

# Thriving During the 10-Year Accreditation Site Visit: Practical Tips From a Program's Perspective

Jason L. Morris, MD

Brandy G. Freiger, C-TAGME

Tammy S. Pickens, C-TAGME

Lisa L. Willett, MD, MACM

**P**reparing for an accreditation site visit can create anxiety for those involved. With the Accreditation Council for Graduate Medical Education (ACGME) Next Accreditation System (NAS), graduate medical programs undergo annual accreditation, and have a 10-year interval between scheduled accreditation site visits.<sup>1,2</sup> Although a decade-long interval may seem preferable to the prior system of more frequent visits, the stakes remain high, and the visit may be anxiety-provoking for some. We share our experience as 1 of the first internal medicine programs to undergo a 10-Year Accreditation Site Visit, and provide practical tips (BOX) and a timeline (FIGURE) for this event to contribute to success. Because requirements evolve, we also encourage frequent review of relevant information on the ACGME website and through regular communications.<sup>2</sup>

## The Self-Study and Self-Study Summary

When the ACGME notified the Tinsley Harrison Internal Medicine Residency Program at the University of Alabama at Birmingham to begin its self-study,<sup>2,3</sup> we created a self-study group, led by the program director (PD), with members from our Program Evaluation Committee (PEC) and Clinical Competency Committee (CCC). We met to discuss the self-study and deliberate on the information to include in the self-study summary. Our discussions were honest and reflected our genuine interest in a high-quality program. We held 3 meetings, focused on each item from the self-study summary: (1) program description and aims (items 1–3)<sup>2–4</sup>; (2) opportunities and threats (items 4–5)<sup>2–4</sup>; and (3) prior years' annual program evaluations, action plans, and 5-year plans (items 6a–c).

To maximize attendance, we scheduled meetings at times normally used for PEC gatherings. After each meeting, the PD summarized the discussion, wrote the

pertinent portion of the self-study summary, and circulated it via e-mail for input from the group.

## The Introspection Phase

The site visit occurs approximately 24 months after submission of the self-study summary.<sup>4</sup> We viewed this period as an "introspection phase" to prepare our team for the site visit. Our PEC continued monthly meetings, and kept our action plans and self-study summary current. We reviewed action plan progress, ensured we were true to our aims, and deliberately addressed opportunities and threats. We also ensured faculty and residents were aware of the improvements made as a result of prior years' action plans and communicated our efforts to all stakeholders. We prepared residents for the upcoming site visit via e-mail communication and conferences, reminding them of program aims and action plans more frequently than previous years.

## Preparing Your Fellowships

The core PD and a program coordinator (PC) oversaw our 11 fellowships as they conducted their self-study, preparing those involved for each step of the process. We sent frequent e-mails about self-study requirements and deadlines, reviewed each fellowship's self-study summary, and provided individualized feedback. Our designated institutional official (DIO) also reviewed each document. To ensure fellowships were informed and engaged, we created monthly roundtable meetings for fellowship directors and coordinators, selecting 1 relevant topic for discussion at each meeting (eg, evaluations, curriculum, patient safety, scholarly activity). We reviewed the ACGME requirements for the chosen topic, and fellowship directors shared best practices. This built community among PDs and PCs, and allowed us to learn from each other to make the programs better.

Three months prior to the site visit, we intensified efforts. The core PD and PC held a site visit preparation session for each fellowship program. All PEC and CCC faculty, fellows, division directors,

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program directors, and coordinators attended. Meetings were scheduled at times normally used for division meetings, and included a presentation about the new accreditation system and the 10-Year Accreditation Site Visit. The sessions were interactive and simulated what we expected during the ACGME site visit. For example, the PD asked attendees specific questions about their program’s action plans, self-study summary, and how they met ACGME’s Common Program Requirements. This quiz-type format provided an effective amount of “discomfort” and incentive to learning, and enhanced attendee engagement.

### The 10-Year Site Visit

We received notification from the site visitor 90 days prior to the visit. The letter specified with whom they wanted to meet, which included the PD, PC, DIO, faculty, chair, division director, and a number of peer-selected residents and fellows. We immediately communicated the dates to all parties to ensure availability. We met with the residents, shared the self-study summary, and reviewed our prior annual program evaluations and action plans. We reserved 4 conference rooms with computer access in close geographic proximity for the duration of the visit, planning appropriate space for all site visit sessions.

### Required Documents

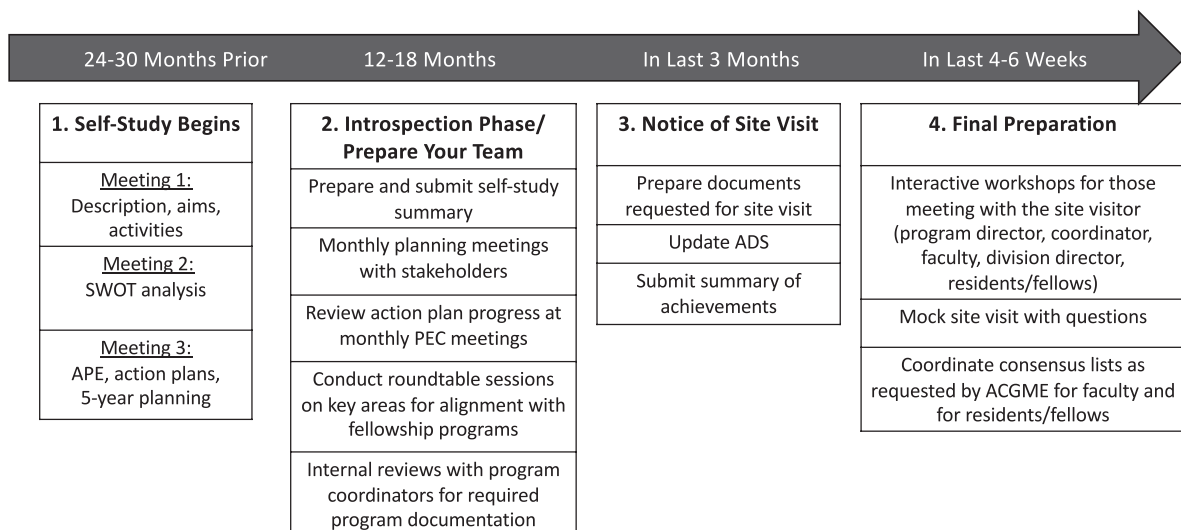
The ACGME notification letter included a list of documents to be made available at the site visit in

