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Graduate Medical Education

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Self-Study

Eight Steps for Conducting The ACGME Program Self-Study

The suggested eight-step sequence described here is intended to offer guidance to programs conducting their first Self-Study.

The Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it. Underlying the Self-Study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement (“self-identified” is used to distinguish this dimension of the Self-Study from areas for improvement the Review Committee identifies during accreditation reviews).

To offer context for the Self-Study, there are two new concepts: 1) an exploration of program aims; and 2) an assessment of the program’s institutional, local and, as applicable, regional environment. Both are discussed in detail below. The focus on aims and the program’s environmental context is to enhance the relevance and usefulness of

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the program evaluation, and support improvement that goes beyond compliance with the requirements.

Self-Study
Tools



Additional Notes

Conducting the Self-Study for a dependent subspecialty program

The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and Sponsoring Institution.

The Self-Study group for the core program should try to coordinate activities with the Self-Study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.

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1. Assemble the Self-Study Group

The 10-year site visits for subspecialty programs will be coordinated with the visit of their respective core program.

Membership: The members of the Program Evaluation Committee (PEC) are the ideal core group for the Self-Study, as they are familiar with the Annual Program Evaluation process and the resulting action plans and improvement efforts. Including the program coordinator is also recommended.

Additional Participants: While the ACGME does not require additional participants in the Self-Study process, it may be beneficial to have other individuals offer their perspectives. This might include department leadership, a clerkship director, chief residents (both in the accredited years of training and beyond), or experts in education, curriculum design, or assessment. These individuals should be included if program leaders think that their contributions would be beneficial. The DIO may be able to provide suggestions for institutional experts to include.

CCC Representative: It may be beneficial to include a member of the Clinical Competency Committee (CCC) in the Self-Study group. The CCC possesses educational outcome data, which

The 10-Year Site Visit

10-Year Site Visit »




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could provide key input into Self-Study discussions.

2. Engage Program Leader and Constituents in a Discussion of Program Aims

The basic components of the Self-Study is an Annual Program Evaluation. Added components include setting program aims and conducting an abbreviated strategic assessment of the program, focusing on strengths, areas for improvement, opportunities, and threats.

The first task of the Self-Study group is a discussion of program aims. Aims are program and institutional leaders' views of key expectations for the program, as well as how the program differentiates itself from other programs in the same specialty/subspecialty. Aims may focus on the types of trainees recruited by the program, or on preparing graduates for particular careers (clinical practice, academics, research, or primary/generalist care). Aims may also include other objectives, such as care for underserved patients, health policy or advocacy, population health, or generating new knowledge.

Review this  brief slide presentation on how to set and validate program aims.

Program aims should be vetted with program and institutional leadership, and in some institutions, setting aims will be an institution-level initiative. In setting aims, programs should generally take a longer-term strategic view. However, aims may change over time. Factors such as a shift in program focus initiated by institutional or department leadership, changes in local or national demand for a resident workforce with certain capabilities, or new opportunities to train residents and fellows in a different setting may prompt revision of program aims.

3. Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement



The core data for the Self-Study is information from

successive Annual Program Evaluations, with a focus on program strengths and self-identified areas for improvement; how improvements are prioritized, selected, and implemented; and follow-up to assess whether interventions were effective.

Added data for the Self-Study should relate to ongoing improvement activities and the perspectives of program stakeholders, such as results of the annual ACGME Resident and Faculty Surveys, and relevant departmental or institutional data.

Review a list of high-value data suggested for use in the Annual Program Evaluation and the Self-Study

Data aggregation and evaluation should (1) address any active citations and areas for improvement from the program's most recent review; (2) identify any additional areas where the program may not be in compliance with ACGME requirements; and (3) focus on improvement that goes beyond compliance with requirements, with particular attention to improvements relevant to the program's aims.

Access these simple-to-use (optional) forms for aggregating data for  a single year's Annual Program Evaluation and for  tracking improvements longitudinally across multiple Annual Program Evaluations

4. Examine the Program's Environment for Opportunities and Threats -


The next step in the Self-Study process is to conduct an assessment of the program's environment. The rationale for examining opportunities for and threats facing the program is to provide context for the Self-Study.

