The Department of Graduate Medical Education is located on the fourth floor of Stanford Hospital & Clinics. **Access is via the "N" staircase located adjacent to the hospital's Gift Shop.**

To watch an introduction video of GME, please follow the link: [http://med.stanford.edu/gme/housestaff/incoming.html](http://med.stanford.edu/gme/housestaff/incoming.html)
The Graduate Medical Education Office at Stanford is here to help you with many aspects of being a program coordinator. Many of our staff focus on “operational” elements of our residency programs, such as onboarding residents, budgets, benefits, leaves of absence, call rooms and the like. The three program managers are tasked with helping programs with ACGME accreditation tasks and enhancing program educational quality.

Please do not hesitate to reach out when you have questions. We hope that the following role descriptions help you to determine who to reach out to. However, if you are not sure please just let us know and we will help you find the right person to answer your question.

GME Leadership Team

Norman Rizk, MD
Senior Associate Dean for Clinical Affairs
Chief Medical Officer, Stanford Health Care

Ann Dohn, MA
Director, Graduate Medical Education
Designated Institutional Official (DIO), ACGME
Training Program Liaison, ECFMG
Special Programs Coordinator, Medical Board of California Institutional Official, NRMP
- CA MD License Exemptions: Section 2111, 2113, 2168
- On Call Coverage
- Visas: J-1, H1-B

Laurence Katznelson, MD
Associate Dean for Graduate Medical Education
Chair, Graduate Medical Education Committee (GMEC)
From Left to Right: Jie Li, Nancy Ruddy, Brian Rogers, Marcy Kulakow, Mitra Haddad, Ann Dohn, Trey Huynh-Ngo, Nancy Piro (now happily retired), and Robin Bankston

Operations Team

Robbin Bankston
Program/Office Manager
RBankston@stanfordhealthcare.org
650-736-7487 (office)
- Daily operations / supervision of the GME office
- Allowances (Bonuses, On Call Meals, etc.)
- Benefits
- Payroll
- Leave of Absences
- Orientation

Brett Toensing, MS
Financial/MedHub Analyst
Bet1@stanford.edu
650-725-1951 (office)
- Budget Planning and Tracking
- Orientation
- Super User for MedHub
Mitra Haddad, BA
Administrative Coordinator
MHaddad@stanfordhealthcare.org
650-723-5948 (office)

Marcy Kulakow, BA
Registrar
MKulakow@stanfordhealthcare.org
650-723-5948 (office)

- Away Electives Rotations
- Continuing House Staff
  - HealthStream Compliance
  - Occupational Health Compliance
- Outgoing/Graduating House Staff
- Loan Deferments/Forbearances
- Postdoctoral Appointments
- Reimbursements
- Notary
- Jury duty Letter
- Certificates

- CA Medical Licensure Process
- EPIC for House Staff
- HealthStream
- Incoming House Staff
  - HealthStream Compliance
  - Occupational Health Compliance
- IT for SCH & SCH for House Staff
- MSOW Database for House Staff
- Visiting Residents
- Website Management
- Notary

Education Team

Jie Li, PhD
Senior Program Manager/Education Specialist
JieLi@stanfordhealthcare.org
650-723-6558 (office)

Nancy Ruddy, PhD
Program Manager/Education Specialist
NRuddy@stanfordhealthcare.org
650-723-6562 (office)

Thang “Trey” Huynh-Ngo, MBA
Program Manager/Education Specialist
THuynhnngo@stanfordhealthcare.org
650-498-2418 (office)

- Evaluation/Assessment
- GME Research
- Internal Reviews
- MedHub
- Program Accreditation
- Self Studies
- Site Visits
- Special Reviews

- Evaluation/Assessment
- GME Research
- Internal Reviews
- MedHub
- Program Accreditation
- Self Studies
- Site Visits
- Special Reviews

- Evaluation/Assessment
- GME Research
- Internal Reviews
- MedHub
- Program Accreditation
- Self Studies
- Site Visits
- Special Reviews
Deciphering the “Alphabet Soup” of Graduate Medical Education

ACGME: American Council on Graduate Medical Education: The organization that accredits medical residencies and fellowships

ADS: Accreditation Data System – online service where programs upload program information yearly for ACGME

APE: Annual Program Evaluation – Yearly program self evaluation required by ACGME

AOC: Area of concern – ACGME review has revealed an area where the program exhibits weakness in the area or has trended down. The issue is not to the degree that the program is out of compliance, so they do not receive a citation.

