

UMMC GME 10-Year Accreditation Site Visit Guidelines

This guide is intended for use by UMMC GME programs to prepare for the 10-year accreditation site visit. The information enclosed is based on currently available ACGME and other resources. For more information visit <https://www.acgme.org/What-We-Do/Accreditation/Site-Visit>.

All Programs undergo a full accreditation site visit every 10 years. This is preceded by a comprehensive Self-Study process that includes a description of how the Program creates an effective learning and working environment, and how this leads to desired educational outcomes. For the Self-Study, Programs are also asked to review their aims and conduct an analysis of strengths, areas for improvement, external opportunities, and threats, and to formulate and document plans for improvement. Site visits for Dependent Subspecialty Programs will occur together with their Core Programs.

10-year Site visit Components:

- Full Accreditation Site Visit to address compliance with all accreditation requirements
- Review of the Program's Self Study and Program Improvements

Document Preparation

- ADS. Review and update all info in ADS to ensure that it is accurate and current
- Citation responses should be current and succinct
- Major Changes and Other Updates. Use this section in ADS to describe current efforts related to program improvements. Some examples: (a) changes and improvements made in response to ACGME Survey data for most recent year, (b) highlight additions or changes aimed at improving residents/fellows patient care or procedural experience, (c) curriculum or evaluation changes, (d) new faculty hires that enhance the program (d) actions to address recent AFIs or other comments from annual accreditation decisions.
- Documents for Upload in ADS
 - Block Diagram must comply with RC requirements and accurately reflect the current program (**see attachment A**)
 - Self-Study Summary Update. Complete/submit if there have been (a) changes to a program's aims or environmental assessment or (b) to describe or add new information to the original summary. (**see attachment B**)
 - Self-Study Summary of Achievements (**see attachment C**)
- Documents Available for Review by the Site Visitor on the Day of the Site Visit
 - **See attachment D**
- Additional Documents. In addition to the items listed above, the program director should collate, review and develop familiarity with the following:
 - Annual Program Evaluation Minutes for past 5 years, action plans, track data and improvement activities (**see attachment E**)
 - Original Self Study Summary & Report
 - ACGME resident/fellow and faculty Surveys

- Faculty Development
- Case/Clinical/Procedure Logs
- Aggregate Board Pass Rates
- CCC Minutes
- Milestone Summaries
- GME & Program-specific Policies
- GME Program Special Review Reports

Resident/Fellow & Faculty Lists of Strengths and Areas for Improvement

- Each group develops a single collective (consensus) list of up to 5 strengths and 5 areas for improvement for discussion during interviews with the SV
- Consensus lists are forwarded by the designee of each group directly to the SV by email, usually 14 days prior to the SV
- The list is confidential. Residents/fellows and faculty must not share the list with the PD or Coordinator or other personnel.

Schedule for the Day

- Initial Meeting with Program Director and Program Coordinator. Review of compliance with requirements, self-study and documents.
- Resident/Fellow Interview
- Key Faculty Educator Interview
- Interview with Department Chair
- Interview with the DIO. Usually includes GME director & Associate DIO.
- Concluding Meeting with Program Director and others (incl. DIO, GME Director, ADIO, APD)

Additional Tips for the Program Director:

- Meet, in advance, with all Key Program Personnel – Residents, Fellows, Faculty, Chair, Coordinator, others
 - Share Program’s Mission Statement & Aims
 - Conduct Program SWOT
 - Review ACGME Surveys
- Reassemble Self Study Work Group (**see re-examining the self-study for the 10-year site visit**)
- Read and re-read Program Requirements & FAQs
- Follow all instructions from the ACGME Director of Field Activities and the Site Visitor

Note: Visit the ACGME website for word (fillable) forms of attachments B, C, and E.

Reexamining the Self-Study for the 10-year Site Visit

Step One:

- Reassemble the Annual Program Evaluation/Self-Study Group to gather the Data in Areas for Improvement Identified in the Self-Study. Review the original self-study summary and 3 – 5 past years of PEC minutes and action plans.
- The program is expected to assess and document progress in areas for improvement identified during the Self-Study.
- Ideally, the role of data collection, aggregation, and tracking of progress should be assigned to an individual or a small group with each individual member responsible for an area of improvement.
- The individual or the team responsible for each improvement area will need to assess progress, as well as identify if improvement has been achieved or if the data constitute early indications of future improvement.
- Use (optional) form for aggregating and tracking improvements across multiple annual program evaluations/PEC action plans (see attachment E)

Step Two:

- As part of the APE/PEC, improvements made in areas identified during the Self-Study should be discussed with stakeholders. This is a valuable assessment of the changes made, as faculty members and trainees are in an excellent position to inform program leaders on whether a change has had the desired impact, or if further work is required.
- This also allows program leadership to obtain input from stakeholders about the fit between the interventions and improvement initiatives and the program's aims.

