

Accreditation Council for Graduate Medical Education

The Self-Study and 10-Year Site Visit: Clarifying the Timeline and Action Steps

Webinar for Designated Institutional Officials

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Ingrid Philibert, PhD, MBA, Senior Vice President for Field
Activities

Disclosures

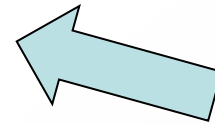
- Employed by the ACGME
- No other items requiring disclosure

Objectives

- Describe the elements of the self-study
- Detail the sequence of self-study and 10-year site visit
- Introduce the VOLUNTARY self-study pilot visit
- Summarize the ACGME's program evaluation plan for the self-study pilot visit
- List relevant information and education materials under development

The ~~Next~~ Accreditation System (NAS)

- Annual data collection and review
- **A program self-study and an accreditation site visit every 10 years**
- Increased focus on continuous improvement
 - Institutional oversight
 - Ongoing assessment and improvement using the Annual Program Evaluation
- Programs with a status of Continued Accreditation free to innovate



**Today's
Focus**

Self-Study Scope

- Assesses program performance and ongoing improvement effort
- Initial period: since last accreditation review, at minimum since entry into the NAS
 - July 1, 2013 for Phase I programs; July 1, 2014 for Phase II programs
- Ultimately, a 10-year interval
- Reviews improvement activities, successes achieved, and areas in need of improvement
 - Based from successive Annual Program Evaluations, ACGME Resident and Faculty Survey data, other relevant information, and stakeholder input

Familiar Components: Strengths and Areas for Improvements

- Strength
 - Important to acknowledge and celebrate
 - What should definitely be continued (important question in an environment of limited resources)
- Areas for Improvements identified by:
 - Citations, areas for improvement and other information from ACGME
 - The Annual Program Evaluation
 - Other program/institutional data sources
- Expected: Longitudinal tracking of strengths and areas for improvements through successive Annual Program Evaluations

New Area: Program Aims

- **Program aims**
 - Aims as a way to differentiate programs
 - Self-study will ultimately evaluate program effectiveness in meeting these aims
 - Moves beyond improvement solely based on compliance with minimum standards
 - Assessment of relevant initiatives and their outcomes

Defining Program Aims

- Set aims as part of the annual program evaluation
- Relevant considerations
 - Who are our residents/fellows?
 - What do we prepare them for?
 - Fellowship
 - Academic practice
 - Leadership and other roles
 - Who are the patients/populations we care for?

Benefits of a Focus on Program Aims

- Suggests a relevant dimension of the program:
 - What kinds of graduates do we produce for what kinds of 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⁾

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

New Area: Opportunities and Threats

- Factors and contexts external to the program (institutional, local, regional and national) that affect the program
- Opportunities: Factors that favor the program, that the program may take advantage of
- Threats: Factors that pose risks

Defining “Opportunities”

- **Opportunities are external attractive factors that, if acted upon, will contribute to the program flourishing**
- What are capabilities for further evolving the program; how can the program capitalize on them?
- Has there been recent change in the program's context that that creates an opportunity?
- Are these opportunities ongoing, or is there a narrow window for them? How critical is the timing?

Defining “Threats”

- Threats include external factors that affect the program
- **While the program cannot fully control them, beneficial to have plans to mitigate their effect**
 - What external factors may place the program at risk?
 - What are changes in residents’ specialty choice, regulation, financing, or other factors that may affect the future success of the program?
- Are there challenges or unfavorable trends in immediate context that may affect the program?
 - E.g. faculty burdened with heavy clinical load that prevents effective teaching and mentorship

Benefit of a Focus on Context

- Facilitates assessment of the program's performance in its local environment/context
- In this context
 - What are program strengths?
 - What are areas for improvement?
 - Prioritize by relevance to program aims, compliance, importance to stakeholders
- How are they affected by context
- Useful, particularly for high-performing programs: “What will take our program to the next level?”

Who Should Organize and Conduct the Self-Study?

