

Self Study Preparation - Utilizing the PEC with Dr. Culican

Join Logan and Dr. Culican, Designated Institutional Official at the University of Minnesota Medical School, as they discuss preparing for the ACGME Self-Study and utilizing the Program Evaluation Committee (PEC).

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Logan 00:00

Welcome to the program director podcast with Logan. I'm your host Logan, a medical student, where I feature different graduate medical education leadership personnel to discuss all things program director related. This podcast is affiliated with the University of Minnesota graduate medical education office. The content and opinions discussed on this podcast are meant for informational purposes only. Thank you for listening today. On today's episode, I discussed the self-study and how to utilize your program evaluation committee for this the self-study is an ACGME a requirement which is an objective

comprehensive evaluation of the residency or fellowship program with the aim of improving it through an exploration of program aims and an assessment of programs institutional, local, and as applicable regional environment. Underlying the self-study is a longitudinal evaluation of the program and its learning environment with the annual program evaluations created by the program evaluation committee as its backbone along with adding program aims with an abbreviated strategic assessment of the program focusing on strengths areas for improvement, opportunities, and threats. The self-study focuses on the previous five years and the future five years for a 10-year window. Joining us for another episode, we have Dr. Culican, a pediatric ophthalmologist and the designated institution officer for the University of Minnesota graduate medical education on programs. Thank you for joining us again, Dr. Culican,

Dr. Culican 01:29

You're welcome. Thanks for having me.

Logan 01:31

So, from what I've learned and read about the self-study, it seems like it can be a very time consuming and daunting process. And one way to increase efficiency is to utilize the program evaluation committee, with first step being assembling the self-study group. So, **besides members of the program evaluation committee, what other members should be included on this self-study group?**

Dr. Culican 01:53

It's a great question. The idea here is really to get a good hard look at your program to identify the areas in which you're particularly strong, and areas for improvement that generally should be agreed upon by a broader group of individuals. When I was the Residency Program Director in ophthalmology at my prior institution, before coming to the U, one of the things that we wanted to do for our self-study committee was to get some outsider input, because we tend to be myopic, and live in an echo chamber, we wanted to have some different fresh eyes on the problem. So, one of the things that we did is to include as the core group of the self-study committee, the program evaluation committee, because they have access to all of the documents that we're going to be reviewing. But in addition, we increase the membership from our faculty from our resident class, and we specifically and explicitly included a fellow who was currently training at our institution and in our department, but who had done his residency training at an outside institution, and he sat on our self-study committee as well. And then the last person that we put on there that was external was a patient representative. So, we did approach a patient who was both a patient herself in our system and had children in our system and asked that she said, on the study evaluation committee, she was a particularly great contributor, because she had a PhD in education and had a very keen interest in how education and how we apply, it can really have great outcomes. So, it was a great collaboration. We did also include from internally, but with a little different focus some staff members on our self-study committee, so we did have the resident clinic office manager, as well as the administrator from the departments that on the self-study committee as well.

Logan 03:36

Wow. So, including the patient, I'm just curious, **how did you bring it up to her get her to accept it?**

Dr. Culican 03:43

I just asked her, it's really amazing to me how generous people will be with their time and their energy if they believe in the cause. And the way that we identified her was that her children were patients of mine. And so many times when her children came in to see me, there would be a resident physician taking care of the kids before I came into the room. And I would always have that conversation with her as well as with the other parents, with my patients about what the other doctor is doing in my clinic, and how important it is that their kids contributed to the future of ophthalmology and how important a job that is and thank them for helping us. And so, she was aware that we were very invested in resident education. And so, when this came up, I mentioned that I wanted to have and I knew that she was an educator, just from my interactions with her, but I requested that we have a patient representative, and would she be interested, and she was all for it.

Logan 04:35

Well, I take it that's probably not usual for most self-study groups to have a patient representative on.

Dr. Culican 04:41

I don't think it's standard practice. It certainly isn't one of the recommendations that's out there, but I think it's the right answer. We're talking about trying to make sure that our programs are robust enough to train the best people to go out and take care of our communities. So, if we're leaving a key stakeholder group, for example, the patients out of the equation, then we're really doing ourselves a disservice.

