PROGRAM DIRECTORS ORIENTATION

Tuesday, September 26, 2017
9:00am – 12:00pm
H3210 Hospital Administration Conference Room
<table>
<thead>
<tr>
<th>Topics</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Ann Dohn, MA, DIO &amp; Larry Katznelson, MD, Associate Dean for GME</td>
</tr>
<tr>
<td>Operations</td>
<td>Ann Dohn, MA, DIO</td>
</tr>
<tr>
<td>Critical Websites</td>
<td>Nancy Piro, PhD</td>
</tr>
<tr>
<td>GME</td>
<td>Diane H. Steinberg, PhD</td>
</tr>
<tr>
<td>ACGME</td>
<td></td>
</tr>
<tr>
<td>MedHub</td>
<td></td>
</tr>
<tr>
<td>Alphabet Soup</td>
<td></td>
</tr>
<tr>
<td>Next Accreditation System</td>
<td></td>
</tr>
<tr>
<td>Accreditation Data System Updates</td>
<td></td>
</tr>
<tr>
<td>Curriculum Competency Committee</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
</tr>
<tr>
<td>House Staff Survey</td>
<td>Jie Li, PhD</td>
</tr>
<tr>
<td>ACGME Surveys</td>
<td></td>
</tr>
<tr>
<td>Program Evaluations</td>
<td></td>
</tr>
<tr>
<td>Annual Program Evaluation Meeting</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td></td>
</tr>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Update on Program Policies</td>
<td></td>
</tr>
<tr>
<td>Update on PLAs</td>
<td></td>
</tr>
<tr>
<td>Legal Issues in Residency Training:</td>
<td>Melissa Burke, JD</td>
</tr>
<tr>
<td>Top Trends in Recent Years</td>
<td></td>
</tr>
</tbody>
</table>
GME Operations
GME Operations

- The “Match”
- Appointing House Staff
- Orientation
- Visas
- CA MD licensing
- Evaluation issues
The “Match”

- National Resident Matching Program (NRMP)
- “All in” or not
- Email adohn1@Stanford.edu to activate
- Must look up all ranked applicants in NRMP system (check for violators)
- Watch for deadlines…quota…rank order list
Registration

- Contracts and registration completed on line using Medhub

Orientation

- June 22th (PGY I)
- June 30th (PGY II and above)
- July 5th (Pediatric fellows)
- July 31st (Surgical fellows)
J1 Visa vs H1B Visa

**J-1**
- Graduates of international medical schools (IMGs)
- Includes Canadian medical schools

**H1B**
- Graduates of US medical schools
- or pending green card
# H1B vs J1 Visa

<table>
<thead>
<tr>
<th><strong>J1-by ECFMG</strong></th>
<th><strong>H1B</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Training visa</em></td>
<td><em>Employment visa</em></td>
</tr>
<tr>
<td>Requires USMLE I/II and primary med school verification</td>
<td>Requires USMLE III</td>
</tr>
<tr>
<td>7 year maximum**</td>
<td>6 year maximum</td>
</tr>
<tr>
<td>Renews annually</td>
<td>Renews 1-3 years</td>
</tr>
<tr>
<td>No attorney</td>
<td>Needs an attorney</td>
</tr>
<tr>
<td>Cost $250</td>
<td>Cost $2500-$3000</td>
</tr>
<tr>
<td>Subject to 212E</td>
<td>Not subject to 212e</td>
</tr>
</tbody>
</table>
CA MD Licenses

- US medical school graduates must be licensed by the 1\textsuperscript{st} day of their third year of training. (not PGY III)

- International medical school graduates must be licensed by the 1\textsuperscript{st} day of their 4\textsuperscript{th} year of training. (not PGY IV).
CA MD Licenses

- Post Graduate Training Authorization
  - Required for all IMGs to train unless they possess a valid CA MD license
  - Obtained from the Medical Board of Ca
  - Same forms as a MD license application
Gentle words of wisdom

- Visas can take months…
- Licenses/Post graduate training authorizations can take 6-9 months
Questions
Your New Role as a Program Director
## Agenda

<table>
<thead>
<tr>
<th>Topics</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Ann Dohn, MA, DIO &amp; Larry Katznelson, MD, Associate Dean for GME</td>
</tr>
<tr>
<td>Operations</td>
<td>Ann Dohn, MA, DIO</td>
</tr>
<tr>
<td>Critical Websites</td>
<td></td>
</tr>
<tr>
<td>GME</td>
<td>Nancy Piro, PhD</td>
</tr>
<tr>
<td>ACGME</td>
<td></td>
</tr>
<tr>
<td>MedHub</td>
<td></td>
</tr>
<tr>
<td>Alphabet Soup</td>
<td></td>
</tr>
<tr>
<td>Next Accreditation System</td>
<td></td>
</tr>
<tr>
<td>Accreditation Data System Updates</td>
<td></td>
</tr>
<tr>
<td>Curriculum Competency Committee</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
</tr>
<tr>
<td>House Staff Survey</td>
<td></td>
</tr>
<tr>
<td>ACGME Surveys</td>
<td></td>
</tr>
<tr>
<td>Program Evaluations</td>
<td></td>
</tr>
<tr>
<td>Annual Program Evaluation Meeting</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td></td>
</tr>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Update on Program Policies</td>
<td></td>
</tr>
<tr>
<td>Update on PLAs</td>
<td></td>
</tr>
<tr>
<td>Legal Issues in Residency Training:</td>
<td></td>
</tr>
<tr>
<td>Top Trends in Recent Years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Melissa Burke, JD</td>
</tr>
</tbody>
</table>
Resources

- ACGME, GME & MedHub Websites
ACGME, GME & MedHub Websites

- GME:  http://gme.stanford.edu/
- ACGME: http://www.acgme.org/
MEDHUB OVERVIEW
MedHub Overview

- **MedHub**, implemented in AY 2005-06 at Stanford, is a *web-based* Residency Management System designed to track and document a variety of critical program and resident activities relating to institutional reimbursement and program accreditation.

- Program Directors can also obtain various reports, complete evaluations, create/view master rotation schedules, post curricular goals & objectives, as well as other resources and address alerts using MedHub.

- MedHub is also used by many programs to log required procedures.

- Web-based ensures that you can access MedHub from wherever you can access the Internet—from home, the hospital or from your favorite coffee house.

- It is **mandatory** for all SHC & LPCH 1st year residents, residents and sub-specialty residents to use MedHub to:
  - Document work hours each week
  - Initiate Absence Requests (Vacations, Away Conferences, and Leaves of Absence)
What is MedHub?
MedHub Basic Facts

MedHub is comprised of integrated modules which address:

- Block Rotation and Call Schedules
- Resident Demographics
- Resident work Hours
- Conferences & Attendance
- Evaluations (Development and Delivery)
  - Milestone evaluation/scales
- Case/Procedure Logging
- Reporting
- Communication
How do I log in?

  - If you are new to the PD Role – Use your Current Faculty Log-in
  - If you are new to Stanford - Use your SUnet user name and the MedHub password e-mailed to you by Brett Toensing via support @ medhub.com
Details on Logging on to MedHub

- **Logging on to MedHub:** [http://stanford.medhub.com](http://stanford.medhub.com)

  *(NO www.)*

  - If you do not receive your password, please contact Brett Toensing @ bet1@stanford.edu.
  - You will be asked/prompted to change your password upon initial access.
  - If you forget your password on subsequent log-ins, merely click the “Forgot My Password” and your password will be e-mailed to you at your e-mail address of record.
You will be prompted to change your password when you are logging in for the first time:

Current Password: 
New Password: 
Confirm New Password: 

Use this form to change your password.

Password Guidelines:
1. Can not be the same as the current password
2. Must be 5-12 characters in length
3. Must contain at least one non-alpha character (such as a number)
Sample of PD/ Faculty Member MedHub Home Page

**SITUATION ALERT:**

IV pantoprazole is on critical shortage.

**BACKGROUND:**

IV pantoprazole is on shortage with a projected release date of Q1 2018.

**ASSESSMENT:**

Given our current utilization rate, we anticipate complete exhaustion within 2 weeks. Due to prolonged shortage, we must be more discerning with its use.

**RECOMMENDATION:**

1. Use IV pantoprazole only for GI bleeds
2. There are multiple alternatives available, such as PPI pantoprazole, H2 tarpoxidone, or IV tarpoxidone in cases where this route is needed.
3. General guidelines if helpful
   a. Stress Ulcer Prophylaxis guideline to evaluate therapy and recommend discontinuation of therapy when appropriate.
   b. IV to PO Conversion Protocol to convert necessary therapy to oral formulation, if appropriate. (Pharmacy can make auto-substitution)

**Update to Surgical Prophylactic Antibiotics Ordering**

Starting 09/06/17, the Prophylactic Antibiotics section of the Pre-Admission/Pre-Op Orders order set now differentiates between Pre-Operative Antibiotic Prophylaxis for Cases WITH and WITHOUT Anesthesia. For cases with Anesthesia, ordering providers may now indicate to give antibiotics per SHC guidelines, per ongoing regimen, after cultures are drawn or indicate no intraoperative antibiotics required. The option to order antibiotics per surgeon preference is still available.

**SHC 4th Floor on Call Quarters**

No reservations! Door combinations 4-3-5. Interior lock (latch) bypasses the combination lock.

Please do not leave valuables in the call rooms. Lockers available for daily use in the resident work room (hallway to the gym)
What’s on the PDs MedHub Home Page? (1 of 2)

− Right Column
  ▸ GME Announcements
  ▸ News (OPTIONAL)– You can select from available free news sources as permitted by your institution
    − Use the arrow in the upper right hand corner to move the position of the news boxes up or down
    − To add a channel click on “Add Channel” and to delete a channel use the “x” in the upper right corner of the news box

− Middle Column – Faculty Access
  ▸ Learning Modules
  ▸ Clinical Competency Committee
  ▸ Program Accreditation Review

− Middle Column – Program Director Access
  ▸ Curriculum Objectives/Goals
  ▸ Announcements
  ▸ Resources/Documents
  ▸ Competency Dashboard …
What’s on the PDs MedHub Home Page? (2 of 2)

- Middle Column – Program Director Access - Continued
  - Milestones Management
  - Program Scorecards
  - Program Accreditation
  - View Faculty Service/Program Evaluations
  - Work Hours Period Reviews

- Mentor Access
  - Resident Demographics
  - Resident Evaluations
  - Conference Attendance
  - Resident Learning Portfolios

- Left Column: Urgent Tasks
  - Personal Calendar View
  - Announcements
  - Messaging
Program Director Access

- Program Settings
- All Summary Reports
- Upload Curriculum Objectives / Add Resources/Documents/ Post Announcements
- Program Accreditation
- Add work Hour/Evaluations Channel to Home Page /Receive work Hour/Eval Alerts
- Resources/Documents – Ability to Create Subfolders (within parent folders)
- Mentors Aggregate Evaluations View
- Enhanced Calendar Export
- Weekly Views of Rotation Schedule
- Conference Attendance by Faculty
- Procedures Summary by Resident
Mentor Access

- View Work Hours
- View Conference Attendance
- View Procedures
- View Evaluations
- View Resident Learning Portfolios – Add Notes, Links, Files
Account

- Preferences
- Change Password
- Login Statistics
- My Permissions
# Resident Work Hours Tracking Compliance

## Weekly Work Hours

### Weekly Compliance Checklist

- **Maximum of 80 total hours:** 0.01(s)
- **Days off (1 required):** 7 day(s)
- **Single work period - 24 hours duty/28 hours total maximum:** --
- **8 hour breaks between work periods (must):** --
- **10 hour breaks between work periods (should):** --

*Note: you must submit your work hours to check for compliance issues. (work hours have not been submitted)*

### May 2017

<table>
<thead>
<tr>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td></td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>21</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>25</td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
<td>30</td>
</tr>
</tbody>
</table>

