

Going Ape for APE and Self-Studies

PD Mini Session January 14-15, 2020

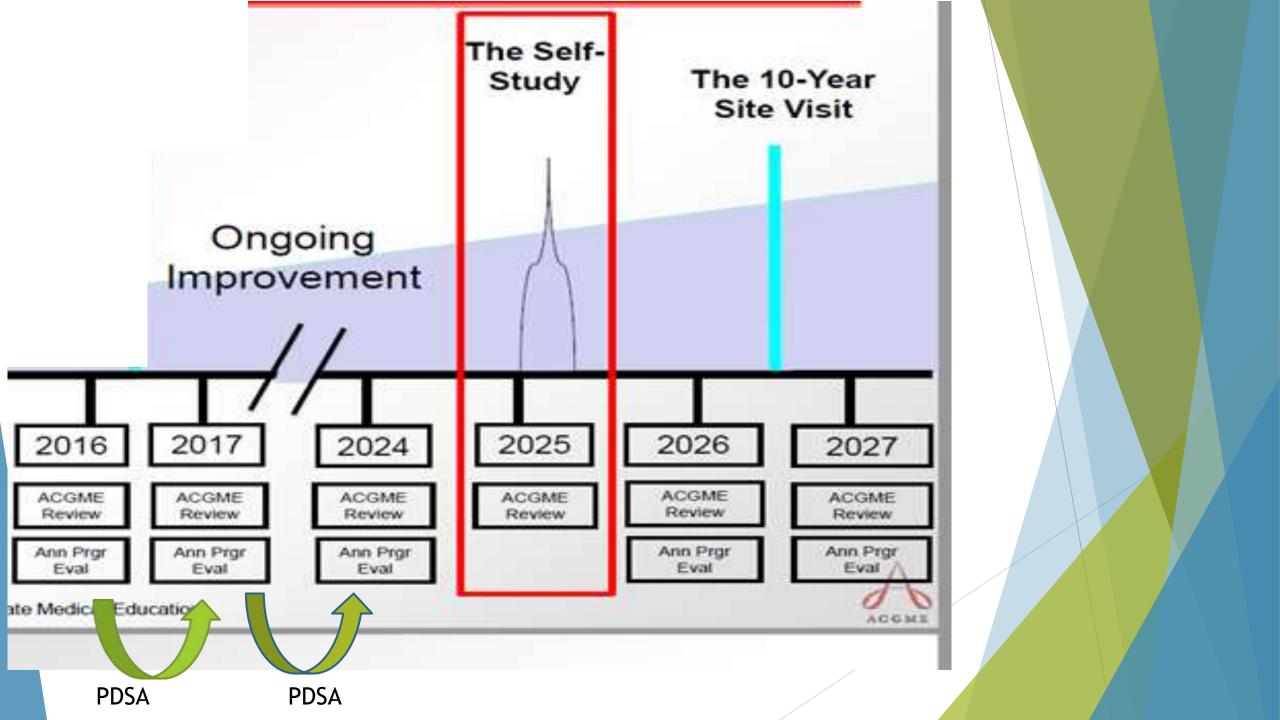
Objectives

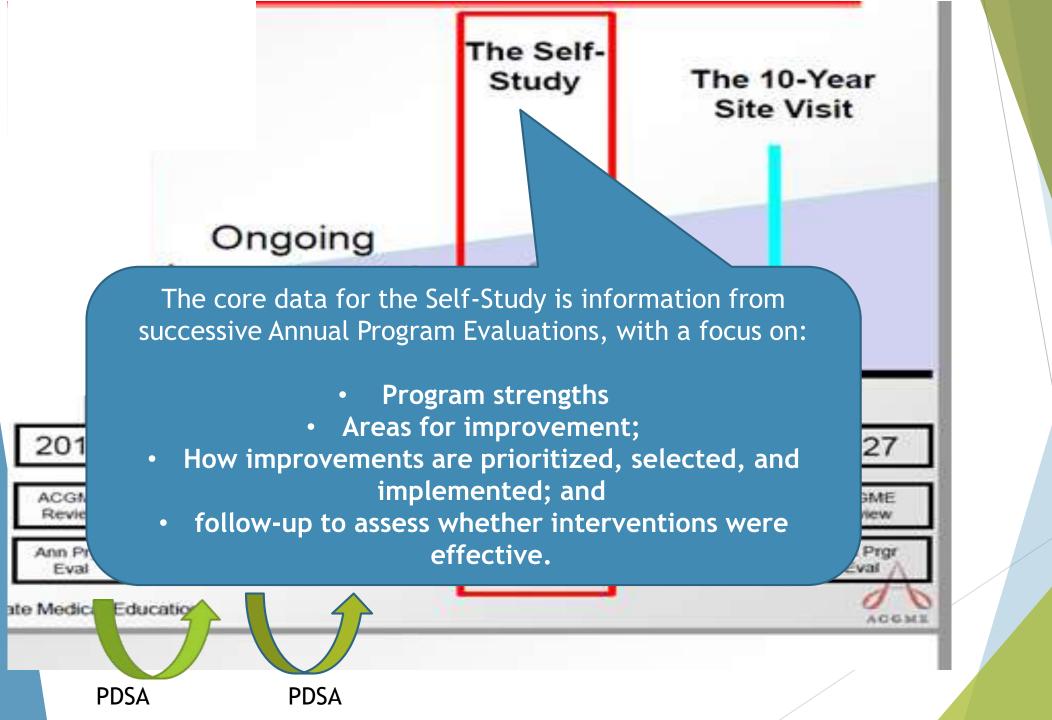
