Program Improvement Through the Annual Program Evaluation and the Self-Study

SEMCME WORKSHOP FOR NEW RESIDENCY PROGRAM DIRECTORS

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DISCLOSURES

• The speaker is employed by ACGME
• No other activities requiring disclosure
OBJECTIVES

• Discuss principles of program evaluation relevant to the annual program evaluation and the ACGME Program Self-Study

• List the elements of the self-study, and rationale for their inclusion

• Summarize key findings from the self-study pilot visits relevant to the larger program community

• Engage the group in an exercise to highlight key program changes and how this information is used in program evaluation and improvement

• Describe the elements of the 10-year accreditation site visit
Quality Improvement and the Building Blocks of the New Accreditation System

- **Self Study**
  - Self-study builds on continuous improvement from Annual Program Evaluation (ultimately for preceding 10 years)

- **Institutional Review**
  - Site visit to diagnose potential quality problems, offer suggestions based on best practices
  - Review of quality and safety in the institutional learning environment

- **prn Site Visits (Program or Institution)**
  - Site visit to diagnose potential quality problems, offer suggestions based on best practices

- **Continuous Accreditation through annual data and, ultimately, Milestones**
  - Review of quality and safety in the institutional learning environment

- **CLER Visits of Sponsoring Institutions**
  - Annual screening of accreditation data to identify outliers

- **Institutional Requirements: focus on involving residents in quality and safety improvement (also part of CLER)**

- **10-year site visit**

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A STANDARDS- AND CITATION-BASED APPROACH OFFERS LIMITED BENEFITS FOR MOST PROGRAMS

THE CORNERSTONE OF PROGRAM IMPROVEMENT: THE ANNUAL PROGRAM EVALUATION

• Formal, systematic evaluation
• Program Evaluation Committee (PEC)
• Program Director, ≥ 2 Faculty, ≥ 1 Resident/Fellow, (PC)
• The program must monitor and track:
  • Resident Performance
  • Faculty Development
  • Graduate Performance
  • Program Quality

• Longitudinal data/action plans from the annual program evaluation provide the foundation for the self study
HIGH-VALUE DATA FOR PROGRAM EVALUATION AND IMPROVEMENT

• Citations and responses (periodically updated)
• Review Committee-determined Areas for Improvement
• Changes since the last site visit (periodically updated)
• Rotation schedule and block diagram
• Resident and Faculty Surveys
• Resident files, including graduates, problem residents, upper level entrants (systematic nature of evaluations, attrition, patterns)
• Goals and Objectives (and G & O stimulated conversations with residents)
• Examples of resident involvement in QI and safety projects (and QI project-stimulated conversations with residents)
HIGH-VALUE DATA FOR PROGRAM EVALUATION AND IMPROVEMENT (2)

- Evaluations of the faculty and program
  - Conversations about uses of data in decisions
- List of Improvements from prior annual program evaluations or, if done, Special Reviews
- Duty hour compliance data, responses to non-compliance
- Supervision and transfer policies (and “policy stimulated” conversations with residents)
- Board certification data
- Graduates practice patterns
- Feedback from graduates, both conversational and formal surveys
  - Often done 1 and 5 years after graduation
Faculty Development (and participation in development)

- Faculty or leadership development programs relevant to role in the program
- Programs that enhance effectiveness of skills as educators, based on their role in the program
The Elements of the Self-Study
THE ELEMENTS OF THE SELF-STUDY

• Program description  
  • Succinct depiction of the program

• Program aims  
  • Goals of the program  
  • What does the program strive to “produce”

• Activities in furtherance of the aims  
  • Listing of actions or projects aligned with aims

• An environmental assessment (strengths, areas for improvement/limitations/vulnerabilities, opportunities and threats)  
  • SWOT/SVOT/SLOT analysis
THE ELEMENTS OF THE SELF-STUDY (2)

• A five-year look back at changes in the program, and a five-year look forward
  • Review of program revisions and achievements
  • Defining the five-year strategic plan

• The approach to the self-study and who was involved
  • Review of the conduct of the self-study

• The answer to the question “what will take this program to the next level?”
BENEFITS OF A FOCUS ON PROGRAM AIMS

• Suggests a relevant dimension of the program:
  • Types of graduates produced for specific community needs, 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
• 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?,” Acad Med 85(9) Sept Suppl 2010, pp. S34-S44.

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MAKING AIMS OFFICIAL

• Conceptual separation between who has input into aims setting, eg stakeholders such as trainees and faculty, and potentially nursing, other programs and other program constituents

• This is in contrast to who has the prerogative of subsequent approval, or vetting of the aims, e.g. department or institutional leadership

• These are two separate processes

• In some contexts department leaders may be in the group that has input into the aims

• This does not replace the formal vetting process
MAKING AIMS MEASURABLE

• Aims should lead to outcomes that are to some degree measurable or realizable, even if the aim is to produce the all-around great practitioner.