### June 2017

<table>
<thead>
<tr>
<th>SUN</th>
<th>MON</th>
<th>TUE</th>
<th>WED</th>
<th>THU</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SUNDAY, June 18, 2017

0 hrs total

### MONDAY, June 19, 2017

0 hrs total
Resident Work Hours Tracking Compliance
## PD Work Hours Review Periods Function

<table>
<thead>
<tr>
<th>Program</th>
<th>Schedule</th>
<th>Period Start</th>
<th>Period End</th>
<th>Status</th>
<th>Violations</th>
<th>Reviewed</th>
<th>Resident Submission %</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 3-6</td>
<td>7/1/2017</td>
<td>7/31/2017</td>
<td></td>
<td>Reviewed</td>
<td>25</td>
<td>25</td>
<td>69.15%</td>
<td>Review</td>
</tr>
<tr>
<td>PGY 1-2</td>
<td>7/1/2017</td>
<td>7/31/2017</td>
<td></td>
<td>(no violations)</td>
<td>0</td>
<td>0</td>
<td>100.00%</td>
<td>Review</td>
</tr>
</tbody>
</table>
### Schedules – Four View Types: (1) Service View

**Rotation Schedules**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MSO</strong></td>
<td>Arrigo, B</td>
<td>Flannery, K</td>
<td>Turkmani-Bazzi, S</td>
<td>Flannery K</td>
<td>Flannery K</td>
<td>Ngai, L</td>
<td>Ngai, L</td>
<td>Ngai, L</td>
<td>Ngai, L</td>
</tr>
<tr>
<td></td>
<td>Evrig, T</td>
<td>Knight, Z</td>
<td>Stockert, E</td>
<td>Stockert, E</td>
<td>Stockert, E</td>
<td>Nguyen, P</td>
<td>Nguyen, P</td>
<td>Nguyen, P</td>
<td>Nguyen, P</td>
</tr>
<tr>
<td></td>
<td>Coleman, T</td>
<td>Park, L</td>
<td>Fowler, C</td>
<td>Coffman, C</td>
<td>Coffman, C</td>
<td>Heng, K</td>
<td>Heng, K</td>
<td>Heng, K</td>
<td>Heng, K</td>
</tr>
<tr>
<td></td>
<td>Knight, Z</td>
<td>Rothel, C</td>
<td>Vazquez, J</td>
<td>Wright, J</td>
<td>Wright, J</td>
<td>Lee, E</td>
<td>Lee, E</td>
<td>Lee, E</td>
<td>Lee, E</td>
</tr>
<tr>
<td></td>
<td>Evrig, T</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
<td>(8/1-8/14)</td>
</tr>
<tr>
<td><strong>ASC</strong></td>
<td>Coffman, C</td>
<td>Rothel, C</td>
<td>Knight, Z</td>
<td>Nagai, L</td>
<td>Nagai, L</td>
<td>Bany, T</td>
<td>Bany, T</td>
<td>Bany, T</td>
<td>Bany, T</td>
</tr>
<tr>
<td><strong>UROL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Confidential – For Discussion Purposes Only
## Schedules – (2) Resident View

<table>
<thead>
<tr>
<th>Rotation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agarwal, Amul (4)</td>
<td>VA OR (7/16-7/31)</td>
<td>ENT</td>
<td>MICU</td>
<td>PACU</td>
<td>ACUTE PAIN</td>
<td>NEURO 2</td>
<td>OrthoTrauma</td>
<td>CHRONIC PA</td>
</tr>
<tr>
<td>Aliain, David (2)</td>
<td>MSD</td>
<td>ORTHO</td>
<td>ENT</td>
<td>MSD</td>
<td>ACUTE PAIN</td>
<td>Neuro 2</td>
<td>OrthoTrauma</td>
<td>CHRONIC PA</td>
</tr>
<tr>
<td>Ansari, Jessica (4)</td>
<td>RESEARCH</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arkin, Nicole (2)</td>
<td>ADO MSD</td>
<td>NEURO 2</td>
<td>BAU 9/12-9/25</td>
<td>MICU</td>
<td></td>
<td>VA OR (10/24-11/11)</td>
<td>ORTHO 1</td>
<td>MSD</td>
</tr>
<tr>
<td>Argo, Robert (2)</td>
<td>MSD</td>
<td>OrthoTrauma</td>
<td>SOVAC OR</td>
<td>SOVAC OR</td>
<td>UROL (10/24-11/6)</td>
<td>MICU</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atkinson, Derek (4)</td>
<td>ACUTE PAIN</td>
<td>SAU/MSD</td>
<td>CICU</td>
<td>VA OR</td>
<td>CHRONIC PA</td>
<td>OB</td>
<td>LIVER/MSD</td>
<td>PEDIATRIC</td>
</tr>
</tbody>
</table>
# Schedules – (3) Resident Details View

The “Resident Details” View Shows Continuity Clinics (CC) / Alternate Activities (AA)

<table>
<thead>
<tr>
<th>Rotation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agarwal, Anuj (4)</td>
<td>ENT</td>
<td>MICU</td>
<td>PACU</td>
<td>RESEARCH</td>
<td>RESEARCH</td>
<td>REGIONAL</td>
<td>LIVER (1/16-1/29)</td>
<td>PEDIATRI</td>
</tr>
<tr>
<td></td>
<td>ENT</td>
<td>MICU</td>
<td>PACU</td>
<td>RESEARCH</td>
<td>RESEARCH</td>
<td>REGIONAL</td>
<td>LIVER (1/16-1/29)</td>
<td>PEDIATRI</td>
</tr>
<tr>
<td></td>
<td>ENT</td>
<td>MICU</td>
<td>PACU</td>
<td>RESEARCH</td>
<td>RESEARCH</td>
<td>REGIONAL</td>
<td>LIVER (1/16-1/29)</td>
<td>PEDIATRI</td>
</tr>
<tr>
<td>Allan, David (2)</td>
<td>MSD</td>
<td>ORTHO ORTHO</td>
<td>ENT</td>
<td>MSD (9/26-10/9) ASC (10/10-10/23)</td>
<td>ACUTE PAIN</td>
<td>NEURO 2</td>
<td>OrthoTrauma</td>
<td>CHRONIC PA</td>
</tr>
<tr>
<td></td>
<td>MSD</td>
<td>ORTHO ORTHO</td>
<td>ENT</td>
<td>MSD (9/26-10/9) ASC (10/10-10/23)</td>
<td>ACUTE PAIN</td>
<td>NEURO 2</td>
<td>OrthoTrauma</td>
<td>CHRONIC PA</td>
</tr>
<tr>
<td></td>
<td>MSD</td>
<td>ORTHO ORTHO</td>
<td>ENT</td>
<td>MSD (9/26-10/9) ASC (10/10-10/23)</td>
<td>ACUTE PAIN</td>
<td>NEURO 2</td>
<td>OrthoTrauma</td>
<td>CHRONIC PA</td>
</tr>
<tr>
<td>Anvari, Jessica (4)</td>
<td>RESEARCH</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
</tr>
<tr>
<td></td>
<td>RESEARCH</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
</tr>
<tr>
<td></td>
<td>RESEARCH</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
<td>MSD</td>
</tr>
<tr>
<td>Arkin, Nicole (2)</td>
<td>ABD MSD</td>
<td>NEURO 2</td>
<td>NEURO 2</td>
<td>MCIU</td>
<td>VA OR (10/24-11/4) VA Perl (11/7-11/20)</td>
<td>VA OR</td>
<td>MSD (10/19-1/1) ASC (1/2-1/15)</td>
<td>NEURO 1</td>
</tr>
<tr>
<td></td>
<td>ABD MSD</td>
<td>NEURO 2</td>
<td>NEURO 2</td>
<td>MCIU</td>
<td>VA OR (10/24-11/4) VA Perl (11/7-11/20)</td>
<td>VA OR</td>
<td>MSD (10/19-1/1) ASC (1/2-1/15)</td>
<td>NEURO 1</td>
</tr>
<tr>
<td></td>
<td>ABD MSD</td>
<td>NEURO 2</td>
<td>NEURO 2</td>
<td>MCIU</td>
<td>VA OR (10/24-11/4) VA Perl (11/7-11/20)</td>
<td>VA OR</td>
<td>MSD (10/19-1/1) ASC (1/2-1/15)</td>
<td>NEURO 1</td>
</tr>
<tr>
<td>Arroyo, Robert (2)</td>
<td>MSD</td>
<td>OrthoTrauma ORTHO</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
</tr>
<tr>
<td></td>
<td>MSD</td>
<td>OrthoTrauma ORTHO</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
</tr>
<tr>
<td></td>
<td>MSD</td>
<td>OrthoTrauma ORTHO</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
<td>SCVMC OR</td>
</tr>
<tr>
<td>Atkinson, Derek (4)</td>
<td>AGUTE PAIN</td>
<td>SAU/MSD</td>
<td>CTICU</td>
<td>VA OR</td>
<td>CHRONIC PA</td>
<td>OR</td>
<td>LIVER/MSD</td>
<td>PEDIATRIC</td>
</tr>
<tr>
<td></td>
<td>AGUTE PAIN</td>
<td>SAU/MSD</td>
<td>CTICU</td>
<td>VA OR</td>
<td>CHRONIC PA</td>
<td>OR</td>
<td>LIVER/MSD</td>
<td>PEDIATRIC</td>
</tr>
<tr>
<td></td>
<td>AGUTE PAIN</td>
<td>SAU/MSD</td>
<td>CTICU</td>
<td>VA OR</td>
<td>CHRONIC PA</td>
<td>OR</td>
<td>LIVER/MSD</td>
<td>PEDIATRIC</td>
</tr>
<tr>
<td>Banu</td>
<td>ChildRea</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
<td>PEDIATRIC</td>
</tr>
</tbody>
</table>
## Schedules – (4) Services (All) View

<table>
<thead>
<tr>
<th>Rotation:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
</tr>
</thead>
</table>

*Confidential – For Discussion Purposes Only*
Evaluations

To complete evaluations – simply click on the appropriate response or type in comments and click “Submit” at the bottom of the page or you can hit “Save answer – I will finish later” and then submit to save your responses and return to the evaluation form at a later time to complete and submit – all electronically.
How do I get Help in MedHub?

Navigate to Help- by clicking “HELP’ on the Red Navigation Bar

- Getting Help
  - Online User Documentation
    - Help Resources - Knowledge Base Articles
    - Video Tutorials
    - User Manual
  - Logging a trouble ticket
  - Go to the Help screen and provide as much information as possible
    - Questions about Stanford residency program process or policy should go to your program coordinator (Drop down menu’s)
    - Questions about MedHub functionality should go to MedHub, but MedHub support cannot edit, delete or unlock data
  - If you want to change data-please contact your program administrator.
  - If you cannot access MedHub, first try to access another site (ebay.com, msn.com)
Required MedHub Program Documentation Overview

✓ Policies
  ✓ Work hours
  ✓ Supervision
  ✓ LOA
  ✓ Selection criteria
  ✓ PLAs (must be signed/dated w/l the last five years, or with a new DP or SD)

✓ Correspondence
  ✓ Letters to/from ACGME on Program Changes

✓ Annual Program Evaluation (APE)
  ✓ Agenda, Sign In Sheet, Meeting Minutes, Plan of Action
Required MedHub Program Documentation Correspondence

✓ Letters to/from ACGME on Program Changes
Required MedHub Program Documentation: Annual Program Review

✓ What to upload:
  ✓ Agenda
  ✓ Sign In Sheet
  ✓ Meeting Minutes covering ACGME topics
    ✓ Resident performance
    ✓ Faculty development
    ✓ Graduate performance
    ✓ Program quality
  ✓ Plan of Action
  ✓ Program Evaluations by Faculty and Residents
    ✓ uploaded for you by GME Office
UPDATE: Program Evaluations by Faculty and Staff

✓ Aggregate evaluation reports used for APE

✓ Evaluations have been initiated by GME Office

✓ Sent to distribution list only if provided to GME

✓ Next year, “groups” can be created on MedHub for easy and accurate distribution

