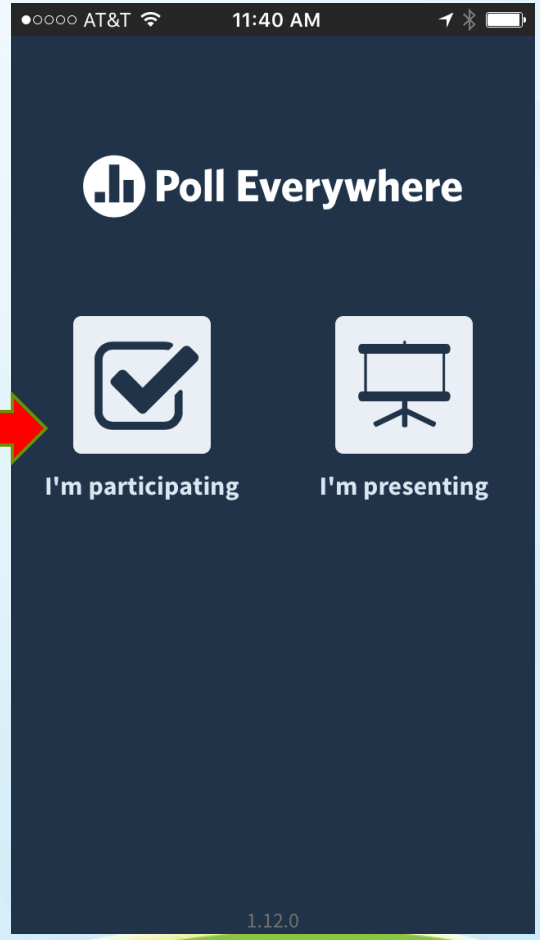
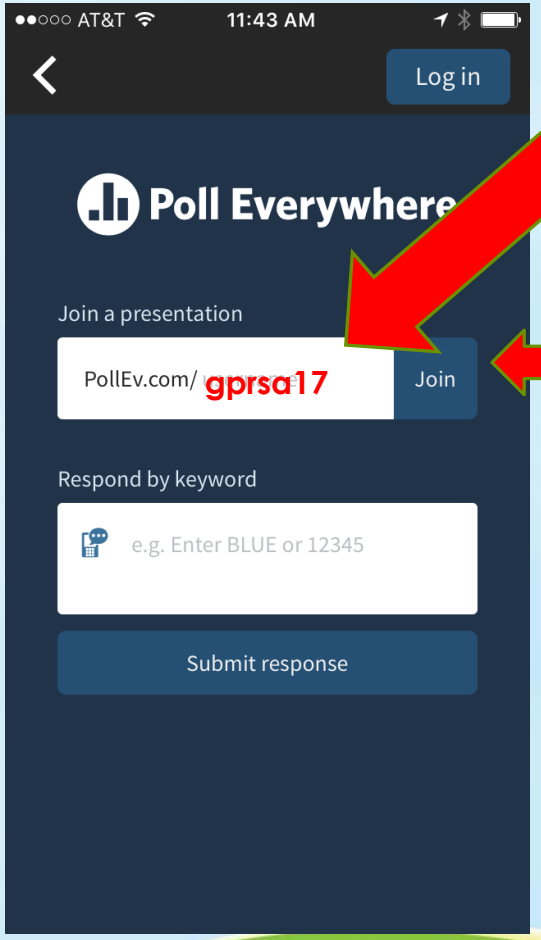
Welcome!!! Before we begin

Text GPRSA17 to 37606 or Download the App (see below)

- Go to the App Store
- Search for the Polleverywhere App
- Install the App





2. Type Here gprsa17

3. Click Join

Nicklaus Children's Hospital

Preparing for Your Self-Study

Rani Gereige, MD, MPH, DIO / Director of Medical Education
Rani.Gereige@Nicklaushealth.org
Beatriz Cunill De Sautu, MD, Pediatric Program Director
Beatriz.Cunill@Nicklaushealth.org

Disclosure

No Conflicts of Interest to Report

Nicklaus Children's Hospital

Welcome & Introductions

Who is in the Audience?

What is your role at your institution?