• Two examples

• Quantitative:
  • Have 75% percent of our graduates enter primary care
  • One-half of our residents will enter academic or research practice
  • Metrics are the percentage of graduates who enter planned career (or added training) track

• Qualitative:
  • We aim to prepare the all-around great anesthesiologist
  • Assessed via surveys of graduates’ perceptions of their preparedness for practice
MAKING AIMS SMART

• SMART
  Specific (who and what)
  Measureable (how much change is expected)
  Achievable (how—with available resources)
  Realistic (why—how does it relate to “aim”)
  Time (by when)

RATIONALE FOR EXPANDING AREAS FOR IMPROVEMENT TO INCLUDE VULNERABILITIES/LIMITATIONS

• Recognizes the very real observation that there are limits to improvement, particularly for high-performing programs
• Appreciates that high-performing programs may face “improvement fatigue” and sustaining performance is a realistic aim
• Injects a realism and understanding that programs face limitations and cannot make all improvements they might want to make
• Seeks to counter programs’ tendency to place items partially under the control of the program in the (external) threats category and treat them as “foreign” elements that do not need to be addressed
• Counters a tendency to define programs’ strategy by what they “cannot do”
ANSWERING THE QUESTION “WHAT WILL TAKE THIS PROGRAM TO THE NEXT LEVEL?”

• This question has been a key conversation during the self-study site visit, and is being incorporated into the self-study summary for all programs.

• The question has 3 inherent components:
  • What does the next level look like?
  • How do we get there (and when do we expect to get there)?
  • What help, resources, etc. are needed?

• The self-study as a catalyst for change in taking the program to the next level.

• Inherent focus on the long-term and on sustainability.
HOW ABOUT NOW

Your self-study may be years into the future, but these elements are worth thinking about:

• SVOT/SLOT Analysis: Program strengths, vulnerabilities/limitations (including areas for improvement), opportunities and threats (More about this on the next page)

• A five-year “look back” on program changes and improvements

• A five-year “look forward” – plans/considerations for the future
  • With input from all relevant stakeholders (program, department, institutional leaders, others affected)

• Consideration of/answer to the question “What will take this program to the next level”
THE SELF-STUDY SUMMARY

• After the self-study, the program uploads the Self-Study Summary through ADS

• ACGME Template: 2550 – 2800 word maximum (~5 pages) for core program, less for small subspecialty programs

• Sections: Key Self-Study dimensions
  • Aims, Opportunities and Threats
  • Five-year look-back and look-forward
  • “What will take this program to the next level”
  • Self-study process
    • Who was involved, how were date collected and interpreted

• We are still struggling with this: Information on strengths, areas for improvement/limitations/vulnerabilities
THE SELF-STUDY PILOT VISIT (PROGRAMS THAT VOLUNTEER)

• Open to Phase I Programs with an initial 10-year site visit between April 2015 and January 2017
• Participation is voluntary; ACGME staff contacts eligible programs and asks if interested in participating
• Done by ACGME Field Staff with added training
• A site visit 1 week to 3 months after the program has uploaded its self-study summary
  • Time commitment is ½ day for a core program, somewhat less for a subspecialty program
• Core and subspecialty programs
  • If the core volunteers, subspecialty programs can opt in or out
• Programs that volunteered for the Phase I self-study pilot visits represented 3 groups:
  • Majority of programs were high performing programs that participated to celebrate (and gain recognition?) for their high performance
  • Smaller number had recently addressed citations and sought “approval” of their current performance (“What do we do now”?)
  • Even smaller group of programs were performance challenged (not recognized?), and were often “volunteered” by their institutional leaders to get help
PERFORMANCE CHALLENGED PROGRAMS

• How did the site visitors know?
  • Looked at LONs
  • Reviewed ACGME resident and faculty surveys
  • Learned about it on-site during the resident interviews

• Presented a challenge to the site visitors: Crossing the chasm from self-study pilot visit to semi-accreditation visit

• How did we deal with this?
  • Bluntly but tactfully
  • Added to their “Areas for Improvement”
  • Encouraged collaboration with core program, assistance from their institution
  • Share with other subspecialty PDs
• In many visits of a core and its subspecialty programs, the subspecialty programs exhibited a range of levels of performance

• Most common reasons was that subspecialties operative in different “market” (different aims)

• Disparity reduced in settings
  - With close collaboration between core and subs
    - Core program valued the subspecialty experiences for the core’s learners
  - With a high level of institutional oversight
  - Where there were “uber” subspecialty directors and coordinators
FINDINGS ON THE PROCESS: SELF-STUDY AND STRATEGIC PLANNING

• Many program directors have had not experience in strategic planning

• Strategic Planning is a team effort
  • Sets your direction and priorities
  • Gets everyone on the same page
  • Simplifies decision making
  • Aligns activities and priorities
  • Communicates your mission

• A need for basic ACGME resources for strategic planning
FINDINGS ON THE PROCESS: THE MORE COLLABORATION THE BETTER

• Retreats
• Facilitated by a expert on strategic planning
• Focus groups
• Identifying the stakeholders
• Share the workload
• Follow-up group meetings to share results
• …and don’t forget the residents/fellows
STAKEHOLDER ENGAGEMENT IS KEY

• The self-study is NOT an exercise in authorship for program leadership or even the Program Evaluation Committee

• An positive example:
  • [The self-study] put all of us - residents, faculty, staff, even the medical students came to one of our SWOT meetings - in the same boat and thinking as a group and not thinking of “what can the faculty do better?” or “what should the residents do better?” This leveling of the playing field led to great discussions and cleared many of the usual inhibitions that you encounter at meetings

• Key components:
  • Soliciting input on areas for improvement
  • Engagement in prioritization and communication on what is feasible or not
  • Stakeholder involvement in the improvement process.