Opportunities: Opportunities are external factors that are not entirely under the control of the program, but if acted on, will help the program flourish. Opportunities take many forms, such as access to expanded populations for ambulatory care at a local health center, partnering with an institution with a

; | ; ; | ; ; | ; ; |

simulation center, or availability of new clinical or educational technology through agreements with external parties.

Threats: Threats also are largely beyond the control of the program, and like opportunities, come in many forms. They could result from a change in support for resident/fellow education at the national level, from changing priorities at the institutional or state levels, or from local factors, such as erosion of a primary ambulatory system based on voluntary faculty. The benefit of assessing program threats is that plans can be developed to mitigate their effect.

Review  this resource for how to conduct a SWOT analysis (an environmental assessment)


5. Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions

These data should be confirmed and augmented by information from program stakeholders (residents/fellows, faculty members, others as relevant). In some cases, important information may include the perceptions of representatives from other specialties who interact with the program's residents or fellows.

To collect this information, the program may use surveys, conduct meetings with residents/fellows, or organize a retreat. Feedback from recent graduates could also provide useful data on the program's educational effectiveness. It is planned that programs will receive formative feedback on their Self-Study for the next five years. The only circumstance under there may be an accreditation impact is if the program does not conduct a Self-Study and submit the Self-Study summary to the ACGME.

Engagement of stakeholders (faculty members, residents, and others, as determined by program leaders) in ongoing conversations about what works and what does not work in the program is a critical component of the Self-Study. Stakeholders should also be engaged in a discussion of program aims and an assessment of program context, either as part of the Self-Study or Annual Program Evaluation, or as a

stand-alone activity to jumpstart the program's improvement process.

See this  [Guidance for the Plan-Do-Study-Act \(PDSA\)](#) process for critical questions to ask at the four phases of the process.

Program leaders, the program coordinator, and others as needed, should assemble a "program improvement" file from prior Annual Program Evaluations and past action plans to use as a starting point for this program improvement effort.

6. Interpret the Data and Aggregate the Self-Study Findings -

The next step is to interpret the aggregated data from the Self-Study. Specific elements will include:

- a. establishing the working set of program aims
- b. listing key program strengths
- c. prioritizing among self-identified areas for improvement to select those for active follow-up, and to help define specific improvement activities
- d. discussing opportunities that may enhance the program, and developing plans to take advantage of them
- e. discussing threats identified in the Self-Study, and developing plans to mitigate their impact
- f. conducting a five-year look-back using the data from Annual Program Evaluations;
- g. conducting a five-year look forward that also seeks to answer the question, "What will take this program to the next level?"
- h. describing any learning that occurred during the Self-Study

7. Discuss and Validate the Findings with Stakeholders -

The Self-Study findings from Step 6, particularly the five-year look forward and the vision for the program, should be shared with faculty members and residents/fellows. This step should validate the findings and improvement priorities identified by the Self-Study group with these key stakeholders.


For a core program with dependent subspecialty programs, there should be a discussion about any common strengths, areas for improvement, and shared opportunities and threats for some or all of the dependent subspecialties. These may be important priorities for improvements, particularly those requiring institutional resources.

8. Develop a Succinct Self-Study Document for Use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit

In addition to completing the Self-Study summary to be sent to the ACGME, programs should maintain a document for their own records that lists the strengths and areas of improvement identified during the Self-Study.

The final step for the Self-Study group, or an individual designated by the group, is to compile a succinct Self-Study document that describes the process and key findings in the areas of program aims, the threats and opportunities assessment, and program strengths and areas for improvement.

In contrast to the internal Self-Study documents, the Self-Study Summary submitted to the ACGME does **not** include information on program strengths and areas for improvement. The Summary of Achievements, to be submitted for the program's 10-Year Accreditation Site Visit, will contain a list of program strengths, and program priorities for improvement identified during the Self-Study for which the program has been able to make improvements. Because program improvement activities are considered quality improvement, no information on areas that have not yet been improved should be submitted to the ACGME. The rationale for this is to allow programs to conduct a frank assessment of areas for improvement, and to be able to report on improvements at the time of their 10-Year Accreditation Site Visit.

Use the  Self-Study Summary template to submit to the ACGME.

