The Self-Study and 10-Year Site Visits

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I have no relevant financial disclosures.
The self-study site visit is based on a comprehensive self-study which includes:

- a description of how an effective learning and working environment is created
- how this leads to desired educational outcomes
- an analysis of strengths, weaknesses, limitations, vulnerabilities, opportunities and threats
- plans for improvement
Elements of the Self-Study

Program description

Program aims

Activities in furtherance of the aims

An environmental assessment
  - strengths, areas for improvement/limitations/vulnerabilities, opportunities and threats

A five-year look back at changes in the program

A five-year look forward
  - Plans/considerations for the future
Elements of the Self-Study

The approach to the self-study and who was involved

The answer to the question “what will take this program to the next level?”
Program Aims

Aims as a way to differentiate programs and create priorities for improvement

Relevant considerations

- Who are our fellows?
- What do we prepare them for?
  - Private vs. academic practice
  - Leadership and other roles
- Who are the patients/populations we care for? What are their needs, cost and efficiency considerations?

Ultimate goal: Intentionality in program design
Making Aims Measurable

Aims should lead to outcomes that are to some degree measurable or realizable, even if the aim is to produce the all-around great practitioner.

Quantitative:

- Have 50% of graduates enter academic practice
- Metrics are the percentage of graduates who enter planned career (or added training) track

Qualitative:

- We aim to prepare the all-around great physiatrist
- Assessed via surveys of graduates’ perceptions of their preparedness for practice
“Areas for Improvement” to Include Vulnerabilities/Limitations

- Recognizes 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 the program’s strategy by what it “cannot do”
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 three 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 Self-Study Summary

Brief (4-5 pages, ~ 2300 words) summary of key dimensions of the self-study

- Program aims
- Elements of the environmental assessment (omitting areas for improvement)
- The self-study process and participants
- Learning that resulted

Document uploaded to ADS and held until 10-year visit
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

ACGME staff invites eligible programs to participate

Visits conducted by ACGME field staff members 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
The Pilot

Distribution of programs that volunteered

- Majority are high performing programs that participated to celebrate/be recognized for their high performance
- A small number of programs had recently addressed major citations and sought “approval” of their current performance
- A smaller number were performance-challenged, and often were “volunteered” by their institutional leaders to get help
7 Objectives for the Self-Study Pilot Visit

1. Verify 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
7 Objectives for the Self-Study Pilot Visit

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

List of “Strengths and Areas for Improvement” from faculty/residents prior to SV

Meetings during the SV

- Program director (PD) and program coordinator (PC)
- Residents (two+ groups, split between site visitors)
- Faculty members (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
Self-Study Pilot Report

Summary of program aims and activities
Four-square of strengths, Areas for Improvement, 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 the ACGME
Report developed by the team is shared with the program
Program may edit 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 ACGME Department of Field Activities (DFA)
Report not shared with Review Committee
Program may update its self-study summary in response to feedback
High-Performing Core ≠ High-Performing Sub

In many visits to core + subs programs, the subspecialty programs exhibited a range of performance levels.

Most common reason was that subspecialties operate 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
Findings on the Process: Self-Study and Strategic Planning

Many program directors have 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 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
A 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, rather than thinking “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.
“We Are in This Together”

Level 1 – at the program level

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

Level 3 – at the learning community level

- Exemplified by the efforts of Dr. John Frohna, from the University of Wisconsin, and the pediatric community
Self-identified programs from around the country

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

Early learning

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

Thanks to John Frohna, MD, MPH for this slide
Most programs could identify their aims but few had any metrics in place to measure their achievements

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
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

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?
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 members at the bedside
- Use the “One Minute Preceptor”
- Give residents more autonomy
Conferences are stale
- Resident-delivered, non-interactive, faculty members do not attend

Excessive service
- Too many patients, not enough ancillary support

Not enough autonomy

No protected time
- For research, going to the simulation center, or for reflection

Change comes from on high
What We Heard:
Residents/Fellows cont.

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 health care 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
Innovation

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
Not in the way in which it is currently structured

The rationale is that in about 4 of 5 programs, 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, lower-performing programs tend to be “needier” 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
10-Year Accreditation Site Visit

A full accreditation site visit

- Review of compliance with all applicable requirements

Approximately 12-18 months later

- Time lag is by design to give programs time to make improvements and to reduce barriers to a frank assessment

Summary of Achievements document
Site visit starts with review of the self-study to provide context for the accreditation section of the site visit.

Site visit team provides verbal feedback:
- Key strengths and suggestions for improvement
- Site visit team prepares a written report for the Review Committee.
The Summary of Achievements

ACGME template completed and uploaded to ADS

- ~ 1500 words, describing (1) program strengths, (2) key improvements accomplished from the self-study
- Areas identified during the self-study where the program has realized improvements

No information collected on areas not improved

Program may provide an update to its self-study summary

- Changes in aims or context
- Changes in future plans
Review Committee provides an LON from the full accreditation site visit:

- Citations
- Areas for Improvement

Review Committee provides feedback on the self-study taking into consideration:

- Program aims and context
- Improvements reported and verified during the 10-year visit
- Effectiveness of the self-study, based on the improvements the program reported it made as a result of its self-study
Formative feedback (no accreditation impact) for the initial Review Committee assessment of self-study effectiveness

- Formative-only feedback envisioned for the next 5 to 7 years, as the GME community and Review Committees learn more about program improvement in areas already compliant with the Program Requirements
- Focus on the “improvement process” not on the improvement priorities the program has selected
Self-Studies for Phase II programs started in April 2016

- Programs receive about nine months’ advance notice to start and complete their self-study
- Self-Study Summary uploaded into ADS on the last day of the month of the program’s first scheduled site visit in the Next Accreditation System

The 10-year accreditation site visit is scheduled 12 to 18 months later

- Programs receive 90 days advance notice of their 10-year site visit
- First Phase I 10-year site visits scheduled February 2017
- First Phase II 10-year site visits to be scheduled February 2018
Questions?