



***How to Effectively Plan and Navigate
the ACGME Annual Program Review***

Meredith Meier

and

Robert McDonald, Ph.D.



Introduction

○ Goal and Purpose:

- To share and explain the University of Wisconsin's annual program review model and gain greater insight into the review methods of other residency programs across the country.**



Questions to Explore

- How do you organize a program review?
- How do you identify data sources and what type of data do you need to collect?
- What type of useful data do other programs collect and why?
- How do you convert data into performance indicators?
- How do you write an action plan?
- How do you implement an action plan?
- How does the action plan translate into program improvement?
- How are other programs organizing their annual program review?



Outline

- Introduction
- ACGME Requirements
- Our Process
- Step I: Performance Indicators — Data Gathering
 - Workshop activity
- Step II: Making a Story out of Data
- Step III: Writing an Action Plan
- Step IV: Action Plan Implementation
- Step V: Translating the Action Plan into Program Improvement
- Lessons Learned — How are other programs structuring their review?
- Questions and Comments



ACGME Requirements

- Effective January 1, 2008 the *ACGME Surgery Program Requirements for Graduate Medical Education in Surgery* mandated that programs, “*must document formal, systematic evaluation of the curriculum at least annually.*”
- Must track:
 - Resident Performance
 - Faculty Development
 - Graduate Performance
 - Program Quality
 - 1. *Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and*
 - 2. *The program must use the results of residents' assessments of the program together with other program evaluation results to improve the program*
 - *If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance.*
 - *The performance of program graduates on the certification examination should be used as one measure of evaluating program effectiveness. At minimum, for the most recent five-year period, 65% of graduates must pass each of the qualifying and certifying examinations on the first attempt.*



What does this requirement mean and how do you begin to unpack it?

- Very broadly, the requirement mandates that residency programs comprehensively review their program quality at annually.
- The challenge of the RRC requirement is that it quickly becomes overwhelming due to the amount of ground it covers.
- The first step is to determine what you are trying to figure out.
 - These two questions are a good place to begin:
 1. *Does our curriculum meet the needs of residents and the profession?*
 2. *Does the program meet RRC-Surgery requirements?*
- Next step is to look at the process globally and start gathering data.



Our Process - 2008

- In March 2008 we held our first annual program review
 - Who participated: Program Director, Associate Program Directors, Residency Coordinator, Assistant Residency Coordinator, and a resident representative from each PGY level.
 - What: The review committee met for a half day retreat to comprehensively review the residency program.
 - Timeline:
 - Data gathering began in late January
 - Data analyzed in February (data points turned into performance indicators)
 - Review in March
 - Action plan created in April
 - Action plan presented and approved by faculty in May
 - Lessons Learned:
 - We tried to fit in too much in too little time.



Our Process - 2009

- Starting in January 2009 monthly review meetings have been held focusing on specific areas of the residency, resulting in a more comprehensive and complete review process.

- **Timeline:**

- January — Review of data sources and evaluation of graduate performance
- February — Program Quality and Faculty Development
- March — Program Quality II & Resident Performance
- April — Short-term Planning
- May — Long-term Planning
- June — Action Plan
- July-December — Implementation of action plan and monitoring

- **Who:** Program Director, Associate Program Director, Residency Coordinator, Assistant Residency Coordinator, faculty representative from each General Surgery service and a resident from each PGY level.

- **Lessons Learned:**

- More efficient and thorough
- Higher accountability by faculty, residents and administration
- The standing committee in contrast to an ad hoc committee ensures improved monitoring of benchmarks and progress.



Step 1: Performance Indicators — Data Gathering

- In both review models we started the process by gathering data in each of the ACGME required areas.
- Here we are trying to answer the question, “What stuff do we collect about the program?”
- Data collecting is a major undertaking and you should allow for plenty of time.
- The goal is to be as comprehensive as possible
- Divide and conquer
- Collaboration is key
 - Brainstorming sessions
- There are numerous means by which to collect data:
 - Evaluation instruments
 - Surveys
 - Monitoring
 - Attendance logs
- Create an evolving catalog of evaluation instruments and other data that you collect for each category.



