Coordinator Educational Series:

Annual ADS Updates and Annual Program Evaluations

Graduate Medical Education

August 10, 2017
Agenda

- Quiz on Policies & Procedures
- Sharps Training Checklist
- Common Pitfalls of Annual ADS Update
- New ADS Questions 21 & 22
- Required APE Documentation
- Group Discussion: Best Practices for APE
Quiz on GME Policies & Procedures

1. What must new incoming residents bring to orientation?
   Answer: Proof of eligibility of employment (e.g., passport or birth certificate/social security card plus a valid driver’s license with picture) along with receipt of the online I-9 registration.

2. Do trainees need to report lost or stolen devices (laptops, desktops, mobile phones, tablets)?
   YES – as soon as they are lost residents must contact the Privacy Office, their Program Director and the Office of Graduate Medical Education immediately.

3. How many days in advance the required paperwork for visiting residents need to be submitted to the GME Office?
   At least 60 days.

4. Does Stanford Health Care accept any observationship?
   NO.

5. Can Housestaff sign prescription for all their patients?
   Answer: No. Housestaff without California licenses are authorized only to prescribe medications for inpatients (chart orders).
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- **Sharps Training Checklist**
- Common Pitfalls of Annual ADS Update
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Sharps Training

- All trainees are required to have Sharps Training
- Please complete the Sharps Training checklist for all your trainees
- The Checklist is located on the MedHub – Home Page Left Column
Sharps Training (Continued)

- When the Sharps Checklist has been completed, please upload it to the Resident’s File in MedHub Under the **Forms/Files** Tab:
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Annual ADS Update: Pitfalls to Watch for…

1. **Update** Citation Responses.
2. **Always Include** Recent Major Changes.
3. If Less Than 12 Months of Rotations Per Year, **Explain Why**.
4. List Physicians By Site in **Alphabetical Order**.
5. **Check Board Certifications** in Faculty Roster.
6. Carefully **Update CVs**.
7. All Training Sites Have **Full Amenities**.
8. **Plan Ahead** to Collect Scholarly Activity.
9. **Proofread** – Make a good impression!
Common Pitfall #1: Don’t Forget to Update Citation Responses

PD Needs to Update Citation Responses Every Year.
Common Pitfall #2: Always Include Recent Major Changes

Major Changes

Please provide a brief update explaining any major changes to the training program since the last academic year. Please limit your response to 8000 characters.

***Please… Don’t Leave Me Blank***

Examples of Major Changes:

- Leadership (PD, APD)
- Rotations
- Curriculum
- Participating Site Changes
- New Initiatives
- Use Previous Action Plan from APE for Major Changes Items
Common Pitfall #3: Explain Why Rotations are Less Than 12 Months of Rotations Per Year

- Lengths of rotations at all sites should add up to 12 months.
- If not, then explain why in the appropriate area:

If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:
Common Pitfall #4: List Physicians By Site in Alphabetical Order

**PHYSICIAN FACULTY ROSTER**

List alphabetically and by site all physician faculty who devote at least 10 hours a week to fellow education.

Continued Accreditation Programs: A CV is required for the program director.

New Applications and Initial Accreditation Programs: A CV is required for the program director and each active physician faculty member on your roster.

<table>
<thead>
<tr>
<th>Name</th>
<th>Degree</th>
<th>Based Mainly at Inst. #</th>
<th>Specialty / Field</th>
<th>Cert</th>
<th>Original Cert Year</th>
<th>Cert Status</th>
<th>Recert Year</th>
<th>No. of Years Teaching in This Specialty</th>
<th>Average Hours Per Week Devoted to Fellow Education</th>
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<td></td>
<td>Primary and Secondary Specialties / Fields</td>
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1. Program Director
2. Site 1: A-Z
3. Site 2: A-Z
4. Site 3: A-Z
Common Pitfall #5: Check Board Certifications in Faculty Roster.

