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Navigating the ACGME Self Study

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Navigating the ACGME Self Study

Best Practices and Lessons Learned



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Disclosures

- None

Objectives

- Discuss the purpose, components, resources and timetable needed to perform an ACGME Self Study of your residency training program, including development of measurable aims.
- Anticipate challenges and implement best practices in conducting the Self Study, writing the ACGME report and translating findings into a 5-year action plan to realize a long-term educational vision.
- Gain mentorship opportunities and strategies from the collaborative exchange of ideas and experiences shared among a diverse group of graduate medical educators with a common goal of improving family medicine residency training.

Who are we?

- The Lehigh Valley Health Network Family Medicine Residency
- 6 / 6 / 6
- Southeastern PA (Allentown, PA)
- Academic Community Hospital



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Survey- What are your roles?

- Residency faculty
- Resident
- Residency leadership
- Something else



Survey #2

- Who in the room has participated in an ACGME self-study?
- Who has had the post-study site visit?
 - Neither of us has, so if you have, we would appreciate your input!
- Who is currently working on their self-study?
- Who has not yet started first self-study?



ACGME Self-Study basics

- Every 10 years
- Emphasizes value of self-evaluation in validating areas of strength, revealing weaknesses and prioritizing future work
- <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>



Existing Literature

- Descriptions of theoretical framework from ACGME
- Descriptions of desired process
- Some published processes from other specialties
- Tips and timelines
- **GAP: Few outcomes from actual experience**

Gaps in the Literature

- Lessons learned from completed Self-Studies
- How to create measurable aims
- How to create achievable action plans
 - Operationalization of aims to ensure proper measurement
 - Resources needed undertake robust self-study and continue measurements longitudinally
 - Cultural considerations
 - Engagement of stakeholders in the residency
 - Definition of “stakeholders”

Our Program Aims - To create doctors who...

- Apply relationship-centered care skills to foster collaborative partnerships with patients and families,
- Provide comprehensive, coordinated, continuous and first contact care to meet diverse community and population health needs,
- Practice evidence informed medicine using shared decision making,
- Leverage technology to optimize patient care and engagement,
- Collaborate with clinicians, community and health-policy stakeholders to act as change agents for practice and system level transformation,
- Cultivate resilience and use self-care to achieve life and career joy,
- Are adult learners through reflection and continuous improvement to implement their vision of themselves as family physicians, and
- Engage in scholarly activity to improve the discipline Family Medicine.

Small group work

- What data might a residency collect to measure these aims?
- What would be the benefits/limitations of the metric(s)?
- Break into groups of 2-4
- Discuss for about 10 min

To create doctors who...

1. Provide comprehensive, coordinated, continuous and first contact care to meet diverse community and population health needs.
2. Practice evidence informed medicine using shared decision making.
3. Cultivate resilience and use self-care to achieve life and career joy.

Debrief

- What data might a residency collect to measure these aims?
- What are the benefits/limitations of those metrics?

Our Self-study

- Program Eval Cmte (PEC) usually meets quarterly
 - Moved to monthly
- Identified measures we already had that address aims
 - Focus group – coded data
 - Milestones
 - Pt feedback (PEI/CARE)
 - Grad Survey
 - Annual Program Evals (APEs)

Key Informant Interviews

- 15 interviews (n=78 participants)
 - Received the residency program aims in advance

- Questions asked:
 - *What are the Strengths of our residency?*
 - *What are the Weaknesses of our residency?*
 - *What are the Opportunities that you see in the future to help our residency meet its goals?*
 - *What are the Threats that you see in the future that could affect our residency?*
 - *What else do you want us to hear about our program?*

SWOT Analysis

- Compiled data from all sources
- Identified themes
- Categorized into SWOT
- Prioritized by importance and feasibility of intervention

	Number of items corroborated by each data source (N= total # of items in each SWOT category)				
Data source	Total items n=44	Strengths n=10	Weaknesses n=12	Opportunities n=13	Threats n=9
Key informant interviews	25 (13)*	6 (2)*	6 (3)*	6 (3)*	7 (5)*
Graduate survey analysis	14	4	3	5	2
Focus groups	14	4	3	5	2
ACGME feedback	12 (4)*	5 (2)*	3 (1)*	2	2 (1)*
Milestones	11	4	2	3	2
Annual program evaluations	10 (5)*	2 (1)*	5 (3)*	3 (1)*	0
PEI/CARE scores	4	2	1	1	0
Board exam pass rates	2	2	0	0	0

* Numbers in parentheses indicate the items uniquely identified by this data source (*e.g. Key informant interviews supported 6 of the 10 identified Strengths; two of those items exist only because key informant interviews unearthed them*).

Sample Opportunities

- Expanding residents' ability to develop comprehensive scope of practice
- Simplifying our curricular structure to clarify graduation requirements
- Developing a program evaluation process that better aligns data collection with our aims

Improvement Areas Identified

Goals	Opportunities Addressed	Threats Addressed	Aims Addressed
<i>Peds continuity</i>	1, 5, 12	1, 2, 4, 5, 9, 11	1, 1a
<i>Continuity Maternity</i>	1, 12	1, 2, 4, 5, 6, 7, 9, 11	1, 1a
<i>40 weeks in clinic</i>	5	1, 3, 5	1a
<i>Curriculum revision</i>	2, 3, 4, 6, 8, 10, 12, 13	1, 3, 7, 8, 10	1, 1a, 1b, 1c, 1d, 2, 3, 4
<i>Procedures</i>	1, 4, 12	4, 5, 8, 9	1a, 3
<i>Preceptor Development</i>	1, 2, 5	1, 2, 3, 4, 5, 8, 10	1, 1a, 1b, 1d, 3
<i>Scholarly activity expansion</i>	3, 6, 12	3, 8, 10	1b, 1c, 1d, 3, 4
<i>Resilience</i>	2, 10	3, 5, 6, 8, 10	1d, 2
<i>Fellowships & Residency Expansion</i>	7, 9, 11	1, 2, 4, 5, 6, 7, 8, 9, 11	1, 3, 4

Now what?

S



Specific

M



Measurable

A



Attainable

R



Relevant

T



Time Based

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Small group – SMART goals

- What is the largest gap we see between this aim and our current reality?
- What can we do right now to narrow the gap?



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SMART goals – example: Resilience

- Aim:
 - Cultivate resilience and use self-care to achieve life and career joy
- Opportunities:
 - Simplify/condense the curriculum- make fewer task requirements
 - Refocus resilience curriculum & develop a better way to measure outcome
- Threats:
 - Burnout within our dept & in medicine at large
 - Staff turnover
 - The almighty dollar
 - Too few opportunities to learn broad scope of practice

Debrief

- What SMART goals did you generate?
- Our SMART goal:
The residency will pilot a process to help learners, faculty and staff self-assess their professional joy and wellness.

Target for process identification: June 2019. Target for implementation: December 2019. (Leader: Susan H)
 - Further goals TBD based on findings

Summary

- Don't be intimidated by the Self-Study
- What are your aims?
- What data do you already have?
- Think about broad stakeholders
- Get SMART in your Action Plan

Questions?

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