✓ GME will run aggregate evaluation reports and uploaded to your Program’s APE tab when # of responses = 70% or greater

✓ Many programs are currently below a 70% response rate
Frequently Asked Questions

✓ Can Residents/Fellows Export their Learning Portfolios?
✓ Can Nurses/Patients evaluate the Residents/Fellows?
✓ How can I implement educational portfolios through MedHub?
✓ Can I use MedHub to accomplish 360 degree evaluations?
✓ Can Residents/Fellows upload files into their Learning Portfolios?
✓ To whom can I submit enhancement ideas for MedHub? Brett at: bet1@stanford.edu
Questions?
## Agenda

<table>
<thead>
<tr>
<th>Topics</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Ann Dohn, MA, DIO &amp; Larry Katznelson, MD, Associate Dean for GME</td>
</tr>
<tr>
<td>Operations</td>
<td>Ann Dohn, MA, DIO</td>
</tr>
<tr>
<td>Critical Websites</td>
<td>Nancy Piro, PhD</td>
</tr>
<tr>
<td>GME</td>
<td></td>
</tr>
<tr>
<td>ACGME</td>
<td></td>
</tr>
<tr>
<td>MedHub</td>
<td></td>
</tr>
<tr>
<td>Alphabet Soup</td>
<td>Diane H. Steinberg, PhD</td>
</tr>
<tr>
<td>Next Accreditation System</td>
<td></td>
</tr>
<tr>
<td>Accreditation Data System Updates</td>
<td></td>
</tr>
<tr>
<td>Curriculum Competency Committee</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
</tr>
<tr>
<td>House Staff Survey</td>
<td>Jie Li, PhD</td>
</tr>
<tr>
<td>ACGME Surveys</td>
<td></td>
</tr>
<tr>
<td>Program Evaluations</td>
<td></td>
</tr>
<tr>
<td>Annual Program Evaluation Meeting</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td></td>
</tr>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Update on Program Policies</td>
<td></td>
</tr>
<tr>
<td>Update on PLAs</td>
<td></td>
</tr>
<tr>
<td>Legal Issues in Residency Training:</td>
<td>Melissa Burke, JD</td>
</tr>
<tr>
<td>Top Trends in Recent Years</td>
<td></td>
</tr>
</tbody>
</table>
Alphabet Soup of ACGME Terminology

- **ACGME**
  - Accreditation Council for Graduate Medical Education
- **ADS**
  - Accreditation Data System
- **GMEC**
  - Graduate Medical Education Committee
- **DIO**
  - Designated Institutional Official
- **CCC**
  - Clinical Competency Committee
- **APE**
  - Annual Program Evaluation
Alphabet Soup of ACGME Terminology

- **PEC**
  - Program Evaluation Committee

- **RRC/RC**
  - (Residency) Review Committee at ACGME

- **LON**
  - Letter of Notification

- **CLER**
  - Clinical Learning Environment Review

- **PLA**
  - Program Letter of Agreement

- **NAS**
  - Next Accreditation System
Alphabet Soup of ACGME Terminology

- NRMP
  - National Resident Matching Program
- ERAS
  - Electronic Residency Application Service
- ECFMG
  - Educational Commission for Foreign Medical Graduates
- AAMC
  - American Association of Medical Colleges

Where to start?
Historical Perspective on GME Accreditation

- **1950** – First RRCs established to accredit resident education.
- **1972** – CCME & LCGME created to oversee RRCs.
- **1981** – ACGME was established instead of LCGME.
- **2000** – ACGME became an independent corporation.
- **2000-2002** – ACGME identified & endorsed the 6 competencies.
- **2003/2011** – ACGME instituted and revised common duty hour standards.
- **2012** - ACGME began the Next Accreditation System.
- **2017** - ACGME revised program requirements to promote patient safety, resident well-being, & work hour flexibility.
The Next Accreditation System

Continuous Observations (Collect Data)

Identify Opportunities for Improvement (Find Problems)

Program Makes Improvement(s) (Solutions)

Promote Innovation

Assess Program Improvement(s) (Program Evaluation)
Goals of the Next Accreditation System

- Program Innovation
  - Innovate *Detail* requirements not *Core & Outcome* requirements.
- Underperforming Program Improvement
- Outcomes-Based Program Accreditation
- Paperwork Reduction using the Accreditation Data System
The Next Accreditation System (NAS) Overview

- **Internal Oversight**
  - Graduate Medical Education Committee
  - Program Evaluation Committee’s Annual Program Evaluation
  - Milestone Evaluations by the Clinical Competency Committee
  - Special Reviews

- **ACGME Oversight: Continuous Accreditation Model**
  - RC annually reviews programs’ trended performance indicators:
    - Annual ADS Update
    - ACGME Surveys
    - Board Pass Rate
    - Procedure logs
  - Site visits as “needed” and CLER visits every 18 months
  - 10-year Self-Study with full ACGME site visit at end
GMEC Oversight of ACGME Accreditation Status of Programs

- SHC Committee

- Chaired by Larry Katznelson, MD, Associate Dean of Graduate Medical Education

- Must include the following voting members: DIO, Program Directors (representative sample), minimum of two peer-selected residents/fellows, and a quality improvement/safety officer.

- Meets Monthly on the second Thursday of each month.

- Submit agenda items to the GME Office.
  - Changes in Program Directors and Associate Program Directors are approved by the GMEC.
What needs GMEC approval?

I.B.4.b) review and approval of:

1. institutional GME policies and procedures; (Core)
2. annual recommendations to the Sponsoring Institution’s administration regarding resident/fellow stipends and benefits; (Core)
3. applications for ACGME accreditation of new programs; (Core)
4. requests for permanent changes in resident/fellow complement; (Core)
5. major changes in each of its ACGME-accredited programs’ structure or duration of education; (Core)
6. additions and deletions of each of its ACGME-accredited programs’ participating sites; (Core)
7. appointment of new program directors; (Core)
8. progress reports requested by a Review Committee; (Core)
9. responses to Clinical Learning Environment Review (CLER) reports; (Core)
10. requests for exceptions to duty hour requirements; (Core)
11. voluntary withdrawal of ACGME program accreditation; (Core)
12. requests for appeal of an adverse action by a Review Committee; and, (Core)
13. appeal presentations to an ACGME Appeals Panel. (Core)
RC Decisions on Program Standing in the Next Accreditation System

- **Application for New Program**
  - 2-4%

- **Accreditation with Warning**
  - 10-15%

- **Continued Accreditation**
  - 75-80%

- **Withdrawal of Accreditation**
  - <1%

1. NAS: No Cycle Length
2. Percentages represent approximations based on accreditation status received by programs in the past
Program Responsibilities

1. **Annual Data Update** in ADS (externally reported)
2. **Interim Program Changes** (externally reported): Includes changes in resident complement or PD/PC change
3. **Clinical Competency Committee** (internal)
4. **Milestone Reporting** (externally reported to ACGME)
5. **ACGME Faculty Survey** (externally reported)
6. **ACGME Resident/Fellow Survey** (externally reported)
7. **Program Evaluation Committee** (internal)
8. **Clinical Experience Review** in annual program evaluations (internal)
9. **Self Study** (internal until external site visit at end of 10 years)
# Annual Timeline

Can be found on the GME Website in the Directors & Coordinators tab after Log In.

<table>
<thead>
<tr>
<th>Milestones</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>WebADS</td>
<td>Prepare WebADS updates, Send to GME for review, Submit GME-approved WebADS to ACGME.</td>
<td>Submit Milestone Reports to ACGME.</td>
</tr>
<tr>
<td>ACGME Survey for Faculty &amp; Residents &amp; Fellows</td>
<td>Reporting window. ACGME delivers confidential survey.</td>
<td>Survey results posted in MedHub.</td>
</tr>
<tr>
<td>Program Evaluations for Faculty &amp; Residents &amp; Fellows</td>
<td>GME delivers confidential program evaluations.</td>
<td>Evaluations posted in MedHub.</td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td>Complete form at end of training.</td>
<td></td>
</tr>
<tr>
<td>Alumni Survey (optional)</td>
<td>GME delivers alumni survey.</td>
<td></td>
</tr>
<tr>
<td>Duty Hours</td>
<td>Monthly Ongoing: Review all violations.</td>
<td></td>
</tr>
<tr>
<td>Site Visit</td>
<td>Occurs at any time with an ACGME notification (minimum 30 days prior to visit).</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td>Occurs upon receiving ACGME Self-Study Letter of Notification. Submit Self-Study Summary approximately 6 months after notification.</td>
<td></td>
</tr>
<tr>
<td>CLER</td>
<td>Approx. every 18 months.</td>
<td></td>
</tr>
<tr>
<td>Recommendations of Appointment + PTAs</td>
<td>Due Oct. 1 for all Matched Residents and Continuing Residents</td>
<td>Due 5 days after main NRMP match for interns.</td>
</tr>
<tr>
<td>Visas</td>
<td>Start J-1 Visas by January 1.</td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>Orientation on July 5</td>
<td>Orientation on June 20 and June 30</td>
</tr>
<tr>
<td>Visiting Residents and Away Electives</td>
<td>Orientation on August 1</td>
<td>Packets due to GME 60 days in advance.</td>
</tr>
</tbody>
</table>
Data Collection for the Next Accreditation System: The Accreditation Data System (ADS) Annual Update
The Accreditation Data System (ADS)

- A web-based system that contains critical accreditation data for all sponsoring institutions and programs

- ADS Required Tasks:
  - Self Study Documents
  - Minor and Major Changes
  - New Program Application
  - Annual Update
  - Surveys
  - Milestones
Annual ADS Update: Why & When?

**Why?**

- The ACGME Residency Review Committees rely on annual program data (along with other relevant data) for their accreditation decisions and citation actions.

- Submission Timeframe: July – September
Data Collection Systems

The ACGME Data Collection Systems comprise the Accreditation Data System (ADS), which includes the Case Log System, and the Resident/Fellow and Faculty Surveys.

ADS is a web-based software system that contains critical accreditation data for all Sponsoring Institutions and programs. It is a tool to collect and organize information for accreditation purposes, and serves as a means of communication between the ACGME and Sponsoring Institutions and programs. It is also used internally by the Department of Field Activities and the staff of the Review Committees in conducting accreditation activities. ADS incorporates several applications and functions, including the Annual Update, Milestones, Case Logs, and the application for accreditation.

The Department of Field Activities uses ADS for site visit scheduling and housing site visit reports for submission to the Review Committees, and programs use ADS to evaluate site visitors. The Clinical Learning Environment Review (CLER) Program uses ADS to schedule CLER visits and manage additional details of the CLER process.

The Resident/Fellow and Faculty Surveys are managed in a separate system in order to protect and preserve anonymity and confidentiality. Conducted annually, the surveys poll program residents/fellows and faculty members to collect critical evaluations of components of their programs to assist in their review for the purposes of accreditation. The Surveys are only accessible by those participating during specific windows during the academic year. These participation windows are communicated directly to institutions and programs via email. All accredited programs are required to meet a minimum level of participation compliance with the ACGME Surveys.

The majority of data is available only to individuals with login credentials. Public-facing data is available here. Logins are provided to designated institutional officials (DIOs), program directors, program coordinators, residents and fellows, and faculty members participating in surveys. Users have access to the following systems:

- **Program Director**: ADS, including Case Logs for viewing reports
- **DIO**: ADS, including Case Logs for viewing reports
- **Residents/Fellows**: Case Logs and ACGME Surveys
- **Faculty Members**: ACGME Surveys
- **Others**: Search Programs and Institutions

**GME Program Managers Do NOT Have Access to Programs’ ADS Updates**
ACGME ADS – Reporting Window

<table>
<thead>
<tr>
<th>Program</th>
<th>Faculty</th>
<th>Residents</th>
<th>Sites</th>
<th>Case Logs</th>
<th>Summary</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>0200521116 - STANFORD UNIVERSITY PROGRAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy and immunology - Stanford, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Accreditation Date: July 01, 1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Status: Continued Accreditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Effective Date: August 27, 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accredited Length of Training: 2 Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Format: Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Total Approved Resident Positions: 8
- Total Filled Resident Positions: 3

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year.