Step Three:

- Reassess Program Aims and Other Elements of the Program's Strategic Assessment (Strengths, Opportunities, and Threats)
- In most cases, aims will take a longer-term perspective. However, aims may change over time, and it is beneficial to reassess them as part of the Annual Program Evaluation. In addition, the program's context—opportunities and threats—should be reassessed for changes in the environment.
- Programs that submitted their Self-Study Summary before April 2017 should also conduct a brief five-year look-back, and a five-year look-forward, as well as answer the question, "What will take this program to the next level?" Programs will provide updated information on these areas in a Self-Study Summary Update they will submit, with their Summary of Achievements, before the "ADS Uploads and Updates Due Date" listed in the site visit announcement letter.

Step Four:

- Discuss Program Aims, Improvements Achieved, and Other Elements of the Program's Strategic Assessment with Program Stakeholders.

- The information on aims and the environmental assessment should be shared and discussed with program leadership and stakeholders prior to the 10-Year Accreditation Site Visit.
- This is another opportunity for faculty members, trainees, the program coordinator, and any other appropriate individuals to have an improvement-focused conversation about the program. It will also prepare the group for conversations about the Self-Study process and outcomes, which will constitute the first part of the 10-Year Accreditation Site Visit

Step Five:

- Complete and Submit the Summary of Achievements (Attachment C)
- Once the data on program aims and improvements achieved have been discussed and finalized, program leaders should prepare the Summary of Achievements, which is a list of the program's strengths, and improvements made to-date in areas identified during the Self-Study.
- For some areas, programs may provide early data on improvements that have not yet been fully realized. See above for a discussion of leading indicators for such longer-term improvements.
- For the 10-Year Accreditation Site Visit, the ACGME will not ask programs to provide any information on areas identified during the Self-Study that have not yet resulted in improvements
- If there have been changes to a program's aims or environmental assessment, and for programs that completed their Self-Study Summary prior to April 2017, a Self-Study Summary Update (Attachment B) should be used to describe any changes.

Guide to Construction of a Block Diagram

A block diagram is a representation of the rotation schedule for a resident in a given post-graduate year. It offers information on the type, location, length, and variety of rotations for that year. The block diagram shows the rotations a resident would have in a given year; it does not represent the order in which they occur. There should be only one block diagram for each year of education. The block diagram should not include resident names.

- Create and upload a PDF of your program's block diagram using the information below as a guide.
- Two common models of the block diagram exist: the first is organized by month; the second divides the year into 13 four-week blocks. Rotations may span several of these time segments, particularly for subspecialty programs. Both models must indicate how vacation time is taken. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram. Examples of other less common models are also provided below.
- In constructing the block diagram, include the **participating site** in which a rotation takes place, as well as the **name of the rotation**. If the name of the rotation does not clearly indicate the nature of the rotation, then clarifying information should be provided as a footnote to the block diagram or elsewhere in the document.
- **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc. The site numbers listed in the Accreditation Data System (ADS) should be used to create the block diagram.
- When "elective" time is shown in the block diagram, the choice of elective rotations available for residents should be listed below the diagram. Elective rotations do not require a participating site.
- Clinical rotations for some specialties may also include structured outpatient time. For each rotation, the percentage of time the resident spends in outpatient activities should be noted.
- Clinical rotations for some specialties may also include structured research time. The fourth line of the schedule should be used to represent the percentage of time devoted to structured research on a clinical rotation. If a block is purely research, it should be labeled as such, and should *not* be associated with a participating site.
- If needed, additional information to aid in understanding your program's block diagram may be entered in a "Notes" section at the end of the Block Diagram Data Collection Form.

Sample Block Diagrams

Block Diagram 1 ⁽¹⁾ *In this example, the year's rotations are divided into 12 (presumably one-month) clinical rotations. Rotations may include structured outpatient or research time and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	ER	ICU	Clinic	Wards	Clinic	Elec/Vac
% Outpatient	20	20	100	0	0	40	100	0	100	20	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 2 ⁽¹⁾ *In this example, the year's rotations are divided into 13 equal (presumably four-week) clinical rotations. Rotations may include structured outpatient or research time, and electives.*

Block	1	2	3	4	5	6	7	8	9	10	11	12	13
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 2	Site 2	Site 2	Site 2	Site 3	Site 3	Site 3	
Rotation Name	Wards	Wards	ER	CCU	ICU	Wards	Wards	ICU	Clinic	Wards	Wards	Clinic	Elec/Vac
% Outpatient	30	30	100	0	0	20	20	0	100	0	0	100	
% Research	0	0	0	0	0	0	0	0	0	0	0	0	

