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

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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

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.

DOI: http://dx.doi.org/10.4300/JGME-D-15-00241.1

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 program[4] 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 documents can be uploaded, shared, and modified by committee members throughout the process.

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

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 process[5]

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 group[5] 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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