- Last Site Visit Date: April 06, 2010
- Date of Next Site Visit (Approximate): No Information Currently Present
- Self Study Date (Approximate): August 01, 2018

- Program Requires Prior or Additional Accredited GME Training: Yes
- Number of Prior or Additional Accredited GME Training Years: 3
- Program Requires Dedicated Research Year Beyond Accredited Program Length: No

Important Dates:
- Annual Update Status: October 01, 2013 - November
- Next Site Visit: NOT SCHEDULED
- Self Study Date (APPROX): August 01, 2018

Additional Requirements:
- Duty Hours, Learning Environment
- Overall Evaluation Methods
- Citations and Major Changes

Change Requests:
- New Program Director

Notification Letters:
- View Notification Letters
Annual ADS Update: Contents

Complete: No
Attention Required

Incomplete: Attention Required
### ADS Updates – Status Check

#### Annual Update

<table>
<thead>
<tr>
<th>Date Required by:</th>
<th>November 05, 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete:</td>
<td>Yes</td>
</tr>
<tr>
<td>Completion Date:</td>
<td>November 05, 2013</td>
</tr>
</tbody>
</table>

**New Feature:** All required sections of the annual update are listed below and are available throughout the academic year by accessing the tabs at the top of the screen.

Any section with a yellow triangle symbol (⚠️) requires attention.

Any section with a green check (✔️) is complete and does not require attention.

**Program Information:**

- ✔️ You must have a primary teaching site.
- ✔️ Update the Duty Hour/Learning Environment section.
- ✔️ Update program address information.
- ✔️ Update responses for all current citations.
- ✔️ Update the major changes section.
- ✔️ Update the Overall Evaluation Methods section.
- ✔️ Enter a valid Program Director email.

*Confidential – For Discussion Purposes Only*
Annual ADS Update: Contents

1. Program Information
   - Respond to Current Citations (if have them).
   - Respond to Major Changes section – Resets Annually.
   - Update Participating Sites and Length of Rotations.
   - Update Physician Faculty Roster and Board Re-Certifications.
   - Update Program Director CV Every Year.
   - Include Multiple Learner Assessment Methods by a Variety of Evaluators.
   - Update Works Hours, Patient Safety and Learning Environment.

2. Resident Data
   - Enter new residents.
   - Confirm all residents (status and year in program).
   - Add Recent Resident Scholarly Activity – Resets Annually.

3. Faculty Data
   - Add new faculty and remove faculty no longer active with the program.
   - Add Recent Faculty Scholarly Activity – Resets Annually.
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. Check Board Certifications in Faculty Roster.
5. Carefully Update CVs.
6. Plan Ahead to Collect Scholarly Activity.
7. Send to GME at least 2 Weeks Ahead of Due Date.
8. Proofread – Make a good impression!
Common Pitfall #1:
Don’t Forget to Update Citation Responses Each Year

Program
Faculty Residents Sites Case Logs Summary Reports

1100521098 - STANFORD UNIVERSITY HOSPITAL/KAISER PERMANENTE MEDICAL CENTER PROGRAM
Emergency medicine - Stanford, CA
1100521098-Stanford University Hospital/Kaiser Permanente Medical Center Program

Program Citations / Major Changes

Instructions

Citation(s)

- Please provide a brief update on each previous citation(s) and how they have been addressed, if applicable.

1. Meeting Date: 02/10/2012
   Last Updated By Program Director: 11/26/2012

Program Director Responsibilities/Resident Procedure Documentation (II.A.4.a) The program director must ensure that residents maintain a record of all major resuscitations and procedures performed by each resident (as delineated in IV.A.5.a.7. below). The record must document their role, i.e., participant or director; the type of procedure(s); and age of patient. Only one resident may be credited with the direction of each resuscitation and the performance of each procedure. Although the number of procedures listed on Program Information Form page 130 appears to be adequate, it is unclear how many procedures are performed in a simulation setting as compared to a clinical setting. It is the responsibility of the program director to ensure adequate documentation of all procedures and major resuscitations.

Response:
Residents may now log procedures performed in simulation or procedure labs under separate procedure headings in MedHub. This will break down the procedures into those performed in the clinical setting and those done in the lab. As we are unable to retrospectively update data previously collected, the simulation/procedure lab data will be built over the next 3 years.

2. Meeting Date: 02/10/2012
   Last Updated By Program Director:

Resident Formative Evaluation/Timing (CPR V.A.1.a) The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment. Satisfaction
Common Pitfall #1: Don’t Forget to Update Citation Responses

CITATION INFORMATION

Respond to Previous Citation(s)

Educational Program Program Requirement IV.A.2. Distribution and Review of Goals and Objectives for Each Assignment [CPR IV.A.2.] The curriculum must contain competency-based goals and objectives for each assignment at each educational level, which the program must distribute to fellows and faculty annually, in either written or electronic form. These should be reviewed by the fellow at the start of each rotation. The information presented did not demonstrate compliance with the requirement. Specifically, overall competency based goals and objectives were provided. However, goals and objectives for each rotation and for each level of education were omitted.

Year-by-Year goals and objectives were inadvertently left out of the application that was submitted in December 2012. The curriculum contains competency-based goals and objectives for each assignment at each educational level, and have been distributed to the fellows. In addition, they are reviewed with the fellows at the start of each rotation. The updated goals and objectives for the program are attached on the ACGME updated application tab.

Last Updated By Program Director: 10/15/2015 [Outdated!]

PD Needs to Update Citation Responses Every Year.
ACGME ADS Update
Common Pitfall #2: Always Include Recent Major Changes
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: Check Board Certifications in Faculty Roster

<table>
<thead>
<tr>
<th>Based Mainly atInst. #</th>
<th>Specialty / Field</th>
<th>Cert</th>
<th>Original Cert Year</th>
<th>Cert Status</th>
<th>Re-cert Year</th>
<th>No. of Years Teaching in This Specialty</th>
<th>Clinical Supervision</th>
<th>Admin</th>
<th>Didactic Teaching</th>
<th>Hours Spent/Week</th>
<th>Reser</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pulmonary disease</td>
<td>ABMS</td>
<td>1992</td>
<td>R</td>
<td>2012</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>1993</td>
<td>R</td>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pulmonary disease</td>
<td>ABMS</td>
<td>1998</td>
<td>R</td>
<td>2010</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2001</td>
<td>R</td>
<td>2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2011</td>
<td>O</td>
<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Anesthesiology</td>
<td>ABMS</td>
<td>2006</td>
<td>O</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2006</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Pulmonary disease</td>
<td>ABMS</td>
<td>2005</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2006</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Anesthesiology</td>
<td>ABMS</td>
<td>1986</td>
<td>R</td>
<td>2013</td>
<td>28</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>1987</td>
<td>N</td>
<td></td>
<td>35</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Internal medicine</td>
<td>ABMS</td>
<td>1979</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2007</td>
<td>O</td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Internal medicine</td>
<td>ABMS</td>
<td>2004</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Anesthesiology</td>
<td>ABMS</td>
<td>1991</td>
<td>N</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>1991</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Critical care medicine</td>
<td>ABMS</td>
<td>2000</td>
<td>R</td>
<td>2010</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- **Re-certified:** Enter the correct year.
- **Original Certification Currently Valid:** No re-certification needed.
- **Original Certification 2005:** Will need to be re-certified by December 31, 2015, or the certification will lapse.
- **Time Un-Limited Certificate:** No re-certification needed before 1990 for Internal Medicine and subspecialties.
- **Certification Lapsed:** More than 10 years has passed since original certification.
- **Time Un-Limited Certificate:** No re-certification needed for Anesthesiology before 2000.
Pitfall #5: Carefully UPDATE CVs, Especially Publications

**Program Director’s are required to be board certified in specialty for the core or the subspecialty.**

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

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

Only list the last ten years of academic appointments.

**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 CVs**

from the last 5 years

**Selected Bibliography - most representative Peer Reviewed Publications / Journal Articles**

### Pitfall #6: Faculty & Resident Scholarly Activity in ADS:
Plan Ahead to Collect Scholarly Activity for Previous Academic Year

#### Definitions:
- **PubMed ID (PMID):** A unique number assigned to each PubMed record. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID).
- **PMID Central:** An index of full-text papers, while PubMed is an index of abstracts.
- **Pub Med Ids:** Assigned by PubMed for articles published between 7/1/2012 and 6/30/2013. List up to 4.
- **Number of abstracts, posters, and presentations given:** At international, national, or regional meetings between 7/1/2012 and 6/30/2013.
- **Other presentations given:** (grand rounds, invited professorships, materials developed, such as computer-based modules, or work presented in non-peer review publications between 7/1/2012 and 6/30/2013. Articles without PMIDs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine.
- **Number of chapters or textbooks published:** Between 7/1/2012 and 6/30/2013.
- **Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director):** Between 7/1/2012 and 6/30/2013.
- **Had an active leadership role:** (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal between 7/1/2012 and 6/30/2013.
- **Between 7/1/2012 and 6/30/2013, held responsibility for seminars, conference series, or course coordination:** (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.

#### Table:

<table>
<thead>
<tr>
<th>Faculty Member</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>PMID 4</th>
<th>Conference Presentations (#)</th>
<th>Other Presentations (#)</th>
<th>Chapters / Textbooks (#)</th>
<th>Grant Leadership (#)</th>
<th>Leadership or Peer-Review Role (Y/N)</th>
<th>Teaching Formal Courses (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
ACGME Letters of Notification in ADS

<table>
<thead>
<tr>
<th>Program</th>
<th>Faculty</th>
<th>Residents</th>
<th>Sites</th>
<th>Case Logs</th>
<th>Summary</th>
<th>Reports</th>
</tr>
</thead>
<tbody>
<tr>
<td>0200521116 - STANFORD UNIVERSITY PROGRAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy and immunology - Stanford, CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original Accreditation Date: July 01, 1998</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Status: Continued Accreditation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accreditation Effective Date: August 27, 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accredited Length of Training: 2 Year(s)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Format: Standard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Approved Resident Positions:** 8
**Total Filled Resident Positions:** 3

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year.

**Last Site Visit Date:** April 06, 2010
**Date of Next site visit (Approximate):** No Information Currently Present
**Self Study Date (Approximate):** August 01, 2018

**Program Requires Prior or Additional Accredited GME Training:** Yes
**Number of Prior or Additional Accredited GME Training Years:** 3
**Program Requires Dedicated Research Year Beyond Accredited Program Length:** No

**Important Dates**
- **Annual Update Status:** October 01, 2013 - November 05, 2013
- **Next Site Visit:** NOT SCHEDULED
- **Self Study Date (APPROX):** August 01, 2018
- **Resident Survey Status:** Apr 28, 2014 - Jun 01, 2014

**Additional Requirements**
- Duty Hours/Learning Environment
- Overall Evaluation Methods
- Citations and Major Changes

**Change Requests**
- New Program Director

**Notification Letters**
- View Notification Letters
April 12, 2012

Phillip M. Harter, MD
Program Director
Stanford University Hospital
Division of Emergency Medicine
300 Pasteur Dr., Awaney Bldg., M121
Stanford, California 94305-2200

Dear Dr. Harter,

The Residency Review Committee for Emergency Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Emergency Medicine
Stanford University Hospital/Kaiser Permanente Medical Center Program
Stanford Hospital and Clinics
Stanford, CA
Program 1100521098

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:

- Status: Continued Accreditation
- Length of Training: 3
- Maximum Number of Residents: 36
- Residents per Level: 12 - 12 - 12
- Effective Date: 02/10/2012
- Approximate Date of Next Site Visit: 02/01/2016
- Cycle Length: 4 Year(s)
- Approximate Date of Internal Review 02/05/2014

AREAS NOT IN SUBSTANTIAL COMPLIANCE (CITATIONS)

The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Requirements for Graduate Medical Education.
Reasons for Letters of Notification from RC

✓ Citations: New Citations, Extended Citations, Resolved Citations
✓ Self-Study Notification
✓ Accreditation Status
✓ Request for Progress Report
✓ Site Visit
✓ Change in Program Director
✓ Change in Resident Complement

NEW CITATIONS

Scholarly Activities | Since: 01/24/2014 | Status: New

Faculty Scholarly Activity
[Common Program Requirement II.B.5]
The faculty must establish and maintain an environment of inquiry and scholarship with an active research component. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. On review of the 2012-2013 Program Annual Report, the Committee noted that 4 of 20 listed faculty reported no scholarly activity for 2011-2012. In addition, a spot check of PMIDs revealed that some appear to have been published outside the requested reporting window of academic year 2011-2012 (July 1, 2011 – June 30, 2012). The program is advised to report only the peer-reviewed publications for the requested academic year in subsequent ADS annual updates.
ACGME Program Requirements for Clinical Competency Committees (CCC)

- V.A.1. The program director must appoint the Clinical Competency Committee.