A. Residency Program Director

B. Fellowship Program Director

C. DIO / Chair of Education / Director of Medical Education

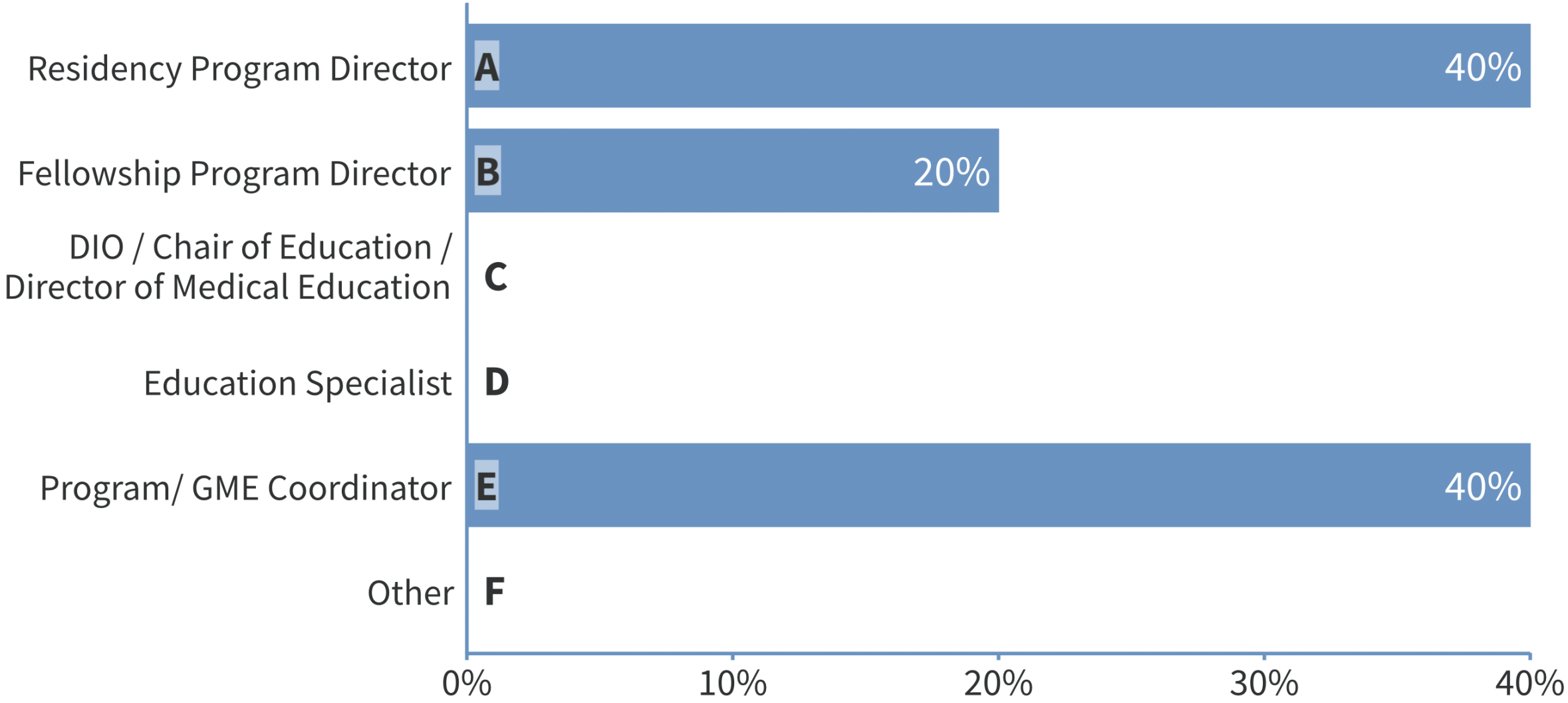
D. Education Specialist

E. Program/ GME Coordinator

F. Other

What is your role at your institution?

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then **A, B, C, D, E...**



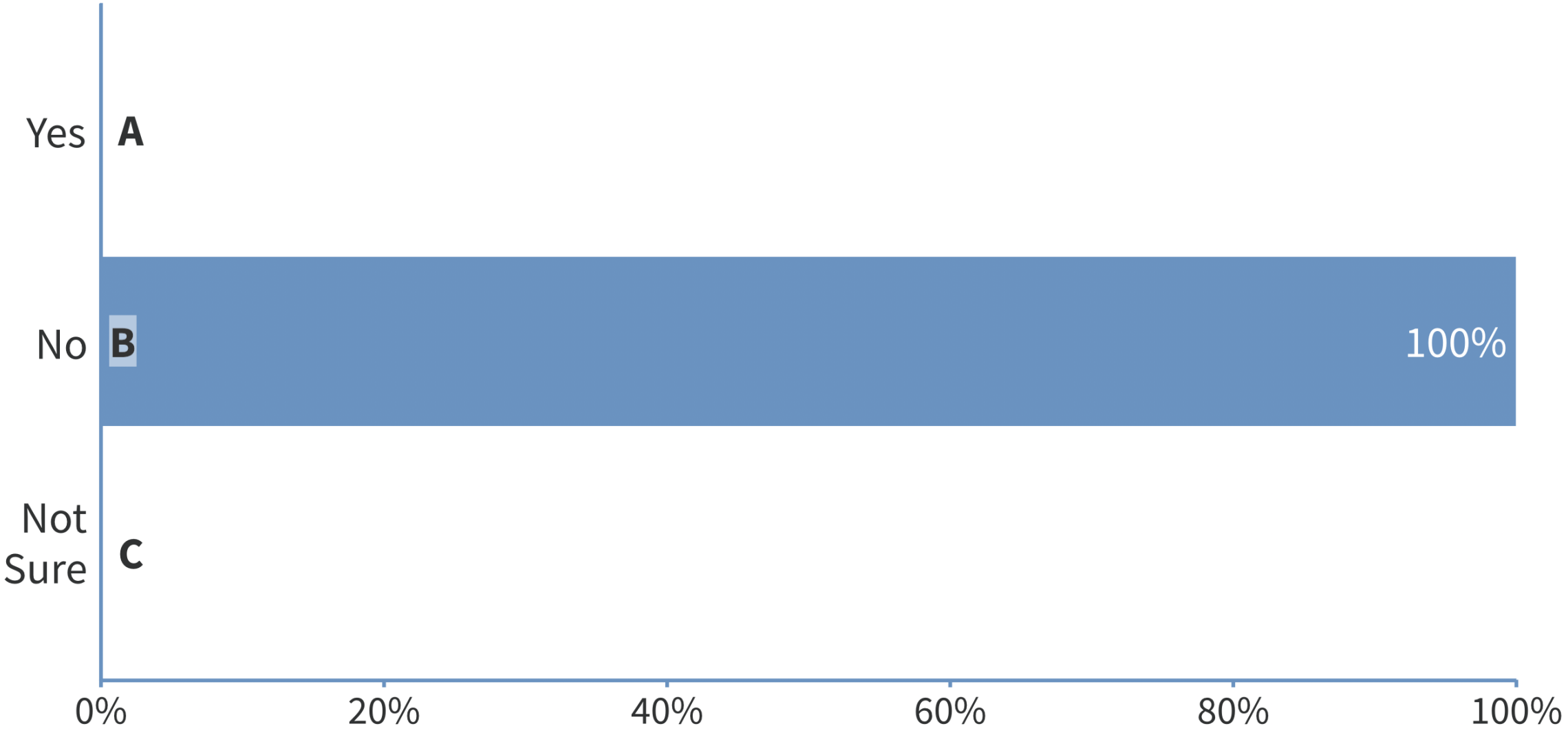
Who is in the Audience?

Have you had an initial Self-Study Visit?

A. Yes
B. No
C. Not Sure

Have you had an initial Self-Study Visit?

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then **A, B, or C**



Who is in the Audience?

Have you had a 10-year accreditation follow-up Self-Study Visit?