Citation: ACGME review has determined that a program is out of compliance with an accreditation standard or ACGME policy or procedure. Citations MUST be address in a program’s next APE

CCC: Clinical Competency Committee - Three or more active teaching faculty who are chosen by the program directo to review evaluation information for each resident and determines each residents’ performance evaluation outcome

CLER: Clinical Learning Environment Review – a review of the institution’s efforts to provide residents with a safe learning environment, and to engage residents in initiatives focused on patient safety, quality improvement and resident wellness

CPR: Common Program Requirements: ACGME requirements that apply to all specialties and subspecialties

Competencies: Specific knowledge, skills and behaviors residents must illustrate to complete an accredited program. Programs must show how they both teach and evaluate each of the competencies. The 6 competencies are:

- Patient Care
- Medical Knowledge
- Practice based learning and improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

Complement: Maximum number of residents a program is allowed to train at any one time

Compliance: A program or institution’s adherence to requirements

Continued Accreditation: This is an accreditation status. It means the program has been reviewed and it is in compliance with requirements
**Core Faculty:** Faculty who play a significant role in the education of residents. They must have specific qualifications to serve as core faculty which depend on the program’s specialty area. Core faculty devote at least 15 hours per week to resident education and administration.

**DIO:** Designated Institutional Official – The person responsible for all of the ACGME accredited residencies and fellowships.

**Fellow:** A physician who has already met requirements for board certification in a specialty (e.g., Pediatrics or Internal Medicine), but is now completing a training program in a subspecialty (e.g., Cardiology, Rheumatology etc.)

**GMEC:** Graduate Medical Education Committee – A group of program directors, residents and program coordinators who meet once a month to review accreditation issues. Program directors serve as voting members, and vote on changes in program directors, association program directors, issues around internal program reviews, etc.

**LON:** Letter of Notification – the official letter that tells a program the outcome of an ACGME review, and the action taken by the committee. A program can get continued accreditation with or without “areas of concern” or “citation.” Programs can also be put on probation, and accreditation can be terminated.

**Master Affiliation Agreement:** A document that outlines the agreement between the sponsoring (primary) institution and a major participating site.

**PD:** Program Director: One physician faculty with authority and accountability for the operation of the residency/fellowship.

**PEC:** Program Evaluation Committee: The faculty chosen by the program director to conduct the Annual Program Review (APE).

**PLA:** Program Letter of Agreement: A document that outlines responsibilities between an individual program and a site that is not part of the sponsoring institution where their trainees go for a required educational experience.

**RRC:** Review Committee, Residency Review Committee – sets accreditation standards and provides peer evaluation of residency and fellowship programs.

**SI:** Sponsoring Institution – the organization that has ultimate financial and academic responsibility for a graduate medical program. Our SI is Stanford Health Care.

**Summative Evaluation (Final Evaluation):** The evaluation completed at the end of the training program to certify that the resident has successfully completed the program.

**TOC:** Transitions of Care – managing the transition of a given patient’s care during a change in care team. The focus is to ensure that the new team has the complete and accurate information they need to take proper care of the patient.
Major Processes in Program Accreditation

**Resident Evaluations - Ongoing**

ACGME requires that residents receive *timely* feedback on their performance. Timely feedback is foundational to a solid educational program; when residents get feedback long after a rotation or other educational experience it is not as helpful in guiding performance improvement and professional development. Each program has its own evaluation system. Typically, residents receive feedback from faculty, peers, staff or other health professionals on the team, and patients. Evaluators complete written evaluations when they have worked with a resident for a specific time on a specific rotation or service. Resident’s self-evaluation is also required by ACGME and is helpful tool to obtain insights on how residents reflect about their own learning.

**Resident Evaluations - Milestones/Semiannual & Final Evaluations**

“Milestones” refers to a set of competencies that residents are expected to gain as they complete their training. The milestones were developed by experts from each medical specialty training community. These experts worked to determine what a resident should know or be able to do at different points in their training. They serve to help programs determine if a resident is “on track.”

“Milestone” evaluations are semi-annual performance evaluation of your residents. These evaluations are completed by the Clinical Competency Committee (CCC). The CCC is a subgroup of core faculty chosen by program director. The CCC meets to pull together all of the performance evaluations of each resident to determine if they are “on track” in their progress towards becoming a competent physician.

ACGME requires all programs to report the “Milestones” progress of each resident twice a year (Dec-Jan and Jun-Jul). In addition, all residents must meet with their program director at the end of the training program for a “final evaluation” that reviews if they have reached clinical competency in the milestones for their specialty. This ensures that all graduates are competent to practice autonomously or move onto further specialized training.

More information on milestones can be found on the ACGME website: https://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview

**WebADS (Web = web based. ADS = Accreditation Data System) [https://www.acgme.org/ads/]**

WebADS refers to the ACGME Web based portal to store program information. All programs MUST update their program information in WebADS annually. ACGME collects extensive information about each program to ensure that programs are “healthy.”

**Training Program Evaluation**

ACGME requires each program to complete an annual program evaluation (APE). The APE is an opportunity for the program to “look in the mirror” and self-evaluate strengths and weaknesses. The APE is completed by the Program Evaluation Committee (PEC). Your program director decides who serves on the PEC.
The PEC:
- meets and reviews information that helps them evaluate the program strengths and weaknesses
- conducts a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the program.
- creates an “Action Plan” that lists issues, proposed quality improvement strategies, timelines for these quality improvement strategies and who is responsible for implementation.