<table>
<thead>
<tr>
<th>Based Mainly at Inst. #</th>
<th>Specialty / Field</th>
<th>Cert</th>
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<th>Cert Status</th>
<th>Re-cert Year</th>
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<td>ABMS</td>
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<td>N</td>
<td>-</td>
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<td>N</td>
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<td>ABMS</td>
<td>2000</td>
<td>R</td>
<td>2010</td>
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</table>

**Average Hours Per Week Spend**

- Clinical Supervision: 13
- Admin: 14
- Didactic Teaching: 10
- Research: 2

**Notes:**
- Re-certified: Enter the correct year.
- Original Certification Currently Valid: No re-cert year needed.
- Original Certification 2005: Will need to be re-certified by December 31, 2015, or the certification will lapse.
- Certification Lapsed: More than 10 years has passed since original certification.
Common Pitfall #6: UPDATE CVs, Especially Publications

Make sure the Program Director's Medical License is up to date.

Ensure Data

Only list the last ten years of academic appointments.

List the past ten years, beginning with your current position.

List only current professional activities.

Make sure the publications are only from the past five years.

The publications need to be in either chronological or reverse chronological order.

UPDATE PUBLICATIONS IN CVSI

<table>
<thead>
<tr>
<th>Specialty/Area</th>
<th>Certification Year</th>
<th>Certification Status</th>
<th>Re-Cert Year</th>
<th>State</th>
<th>Date of Expiration</th>
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<td>2012</td>
<td>California</td>
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<tr>
<td>Critical care medicine</td>
<td>1993</td>
<td>Re-Certified</td>
<td>2013</td>
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<td></td>
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</table>

Academic Appointments -

- List the past ten years, beginning with your current position.
- Only list the last ten years of academic appointments.
- List only current professional activities.

Concise Summary of Role in Program:

Fellowship Director, faculty member responsible for clinical and didactic teaching of fellows and rotating residents in Med-Surg and CT surgery ICU’s, Associate Director of the ICU’s.

Current Professional Activities / Committees (limit of 10):

- American Thoracic Society Critical Care Planning Committee
- Chair, Quality Steering Committee, Stanford Hospital and Clinics
- Stanford Hospital and Clinics Quality Improvement and Patient Safety Committee
- Continuing Quality Improvement in the ICU Committee
- Reviewer, Critical Care Medicine
- Society of Critical Care Medicine
- Fellow, American College of Chest Physicians
- American Thoracic Society

Selected Bibliography - Most representative Peer Reviewed Publications / Journal Articles from the last 5 years:


Common Pitfall #7: All Sites Have Full Amenities.

The following items are available within this institution for residents (check all that apply):

- Sleeping Rooms
- Shower
- Secure areas (lockers or rooms that can be locked)
- Cafeteria
- Vending machines
- Parking within 5 minutes of facility
- Wifi
- None of the Above

ALL Items in the Checklist are Available at:

- Stanford Hospital
- Lucile Packard Children’s Hospital
- VA Hospital, Kaiser Permanente Medical Center
- Santa Clara Valley Medical Center.
Agenda

- Quiz on Policies & Procedures
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- Common Pitfalls of Annual ADS Update
- **New ADS Questions 21 & 22**
- Required APE Documentation
- Group Discussion: Best Practices for APE
21. What are your program’s top priorities for improving the learning and working environment for residents/fellows during the current academic year?

- Enhancing peer and social support networks for trainees
- Increasing trainee access to medical/dental health services
- Increasing trainee access to counseling/mental health services
- Encouraging trainee healthy lifestyle
- Addressing trainee workload/work compression
- Promoting resilience in trainees
- Teaching relaxation and/or mindfulness
- Improving faculty mentoring and support for trainees
- Offering trainee peer counseling, Balint or Balint-like groups
The Institution Priorities are the Following: Please chose the ones that apply to your program.

- Sponsoring Institution Priorities
  - ✔ Enhancing peer and social support networks for trainees
  - ✔ Increasing trainee access to medical/dental health services
  - ✔ Increasing trainee access to counseling/mental health services
  - ✔ Encouraging trainee healthy lifestyle
  - ✔ Addressing trainee workload/work compression
  - ✔ Promoting resilience in trainees
  - ✔ Teaching relaxation and/or mindfulness
  - ✔ Improving faculty mentoring and support for trainees
  - ✔ Offering trainee peer counseling (for adverse events)
22. Briefly describe how the program and sponsoring institution are addressing the priorities identified in the previous question.

