

The Program Self-Study and the 10-Year Site Visit: Rationale for a New Approach

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Editor's Note: The ACGME News and Views section of JGME includes data reports, updates, and perspectives from the ACGME and its review committees. The decision to publish the article is made by the ACGME.

Introduction

When the leadership of the Accreditation Council for Graduate Medical Education (ACGME) conceptualized what came to be known as the Next Accreditation System, a key component was a comprehensive self-study for programs and sponsoring institutions. The intent for the self-study, and for the overall approach to accreditation, was to promote improvement and recognize that most programs already comply with the vast majority of standards. This required a self-study that would allow programs to set aspirational aims, to analyze community needs, and to initiate activities to further these aims, to facilitate improvement in areas where the program already complied with the accreditation standards. This focus on ongoing improvement, through the annual program evaluation and a more formal self-examination every 10 years, was intended to make the accreditation process more relevant and meaningful for the majority of programs already in substantial compliance, and to convert the national graduate medical education "enterprise" into one that seeks excellence beyond satisfaction of minimum standards.

The intent was a comprehensive self-study with a subsequent site visit that would be based on "a description of how the program [or sponsoring institution] creates an effective learning and working environment, and how this leads to desired educational outcomes, and an analysis of strengths, weaknesses, and plans for improvement."¹ The ACGME's initial plans for the self-study called for a review of the findings during the program's 10-year site visit and an assessment during that site visit "that the self-study

document offers an objective, factual description of the learning and working environment."¹

During late winter and spring of academic year 2014–2015, as the dates for the first program self-studies and associated site visits neared, ACGME leadership undertook a comprehensive reexamination of the proposed approach to the self-study. This was done in response to input from the graduate medical education community, which suggested that the review of the self-study during an accreditation site visit might create a barrier to a frank assessment. It also became clear that the timing initially envisioned, with the self-study being followed closely by an accreditation site visit, would not allow programs to make improvements in areas identified in the self-study. This would reduce the effectiveness of the self-study in facilitating program improvement, as well as the ability of the new accreditation system to document ongoing improvements in all programs to meet the ACGME goal of public accountability for the quality of physician education.

In response to the concerns voiced by the community, a new approach to the self-study and the 10-year site visit was developed in an iterative fashion, with input from experts, the community, and ACGME governance. It has 4 components, shown in the box. They are described in more detail below, along with the rationale for each element.

Protecting Information on Areas for Improvement From Use in Accreditation

The first component seeks to protect the information the program collects and uses in its self-assessment and self-improvement process from use in program accreditation. The rationale is to preserve the intent for the self-study as an introspective deliberation on the program's aims, the context in which it operates and the community it serves, and how the program improves and innovates in ways that

BOX COMPONENTS OF THE NEW APPROACH TO THE SELF-STUDY AND THE 10-YEAR SITE VISIT

- Protecting information on areas for improvement identified in the self-study from use in accreditation
- A 12- to 18-month time lag between the self-study and the accreditation site visits to allow programs to make improvements in areas identified in the self-study
- An added voluntary self-study pilot visit to receive feedback on the self-study process and findings
- Asking programs to report on improvements in areas identified in the self-study for the 10-year site visit

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are relevant to the aims, context, and community. The chosen approach ensures that information on program areas of improvement is not disclosed before or during the 10-year site visit. This change was made to address concerns that program leaders might be less willing to identify and explore areas for improvement out of concern that this information, if presented during an accreditation site visit, may result in citations by the Review Committee.

Separating the Self-Study and the 10-Year Site Visit

The second component is a temporal separation to give programs time to make and demonstrate improvements in areas identified during the self-study. The 12- to 18-month interval between the self-study and the 10-year site visit is intended to allow programs to implement improvements in areas identified during the self-study prior to undergoing an accreditation site visit.