Step I: Performance Indicators — Data Gathering

○ RESIDENT PERFORMANCE

- ABSITE
- Mock Orals
- End-of-rotation evaluations — faculty and mid-level
- Medical student evaluations
- Operative Skills
 - ACGME operative activity report, OR report, designated category report, procedure self-assessment, skills testing and results.
- Resident publications and presentations



Step I: Performance Indicators — Data Gathering

○ FACULTY DEVELOPMENT

- Resident evaluations of faculty
- Annual faculty evaluation of program
 - Faculty are asked if they have any suggestions for faculty development related to resident education.
- Faculty participation in residency program
 - Promotion and teaching awards
 - Scholarship
 - Publications
 - Research projects and laboratory activity
 - Funding
 - Leadership roles
 - Associate Program Director(s)
 - Rotation Directors
 - Conference Coordinator
 - Mentor
- Education incentives



Step I: Performance Indicators – Data Gathering

○ GRADUATE PERFORMANCE

- Board pass rate
- Fellowships and practices
- Contributions to the profession
 - Publications and presentations
 - Leadership positions and appointments
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Step I: Performance Indicators — Data Gathering

○ PROGRAM QUALITY

- Resident performance and assessment of program quality
 - UWHC GME resident training survey, ACGME resident survey, rotation evaluations, former resident survey, conference attendance, work hour reports, and recruitment and retention
- Faculty performance and assessment of program quality
 - Faculty evaluation of program
 - Conference attendance
- Administration performance
 - Faculty and resident evaluation of program
 - Daily resident feedback
- RRC-Surgery Citations
 - External Reviews
 - RRC Review
 - Institutional Internal Review



Workshop Activity

- On each of your tables you will find a worksheet asking you which performance indicators you find the most useful.
- Each table will focus on a different area (i.e. Resident Performance, Faculty Development, Graduate Performance, Program Quality)
- Our goal is to find out which tools are most useful
- Leave worksheets at table for they will be collected at the end. Results from the exercise will be sent out after the conference.



Step II: Making a Story out of Data

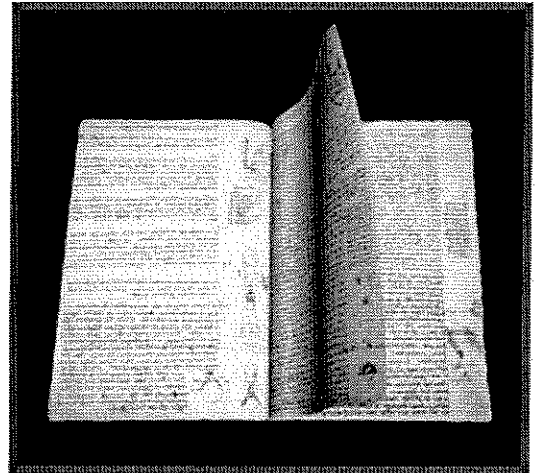
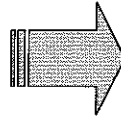
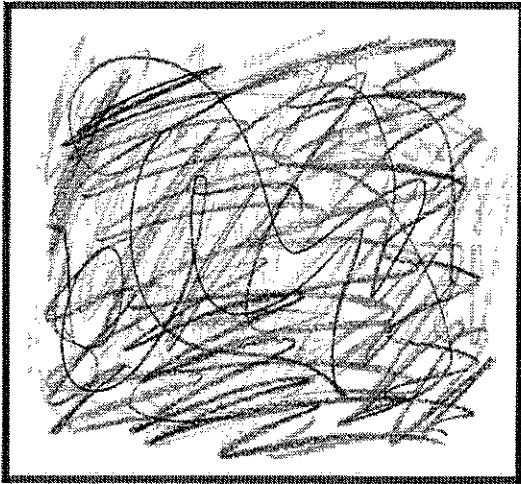
- So now you have collected all this great data and have figured out the means by which to judge your residency...