This information is entered into the “APE Guidebook.” The APE Guidebook is an Excel workbook that the GME office created to standardize how the APE is reported out across programs and to serve as an “APE repository” for future self study. It helps programs track issues, solutions and outcomes over many years. This is important to overall accreditation, because ACGME looks for program quality improvement and innovation over time.

Surveys

There are four surveys each year that you will help with.

**GME Housestaff Survey:** This is an internal survey that the GME office conducts before the ACGME survey. We use it to help determine program quality, elicit any issues, and as an “early warning system” to try and avert issues on the ACGME survey that may be based on misunderstandings. The survey link is sent to all residents in November. We compile the information in December and send programs a “report card” that shows trends across years.

**ACGME Resident Survey:** ACGME sends out a survey to all residents regarding program quality each year. This is an important method for them to keep track of program quality and determine if a program is having issues such that they need to be reviewed and evaluated more closely. ACGME requires a response rate of at least 70%.

**ACGME Faculty Survey:** ACGME sends out a survey to all faculty regarding program quality each year. Like the resident survey, the ACGME uses the results of this survey to track trends over time, and to determine if a program is struggling and needs closer oversight. ACGME requires a response rate of at least 60%.

More information can be found at: [https://www.acgme.org/Data-Collection-Systems/Resident-Fellow-and-Faculty-Surveys](https://www.acgme.org/Data-Collection-Systems/Resident-Fellow-and-Faculty-Surveys)

**Alumni Survey:** The GME office sends out a survey to all alumni of Stanford training programs. The survey helps us have the perspective of our graduates on the quality of training they received. In addition, the survey helps us track alumni activity. Some of the program evaluation information you will need will come from this survey, as ACGME wants to know about the relative success of your graduates as an indicator of your program’s quality.

**Duty Hours**

ACGME has very strict rules about resident duty hours. These include the number of hours they can work in one week, how much time they have off between shifts and how many days they work in a row. These rules were put in place to protect residents, but also to ensure that residents are not so fatigued that they cannot provide quality care to patients. Residents input duty hours into MedHub, and MedHub creates a report of any duty hours that are not in compliance with ACGME limits. Program directors
ensure that residents report their duty hours in a timely manner. Duty hour violations must be reviewed by program directors to determine why a violation occurred.

**Self Study and Site Visit**

ACGME requires programs to submit program information – the self study – when they are to undergo a program review by ACGME. Self studies are typically submitted only when a program is applying for ACGME accreditation, if ACGME requires a special review, or every 10 years. The self study is a synthesis of the various yearly program evaluation processes from the last five years, and a description of how the program plans to continue to improve and evolve over the next 10 years. After the self study document is submitted, ACGME sends out a site visitor to validate the information. **If your program needs to submit a self study or is likely to have a site visit anywhere in the near future, or your GME program manager will work closely with you to help you pull together the necessary information.**
<table>
<thead>
<tr>
<th>Tasks</th>
<th>JUL</th>
<th>AUG</th>
<th>SEPT</th>
<th>OCT</th>
<th>NOV</th>
<th>DEC</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
</tr>
</thead>
<tbody>
<tr>
<td>APE must be complete and uploaded to MedHub before starting WebADS</td>
<td>Group 1: Prepare WebADS updates. Send to GME by 8/5/2019 for review.</td>
<td>Submit GME-approved WebADS to ACGME.</td>
<td>Group 2: Prepare WebADS updates. Send to GME by 8/9/2019 for review.</td>
<td>Submit GME-approved WebADS to ACGME.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milestones</td>
<td>Send out milestone-based evaluations of residents/fellows to attending physicians.</td>
<td>Submit Milestone Reports to ACGME.</td>
<td>Send out milestone-based evaluations of residents/fellows to attending physicians.</td>
<td>Submit Milestone Reports to ACGME.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ACGME Survey for Faculty and Residents/Fellows</td>
<td></td>
<td></td>
<td>GME delivers confidential program evaluations. (Tentatively in April)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Evaluations for Faculty and Residents/Fellows</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Evaluations</td>
<td>Final Evaluation to be verified for incoming PGY2/fellows/transfers.</td>
<td></td>
<td>Complete form at end of training.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Evaluation Committee / Annual Program Evaluation (APE)</td>
<td>Upload APE documentation in MedHub by 7/31/19</td>
<td></td>
<td>Schedule, Meet &amp; Upload meeting minutes in MedHub.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program Expansion &amp; Funding Request</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duty Hours</td>
<td>Monthly Ongoing Review all violations.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GME Special Review</td>
<td>Occurs any time at GME's discretion.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Study</td>
<td>Occurs approximately every 10 years. Advance notice will be posted in ADS (ACGME Self Study letter of notification).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLER</td>
<td></td>
<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>

**Legend**

| ACGME - External | GME Internal | Milestone | Hard Deadline Task | Task |