A Pilot of a Voluntary Nonaccreditation Self-Study Visit

The third element is a pilot test of an added, voluntary, nonaccreditation site visit with feedback. The aim is to assess whether this added visit and feedback, soon after the program has conducted its self-study, will accelerate improvement. The pilot is open to core programs in the 7 Phase I specialties (emergency medicine, internal medicine, neurological surgery, orthopaedic surgery, pediatrics, diagnostic radiology, and urology) if their initial site visit is scheduled between April 2015 and January 2017. The added site visit will occur 1 to 3 months after the program has completed its self-study and will be conducted by a team of 2 field representatives who have received specific training in this role. If the core programs volunteer to be part of this pilot, subspecialty programs may opt in or out of the pilot. After the visit, feedback will be shared with the program. No information gleaned from this visit will be shared with the Review Committee.

The rationale for the self-study pilot visit is to assess whether an added nonaccreditation visit by a team of trained field representatives will accelerate program improvement and innovation, including improvement in those areas where programs already comply with the accreditation standards.

Reporting Improvements Identified in the Self-Study for the 10-Year Site Visit

For the 10-year visit, all programs will be asked to provide an update of their self-study summary (for any changes in aims or environmental context), along with a succinct "summary of achievement" that details program strengths and improvements the program has already achieved as a result of its self-study conducted 12 to 18 months earlier.

Self-Study Program Evaluation

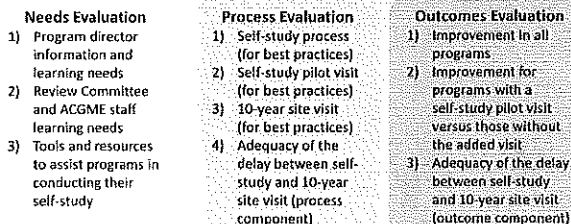


FIGURE PROGRAM EVALUATION COMPONENTS FOR THE SELF-STUDY AND THE SELF-STUDY PILOT VISIT

No information will be requested or collected for areas that the program has identified as still in need of improvement.

The information on the improvements achieved will assist the Review Committee in making an initial assessment of the effectiveness of the self-study process, based on the description of the program's aims and context, and the improvements and innovations that were realized.

Assessing the New Approach Through a Formal Evaluation

A fifth important element of the approach to the self-study and the 10-year accreditation site visit is an ongoing, comprehensive program evaluation of this dimension of the new accreditation system that will gather input from program and institutional leaders; Review Committee chairs, members, and staff; and accreditation field representatives.

The structure of the program evaluation and the areas to be evaluated are shown in the FIGURE. Data will be collected in 3 areas that respectively will constitute a needs assessment, an evaluation of the processes for the self-study and the subsequent accreditation site visit, and an outcomes evaluation.

Elements of the Needs Evaluation

The needs evaluation will assess what information and added resources may assist programs in conducting the self-study, including the guidance to assist programs in setting aspirational aims, and exploring their institutional, local, and regional context. A second element of the needs evaluation relates to the learning needs of the Review Committees and ACGME staff regarding evaluating programs' self-study and the improvement and innovation achieved.

Elements of the Process Evaluation

The process evaluation will assess whether the new approach to the self-study allows programs to conduct a

thorough review of their performance, with a robust, frank discussion of the current state, plans, successes, and areas in need of improvement. For programs in the self-study pilot visit, it will also assess whether the feedback received during the added nonaccreditation visit is thought to be helpful in providing an external perspective and whether this accelerates program improvement, with a particular focus on areas where the program already complied with the accreditation standards.

Another area of the process evaluation will explore the perceptions of the benefit of the self-study pilot visit, and perceptions of the burden of an additional visit on programs, sponsoring institutions, and the ACGME. The process evaluation will also seek to determine whether 12 to 18 months between the self-study and the 10-year site visit is sufficient time to address compliance problems, and to begin to realize improvement in areas identified during a program's self-study. Finally, the process evaluation will seek to identify effective approaches and best practices for how to conduct a program self-study.