Block Diagram 3 ⁽¹⁾ *In this example, the year's rotations are divided into six blocks of equal duration. One of the blocks is used for an elective, which can be chosen from a list of elective rotations and a vacation month.*

Block	1	2	3	4	5	6
Site	Site 1	Site 1	Site 2	Site 2	Site 3	
Rotation Name	CCU	Med. Outpt.	Wards	ER	Wards	Elective/Vacation
% Outpatient	0	100	0	100	0	
% Research	0	0	0	0	0	

Notes

Possible electives:

Cardiology Inpatient Site 1
Cardiology Outpatient Site 2

Pulmonary Disease Inpatient Site 2
Pulmonary Disease Outpatient Site 3

Gastroenterology Inpatient Site 3
Gastroenterology Outpatient Site 1

Block Diagram 4 ⁽¹⁾ *In this example for a subspecialty program, the year's rotations are divided into four equal blocks. Structured research time comprises 40% of the resident's time on the specialty outpatient month. There is one three-month block devoted entirely to research.*

Block	1	2	3	4
Site	Site 1	Site 2	Site 2	
Rotation Name	Specialty Outpatient	Specialty Outpatient	Wards	Research
% Outpatient	100	100	0	
% Research	0	40	0	100

(1) In any block diagram, there must be a formal allocation for vacation time. If not shown in the diagram, a "Notes" section must indicate how vacation time is taken.

Attachment B



Self-Study Summary Update Department of Accreditation, Recognition, and Field Activities

Use this template to update information in the Self-Study Summary submitted to the ACGME.

Before the 10-Year Accreditation Site Visit

Completing this Self-Study Summary Update is optional. It should be used to provide new information ahead of the 10-Year Accreditation Site Visit.

Updates can be made to: 1) identify changes in the program since the Self-Study Summary was submitted; and 2) provide information on new dimensions of the Self-Study added in April 2017.

The Self-Study Summary Update should be completed and uploaded through the Accreditation Data System prior to the 10-Year Accreditation Site Visit date. See the site visit announcement letter for the specific due date.

Programs must also complete the [Self-Study Summary of Achievements](#).

Update 1: Updates/Changes to Information Provided in the Original Self-Study Summary

Use this part of the form to describe any **changes or updates** to the information that was submitted in the original Self-Study Summary. (Maximum 350 words)

Update 2: Share the vision and plans for the program for the coming five years. What will take this program to “the next level”?

Discuss what the “next level” will look like, the envisioned steps and activities to achieve it, and the resources needed. If the Self-Study Summary was submitted prior to April 2017, use this part of the form to provide information for areas that were added to the Self-Study Summary. (Maximum 350 words)

Attachment C

Self-Study Summary of Achievements Department of Accreditation, Recognition, and Field Activities

Use this template to describe the strengths of the program and the improvement outcomes that were achieved in areas identified during the Self-Study.

Provide responses to the eight questions below.

The Summary of Achievements must be completed and uploaded to the Accreditation Data System prior to the 10-Year Accreditation Site Visit date. See the site visit announcement letter for the specific due date.

Programs may also submit a [Self-Study Summary Update](#) before the 10-Year Accreditation Site Visit. Updates can be made to: 1) identify changes in the program since the Self-Study Summary was submitted; and 2) provide information on new dimensions of the Self-Study added in April 2017.

Note:

The updated information will be used to assess the effectiveness of the program's Self-Study in promoting achievement in areas important to the program's aims and environmental context.

Program Name: _____

Program Number: _____

Self-Study Date (Month, Year): _____

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**

If Yes, please summarize common areas identified during the Self-Study where improvements have been made. (Maximum 200 words)

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)

Site Visit Document List for the 10-Year Accreditation Site Visit

Site Visit Document Checklist

Please have these documents available for review on the day of the site visit

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

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

Attachment E

Suggested Annual Program Evaluation Action Plan and Follow-Up Template

Use this template for tracking Areas for Improvement from the Annual Program Evaluations across multiple years. The intent is to create a summary of improvements achieved, and a working list of areas that are still in need of attention. The template is suggested and you may adapt it in any way you find useful to facilitate program improvement. You also may use attachments or appendices if additional detail is relevant to tracking a given issue.



(Note: This form should NOT be shared with the Review Committee or with ACGME field representatives during accreditation site visits.)

	Areas for Improvement (AY 2016–2017)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						
3						
....						
	Areas for Improvement (AY 2015–2016)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						

Attachment E

3						
....						
	Areas for Improvement (AY 2014–2015)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not resolved)
1						
2						
3						
....						
	Areas for Improvement (AY 2013–2014)	Intervention/Action Plan	Date Instituted/Individual Responsible	Link to Program Aims and/or Context (Opportunities, Threats)	Expected Resolution (Outcome Measures and Date)	Status (Resolved, Partially Resolved, Not Resolved)
1						
2						

Attachment E

3						
...						