At the time of the 10-Year Accreditation Site Visit (at least 18 to 24 months later), the program will list its strengths and provide a written update describing improvements already been realized since the Self-Study.

A list of strengths, areas for improvement, and opportunities and threats shared among some or all of the dependent subspecialties should also be maintained. Some of this information will be required in the Summary of Achievements programs must complete prior to their 10-Year Accreditation Site Visit.

Ideally, the role of data collection, aggregation, and tracking of progress for these areas should be assigned to an individual or to a small group (with each individual responsible for a particular area of improvement).

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.

[Click here for Eight Steps to Prepare for the 10-Year Accreditation Site Visit.](#)

High-Value Data Suggested for Use in Program Evaluation and Improvement Department of Field Activities

Resident Performance

- Resident evaluations
- In-training examinations, OSCEs
- Milestones-based assessments at the aggregate level to identify areas of the curriculum needing improvement
- Case Log and patient experience data
- Other performance metrics, as available

Graduate Performance

- Board certification examination (% taken / % passed)
- Graduate surveys (often 1 year and 5 years after graduation)

Faculty Development

- Faculty or leadership development programs relevant to role in the program
- Programs that enhance faculty skills, based on role in the program
- Residents' evaluations of the faculty
 - Use of this data in decisions (teaching selections, promotions)

Program Quality

- Review Committee citations and the program's response
- Review Committee-determined Areas for Improvement
- Annual Program Evaluation data, including action plans and outcomes data for improvements made
- Annual Update data in the Accreditation Data System (ADS)
 - Changes since last ADS Update, and since the most recent site visit
- Rotation schedule and block diagram
- Residents' evaluations of the program
- ACGME Resident and Faculty Surveys
- Resident files, including graduates
 - Presence of a system of evaluation, final formal evaluation
- Goals and Objectives (and goals and objectives-stimulated conversations with residents)
- Program Letters of Agreement (PLAs)
 - For conversations about what these sites contribute to resident education, and to identify potential supervision and oversight issues
- Case Log and clinical experience data, if applicable to the specialty
- Examples of resident involvement in quality improvement (QI) and safety projects (for use as a springboard for conversations about QI with residents and faculty members)
- Work hour compliance data, responses to non-compliance

Suggested Annual Program Evaluation Template

Academic Year (AY) _____

Use this template for aggregating information from a single year's Annual Program Evaluation. The template is suggested, and you may adapt it in any way you find useful to facilitate program improvement. You may also 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.)

Program: _____ Date: _____

1. Membership, Program Evaluation Committee (Program Requirements (PR V.C.1.a))

2. Resident/Fellow Complement

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7
Positions approved							
Current trainees							

3. Number/Types of Other Learners (other residents, fellows, medical students, other health professions)

4. Summarize Program Aims

5. Program Changes in the Past Year

6. Plans for Upcoming Changes

7. Annual Evaluation Process and Sources of Data

8. Evaluation Parameters and Results

Evaluation Parameter 1: Resident/Fellow Performance (*PR V.C.2.a*) and source(s) of information (e.g., faculty evaluations, OSCEs, in-service examination, Case Logs, scholarly activity, etc.)

Results Parameter 1:

Evaluation Parameter 2: Faculty Development (*PR V.C.2.b*) and sources of information (e.g., formal and informal, online, departmental, institutional, and regional/national, as well as topics/content, any post-development assessment of enhanced skills)

Results Parameter 2:

Evaluation Parameter 3: Graduate Performance (*PR V.C.2.c*) and sources of information (e.g., board examination performance, graduate placement, surveys of graduates and/or their employers or clinical settings)

Results Parameter 3:

Evaluation Parameter 4: Program Quality (*PR V.C.2.d*)^(Core) and sources of information (e.g., assessments by residents/fellows and faculty members, recruitment, institutional data on performance)

Results Parameter 4:

9. Key Findings and Action Plans:

a. Strengths:

b. Areas for Improvement:

c. Action Plans for Areas for Improvement (V.C.2):

Area for Improvement	Intervention/Initiative	Responsible Individual(s) and Resources	Follow-up/ Reassessment Method	Follow-up Date

d. Briefly discuss the linkage between key areas for improvement and action plan and program aims

e. Date of the Review and Approval of the Action Plan by the Teaching Faculty (documentation in faculty meeting minutes V.C.3.a)^(Detail): _____

10. Final Step: Transfer action plan data to Action Plan Tracking Form

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						
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						
3						
...						