Elements of the Outcomes Evaluation

Among other aspects, the outcomes evaluation will compare improvement outcomes for programs that participate in the self-study pilot visit to a comparison group of programs that will not have the self-study pilot visit but volunteer to share data to facilitate the assessment of the value of this added visit. Deidentified matched data will be collected for both groups to explore whether the added nonaccreditation site visit will accelerate improvement or result in improvements that are more impactful, given the given program's aims, and the context in which it operates.

Sharing Results and Lessons Learned

A key aim of the program evaluation is to allow the ACGME, the Review Committees, and the graduate medical education community to learn from the early self-study process. For all dimensions of the program evaluation, only aggregated, deidentified data will be shared, with a focus on examples of effective program improvement and best practices for planning and executing the self-study, including how programs may use the self-study document as a "living document" that has ongoing usefulness after the self-study is completed.

The ACGME plans to disseminate information learned through this approach via its website, in meetings and webinars, and through the *Journal of Graduate Medical Education*.

Through the self-study pilot and the associated program evaluation, the ACGME hopes to promote an intentional design and implementation of accredited residency and fellowship programs, and determine whether programs benefit from an external review and feedback on their self-assessment and its results.

Studying the value of an external review and discussion of the self-study with volunteer programs will give the ACGME insight into whether an added nonaccreditation visit should be put in place for all programs, or continue to be offered on a voluntary basis. This decision will need to be made from evidence that this voluntary site visit adds value to the self-assessment and improvement process that is a key component of the new accreditation system.

References

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The ACGME Self-Study—An Opportunity, Not a Burden

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Introduction

In 2013, the Accreditation Council for Graduate Medical Education (ACGME) implemented the Next Accreditation System.¹ A major goal of the new system is for program accreditation to become a continuous process of quality improvement. Accredited residency and fellowship programs report specified data annually to the ACGME. These data are then reviewed by the specialty review committees for compliance with each specialty's requirements. The newest component of this process is the self-study.

The self-study is a new and evolving approach to residency and fellowship accreditation. Although a self-study has been used by many educational accreditors, it has not been used in graduate medical education. The ACGME now requires programs, as a part of their 10-year review cycle, to perform a self-study.^{2,3}

Why is this a challenge for programs? This is a new process and tested models are lacking. The approach used by the Liaison Committee for Medical Education is time-consuming and not truly applicable to a graduate medical education program, as it is a much smaller unit of analysis compared to a medical school. To date, there are no templates or sample documents available, nor have any seminars or workshops been presented by representatives from programs that have done this successfully. Programs need to "start from scratch," and this is not an easy task. Additionally, the more time programs spend on developing a new

process, the less time they may have to actually perform the self-study.

The purpose of this article is to provide an example of a successful self-study process, along with a sample timeline and self-study materials. This will hopefully guide other programs through the process, and decrease the time spent on developing a new self-study process. Ultimately, this should allow more time to be spent on the performance of a rich and informative self-study.

The Self-Study Process

Programs are notified approximately 6 to 7 months prior to their self-study submission date.

The self-study process requires the key steps shown in BOX 1.

Engagement of key stakeholders is essential, as is an organized and facile process. If several programs are being reviewed together (core specialty and subspecialty programs), representatives from all programs should work together to develop a unified and logical self-study process, as well as to identify shared needs, and resources to meet these needs. It does not make sense for each program to create a parallel process, as such a duplicate effort wastes valuable time and other resources. Additionally, broad engagement in the process by those with diverse knowledge and experience may result in a richer outcome than might occur with 1 program alone. Box 2 shows key considerations for the self-study process.

It is important to note that the self-study summary document to be submitted to the ACGME does not include information on program strengths and areas for improvement. This is to encourage programs to honestly address problems, concerns, and faults in their self-study process without fear of a negative accreditation outcome. For the program's 10-year accreditation site visits, scheduled 12 to 18 months after the self-study, the program is asked to submit a list of program strengths, and a summary of the improvements and achievements that were made in areas that were identified during the self-study.

