its journey to excellence in its educational missions.
**Figure: Sample Timeline for a Program with the First 10-Year Site Visit Scheduled in July 2015**

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Events</th>
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<tbody>
<tr>
<td>February 2015</td>
<td>ACGME requests the Program to initiate the Self Study</td>
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<tr>
<td></td>
<td>Program Volunteers for the Self-Study Pilot Visit</td>
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<td>March 2015</td>
<td>Yes</td>
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<td></td>
<td>Program Conducts Self-Study</td>
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<td></td>
<td>No</td>
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<td>Program Conducts Self-Study</td>
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<td>May 2015</td>
<td>Uploads Self-Study Summary through ADS</td>
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<td>Self-Study Pilot Visit by Field Staff (FS) Team</td>
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<td>July 2015</td>
<td>Feedback Report from FS Team Sent to Program</td>
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<td>July/August 2015</td>
<td>Program provides amendment to Self-Study Summary, if desired, through ADS</td>
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<tr>
<td>August 2015</td>
<td>ACGME sends 10-Year Site Visit Announcement</td>
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<tr>
<td>June 2016</td>
<td>Program updates ADS and Uploads Summary of Self-Study Achievements</td>
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<td>September 2016</td>
<td>10-Year Site Visit by Different FS Team</td>
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<td>September/October 2016</td>
<td>Site Visit Report Uploaded into ADS</td>
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<td>October 2016</td>
<td>Review Committee makes accreditation decision including assessment of self-study effectiveness</td>
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<td>Winter 2016/17 Review Committee Meeting</td>
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