ACGME 10 Year Accreditation Site Visit

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Jennifer McCallister, MD – Vice Chair for Education
David A Wininger, MD – IM Residency Director
Disclosure Information

• We have nothing to disclose
Objectives

- Describe strategies to use the ACGME Self-Study Visit as a longitudinal platform to prepare for the 10-year Site Visit
- Identify best practices for planning a 10-year Site Visit
- Design Program Improvement Metrics that align with Program Aims and identified opportunities
ACGME Self-study

- Comprehensive program evaluation
- Aim is longitudinal improvement

Adapted from: ACGME Webinar Self-Study: Nuts and Bolts, 2015. Available at www.acgme.org
Accessed 5/11/2017
Self-Study Scope

• Assess program performance & ongoing improvement effort
  – Facilitate improvement in areas already in compliance
  – Identify successes achieved & areas in need of improvement

Adapted from: ACGME Webinar Self-Study: Nuts and Bolts, 2015. Available at www.acgme.org
Accessed 5/11/2017
Context of the Self-Study

- Aims
- Opportunities
- Threats

Longitudinal tracking
Program Aims

- Key expectations of program
- How program differentiates itself from others
- Long term, strategic view
- May evolve over time
- Identify metrics for success
Example Program Aims

The program aims to train academic leaders in Pulmonary/Critical Care Medicine who are broadly trained and clinically adept while promoting opportunities for research and scholarly activities during training.
Self-Study Process

1. Self-study committee formation
2. Program Aims
3. Data analysis
4. SWOT analysis
Validate the Findings

Prioritize areas for improvement

Share with stakeholders

5 year vision
Self-Study Process Tips

1. 18-24 months assumes time for improvement
2. Set realistic goals and define metrics of success
3. Incorporate SWOT analysis
4. Coordinate across programs
After the Self-Study
Limbo… Waiting 1.5-2 years for the accreditation site visit

- PEC (or self study group) keeps meeting
- Revisit Self Study Responses
- Closely monitor survey data (ACGME and program surveys) and all other outcome measures
- Report responses to concerns on WebADS
- APE Action Plan & Follow-up Template – tool for PEC
**Goals tracking table from ACGME**

**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 Instilled/Individual responsible</th>
<th>Expected Resolution (outcome measures and date)</th>
<th>Status (resolved, partially resolved and detail, not resolved and date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Address Oncology Service workload</td>
<td>Discuss possible changes with onc faculty, palliative faculty, dept leadership. New non-resident onc onc coverage created Onc 3, JH1 change. JHG will be added. Final suggestion prior to closing this issue was to explore whether a fellow could be added to the onc 1 service to optimize service/education balance (previously had been told this was not feasible).</td>
<td>Spring 2015</td>
<td>Rotation evaluations, Year end res evaul. HS education committee</td>
<td>Almost resolved 8-15-2015 - in that specific workload complaints about onc 1 are of reduced concern in latest end of year evaluations. Educational initiatives for the James rotations outlined below are still viewed as worth consideration.</td>
</tr>
<tr>
<td>2 VA rotation experience</td>
<td>Individualized schedules with added subspecialty clinics; streamline onboarding; meetings with VA leadership</td>
<td>*** Meeting with VA leadership scheduled for 2015 meeting as of 6-15-2015</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Address distribution of patient care in the Ross Heart Hospital to support patient care, the learning environment, and to avoid surges in workload.</td>
<td>Hospital medicine R1H and R1Z added</td>
<td>&quot;&quot;&quot;&quot; and Annual ACGME survey</td>
<td>Resolved regarding this specific intervention. Patient volume requires ongoing monitoring at this site, but there is not indication for service restructuring at this point as long as boundaries are monitored and enforced.</td>
<td></td>
</tr>
<tr>
<td>4 Address challenges with once weekly conference block</td>
<td>Shortened lectures on the hour followed by time for interactive</td>
<td>Individual lecture evaluations, year and resident survey, HS ed committee, core liaison committee</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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During 90 day window once they announce “We’re Coming!”

- Don’t panic!
- Fire up PEC or Self-Study Group (PD)
- Coordinate site visit schedule (Program Coordinator)
- Prepare documents/files for site visitors
- Upload on WebADS
  - Self-Study Update (Added after earliest NAS site visits)
  - Summary of Achievements
  - Open text changes & improvements, response to citations
  - Current Block Diagram
Due on WebADS 12 days prior to 10-year Site Visit

Self-Study Update

Changes in

- Program Description, Aims, Opportunities, Threats (SWOT analysis)

Self Study Pre- April 2017?