- V.A.1.a) At a minimum the Clinical Competency Committee must be composed of three members of the program faculty.

- V.A.1.a).(1) Others eligible for appointment to the committee include faculty from other programs and non-physician members of the health care team. (Detail)

- V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee.

- V.A.1.b).(1) The Clinical Competency Committee should:
  - V.A.1.b).(1).(a) review all fellow evaluations semi-annually;
  - V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each fellow semi-annually to ACGME; and,
  - V.A.1.b).(1).(c) advise the program director regarding fellow progress, including promotion, remediation, and dismissal. (Detail)
Clinical Competency Committee (CCC)

- Must be composed of at least 3 faculty members.
  - The program director appoints members of the CCC.
  - Additional non-physician members may be included.
  - Residents/fellows are not allowed.
  - The Program Director can be a member in some capacity.

- Must have a written description of responsibilities on file.

- Review all milestone evaluations for each resident semi-annually.
  - Report milestones for each resident to ACGME semi-annually.
  - The CCC makes recommendations to the PD for resident progress, including promotion, remediation, and dismissal.

- You can change milestone evaluations scores after submitting – ONLY IF *before* the deadline.
Clinical Competency Committee (CCC)

- All programs are required by ACGME to use milestone-based evaluations.
- Review all evaluations for each resident for the six-month period.
- Decide which rating best fits each resident for each milestone.
- The CCC makes recommendations.
- The program director has the final say regarding the milestone rating for each resident.
Clinical Competency Committee (CCC) Meetings

- Residents/Fellows cannot be members of the CCC, but Chiefs in their non-ACGME year *can* be voting members.

- Program Coordinator’s role is valuable.
  - Not a voting member
  - Provide input, track decisions

- Use MedHub before, during, and after CCC Meetings.
  - CCC functionality for pre-work
  - Using Comments Section in Milestone Reports in MedHub
  - Milestone Summaries
  - Milestone aggregate evaluations online for meetings
  - Tagging questions to milestones
  - Milestone trends charts / self evaluations

- Ask CCC members to sign a confidentiality agreement so that discussions about residents are not shared.
Clinical Competency Committee (CCC) Meetings

- Preparation / Pre-work does matter!
  - Subcommittees
  - Assigning residents to faculty / pre-work for large programs
Clinical Competency Committee Best Practices

- **CCC Size and Composition**: Minimum 3 members, more for larger programs, with involved & motivated faculty.

- **CCC Workflow**: Coordinator organizes assessment data; at least 2 committee members review it in advance.

- **CCC Performance**: Focus CCC Milestone meetings on areas of disagreement and/or concerns.

- **CCC Reporting**: Have each resident self-evaluate; review CCC final ratings with each resident during semi-annual reviews.

- **Share best practices with other PDs**, such as assessment methods/tools, how to incorporate milestones into evaluation instruments, and where/how to assess particular milestones.
Clinical Competency Committee Best Practices

- Use “Google Docs” or Box for collaborative documents for CCC pre-work.
- Assign resident numbers versus names for confidentiality.
- Can use “mentor” feature in MedHub to give access to CCC faculty to review particular residents’ evaluation data.
- Can use “CCC” feature to give faculty access to any documents posted for the CCC meetings or give them access to the Milestone summary section to score the residents/milestones they are responsible before.
Clinical Competency Committee Documentation in MedHub

Can use “CCC” feature to give faculty access to any documents posted for the CCC meetings or give them access to the Milestone summary section to score the residents/milestones they are responsible before.
CCC Meeting Documentation in MedHub

Clinical Competency Committee - Committee Members

<table>
<thead>
<tr>
<th>Member</th>
<th>Role</th>
<th>Phone</th>
<th>Email</th>
<th>Account Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beard, Kristine</td>
<td>Member</td>
<td>--</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Faculty Member</td>
</tr>
<tr>
<td>Corcoran, Nita, (Leader)</td>
<td>Member</td>
<td>461-5692</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Faculty Member</td>
</tr>
<tr>
<td>Kincaid, Brandon</td>
<td>Member</td>
<td>--</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Faculty Member</td>
</tr>
<tr>
<td>Robb, Nicolasa</td>
<td>Member</td>
<td>315-425-2509</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Faculty Member</td>
</tr>
<tr>
<td>Bowser, Christopher</td>
<td>Non-Member</td>
<td>--</td>
<td><a href="mailto:demo@medhub.com">demo@medhub.com</a></td>
<td>Resident</td>
</tr>
</tbody>
</table>

Clinical Competency Committee - Milestone Summary

Resident: Armstrong, Sheryl (3)

Subcompetency Achievements (6/25/09)

- Patient Care
  - PC-1: Antepartum Care and Complications of Pregnancy
  - PC-2: Care of Patients in the Intrapartum Period
  - PC-3: Care of Patients in the Postpartum Period
  - PC-4: Obstetrical Technical Skills
  - PC-5: Immediate Care of the Newborn
  - PC-6: Gynecological Technical Skills (e.g., Hysterectomy, Myomectomy, Fibroidectomy)
  - PC-7: Gynecological Technical Skills: Vaginal Surgery (e.g., Vaginal Hysterectomy, Colporrhaphy, Mid-urethral sling)
  - PC-8: Gynecology Technical Skills: Endoscopy (Laparoscopy, Hysteroscopy, Cystoscopy)
  - PC-9: Family Planning
  - PC-10: Ambulatory Gynecology
  - PC-11: Care of the Patient with Non-Reproductive Medical Disorders

- Medical Knowledge
  - MD-1: Peri-operative Care
The Ten-Year Self-Study Process

1. **Form Self-Study group.**
   - MUST include: PD, APDs, trainees, core faculty, & program coordinator. (Can include others.)
   - The Program Evaluation Committee (PEC) is the ideal core group.
   - DEADLINE: 19 - 20 Weeks Before Due Date
The Ten-Year Self-Study Process

2. **Set Self-Study group meeting/retreat.**
   - Discuss *program aims*. – 150 words maximum
     - What are Key Expectations for the program in the long term?
     - How does the program Differentiate itself from similar programs?
   - Create a “SWOT” Analysis.
     - 250 words maximum for each “S”, “W”, “O”, and “T”
     - Assess the Program’s Environment to provide context for your self-study.
   - **DEADLINE:** Hold Meeting by 12 Weeks Before Due Date.
The Ten-Year Self-Study Process

- Describe *significant changes & improvements* made in the program over the past 5 years, focusing on program strengths.
  - Summarize in 250 words maximum.
- Aggregate each of the *APE Action Plans*, including actions taken from last 5 years.
  - Prioritize areas for program improvement that require active follow-up.
  - Assess interventions.
The Ten-Year Self-Study Process

- Aggregate and Analyze data from successive Annual Program Evaluations.
  - Use ACGME Resident and Faculty Surveys
  - First-Time Board Pass Scores
  - Program Evaluations
  - House Staff Surveys
  - In-Service Exams
  - Scholarly Activity of residents and faculty
  - Alumni Surveys.

- Project your vision and plans for the program for the coming 5 years.
  - 250 words maximum

- Based on the plans described in the previous item, describe what will “take this to the next level.”
  - 200 words maximum
The Ten-Year Self-Study Process

3. Share the results from the Self-Study group meeting/retreat with the broader stakeholders.
   - Include trainees & relevant faculty members from your Division & invite feedback.
   - Engage stakeholders in Ongoing Conversations about program improvement.
   - Validate the Self-Study findings and improvement priorities with key stakeholders.
   - DEADLINE: 11 Weeks before Due Date

4. Complete the “Self-study Summary” form, using the results of all the previous steps.
   - Submit to your GME Program Manager.
   - DEADLINE: 6–8 Weeks Before Due Date
Site Visits – Why?

- 10-year Self-Study Visit for Programs to Assess Overall Compliance and Ongoing Improvement
- New Core Program Applications
- At the End of the Two-Year of Initial Accreditation period for New Programs
- To Address Concerns about Program Compliance as Requested by a Review Committee (RC)
- To Assess Specific Complaints as Requested by the RC
- Clinical Learning Environment Review (CLER) Institutional Visits
Site Visits – When?

- A Minimum of 30 days of Advance Notice for a Full or Focused Site Visit
  - Option of one postponement if justified
- 60-Days of Advance Notice for programs on Initial Accreditation
- 90-Days Advance Notice for a 10-year Self-Study Visit
- 14-Days Advance Notice or less for Complaints
- At least 10-Days Notice for CLER Visits
Site Visits – How to Prepare?

- A letter with date and requested documents is sent by the ACGME Department of Field Activities:

**Documents to be sent to the Site Visitor**
Please send the following documents to the site visitor to arrive a minimum of 12 calendar days before the visit:

- A copy of the site visit schedule with the names and titles of all the participants.
- Directions to the institution and the meeting room in which the visit will be conducted.
- Contact information for the program director or another staff member, with a cell phone or pager number for contact if an emergency or other urgent need to contact the program arises.
- A few days before the visit, please confirm that the residents/fellows have sent a list of strengths and opportunities for improvement directly to the site visitor.
- Note that all other site visit materials will be downloaded from ADS prior to the site visit by the site visitor.
Site Visits – How to Prepare

Please have these documents available for review on the day of the site visit

Sponsoring and Participating Institution
__1. Current, signed program letters of agreement (PLAs)

Resident Appointment and Evaluations
__2. Files of current residents/fellows and recent program graduates
__3. If applicable, files of residents/fellows who have transferred to another program
__4. If applicable, documentation of previous experiences and competency-based evaluations
__5. Evaluations of residents/fellows at the completion of each rotation/assignment
__6. Evaluations showing use of multiple evaluators (faculty, peers, patients, self, and other professionals/staff)
__7. Documentation of residents'/fellows' semiannual evaluations of performance with feedback
__8. Final (summative) evaluation of residents/fellows, documenting performance during the final period of education and verifying that the resident/fellow has demonstrated competence to enter practice
__9. Completed annual written confidential evaluations of faculty by residents/fellows

Educational Program
__10. Overall educational goals for the program
__11. A sample of competency-based goals and objectives for one assignment at each educational level. NOTE: If your program operates under the 1 year common program requirements, instead of goals and objectives, provide a list of the skills and competencies the trainee will be able to demonstrate at the conclusion of training.
__12. Didactic and conference schedule for each year of training

Program Evaluation
__13. Written description of the program's Clinical Competency Committee (CCC) (membership, semi-annual resident evaluation process, reporting of Milestones evaluation to ACGME, CCC advising on resident progress including promotion, remediation, and dismissal)
__14. Written description of the program's Program Evaluation Committee (PEC) (membership, evaluation and tracking protocols, development of written Annual Program Evaluations, and improvement action plans resulting from the Annual Program Evaluation)