SO WHAT?

- The data you have just collected has no value unless you are able to interpret it and write a story.



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THE STORY BEHIND THE DATA IS THE DIFFERENCE BETWEEN DATA POINTS AND INDICATORS



2008 ABSITE Representation

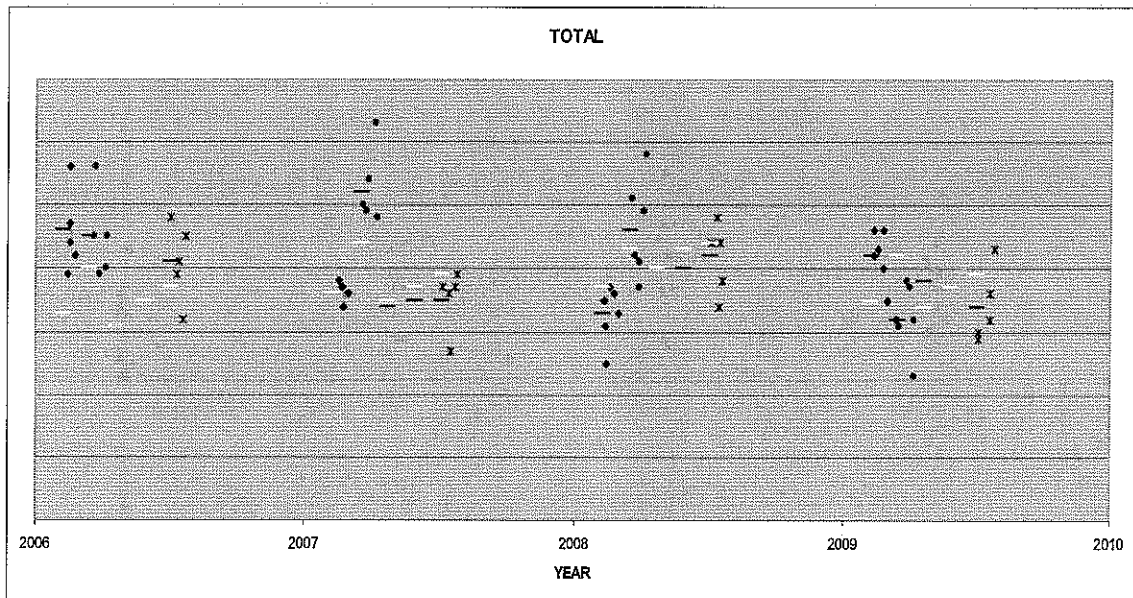
Two Tales of Similar Data

PGY	Total					
	2006		2007		2008	
	UW	Nat'l	UW	Nat'l	UW	Nat'l
1	80	75	68	67	50	71
2	77	75	72	68	84	72
3	64	75	40	65	90	73
4	77	75	30	69	55	74
5	78	75	20	70	68	75

PGY	Clinic					
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2	71	61	90	81	80	68
3	72	78	70	82	70	69
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PGY	Science					
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Procedure Self-Assessment

The Data Reveals the Inadequacy of the Instrument

Resident Surgical Experience Survey
(PST-5)

Name _____ Date _____

Note your current COMFORT LEVEL, EXPERIENCE, and QUALITY OF TRAINING you received to independently perform the following procedures.

