

Initial Tests of the ACGME Self Study

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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.

Background

On July 1, 2013, the first group of programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) transitioned into the Next Accreditation System (NAS), and 1 year later, the remaining accredited specialties, the transitional year, and the review of sponsoring institutions will move into the NAS.¹ The NAS is an outcomes-based and improvement-focused approach to the accreditation of programs and sponsoring institutions. The intent is to both ensure a level of quality (through assessment of compliance with the accreditation standards) and to promote ongoing improvement in all programs and innovation in high-performing programs.¹ The added focus on improvement will be achieved through (1) a Self Study that each program will complete before its 10-year site visit and includes aggregation and analysis of data on its longitudinal improvement effort, and (2) a Self Study site visit during which the program will describe its improvement process and the outcomes achieved. The Self Study site visit will occur approximately 1 year after the program begins its Self Study.

The lengthening of site visit intervals in the NAS and the focus on outcomes and continuous improvement call for a new type of site visit, and this new model requires testing. To further inform the Self Study and to increase its relevance to programs, the ACGME envisioned a new focus on programs' aims, combined with an environmental assessment that focuses on strengths, areas for improvement, opportunities, and threats.

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A key aim in the NAS is to reduce the burden of accreditation, and a recognized source of burden is the preparation of site visit documentation. Thus, the Self Study site visit also calls for a new approach to reporting that provides insight into programs' longitudinal improvement efforts, without that documentation either adding undue burden or affecting the ability of the program to conduct a complete and honest accounting of its strengths and its areas in need of improvement.

The Self Study approach is currently being refined, with the first Self Studies for programs in Phase I of the NAS scheduled to begin in 2014, and the first Self Study site visits planned for 2015. In this brief article, we offer early information from the ongoing, conceptual testing of the Self Study site visit.

Elements of the NAS Self Study Site Visit

By 2012, the aims and content of the 10-year Self Study and Self Study site visit (BOX 1) had evolved sufficiently to allow the ACGME to test the new elements of the proposed approach. This included the enhanced focus on program improvement, using the Annual Program Evaluation, and the new focus on program aims and an assessment of programs' performance and opportunities and threats in their local environment.

In appreciation of the significant development the Self Study process and the new type of site visit would require,

BOX 1 AIMS OF THE SELF STUDY SITE VISIT

Must accomplish:

- On-site assessment of compliance
 - Past citations, efforts to resolve
 - Issues identified in resident/faculty surveys
- Verification/clarification of self-reported data
- Ongoing validation and confirmation of the NAS approach
 - Identification of successes, added data needs, areas to further reduce burden and enhance efficiency
- Assessment of program aims, effort to meet aims
- Exploration of strengths, areas for improvement, opportunities, and threats in the program's environment

Should accomplish:

- Exploration of methods of program evaluation and improvements
- Field staff provision of advice/guidance in areas identified during the visit or as requested by the program

Desirable to accomplish:

- Opportunity for a dialogue
- Constituent input to develop a more refined approach for future Self Study visits

ACGME leadership thought it would be beneficial to test the emerging concepts and approaches in a sample of Self Study test visits, beginning in late 2012. It was clear that a “real” Self Study site visit would have required the programs to have completed a self-assessment and that the test visits would test only selected elements of the planned approach.

To date, site visits at 3 institutions involving internal medicine and plastic and vascular surgery core programs and subspecialty programs in those areas have been completed. Test visits involved volunteer institutions, and the findings were not shared with Residency Review Committees. All test site visit programs were visited by a team, as is planned for the actual Self Study site visits. The individuals interviewed and the time commitment for participants on the day of the site visit were comparable to a “regular” site visit. The ACGME sought to ensure that preparation before a site visit would be minimal, and the site visit was limited to asking the residents or fellows in the test programs to complete a consensus list of program strengths and areas for improvement.

The test visit entailed a debriefing with site visitors and program participants and produced reports for internal sharing and comprehensive field notes. In contrast to the more general compliance focus that had characterized earlier tests of Program Information Form-less site visits,² these visits tested selected new elements planned for future Self Study visits. They included a focus on

1. Performance in the accreditation process (limited to a review of ACGME Resident Survey data as the stand-in for the Accreditation Data System annual data to be used in the NAS) and a review of the residents’ consensus list of program strengths and opportunities for improvement;
2. Program aims (what type of residents are being educated for what types of roles after graduation, what are patient populations served and aims for service, and what other activities does the program engage in [research, community outreach, etc]), and activities in the furtherance of those aims;
3. Attributes of the environment in which the program operates and what program strengths, areas for improvement, opportunities, and threats are in the program’s environment; and
4. Ongoing efforts to improve the program using the ACGME-required Annual Program Evaluation as the tool, thus focusing trainee, faculty, and program evaluations and graduate performance on the board examination.