Logan 05:01

And so **where do you usually start in a self-study?**

Dr. Culican 05:05

So, the group is the first start, you just have to figure out who it is that you're going to have on the committee, and what stakeholder group they're representing. And then the next thing is to go through the study materials. So, the ACGME does provide some self-study materials to help guide you through the process so that you know exactly what it is that you're expected to do. And one of the things that that we did was to, we did it a little bit backwards than the direction that then it lays out on the ACGME self-study page, in that we went through the data first, before we talked about strengths, opportunities, weaknesses, opportunities, and threats, because without that larger group that the PEC knows this, because annually, they go through and they talk about what the strengths, weaknesses, opportunities and threats are on an annual basis. But the larger self-study group really doesn't have line of sight to what those things are currently, what they've been in the past, what things were done to ameliorate the weaknesses and the threats, and what the trajectory of the program has been. So, it's a little bit of education first, and work second. So that was the first thing we did. And we actually, prior to COVID did most of that work remotely. So, what we did is we broke it down into sort of categories of what the documentation was that needed to be reviewed, I wrote as the representative of the program evaluation committee, sort of a summary of what the data we were giving them was what the summary of the data showed, and what PEC had done with that data previously. And that would go out every two weeks, we would send a new batch of data for review, we would request comment back that would be collated to

be presented at the self-study committee meeting. And then the next batch would go out again, two weeks later. And that way, everybody was up to speed on what the data is that we're using to make these assessments and evaluations.

Logan 06:51

Okay, sounds like there maybe was a lot of groups or meetings during this process. So, **what was your timeline when getting the group together to all the way to finishing it and submitting it?**

Dr. Culican 07:01

Right, so you've got to give yourself some time. So, we had a study document that was due in I believe it was June, and we began the process in the middle of March. So, we had each two-week window from the middle of March to the end of March, the early part of April, to the middle of April, the end of April to early May, early May to mid-May. And then we had a month to then meet as a group and assemble all of the results of those studies to create the document that was then due on see, it looks like it was presented to the program leadership and the Education Forum on June 27. And submitted by June 30. So little, little more than three months

Logan 07:48

Yeah. And so, **when you did this self-study, like what seemed to work best for you?**

Dr. Culican 07:53

I think keeping on that strict timeline of the review of the documents is really important. Because you can really get bogged down in a specific piece of data content. And if you're going to get through all of the data, you've got to keep that process rolling. So, we did invite feedback from all of our participants at each step along the way. But they had a two-week window to give their feedback, and then that piece closed down and we moved on to the next one.

Logan 08:18

Okay. And then **was there anything that you found surprising during this process or anything that you thought I'm not going to do it this way again?**

Dr. Culican 08:26

No, I think I would do it the same way over again, I think that the piece that was a little bit different at the time, but nobody will seem to bat an eye at now was the remote part of it, we only actually had one self-study committee meeting in person with everybody in the room at the same time. All of the other meetings were done asynchronously at your own pace with submission of document materials. And then issuance of a summary. And so, the great thing about that was that schedules are crazy. And we had a very large self-study committee, we had about 20 people on our self-study committee, and trying to get 20 People were 17 of the 20 were physicians in the same room at the same time for more than one meeting was going to be a daunting task. So, we were able to do most of that work asynchronously, which, with COVID. And all of the changes we've had to adopt in the last two years, I don't think there'll be any surprise at that efficiency or any pushback on how useful it can be. But I would stress that because of the complexity of the schedules, if you want to be robust and actually cover all of the content is going to have to be done asynchronously.

Logan 09:34

So then **did you have to like delegate certain tasks to maybe a certain group of people or just one person in general? And how did you know make sure everybody was staying on track?**

Dr. Culican 09:44

Yeah, the expectation when we set out was that everybody was going to do their homework. And you know whether everybody did their homework or not, I can't say because there wasn't a quiz. But what I can say is that we would get feedback for each of those asynchronous components. So, people would chime in and say, hey, I reviewed this. This is what the summary said. But I noticed this, has that been considered? What does this mean? And then those would be the things that we would pull and put on the list for discussion at the big committee meeting at the end. So, our program coordinator was actually very busy during this process because it was her responsibility to send out all of the documents to put the survey in so that people could get the responses back and then to collate those responses in a way that we could manage them efficiently when we got to the final meeting.

Logan 10:30

Yep, yep. And so, looking at the annual program evaluations that are written by the program evaluation committee, **how can those be either phrased or rewritten or just put in a way that streamlines the self-study process?**

Dr. Culican 10:45

Right. So, if you are using those annual program evaluations annually, to make sure that you are doing continuous self-improvement, then this is going to be a very easy process for you. Because basically, you just take each of those APEs 1,2,3,4,5, and you read them. And you've covered all of your bases. When I did the self-study, it was during a time when the APE had only been around for a couple of years. So, I had about two years' worth of APEs. And prior to that, that was not a requirement by the ACGME. So, we had to go back and dig up all of our minutes from meetings and our old surveys and our old surgical logs and all of the things that we wanted to drill down into to assess our program effectiveness. And so that was a lot of work. And what I can say is that the way that the data is assembled for that APE, it really covers everything that we need to have. So, if you just keep track of those annually, this should be a very straightforward process, because you've covered all of your bases, and you've identified all of the areas that need to be evaluated. Now that assumes your PEC is doing a good job. And they're actually looking at all of these data every single year and giving it really due diligence and drilling down into where the potential opportunities for improvement are. But if you've got a robust program evaluation committee, the self-study should be a cakewalk.