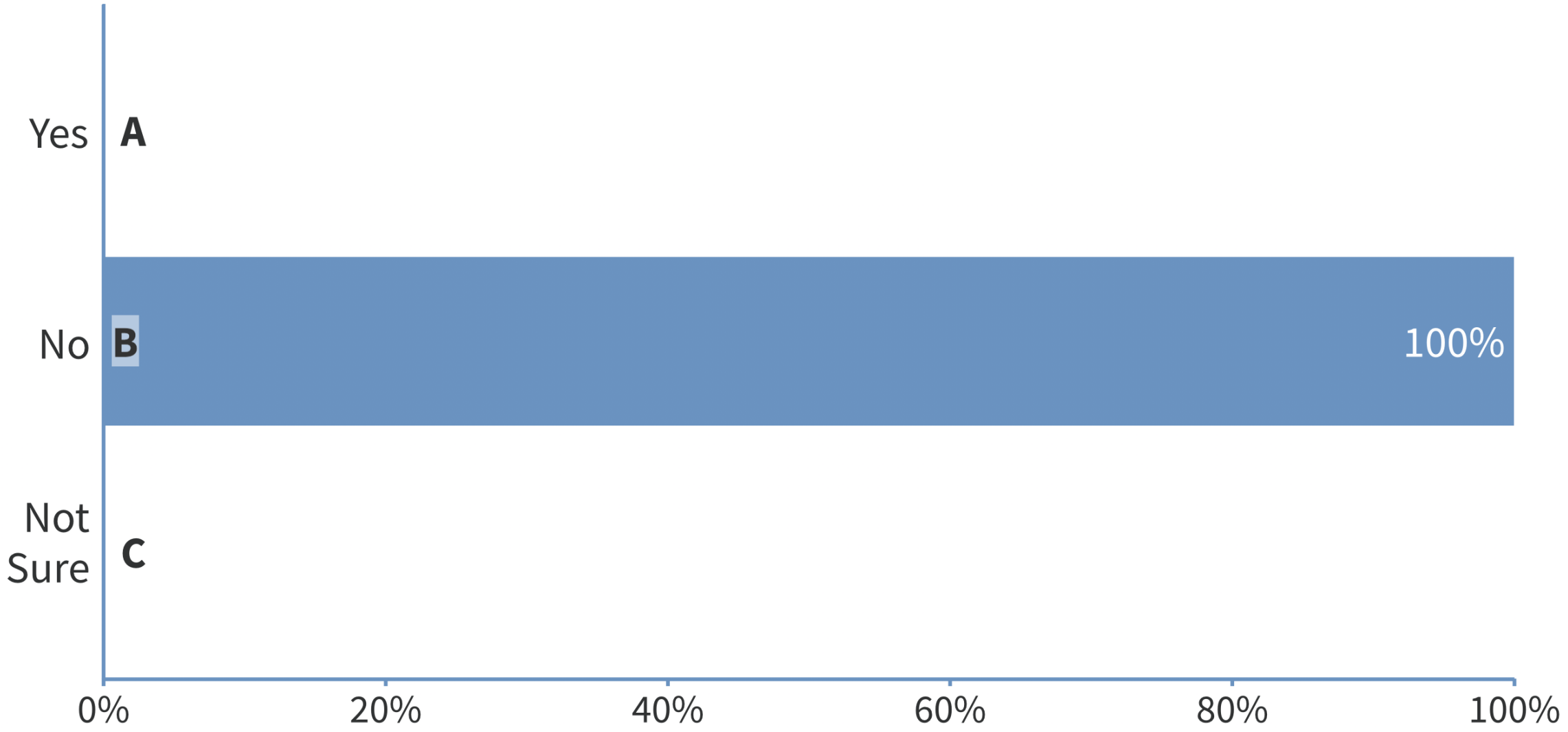
A. Yes

B. No

C. Not Sure

Have you had a 10-year accreditation follow-up Self-Study Visit?

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then **A, B, or C**



Our Self-Study Visits

- Self-Study Pilot Visit
  - September 2015
  - Core Pediatrics & Pediatric Subspecialties

- Self-Study Follow-Up Visit combined with 10-Year Accreditation Site Visit
  - February 2017
  - Core Pediatrics & Pediatric Subspecialties

Self-Study Visit Timeline

Self-Study Timeline

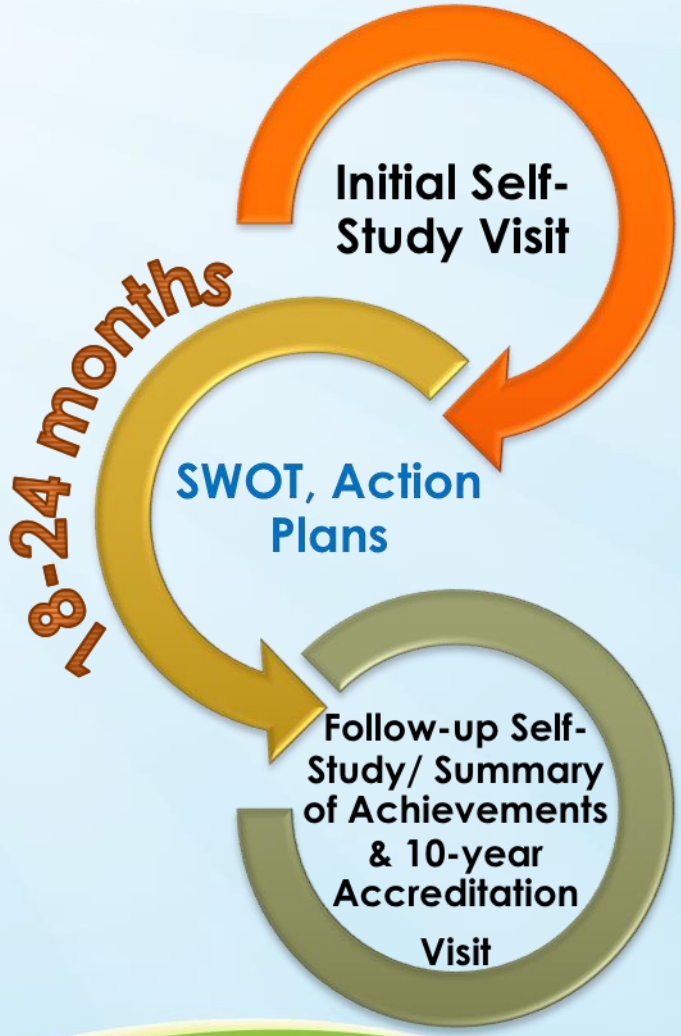
Self-studies for Phase I programs started in April 2015

- Programs receive approximately 9 months advance notice
- Self-study summary uploaded to ADS on the last day of the month identified in ADS