COMFORT LEVEL	EXPERIENCE (If you performed > 50% of the cases)	QUALITY OF TRAINING
1. Would assist leader surgeon	1. Never performed > 50% of the cases	1. Following correct lead
2. Would perform with a leader surgeon	2. One to three	2. Adequate to my current needs
3. Would perform alone occasionally	3. Four to six	3. Exceeded my current needs
4. Would perform confidently	4. Seven to twenty	
5. Would perform comfortably	5. More than twenty	

Comfort level	PROcedure	Experience	Training
Airway Procedures			
NA	Chamber placement	NA	NA
NA	Control line	NA	NA
Patient Management			
NA	Blood gas analysis	NA	NA
NA	Ventilator management	NA	NA
DR Procedures			
NA	Inguinal hernia (open/repair)	NA	NA
NA	Anal Exstrophy	NA	NA
NA	Appendectomy (open)	NA	NA
NA	Drainage of superficial abscess	NA	NA

List areas of weakness in which you would like more training? (rank 1 to 3)

- In our March meeting we reviewed our procedure self-assessment tool. This is a form that each resident completes semi-annually and it judges their comfort with a variety of different procedures judged to be appropriate for their training level.
- The main question asked was whether or not this tool was useful and if the procedures were fitting for each PGY level.
- **RESULT:** No, procedures need to be modified.
- The data reviewed showed that the instrument was not collecting relevant data.
- This is a good example of how the annual review offers an opportunity to assess our tools.



Residency Administration Evaluation

Insufficient Data

- On the faculty and resident evaluations of the residency program both groups are asked if the ***“residency program staff (program coordinator & assistant coordinator) are responsive to faculty/resident concerns”***
 - Faculty (95%) and residents (76%) agreed program staff are responsive to resident concerns
- The 76% resident rating was discussed at our March meeting and it was decided that there was not sufficient information supporting the rating to warrant concern.
- This is a great example of asking an important question, but not having the appropriate follow through built into the evaluation instrument to produce sufficient data.
- Solution: Gather more data to make an accurate judgment.



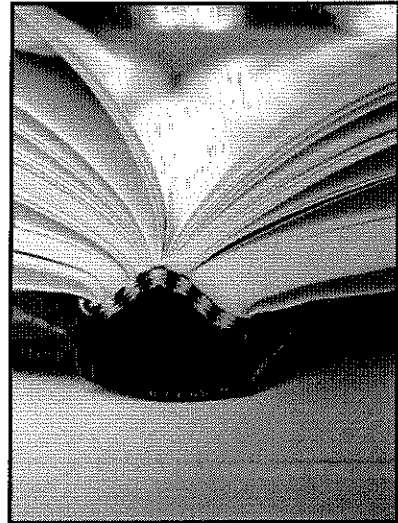
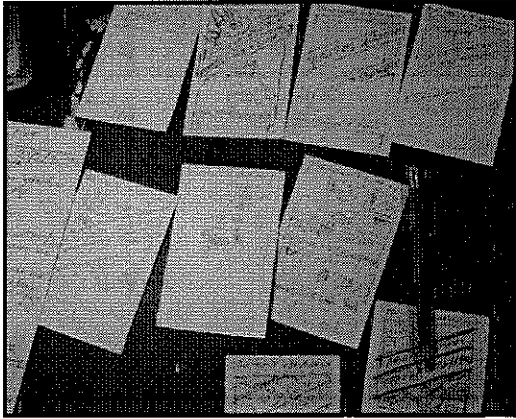
Resident Peer Review

Data Gone Missing & Revealing Data

- In our discussion of resident teaching data we noticed that there was a need for resident peer review.
- The resident representation strongly agreed that feedback from their team members has the potential to produce a lot of valuable information.
- Peer review would help the program assess how well residents teach other residents.



Step III: Writing an Action Plan



Here we go from story pages to book binding... putting it all together



Step III: Writing an Action Plan

2008

- In 2008 the residency administration office created an action plan based on the meeting notes from the retreat and addressed the immediate needs of the residency.
- This action plan was then presented and approved by the faculty.

2009

- Our 2009 methodology is currently in process. However, in April the Residency Education Committee met and determined short-term goals for each of the performance indicators.
- The remainder of the year will focus on the following:
 - May – Long-term Planning
 - June – Action Plan
 - July-December – Implementation of action plan and monitoring
- In contrast to last year's action plan development, the Residency Education committee will be active agents in its creation, content and management.



