



Self study – the first six months

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Female Pelvic Medicine and Reconstructive
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Overview

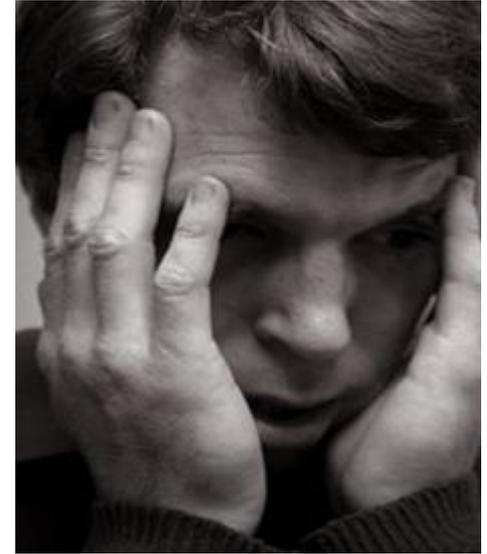
- What is a self-study?
- Why do I have to do it?
- How/when we prepared
- Resources for preparation
- Time commitment of program director, coordinator, other faculty/residents
- Submission of initial six-month Self Study report

What is a Self-study?

- This replaces the previous method of site visits and accreditation cycles and the beloved program information form (PIF)
- Standards/citation approach thought to limit benefits for most programs
- Your PIF manship skills still valuable
- Every 10 years – comprehensive self study
 - 2 year process, initial 6 month report as to approach
 - Culminating in a site visit
- Yearly Annual Program evaluation still required- basis for the self study

Why do I have to do this?

- Because the ACGME says so
- To do a thorough review of your program
- To help track improvement
- To engage stakeholders
- Because program directors have a lot of free time to do more stuff
- **Urology the only residency program at NMH currently on the first self-study cycle**
 - Dependent specialty programs also included (pediatric urology)



OMG When will my self study be?

- Depends when your most recent accreditation cycle is up
- You will sort of be notified but be on the lookout
- First ACGME said we have 1 year once notified and begun until the report is due
- We saw self study date on web Ads in April 2015 (initially due December 2015)
 - Received official notification letter July 13 2015
instructing us to start our self study July 17 2015
- Our report was due 6 months after notification

OMG When will my self study be?

- Look to see when your accreditation cycle is up
- We recommend starting 1 year prior to this date educating yourself in the process, watching webinars, and planning
- I've included some helpful references
- Look at the self-study document (available on the ACGME website) to see what will information is required

Annual program evaluation

- Provides foundation for the self-study
- Longitudinal data/action plans
- Formal, systemic evaluation
 - Program evaluation committee (PEC)
 - PD, at least 2 faculty, resident /fellow
- Program must monitor and track
 - **Resident performance**
 - **Faculty development**
 - **Graduate performance**
 - **Program quality**

Self study scope

- Assess program performance and ongoing improvement effort
- Review improvement activities, successes, area of need for improvement
- Asks for program description, aims, activities to advance aims
- 4 areas
 - Strengths
 - Weakness
 - Opportunities
 - Threats

First steps

- Lots of homework
- Like most requirements, ACGME tells you what to do not how to do it
- Lots of time up front by PD and PC
- Six months prior to start- scheduled weekly 2-3 hour meeting with PC





INITIAL EXPERIENCE WITH ACCREDITATION COUNCIL OF GRADUATE MEDICAL EDUCATION (ACGME) RESIDENCY PROGRAM SELF-STUDY: ASSESSMENT DESIGN AND TIME REQUIREMENTS IN THE FIRST SIX MONTHS

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Introduction: Under the Next Accreditation System, residency programs must complete a self-study every ten years. A report is due after six months, culminating with a site visit after two years. We report our process for formulating the initial report and the time requirements of the program director (PD) and coordinator (PC).

Methods: Time spent by PD and PC in self-study activities were prospectively recorded. The assembly of committees, survey design/review, focus group conduction, presentations of findings, and action plan results were rendered.

Results Obtained: In the first six months, PD and PC time totaled 56 hours and 40 hours, respectively. PD's time included 6 hours of background instruction, 20 hours meeting with the PC (survey development and analysis, focus group planning and interpretation), 6 hours of literature review, 8 hours in committee meetings, 4 hours preparing focus group leaders, and 12 hours presenting to stakeholders and drafting the initial report.

An anonymous survey was administered to department faculty and residents to examine attitudes and perceptions about the program. Focus groups were led by outside PDs to minimize bias. Discussion topics were identified from survey results and were recorded and transcribed. Results were condensed into themes for the initial report, which described program aims and environmental context, self-study methodology, and how this process will facilitate program improvement.

Conclusion: Completion of residency program self-study substantially exceeds the typical operations of program administration. Consequently, protected and regularly scheduled time is needed. Surveys and focus groups provide framework and context for initial data reporting.

Self study step by step

- Step 1 - assemble your team
 - Self study committee
 - Utilized the program evaluation committee
 - Added key stakeholders
 - Pediatric urology program director
 - Additional faculty members
 - Already have 3 residents on the committee
 - Initial SSC meeting to discuss plans
 - I provided reading material to them prior to the meeting
 - Presented an overview of the process
 - Committee helped come to consensus on items some items on the initial submission form
 - Program description
 - Program aims
 - Program activities to advance those aims

Self study

- Step 2 – survey
 - Anonymous survey of faculty
 - Anonymous survey of residents
- Entirely based on remaining questions of the initial submission form and others required of the self study
 - Program strengths
 - Program weaknesses
 - Program opportunities
 - Threats facing the program

Self study

- Step 3
 - Survey analysis by program director and program coordinator
 - Reviewed at self study committee meeting
 - Utilized to develop step 4

Self study

- Step 4 – Focus groups



Self study

- Step 4 – Focus groups
 - PD, PC, and focus group expert selected topics from survey which were common themes
 - Initial focus groups included all faculty or all residents
 - Felt it important to have a surgeon moderate the resident group
 - Open ended questions, encourage participation
 - Moderators are key



The focus group hated it. So he showed it to an out-of-focus group.

Self study

- Step 5 – self study document
- Filled out our form using information from all sources, as well as previous years APEs
 - Reviewed by DIO
 - Submitted
 - Top of form claims only to ask for process- how you did your self study
 - Two of the questions are hard to answer without inserting detailed findings
 - Intentionally doesn't ask for strengths and weaknesses

What did we learn?

- Much of information were things we were already working on improving or were aware of
- Some very surprising information also was obtained
- This has led to more in-depth focus group on one topic/resident rotation
- We have a second planned in a few weeks
- Will proceed evaluating all rotations/training locations as part of the process

What's next?

- We have been compiling our action items
- We have resolved some already
- Some we were already working on
- Have an extensive spreadsheet of actionable items
- Apparently at the time of site visit only need to share 3-5 resolved items

2016 Chicago Area Medical Group Meeting,
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Ingrid Philibert, PhD, MBA, Senior Vice President, Field Activities, ACGME

Summary

- Self study process requires significant up-front and ongoing time commitments of both the program director and program coordinator
 - Talk to your chair about it - thank you Josh Goldstein
- Residents and faculty are engaged by the process and feel “heard”
- Evaluations are only the tip of the iceberg