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

Self-Study Timeline

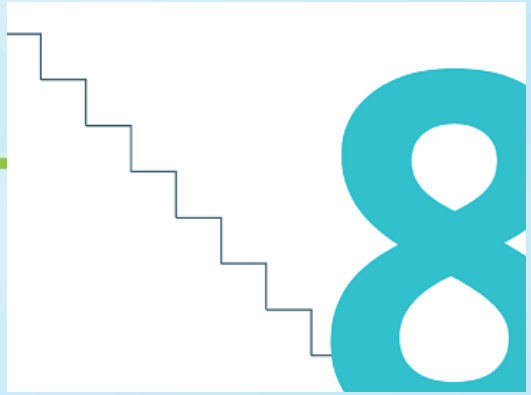


Self-Study Overview

Comprehensive longitudinal evaluation of program (Core & Dependent Subspecialties)

with emphasis on "**self-identified**" areas for improvement

Self-Study Overview



Eight steps

1. Assemble the **Self-Study Committee**
2. **Aggregate and analyze data** from successive Annual Program Evaluations to generate a longitudinal assessment of the program's improvement
3. Engage leaders and constituents in a discussion of **program aims**
4. Identify program **strengths** and **areas for improvement**
5. Examine program **opportunities** and **threats** facing the program
6. Aggregate the self-study **findings**
7. Discuss the findings with program leadership and constituents to **set improvement priorities**
8. Develop a succinct **self-study document** for use in further program improvement as documentation for the Self-Study visit

Philibert I; and Lieh-Lai M. A Practical Guide to the ACGME Self-Study. JGME. September 2014. p. 612-614.
http://www.jgme.org/doi/pdf/10.4300/JGME-06-03-55?code=gmed-site

Step 1 – Assemble the Self-Study Committee

SMALL GROUP

Self-Study Committee

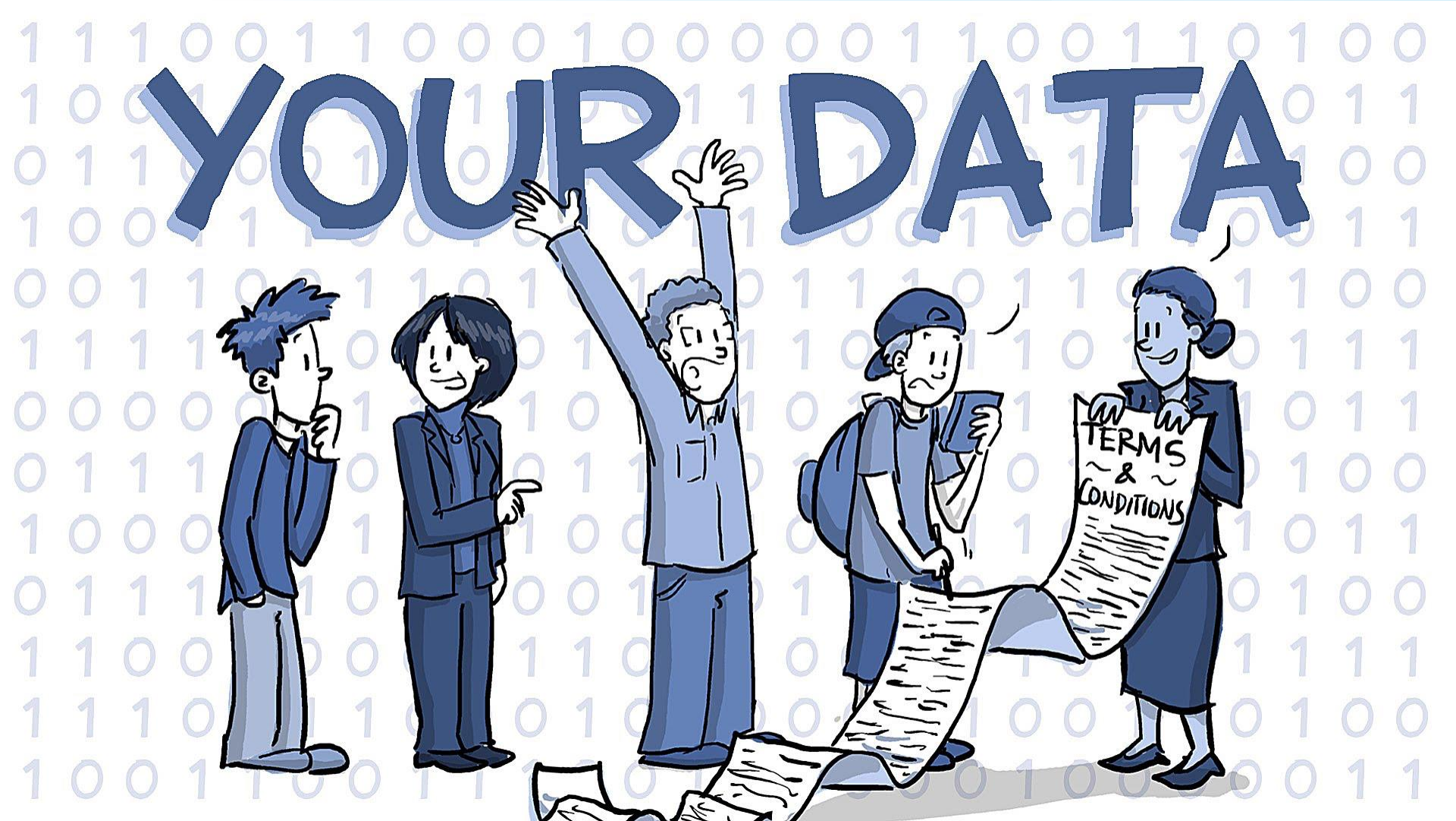
- Who was involved and what's their role?
  - PEC members - APE process/action plans
  - CCC members – resident outcomes
  - Institutional leaders – DIO, CAO, Chair
  - Other potential stakeholders
    - Clerkship directors
    - Education/Curriculum design experts
    - CME/Faculty Development

Self-Study Process

- Emphasis on self-study preparation process
- How did the Self-Study Committee conduct the self-study?
  - How were stakeholders (Beyond the self-study committee) involved/ engaged?
    - Large meetings
    - Focus groups
    - Surveys
    - Retreats
    - Consensus

Step 2- Data Sources

SMALL GROUP



Data (Linked to Aims)

- What data was analyzed?
  - APE data – Program Evaluations, ACGME surveys, Board pass rate, postgraduate placement, surveys, etc.
    - 4 Domains of APE data
      - Trainees Performance
      - Faculty development
      - Graduate performance (including board pass rate)
      - Program quality
- Other data
  - Graduate survey
  - Employers survey
  - Fellowship placement (core program)

Step 3 – Program Aims

SMALL GROUP

Program Aims

- What are the Program and institutional leaders' views of key expectations for the program?
  - What kind of graduates do you "aim" to produce?
  - For what kinds of settings and roles?
  - How does your program differentiate itself from other programs in the same specialty/ subspecialty?