- Sponsoring Institution Initiatives:
  - Enhancing peer and social support networks for trainees
  - Increasing trainee access to medical/dental health services
  - Increasing trainee access to counseling/mental health services
  - Encouraging trainee healthy lifestyle
  - Addressing trainee workload/work compression
  - Promoting resilience in trainees
  - Teaching relaxation and/or mindfulness
  - Improving faculty mentoring and support for trainees
  - Offering trainee peer counseling, Balint or Balint-like groups
How the Sponsoring Institution (Stanford) is: Enhancing peer and social support networks for trainees

- Stanford Physician Peer Support Program
  - Residents face common professional challenges, and can be there for each other. This program is confidential and legally protected. Residents can Refer themselves or colleagues. Peer supporters listen, provide coping support and offer resources. More information is available at: [http://wellmd.stanford.edu/get-help/peer-support.html](http://wellmd.stanford.edu/get-help/peer-support.html). Contact [medpeersupport@stanford.edu](mailto:medpeersupport@stanford.edu)
  - Peer-to-Peer Counselling for Adverse Events

- Quarterly Resident Breakfasts in the Bing
- Diversity Council
- Women in Medicine
- Chief Residents’ Council
How the Sponsoring Institution (Stanford) is: Increasing trainee access to medical/dental health services

- Weekend and Video Conferencing Primary Care Appointments
- Free Prescriptions & Free Delivery
- Pre-Arranged Dental Days
- Culture supporting taking time for appointments
How the Sponsoring Institution (Stanford) is: Increasing trainee access to counseling/mental health services

- **Well Connect**
  - Confidential Consultation and service jointly sponsored by the Department of Psychiatry and Stanford Health Care to facilitate timely access to counseling, stress management and coping skills, and mental health services.
  - One-time visits or longer term care through Stanford or referral to providers in the community
  - 24x7 Access (someone is always on call via the phone number above - also available for emergencies)

- **Stanford Well Being Panel**
  - 12 free confidential sessions via referral to community therapists
  - Longer term care available via health insurance

- **Stanford Help Center**
  - 10 session of Free Counseling and Coaching
How the Sponsoring Institution (Stanford) is: Encouraging trainee healthy lifestyle

- Healthy Steps – Keas Program
  - HealthySteps to Wellness is a comprehensive wellness program designed to help you achieve your personal health goals.
  - Offers Education and Incentives to maintaining a Health Lifestyle.

- Nutritionists and Fitness Coaches are available to residents via Primary Care Clinics at No Charge.
How the Sponsoring Institution (Stanford) is: Addressing trainee workload/work compression

- GME is focusing on monitoring Service over Education/Imbalance through ACGME and GME Survey Responses
- GME advocating for Advanced Practice Providers in critical areas
- Uber allows residents transportation home faster after long shifts
How the Sponsoring Institution (Stanford) is: Promoting resilience in trainees

- the Peer Support and Resiliency in Medicine Program (PRIME) was developed in 2010 to restore balance to a training environment that historically focused on independence, self-sacrifice, expertise, efficiency, and critical thinking by creating a new culture that fosters interdependence, concern for others, self-care, and emotional literacy.
How the Sponsoring Institution (Stanford) is:
Teaching relaxation and/or mindfulness

- Mindfulness Tools for Residents & Fellows (Videotape series)
  - Mindfulness in Residency- A mindful Day in Residency with Dr. Mark Abramson
  - Mindfulness in Residency- Breathing Mindfulness for Residents with Dr. Mark Abramson
  - Mindfulness in Residency- Walking Meditation with Dr. Tara Cornaby
How the Sponsoring Institution (Stanford) is: Improving faculty mentoring and support for trainees

- GME Faculty Advisor Initiative – Tom Caruso, MD
  - Offers Training for Faculty and Program Infrastructure support to set up effective mentoring

- Pediatrics Mentoring/Coaching Initiative (Carrie Rassbach, MD)

- The Clinical Teaching Seminar Series (CTSS) at Stanford.
  - CTSS offers expert instruction in competency-based medical education topics, and the program provides mentors to support participants’ work on optional scholarly projects and conference presentations so that applicants can earn an Honors Certificate in Medical Education.

