

Accreditation Council for Graduate Medical Education

# The Program Self-Study in the Next Accreditation System

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# Disclosures

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- Both speakers are employed by the ACGME
- Dr. Lieh-Lai is adjunct faculty at Wayne State University School of Medicine
- No other items requiring disclosure

# Objectives

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- Summarize the role of the Self-Study in the Next Accreditation System (NAS)
- Discuss elements of the Self-Study
- Explore the concept of continuous improvement in the period between 10-year Self-Study Visit
- Practical suggestions for Self-Study preparation and process
- Foreshadowing the Self-Study Visit (SSV)

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# The Role of the Self-Study in the Next Accreditation System

# The Next Accreditation System

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- Annual data collection and review
- A Self-Study 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

# Terminology

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## **Core Requirements:**

Statements that define structure, resource, or process elements essential to every graduate medical educational program.

# Terminology

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## **Outcome Requirements:**

Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

# Terminology

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## **Detail Requirements:**

Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement.

*Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.*



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**STANDARDS**

**Outcomes  
Core Process  
Detail Process**

**Application  
for New  
Program**

**Outcomes  
Core Process  
Detail Process**

**Initial  
Accreditation**

**Accreditation  
with Warning  
Probationary  
Accreditation**

**Outcomes  
Core Process  
Detail Process**

**Continued  
Accreditation**

**Outcomes  
Core Process  
Detail Process**

# The 10-year Self-Study

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- A comprehensive review of the program
  - Using the Annual Program Evaluation
- Information on how the program creates an effective learning and working environment
  - How this leads to desired educational outcomes
- Analysis of strengths, weaknesses, opportunities and threats, and ongoing plans for improvement
- Subspecialty Programs
  - Core and subspecialty programs reviewed together

# Core and Subspecialty Programs Reviewed Together

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- Needs of core residency taken into account
  - When fellowships are started
  - In decisions made regarding finite resources
- Coordination of curriculum and program resources
  - Subspecialties can access to core resources
  - Local oversight of fellowships
- Coordinated Self-Study of core & subspecialty programs:
  - Assess common strengths and areas for improvement
  - Action plans for areas for improvement
- Efficient Self-Study Visit
  - Less time and resources spent, coordinated collection and review of data

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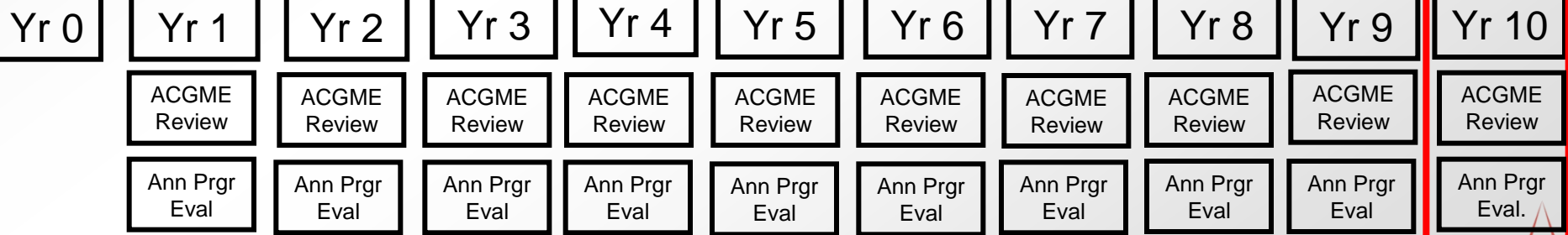
# Self-Study Elements

# Ten Year Self-Study: Conceptual Model

ACGME  
provides summary  
data from Annual Reviews for Self-Study

The  
Self-  
Study

Ongoing Improvement



# The 10-year Self-Study: Scope

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- Assesses current performance and ongoing improvement effort
- Covers the period between Self-Study Visits
  - Initially: the period since last accreditation review
  - Eventually, a 10-year interval
- Reviews program improvement activities, successes achieved, and areas still in need of improvement
  - Uses data from successive Annual Program Evaluations, ACGME data, other relevant information
- Conducted 1 year before the Self-Study Visit date