- Extension of your program's or department's/ division's mission statement

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Program Aims

- Should be articulated proactively
- Dynamic
  - Should be reviewed and edited regularly (to meet new demands on workforce, new training opportunities, new advances in the field)
- Defined as part of your annual self - improvement process
  - Discuss at Program Evaluation Committee (PEC)
  - Articulate in Annual Program Evaluation (APE)
- Ideally, 3 to 5 discrete Aims:
  - Short-Term Vs Long-term
  - Achievable vs "lofty goals"

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Define Your Program Aims

- Unique to your program
  - What type of graduate you produce?
  - What does your program prepares graduates for?
    - Leadership positions
    - Research
    - Career in primary care
    - Fellowship training

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S.M.A.R.T. Aims

- **S**pecific (who and what)
- **M**easureable (how much change is expected)
- **A**chievable (how — with available resources)
- **R**ealistic (why — how does it relate to "Aim")
- **T**ime (by when)

- **<u>Measures For Action Plans:</u>** How you will measure success?
  - What are your measures?
  - Desired outcome measures?

Role of the Aims

- Alignment
  - Align your graduates with the needs of patients and health care system
- Continuous Improvement
  - Promote tailoring of your program to ensure that graduates achieve the learning outcomes necessary for their intended roles and practice

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MIAMI CHILDREN'S HEALTH SYSTEM

Step 4 - SWOT Analysis

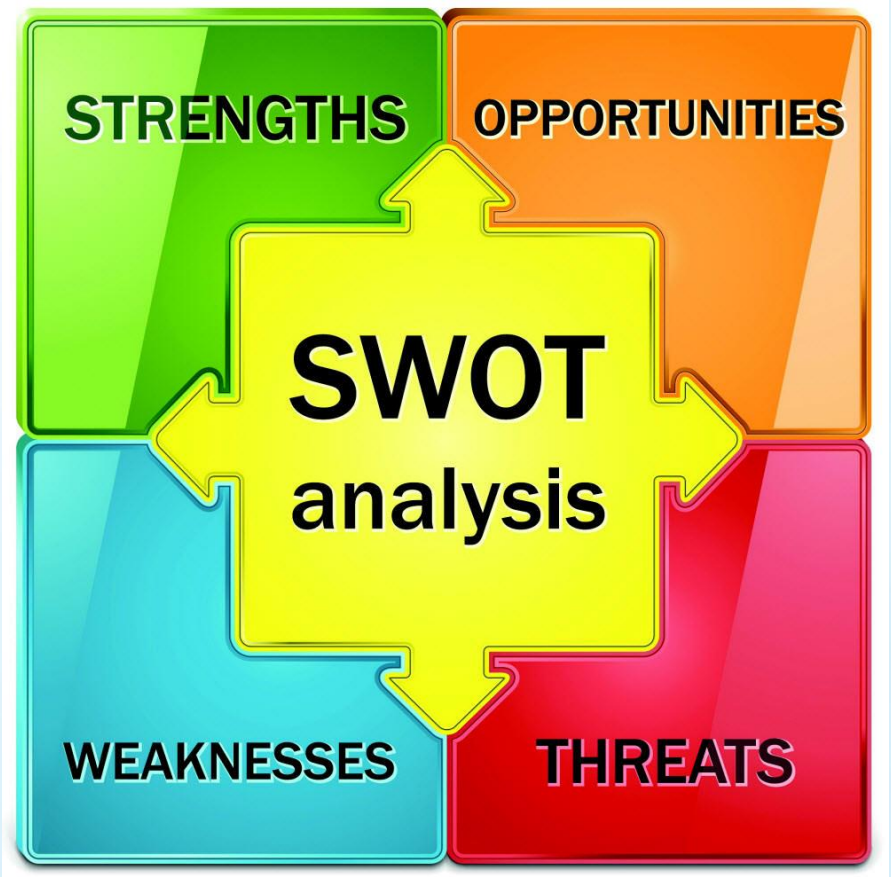
The SWOT analysis

STRENGTHS	WEAKNESSES
OPPORTUNITIES	**THREATS**

SWOT: Large Group Exercise

- Identify your program's **STRENGTHS**:
  - Are these established? Sustainable?
- Identify your program's **WEAKNESSES**:
  - Are these unique your program? To your institution?
- Identify your program's **OPPORTUNITIES**:
  - Easily achievable?
- Identify your program's **THREATS**:
  - Are these unique to program? To institution?

SWOT: Large Group Exercise



Report Out

Type ONE Top STRENGTH that You Feel Your Program Has (Use 1-2 words)

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then text your message

Type ONE Top WEAKNESS that You Feel Your Program Has (Use 1-2 words)

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then text your message

Type ONE Top OPPORTUNITY that You Feel Your Program Has (Use 1-2 words)

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then text your message

Type ONE Top THREAT that You Feel Your Program Has (Use 1-2 words)

Respond at **PollEv.com/gprsa17** Text **GPRSA17** to **37607** once to join, then text your message

Sample SWOT

SWOT Analysis Example 2

(The *italicized* text is used in deciding on action items after the Self-Study, but should not be included in the Self-Study Summary that is submitted to the ACGME).

Strengths	***Areas for Improvement***
• *Small program size with no fellowship programs, which provides opportunity for a significant amount of hands-on experience and progressive responsibility* • *Positive relationship between house staff and residents promotes empowerment of residents with an emphasis on residents' active participation in their own education, and in quality improvement activities and advocacy projects* • *Diverse patient population and pathology, including excellent exposure to pediatric trauma cases* • *Resources of the medical school, with opportunities for residents to mentor medical students*	• *Provide support and channel residents' interests toward research opportunities* • *Improve balance of faculty vs. resident-driven didactics; the curriculum could be broadened to incorporate more topics related to practice management, job interviews and negotiating employment contracts, and general "business of medicine" topics* • *Continue to address areas and sources of conflict between residents and neonatal nurses/nurse practitioners in the NICU*
Opportunities	***Threats***
• Fully realize the advantages for learning and team-based care and education resulting from the organization of the Women and Children's Health service line • Use the resources of the medical school to enhance opportunities for resident research and participation in scholarly activity • Consider enhanced resident involvement and added coordination of community outreach activities through a new coalition	• Threats to patient base and referrals, and to resident recruitment in a competitive marketplace with three other large pediatric programs. • Competition for GME resources within the medical school and hospital and nationally, and the potential vulnerability of HRSA support for the two primary care training positions • Lack of faculty resources in pediatric subspecialties • Growth in number of medical students, which has not been accompanied by significant growth in the pediatric faculty, results in growing concern about the ability to maintain the current quality of the resident experience in the inpatient unit and in clinic • An ongoing threat to the balance of education and service, and to the availability of faculty for clinical teaching.