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Editor's Note: The online version of this article contains the 18 resources listed at the end of the article.

Box 1 Key Self-Study Components

- Engage key stakeholders in a structured and reflective examination of the program
- Various methods may be used to obtain useful information from stakeholders, including surveys, focus groups, meetings, and/or retreats
- Participants should include the following:
 - Faculty
 - Residents/fellows
 - Program alumni
 - Program coordinators
 - Nurses
 - Other participants relevant to program (eg, technicians, clinical assistants, office staff)
- Perform a longitudinal review of the following:
 - Internal annual program evaluation documents (including action plans and actions accomplished) for the years since the last accreditation site visit (at minimum, programs need to assess this process for the period since entry into the new accreditation system)
 - Information submitted to the ACGME Accreditation Data System since their last accreditation site visit
- Define program aims
- Perform a SWOT analysis of the program⁴ through defining the following:
 - Strengths
 - Areas for improvement (weaknesses)
 - Opportunities
 - Threats
- Reflect on the program as it currently is and its vision for the future
- Submit the completed self-study summary document to the ACGME

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; SWOT, strengths, weaknesses, opportunities, threats.

Getting Started

A list of key action items for the self-study is provided in Box 3. The first step should be to recruit a Self-Study Planning Committee. A relatively small representative group is recommended for this stage in the process. Members should be dependable, informed, and creative, with excellent teamwork skills. Organization and efficiency are essential.

This committee will draft a process for the larger program leadership group to review and modify as needed. Program individualization will take place once the core self-study process is defined. It is recommended that the committee use a shared document folder (eg, cloud-based, internal server-based), where docu-

Box 2 Key Considerations

- Program **aims** should align with what their graduates do after training, and the community of patients for which the program provides care
- Programs should think broadly when defining **threats and opportunities**, considering institutional, local, regional, and national issues
- When considering **strengths and weaknesses**, programs should think beyond the typical curricular issues and areas addressed through the annual educational evaluation. Among the infinite number of topics that can be examined, programs may want to include discussion of the following:
 - How to make educational sessions more engaging
 - How should education take place for those on night shifts
 - The business of medicine
 - Patient satisfaction (patient evaluations of residents, Hospital Consumer Assessment of Healthcare Providers and Systems, patient relations office information, patient surveys)
 - Interprofessional education
 - Teamwork

ments can be uploaded, shared, and modified by committee members throughout the process.

Box 4 shows a sample timeline for a large internal medicine (IM) core program and its subspecialty programs. The timeline is planned by design to ensure a finite time commitment during each phase of the process, including the time to obtain stakeholder input and validation. The self-study for a stand-alone core program, or smaller groups of subspecialties along with the core, will likely require less time, and may not require a separate planning committee.

Ongoing Activities

Many residency and fellowship programs do not have their first self-study scheduled for several years. These

Box 3 Self-Study Action Items

1. Determine who key stakeholders are
2. Determine who should be recruited to join the Self-Study Committee
3. Set a defined schedule/timeline with consistent meetings for the self-study process
4. Set deadlines for all assigned activities in the self-study process
5. Define the graduate medical education office staff who will assist the program(s) through the self-study process
6. When possible, adopt or adapt tools already available to meet specific needs, rather than creating new tools

Box 4 A Sample Process Timeline for Internal Medicine (IM) Core and Subspecialty Programs

Day 1 ACGME Notification of Self-Study Submission Due Date

Week 1 Recruitment of Self-Study Planning Committee

- IM program director
- IM program coordinator
- Fellowship program directors
- IM and fellowship associate program directors
- IM faculty member
- IM resident
- Subspecialty fellow
- GME staff
- Designated institutional official