Duty Hours and the Learning Environment
__15. Policy for supervision of residents/fellows (addressing progressive responsibilities for patient care, and faculty responsibility for supervision) including protocols defining common circumstances requiring faculty involvement
__16. Program policies and procedures for residents'/fellows' duty hours and work environment including moonlighting policy
__17. Sample documents for episodes when residents/fellows remain on duty beyond scheduled hours
__18. Resident duty hour compliance data (exception reports)

Quality Improvement
__19. Sample documents offering evidence of resident/fellow participation in quality and safety improvement projects
Site Visits – During the Day

- Site visitor meets with:
  - Program Director
  - Trainees
  - Core Faculty Members
  - DIO
  - Department Chair

- As always contact your GME Program Manager for assistance with your site visit.
## Agenda

<table>
<thead>
<tr>
<th>Topics</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Ann Dohn, MA, DIO &amp; Larry Katznelsoln, MD, Associate Dean for GME</td>
</tr>
<tr>
<td>Operations</td>
<td>Ann Dohn, MA, DIO</td>
</tr>
<tr>
<td>Critical Websites</td>
<td>Nancy Piro, PhD</td>
</tr>
<tr>
<td>GME</td>
<td>Diane H. Steinberg, PhD</td>
</tr>
<tr>
<td>ACGME</td>
<td></td>
</tr>
<tr>
<td>MedHub</td>
<td></td>
</tr>
<tr>
<td>Alphabet Soup</td>
<td></td>
</tr>
<tr>
<td>Next Accreditation System</td>
<td></td>
</tr>
<tr>
<td>Accreditation Data System Updates</td>
<td></td>
</tr>
<tr>
<td>Curriculum Competency Committee</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
</tr>
<tr>
<td>House Staff Survey</td>
<td>Jie Li, PhD</td>
</tr>
<tr>
<td>ACGME Surveys</td>
<td></td>
</tr>
<tr>
<td>Program Evaluations</td>
<td></td>
</tr>
<tr>
<td>Annual Program Evaluation Meeting</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td></td>
</tr>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Update on Program Policies</td>
<td></td>
</tr>
<tr>
<td>Update on PLAs</td>
<td></td>
</tr>
<tr>
<td>Legal Issues in Residency Training: Top Trends in Recent Years</td>
<td>Melissa Burke, JD</td>
</tr>
</tbody>
</table>
More Evaluations and Some Administrative Tasks…

**WHAT TO DO WHEN YOU'RE OVERWHELMED WITH WORK**

**STEP 1:** MAKE A LIST OF ALL THE THINGS YOU HAVE TO DO.

**STEP 2:** CATEGORIZE THEM BASED ON THEIR IMPORTANCE.

**STEP 3:** REALIZE YOU JUST MADE IT WORSE.

Ahh! They're all important!!

Important for my thesis!
Important for my professor!
Important for my funding!
Important for my career!
Important for my bills!
Important for my sanity!

WWW.PHDCOMICS.COM

Jorge Cham © 2013
We Are Here To HELP!
# Overview of Evaluations and Surveys

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administer</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>Internal</td>
<td>Program Quality</td>
<td>Program Evaluation by Faculty</td>
<td>GME Office</td>
<td>Once/Year (Feb or May)</td>
</tr>
<tr>
<td>Internal</td>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Internal</td>
<td>Trainee Performance</td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td>Internal</td>
<td>Trainee Performance</td>
<td>Summative Evaluation</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>External</td>
<td>Program Quality</td>
<td>ACGME Survey by Faculty</td>
<td>ACGME</td>
<td>Once/Year</td>
</tr>
<tr>
<td>External</td>
<td>Trainee Performance</td>
<td>Receives Milestone Data from Program</td>
<td>From Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td>External</td>
<td>Trainee Performance</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)
Program Evaluations are sent on behalf of your program between **January – May**.

To parallel the ACGME Survey response rate:

- Resident Program Evaluation requires a 70% response rate.
- Faculty Program Evaluation requires a 60% response rate.

Program Evaluations (by Resident and by Faculty) are required for a program’s Annual Program Evaluation (APE).


---

### Program Evaluations

**STANFORD HOSPITAL & CLINICS**

**Aggregate Evaluation Report**

Generated: 03/16/2014 4:53pm EDT

**Evaluation:** Anesthesia Residency Program Evaluation by Residents

**Target:** Anesthesia

**Data Range:** 07/01/13-03/16/14

**Responses:** 29

To facilitate the evaluation and continual improvement of your program, we ask that you please answer the following questions. Your responses are confidential. Thank you.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Disagree Slightly</th>
<th>Agree Slightly</th>
<th>Agree Moderately</th>
<th>Strongly Agree</th>
<th>Avg (Std)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My program exposes me to a sufficient variety of cases.</td>
<td>3.45%</td>
<td></td>
<td></td>
<td>27.59%</td>
<td>68.97%</td>
<td></td>
<td>5.55 (1.0)</td>
</tr>
<tr>
<td>2. My program advances my knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care.</td>
<td>3.45%</td>
<td></td>
<td></td>
<td>6.90%</td>
<td>20.00%</td>
<td>68.97%</td>
<td>5.48 (1.0)</td>
</tr>
<tr>
<td>3. I have ready access to specialty-specific and other appropriate medical reference materials/databases.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>13.70%</td>
<td>80.21%</td>
</tr>
<tr>
<td>4. The presence of other learners (medical students, residents from other specialties, subspecialty fellows, PhD students and/or nurse practitioners) DOES NOT materially interfere with my education.</td>
<td>3.45%</td>
<td></td>
<td></td>
<td>3.45%</td>
<td>31.03%</td>
<td>62.07%</td>
<td>5.86 (0.3)</td>
</tr>
<tr>
<td>5. My program DOES NOT compromise learning objectives by excessive reliance on residents to fulfill service obligations.</td>
<td>3.45%</td>
<td>6.90%</td>
<td>3.45%</td>
<td>17.24%</td>
<td>34.48%</td>
<td>34.48%</td>
<td>5.48 (1.0)</td>
</tr>
<tr>
<td>6. My program is designed such that I am able to comply with all ACGME duty hour policies.</td>
<td></td>
<td></td>
<td></td>
<td>3.45%</td>
<td>3.45%</td>
<td>20.69%</td>
<td>72.41%</td>
</tr>
<tr>
<td>7. I have truly protected time to attend didactic sessions without interruption.</td>
<td>3.45%</td>
<td>3.45%</td>
<td></td>
<td>6.90%</td>
<td>27.50%</td>
<td>58.62%</td>
<td>5.34 (1.0)</td>
</tr>
<tr>
<td>8. I would recommend this program to potential applicants.</td>
<td>3.45%</td>
<td></td>
<td></td>
<td>3.45%</td>
<td>17.24%</td>
<td>70.66%</td>
<td>5.59 (1.0)</td>
</tr>
</tbody>
</table>
## Overview of Evaluations and Surveys

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administer</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><strong>Once/Year (Nov-Dec)</strong></td>
</tr>
<tr>
<td></td>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summative Evaluation</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></td>
<td>Trainee Performance</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)
GME House Staff Survey window opens November – mid-December.

This is an internal survey by GME to understand the following about trainee perspective on the program's:

- Overall Trainee Experience
- Program Curriculum
- Program Faculty
- Evaluation & Feedback
- Training Environment
- Personal Wellness
- Quality Improvement
## Overview of Evaluations and Surveys

<table>
<thead>
<tr>
<th>Source</th>
<th>Category</th>
<th>Type</th>
<th>Administer</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></td>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summative Evaluation</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></td>
<td>Trainee Performance</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)
Each program is assigned a 5 week window between January – June.

Resident ACGME Survey requires a 70% response rate.

Faculty ACGME Survey requires a 60% response rate.

Failure to meet survey requirements results in an ACGME citation.

ACGME Surveys (by Resident and by Faculty) are required for a program’s Annual Program Evaluation (APE).

For more information go to ACGME Surveys (http://www.acgme.org/acgmeweb/tabid/97/DataCollectionSystems/ResidentFellowSurvey.aspx)
ACGME Survey

This is a survey by ACGME to understand the following about trainee or faculty perspective on the program’s:

- Overall Experience
- Duty Hours
- Faculty
- Evaluation
- Educational Content
- Resources
- Patient Safety
- Teamwork

For more information go to ACGME Surveys [http://www.acgme.org/acgmeweb/tabid/97/DataCollectionSystems/ResidentFellowSurvey.aspx]
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></td>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summative Evaluation</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></td>
<td>Trainee Performance</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)
Summative Evaluation – Why?

For **CURRENT** trainees, prior to completion of the program:
- V.A.3.b) “The program director must provide a summative evaluation for each resident upon completion of the program. (Core)”

For **TRANSFER-OUT** trainees:
- III.C.2. A program director must provide timely verification of residency education and summative performance evaluations for residents who may leave the program prior to completion. (Detail)

For **TRANSFER-IN** trainees:
- III.C.1. Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident. (Detail)
Summative Evaluation – What Is It?

- V.A.3.b).(2) document the resident’s performance during the final period of education; and, (Detail)

- V.A.3.b).(3) verify that the resident has demonstrated sufficient competence to enter practice without direct supervision. (Detail)
Summative Evaluation – How?

- V.A.3.a) The specialty-specific Milestones must be used as one of the tools to ensure residents are able to practice core professional activities without supervision upon completion of the program. (Core)

- Step 1: Go to MedHub -> Reports

- Step 2: Decide which report(s) to use
  1. Evaluations Competencies Report by Resident/Faculty
  2. Resident/Faculty Ranking (aggregate)
  3. Aggregate Comments Report
  4. Milestone Summary by Level
  5. Progress Summary Report

- Step 3 (PDs): Review reports and other relevant data

- Step 4: Write the report

- Wait … One More Step!
Summative Evaluation – How? GME Template

- A written template provided by GME ([http://med.stanford.edu/gme/GME_Community/index.html#summ-eval](http://med.stanford.edu/gme/GME_Community/index.html#summ-eval))
- Update the Highlighted areas
- Attn! Psychiatry.

Academic Year: <Insert Academic Year>
Resident Name: <Insert Name>, MD

Dr. [Name] performed in an excellent manner during the past four years of training. Performance was outstanding using the following competencies and include evaluations of patient care, medical knowledge, interpersonal and communication skills, practice based learning and improvement, professionalism, and system based practice.

Evaluations of patient care activities included medical, surgical, and physical examination, appropriateness of diagnosis and evidenced based treatment, and surgical skills, revealing that the resident’s performance was excellent. There were no areas identified where significant improvement was needed.

Evaluations of medical knowledge included understanding of basic science concepts, application of knowledge, and use of scientific reasoning were considered and assessed as excellent. There were no areas identified where significant improvement was needed. Performance on the In Training Examination was excellent. An overall score of 98.5, and a standardized score to year 4 of 93.3, was achieved.

Evaluations of interpersonal and communication skills including effectiveness as a team member/leader, patient counseling and sensitivity, and maintenance and appropriateness of medical records were considered excellent. There were no areas identified where significant improvement was needed.

Evaluations of practice based learning including use of constructive feedback, use of information technology, and active self-learning were considered excellent. There were no areas identified where significant improvement was needed.

Professionalism evaluations based on ethical behavior, appropriate continuity of care, sensitivity to age, cultural and ethnic issues, and appropriate acknowledgement of criticism and recommendation for improvement were no areas identified where significant improvement was needed.

There were no areas identified where significant improvement was needed.

Dr. [Name] has no areas identified in all areas.

<Insert Program Director Name>, MD
<Insert Faculty Rank> and Residency Program Director

Attachments:

Aggregated Milestone-Based Evaluation (New! requirement by ACGME)

Status: Dr. [Name] has completed all requirements for graduation. The program director and faculty of the [Program Name] program attest that the resident has demonstrated sufficient competence to enter practice without direct supervision.