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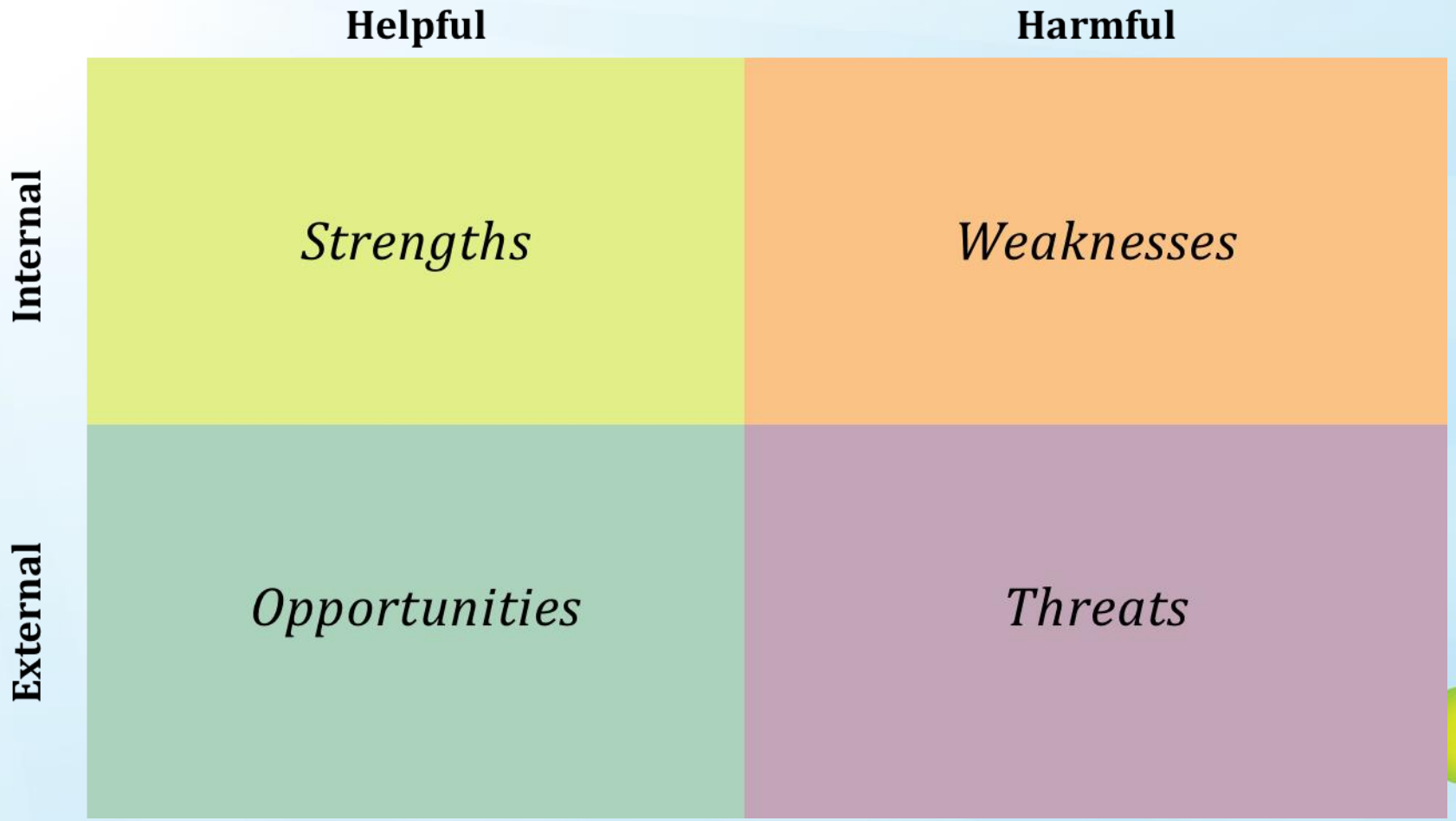
SWOT Analysis

- Allows organizations to identify the forces that influence a strategy, action or initiative
- Can be approached by analyzing internal vs external factors
- Internal factors are elements under the control of the program
  - Strengths & Weaknesses
- External factors are things that the program does not fully control
  - Opportunities & Threats

SWOT Analysis



SWOT Analysis – Internal Factors

- Financial resources: institutional/ departmental support, grants, other $ sources
- Physical resources: location, facilities, equipment, technology
- Human resources: faculty, community/voluntary faculty, coordinators, staff
- Other resources: institutional reputation, alumni network
- Current processes: curriculum, rotations, didactics, simulation

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SWOT Analysis – External Factors

- Workforce trends: shifts in patient needs, specialty supply/demand, resident/fellow interest in the field, career opportunities
- Institutional priorities: opportunities for expansion, need for reduction, relationships with other inst/prog, opportunities for collaboration
- Financial considerations: economic trends, funding sources (institutional, govt/state, grants)
- Competition: local/regional
- Political, economic, social environment

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Aggregating SWOT Data

- "Leverage strengths" - identify strategies to maintain and sustain areas of strength
- "Address critical weaknesses" - Identify high value areas for improvement
- "Take advantage of desirable opportunities"
- "Mitigating threats"

- Identify common themes from data sources
- Disseminate amongst key stakeholders
  - Faculty, residents, fellows, leadership

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Prioritizing SWOT Opportunities

Urgent & important *do it now*	Important not urgent *decide when to do it*
Urgent not important *delegate it*	Not important not urgent *delete it*

- Link to Aims
  - Are there weaknesses/opportunities that are directly linked to your programs aims?

- Prioritize Opportunity Action Plans
  - Critical (citations) vs Non-critical
  - Short-term vs Long-term
  - Low-hanging fruit vs challenging
  - Overlapping/shared program opportunities
    - *May need institutional support and resources

Self-Study / SWOT Action Plan

- Develop an Action Plan tracking system
  - 5 year "look-back" & 5 year "look forward"
  - ACGME template can be adapted to fit program needs
  - Should be used to track improvements longitudinally across multiple APEs
  - Should include owners for each action plan who are responsible for tracking progress
- ** Internal document **
  - Very useful tool to share with SS Committee
  - SHOULD NOT be shared with ACGME site visitors

Action Plan Tracking Sheet

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 field representatives during accreditation site visits.)

