Coordinator Educational Series

Graduate Medical Education

January 11, 2018
Agenda

- Quiz on Policies & Procedures
- GME Updates
- GME Housestaff Survey
- Program Evaluation
Quiz

Housestaff starting at Stanford as a PGY III or higher are eligible for a partial reimbursement of their CA medical license application fee in the amount of $907.50, if the medical license was issued after a formal offer letter from Stanford was sent to the individual and before the individual’s start date at Stanford Hospital.

− True or False

All Reimbursement must be submitted within 1 month of occurring the expense.

− True or False  Within 1-2 months

Any unusual occurrence or accident involving the care of a patient should be reported:

1. Within 24 hours of the occurrence in a safe report
2. Immediately using the online incident reporting system available at each nursing station.
3. Within 24 hours to Risk Management
4. To the program Director as soon as possible

The call rooms are double occupancy and are designated as “hotel”.

− True or False  Single occupancy, “hotel”

They are open to all housestaff needing to sleep.

− True or False
Agenda

- Quiz on Policies & Procedures
- GME Updates
- GME Housestaff Survey
- Program Evaluation
GME Updates: J-1 Visas for Residency/Fellowship

- Sponsored by ECFMG (Educational Commission for Foreign Medical Graduates)

- Can be used for:
  - ACGME training or
  - Programs on the ECFMG non-standard program list
    - [https://www.ecfmg.org/evsp/nonstandard-subspecialty-disciplines.html](https://www.ecfmg.org/evsp/nonstandard-subspecialty-disciplines.html)
  - Programs recognized by a medical specialty board
Initial J-1 Application (2)

- DOCUMENTATION REQUIRED OF ALL INITIAL APPLICANTS
- ECFMG Number
- **Each document must be submitted to Ann Dohn (DIO) in separate pdf files.**
- CONTRACT OR OFFER LETTER
  - Must:
    - specify start and end dates of the **training year**
    - specialty and subspecialty of the training program
    - PGY level
    - Stipend
    - must be signed by both the applicant and the program director
- STATEMENT OF NEED (SoN)
  - The SoN must
    - Be issued by the federal/central office of the applicant’s country of most recent legal permanent residence
The training program description must:

- be on letterhead and signed by the Program Director
- If the program duration exceeds 12 months, please define the training activities for each year.

Program Demographics

- Name of Host Institution
- Specialty/Subspecialty
- Address (Mailing)
- Address (Physical location, if different from mailing)
- Phone Number
- Fax Number
- Address of Program Website
- Program E-mail
- Program Director
- Alternate Program Contact
Introduction
- History
- Duration
- Prerequisite Training/Selection Criteria

Goals and Objectives for Training:
- Define the educational purpose and intended goals of the training program
  - Program Certifications: List any additional certifications or recognitions held by the program
- Resources
  - Teaching Staff: List the teaching staff involved in providing the educational experience and their supervisory responsibilities over the participant(s). It is not necessary to send a faculty member’s Curriculum Vitae (C.V.).
- Facilities: List all training sites where rotations are conducted
- Educational Program (Basic Curriculum) Describe the following elements of the training program:
  - Clinical and research components
  - Trainee’s supervisory and patient care responsibilities
  - Clinical procedural requirements
  - Didactic sessions and teaching methods used to ensure program goals and objectives are met
  - If the program is more than twelve months in duration, describe the progression in responsibilities by PGY level
- Supervision and Evaluation
  - Describe how trainee is mentored and supervised
  - Describe the formal evaluation process used to assess the educational performance
J-1 Visas: Application (Cont’d 5)

- **CURRENT CURRICULUM VITAE (C.V.)**
  - The C.V. must detail the applicant’s education and professional history to date in a month/year to month/year format.

- **COPY OF PASSPORT NAME PAGE(S)**
  - Submit a copy of the passport name page for the applicant and each dependent.

- **PROOF OF COUNTRY OF MOST RECENT LEGAL PERMANENT RESIDENCE (LPR)**
  - Required if LPR differs from country of citizenship.

- **COPY OF FORM I-94 (ARRIVAL/DEPARTURE RECORD)**
  - Required if applicant is in the United States at the time of application to ECFMG.

- **OFFICIAL DOCUMENTATION OF FUNDING SOURCE**
  - Required if source of funding is other than, or in addition to, the salary provided by the teaching hospital where the training will take place.