A Quick Guide to the SWOT Analysis

Department of Field Activities

What is a SWOT Analysis?

The SWOT (Strengths, Weaknesses/Areas for improvement, Opportunities, Threats) analysis often is used in strategic planning. The analysis focuses on the four elements included in the acronym, allowing organizations to identify the forces influencing a strategy, action, or initiative. Knowing these positive and negative elements can help organizations or their units, including residency and fellowship programs, to more effectively identify strengths and improvement needs, and assess their environment.

The results of the SWOT analysis are typically recorded in a two-by-two table that shows the four dimensions side-by-side for comparison, as shown in one of the sample SWOT analyses that follows. Alternatively, the four cells can be presented below each other, as is done in the other example.

Internal Factors

The first two letters in the acronym, S (strengths) and W (weaknesses), refer to internal factors. These are elements under the control of the program, including faculty members' qualifications and experience, current trainees, and the resources available to the program. Examples of areas typically considered include:

- Financial resources (institutional support, department support, added resources from grants, other sources)
- Physical resources (location, facilities, equipment, technology)
- Human resources (faculty, community voluntary faculty, coordinators, other program staff)
- Other resources (reputation, graduate network)
- Current processes (curriculum, rotations and experiences, simulation, didactic program)

External Factors

External forces influence and affect every organization and individual. Whether these factors are connected directly or indirectly to an opportunity or threat, it is important to take note of and document each one. External factors typically reference things the program does not fully control, such as:

- Specialty selection and workforce trends (desirability of the specialty, shifts in patient needs, resident/fellow interest and demand, career opportunities in the specialty)
- Institutional and local priorities (opportunities for expansion, need for program contraction, relationships with other programs, opportunities for collaboration with other entities and organizations)
- Economic trends (local, regional, and national financial trends)
- Funding (institutional support, state, and other possible sources)
- Local and regional competition
- Political, economic, and social environment

Using the Data from the SWOT Analysis

Once the SWOT analysis is completed, the program can decide on high value areas for improvement, or strategies to maintain and sustain current areas with good performance. Ideally, strategies should focus on **leveraging strengths; addressing critical “weaknesses” (areas for improvement); taking advantage of desirable opportunities; and mitigating threats.**

Often, strategies emerge by pairing information in the four cells. All four cells can be assessed in pairs of two. Often, the most important pairing is that of internal weaknesses and external threats, as this may identify the most serious issues facing the program.

For the Self-Study, programs should complete a general SWOT analysis that considers their strengths, weaknesses/areas for improvement, and the factors in their environment. It is also possible to conduct a SWOT analysis of a planned major change in a residency or fellowship program, such as expanding the number of trainees, or changing a major participating site.

SWOT Analysis Example 1

Summarize the information on the program's environmental context that was gathered and discussed during the Self-Study. (The *italicized* text in is used to show SWOT analysis dimensions used in selecting action items after the Self-Study. This information is NOT included in the Self-Study Summary submitted to the ACGME).

In the Summary of Achievements, which is submitted prior to the 10-Year Accreditation Site Visit, programs will report on **Program Strengths**, as well as improvements in areas identified as **Program Weaknesses/Areas for Improvement** made in the period between the Self-Study and the 10-Year Site Visit.

Program Strengths

- *Proactive leadership by the program director, department chair, and program coordinator*
- *A training model that provides one-on-one mentoring between faculty members and residents allowing early operative experience*
- *The program is "resident focused," and the limited number of fellows do not interfere with resident education*
- *Robust simulation training using high-fidelity models, a boot camp for arthroscopy, use of animal models for microvascular surgical techniques, and work with industry partners to expand resident access to experience with procedures*
- *A diverse set of training sites in close proximity to the primary institution*