1. Describe the purpose of and relationship between APEs, Self-Studies and 10 Year Site Visit

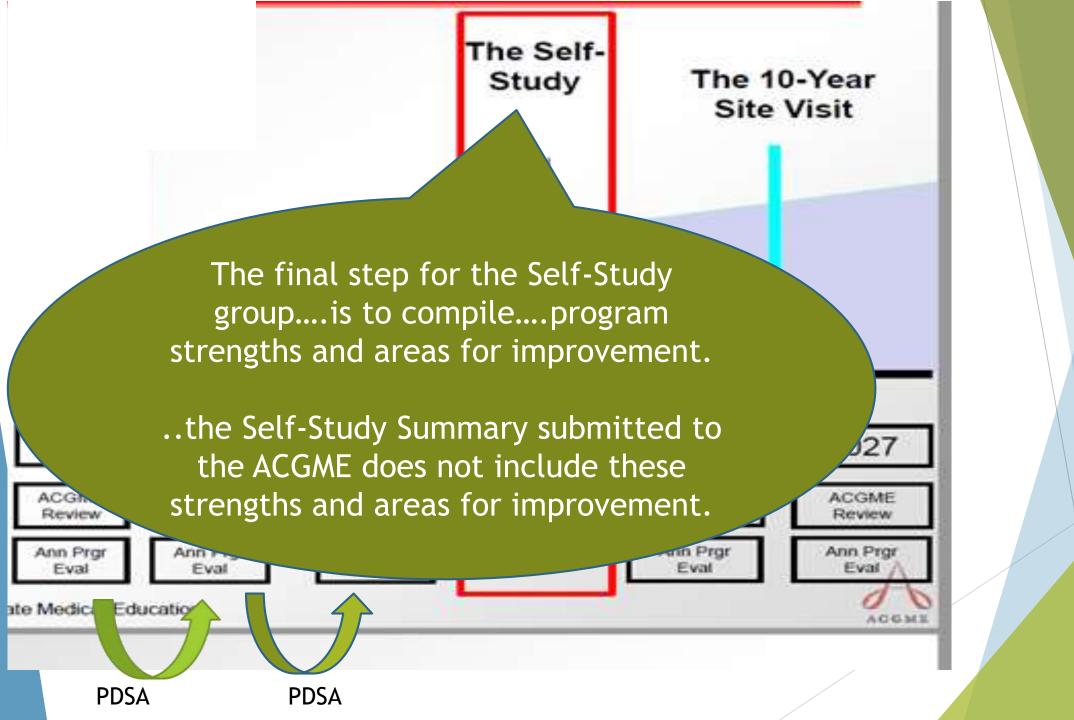
2. Describe the purpose and process of a PDSA cycle