Step III: Writing an Action Plan

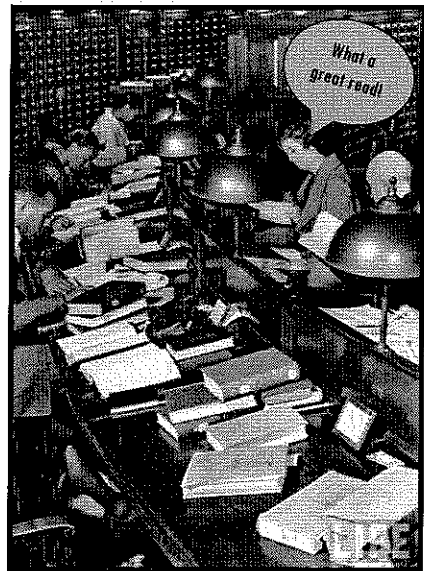
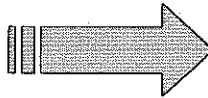
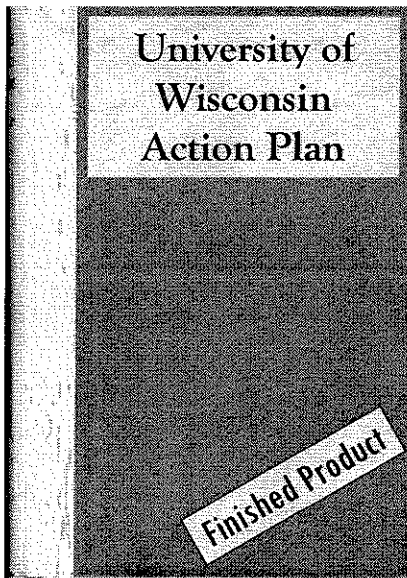
○ Necessities for Creating an Action Plan

- Review prior meeting notes to refresh one's memory
- When writing the action plan changes must be
 - *Specific — well defined
 - Measurable — know when it has been achieved
 - Attainable — know that the task can be completed
 - Relevant — within the availability of resources, knowledge and time
 - Time-bound — enough time to achieve the goal
- Collaboration and group consensus
- Set different types of goals
 - Short-term
 - Long-term

Haughey, Duncan. "SMART Goals." <http://www.projectsmaart.co.uk/smart-goals.html>



Step IV: Action Plan Implementation





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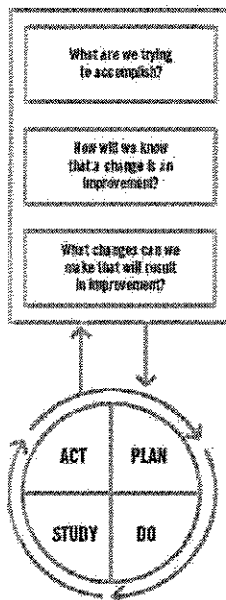
- This is the point when you need to gather support for the action plan.
- Two types of change
 - Policy change – very doable
 - Culture change – much harder
- Different types of change will require different support sources
 - Support of Department and Division Chairs
 - Commitment of faculty
 - Resident Accountability



Step IV: Action Plan Implementation

- After buy in has been gained the residency administration team takes the approved action plan and creates new policy and modifies the curriculum.
- Common areas that feel the effects of a new action plan
 - Rotation curriculum and schedule
 - Didactic curriculum
 - Program policy
 - Everyday governance
- Assessment tools for successful implementation
 - A standing review committee
 - Specific timelines and deadlines
 - Faculty and resident satisfaction survey
 - Improvement in attendance
 - Informal feedback sessions with Program Director and administration team

Step V: Translating the Action Plan into Program Improvement

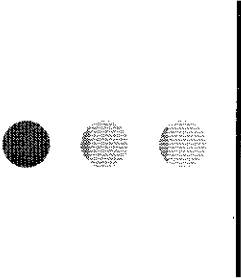


- At this point you ask yourself the following questions:
 - Is implementing change program improvement?
 - What in your action plan did and did not work?
 - Are the failures still worth pursuing?
- When you start asking yourself these questions you know it is time to start the cycle once more.
- The annual review is fundamentally a continuous quality improvement process.



