10-Year Accreditation Site Visit
By the end of this presentation, you’ll be able to…

- Identify the timeframe of the self-study & 10-year Accreditation
- Complete ACGME’s summary of achievements
- Assemble the Self-Study binder
- Coordinate the site visit schedule with other programs in your department (core & specialty)
Agenda

- Refresher
  - Components of a Self-Study cycle
  - Timeline of a Self-Study Cycle
- Part 2: 10-Year Accreditation Site Visit
  - Site Visit Document List
  - ACGME’s 8 steps to prepare
  - Preparation for Site Visit
- ACGME’s Key Documents
- Additional Resources
What is a Self-Study cycle

- Part of the ACGME's Next Accreditation System (NAS) and began in 2015
- Reframe the focus on program improvement, innovation, and long-term goal setting

What will take our program to the next level?

Self Study Cycle

1. Self-Study
   - Review Data 5 years back
   - Action plan 5 years forward

2. 10-year Accreditation Site Visit
Timeline of Self-Study cycle – Where You Are Now

Self-study Initiated

1. Program forms a self study group and gathers information for review
2. Program conducts self study meeting by mm/dd/yyyy
3. Self-Study group completes first draft of Self-Study summary form
4. Program sends Self-Study summary draft to GME by [Insert date - 30 days before deadline]
5. Program submits Self-Study summary* to ACGME

10-Year Accreditation Site Visit

[Insert timeline; 18-24 months after self-study]
1. Program sends draft of ACGME’s Summary of Achievements to GME 30 days before visit date
2. Program submits ACGME's Summary of Achievements*
3. Program creates binder using ACGME's Site Visit Document List**
4. GME reviews binder before site visit
5. ACGME representative conducts site visit with program

*Self-Study summary and Summary of Achievements are located on ACGME’s Self-Study page
**View ACGME’s Site Visit Document List by Clicking Here
Collect your thoughts

- What has your program done since the self-study?

- Where are your progress in your 5-year plan?
  - What has worked?
  - What are your achievements?
  - What has not worked?
  - How have your program reacted to the problems?

- Where are the documentation for your program?
Preparing for the 10-Year Accreditation Site Visit
Planning the Site Visit Day

- On the site visit day, the site visitor will meet with the Core Program Director, Subspecialty Program Director(s), faculty, residents/fellows and a Sponsoring Institution representative (the DIO or a designee).

- The site visitor will develop a proposed agenda for the site visit.
ACGME’s Review Committee will review the following documents before the site visit:

- Your program’s most recent ADS update
- Self Study Summary
- Summary of Achievements
Guidelines for the trainee Interview

- Site visitor will indicate the interview format in his/her letter to you.
  - Interviews may be done individually or by group (e.g. PGY level)

- “Peer-selected” are residents/fellows voted on by their peers (other residents only)
  - not chosen by a chief resident or other program representative.

- Chief residents beyond the accredited years of training may not participate.

- Programs with 15 trainees - site visitor will interview all trainees on duty on the day of the visit.

- Programs with more than 15 trainees - site visitor will interview a minimum of 15 to 18 peer-selected trainees, representing all years of training.
Site Visit Document List

**Common Program Requirements**
Sponsoring Institution and Participating Site(s)
_ 1. Current, signed program letters of agreement (PLAs)_

**Resident/Fellow Files and Evaluations**
_ 2. Files of program graduates from the last three complete academic years and current residents/fellows (1-2 in each year of the program); files of any residents/fellows who have transferred into or out of the program, or who have resigned or been dismissed in the past three years. Resident/fellow evaluations by faculty members, peers, patients, self, other staff members; semi-annual evaluations; and final evaluations will be assessed during review of the resident/fellow files. Programs using an electronic evaluation system may generate and print summary reports rather than show individual records._

**Educational Program**
_ 3. A sample of competency-based, educational level-specific goals and objectives for one rotation/assignment_
_ 4. Conference schedule for the current academic year_
Faculty and Program Evaluation
_ 5. Sample of a completed annual confidential evaluation of faculty members by residents/fellows
_ 6. Written description of Clinical Competency Committee (CCC): membership; semi-annual resident evaluation process; reporting of Milestones evaluations to the ACGME; and CCC advising on resident/fellow progress, including promotion, remediation, and dismissal
_ 7. Written description of Program Evaluation Committee (PEC): membership; evaluation and tracking protocols; resident/fellow evaluations of rotations/assignments; development of written Annual Program Evaluation; and action plans resulting from the Annual Program Evaluation

Work Hours and the Learning Environment
_ 8. Program-specific (not institutional) policies for supervision of residents/fellows (addressing progressive responsibilities for patient care and faculty member responsibility for supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members
_ 9. Sample work hour compliance data demonstrating the program’s monitoring system
Site Visit Document List

**Quality Improvement**
_ 10. Sample documents demonstrating resident/fellow participation in patient safety and quality improvement activities

**Self-Study Documents**
_ 11. The Self-Study Summary
_ 12. The Self-Study Update (if applicable, not a required document)
_ 13. The Summary of Achievements
The documents below will NOT be accessed or reviewed by the site visitor(s), but should be available to the program director for a discussion of the program's ongoing improvement efforts.