# The 10-year Self-Study: Timeline



<b>Time <i>prior to</i> Self Study Visit</b>	<b>ACGME Actions</b>	<b>Program Actions</b>
<b>11-12 months</b>	1. Sends summary of actions/follow-up from Annual Data Review	1. Aggregates data from Annual Program Evaluations
<b>6-11 months</b>		1. Conducts Self Study
<b>4 months</b>	1. Sets <u>FINAL</u> Self-Study Visit Date and informs program	
<b>10 days</b>		1. Completes ADS data update 2. Uploads Self-Study summary to ADS

# Objectives of the 10-year Self-Study

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- **Assess** ongoing compliance and improvement in all dimensions
- **Focus on**
  - Program Strengths
  - Program Areas for Improvement
- **Track** ongoing improvements and the success of actions taken
- **Consider**
  - Program Aims
  - The program's external environment
    - Environmental Opportunities
    - Environmental Threats



# New Areas: Program Aims and Opportunities and Threats

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- Program aims
  - Evaluate effectiveness in meeting aims
  - Assess relevant initiatives and outcomes achieved
  - Should be realistic
- Opportunities and Threats
  - Assess how factors and contexts external to the program (eg, 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 Program Aims

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- Set aims as part of self-identified annual improvement process
  - 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?

# Examples of Program Aims

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- Provide a comprehensive 3 year curriculum to enable residents to learn tertiary, secondary, and primary care skills in all settings.
- Educate residents to be excellent practitioners of medically directed anesthesiology in an Anesthesia care team model.
- Train individuals with expertise in population health and serving medically underserved.
- Produce excellent, independent practitioners who will be local and national leaders, and for academic careers.

# Benefits of a Focus on Program Aims

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- 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<sup>(1)</sup>
- 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?,” Academic Medicine, vol. 85, No. 9/September Supplement, 2010, pp. S34-S44.

# Strengths and Areas for Improvements

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- Strengths and Areas for Improvements identified by:
  - Citations, areas for improvement and other information from ACGME
  - The Annual Program Evaluation
  - Other program/institutional data sources
- Data from all sources considered for the entire period between Self-Studies/Self-Study Site Visits

# Enhancing the Definition of “Strengths”

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- Positive attributes, tangible and intangible, internal to the program (**within the program’s control**)
  - What do you do well?
  - What internal assets do you have? Faculty capabilities, resident quality, patient care, information and educational technology, research and scholarly activities, volume and variety of patients
  - What advantages do you have over other programs?
  - What other positive aspects, internal to your program are there that add value or provide for a specific benefit or “niche”?

# Enhancing the Definition of “Areas for Improvement”

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- Negative aspects that detract from the value of the program or place it at a disadvantage.
- **You need to address these areas to compete with your best competitor.**
  - What factors within your control detract from the ability to maintain a high-performing program?
  - What areas need improvement to accomplish objectives or enhance or supplement your existing strengths?
  - What does your program lack (expertise in a certain subspecialty, a type of technology, access to a particular patient population, faculty with interest and skill in research)?
  - Is there a lack of some types of resources; is the institution constrained in its capacity to provide support?

