



## What to Expect When You are Expecting a Site Visit

Information and Helpful Suggestions

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## The ACGME in Perspective (cont)



*The ACGME...*  
*~ 100 staff members*  
*~ 7,900 programs*  
*~ 100,000 residents*  
*~ 2,000 site visits annually*

With credit to John Glenapp, PhD



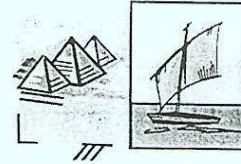
## Session Overview: What you will learn today

- Setting the Stage: ACGME in Perspective
- Preparing for the visit
  - The 5 stages
  - The 6 competencies
  - The 7 habits
- The Site Visitor's Perspective
- The RRC's Perspective



## The 5 Stages that Precede the Site Visit

First Stage: Denial.....



Sorry, wrong image.....



## The ACGME in Perspective



*The U.S. health care system - the proverbial 800 Pound Gorilla*

*Academic Medicine - pretty large and impressive*



## The 5 Stages that Precede the Site Visit

- 1st Stage: Denial ("They're not coming again already?")
- 2nd Stage: Bargaining ("We can get a postponement!")
- 3rd Stage: Anger ("SHE is telling us to go ahead with the date.")
- 4th Stage: Depression ("I have so much else to do, how will I fit this in?")
- 5th Stage: Acceptance ("We'll be ready.")

With apologies to Elizabeth Kubler-Ross



### Site Visit to Site Visit – An Ideal Time Line (cont)

- *On-going*
  - Review and know the requirements
    - ACGME web site, RRC specific newsletters
    - Contact RRC executive director if uncertain
    - If possible, attend program directors' meeting
- *Mid-point between last and next review*
  - Internal review occurs
    - Involves a broad, representative group
    - Candidly explores strengths and weaknesses
    - Identifies areas for improvement



### Site Visit to Site Visit – An Ideal Time Line (cont)

- *4 - 6 weeks before the visit*
  - Contact with site visitor to set up schedule
  - Confirm what information is needed
- Site visit occurs
- *1 - 4 weeks after the visit*
  - Site visit report is completed
- *2 - 8 months after the visit*
  - RRC meets and makes decision
  - ~3-4 days early notification
  - 4-6 weeks notification letters are sent



### Site Visit to Site Visit – An Ideal Time Line (cont)

- *3 - 4 months before the visit*
  - A letter arrives announcing the date
    - Date, site visitor name and contact info
    - Other important information
    - Addendum for the general competencies
    - Soon – resident
  - Begin PIF preparation
    - You can start earlier; be sure to use the version current at the time of the visit



### The 6 Competencies of Preparing for the Accreditation Site Visit

- **Knowledge** – Familiarity with the program requirements and your program
- **Skill** – Present the program accurately, completely
- **Practice-Based Learning & Improvement** – Learn from earlier visits, improve areas cited previously
- **Interpersonal and Communication Skills** – A well-prepared PIF, well presented
- **Professionalism** - Commitment to your program and your residents
- **Systems-Based Practice**- "Many hands make light work"

With apologies to Susan Swing, PhD



### What if the date is a problem?

- The answer:
- There just is no good time for a site visit, the date is always a problem.
  - The Academic Year from the site visit perspective.
- However, for a major problem:
- Contact Ingrid Philibert or Jerry Vasilias within 14 days of date of letter
  - 312/464-4948 or [iphilibert@acgme.org](mailto:iphilibert@acgme.org)
  - 312/755-5015 or [jvasilias@acgme.org](mailto:jvasilias@acgme.org)
- Don't call site visitor, RRC staff, or RRC chair



### Knowledge: Know all the standards that apply

- The common program requirements (including the common duty hour standards)
- The program-specific standards (may include added duty hour requirements)
- The "real" ACGME general competencies:
  - Patient care
  - Medical knowledge
  - Interpersonal and communication skills
  - Professionalism
  - Practice-based learning and improvement
  - Systems-based practice





### **Knowledge: Know your program and your PIF**

- Know your program
  - Prior citations and efforts to address
  - Issues from the last institutional review that affect your program (read LOR)
- Current rotations and their role in the total educational program
- Faculty strengths/contributions to program
- Unresolved/irresolvable issues residents may raise
- *Know your PIF!*



### **Interpersonal and Communication Skills: Presenting Your Program**

- Be prepared to present your program and PIF
- PIF and interviews should demonstrate:
  - Your knowledge of the program requirements
  - Compliance
- Be direct and to the point in answering
  - Be sensitive to the need of the site visitor to get to all the issues that need to be verified/clarified
- If difficult questions arise, stay calm and answer
  - Address ambiguities, unresolved issues with the site visitor at the end of the visit