Lessons Learned

- What can we do differently next year?
 - Continue to improve how we organize the review
 - For example, have two full monthly sessions on program quality
 - Develop our catalog of performance indicators
 - Rotate the members of the Residency Education Committee
 - Keep a time limit on the monthly meetings, otherwise, people become disinterested and overwhelmed with too much information.
 - Utilize departmental resources to gain additional insights on how to present the data (i.e. Call your biostatisticians!)
- Audience Question: How are you structuring your review?



Questions or Comments



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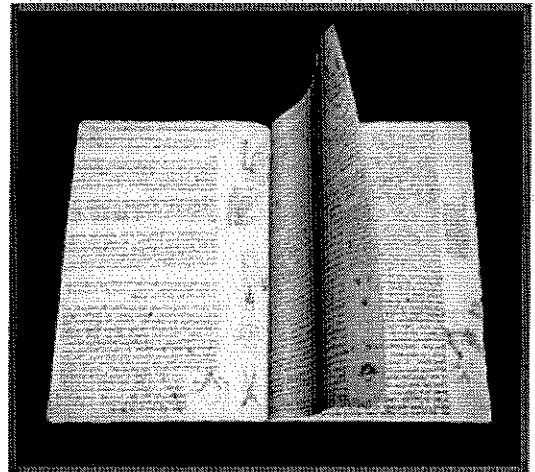
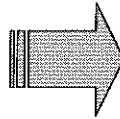
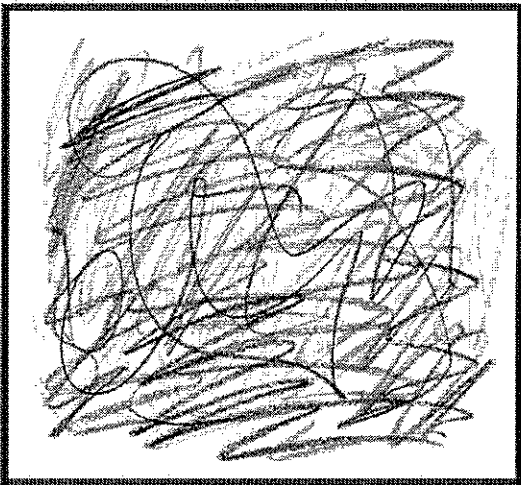
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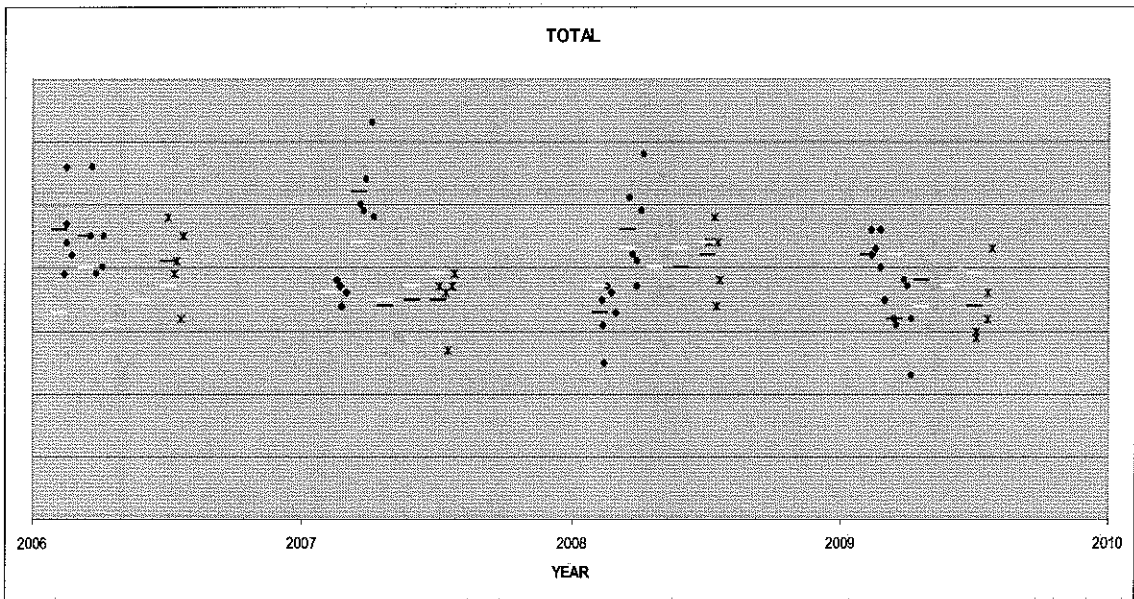
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(PGY 1)