- **EVIDENCE OF FAMILY RELATIONSHIP (Marriage/Birth/Adoption Certificate)**
COPY OF MEDICAL SCHOOL DIPLOMA

- A certified, word-for-word English translation must accompany a non-English document.

ENGLISH LANGUAGE ATTESTATION FORM


FULL-FACE PASSPORT-SIZED PHOTOGRAPH Uploaded as JPG.
J-1 Continuation

- PDF Copy of the signed offer letter
- Maximum of seven (7) years or duration of accredited program
ECFMG J-1 Visa Process

Program sends PDFs to GME

GME Reviews & Creates appt in EVFNet & uploads documents

EVNet emails trainee & trainee pays fees online

ECFMG/EVNet reviews and approves and issues DS-2019
What does GME see on the ECFMG website?

<table>
<thead>
<tr>
<th>Date Uploaded</th>
<th>Document Type</th>
<th>Uploaded By</th>
<th>Source</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>28-Dec-2017</td>
<td>Statement of Educational Objectives (SEO)</td>
<td>Applicant</td>
<td>WEB</td>
<td></td>
</tr>
<tr>
<td>27-Dec-2017</td>
<td>J1 Passport Biographic Page</td>
<td>Applicant</td>
<td>WEB</td>
<td></td>
</tr>
<tr>
<td>27-Dec-2017</td>
<td>Curriculum Vitae</td>
<td>Applicant</td>
<td>WEB</td>
<td></td>
</tr>
<tr>
<td>22-Dec-2017</td>
<td>Application Materials - Non-Standard</td>
<td>Applicant</td>
<td>WEB</td>
<td></td>
</tr>
<tr>
<td>21-Dec-2017</td>
<td>GMEC and Parent Program Verification Statement</td>
<td>Ann Dohn</td>
<td>WEB</td>
<td></td>
</tr>
<tr>
<td>21-Dec-2017</td>
<td>Training Program Description (for Clinical Subspecialty)</td>
<td>Ann Dohn</td>
<td>WEB</td>
<td></td>
</tr>
</tbody>
</table>
Other Considerations for trainees first entering the US

- Trainee arrives in US
- Reports to GME
- GME Notifies ECFMG of arrival
- Trainee waits 5 days and then applies for SSN
- SSN card sent to US home address of trainee
- Trainee (or GME) scans copy to MBC
- MBC issues CA Medical License
- Trainee can start

CA License application can be approved pending SSN
# ACGME Milestones: Urgent REMINDER: Thirteen Still Not Submitted… Due Jan 12th !!!

<table>
<thead>
<tr>
<th>Program Code</th>
<th>Program Name</th>
<th>Specialty Name</th>
<th>Survey Window Start</th>
<th>Survey Window End</th>
<th>Evaluations Scheduled</th>
<th>Evaluations Submitted</th>
<th>Evaluations Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>4200521034</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Radiology-diagnostic</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>39</td>
<td>39</td>
<td>Yes</td>
</tr>
<tr>
<td>4230521075</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Neuroradiology</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>7</td>
<td>7</td>
<td>Yes</td>
</tr>
<tr>
<td>4240521023</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Pediatric radiology</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>1</td>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>4270521081</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Vascular and interventional radiology</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>6</td>
<td>6</td>
<td>Yes</td>
</tr>
<tr>
<td>4300511014</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Radiation oncology</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>16</td>
<td>16</td>
<td>Yes</td>
</tr>
<tr>
<td>4400521054</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Surgery</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>44</td>
<td>44</td>
<td>Yes</td>
</tr>
<tr>
<td>4420521112</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Surgical critical care</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>2</td>
<td>2</td>
<td>Yes</td>
</tr>
<tr>
<td>4500521021</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Vascular surgery</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>4</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>4510521021</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Vascular surgery - integrated</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>5</td>
<td>5</td>
<td>Yes</td>
</tr>
<tr>
<td>4600521016</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Thoracic surgery</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>4</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>4610521016</td>
<td>Stanford Health Care-Sponsored Program</td>
<td>Thoracic surgery - integrated</td>
<td>10/30/2017</td>
<td>01/12/2018</td>
<td>10</td>
<td>10</td>
<td>Yes</td>
</tr>
</tbody>
</table>
## Announcement of ACGME 2018 Resident/Faculty Survey Dates