# Defining “Opportunities”

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



# Defining “Threats”

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

# Examples of Opportunities

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- Relationship with Federally Qualified Health Center to start new primary care track
- Assess/enhance relationship with other programs/departments, such as comprehensive cross specialty patient safety initiative
- Caring for a socioeconomically disadvantaged population for developing a curriculum about the socioeconomic determinants of health
- New educational technology to bridge the gap between faculty teaching approaches and the desires of millennial learners

# Examples of Threats

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- Reductions in federal support for GME, loss of key faculty members, or loss of participating institutions that provide access to important patient populations.
  - Assess gaps in faculty capabilities and design faculty development to meet program needs
  - Assessment, Clinical Competency Committee Role
  - Guiding and mentoring resident research
- Impact of potential cuts in GME financing
- Clinical burden of faculty members: affects time and energy for teaching and mentoring residents

# Benefit of a Focus on Strengths, Areas for Improvement, Opportunities and Threats

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- Facilitates assessment of the program's performance in its local environment
- What are program strengths?
  - What should definitely be continued (important question in an environment of limited resources)
- What are areas for improvement?
  - Prioritize by relevance to program aims, compliance, importance to stakeholders
- Useful for all programs, but particularly high-performing programs: “What will take our program to the next level?”

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# Self-Study Process

# Self-Study: Participants

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- Program Leadership
- Faculty
- Residents/Fellows
- Coordinators
- Potentially
  - Institutional representatives
  - Subspecialty program representatives
  - Others

# Self-Study: Key Processes

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- Data Gathering
  - Annual Program Evaluations, ACGME Annual 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
  - Offer evidence to support conclusions
- Data gathering begins in 2014 for programs with Self-Study Visit scheduled for 2015

# Self-Study: Key Processes (2)

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- Interviews
  - Verify and validate data
  - Identify areas that have been resolved and areas and priorities for improvement
  - Identify program strengths
  - Review and revise program aims
  - Assess and validate strengths, weaknesses, opportunities and threats



# Who Should Organize and Conduct the Self-Study?

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- Not defined
- Members of the Program Evaluation Committee?
  - Natural extension of improvement process through the Annual Program Evaluation
- PEC requirements<sup>1</sup>
  - The PEC must be composed of at least 2 faculty members and at least 1 resident<sup>(core)</sup>;
  - must have a written description of responsibilities<sup>(core)</sup>;

<sup>1</sup> ACGME Common Program Requirements, Effective July 2013

# Role of the PEC

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- The PEC should participate actively in:
  - planning, developing, implementing, and evaluating educational activities;<sup>(detail)</sup>
  - reviewing and making recommendations for revision of competency-based curriculum goals and objectives;
  - addressing areas of non-compliance with ACGME standards;<sup>(detail)</sup>
  - reviewing the program annually using evaluations of faculty, residents, and others, as specified below<sup>(detail)</sup>

<sup>1</sup> ACGME Common Program Requirements, Effective July 2013

# Role of the PEC (2)

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- PEC prepares a written plan of action
- To document initiatives to improve performance in the outlined areas<sup>(core)</sup>,
- To delineate how they will be measured and monitored<sup>(core)</sup>.
- The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes<sup>(detail)</sup>.

<sup>1</sup> ACGME Common Program Requirements, Effective July 2013

# Organizing the Self-Study for a Core Program and its Dependent Subspecialty Programs

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- Core and dependent subspecialties: committee made up of PEC members from the programs
  - Effective: Individuals with interest and the most knowledge about improvement efforts
  - Efficient: Linking the Self-Study to existing structure for identifying and prioritizing areas for improvement, and tracking action plans and success
  - Coordinated: Identifying common areas for improvement across programs that can be considered and addressed collectively to conserve resources and maximize impact

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# Practical Suggestions

# Components of an Effective Self-Study

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- Fits the nature of the program and its aims
- Ensures effective evaluation of entire program with positive impact
- Engages program leaders and others
  - Faculty, residents, fellows, coordinators, staff
  - Potentially: graduates, institutions hiring them
- Is efficient in its execution
- Reporting focused on
  - Improvements achieved
  - Tracking of action items for future improvement