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Comfort level	PROCEDURE	Experience	Training
Respiratory Procedures			
NA	Check tube placement	NA	NA
NA	Central lines	NA	NA
Patient Management			
NA	Observe gas early on	NA	NA
NA	Ventilator management	NA	NA
OT Procedures			
NA	Intraoral Inertia (Dentocopic)	NA	NA
NA	Asal Tubotony	NA	NA
NA	Appositionary (open)	NA	NA
NA	Drainage of superficial abscess	NA	NA

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Insufficient Data

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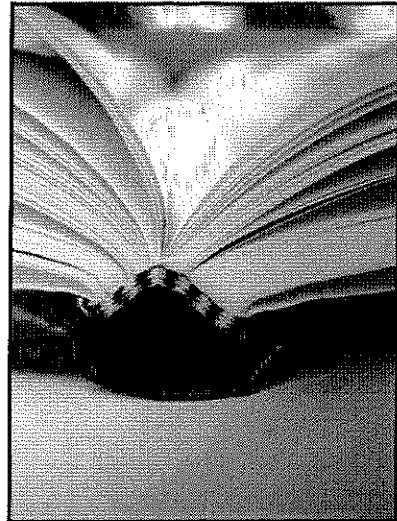
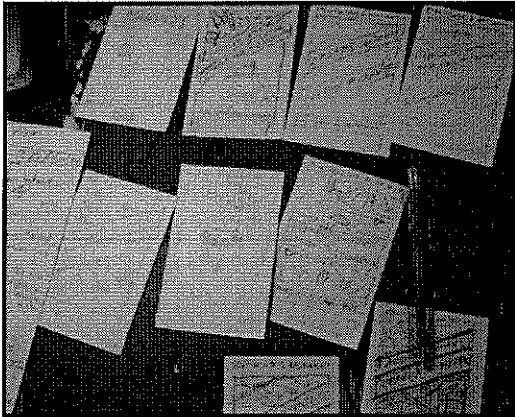
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Step III: Writing an Action Plan

2008

- In 2008 the residency administration office created an action plan based on the meeting notes from the retreat and addressed the immediate needs of the residency.
- This action plan was then presented and approved by the faculty.

2009

- Our 2009 methodology is currently in process. However, in April the Residency Education Committee met and determined short-term goals for each of the performance indicators.
- The remainder of the year will focus on the following:
 - May — Long-term Planning
 - June — Action Plan
 - July-December — Implementation of action plan and monitoring
- In contrast to last year's action plan development, the Residency Education committee will be active agents in its creation, content and management.