- Not defined by ACGME
- However, members of the Program Evaluation Committee are the logical choice
 - Natural extension of improvement process through the Annual Program Evaluation
- PEC requirements¹
 - The PEC must be composed of at least 2 faculty members and at least 1 resident^(core);
 - must have a written description of responsibilities^(core)
- PEC membership may be expanded

¹ ACGME Common Program Requirements

Self-Study Data Gathering

- Annual Program Evaluation data, ACGME Resident and Faculty Survey data, other program and institutional data
- Focus on data gathering as a learning exercise
- Evaluate strengths and areas for improvement
- Explore opportunities and threats
- Reflect stakeholder (residents, faculty, and relevant others) participation, input and perspective
- Data as evidence to support conclusions

Tracking Improvements

- Design and Implement solutions
 - Identify individual or group that will be responsible
 - Identify and secure resources
 - Timeline
- Follow-up is key: ensure all issues addressed
- Documentation to facilitate ongoing tracking
 - A simple spreadsheet recording improvements achieved and ongoing priorities
 - Record improvements over multiple years

Resident Participation in the Self-Study

- Resident participation critical:
 - They are the beneficiaries of the educational program
 - They have first hand knowledge of areas that need improvement
- Double benefit:
 - Residents help improve their own education
 - Resident participation in “educational QI effort” can be used to meet the requirement for resident involvement in quality and safety improvement

Coordinated Self-Study for Core and Subspecialty Programs

- Coordination of curriculum and program resources
 - Needs of core and subspecialty programs taken into account
 - Subspecialties can access to core resources
 - Core oversight of fellowships
- Assess common strengths, areas for improvement
 - Action plans for areas for improvement
- Increase efficiency
 - Less time and resources spent, coordinated collection and review of data

After the Self-Study: Complete the Self-Study Summary

- Brief document prepared by the program, uploaded through ADS
- ACGME Template: 2300 words (~4-5 pages) for core program, less for small subspecialty programs
- Sections: Key Self-Study dimensions
 - Aims
 - Opportunities and Threats
 - Self-study process
 - Who was involved, how were data collected and interpreted
 - How is ongoing improvement achieved through sequential Annual Program Evaluations
- Omitted by design: Information on strengths and areas for improvement

The 10-Year Site Visit and the Voluntary Self-Study Pilot Visit

NEW: Allowing 12-18 months between the self-study and the 10-year site visit

Rationale:

- Allowing for a self-study without a concurrent site visit allows for a frank and forthright review of the program
- 12 to 18-month time lag between self-study and 10-year visit allows programs to make improvements
 - The program communicates improvements are to Review Committee for the 10-year site visit
 - At the time of the site visit, the program can provide an addendum to summary document if as needed

NEW: A Pilot of a Voluntary Self-Study Pilot Visit

- Programs Eligible
 - **All** Phase I programs with an initial 10-year site visit between April 2015 and July 2016
 - The Program **volunteers** for the self-study pilot visit
- What it entails
 - Not an accreditation visit
 - ~ 2-3 months after the program has completed its self-study
 - Team of ACGME accreditation field representatives staff with added training
 - Team offers feedback on the self-study to further progress toward improvement and meeting aspirational goals

NEW: A Pilot of a Voluntary Self-Study Visit (cont).

- Future Decision: Extending the Pilot (to other Phase I and Phase II programs)
 - To be made once initial results from the self-study pilot visits are available
 - Decision anticipated in winter 2016/17

Terms of the Pilot

- Participation Process
 - Completely voluntary; ACGME staff contacts eligible programs and asks if interested in participating
- Cores and subspecialty programs
 - If the core volunteers, subspecialty programs can opt in or out of the self-study pilot visit
 - If the core does not volunteer, subspecialty programs are not eligible for the self-study pilot visit

Self-Study and the Self-Study Summary (**All Programs**)

- The program conducts its self-study
- After the self-study, the program uploads the Self-Study Summary through ADS
 - Information on areas for improvement identified in the self-study not included in the Summary
- Timing Consideration:
 - Sight Delay for Programs with a very early 10-year visit
 - Programs with an initial 10-year site visit date in April-June 2015 moved back to a July 2015 timeline to allow adequate time for their self-study
 - All other programs expected to upload the self-study summary in the month the Review Committee indicated for their first site visit in NAS