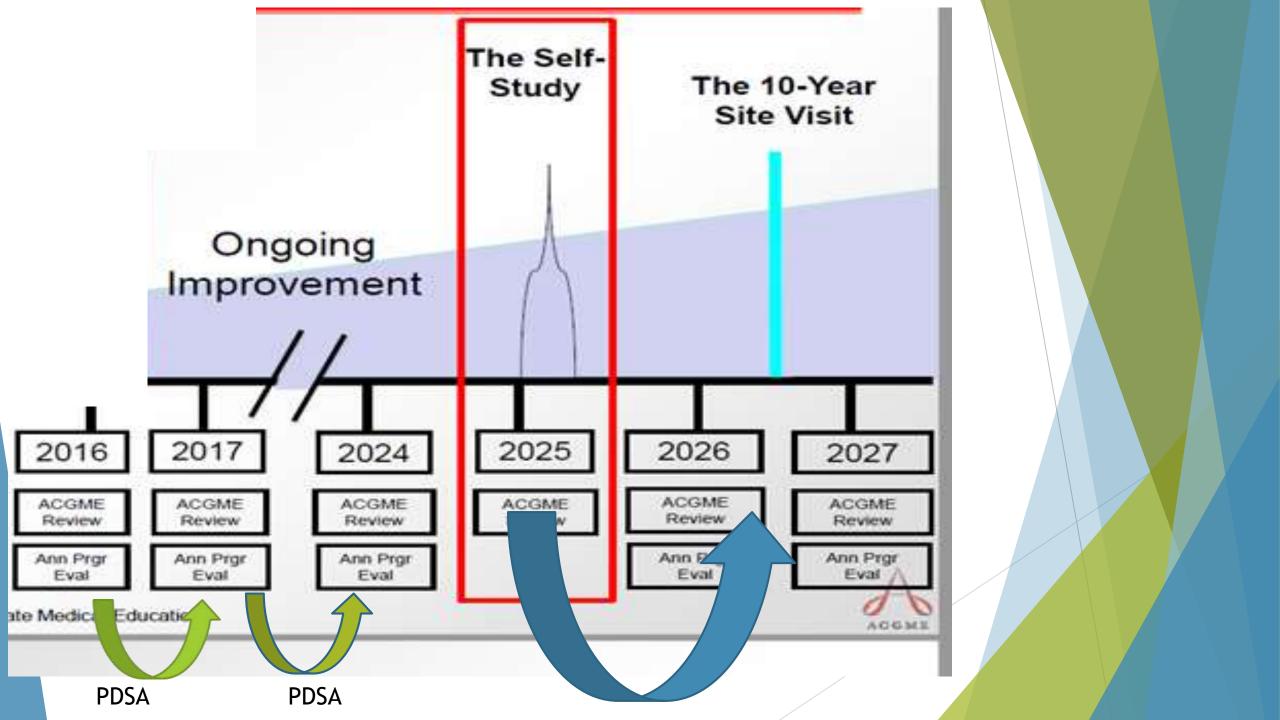
3. Gain skill in writing SMART goals











The Self-Study The 10-Year Sit visit

Prior to 10-Year Site Visit programs will submit a list of program strengths and priorities for improvement identified during the Self-Study for which the program has been able to make improvements.

Because program improvement activities are considered QI **no** information on areas that have not yet been improved should be submitted to the ACGME. This allows programs to conduct a frank assessment of areas for improvement.