Weeks 2–5 Weekly Meetings of the Planning Committee

Independent work done by committee members between meetings

Week 2: View ACGME self-study webinar

- Review the self-study process
- Develop the self-study timeline for the program
- Create a Self-Study Planning Committee worksheet/Committee discussion

Week 3: Create/review Self-Study SWOT Template

- Add/edit items as relevant to local/individual programs

Week 4: Create or adapt self-study survey draft documents

- Sample surveys:
 - Faculty
 - 1-year program residents
 - 1-year program fellows
 - Continuing residents
 - Continuing fellows
 - Graduating residents/fellows
 - Program coordinators
 - Nurses (and other staff as relevant to program)
 - Alumni
 - Others may be needed for individual programs/institutions

Week 5: Define the focus group process⁵

Week 6 Presentation of Self-Study Planning Work to GMEC/Discussion

- Programs send further feedback and program-specific question suggestions to the Self-Study Planning Committee for review and document edits
- Fellowship-specific questions for surveys defined and finalized

Box 4 Continued

Weeks 6–8 Formation of Program-Specific Self-Study Committees

- Should include program evaluation committee members plus others as appropriate/desired, such as the following:
 - CCC members
 - Program coordinator
 - Chief residents
 - Residents/fellows
 - Medical educator

Week 7 Surveys Distributed

- Surveys distributed via SurveyMonkey (or other external program) to alleviate concerns about confidentiality
- Surveys distributed by GME office to alleviate concern about confidentiality
- For those “opting out” of online survey programs, options of print and scan/fax/mail completed surveys should be offered to increase response rate.

Weeks 7–8 Survey Data Collection

Weeks 8–9 Program-Specific Committees Meet

- Program-specific self-study planning
- Define program aims and perform SWOT analysis

Weeks 9–11 Focus Groups/Meetings

- Each survey group should participate in a focus group⁵ or other meeting, in order to further delve into/clarify information elicited on the survey. This should include both positive and negative factors that are identified.
- It is recommended that programs consider having focus groups/meetings run by GME personnel, or others external to the program, to allow for confidentiality and an open forum.
- Best performed during an already scheduled meeting time, when possible, for maximal participation.

Weeks 14–17 Self-Study Program-Specific Committees Meet Weekly for:

- Data analysis
- SWOT analysis review with additional data collected
- Performance of full self-study
- Self-study document creation

Weeks 18–19 Write Self-Study Documents for Submission to ACGME

- Consider assigning writing sections to members of the Planning Committee

Weeks 19–20 Finalize Self-Study Documents for Submission to ACGME, and for maintaining internal records as the basis for program improvement activities

Abbreviations: ACGME, Accreditation Council for Graduate Medical Education; GME, graduate medical education; SWOT, strengths, weaknesses, opportunities, threats; GMEC, Graduate Medical Education Committee; CCC, clinical competency committee.

Box 5 Longitudinal Program Evaluation Processes to Prepare Programs for the Self-Study

1. Develop a strong, informative annual program evaluation process that includes a review of program aims and a SWOT analysis
2. Develop and use a manageable and efficient longitudinal process for documenting and reviewing annual program evaluations, and ensuring follow-up for all action plans
3. Educate stakeholders regarding the various data used in program evaluation
4. Educate stakeholders regarding their role in providing useful data to be used in program evaluation

Abbreviation: SWOT, strengths, weaknesses, opportunities, threats.

programs will benefit from enhancing their required annual program evaluation with review of program aims (Box 5). A SWOT (strengths, weaknesses, opportunities, threats) analysis that takes into consideration the environmental context in which the program operates adds an assessment of opportunities and threats to the review of strengths and areas for improvement.

