

Self-Study: Practical Tips for a Successful and Rewarding Experience

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The Accreditation Council for Graduate Medical Education (ACGME) self-study is a new process for ACGME accredited radiology programs. This article serves to provide the reader with the evolution of ACGME accreditation leading to the conception of the self-study process, detail the self-study method, and offer practical advice to programs embarking upon their inaugural self-study.

Key Words: Self-study; Accreditation Council for Graduate Medical Education (ACGME); Next Accreditation System (NAS).

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BACKGROUND

Graduate medical education (GME) is in a state of constant evolution; it has evolved from a pure apprenticeship model, through the creation of formal medical schools and loosely organized residencies, and ultimately to the contemporary idea of competency-based graduate medical education (1–3). In 1998, the Accreditation Council for Graduate Medical Education (ACGME) formally introduced the Outcome Project, an initiative aimed at both developing competency and assessing performance in each of the six domains that we are all now familiar with as the core competencies (4). Historically, accreditation was based on evaluation of the process of training residents. The Outcome Project ushered in the era of accreditation based on a residency program's educational outcomes with respect to the competencies. The Next Accreditation System (NAS) emerged from the Outcome Project (2,5); this new system is grounded by the Milestones and self-study.

To foster assessment based on clinical outcomes, ACGME began to envision developmental milestones as a metric on which to evaluate residents (6). By 2009, all ACGME specialties were developing specialty-specific milestones as a collaborative venture between ACGME, the American Board of Medical Specialties, specialty colleges, program directors, and residents (6). In 2013, the Diagnostic Radiology Milestones were formally introduced (7). The Milestones expand the six core competencies into meaningful outcome measures and form

the framework for continuous outcome-based assessment of trainees in the NAS.

One of the pillars of the NAS is the self-study process. The self-study process is not unique to the realm of GME. Other educational accreditation organizations, such as the Council for Higher Education Accreditation, the body that accredits greater than 3000 colleges and universities in the United States, employ a self-study process whereby the institution prepares a written summary of its performance with respect to its relevant accrediting standards (8). The ACGME self-study process mirrors the processes that have been successfully implemented elsewhere. The aim of this article is to describe the ACGME self-study process and provide practical suggestions to large and small residency programs. For the purposes of this article, future references to “the program” encompass both diagnostic radiology residency and fellowship programs.

ACGME SELF-STUDY AND 10-YEAR SITE VISIT

With the introduction of new guidelines, requirements, and processes, a sense of anxiety and urgency may befall a program director. However, the ACGME self-study can be enlightening and a more robust version of the now familiar annual program evaluation (APE) (9). Simply stated, the ACGME self-study is a comprehensive longitudinal evaluation of the residency or fellowship program.

The self-study can be described as a fluid and iterative process defining program aims and measurable outcomes; collecting data to document outcomes; identifying threats, opportunities, strengths, and areas for improvement; and seeking input from various stakeholders in the residency (Fig 1). The self-study culminates in the submission of a summative document to ACGME that reports on the reflective and analytical process of the self-study itself. A plan of action for program advancement, informed by the outcome data, is the ideal output of the self-study process. This, in turn, will prepare the program

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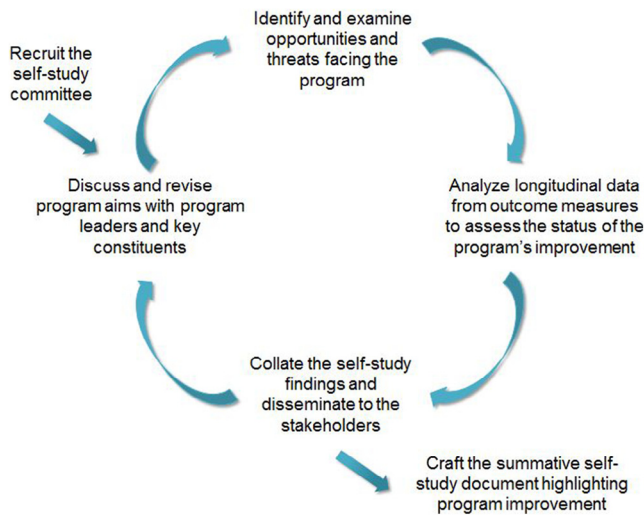