- Changes over last 5 years and vision for next 5 years
- What will take the program to “the next level”?
Due on WebADS 12 days prior to 10-year Site Visit

**Summary of Achievements**

**Program Strengths**

**Question 1:** List the key strengths identified during the Self-Study. (Maximum 250 words)

**Question 2:** Discuss how these strengths relate to the program’s aims and context. (Maximum 300 words)

**Achievements in Program’s Self-Identified Areas for Improvement**

**Question 3:** Describe improvements in critical areas identified during the Self-Study that have already been achieved. (Maximum 250 words)

**Question 4:** Discuss how these improvements relate to the program’s aims and context. (Maximum 300 words)

**Question 5:** Summarize what was used to track progress and to assess the improved outcomes. (Maximum 250 words)

**Question 6:** If this is a core program with two or more dependent subspecialty programs, did the Self-Study process for the dependent subspecialty programs identify common strengths, areas for improvement, opportunities, and/or threats across programs? (If not a core with dependent subspecialties, skip to Question 7).

- **Yes**  
- **No**

If **Yes**, please summarize common areas identified during the Self-Study where improvements have been made. (Maximum 250 words)

**Question 7:** Discuss how program leadership coordinates aims and improvement priorities for the program with the priorities of the program’s clinical department/division and those of the sponsoring institution. (Maximum 250 words)

**Question 8:** Discuss whether and how the Self-Study and 10-Year Accreditation Site Visit added value, and summarize any learning that occurred during this process. (Maximum 250 words)

- **200-250 word limits**
- **Relate program key strengths, aims and context**
- **Describe improvements, and how they relate to aims and context**
- **How is progress tracked?**
- **How are outcomes assessed?**
- **Coordination w/ Department & Institution?**
Due on WebADS 12 days prior to 10-year Site Visit

Summary of Achievements

**Program Strengths**

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<th>Question 1</th>
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<th>Question 2</th>
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**Achievements in Program’s Self-Identified Areas for Improvement**

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<tr>
<th>Question 3</th>
<th>Describe improvements in critical areas identified during the Self-Study that have already been achieved. (Maximum 250 words)</th>
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<th>Question 5</th>
<th>Summarize what was used to track progress and to assess the improved outcomes. (Maximum 250 words)</th>
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<th>Question 6</th>
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<td>___ Yes  ___ No</td>
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<th>Discuss whether and how the Self-Study and 10-Year Accreditation Site Visit added value, and summarize any learning that occurred during this process. (Maximum 250 words)</th>
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“...the ACGME will not ask programs to provide any information on areas identified during the Self-Study that have not yet resulted in improvements.”

Thus,

“Summary of Achievements”
Summary of Achievements

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- Yes
- No

If Yes, please summarize common areas identified during the Self-Study where improvements have been made. (Maximum 200 words)

**Question 7:** Discuss how program leadership coordinates aims and improvement priorities for the program with the priorities of the program's clinical department/division and those of the sponsoring institution. (Maximum 250 words)

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The assumption is that there will be achievements.

**QUESTION**

Since your Self Study, what improvements has your program achieved?
Preparing for the 10-year Visit
Preparing for the 10-year Visit
Program Preparation

The best defense is a good offense.
Program Preparation cont.

• Routine use of SWOT analysis
  – Annual Program Evaluation
  – Encourage wide input [invite some complainers]
  – Uncovers blind spots
  – Allows proactive action plans

• Disseminate response to problems widely and often
Coordinate efforts

- Explore potential synergy & reduce burden
  - Core Program and sub-specialties
  - GMEC

- Examples
  - Supervision policy
  - Wellness policy
Preparing at Risk Programs

• Who is at risk?
  – ACGME survey responses
  – ACGME citations

• How to mitigate?
  – WebADS to outline plan
  – Focus groups with trainees, DIO, Core Program Director, Vice Chair, etc.
Prior to the visit

<table>
<thead>
<tr>
<th>Trainees</th>
<th>Faculty</th>
<th>Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Self-study</td>
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<td>• Coach him/her</td>
</tr>
<tr>
<td>• PI initiatives</td>
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<td>• Bring a friend</td>
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[Image from The Ohio State University Wexner Medical Center]
Small Group Discussion

• Imagine that your program’s 10-year Site Visit has been scheduled for May, 2019. What are you most worried about? What do you believe will be identified as potential areas for improvement?

• Working together, identify one area that has the potential to impact more than one program and propose an improvement plan [with metrics for success] to share with the group.