- The Fellow Coaching Program is offered at Stanford Medicine to facilitate mentorship between fellows and faculty throughout the year. The fellows have quarterly meetings with their faculty coach, who they chose at the beginning of the year based on shared interests.
  - During the coaching sessions, the faculty and fellows discuss six key areas of strong mentorship, including wellness, advocacy, research, career planning, sponsorship, and professionalism.
How the Sponsoring Institution (Stanford) is: Offering trainee peer counseling

- **Schwartz Rounds at the Cancer Center**

- **Stanford Physician Peer Support Program**
  - Residents face common professional challenges and can be there for each other
  - Volunteer trained faculty, fellows, residents
  - Confidential and legally protected
  - Refer self or a colleague
  - Peer supporter listens, provides coping support and offer resources
Annual ADS Update Still Outstanding:

**Due August 31, 2017**

- Anesthesia Critical Care Medicine
- Regional Anesthesiology
- Dermatopathology
- Emergency Medicine
- Pediatric Emergency Medicine
- Family Medicine
- Sports Medicine
- Medical Biochemical Genetics
- Internal Medicine and all its fellowship programs
- Neurology
- Neuromuscular Medicine
- Epilepsy
- Pediatric Epilepsy
- Child Neurology
- Clinical Neurophysiology
- Vascular Neurology
- Molecular Genetic Pathology
- Gynecologic Oncology
- Maternal-Fetal Medicine
- Reproductive Endocrinology & Infertility
- Surgical Pathology
- Gynecologic/Breast Pathology
- Gastrointestinal Pathology
- Selective Pathology
- Blood Banking/Transfusion Medicine
- Medical Microbiology
- Neuropathology
- Pediatrics and all its fellowship programs
- Spinal Cord Injury
- Psychiatry
- Child Psychiatry
- Geriatric Psychiatry
- Psychosomatic Medicine
- Interventional Radiology – Integrated
- Neuroradiology
- Pediatric Radiology
- Vascular and Interventional Radiology
- Sleep Medicine
- Hospice and Palliative Medicine
- Pain Medicine
- Pediatrics/Anesthesiology
- Internal Medicine/Anesthesiology
- Pediatrics/Medical Genetics
- Diagnostic Radiology/Nuclear Medicine

**Submit Draft of ADS Update to GME Program Manager no later than August 10 before the Final Submission Date.**

All Other Programs are due on September 29, 2017.
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- **Required APE Documentation**
- Group Discussion: Best Practices for APE
Annual Program Evaluation (APE) – Post-APE

- Program Director
  - Get the action plan approved by your teaching faculty.
  - Start working on resolving action plan items.

- Faculty
  - Approve the current APE Action Plan.

- Program Coordinator
  - Keep careful records.
  - Update the APE Guidebook under the 2016-17 tab.
  - Upload required documentation into MedHub within the APE tab.
1. Signed Attendance List

2. Meeting Minutes

3. Reports and Documents that the PEC Reviewed:
   a) Previous year’s Action Plan
   b) Evidence of Resident Performance, Graduate Performance, Faculty Development & Program Quality
   c) New Action Plan

4. APE Guidebook:
   a) SWOT Analysis with a clear Program Aim
   b) Multiple years of Action Plans, including the Current Year

5. Evidence of Core Teaching Faculty Approval for New Action Plan

**Documentation is key because it is the basis for longitudinal ACGME self-studies!**
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Some Initial Ideas:

- Encourage and facilitate an open and thorough discussion of the reports and documents from the current academic year.

- Deliver a presentation at the APE meeting Review after reviewing and summarizing all the data in advance.

- Use the APE Guidebook so that many years of Action Plans and SWOT Analyses are available in one place.
Best Practices – Sharing Session

- Janine Robert’s Group (PC for Anesthesia)
  - State of the program address (good, bad, ugly)
  - Whiteboard + Sticky Notes the SWOT

- Susan Freeman’s Group (PC for Allergy/Immunology and more!)
  - Draft minutes on slides, indicate changes before deadline - e-mail out to faculty

- Megan Christofferson’s Group (PC for Peds GI)
  - Foster open discussion with faculty and residents/fellows – bring action plan items to PD in advance before next APE meeting

- Erika Shimahara’s Group (PC for Otolaryngology)
  - Action plans generated in PEC, then refine topics in APE
  - Same committee members each year for continuity
THANK YOU!

Two More Things…

- Quick Evaluation of CES
  (E-evaluation will be sent out later to the PCs who dialed in)

- For next month’s quiz on Policies & Procedures, please read from page 16 (Mandatory Procedures) to page 23 (Resident Reporting & Responsibilities)