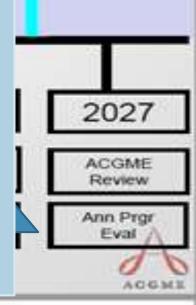
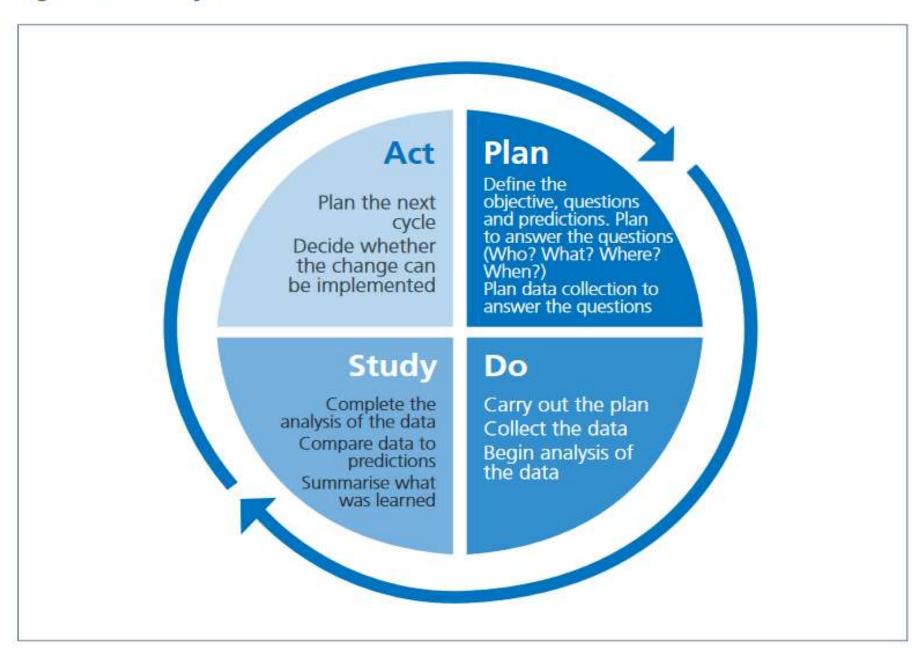


Figure 2: PDSA cycle

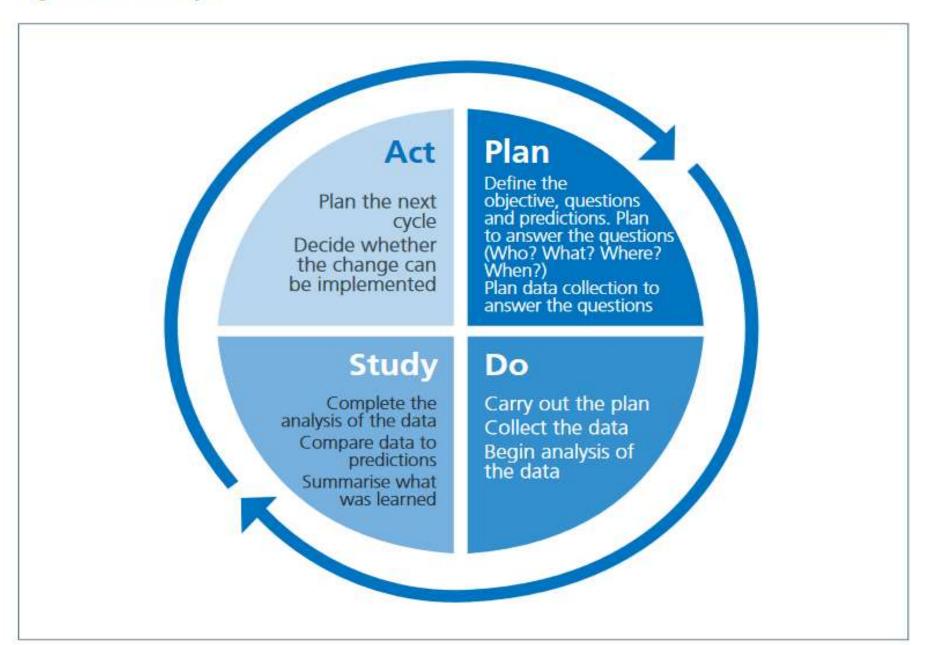


Questions for the "Plan" Step

- ▶ What are we trying to accomplish?
- ▶ What specific changes will we make?
- ► How will we know that the change we implement will result in real improvement? (What can we observe/measure/count?)
- ► How long will the change take to implement?
- ▶ What resources will we need?
- What data will we collect?
- ▶ Map out action steps, individuals responsible and timeline

ACGME PDSA Tool

Figure 2: PDSA cycle



Options for the "Act" Step

- ► ADAPT the change modify the intervention and repeat the PDSA Cycle
- ► ADOPT the change consider expanding to other areas, rotations, etc.
- ► ABANDON the change change your intervention and repeat the PDSA Cycle

ACGME PDSA Tool

SMART GOALS

- > SPECIFIC What will happen and how
- ► MEASURABLE What can you observe, count or measure to let you know if you have achieved your goal
- ► ACCOUNTABLE Who will be responsible?
 - ► ACHIEVABLE What are your available resources?
- ► RELEVANT Do they add value; Are they linked to your program aims?
- ► TIME-BOUND By when?