Step III: Writing an Action Plan

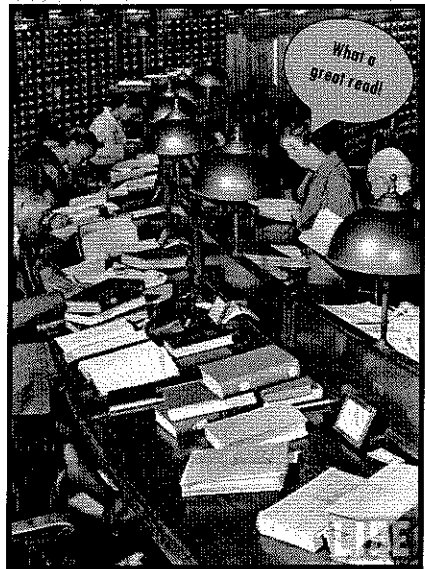
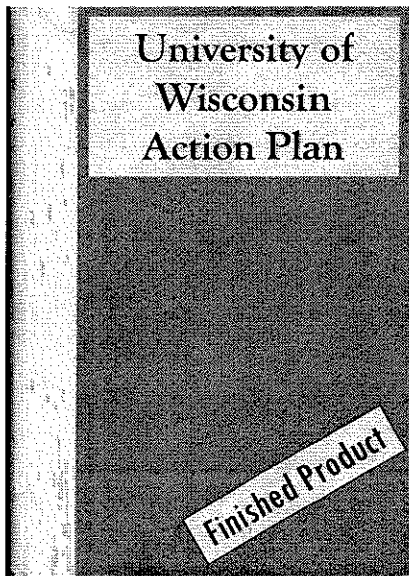
○ Necessities for Creating an Action Plan

- Review prior meeting notes to refresh one's memory
- When writing the action plan changes must be
 - *Specific — well defined
 - Measurable — know when it has been achieved
 - Attainable — know that the task can be completed
 - Relevant — within the availability of resources, knowledge and time
 - Time-bound — enough time to achieve the goal
- Collaboration and group consensus
- Set different types of goals
 - Short-term
 - Long-term

Haughey, Duncan. "SMART Goals." <http://www.projectsart.co.uk/smart-goals.html>



Step IV: Action Plan Implementation





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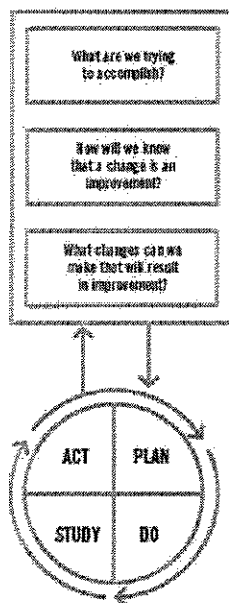
- This is the point when you need to gather support for the action plan.
- Two types of change
 - Policy change – very doable
 - Culture change – much harder
- Different types of change will require different support sources
 - Support of Department and Division Chairs
 - Commitment of faculty
 - Resident Accountability



Step IV: Action Plan Implementation

- After buy in has been gained the residency administration team takes the approved action plan and creates new policy and modifies the curriculum.
- Common areas that feel the effects of a new action plan
 - Rotation curriculum and schedule
 - Didactic curriculum
 - Program policy
 - Everyday governance
- Assessment tools for successful implementation
 - A standing review committee
 - Specific timelines and deadlines
 - Faculty and resident satisfaction survey
 - Improvement in attendance
 - Informal feedback sessions with Program Director and administration team

Step V: Translating the Action Plan into Program Improvement



- At this point you ask yourself the following questions:
 - Is implementing change program improvement?
 - What in your action plan did and did not work?
 - Are the failures still worth pursuing?
- When you start asking yourself these questions you know it is time to start the cycle once more.
- The annual review is fundamentally a continuous quality improvement process.



Lessons Learned

- **What can we do differently next year?**
 - **Continue to improve how we organize the review**
 - For example, have two full monthly sessions on program quality
 - **Develop our catalog of performance indicators**
 - **Rotate the members of the Residency Education Committee**
 - **Keep a time limit on the monthly meetings, otherwise, people become disinterested and overwhelmed with too much information.**
 - **Utilize departmental resources to gain additional insights on how to present the data (i.e. Call your biostatisticians!)**
- **Audience Question: How are you structuring your review?**



Questions or Comments