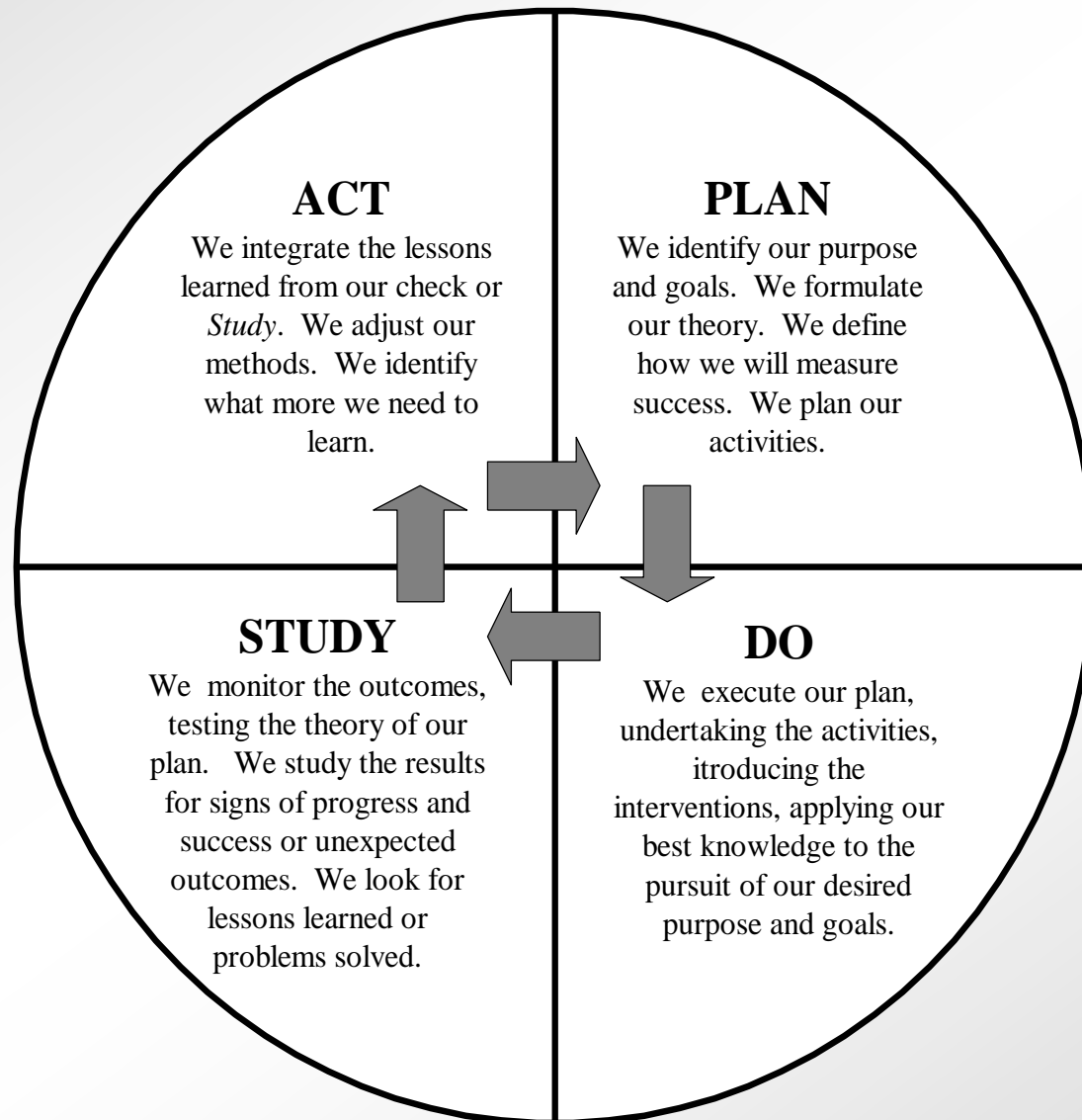
# Resident Participation in the Self-Study

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- 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