	Areas for Improvement (AY 2016–2017)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						
....						
	Areas for Improvement (AY 2015–2016)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						

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04/2017

Action Plan Tracking Sheet

Annual Program Evaluation Action Plan and Follow-up Template - As of 8/2017

This matrix is used 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 action plans still in progress or areas that are still in need of attention. ***Note: This form is an internal document and should NOT be shared with ACGME site visitors during accreditation surveys..***

	Areas for Improvement (2016-17 PEC / APE)	Intervention	Individual Responsible	Expected Resolution / Outcome Measures	Status
1	Resident Workload / Duty Hour Violations / Move into APCP building	1-Examine workload and team distribution 2-Redistribution of resident coverage and recruitment of add'l personnel to balance educational requirements and institutional needs 2-Recommend implementation of a non-teaching service (inc. extenders, 24/7 Hospitalist coverage, fellowships)	Med Ed Leadership: Cunill, Gereige, Harrington (COO) / SLT/OLT (Operational Leadership Team) PSA Leadership: Feld Involved Institutional/Service Line Leadership: Cardio, Heme/Onc, Hospitalist	1-APCP Planning Committee involvement – identified gaps	**Done**
				2-Multiple meetings held with involved services (Cardio, Heme/Onc, Hospitalist)	**Done**
				3-Presented gaps and recommendations to SLT/OLT (Operational Leadership Team)	**Done**
				4- Moved into APCP 10/25/16	**Done**
				5- Expansion of PICU 3T team; 2nd ARNP added, resident schedule adjusted (resident initiated), Fellow complement increased starting 17-18	**Done**
				6-Implement Cardio 2T coverage transition plan (5T team to Cardio elective team); 2 Cardiology ARNPs added	**Done**
				7-Implement H/O 6T coverage transition plan (transition BMT coverage to BMT ARNP/ attendings, establish a patient cap)	**Done**
				8-Restructure PL1 call/shift schedule	**Done**
				9-Discuss opportunities for improved Neurology engagement in 5T teaching	**In Progress**
				10-Plan for the implementation of a Hospitalist-run non-teaching service.	**Not resolved**

Role of the Core Program

- Core program has the added responsibility for oversight of subspecialty programs
  - Coordinate self-study groups
  - Aligning aims?
  - Common strengths?
  - Common opportunities and threats?
  - Identify and prioritize overlying opportunities
    - Particularly important if require institutional resources

Institutional Role (The DIO/ GME Office)

- DIO provides oversight of the self-study process
- DIO reviews self-study reports prior to submission
- Common/ Institutional SWOT elements & dimensions such as:
  - Faculty development
  - Scholarly activity
  - Financial resources
  - Access to educational resources such as simulation
- Institutional self-study documents (PLAs, Policies, etc..)

Self-Study Submissions

- Self-Study Summary Document (upload into ADS)
  - Includes narratives on program description, aims, opportunities, threats, significant changes, vision for future, "next level"
  - Description of self-study process
  - Core program's role in subspecialty self studies*
  - Lessons learned
  - Does not include strengths
  - *Short form for small subspecialty programs excludes

Self Study Summary Form

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Program Description and Aims

Describe the program and its aims, using information gathered during the Self-Study.

Item 1: Program description

Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Item 2: Program Aims

Based on information gathered and discussed during the Self-Study, describe the program's aims. (Maximum 150 words)

Item 3: Program activities to advance the aims

Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Environmental Context

Summarize the information on the program's environmental context that was gathered and discussed during the Self-Study.

Item 4: Opportunities for the program

Based on the information gathered and discussions during the Self-Study, describe important opportunities for the program. (Maximum 250 words)

Item 5: Threats facing the program

Based on the information gathered and discussions during the Self-Study, describe any real or potential significant threats facing the program. (Maximum 250 words)

Significant Changes and Plans for the Future

Item 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Item 6b: Project your vision and plans for the program for the coming five years. (Maximum 250 words)

Item 6c: Based on the plans described in the previous item, describe what will "take this to the next level." (Maximum 200 words)

Note: In your response, discuss what the "next level" will look like, the envisioned steps and activities to achieve it, and the resources needed.

Self-Study Process

Item 7a: Describe Elements of the Self-Study process for your program.

Provide information on your program's Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)

Who was involved in the Self-Study (by title)?	
How were data analyzed, and how were conclusions reached?	
How were areas for improvement prioritized?	

Item 7b: Describe the core program's role in the Self-Study(ies) of all dependent subspecialty program(s). (Maximum 150 words)

Note: If this is a solo core program or a dependent or "grandfathered" freestanding subspecialty program, skip this item.

Item 8: Learning that occurred during the Self-Study

Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)

Self-Study Submissions

- Consensus list of up to 5 program strengths and opportunities for improvement
  - Developed by the residents
  - Sent directly to site visitors
  - No PD input

- Make sure to update ADS – not submitted but reviewed by site visitors

Self-Study Site Visit Agenda

- Intros & Briefing
- PD Interview
- Coordinator Interview & Documentation Review
- Resident Interviews: 15-20 peer-selected
  - Interns and senior residents interviewed separately
- PEC & Faculty Interviews
- DIO & Department Chair Interview
- Debrief Meeting

Post Site Visit Feedback

- Electronic notice of accreditation status after RRC meeting
- Detailed narrative report posted in ADS 60-90 days after RRC meeting

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Lessons Learned

- Much more faculty/resident/alumni ***engagement***
- Interest in the Self-Study ***Process*** & ***How*** information was gathered
- Emphasis on ***self-identified*** areas for improvement
- ***Interaction*** between Core & Subspecialties

Self-Study Timeline

10 Year Accreditation Visit

- Full site visit and accreditation review of the program against all applicable requirements
- Includes a review of program aims, strengths, and improvements identified in its Self-Study
- Scheduled 12 to 18 months after Self-Study
- Core Pediatrics & Pediatric Subspecialties

Self-Study Follow-Up Process

- Reassemble Self-Study Committee
- Repeat SWOT, review last APE
- APE Action Plan Tracking*
- Complete "Self-Study Update"
- Complete "Summary of Achievements"
  - Not required to provide information on identified Self-Study opportunities that have not yet resulted in improvements
- Update ADS (citations, changes/updates, block diagram)

