ACGME Self Study: The Program Coordinator’s Role in Strategic Planning

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Key Roles for the Program Coordinator

• Participate in the Annual Program Evaluation (APE)
• Provide input from the coordinator’s perspective
• Track action plans for areas for improvement
• Maintain a multi-year record of improvements including what is still being worked on
• Coordinate self study data collection processes (ie, surveys, data collection, etc)
Key Roles for the Program Coordinator

• Maintaining self-study data and accreditation required files/documents (i.e. PLAs, Evaluations)
• Providing input into self-study
• Coordinate self-study
• Coordinate activities on site visit day
Self Study Experience

• BWH Cardiology fellowships
  – Cardiovascular Disease (3 years)
  – Advanced Heart Failure and Transplant Cardiology (1 year)
  – Interventional Cardiology (1 year)
  – Clinical Cardiac Electrophysiology (2 years)
• 27 fellows, lots of faculty
• Subspecialty of a Core Program (Internal Medicine)
• Assigned our Self Study in December 2016 and submitted May 31, 2017
• Our SS site visit will be in 9-18 months
Program Description and Aims: Your “elevator talk”

• **Program Description and Aims**
  – Describe the program and its aims, using information gathered during the self-study.

• **Question 1: Program description and aims**
  – Provide a brief description of your residency/fellowship program, as you would to an applicant or a prospective faculty member. (Maximum 200 words)

• **Think:** What kind of trainee does the program strive to produce?
  • Succinct depiction of the program
  • Goals of the program
  • What does the program strive to “produce”
Activities to Advance the Aims

• **Question 2: Program activities to advance the aims**
  
• Discuss the subspecialty program’s aims, and current activities to further these aims. (Maximum 250 words)
  
  – List of actions or projects aligned with the aims
Environmental Context:

• **Question 3: Opportunities for the program**
  – Based on the information gathered and discussions during the self-study, what are important opportunities for this program? (Maximum 250 words)

• **Question 4: 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? (Maximum 250 words)
  – **Think:** Strengths, areas for improvement/limitations/vulnerabilities, opportunities and threats (think barriers)
    • “SWOT” analysis
Annual Program Evaluation and Self-Study Process

• **Question 5: Self-study process**
  – Provide information on your subspecialty program’s self-study, including who was involved, how data were collected and assessed, how conclusions were reached, and any other relevant information. (Maximum 250 words)
  – Five-year look back, and a five-year look forward
    • Review of program revisions and achievements
    • Defining the five-year strategic plan
  – *Think:* what will take this program to the next level?
Program Coordinator Role

• Self Study can be fun!
  – Survey design and analysis
  – Pulls together everything we do each year such as annual program reviews, Program Evaluation Committee meetings, Annual Program Evaluation and action plans
  – Forces everyone to look at the big picture – can be energizing
Program Coordinator Role - Surveys

Fellows Survey and SWOT
Program Coordinator Role - Surveys

Faculty Survey - Strengths

Q11: Program Strengths
Outstanding quality of incoming fellows
Outstanding faculty and research opportunities

Q11: Program Strengths
Superb fellows and faculty
Collaborative housestaff
Cardiovascular nursing and PAs

Q11: Program Strengths
research opportunities

Q11: Program Strengths

Smart engaged fellows

Q11: Program Strengths
Great fellows

Q11: Program Strengths
Clinical exposure
Scientific expertise

Q11: Program Strengths
Complex clinical patient exposure, Cutting edge research opportunities, outstanding diverse faculty, cutting edge technological innovation
# Program Coordinator Role - Surveys

## Faculty Survey - Weaknesses

**Q12:** Areas for Improvement

1. **Q1:** Upfront work on readiness for fellow-to-faculty transition as an investigator

| Q7: Graduating fellows are clinically well prepared to join academic faculty in their specialty | Sometimes |
| Q8: Graduating fellows are well prepared to transition to research faculty in their specialty | Sometimes |
| Q9: Graduating fellows are prepared to teach students, residents and fellows. | Sometimes |
Program Coordinator Role - Surveys

Alumni Survey - Strengths

Q10: Based on your experience since graduation, what would you list as the strengths in the program?
   - unparalleled reputation
   - strong evidence-based cardiology training
   - culture of research and clinical investigation

Q10: Based on your experience since graduation, what would you list as the strengths in the program?
Excellent training and environment for physician-scientists.