# Quality Improvement - The Shewhart PDSA Cycle

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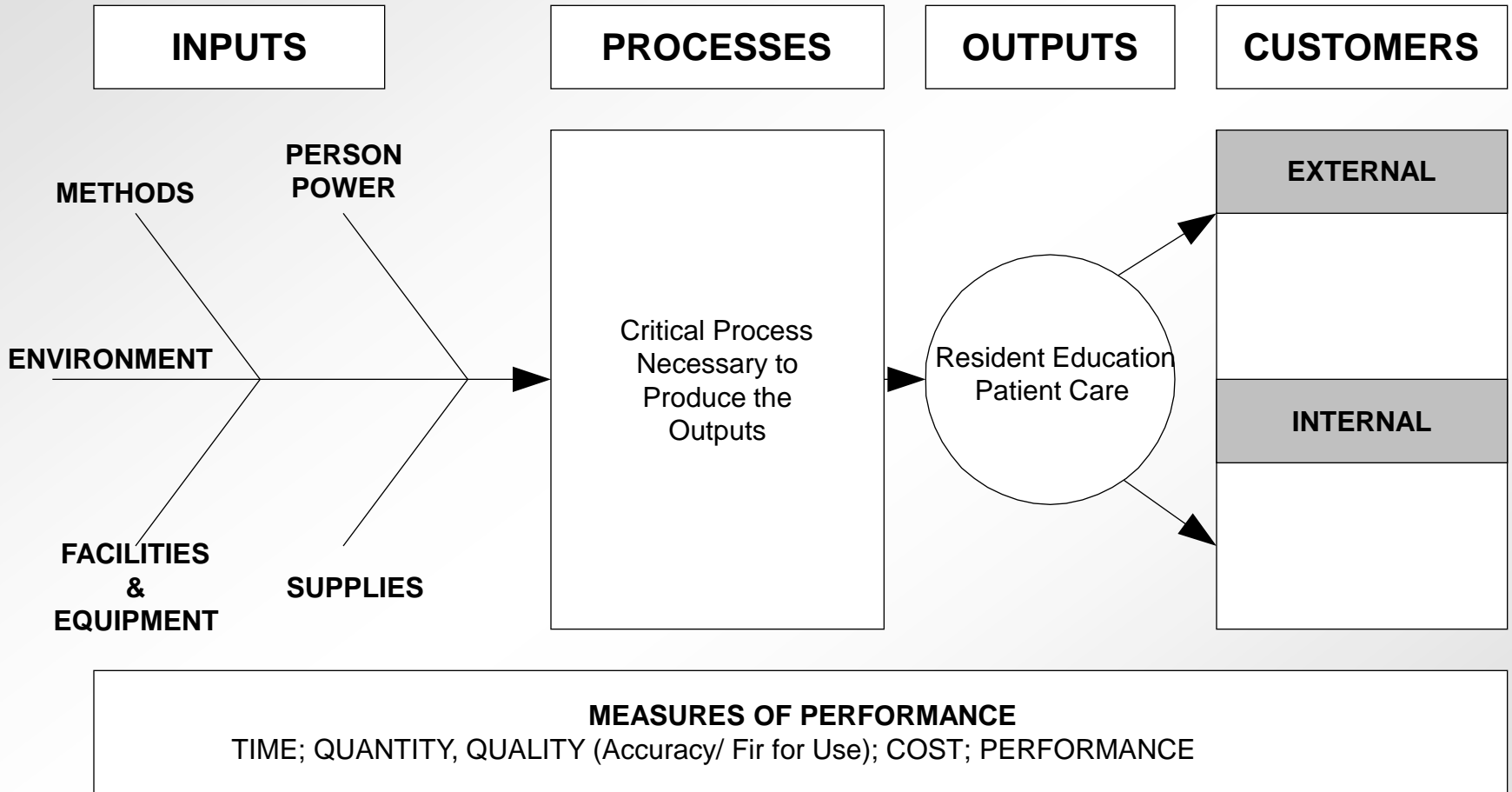