### **Skill: A Few Pointers on PIF Preparation**

- The PIF is a self-study document that describes how your program complies with the requirements
- A good PIF is the key to the good site visit
- Start EARLY
- Read questions carefully, create new responses
  - Clear, concise, accurate and complete
  - Provide key to abbreviations
  - Complete competencies addendum
- Check spelling and proof carefully for content



### **Interpersonal and Communication Skills: ACGME's Interviews**

- ACGME interviews program director, faculty, residents and others
- Site visitors "triangulate" responses to verify and clarify the PIF
  - Compares responses in the PIF to interview data and actual observations (e.g, call rooms, libraries, family practice center, exam rooms, equipment in some specialties)
  - Compares participants' responses to each other
  - Discrepancies presented to program director for clarification, resolution



### **Practice-Based Learning & Improvement: Good, Better, Best**

- Review prior citations, know how they were addressed, highlight in PIF and interviews
- Fix internal inconsistencies in the PIF
  - # residents in program vs. resident roster
  - Block diagram vs. rotation schedule
  - # procedures per resident vs. program total
  - Narrative should agree with data/blocks
- Ask faculty, residents to review and suggest edits
  - Improves the PIF
  - Informs residents and faculty



### **Interpersonal and Communication Skills: The Resident Interview**

- Resident interview explores education program from the residents' perspective (as "consumers")
- Residents are peer selected
- Seeks consensus of participating residents
  - If consensus not possible, reports differing opinions
  - Keeps sources confidential
- Questions assess compliance, tailored to residents
- Sample Questions:
  - Have you seen/received a copy of the program's educational goals and objectives?
  - How and how often are you evaluated?



### Interpersonal and Communication Skills: The Resident Interview (cont)

- Sample Questions (cont):
  - Do you evaluate your faculty and your rotations?
  - How are you supervised? Is this too closely, to little, just right?
  - If a colleague experiences serious stress or other difficulties, what assistance is available to him/her?
  - Please explain your call system. How closely is this system adhered to in day to day practice?
  - If you had "due process" concerns, where would you find the procedures? Whom would you contact?
  - What are program strengths? Areas for improvement?
  - What were the reasons you chose this program?



### Systems-Based Practice: You are part of a larger system

- In preparing for the site visit, seek support from you DIO and GME office
  - Can lend expertise and support
  - Sometimes staff, other assistance to get ready
- If new, ask colleagues, attend new program directors' workshop
- Use ACGME resources on the World Wide Web
- Don't hesitate to contact the ACGME
  - Staff is helpful and knowledgeable
  - It is better to ask than to assume



### Professionalism: Yours

- Continuously demonstrated
  - Shows on the day of the visit
- PIF accurately reflects the program
  - No embellishing - site visitors can tell
- Don't ask, "How did we do?"
  - Site visitor cannot answer, he/she is not the decision-maker
- Don't "prepare" your residents before the visit
  - Site visitors find out
- Don't grill them after the visit



### Systems-Based Practice: Despite best intentions, things can go wrong

- Have staff available for:
  - Last-minute corrections
  - Additional information needed
  - Calling faculty, residents, others in case of schedule changes, delays
- Be flexible
- Relax, it will soon be over



### Professionalism: Ours

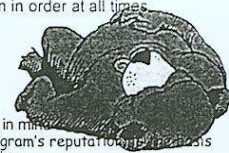
#### ACGME Expectations for the Site Visit

- Conducted in accord with established policies
- Provide accurate, meaningful data
- Verify/clarify information in the PIF
- Address all relevant aspects of the program
- Contain no recommendation for RRC action
- Are educational and non-adversarial
- Inform RRC accreditation decisions



### A final perspective - The 7 Habits of effective site visit preparation

1. Be proactive
  - Have your program in order at all times
  - Fight the tendency to Procrastinate
2. Begin with the end in mind
  - PIF (NOT the program's reputation) is the basis for the RRC decision



With apologies to Franklin Covey



### The 7 Habits of Effective Site Visit Preparation (cont.)

- 3. Put first things first  
This is how we provide high quality education



- 4. Think win/win  
The site visit is important.  
How can I present my program well?  
The site visit is an educational process.  
What can I learn from the site visitor?



### The 7 Habits of Effective Site Visit Preparation (cont.)

- 6. Synergize  
Use faculty, coordinators, residents and other resources to prepare for the visit
- 7. Sharpen the saw  
Be prepared on the day of the visit and After the visit.....



ride in a job well done!



### The 7 Habits of Effective Site Visit Preparation (cont.)

- 5. Seek first to understand, then to be understood  
Know the requirements well, explain how your program does it

If you don't understand the site visitors question, say: "Can you explain what you are looking for?"  
Then, think.



### The 7 Habits of Effective Site Visit Preparation (cont.)

- 5. Seek first to understand, then to be understood (continued)

This is not the time to discuss that requirement you have always thought is "the dumbest requirement there is."