Q10: Based on your experience since graduation, what would you list as the strengths in the program?
Co-fellows and faculty

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cohort of fellows; research-based mission; academic seminars/talks
Alumni Survey - Strengths

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Program Coordinator Role - Surveys

Alumni Survey – Weaknesses

Q11: Based on your experience since graduation, what would you list as the weaknesses in the program?
Little work at job placement / career advising during my time

Q12: What suggestions do you have to improve the training program?
More mentoring in the job seeking stage of fellowship.

Q11: Based on your experience since graduation, what would you list as the weaknesses in the program?
enthusiasm among faculty for mentoring; transition from fellow to faculty; morale within program

Q11: Based on your experience since graduation, what would you list as the weaknesses in the program?
Lack of mentorship

Q11: Based on your experience since graduation, what would you list as the weaknesses in the program?
Concrete mentoring regarding strategies to successfully transition from fellow to junior faculty.

Q11: Based on your experience since graduation, what would you list as the weaknesses in the program?
Lack of preparation for how to survive business of medicine
Surveys can surprise you!

Q11: Program Strengths

Organization of teaching, caliber of the fellows and depth of clinical exposure. The leadership of the program director and administrator has been tremendous.
Program Coordinator Role – PEC and APE

Program Evaluation Committee
• Looks at annual program review and evaluations to develop yearly action items that are *incremental*

Annual Program Evaluation
• Programmatic changes that tweak existing experience
• Create action items that are re-visited/updated every year
• Helps pave the way to Self Study and Strategic Plan
Program Coordinator Role – Education Retreat

Work with PD to develop agenda and run the meeting

- We used this retreat to kick-off the self study
- Included faculty and fellows
- What is a cardiology fellow today vs. 10 years ago?
  - Baby Boomer vs. GenX
- Reviewed training requirements vs. recommendations vs. BWH training program.
  - Where can we innovate to meet the changing needs of the learners?
<table>
<thead>
<tr>
<th>ACGME Program Requirements</th>
<th>ACC COCATS4 Recommendations</th>
<th>BWH program Current Rotations</th>
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<tbody>
<tr>
<td>• 4 months of Cath</td>
<td>• 1 month of prevention</td>
<td>• 1 month of prevention</td>
</tr>
<tr>
<td>• 3 months of Echo</td>
<td>• 3 months of Echo</td>
<td>• 4 months of Echo</td>
</tr>
<tr>
<td>• 2 months of Nuclear</td>
<td>• 2 months of Nuclear</td>
<td>• 2 months of Nuclear</td>
</tr>
<tr>
<td>• 1 month of Imaging</td>
<td>• 1 month of Imaging</td>
<td>• 1 month of Imaging</td>
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<tr>
<td>• 2 months of EP</td>
<td>• 2 months of EP</td>
<td>• 2 months of EP</td>
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<tr>
<td>• 9 months of non-laboratory clinical practice</td>
<td>• 2 months of Vascular (either in dedicated rotations or throughout training)</td>
<td>• 4 months of Cath</td>
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<tr>
<td>Total: 21 months</td>
<td>• 4 months of Cath</td>
<td>• 2 months of Cath</td>
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<td></td>
<td>• 2 months of EP</td>
<td>• 2 months of EP</td>
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<td></td>
<td>• 2 months of HF</td>
<td>• 1 month of HF</td>
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<td>• 8 weeks of CCU</td>
<td>• 2 months of CCU</td>
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<td></td>
<td>• 4 weeks of ACHD</td>
<td>• 1 month of ACHD</td>
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<td>Total: 20 months</td>
<td>• 4 months inpatient cardiology</td>
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<td>Total: 24 months</td>
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Program Coordinator Role – Strategic Planning

Strategic planning is an organization’s process of defining its strategy/direction and making decisions on resources to pursue this strategy.

• Setting goals
• What actions are needed to achieve these goals?
• What resources are needed to execute these actions?
Program Coordinator Role – Strategic Planning

What is the future of cardiology and how does it impact training?

What will cardiology look like in 5-10 years?
Program Coordinator Role – Strategic Planning

How do you define your program?

What is your elevator talk?
Conclusions

What skills can you obtain/develop from the self study process?

• Survey creation and data analysis
• Effective communication with stakeholders to ensure all are engaged and active in the process
• Opportunity for leadership and professional development.