Items 2 through 4 above constituted an initial test of new dimensions the ACGME envisioned as part of a future NAS 10-year Self Study site visit. One of the key information

items for this portion of the visit was the Annual Program Evaluation. To continue to preserve the ability of programs to conduct a frank assessment of areas for improvement, the test visits maintained the confidentiality of the Annual Program Evaluation, and the team asked the program director to discuss program improvement, articulating successes achieved and areas still being worked on, based on the several recent Annual Program Evaluations. The ACGME envisions that a similar approach will be used for actual Self Study visits.

Self Study Test Visits: Preliminary Findings

Although the sample is small, the test site visits to date have confirmed the feasibility and “assess-ability” of the added dimensions of a Self Study visit. Programs articulated “aims” without difficulty, although, other than efforts to address lower than desirable board performance, offering general information on preparing residents for academic careers, and in 1 instance, starting a primary care track, respondents were less clear about their ongoing activities to enhance performance relevant to these aims.

Discussion during the assessment of strengths, areas for improvement, opportunities, and threats focused primarily on national threats, particularly changes in federal support for graduate medical education (GME). Local opportunities and threats were less readily identified in the conversations with program leadership. This suggests that these new site visit dimensions would benefit from ongoing assessment over time, and it is expected that these areas would be more developed in a “real” Self Study, which would have been preceded by a formal Self Study process.

The early test site visits also highlighted several areas of emerging focus, some likely prompted by the increased emphasis on educational outcomes in the NAS. During the site visits, programs discussed new modes of evaluation on the Milestones; on initiatives to restructure their didactic programs, focusing on scheduling and delivery models to maximize access and participation; and on measuring the effect of the didactic offerings. Preparation for the board examination, as the most visible element of outcomes focus in the current system, constituted a major focus of the discussion of educational outcomes across programs at the programs sites visited to date. Another focal area likely resulted from new roles for faculty in the NAS, particularly professional development for assessing performance on the milestones and participation on Clinical Competency Committees. In addition to faculty development content, discussions addressed approaches to encourage participation, including scheduling strategies and financial and other incentives, such as academic promotion and recognition.

BOX 2 RATIONALE FOR REVIEWING SUBSPECIALTY PROGRAMS WITH THEIR CORE PROGRAM

- Assures that the needs of the core residency are taken into account
 - When fellowships are started
 - In decisions regarding limited resources
- Provides for
 - Evaluation and curriculum design resources of the core residency being available to the subspecialties
 - Local oversight of fellowship programs
- Creates an environment where coordinated Self Study of the graduate medical education programs can occur
- Allows more efficient and effective site visits
- Provides a platform for core and subspecialty programs to be aware of overall needs and how to use available resources effectively

Finally, the visits highlighted some beneficial approaches for tracking data on longitudinal improvement, using simple, common institutional formats that allowed programs to record and report their improvements and areas still being worked on. This longitudinal tracking of improvement will gain in importance in the NAS, as much of the focus of the Self Study visit will be on programs' effectiveness in making ongoing improvements.

Discussion

The early tests contributed significantly to the development and refinements of the program Self Study approach and the associated site visits envisioned for the NAS. This work will continue with a focus on (1) offering guidance to programs about effective and efficient approaches for longitudinal improvement, including sessions at the ACGME Annual Educational Conference; (2) developing a report that aggregates NAS performance data the ACGME would provide to programs at the "kick-off" of their Self Study effort, approximately 1 year before the scheduled site visit; and (3) formulating a succinct document for programs to complete in preparation for a Self Study site visit.

During the early test visits, it became clear that a truly meaningful Self Study visit would require the prior completion of a Self Study process. The concept is widely used in educational accreditation, yet it remains one of the more debated elements. The ideal approach for an NAS Self Study would produce a self-assessment that aids in the acquisition of knowledge about the program and identifies areas of real, tangible improvements.³ At the same time, organizational and programmatic Self Studies, although

valuable from an improvement perspective, carry significant time, financial, and opportunity costs.⁴ It is clear that, given the smaller size of residency programs or even a core programs and its associated subspecialty programs compared with universities or medical schools and the resource constraints in the GME environment, the Self Study approach will need to be adapted and streamlined for use in the NAS. It also became apparent that the process would need to address scheduling challenges for programs, particularly when core programs and their subspecialty programs are seen as a group, as is planned in the NAS. The rationale and anticipated benefits for having a collective Self Study and Self Study site visit for core programs and their associated subspecialty programs are shown in BOX 2.

Conclusions

The exploration of elements of the Self Study and the associated visit confirmed the feasibility of the approach and acceptance by program and institutional participants, although the sample was limited and the use of the information for internal improvement may have produced a more receptive and less critical audience. Future challenges and areas to further develop and refine the site visit approach in the NAS will need to deal with efforts to assess programs' ongoing focus on improvement while ensuring the confidentiality of the data underlying that process.

Additional site visits are planned, with a particular focus on tapping into programs' ongoing improvement efforts, and how those efforts could be documented without impinging on their ability to conduct frank and forthright assessments of strengths and areas for improvement. Future work will also explore formats that offer added value to programs, such as a Self Study or site visit that yields valuable insight for programs in key areas, particularly recognition of opportunities and threats within their environment.

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