Time Line, Programs with April-July 2015 10-Year Visit (Voluntary segments in shown in red)



| Time | ACGME | Program |
|-----------------------------------|--|---|
| March 2015 | DFA sends notice to begin self study | Conducts Self Study |
| | Asks program to volunteer for self-study pilot visit | |
| By July 2015 | | Uploads SS summary to ADS |
| August – October 2015 | If program volunteers: The Self-study pilot visit | |
| August – October 2015 | Site visit team sends report to program | Program may update self-study summary if desired |
| TBD April to September 2016 | Sends notice of 10-year site visit (60 – 90 days notice) | |
| 12 days before 10-year visit date | | Updates ADS data, uploads summary of improvements |
| TBD July – November 2016 | 10-year site visit | |
| Winter 2016/17 meeting | Review Committee reviews 10-year visit and self-study | |

The Self-Study Pilot Visit

(Only Programs that Volunteer)

- Non-accreditation site visit based on the program's self-study summary, ~ 2-3 months after uploading the self-study summary
- Site visit by specially trained team of 2 site visitors
 - Different team from the 10-year site visit
- Information on areas for improvement shared **verbally only** by program leaders during the site visit
- Team offers verbal feedback
 - Dialogue on strengths and areas/suggestions for improvement the program identified in its self-study
- Team prepares written report and shares with program
 - The report is **NOT** shared with the Review Committee
 - Program may update its self-study summary in response to the feedback

The 10-Year Site Visit (All Programs)

- A full accreditation site visit
 - Review of all applicable requirements
- 12- to 18-month period is by design, to allow programs implement improvements
- “Summary of Achievements”
- ACGME template uploaded through ADS
- ~ 1200 words, describing key improvements accomplished from the self-study
 - Program provides information ONLY on the improvements that were realized from their self-study, no information on areas that have not been resolved
 - Program may provide an update to its self-study summary

The 10-Year Site Visit (**All Programs**) (cont.)

- Site visit by a team
 - For pilot programs: Different team of site visitors from those assigned for the self-study pilot visit
- Site visit team provides verbal feedback
 - Key strengths and suggestions for improvement
- Site visit team submits a written report through ADS for the Review Committee (RC)

Review Committee Review of the 10-Year Visit (**All Programs**)

- Available to the Review Committee
 - ADS Data
 - The program's self-study summary and any updates
 - The program's summary of improvements achieved as a result of the self-study (which does **NOT include** data on areas still in need of improvement)
 - The site visit report from the 10-year (accreditation) site visit
- Review of program aims and context from the self-study summary allows the RC to assess self-study effectiveness
 - Improvements the program reports are paired with program aims and context from self-study summary
 - Data on improvements achieved are 1 measure of effectiveness

Review Committee Review of the 10-Year Visit (**All Programs**) (cont).

- RC provides a Letter of Notification from the 10-year (Full Accreditation) Site Visit
 - Citations
 - Areas for improvement
- RC 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
- Formative feedback (no accreditation impact) for the initial RC assessment of self-study effectiveness

A Comprehensive Program Evaluation of the Utility/Benefit of the Voluntary Self-Study Pilot Visit

- Planned
 - Feedback from participants, site visitors, RC reviewers
 - Matched de-identified paired data
 - Under IRB approval
- Program Evaluation Aims
 - Learn if a “non-accreditation” site visit with feedback accelerates program self-improvement
 - Assess program dimensions associated with accelerated improvement
 - Learn about effective approaches for conducting the self-study

Information and Education Plan

- Individual communication with programs in the Self-Study Pilot eligible group
- Additional Planned Webinars
 - Self-Study Basics, PDSA, Program Evaluation
- Article on rationale for new approach to be published in the June issue of JGME
- Self-study web page to go live in March
- “Self-Study” mailbox for questions and feedback (ACGME monitors) self-study@acgme.org

Thank You