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“WE ARE IN THIS TOGETHER”

• At Level 1 – At the program level
• At Level 2 – At the department/institutional level
  • As shared engagement in the self-study by core and subspecialty programs, even including shared aims or aims developed collectively in some programs
  • As shared improvement work and shared resources
  • Limitation: Potentially skewed Phase I sample (internal medicine, pediatrics)
• At Level 3 – At the learning community level
  • Exemplified by an effort in the pediatrics community, led by John Frohna at the University of Wisconsin
LOOKING FORWARD: THE 10-YEAR ACCREDITATION SITE VISIT

• A full accreditation site visit with review of all applicable requirements

• 12- to 18-month lag period after self-study is by design, to allow programs to implement improvements

• Program submits a “Summary of Achievements”

• “Formative only” evaluation of the self-study, using a developmental assessment approach
  • Envisioned for 4 to 5 years as ACGME and the GME community learns about effective approaches
THE SUMMARY OF ACHIEVEMENTS

• ACGME template uploaded through ADS
• ~ 1500 words, describing (1) program strengths, (2) key improvements accomplished from the self-study
  • Areas identified during the self-study where the program has realized improvements
• No information collected on areas not improved
• Program may provide an update to its self-study summary
  • Changes in aims or context
  • Changes in future plans
A DEVELOPMENTAL APPROACH TO ASSESSING PROGRAM IMPROVEMENT

Level 1
“Random Acts of Improvement”
Reactive, execution incomplete, few if any outcomes

Level 2
Improvement with some beneficial outcomes, reactive, no link to aims

Level 3
Beginning of a directed approach awareness of aims and context, beginning relationship among improvement projects

Level 4
Repeatable, repeated improvement, linked to aims, and with consideration of context, alignment among projects, and in carrying out activities

Level 5
Repeatable, repeated improvement with multiple periods of data, and ongoing refinement and innovation, tight link to aims and relevant to context, integration among projects, and among program/department and institutional units carrying out activities

Adapted from Malcolm Baldrige Quality Award, “Steps toward Mature Processes, 2015

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BENEFITS OF A DEVELOPMENTAL APPROACH TO CATEGORIZING SELF-STUDY MATURITY AND IMPROVEMENT

- A more consistent way of categorizing program improvement, with the ability to offer feedback tailored to the program, to get them to “The Next Level”
  - Eg, one would NOT provide feedback to get to Level 5 to a program currently at Level 1
- Use as a self-assessment tool
- Providing a shared mental model about improvement to programs, accreditation field staff, and Review Committees
- Validation planned to be completed in late 2016
WHAT DOES CONCRETE FEEDBACK LOOK LIKE: LEVEL 1

Level 1: “Random Acts of Improvement”
Reactive, execution incomplete, few if any outcomes

• For performance at Level 1, the faint errors reflect projects left incomplete, PDCA cycles arrested at the P stage
• Feedback: “Just get it done.”
• Use regular checking on process changes and tracking of outcomes to get a sense of each intervention
• Can you identify activities that are important to the aims? Give these first consideration in carrying through and assessing outcomes
WHAT DOES CONCRETE FEEDBACK LOOK LIKE?

Level 2: Improvement with some beneficial outcomes, reactive, no link to aims

- For performance at Level 2, but individual initiatives could compete or be at cross-purpose with each other.
- Feedback: Consider a matrix to help you align/integrate activities with the aims
- Are there aims without activities, activities without aims, what competes, what could be streamlined or combined?
- What are key priorities? What key data items for tracking progress?
IN CLOSING: SCHEDULING/ANNOUNCEMENT OF THE 10-YEAR ACCREDITATION SITE VISIT

• Announcement e-mail notice sent by ACGME 90 days ahead of the date
  • Detailed information in letter posted in ADS (read carefully)
• Site Visit will include a formative assesses of the maturity of the program improvement effort using the developmental assessment tool
• Site visit opens with the review of the self-study to provide the context for other sections of the site visit
• A two-part report with a review of the self-study, followed by the “regular” section of the review of the program against the accreditation standards
• Verbal feedback at the end of the site visit day
• Look for: More Details about the 10-year visit about to be released on ACGME web site
FINAL RECAP: BENEFITS OF SYSTEMATIC, ONGOING PROGRAM EVALUATION AND IMPROVEMENT

• Accelerates existing improvement efforts and puts them into a framework and organizational context
• Links assessment and improvement to program/organizational goals
• Moves efforts beyond “random acts of improvement”
• Offers an ongoing working perspective of the program being evaluated
• Contributes to organizational learning
• Energizes faculty, learners and other staff
• Opportunities to learn from extensive “multi-source” feedback
• Helps align resources with strategic objectives