Figure 1. Iterative process of the self-study from start to finish. Although the self-study can be broken down into discrete steps, when executed, the process is iterative and fluid, culminating in the self-study document that is submitted to ACGME.

for the ACGME 10-year site visit, which will occur 12 to 18 months after the submission of the self-study summary. The 10-year site visit is an opportunity for the program to update ACGME with the improvements made in the program as a result of the self-study (5).

COMPONENTS OF THE SELF-STUDY

Although the ACGME defines eight discrete steps to performing a self-study (10–12), in reality, the process is iterative and the discrete steps begin to meld into a fluid process. However, for the purposes of discussion, we will focus on the salient individual stages.

Self-Study Committee

In the beginning, the program is tasked with creating a dedicated self-study committee (SSC). Although the ACGME suggests that the program evaluation committee (PEC) may be ideally suited for the task of overseeing the self-study (11), the composition of the committee is not strictly prescribed by ACGME. Some programs may elect to have the PEC assume the additional role of self-study preparation. Larger programs may choose to identify a smaller group of people to form a more nimble working group; alternatively, larger programs may find benefit from broad representation from across the department and may even expand upon the PEC. Smaller programs may be limited in the number and breadth of individuals from whom to choose, or due to their small size, they may decide to involve all active participants. In addition to the formal SSC, the program will identify stakeholders relevant to their local environment. Examples of stakeholders

include, but are not limited to the following: trainees in the program; graduates of the program; technologists, nurses, and other ancillary staff working side by side with the program; referring providers or services; representatives from the institutional GME office; or patients themselves. Whereas the SSC organizes all of the activities, stakeholders provide important perspectives and the basis for the eventual product of the self-study. Some programs may elect to incorporate stakeholders into the SSC, whereas other programs may simply communicate with the various stakeholders.

Program Aims and Outcomes

A new concept introduced with the ACGME self-study process is the program aims. Program aims are intended to define the essential goals of the program as defined by the vision of the program leadership and influenced by the local and institutional environment (11). The aims may address the type of residents the program recruits, the type of radiologist the program hopes to graduate, and/or features that may be unique to the program (11). The creation of the program aims is one of the iterative processes in the self-study. A set of program aims may be defined at the beginning of the self-study process, but may be revised as data are evaluated and discussions with stakeholders unfold. The SSC must keep in mind that the program aims must be streamlined for the self-study document submitted to ACGME (10).

As the NAS is predicated on outcomes, the SSC will identify outcome measures and collect the attendant data output. A simple spreadsheet may be all the program needs to track outcomes. A program performance spreadsheet could consist of measurable outcomes tied to each of the program aims in rows with the annual data entered in columns, allowing for a longitudinal assessment of the program's progress (Appendix 1). Some programs may have the information technology resources to create a dashboard that collects data on a rolling basis and displays outcomes in a sleek fashion.

Once the program has measurable data for the program aims, it can begin to assess its progress. If the program is accomplishing what it sets out to do, planning can focus on ensuring that the program continues to succeed. Alternatively, when areas for improvement are identified, the program can begin to formulate an improvement intervention.

Identify and Examine Opportunities and Threats Facing the Program

SWOT (strengths, weaknesses, opportunities, and threats) analyses are well known in the business world as a method to aid in complex decision-making and strategic planning (13). Increasingly, this technique is applied in academic and medical realms as well. A systematic SWOT analysis of the program is at the heart of the self-study process. We are already accustomed to evaluating our strengths and weaknesses via the APE process. The full SWOT analysis enables us to take the process deeper. Whereas strengths and weaknesses (also known

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