Annual Program Evaluations for the past five years, action plans resulting from these evaluations, data tracked and information on improvement activities.
ACMGE’s 8 steps to prepare for the 10-year accreditation site visit

1. Reassemble the Annual Program evaluation/Self Study Group to gather data since Self-Study
2. Discuss Improvements made from the Self-Study with stakeholders
3. Reassess Program Aims and SWOT analysis
4. Discuss intervention action plans and current intervention progress
5. Complete and submit Summary of Achievements
6. Update Data in ADS ahead of the 10-year site visit
7. Ensure timely data submission prior to the 10-year accreditation site visit
8. Set and confirm logistics for the 10-year accreditation site visit

https://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Eight-Steps-to-Prepare-for-the-10-Year-Accreditation-Site-Visit
ACGME’s Summary of Achievements

- Update ACGME on what your program have done since Self-Study

- “Show-off” what your program have accomplished and achieved

- Send draft to GME 30 days before site visit

Download the Summary of Achievements document at https://www.acgme.org/What-We-Do/Accreditation/Self-Study
ACGME’s Summary of Achievements

**Program Strengths**

**Question 1:** List the key strengths identified during the Self-Study. (Maximum 250 words)

**Question 2:** Discuss how these strengths relate to the program’s aims and context. (Maximum 300 words)

**Achievements in Program’s Self-Identified Areas for Improvement**

**Question 3:** Describe improvements in critical areas identified during the Self-Study that have already been achieved. (Maximum 250 words)

**Question 4:** Discuss how these improvements relate to the program’s aims and context. (Maximum 300 words)

**Question 5:** Summarize what was used to track progress and to assess the improved outcomes. (Maximum 250 words)

**Question 6:** If this is a core program with two or more dependent subspecialty programs, did the Self-Study process for the dependent subspecialty programs identify common strengths, areas for improvement, opportunities, and/or threats across programs? *(If not a core with dependent subspecialties, skip to Question 7)*

Yes  No

**Question 7:** Discuss how program leadership coordinates aims and improvement priorities for the program with the priorities of the program’s clinical department/division and those of the sponsoring institution. (Maximum 250 words)

**Question 8:** Discuss whether and how the Self-Study and 10-Year Accreditation Site Visit added value, and summarize any learning that occurred during this process. (Maximum 250 words)
Returning to the timeline

[Insert timeline; 18-24 months after self-study]

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2. Program submits ACGME's Summary of Achievements*
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4. GME reviews binder before site visit
5. ACGME representative conducts site visit with program
Site Visit Words of wisdom

- Review your Self-Study Summary documents
- Document everything done since the Self-Study
- Core PD and subspecialty PDs should start coordinating as early as possible
- Don’t wait last minute to complete your Summary of Achievements
- Reach out to GME if you have any questions
  1. GME Program Manager - https://med.stanford.edu/gme/program_portal/gme_program_manager.html
  2. Ann Dohn, MA - ADohn@stanfordhealthcare.org
What you should do

- Coordinate with your core program director/specialty program director
  - Ensure your program’s goals align and complements SHC’s mission statement
- Update data in ADS
- Begin assembling your Self-Study Binder
- Send your Summary of Achievements draft to GME 30 days before site visit
- Submit your Summary of Achievements to ACGME before deadline
- Confirm logistics for 10-year accreditation site visit
- Reach out to GME program managers for any questions
Timeline of Self-Study cycle – Where you are now

[Insert timeline of Program’s Self-Study]
DUE DAY of Self Study Summary: mm/dd/yyyy
1. Program forms a self study group and gathers information for review
2. Program conducts self study meeting by mm/dd/yyyy
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**View ACGME’s Site Visit Document List by Clicking Here
Big Picture – Program Quality Improvement in PDSA Cycle

- What will take your program to the next level?
- How will you measure success?
- Program’s Mission Statement
- Program’s Aim

- What happened?
- Was the change implemented?
- Observation Data
- Problems encountered

- Was the change an improvement?
- Yes – Do we need more info for improvement and can we share with others
- No – What were the learning lessons and what would need to be revised & done differently? What other information do we need
- Discuss and share results with others within and outside of your program

- Are we ready to implement the next change/revision
- What changes should we make before the next self-study?

Plan ➔ Do ➔ Act ➔ Study

1. Do
   - What happened?
   - Was the change implemented?
   - Observation Data
   - Problems encountered

2. Study
   - Was the change an improvement?
   - Yes – Do we need more info for improvement and can we share with others
   - No – What were the learning lessons and what would need to be revised & done differently? What other information do we need
   - Discuss and share results with others within and outside of your program

3. Act
   - Are we ready to implement the next change/revision
   - What changes should we make before the next self-study?

4. Plan
   - What will take your program to the next level?
   - How will you measure success?
   - Program’s Mission Statement
   - Program’s Aim
Summary of Achievements

- Update ACGME on your program’s improvement plan process
- Highlight the success and achievements your program has accomplished

https://www.acgme.org/What-We-Do/Accreditation/Self-Study
Additional Resources

- GME’s APE Guidebook - [https://med.stanford.edu/gme/program_portal/program/ape_pec.html](https://med.stanford.edu/gme/program_portal/program/ape_pec.html)