Suggested Tools

The web supplemental information for this article includes a selection of useful tools for the self-study. The tools are listed below:

1. A tool for defining program aims
2. A template for exploring program opportunities and threats, considering institutional, local, regional, and national issues
3. Self-Study Planning Committee Worksheet
4. Self-Study Survey—Faculty
5. Self-Study Survey—Core IM Residents
6. Self-Study Survey—IM Preliminary Residents
7. Self-Study Survey—Core IM Graduating Residents
8. Self-Study Survey—Continuing Subspecialty Fellows
9. Self-Study Survey—Graduating Subspecialty Fellows
10. Self-Study Survey—1-Year Subspecialty Fellowship

11. Self-Study Survey—Program Alumni
12. Self-Study Survey—Program Coordinators
13. Self-Study Survey—Nurses
14. Focus Group Interview Process
15. Self-Study Focus Group Template—Residents
16. Self-Study Focus Group Template—Fellows
17. Self-Study Focus Group Template—Faculty
18. Annual Program Evaluation Template

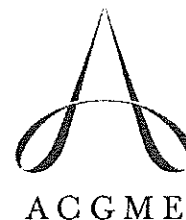
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Self-Study Summary

Accreditation Council for Graduate Medical Education

Use this template for aggregating information from the self-study for submission to the ACGME.

After completing the self-study, answer narrative Questions 1-8.

The deadline for uploading the self-study summary is the last day of the month the Review Committee indicated for the program's first site visit in the Next Accreditation System. (For example, if the Review Committee indicated **July 2016** as the date of the first site visit, the document must be uploaded by **July 31, 2016**.)

Notes:

The documents will be used to assess the program's aims and environmental context, as well as the process used for the self-study and how this facilitates program improvement.

*Do **NOT** provide information on areas for improvement identified during the self-study. A separate document to be submitted 12 to 18 months after initiating your self-study will request information on improvements realized in areas identified in the self-study.*

The materials provided for the self-study include a blank Annual Program Evaluation Summary (AnnualEvalSummary.doc), and a form for tracking action plans across successive Annual Program Evaluations (AnnualEvalLongitudinal.doc). You are not required to use these forms, and may instead develop your own or adapt other existing forms.

Program Description and Aims

Describe the program and its aims, using information gathered during the self-study.

Question 1: Program description

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

Question 2: Program aims

Based on information gathered and discussed during the self-study, what are the program's aims? (Maximum 150 words)

Question 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.

Question 4: Opportunities for the program

Based on the information gathered and discussions during the self-study, what are important opportunities for this program? (Maximum 250 words)

Question 5: Threats facing the program

Based on the information gathered and discussions during the self-study, what are real or potential significant threats facing this program? (Maximum 250 words)

Annual Program Evaluation and Self-Study Process

Provide a brief description of the process for the Annual Program Evaluation, including action plan tracking, and the self-study process for this program.

Question 6: Annual Program Evaluation Process

Describe the Annual Program Evaluation. How is information from the Annual Program Evaluation aggregated? How are action plans tracked? What follow-up occurs?
(Maximum 250 words)

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Question 7: Self-study process

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 450 words)

Who was involved in the self-study (by title)	
Data used in the self-study (including sources)	
How were data analyzed?	
How were conclusions reached?	
How were areas prioritized for improvement?	
Any other information relevant to understanding your self-study	

Question 7a: Self-study process for dependent subspecialty programs

Note: If this is a solo core program or a dependent or "grandfathered" freestanding subspecialty program, skip to Question 8.

Describe the core program's role in the self-study(ies) of all dependent subspecialty program(s). (Maximum 250 words)

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OPTIONAL Question 8: Learning that occurred during the self-study

Describe any learning that occurred as a result of the program's self-study. The ACGME intends to use this information to identify best practices for conducting a self-study for dissemination to the medical education community. (Maximum 250 words)

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Self-Study Summary
(Short Version for Subspecialty Programs)
Accreditation Council for Graduate Medical Education

Use this template for aggregating information from the self-study for submission to the ACGME. This form is optional for use with subspecialty programs. Program may choose to use this form, or the longer standard form.

After completing the self-study, answer narrative Questions 1-6.

