The New World of Program Review: Self Study Visits

Association for Hospital Medical Education

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Disclaimer

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• No conflicts of interest
• This represents the views of the speaker and should not be construed as official policy or reflecting the views of the Department of Defense or the Department of the Navy
Objectives

• Understand the new ACGME paradigm of continuous accreditation as self study replaces traditional site visits

• Discuss oversight provided by the GME Office to enable quality outcomes of program self study

• Provide a framework for constant data collection and analysis for all programs embarking on self studies
The Next Accreditation System
The Next Accreditation System
Now

• Phase I programs entered 1 July 2013
• Phase II programs entered 1 July 2014
• Milestones have been entered for all specialties
• The NEXT steps
  – Program Self-Study
  – 10-Year Site Visit
The Self-Study

- 10 year intervals
- A 12-18 month process from Study to Visit
- Focus on continuous improvement
- Addresses Core, Outcome and Detail requirements
- Encourages innovation by Programs with Continued Accreditation
The Self-Study

• Core and subspecialty programs are reviewed together
• Goal of simplifying process- efficiency
• Important to consider available resources
• Evaluate strengths in common
• Level the areas for improvement
The Self-Study

• Familiar territory
  – Strengths
  – Areas for improvement
  – Tracked yearly on Annual Program Evaluation

• What’s new
  – Program Aims
  – Environmental opportunities and threats
The Self-Study Timeline

- ACGME sends summary data
  - T – 18 mos
- Program conducts Self-Study & uploads summary to ADS
  - T – 12 to 18 mos
- Program works to achieve SS identified improvements
  - T – 1 to 12 mos
- ACGME sets final visit date
  - T – 1 to 2 mos
- Program uploads summary of SS achievements
  - T – 2 to 4 wks
- 10-year Site Visit
Guiding The Self-Study

- ACGME has provided a framework for conducting a Self-Study
- It is a comprehensive review
- Longitudinal evaluation
- Goal is to improve the Program
The ACGME Program Self-Study

March 19, 2015 – The new ACGME self-study web page offers information about the program self-study, the self-study forms, and other resources. Click here to read more.

Single Accreditation System for AOA-Approved Programs
Eight Steps for Conducting the ACGME Program Self-Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first self-study.

The self-study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and "self-identified" areas for improvement ("self-identified" is used to distinguish this dimension of the self-study from areas for improvement the Review Committee identifies during accreditation reviews).

To offer context for the self-study, there are two new concepts: 1) an exploration of program aims; and 2) an assessment of the program’s institutional, local and, as applicable, regional environment. Both are discussed in detail below. The focus on aims and the program’s environmental context is to enhance the relevance and usefulness of the program evaluation, and support improvement that goes beyond compliance with the requirements.

1. Assemble the self-study group

Membership: The members of the Program Evaluation Committee (PEC) are the ideal core foundation for the self-study group. They are familiar with the Annual Program Evaluation process and the resulting action plans and improvement efforts. Including the program coordinator is also recommended.
The 8 Step Guide

• Step 1- Assemble the Self-Study Group
• Step 2- Engage Program Leaders & Constituents in Program Aims
• Step 3- Examine Opportunities & Threats
• Step 4- Aggregate & Analyze Data
• Step 5- Obtain Stakeholder Input
• Step 6- Interpret the Data
• Step 7- Discuss the Findings with the Stakeholders
• Step 8- Develop a Succinct Self-Study Document
Step 1- Assemble the Self-Study Group

- PEC a good starting place
- Include a CCC member
- Program coordinator
- Consider department leaders for “outside” perspective
  - Chair
  - Clerkship Director
  - Chief Resident
  - Institutional representative
Step 2- Engage Program Leaders & Constituents in Program Aims

- Develop and identify the Program aims
- This is a new concept
  - Aims should be long term and strategic in nature
  - Need to remain dynamic as the environments change
- Differentiate your Program
- Self-Study will evaluate effectiveness in meeting the aims
Step 3- Examine Opportunities & Threats

• Opportunities
  – Not under the control of the Program
  – If employed, could help a Program flourish

• Threats
  – Beyond a Program’s control
  – If anticipated, could help a Program develop plans for mitigation
Step 4- Aggregate & Analyze Data

- Summary data from the ACGME is provided
  - Annual Program Evaluations (APE)
  - Resident & Faculty Surveys
- Institutional data
- Emphasis that data gathering should be a “learning exercise”
Step 4- Aggregate & Analyze Data

• Evaluate strengths and areas for improvement
• Define the opportunities & threats
• Track improvements over time
  – Design solutions
  – Follow-up on identified issues
  – Document these on-going changes
• Templates provided for annual evaluation & action plan follow-up at [www.acgme.org](http://www.acgme.org)
Suggested Annual Program Evaluation Template
Academic Year (AY) ________

Use this template for aggregating information from a single year’s Annual Program Evaluation. The template is suggested, and you may adapt it in any way you find useful to facilitate program improvement. You may also use attachments or appendices if additional detail is relevant to tracking a given issue.

(Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits)

Program: __________________________ Date: ________________________

1. Membership, Program Evaluation Committee (Program Requirements (PR) V.C.1.a)

2. Resident/Fellow Complement

<table>
<thead>
<tr>
<th>Year 1</th>
<th>Year 2</th>
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3. Number/Types of Other Learners (other residents, fellows, medical students, other health professions)

4. Program Changes in the Past Year

5. Plans for Upcoming Changes

6. Annual Evaluation Process and Sources of Data

7. Evaluation Parameters and Results

   Evaluation Parameter 1: Resident/Fellow Performance (PR V.C.2.a) and source(s) of Information (e.g., faculty evaluations, OSCEs, in-service exam, Case Logs, scholarly activity, etc.)

   Results Parameter 1:

Evaluation Parameter 2: Faculty Development (PR V.C.2.b) and sources of information (e.g., formal and informal, online, departmental, institutional, and regional/national, as well as topics/content, any post-development assessment of enhanced skills)

Results Parameter 2:

Evaluation Parameter 3: Graduate Performance (PR V.C.2.c) and sources of Information (e.g., board examination performance, graduate placement, surveys of graduates and/or their employers or clinical settings)

Results Parameter 3:

Evaluation Parameter 4: Program Quality (PR V.C.2.d)(Core) and sources of Information (e.g., assessments by residents/fellows and faculty members, recruitment, institutional data on performance)

Results Parameter 4:
Suggested Annual Program Evaluation Action Plan and Follow-up Template

Use this template for tracking areas for improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue. *(Note: This form should NOT be shared with the Review Committee or with ACGME site visitors during accreditation site visits.)*

<table>
<thead>
<tr>
<th>Areas for Improvement (AY 2014-15)</th>
<th>Intervention</th>
<th>Date instituted/individual responsible</th>
<th>Expected Resolution (outcome measures and date)</th>
<th>Status (resolved, partially resolved and detail, not resolved and date)</th>
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Step 5- Obtain Stakeholder Input

• Why?
  – Data should be validated & confirmed
  – Asking the questions will likely augment the data
  – Process should not be done in isolation

• Who?
  – Residents/Fellows
    • “In the trenches” knowledge
    • Primary beneficiaries
    • Current & recent graduates
  – Faculty
  – Institution
Step 5- Obtain Stakeholder Input

• How?
  – Surveys
  – Small group discussions
  – Retreats
Step 6- Interpret the Data

• Specifically, the Self-Study should:
  – Establish Program aims
  – List Program strengths
  – Areas for improvement
    • Prioritize them
    • Actively follow-up and outline specific improvement plans
  – Discuss opportunities ➔ take advantage of them
  – Discuss threats ➔ mitigate them
Step 7 - Discuss the Findings with the Stakeholders

- Share with Faculty and Residents/Fellows
- Validate the findings of the Self-Study group
- Revise the aims based on feedback
- Review the priorities for improvement recommended by the Self-Study group
- Gain “buy in”
Step 8 - Develop a Succinct Self-Study Document

- Uploaded into ADS, approx. 2300 words, 5-7 pages
- Key focus areas
  - The process
  - Aims
  - Environment with opportunities & threats
- Identified areas for improvement are not included in the summary
- A template is available at www.acgme.org
The Self-Study Visit

• Upload Summary of Achievements the month of the visit
• Approx. 1200 words
• Only include information on achieved improvements
After the Visit

• The site team provides verbal feedback
• A written report is provided to the Review Committee
• Review Committee reviews:
  – ADS
  – Program Self-Study
  – Summary of Achievements (on-going improvements omitted)
  – Site visit report
Visit Outcome & Beyond

• Letter of Notification to the Program
  – Citations
  – Areas for improvement

• Self-Study feedback
  – Aims
  – Improvement to achieve aims

• Formative feedback
  – How effective was the Program’s Self-Study
DIO & GME Office Role

• What is the DIO & GME Office role?

• Common Program Requirements
  – V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written and Annual Program Evaluation (APE). (Core)

• By formalizing this process
  – Programs are kept on track
  – DIOs are fully informed
DIO & GME Office Role

• Annual meeting with DIO
  – Follow set template
  – Include all Programs regardless of accreditation status
  – At an institutional level, oversee CLER focus area of quality improvement
  – Share best practices
Continuous Data Collection

• Develop what you are going to collect
• Determine how you are going to collect it
• Consider global systems issues
• Drill down to the processes
Continuous Data Collection

• Annual Program Evaluation
• Annual Program Outcomes Assessment & Action Plan*
• PDSA- Plan Do Study Act
• Simple spreadsheet
• The necessity is to track the strengths/changes/improvements/aims

* local document
In Summary

• The “Now” Accreditation System is here
• Self-Study visits are beginning
• Focus on continuous improvement tailored to each Program specifically
• Encourages innovative initiatives while maintaining a level of standardization
• Your DIO is your ally & an asset
• Numerous tools exist for data collection
Thank You
?? Questions ??
References


• Webinar for DIO March 11, 2015

• ACGME Common Program Requirements
  [http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012015.pdf](http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs_07012015.pdf)