Action Item 1: (state item/goal)

Link to Programs Aims:

S	M	Α	R	Т			
Specific Goal	Measure of Outcome	Accountable Person(s)	Relevance	Target Date	Actual Date	Years Continued	Status/Outcome(s)

Action Item: Increase Scholarly Activity

S	M	A	R	T	
Specific Goal	Measure of Outcome	Accountable Person (s)	Relevance	Target/Actual completion Date	Status/Outcome (s)
Increase scholarly activity	Scholarly activity increased for faculty	Dr	Very	July 2020	Progressing

Action Item: Increase Scholarly Activity

S	M	A	R	Т	
Specific Goal	Measure of Outcome	Accountable Person (s)	Relevance	Target/Actual completion Date	Status/Outcome(s)
Increase Faculty SA	50% increase in number of peer reviewed publications	Dr		July 2022	
Increase Resident SA	Each resident has at least 1 peer reviewed publication by graduation	Dr		July 2022	

Action Item: Increase Scholarly Activity

S	M	A	R	Т	
Specific Goal	Measure of Outcome	Accountable Person (s)	Relevance	Target/Actual completion Date	Status/Outcome(s)
Increase Faculty SA	50% increase in number of peer reviewed publications	Dr		July 2022	

What specific changes will we make? How will we know that the change we implement will result in real improvement?

How long will the change take to implement?
What data will we collect?
What specific steps and what timeline?

Action Item: Improve Learning Climate

S	M	Α	R	Т	
Specific Goal	Measure of Outcome	Accountable Person (s)	Relevance	Target/Actual completion Date	Status/Outcome (s)
What will happen and how	What can you observe, count or measure to let you know if you have achieved your goal	Who will be responsible?	Do they add value; Are they linked to your program aims?	By when?	

S	M	A	R	Т	
Specific Goal	Measure of Outcome	Accountable Person (s)	Relevance	Target/Actual completion Date	Status/Outcome(s)
All PDs educated on attributes of positive learning climate	All PDs either attend training or receive written/video version	Dr. Broquet	PDs to role model and educate their faculty	6 months	Met
Adequately resource programs	Increased complement for Internal Medicine, Psychiatry, Peds	Dr. Broquet; Dr. Kruse	Excessive workflow inversely related to LC and well Being	2 years/3 years	Met
Improvement in resident survey results	All programs at or above national %ile in key LC items	Dr. Broquet; PDs	Tied to citations/ACGME standing	2 years/5 years	Met for institution. Met for 24/27 programs

TIPS FOR GREAT APES/CONTINUOUS PROGRAM QUALITY IMPROVEMENT

- Create a succinct APE process
 - Utilize materials/templates in NI
 - When your APE is done, upload to NI as soon as possible -Great real time feedback on goals
 - Work with PC to list and gather materials to be reviewed at meeting - STICK TO IT!
- Develop a process to collect faculty and resident scholarly activity and QI projects
- Make sure any citation or comment from your RRC letter gets action plan
- If you have multiple goals carried from year to year...reassess your S (Specific Goal) and M (Measure of Outcome)

TIPS FOR GREAT APES/CONTINUOUS PROGRAM QUALITY IMPROVEMENT

- Utilize faculty and residents as resources to achieve your SMART goals and mentor them
- Provide PDSA education to faculty and residents and encourage use
- Periodically review action items with PC and responsible faculty/residents and update progress on APE form...you don't have to wait until APE meeting to update
- Use your annual confidential evaluation of program by faculty and residents to gather input on goals and action items
- Address progress on important action items/goals in your annual WebADS Update (especially if tied to citation or concern)

Self-Study Tidbits and Takeaways....

Good APEs

Good Self-Study Good Site Visit

THANK YOU

QUESTIONS? Comments?