Logan 12:05

Awesome. And so, **are there differences between the self-study and the annual program evaluation?**

Dr. Culican 12:12

Yeah, I think the magnitude is a little bigger, because the ACGME is asking for a five-year horizon. So oftentimes, with your annual program evaluation committee review, you're going to talk about what

we're going to do next year, and what are we doing between now and when this committee meets again, a year from now. And so that's a small sort of smaller timeframe, when we completed our self-study, we actually had a number of goals at the end of the process. And we broke those down into short term, medium term and long-term goals with the short term being identical to what was on the most recent program evaluation committee. This is a, I don't know I'm going to make something up curricular problem that we're having, we don't have enough pharmacology for glaucoma that needs to be addressed in the next academic year. So that's the short-term goal; medium term would be more like, you know, we've identified that we have a lack of progress of responsibility in surgical advancement over the three years of residency training, we really want to move training earlier in the year. So instead of having most of your surgeries as a third year, you'll start them really in depth in the second year. But that means there has to be a first-year wet lab to prepare you for operating earlier as a second year, which is great. So, the medium-term goal would be to move surgical experience earlier in the residency training, and then a long-term goal. And it's actually one we had was that when we assessed where residents get what opportunity in the training program, we found that some of our rotations came really late. And that put residents at a disadvantage if they access that rotation late in the academic cycle such that they might not have exposure to a subspecialty, for example, until after they had to make a commitment about matching into the fellowship program. And so, we really did a hard look at when is the best time to access which rotation to be able to help with career discernment. And that required moving around quite a few blocks of time. And that means there's going to be duplicative content for some people, others may have missed out on the content altogether, if you're not careful, and how you interleave that transition. And that was a three-year process. That was not something that can be rolled out in one or even two academic years. So that was the long-term goal to be able to really address what is the best time to access which content to make sure that you have all the pieces in place to make great decisions.

Logan 14:31

Yeah. And so, I know programs are constantly evolving. But if a program has been there for a long time, it's tried and true. **How do they come up with Future Program aims that maybe the ACGME is looking for, or their program is needing?**

Dr. Culican 14:46

Yeah, it's a great question. And you know, that can be a whole podcast on its own, you know, how do you make your program Excellent. You know, I think all of our programs are great programs, you get excellent clinical training, and that is the basement is to have excellent medical training, we want to make sure that we produce great doctors. But you want doctors that are a little bit more you want doctors who are leaders, you want doctors who are engaged in the community, you want program leadership, who are going to teach the next generation of doctors, and everybody has their little piece that they contribute above and beyond taking care of lots of patients in a really excellent way. So, each program has a different focus. The program I was in happened to be a very research-based program where we were looking to train the next generation of academic ophthalmologists, you know, who's going to staff, the universities, who's going to be the clinician scientist who discovers the next great glaucoma drug. Those were the kinds of people that we wanted to recruit and retain and send out into the world from our program. So, one of the things that we looked at in our data analysis is something we called the where are we now sheet? And it's just a compilation of all of our graduates, where are

they ended up? How many are in private practice? How many are in academics, how many have been one funding all of those sorts of metrics, that may not be the same thing for a program that is really say community based, that wants to do things like lower the access barriers for, say, kids with failed vision screenings, you know, that's a very different focus. And you need to really look hard at yourself as a program and say, where are our strengths? Where are our weaknesses? And I think the days of being able to do everything and do it well are coming to an end, if not over. And I think really the focus needs to be on what do we do exceedingly well, and what are we going to jettison? That is an extremely difficult conversation. And when we talk about like the five-year plan, that's the kind of stuff we're talking about, how is it that you let go of a piece of what you've always done? That's a much more difficult thing to grapple with, then, you know, what are we going to add?

Logan 16:58

Yeah, yeah, definitely.

Dr. Culican 17:00

Existential.