Self-Study Follow-Up Process

- Another consensus list of up to 5 program strengths and opportunities for improvement
  - Developed by the residents
  - Developed by the faculty
  - Sent directly to site visitors
  - No PD input

Site Visit Documents

- For review on the day of Site Visit
  - PLAs
  - Resident files (1-2/year, transfers, discipline)
  - Resident evals by faculty, peers, 360, patient/parent, self, semi-annual, final
  - Sample rotation goals & objectives
  - Conference schedule
  - Faculty evals completed by residents
  - Program evals completed by residents & faculty

Site Visit Documents

- For review on the day of Site Visit
  - CCC: membership, process, milestones reporting
  - PEC: membership, process, program outcomes, action plan tracking, APE
  - Supervision policy (program-specific, not institutional)
  - Duty hour compliance monitoring and data
  - QI curriculum/projects

10-Year Acc Site Visit Agenda

- Review of Self-Study & Summary of Achievements – PD & Coordinators (Doc Review)
- Resident Interviews: 15-20 peer-selected
  - PL1-PL2 and PL3 residents interviewed separately
- Key Faculty Interview
  - Ambulatory-based (outpt) and Subspecialty-based (inpt) faculty interviewed separately
- DIO & Department Chair Interview
- Site Visitor Work Time (Doc Review)
- Concluding meeting with PD
- Wrap-up meeting with Core PD & DIO

Post Site Visit Feedback

- Electronic notice of accreditation status after RRC meeting
- Detailed narrative report posted in ADS 60-90 days after RRC meeting (formative only. No accreditation consequences)

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Lessons Learned – Successes

- Thorough process: program improvement driven (QI)
- Expanded committee: more faculty/resident engagement
- New tools: focus groups, self-study surveys to faculty/ residents, outcome surveys to FPD/Employers/Alumni, enhanced APE action plan tracking

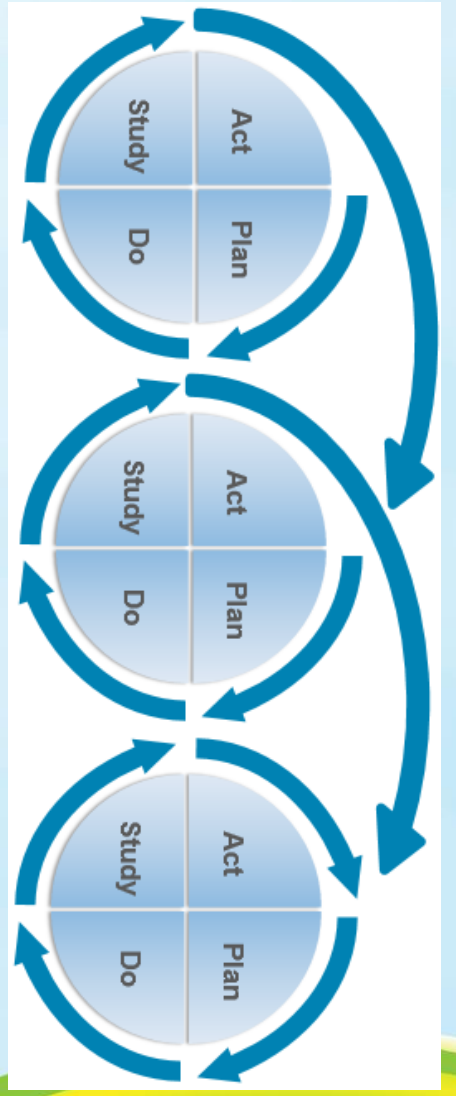
- More collaboration between Core & Subspecialties
- Beneficial feedback – expanded SWOT
- Opportunity to get 10 years of continued accreditation!

Lessons Learned – Opportunities

- Not enough time between visits to complete PDSA – a consideration for ACGME
- Need to develop additional well-defined metrics and tracking tools to measure success and/or failures
- Take advantage of ABP MOC 4 Opportunity
  - ABP Part 4 MOC credit to program directors, faculty, residents and fellows who engage in QI to address identified areas for improvement during the program's APE and Self-study.

Self-Study = Process Improvement

=



MODEL FOR IMPROVEMENT

AIMS • Program Aim • SMART Aims

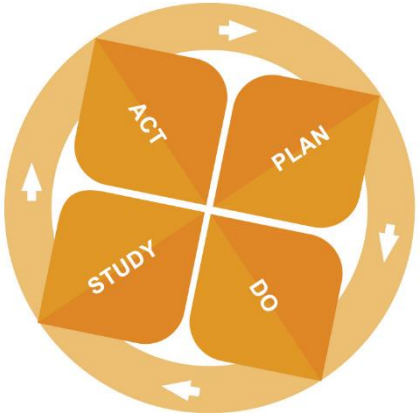
What are we trying to accomplish?

S.W.O.T. • Stakeholders • Action Plans/ Interventions

What change can we make that will result in improvement?

Measures/ Data • Process • Outcomes • Balancing

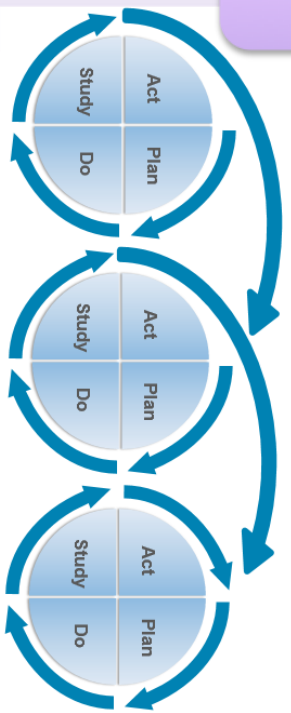
How will we know that a change is an improvement?



• Program Aim • SMART Aims — **AIMS**

• Stakeholders • Action Plans/ Interventions — **Interventions**

• Process • Outcome • Balancing — **Measures/ Data**



Resources: ACGME Website

- **Self-Study:**
  - 8 Steps = http://www.acgme.org/What-We-Do/Accreditation/Self-Study
  - Self Study document templates
  - List of high-value data suggested for APE and SS
  - How to conduct a SWOT
- **10-Year Accreditation Site Visit:**
  - 8 Steps = http://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Eight-Steps-to-Prepare-for-the-10-Year-Accreditation-Site-Visit
  - Self Study Follow-up document templates
  - APE action plan tracking template
  - Site Visit document checklist
- **Site Visit FAQs:**
  - http://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Site-Visit-FAQs

Nicklaus Children's Hospital

Thank You