Program/Areas for Improvement

- *The individualized attention to residents, with one-on-one mentoring by faculty, could be negatively affected by the expansion of the health care system to multiple locations, addition of many new, young faculty members, and the accompanying increase in clinical volume.*
- *It is a challenge for residents to accomplish high-quality research during their five-year program with only a 2.5-month block of time for research and a limited number of faculty mentors.*
- *While the department has ample research infrastructure, residents may benefit from more formal guidance and mentoring in the process of selecting and initiating their projects, and ongoing monitoring to ensure progress.*
- *As the institution has increased the sophistication of its quality improvement (QI) activities, the high level of performance of institutional QI suggests a need for basic Kaizen training on the part of residents participating in these activities (contrasted with learning by doing).*

Program Opportunities

- As the Department continues to grow, this creates additional opportunities for new teachers, added variety, and clinical and educational innovation. More midlevel providers are needed for care continuity for patients, and to support residents to ensure the increased patient care service needs do not trump the educational benefits of growth.
- The Department should continue to build on early success with simulation training. Past efforts from a sawbones have grown to a robust cadaveric program. There are many future opportunities to build assessment of competency into the simulation program, particularly with the intern class. We will not do this at the expense of protected low stress learning time. Simulation allows for interaction with other residencies.
- The Department should take advantage of the ability to pull data from the EPIC system, and leverage EPIC as a resource to obtain data on resident and faculty practice outcomes and as tools for investigative research studies.

Threats Facing the Program

Based on the information gathered and discussions during the Self-Study, what are real or potential significant threats facing this program?

- Continued growth of the department may create a situation where residents no longer spend significant time on any rotation with a single faculty mentor, which disrupts the mentorship goal of the program and the mentorship currently provided.
- Research funding nationwide continues to be difficult. Smaller fund requests can support needs for specialized support for statistics, research planning, travel, and basic equipment.
- Further hospital growth may disrupt the resident call schedule, and distribute resident call over too many services. Service needs should not be allowed to disrupt the educational mission, and inpatient services may require midlevel provider support to manage the service burden.
- As value-based care is adopted, the Department must ensure that residents are intimately involved in the clinical care delivery and decision-making process. Residents should be exposed to best practices, and a variety of practice to allow for independent learning.

SWOT Analysis Example 2

(The *italicized* text is used in deciding on action items after the Self-Study, but should not be included in the Self-Study Summary that is submitted to the ACGME).

<p>Strengths</p> <ul style="list-style-type: none"> • <i>Small program size with no fellowship programs, which provides opportunity for a significant amount of hands-on experience and progressive responsibility</i> • <i>Positive relationship between house staff and residents promotes empowerment of residents with an emphasis on residents' active participation in their own education, and in quality improvement activities and advocacy projects</i> • <i>Diverse patient population and pathology, including excellent exposure to pediatric trauma cases</i> • <i>Resources of the medical school, with opportunities for residents to mentor medical students</i> 	<p>Areas for Improvement</p> <ul style="list-style-type: none"> • <i>Provide support and channel residents' interests toward research opportunities</i> • <i>Improve balance of faculty vs. resident-driven didactics; the curriculum could be broadened to incorporate more topics related to practice management, job interviews and negotiating employment contracts, and general "business of medicine" topics</i> • <i>Continue to address areas and sources of conflict between residents and neonatal nurses/nurse practitioners in the NICU</i>
<p>Opportunities</p> <ul style="list-style-type: none"> • Fully realize the advantages for learning and team-based care and education resulting from the organization of the Women and Children's Health service line • Use the resources of the medical school to enhance opportunities for resident research and participation in scholarly activity • Consider enhanced resident involvement and added coordination of community outreach activities through a new coalition 	<p>Threats</p> <ul style="list-style-type: none"> • Threats to patient base and referrals, and to resident recruitment in a competitive marketplace with three other large pediatric programs. • Competition for GME resources within the medical school and hospital and nationally, and the potential vulnerability of HRSA support for the two primary care training positions • Lack of faculty resources in pediatric subspecialties • Growth in number of medical students, which has not been accompanied by significant growth in the pediatric faculty, results in growing concern about the ability to maintain the current quality of the resident experience in the inpatient unit and in clinic • An ongoing threat to the balance of education and service, and to the availability of faculty for clinical teaching.

Sources

Morrison M. SWOT Analysis, <https://rapidbi.com/SWOTanalysis>. 2006. Accessed April 6, 2017.
 Osita C, Onyebuchi I, Justina N. ["Organization's stability and productivity: the role of SWOT analysis"](#) International Journal of Innovative and Applied Research Jan 2014, 2(9):23–32. Accessed April 6, 2017.