The deadline for uploading the self-study summary is the last day of the month the Review Committee indicated for the program's first site visit in the Next Accreditation System. (For example, if the Review Committee indicated **July 2016** as the date of the first site visit, the document must be uploaded by **July 31, 2016**.)

Notes:

The documents will be used to assess the program's aims and environmental context, as well as the process used for the self-study and how this facilitates program improvement.

*Do **NOT** provide information on areas for improvement identified during the self-study. A separate document to be submitted 12 to 18 months after initiating your self-study will request information on improvements realized in areas identified in the self-study.*

The materials provided for the self-study include a blank Annual Program Evaluation Summary (AnnualEvalSummary.doc), and a form for tracking action plans across successive Annual Program Evaluations (AnnualEvalLongitudinal.doc). You are not required to use these forms, and may instead develop your own or adapt other existing forms.

Program Description and Aims

Describe the program and its aims, using information gathered during the self-study.

Question 1: Program description and aims

Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. (Maximum 200 words)

Question 2: Program activities to advance the aims

Discuss the subspecialty program's aims, and current activities to 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.

Question 3: Opportunities for the program

Based on the information gathered and discussions during the self-study, what are important opportunities for this program? (Maximum 250 words)

Question 4: Threats facing the program

Based on the information gathered and discussions during the self-study, what are real or potential significant threats facing this program? (Maximum 250 words)

Annual Program Evaluation and Self-Study Process

Provide a brief description of the process for the Annual Program Evaluation, including action plan tracking, and the self-study process for this program.

Question 5: Self-study process

Provide information on your subspecialty program's self-study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 250 words)

OPTIONAL Question 6: Learning that occurred during the self-study

Describe any learning that occurred as a result of the program's self-study. The ACGME intends to use this information to identify best practices for conducting a self-study for dissemination to the medical education community. (Maximum 250 words)



Self-Study Summary Update

Accreditation Council for Graduate Medical Education

Use this template to provide updated information to the self-study summary that has been submitted to the ACGME. Updated information may be provided at two times: 1) immediately before the 10-year accreditation site visit (all programs); and 2) after the program has complete the voluntary self-study pilot visit (only programs that participate in the voluntary pilot visit). Programs with a self-study pilot visit may provide an update at both times.

Before the 10-Year Accreditation Site Visit

When provided immediately before the program's 10-year accreditation site visit (12 to 18 months after the self-study was conducted and the original summary was submitted), the updated summary must be completed and uploaded through the Accreditation Data System a minimum of 12 days before the date of the 10-year accreditation site visit.

Programs without any changes in the information related to their self-study do not need to submit an update before their 10-year accreditation site visit. These programs only need to complete the [self-study summary of achievements](#) (link to SS Achievement Summary).

After the Self-Study Pilot Visit

Programs that participate in the self-study pilot visit may submit updated information immediately after the pilot visit, if the visit identified additional information that the program wants to include in its summary.

For a program with a self-study pilot visit, the updated summary needs to be completed within 30 days of the pilot visit.

Notes:

The updated information will be used to assess the program's aims and environmental context, as well as the process used for the self-study and how this facilitates program improvement.

Program Description and Aims

Describe any **changes** to your description of the program and its aims.

Question 1: Changes in the Program description (Maximum 200 words)

Question 2: Changes in Program aims (Maximum 150 words)

Question 3: Program activities to advance the aims

Any new activities or changes in existing activities to promote or further program aims.
(Maximum 250 words)

Environmental Context

Describe any **changes** in the program's environmental context since the self-study was conducted.

Question 4: Changes in Opportunities for the program (Maximum 250 words)

Question 5: Changes in Threats facing the program (Maximum 250 words)

Question 6 (OPTIONAL): Learning that occurred after the self-study

Describe any learning that occurred as a result of the program's self-study. The ACGME intends to use this information to identify best practices for conducting a self-study for dissemination to the medical education community. (Maximum 250 words)