#### Box Top 10 Tips

1. Start the process early and schedule standing meetings.
2. Communicate, communicate, communicate.
3. Ensure that action plans align with your program aims.
4. Involve and engage members of your PEC, CCC, core faculty, and residents and fellows.
5. Demonstrate that the PEC and CCC are aligned with program goals and are aware of each other’s roles.
6. Identify a “super” program coordinator to oversee fellowship programs.
7. Reserve rooms and cancel faculty clinics, if needed, as soon as you receive site visit notice.
8. Review your block diagram for accuracy and proper formatting.
9. Ensure the right people are at the (right) table.
10. Embrace this as an opportunity to improve your program.

Abbreviations: PEC, Program Evaluation Committee; CCC, Clinical Competency Committee.

paper form. The PD, associate PD, and PC divided the list and shared responsibility for collecting each document. We organized the documents into 3 binders: program documents, evaluations, and quality improvement projects. For example, the evaluation binder had a hard copy of each evaluation for residents, faculty, rotations, and program, organized by training level. We made 2 copies of the binder for the site visit day, to provide to the site visitor and program. If your program uses an electronic documentation system, you may show documentation



**FIGURE**  
Timeline for Preparation of 10-Year Accreditation Site Visit

Abbreviations: SWOT, strengths, weakness, opportunities, threats; APE, annual program evaluation; PEC, Program Evaluation Committee; ADS, Accreditation Data System; ACGME, Accreditation Council for Graduate Medical Education.

electronically on the site visit day. Be prepared to provide resident files with all required documentation for residents who have transferred in or out of the program, have resigned or been dismissed, or have had their training extended due to performance issues.

Approximately 12 days before the site visit, we uploaded the summary of achievements document into ACGME's Accreditation Data System, along with new information for the free-text section entitled "Major Changes and Other Updates" and a current block diagram. You will want to ensure the block diagram is accurate and uses the correct format, detailed on the ACGME website. Finally, our residents and faculty each generated a consensus list (program strengths and opportunities for improvement), and an individual from each group sent them to the ACGME in advance of the site visit. The process was explained in the site visitor's follow-up letter to the notification letter.

### The Site Visit Day

On the day of the site visit, ensure all participants arrive early. Outside the conference rooms, we provided relaxing music, refreshments, and reassurance for participants. The PDs brought copies of the annual program evaluations for several years, the self-study summary, and the action plans, along with other required documents. This is not a closed book examination, and programs will benefit from bringing needed reference materials for the site visit.

### Lessons Learned

We found the site visit to be exactly as described by the ACGME. Each site visitor posed slightly different questions to the various core program and fellowship directors, faculty, and residents. This included questions about compliance with the ACGME program requirements, program aims, future directions, strengths, and areas of improvement. We were glad we had prepared for a range of likely questions. Although sessions were 90 minutes or less, they were a bit stressful given the nature of the visit. We recommend that PDs include the PC and associate PDs in the session for program leadership. It was helpful to have others field

questions and give everyone brief mental breaks. In our internal medicine program, we have 1 "super PC" (a 0.5 full-time equivalent position) oversee the accreditation process along with the fellowship-specific PCs, and we find this very helpful. When the site visit is over, we celebrated by hosting a breakfast for everyone involved the morning after the visit.

### Conclusions

We found our internal medicine programs' first 10-Year Accreditation Site Visit to be a valuable experience. It brought our entire medical education community together, and allowed it to grow, learn, and celebrate the importance of our residency and fellowship programs. With advanced planning, preparation, and practice, you will not only survive—but thrive—in the 10-Year Accreditation Site Visit.

### References

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All authors are with Tinsley Harrison Internal Medicine Residency Program, University of Alabama at Birmingham. **Jason L. Morris, MD**, is Associate Program Director and Associate Professor of Medicine, and Residency Site Director, Birmingham Veterans Affairs Medical Center; **Brandy G. Freiger, C-TAGME**, is Education Administrator; **Tammy S. Pickens, C-TAGME**, is Program Administrator; and **Lisa L. Willett, MD, MACM**, is Program Director and Professor of Medicine.

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Corresponding author: Jason L. Morris, MD, University of Alabama at Birmingham, 321 Boshell Diabetes Building, 1720 2nd Avenue South, Birmingham, AL 35294-0012, 205.934.2836, fax 205.975.6424, [jlmmorris@uabmc.edu](mailto:jlmmorris@uabmc.edu)