Answer these suggested questions for each phase of the PDSA cycle.

Plan

Who will be involved in this PDSA? (*Involve those who will be affected by the change: e.g., specific members of program leadership, residents, faculty, the coordinator, others*)

What change is being tested with the PDSA cycle(s)?

What do you predict will happen and why?

Plan a small test of change.

How long will this change take to implement?

What resources will be needed?

What data will be collected?

List the action steps and the individuals responsible and a timeline.

Do

Carry out the test of change on a small scale.

Document observations, including problems and unexpected findings.

Collect data you identified as needed during the “Plan” stage.

Describe what actually happened when you ran the test.

Study

Study and analyze the data.

Determine if the change resulted in the expected outcome.

Were there implementation lessons?

Summarize what was learned. Look for: successes, failures, surprises, and unintended consequences (both good and bad).

Describe the results based on the data you collected, and how they compare to your aims and predictions.

Act

Based on what was learned from the test of change:

Adapt—modify the changes and repeat PDSA cycle.

Adopt—consider expanding the changes to other areas, such as rotations, units, etc.

Abandon—change your approach and repeat the PDSA cycle.

Describe what modifications to the plan will be made for the next cycle based on what you learned.

Adapted from a Centers for Medicare and Medicaid Quality Assessment Program Improvement Tool.

Self-Study Summary

After completing the Self-Study, provide responses to the eight questions below.

The deadline for uploading the Self-Study Summary into the Accreditation Data System is the last day of the month the Review Committee indicated for the program's first site visit in the Next Accreditation System. (For example, if the Review Committee indicated **October 2018** as the date of the first site visit, the document would have to be uploaded by **October 31, 2018**.)

Program Name: _____

Program Number: _____

Self-Study Date (Month, Year): _____

Note

The documents will be used to assess the program's aims and environmental context, as well as the process used for the Self-Study and how this facilitates program improvement.

*Do **NOT** provide information on areas for improvement identified during the Self-Study. The Summary of Achievements will request information on improvements realized in areas identified in the Self-Study.*

Program Description and Aims

Describe the program and its aims, using information gathered during the Self-Study.

Question 1: Program Description

Provide a brief description of the residency/fellowship program, as you would to an applicant or a prospective faculty member. Discuss any notable information about the program. (Maximum 250 words)

Question 2: Program Aims

Describe the program's aims. (Maximum 150 words)

Question 3: Program activities to advance the aims

Describe current activities that have been, or are being, initiated to promote or further these aims. (Maximum 250 words)

Environmental Context

Summarize the information on the program's environmental context that was gathered and discussed during the Self-Study.

Question 4: Opportunities for the program

Describe important opportunities for the program. (Maximum 250 words)

Question 5: Threats facing the program

Describe any real or potential significant threats facing the program. (Maximum 250 words)

Significant Changes and Plans for the Future

Question 6a: Describe significant changes and improvements made in the program over the past five years. (Maximum 250 words)

Question 6b: Project your vision and plans for the program for the coming five years. What will take this program to “the next level”? (Maximum 350 words) *Note: In your response, discuss what the “next level” will look like, the envisioned steps and activities to achieve it, and the resources needed.*

Self-Study Process

Question 7a: Describe elements of the Self-Study process for your program.

Provide information on your program's Self-Study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 300 words)

Who was involved in the Self-Study (by role/title)?	
How were areas for improvement prioritized?	

Question 7b: Describe the core program's role in the Self-Study(ies) of its dependent subspecialty program(s). (Maximum 150 words)

Note: If this is an individual core program without associated subspecialty programs or a dependent freestanding subspecialty program, skip to Question 8.

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Question 8: Describe learning that occurred during the Self-Study. This information will be used to identify potential best practices for dissemination. (Maximum 200 words)

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Self-Study Summary of Achievements Department of 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 a minimum of 12 days prior to the 10-year Accreditation Site Visit date.

Programs with changes in information related to aims or environmental context (opportunities and threats facing the program) may also submit a [Self-Study Summary Update](#) before the 10-year Accreditation Site Visit.

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)