Note: Psychiatry programs must also include a summary of any documented evidence of unethical behavior, unprofessional behavior, or clinical incompetence or a statement that none such has occurred. Where there is such evidence, it must be comprehensively recorded, along with the resident’s response(s) to such evidence.
Summative Evaluation – How? Step 5

- V.A.3.b.(1) become part of the resident’s permanent record maintained by the institution, and must be accessible for review by the resident in accordance with institutional policy; (Detail)

- Step 5:
  - (PDs) Sign & Review summative evaluations with your trainees
  - (PCs) Save a copy in MedHub -> Forms and Files along with the supporting data documents
Summative Evaluation – FAQ

- Can we combine CCC and the Summative Evaluation?
  - Yes and No. The meetings can be one, but ACGME requests the last 6-month milestone report AND a summative evaluation

- If only a 1-year fellowship program, can the summative evaluation replace the last 6-month milestone reporting?
  - NO. Both are needed.
## 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></td>
<td>Trainee Performance</td>
<td>Milestone Evaluation</td>
<td>Program</td>
<td>Ongoing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Clinical Competency Committee</td>
<td>Program</td>
<td>Twice/Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summative Evaluation</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></td>
<td>Trainee Performance</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)
Program Evaluation Committee (PEC)

V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee (PEC). (Core)

V.C.1.a) The Program Evaluation Committee:

V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one resident; (Core)

V.C.1.a).(2) must have a written description of its responsibilities; and, (Core)

V.C.1.a).(3) should participate actively in:

V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; (Detail)

V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; (Detail)

V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, (Detail)

V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below. (Detail)
## Annual Program Evaluation (APE)

### V.C.2.
The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. *(Core)*

The program must monitor and track each of the following areas:

<table>
<thead>
<tr>
<th>V.C.2.a)</th>
<th>resident performance; <em>(Core)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>V.C.2.b)</td>
<td>faculty development; <em>(Core)</em></td>
</tr>
<tr>
<td>V.C.2.c)</td>
<td>graduate performance, including performance of program graduates on the certification examination; <em>(Core)</em></td>
</tr>
<tr>
<td>V.C.2.d)</td>
<td>program quality; and, <em>(Core)</em></td>
</tr>
<tr>
<td>V.C.2.e)</td>
<td>progress on the previous year’s action plan(s). <em>(Core)</em></td>
</tr>
</tbody>
</table>

### V.C.3.
The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed in section V.C.2., as well as delineate how they will be measured and monitored. *(Core)*

| V.C.3.a) | The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes. *(Detail)* |
Annual Program Evaluation (APE) – At the End of AY

Preparation:
- Step 1: Form your PEC
- Step 2: Collect and review data (APE Checklist)
## Annual Program Evaluation (APE)

### 4 Essential Categories of APE

#### Resident Performance
- **Milestone achievements/evaluations**
  - MedHub: "Reports" tab > "Milestone Summary by Level" under "Evaluation Reports"
- **Faculty evaluations (of trainees)**
  - MedHub: "Reports" tab > "Resident/Faculty/Service Ranking" under "Evaluation Reports" > Select "Resident" > Select "Faculty of resident"
- **Semi-annual review with program director**
  - Program: Manual retrieval and/or data entry by program

#### Self-assessment
- MedHub: "Reports" tab > "Resident/Faculty/Service Ranking" under "Evaluation Reports" > Select "Resident" > Select "Resident of resident (peer)" > Select the form(s) for Self-Evaluation

#### Quality Improvement and Safety Projects
- Program: Manual retrieval and/or data entry by program or MedHub > "Residents" tab > "Resident Learning Portfolios"

#### Didactic/conference attendance
- MedHub: "Reports" tab > "Conference Attendance by Resident" under "Conference Reports"
- Home > "Resident Duty Hours" > "Duty Hour Statistics"

#### Duty hour compliance
- MedHub: "Reports" tab > "Conference Attendance by Resident" under "Conference Reports"
- Home > "Resident Duty Hours" > "Duty Hour Statistics"

#### Scholarly activities of residents
- Web ADS: Web ADS Update [https://aaps.acme.org/connect/login] > "Resident Scholarly Activity"
- Program: "Case experience and procedures logs"
- Program: "In-training examination results"
- Program: "Objective Structured Clinical Examinations"

#### Faculty Development
- **Mentoring**
  - Program: Manual retrieval and/or data entry by program
- **Trainee evaluation of faculty**
  - MedHub: "Reports" tab > "Aggregate Evaluation Report" > "Resident evaluation of faculty member"
- **ABMS certification status**
  - Program: Board Certification Verification Websites
- **Faculty attendance in grand rounds & conferences**
  - MedHub: "Reports" tab > "Faculty Conference Attendance"
- **Faculty professional development courses**
  - Program: Manual retrieval and/or data entry by program

#### Graduate Performance
- **Graduate placement**
  - Program: Manual retrieval and/or data entry by program or Alumni Survey (see below)
- **Alumni survey**
  - MedHub: "Reports" tab > Select "Last 5Y" > Scroll down to "File Attachments"

#### Program Quality
- **Last year’s action plan**
  - MedHub: "Reports" tab > Select "Last 5Y" > Scroll down to "File Attachments"
- **ACGME faculty survey**
  - GME: Home > "Program Accreditation" > "APE" tab > Select the current AY > Scroll down to "File Attachments"
- **ACGME citations and/or letters of notification**
  - GME: Home > "Program Accreditation" > "Correspondence" tab > Select "ACGME Initial/Updated"
- **Faculty program evaluations**
  - GME: Home > "Program Accreditation" > "APE" tab > Select the current AY > Scroll down to "File Attachments"
- **Overview of the curriculum and rotations**
  - MedHub: Home > "Curriculum Objectives/Goals"
- **Exit summary evaluation/interview**
  - MedHub: Home > "Residencies" tab > "Forms/File" or Manual retrieval by program
- **ACGME resident/fellow survey**
  - GME: Home > "Program Accreditation" > "APE" tab > Select the current AY > Scroll down to "File Attachments"
- **ACGME House Staff Survey**
  - GME: Home > "Program Accreditation" > "APE" tab > Select the current AY > Scroll down to "File Attachments"
- **Most Updated Trend Analysis**
  - GME: Home > "Program Accreditation" > "APE" tab > Select the current AY > Scroll down to "File Attachments"
Annual Program Evaluation (APE)

Preparation:
- Step 1: Form your PEC
- Step 2: Collect and review data (APE Checklist)
  - Best Practice: PD delivers a presentation to review all the data at the APE meeting
Annual Program Evaluation (APE)

Preparation:
- Step 1: Form your PEC
- Step 2: Collect and review data (APE Checklist)
  - Best Practice: PD delivers a presentation to review all the data at the APE meeting

Meeting Agenda:
- Step 3: Review last year’s action plan
- Step 4: Review curriculum
- Step 5: Review all elements of program and facilitate a thorough discussion
- Step 6: SWOT
- Step 7: Develop a new action plan
### Annual Program Evaluation (APE) – SWOT Analysis

**DATE:**  
**Program:** (Enter Program’s Name)

**Aim**  
(Enter Program Aim Here)

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Strength #1</td>
<td>#1 Weakness #1</td>
</tr>
<tr>
<td>#2 Strength #2</td>
<td>#2 Weakness #2</td>
</tr>
<tr>
<td>#3 Strength #3</td>
<td>#3 Weakness #3</td>
</tr>
<tr>
<td>#4 Strength #4</td>
<td>#4 Weakness #4</td>
</tr>
<tr>
<td>#5 Strength #5</td>
<td>#5 Weakness #5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Opportunities</th>
<th>Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Opportunities #1</td>
<td>#1 Threat #1</td>
</tr>
<tr>
<td>#2 Opportunities #2</td>
<td>#2 Threat #2</td>
</tr>
<tr>
<td>#3 Opportunities #3</td>
<td>#3 Threat #3</td>
</tr>
<tr>
<td>#4 Opportunities #4</td>
<td>#4 Threat #4</td>
</tr>
<tr>
<td>#5 Opportunities #5</td>
<td>#5 Threat #5</td>
</tr>
</tbody>
</table>
# Annual Program Evaluation (APE) – Action Plan

**DATE:** <Enter Date>

**PROGRAM:** <Your Program’s Name>

<table>
<thead>
<tr>
<th>Issue Synopsis</th>
<th>Description</th>
<th>Proposed Actions</th>
<th>Person(s) Responsible</th>
<th>Targeted Outcome/Due Date</th>
<th>Actual Outcome</th>
<th>Resolved (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Year’s Unresolved Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Year’s Issues</td>
<td>Weakness #1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weakness #2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weakness #3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weakness #4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Weakness #5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Con.
### Annual Program Evaluation (APE)

**Preparation:**
- Step 1: Form your PEC
- Step 2: Collect and review data (APE Checklist)
  - Best Practice: PD delivers a presentation to review all the data at the APE meeting

**Meeting Agenda:**
- Step 3: Review last year’s action plan
- Step 4: Review curriculum
- Step 5: Review all elements of program and facilitate a thorough discussion
- Step 6: SWOT
- Step 7: Develop a new action plan

**Documentation:**
- Step 8: Get approval from all core teaching faculty on the action plan
- Step 9: (PC) uploads Sign-in Sheet, Meeting Minutes, APE Guidebook (including SWOT and Action Plan), and Presentation slides (if available) onto MedHub
# Annual Program Evaluation (APE) – Guidebook

## SWOT Analysis

<table>
<thead>
<tr>
<th>威胁</th>
<th>弱点</th>
<th>机会</th>
<th>优势</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. 威胁1</td>
<td>弱点1</td>
<td>机会1</td>
<td>优势1</td>
</tr>
<tr>
<td>2. 威胁2</td>
<td>弱点2</td>
<td>机会2</td>
<td>优势2</td>
</tr>
<tr>
<td>3. 威胁3</td>
<td>弱点3</td>
<td>机会3</td>
<td>优势3</td>
</tr>
<tr>
<td>4. 威胁4</td>
<td>弱点4</td>
<td>机会4</td>
<td>优势4</td>
</tr>
</tbody>
</table>

## Action Plan for Next Year

<table>
<thead>
<tr>
<th>行动项目</th>
<th>描述</th>
<th>所需资源</th>
<th>负责人/团队</th>
<th>所需资源/团队</th>
<th>年度预算</th>
<th>年度进度</th>
</tr>
</thead>
<tbody>
<tr>
<td>行动项目1</td>
<td>描述1</td>
<td>资源1</td>
<td>负责人1</td>
<td>资源1</td>
<td>预算1</td>
<td>进度1</td>
</tr>
<tr>
<td>行动项目2</td>
<td>描述2</td>
<td>资源2</td>
<td>负责人2</td>
<td>资源2</td>
<td>预算2</td>
<td>进度2</td>
</tr>
<tr>
<td>行动项目3</td>
<td>描述3</td>
<td>资源3</td>
<td>负责人3</td>
<td>资源3</td>
<td>预算3</td>
<td>进度3</td>
</tr>
<tr>
<td>行动项目4</td>
<td>描述4</td>
<td>资源4</td>
<td>负责人4</td>
<td>资源4</td>
<td>预算4</td>
<td>进度4</td>
</tr>
</tbody>
</table>

## Cause-Effect Diagram

[Diagram showing cause-effect relationships]
Annual Program Evaluation (APE) – Toolbox

GME Community Resources

Annual Program Evaluation (APE) & Program Evaluation Committee (PEC)

Guidebook
- Annual Program Evaluation Guidebook: Diagrams & Action Plans
- APE Documentation Templates (Sign-in Sheet & Agenda, Meeting Minutes, and Approval of Action Plan)
- APE Prep Instructions for Program Coordinators (Step-By-Step Instructions & APE Checklist)
- APE Prep Instructions for Program Directors (Step-By-Step Instructions & APE Checklist)
- A Quick Method to Analyze Program Evaluations

Templates & Examples
- Program Evaluation Committee Policy Template
- Program Improvement Action Plan Template
- Program Improvement Action Plan (courtesy Yuen So, MD, Neurology)
- Program Improvement Meeting Agenda/Minutes (courtesy Harchi Gill, MD, Urology)

Available at: http://med.stanford.edu/gme/GME_Community.html or MedHub -> Resources
Work Hours

HMM, THE CONTRACT YOU SIGNED WITH THE UNIVERSITY STATES YOU'RE ONLY SUPPOSED TO WORK 20 HOURS A WEEK.