# The Shewhart PDSA Cycle

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- PLAN – prepare the change
- DO – implement the change
- STUDY – monitor and analyze impact of change
- ACT – revise and standardize the change

# Systems Thinking



## A Contemporary Systems View

# Identifying Areas for Improvement

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- Based on data and facts
- Focus on learners, patients and other stakeholders
  - Helps prioritize (cannot improve everything at once)
- Systems Thinking
  - Program and institutional systems relevant to resident education and the area needing improvement
- Process Thinking
  - Processes: sets of related tasks used to accomplish something
  - Processes are the focal areas for improvement

# Tracking Improvements

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- 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
  - Example: A simple spreadsheet recording improvements achieved and ongoing priorities
  - Record over multiple years of improvement

# Sample Improvement Plan

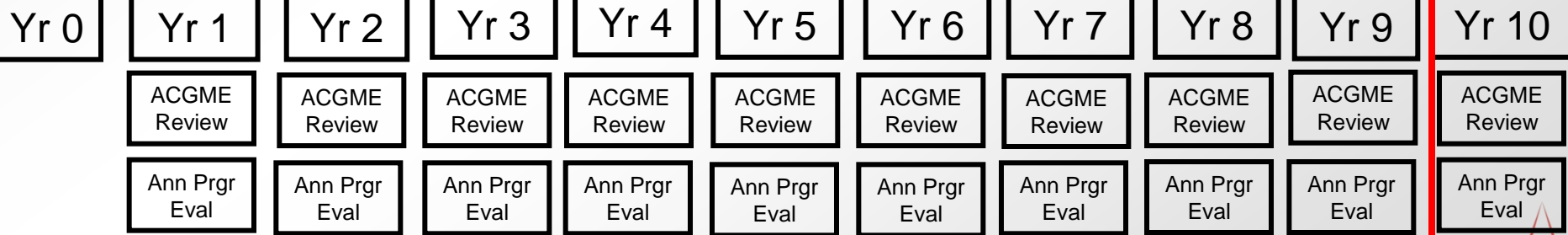
Area for Improvement	Issue(s)	Improvement Plan	Group Responsible	Target Completion Date	Follow-up
<b>Dissemination of Goals and Objectives</b>	<ul style="list-style-type: none"> <li>• Posted on Intranet (5 clicks to reach)</li> <li>• Not accessed</li> <li>• Not known how this is utilized by residents and faculty</li> </ul>	<ul style="list-style-type: none"> <li>• Educate residents and faculty</li> <li>• More prominent placement on Intranet (1-click)</li> <li>• Make accessible/viewable in every setting</li> <li>• Integrate with resident formative evaluations</li> </ul>	2 residents and 1 faculty member (names) – give them credit for work	<ul style="list-style-type: none"> <li>• June XXXX for implementation at start of new academic year</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly survey regarding effectiveness of new approach</li> <li>• Spot check</li> </ul>

# At the Culmination: The Self-Study Visit

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Ongoing Improvement

Self-Study Visit



# Self-Study Visit Documentation

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As currently envisioned (evolving approach)

- Self-Study Visit document prepared in ADS
  - Summary of RRC decisions based on review of the Annual Data
- Self-Study summary document prepared by the program
  - 5-7 pages for core program, less for subspecialties
  - Focus: key Self-Study dimensions (strengths, areas for improvement, opportunities and threats)
  - Evidence of ongoing improvement through sequential Annual Program Evaluations

# Ongoing ACGME Development Work Relating to the Self-Study

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- Develop ADS Self-Study Data Summary and Self-Study Reporting Form
- Ongoing work to refine the Self-Study Visit
- Added education sessions and information on the Self-Study and Self-Study Visit
  - Working with longitudinal data and trends
  - Preparing faculty and residents/fellows self-study participation
  - Planning for the future, including dealing with Opportunities and Threats
- Coming: JGME Article on Self-Study preparation



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# Thank You!

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