<table>
<thead>
<tr>
<th>Jan 15 – Feb 18</th>
<th>Feb 12 – Mar 18</th>
<th>Mar 12 – April 12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesia</td>
<td>Psychiatry</td>
<td>Medicine</td>
</tr>
<tr>
<td>Dermatology</td>
<td>PM &amp; R</td>
<td>Radiology</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>Pediatrics</td>
<td>Neurosurgery</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>Surgery</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>Neurology</td>
<td>Pathology</td>
<td>Pain Medicine</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>Ortho Surgery</td>
<td>Sleep Medicine</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Thoracic Surgery</td>
<td>Rad Oncology</td>
</tr>
<tr>
<td>Plastics</td>
<td>Urology</td>
<td></td>
</tr>
<tr>
<td>Hospice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Fellowships are included with the dates of their Core Programs Surveys
Agenda

- Quiz on Policies & Procedures
- GME Updates/Immigration
- GME Housestaff Survey
- Program Evaluation
# Overview of Evaluations and Surveys

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administrator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>Program Quality</td>
<td>Program Evaluation by Residents</td>
<td>GME Office</td>
<td>Once/Year (Feb or May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program Evaluation by Faculty</td>
<td>GME Office</td>
<td>Once/Year (Feb or May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>GME Housestaff Survey</strong></td>
<td>GME Office</td>
<td>Once/Year (Nov-Dec)</td>
</tr>
<tr>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td>Summative Evaluation</td>
<td>Program/PD</td>
<td>Program/PD</td>
<td>At the End of Training</td>
</tr>
<tr>
<td>External</td>
<td>Program Quality</td>
<td>ACGME Survey by Resident</td>
<td>ACGME</td>
<td>Once/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACGME Survey by Faculty</td>
<td>ACGME</td>
<td>Once/Year</td>
</tr>
<tr>
<td>Trainee Performance</td>
<td>Receives Milestone Data from Program</td>
<td>From Program</td>
<td>From Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receives Case/Procedure Data from Program</td>
<td>From Program</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
GME Housestaff Survey

- Dec 16-27, 2017
- 36 program reports
- Uploaded in MedHub
## Overview of Evaluations and Surveys

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administrator</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal</td>
<td>Program Quality</td>
<td>Program Evaluation by Residents</td>
<td>GME Office</td>
<td>Once/Year (Feb or May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Program Evaluation by Faculty</td>
<td>GME Office</td>
<td>Once/Year (Feb or May)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>GME Housestaff Survey</td>
<td>GME Office</td>
<td>Once/Year (Nov-Dec)</td>
</tr>
<tr>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Summative Evaluation</td>
<td>Program/ PD</td>
<td>At the End of Training</td>
<td></td>
</tr>
<tr>
<td>External</td>
<td>Program Quality</td>
<td>ACGME Survey by Resident</td>
<td>ACGME</td>
<td>Once/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ACGME Survey by Faculty</td>
<td>ACGME</td>
<td>Once/Year</td>
</tr>
<tr>
<td>Trainee Performance</td>
<td></td>
<td>Receives Milestone Data from Program</td>
<td>From Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receives Case/Procedure Data from Program</td>
<td>From Program</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

Annual Program Evaluation (Led by Program Evaluation Committee)
Annual Program Evaluations by Resident & Faculty

- Every year GME sends out Annual Program Evaluations via MedHub
- Standardized and institutionalized forms
- Program’s Choice: February 15th or May 1st
  - Please email your choice to Thi: tdinhla@stanford.edu by January 26th.
    - Default is February 15th
  - These evaluations by Residents/Fellows and Faculty are confidential and anonymous
    - All evaluations are aggregated by GME (14 days after distribution)
    - Aggregated reports are posted on MedHub (Program Accreditation -> APE)
  - Set-up Faculty Groups by January 26th.
    - Default is All Faculty listed in your program in MedHub
Program Evaluations – Create Faculty Group List

1. Log onto **MedHub**. Click on the **Evaluations** tab.

2. Click on **Evaluations Groups** under the **Evaluation** tab.

3. Click on **Add Evaluation Groups**. Name your Faculty Group: 2018 [YourProgramName] Program Evaluation by Faculty. Click on **Submit**. Add your faculty. You’re done!
THANK YOU!

Two More Things…

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

- For next month’s quiz on Policies & Procedures, please read the sections on:
  - Transportation and Parking (page 49)
  - Stipend Deductions (page 37)
  - Payroll (page 36)
  - Completion of Training (page 23)
  - Restrictive Covenant (page 41)
  - Ombudsperson’s Office (page 36)
Thanks for Joining Us