Logan 17:02

Yeah. Oh, yeah, for sure. That would be tough. And then so **is the ACGME looking for anything specific when they're reviewing the self-study?**

Dr. Culican 17:10

I think they're looking for two things that they're looking for number one, that where weaknesses occur, you're aware of them, and you have a plan to address them. That's first and foremost, because this is something that everybody should be doing. This is continuous quality improvement. And this is how we get better and better. And so that's the top of the thing. The second is that you are thinking a little bit about the future. You're training people today who are going to be practicing for the next 30 to 35 years. So, it's insufficient to say, well, this is what we need today, because that gets them through next year. And that's about it. So, what is the vision? What is the process? What is the plan for making sure that the tools that you give to these learners right here in this space, are still going to be having excellent outcomes 35 years from now once they've graduated from your program and moved on and are taking care of patients in the world?

Logan 18:01

Yeah. And so, when compiling this self-study, and basically getting all this data, it's got to be hard to hold on to that data. I mean, if it's in the annual program evaluation, that's great. That's best-case scenario. But if it isn't, **how do you manage and store all this data to get ready for your self-study?**

Dr. Culican 18:19

Yeah, so everybody has their own way. Ours was electronic. So, we had a shared drive that was accessible to all of the PEC, and then the self-study group. So, they had a secure login, so they could get in and access the data, each of the categories of data had a folder. So, for example, we had a folder with ACGME surveys. And within that folder was Resident ACGME surveys and faculty ACGME surveys, then we had annual institutional survey as a separate folder, both of those folders went in the

surveys folder, then we had a separate folder for surgical experience. And those were all of the downloaded historical surgical volumes for the residents that had graduated for as long as the ACGME had been tracking them. And each one was a different data category. And then each of those folders existed in a folder by date, so that we could share that on the right timeframe for the group to review. The key is giving a little summary of what is it you're supposed to be doing with an ACGME survey. If I say here's the folder with the ACGME surveys, I can guarantee you that our patient representative is going to go so what does that mean? So, to have a little introduction about what is the ACGME? What is the annual ACGME survey? And what are the categories of questions and what have we done for us what have we done annually to address low compliance areas in the survey? So, I'll give an example. We always were really, really low on the you have access to electronic health records that make patient care safer. Our institution was way behind in adopting an electronic health record, we actually had four or five different EHRs. In different areas, the outpatient clinic had a different one from the ER, which had a different one from the inpatient clinic, it was crazy. And so, the residents were always extremely frustrated and having to try to gather health information to take care of their patients. Eventually, they signed on to a comprehensive EHR. But before that day, we were always out of compliance in that question, and I always was sort of taking that as a hit, because there's nothing I can do as a residency program director to fix that problem, except to escalate it to our institution, the sponsoring institution to say, hey, you know, all of our programs are suffering because of this lack of support from the institution. And eventually they did come around, but how is our patient representative going to understand what it means to have a 30% compliance number in this category? It sounds terrible. But that's what it is. It means that, you know, the residents are very unhappy with what it takes to be able to collect data to take care of their patients. So that orientation is a little bit critical.

Logan 20:59

Yeah. And so, **after you finish and submit the self-study to the ACGME, do they come back in a year or two to see how your progress is going on achieving the program aims?**

Dr. Culican 21:08

In general, yes, so that has been disrupted because of COVID. And a lot of site visits following self-study were canceled because of COVID. But the expectation is that the ACGME will come and conduct a site visit, and one of the things they're going to look for is how you have made progress. Since you set up your goals and objectives. This isn't meant to be a mental exercise; it's meant to be a roadmap for improving your program. So, they're going to see that and ask you, what is your progress been in these various domains?

Logan 21:36

And I suppose that's where you could have the annual program evaluation from that year or the year prior, and just, you know, hand it right to him.

Dr. Culican 21:44

Exactly.

Logan 21:46

And so besides the ACGME, and there are resources for self-study. **Are there any other resources that the University of Minnesota has for programs needing to do a self-study?**

Dr. Culican 21:58

Yeah, so Michael Cullen is our Director of Data for GME and Ben Seltzer, who works with him are both are very well versed in how to collect data, how to display data, how to navigate data. So, as you're trying to collect your data sources, they are great people to collaborate with. In addition, Carolyn Hildebrandt is our organizational development specialist, and she is well versed in cutie pie and how you take data and use it to explain what your path forward should be. And she is available to participate either as a consultant or as a member of the self-study committee, as am I and so if there's any question from any program about how to navigate through or they want a separate set of eyes from outside the program, those are resources that are available.

Logan 22:44

And probably the easiest way to get a hold of these people is just to email GME

Dr. Culican 22:49

gme@umn.edu

Logan 22:50

All right, well, thank you Dr. Culican for discussing self-studies with us today. For more information on self-studies. There's a dedicated self-study page on the ACGME website with a link in the description that has templates for drafting the self-study and tracking the data and you can also email the GME office. Thank you for listening today. This podcast was produced by Logan. For more episodes, and other program director related content, visit z.umn.edu/programdirector