SO LEGALLY, MORALLY AND ETHICALLY, I CAN'T FORCE YOU TO WORK EXTRA HOURS, NIGHTS AND WEEKENDS.

BUT ACADEMICALLY...?

ACADEMICALLY, ANYTHING IS POSSIBLE.
Work Hours

- Common Program Requirements on duty hours
  [http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf)
Work hours – Magical Numbers!

- 80, 1 (day/week), 16, 24, 8

VI.F.1. Maximum Hours of Clinical and Educational Work per Week

Clinical and educational work hours must be limited to no more than 80 hours per week, averaged over a four-week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting. (Core)

VI.F.2. Mandatory Time Free of Clinical Work and Education

VI.F.2.a) The program must design an effective program structure that is configured to provide residents with educational opportunities, as well as reasonable opportunities for rest and personal well-being. (Core)

VI.F.2.b) Residents should have eight hours off between scheduled clinical work and education periods. (Detail)

VI.F.2.b).(1) There may be circumstances when residents choose to stay to care for their patients or return to the hospital with fewer than eight hours free of clinical experience and education. This must occur within the context of the 80-hour and the one-day-off-in-seven requirements. (Detail)

VI.F.2.c) Residents must have at least 14 hours free of clinical work and education after 24 hours of in-house call. (Core)

VI.F.2.d) Residents must be scheduled for a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). At-home call cannot be assigned on these free days. (Core)
Program Letter of Agreement (PLA)

- PLAs provide details on faculty, supervision, evaluation, educational content, length of assignment, and policy and procedures for each required assignment that occurs outside of an accredited program’s sponsoring institution. These documents are intended to protect the program’s residents/fellows by ensuring an appropriate educational experience under adequate supervision. PLAs are intended to be brief, informal documents (approximately one-to-two pages in length) that as simply as possible:

  a) identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows;

  b) specify these faculty members’ responsibilities for the teaching, supervision, and formal evaluation of residents/fellows;

  c) specify the duration and content of the educational experience; and,

  d) state the policies and procedures that will govern resident/fellow education during the assignment.
Program Letter of Agreement (PLA)

- GME Template: http://med.stanford.edu/gme/program_directors/forms.html#pla
Program Letter of Agreement (PLA)

- There must be PLAs between an accredited program and all sites to which residents/fellows rotate for required education or assignments.

- Updated when:
  - Every 5 years
  - Changes in personnel
  - Changes in Institution Names
  - Changes in specific items listed
  - ACGME required changes

- FAQ:
  - Common Program Requirements Frequently Asked Questions (https://www.acgme.org/Portals/0/PDFs/FAQ/CommonProgramRequirementsFAQs.pdf)
Updates on Program Policies

- Policies need to be reviewed and updated annually
- MedHub Home -> Program Accreditation -> Policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>File</th>
<th>Added</th>
<th>Expiration</th>
<th>Author</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Hour Policy</td>
<td>Policies to ensure that residents have adequate rest between daily duty periods and after in house c</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>Moonlighting Policy 12.19.12</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>Policies and procedures for resident duty hours and work environment 12.19.12</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>Protocol for episodes when residents remain on duty beyond scheduled hours 12.19.12</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td>Supervision Policy</td>
<td>Transfer protocols and sample educational materials related to hand-over transfers 12.18.12</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>Policy for supervision of residents 12.19.12</td>
<td>12/20/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>Transitions of Care Policy, Surgery</td>
<td>10/03/2012</td>
<td>(n/a)</td>
<td>K. Walker</td>
<td>Modify</td>
</tr>
<tr>
<td>Effects of LOA Policy</td>
<td>LOA</td>
<td>5/15/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td>Selection Criteria</td>
<td>selection</td>
<td>5/14/2012</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td>Required Off-Site Rotations</td>
<td>(none)</td>
<td>(n/a)</td>
<td>(n/a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLAs</td>
<td>CPMC and Kaiser PLA 2016</td>
<td>11/29/2016</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td></td>
<td>All site PLAs October 2016</td>
<td>11/03/2016</td>
<td>(n/a)</td>
<td>A. Hagan</td>
<td>Modify</td>
</tr>
<tr>
<td>CCC / PEC Requirements</td>
<td>(none)</td>
<td>(n/a)</td>
<td>(n/a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Block Diagram</td>
<td>(none)</td>
<td>(n/a)</td>
<td>(n/a)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Agenda

<table>
<thead>
<tr>
<th>Topics</th>
<th>Speaker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>Ann Dohn, MA, DIO &amp; Larry Katznelson, MD, Associate Dean for GME</td>
</tr>
<tr>
<td>Operations</td>
<td>Ann Dohn, MA, DIO</td>
</tr>
<tr>
<td>Critical Websites</td>
<td>Nancy Piro, PhD</td>
</tr>
<tr>
<td>GME</td>
<td></td>
</tr>
<tr>
<td>ACGME</td>
<td></td>
</tr>
<tr>
<td>MedHub</td>
<td></td>
</tr>
<tr>
<td>Alphabet Soup</td>
<td>Diane H. Steinberg, PhD</td>
</tr>
<tr>
<td>Next Accreditation System</td>
<td></td>
</tr>
<tr>
<td>Accreditation Data System Updates</td>
<td></td>
</tr>
<tr>
<td>Curriculum Competency Committee</td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td></td>
</tr>
<tr>
<td>Site Visits</td>
<td></td>
</tr>
<tr>
<td>House Staff Survey</td>
<td>Jie Li, PhD</td>
</tr>
<tr>
<td>ACGME Surveys</td>
<td></td>
</tr>
<tr>
<td>Program Evaluations</td>
<td></td>
</tr>
<tr>
<td>Annual Program Evaluation Meeting</td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee</td>
<td></td>
</tr>
<tr>
<td>Summative Evaluations</td>
<td></td>
</tr>
<tr>
<td>Work Hours</td>
<td></td>
</tr>
<tr>
<td>Update on Program Policies</td>
<td></td>
</tr>
<tr>
<td>Update on PLAs</td>
<td></td>
</tr>
<tr>
<td>Legal Issues in Residency Training: Top Trends in Recent Years</td>
<td>Melissa Burke, JD</td>
</tr>
</tbody>
</table>
LEGAL ISSUES IN RESIDENCY TRAINING: TOP TRENDS IN RECENT YEARS

Graduate Medical Education Program
September 26, 2017

Melissa Burke
Senior University Counsel

Office of the General Counsel
Stanford University
Today’s Topics

- Lawful interviews
- Disability accommodation and medical leaves
- Resident evaluation
- References
Careless Interviewing Can Lead to

- Discrimination claims
- Negligent hiring
Protected Characteristics

- Age
- Gender/Gender Identity
- Citizenship or citizenship status
- Race
- Disability (mental /physical)
- Marital status
- National origin
- Political beliefs
- Pregnancy
- Religion
- Sexual orientation
- Veteran status
Reducing Liability in the Hiring Process

Questions should not elicit information that can’t be considered in the hiring decision:

• Marital status, children, or family plans
• Ethnicity
• Religion or politics
• Age
• Disability
JOB-RELATED INTERVIEWING:
Define the skills and behaviors required for success in the job

Skills:
- Required skills
- Academic qualifications
- Relevant experience

Behaviors:
- Work environment
- Work team dynamics
- Work expectations

Outline your questions before you begin. Use a script. Keep your notes for a minimum of three years.
Exercise Due Diligence to Avoid Negligent Hiring Claims

- Look for red flags and follow-up:
  - Attendance at more than one medical school
  - Participation in more than one training program
  - Lack of references from particular school / program

- Ask about any prior discipline / probation / terminations
Disability Accommodation

- Must make modifications to the work environment or to the way the work is performed for qualified individuals with disabilities.
- Need not eliminate essential functions.
- Legally obligated to engage in the “interactive process.”
What Are You Expected to Do?

- Don’t ignore comments by residents about needing help, feeling overwhelmed, depressed, etc.
- Get GME Office involved promptly
- Document that assistance has been offered
- Tell only those who need to know about the accommodation
Lessons Learned

- Case involving fellow who alleged he was wrongfully terminated based on his disability
- Alleged he had disclosed that he had depression and anxiety and needed assistance when he hadn’t.
- In fact, when he voiced concerns, program director had recommended a program for smoking cessation and also referred him to OGME for support.
- Matter went through HRC, DFEH and (almost) arbitration
- *Lesson Learned* = no probation letter and no emails confirming offers of support
Medical Leaves

- Federal and state laws entitle eligible employees with up to 12 weeks of unpaid leave to address
  - Employee’s own serious health condition
  - Birth, adoption, foster care placement of a child
  - Serious health condition of immediate family member

- Additional leave for pregnancy disabilities

- Leave is protected
  - Job cannot be filled during leave
  - Employee cannot be penalized for taking leave
  - Training may be extended as necessary
Pregnancy Disability Leave

- GME Program provides 6 weeks’ paid time off as a benefit.

**BUT**

- Pregnancy Disability Leave Act provides up to four months’ leave for those periods that the woman is disabled from working due to pregnancy.
  - No minimum service requirement.
Fundamentals of Resident Evaluation

- Essential function of a faculty member is to evaluate the performance of residents in a fair and accurate manner.
- Evaluate based on overall experience, not just one event (unless appropriate).
- Do not inflate ratings ... “satisfactory” does not mean “poor”.
When Residents Fail to Progress

- Provide prompt, specific feedback
- Identify unsatisfactory performance and what must be done to remediate it
- Memorialize performance communications in writing
- Consult with GME Office
- Keep process confidential
Key Challenges

- Issues involving professionalism versus quality of care
- Misuse of ratings in Medhub
- Addressing concerns promptly
- Achieving some level of consensus on performance
- Talking to each other about the resident’s performance, but not to the resident
- Reluctant faculty evaluators
Lesson Learned

- Resident was placed on probation twice for repeated episodes of unprofessional behavior
- Made negative and derogatory remarks about attendings, residents, nurses
- Alleged she was retaliated against for “passionately” raising patient care issues
- Health & Safety Code Section 1278.5
- Lesson Learned = OK to acknowledge merits of substance (if true), but require professional manner.
The Give and Take

- Employment references receive broad protection under the law

- Statements should be:
  - True
  - Based upon facts that are documented in the resident’s evaluations or file

- Avoid statements that are:
  - Incomplete / misleading
  - Motivated by ill-will
Disclose documented concerns, including probation

Do not disclose information that might indicate the individual’s race, age, disability, or other protected characteristic

If there are any unusual circumstances, seek advice before responding
Best Practices for Providing References

- Unless you are a program director, you are not obligated to provide reference.
- Discuss with the resident the substance of what you will say.
- Provide factual information based upon personal knowledge consistent with how you have evaluated the resident.
- Know that lunch discussions or “off the record” telephone conversations with prospective programs are “on the record.”
- Know that reference recipients won’t hesitate to disclose what you said and point fingers.
Hey Dr. Colleague, Hope all is well. Sorry to make this such a short email. I'm about to catch a flight.

Joe is the worst resident I've ever worked with. He's lazy, he dumps on other residents, he leaves call early, he shows up for call late, he forgets when he is pulled to other services, and he calls in sick when he isn't sick. I'm chief resident for another month and he has made my life a nightmare this year.

He originally was going to do KM fellowship here but the KM department told him to look elsewhere (but they weren't going to write him any letters of recommendation b/c it would embarrass them). He was trying to work something out with the psych department but word of his laziness got around there too. He is terrible. You do not want him in your program.

I'll forward you just a few emails from this year.

Please email or call me if you have any questions. You can pass any of this on to your program director. Its all true.
Parting Advice

Trust your gut when making hiring / ranking decisions

Thanks for coming in. We'll get back to you as soon as we lower our expectations.