PROGRAM DIRECTORS’ MEETING
JUNE 14TH, 2018
AGENDA

- GME Updates
  - Orientation
  - Check out/Final Pay checks
- Licensure
- TOC / Transfers of Care
- Annual Program Evaluations (APES)
- CCC’s
- Milestones
- Summative Evaluations
Orientations

**GME Housestaff Orientation**
For incoming housestaff at SHC/LPCH and affiliated hospitals

**JUNE 22, 2018**
2nd Floor, Li Ka Shing Center

Please be early!
- Visit the [Incoming Housestaff Orientation page](#).
- Breakfast and lunch is provided at orientation.
- **INTERNS** from Ob/Gyn, General Surgery & ALL Surgical Specialties, Emergency Medicine, and Psychiatry:
  Orientation starts promptly at 8:00 AM. Please arrive early.
- **INTERNS** from Internal Medicine and Pediatrics:
  Orientation starts promptly at 10:00 AM. Please arrive early.

**JUNE 29, 2018**
2nd Floor, Li Ka Shing Center

Please be early!
- Visit the [Incoming Housestaff Orientation page](#).
- Breakfast and lunch is provided at orientation.
- **INTERNS** from Pathology and ALL RESIDENTS/FELLOWS starting on July 1, 2018:
  Last Name A-C: Orientation starts promptly at 8:00 AM. Please arrive early.
  Last Name D-J: Orientation starts promptly at 9:00 AM. Please arrive early.
  Last Name K-M: Orientation starts promptly at 10:00 AM. Please arrive early.
  Last Name N-R: Orientation starts promptly at 11:00 AM. Please arrive early.
  Last Name S-U: Orientation starts promptly at 12:00 PM. Please arrive early.
  Last Name V-Z: Orientation starts promptly at 1:00 PM. Please arrive early.

**JULY 5, 2018**
2nd Floor, Li Ka Shing Center

Please be early!
- Visit the [Incoming Housestaff Orientation page](#).
- Breakfast and lunch is provided at orientation.
- Fellows starting on July 7, 2018:
  Last Name A-M: Orientation starts promptly at 9:00 AM. Please arrive early.
  Last Name N-Z: Orientation starts promptly at 10:00 AM. Please arrive early.

**JULY 31, 2018**
2nd Floor, Li Ka Shing Center

Please be early!
- Visit the [Incoming Housestaff Orientation page](#).
- Breakfast and lunch is provided at orientation.
- **ALL RESIDENTS/FELLOWS** starting on August 1, 2018:
  Last Name A-M: Orientation starts promptly at 9:00 AM. Please arrive early.
  Last Name N-Z: Orientation starts promptly at 10:00 AM. Please arrive early.
We Need Help with Orientation Parking
June 29th

From 7:30 – 1:00 PM at Searsville Lot Bench to sit on to hand out permits
Mandatory Sharps Training / Checkoff

- For all incoming Interns, Residents, & Fellows
  - Must be covered in Program Orientations
  - Form Loaded in MedHub Under RESOURCES/DOCUMENTS
  - Signed off completed form must be loaded in MedHub for each trainee under FORMS/FILES
Outgoing Residents & Fellows

- Check out
  - Must be in person at GME Office
  - If departing before 6/30:
    Programs must email Ann Dohn
    (was due June 1st)

1. Completed Checkout form
2. Email from SHC & LPCH HIMS/Medical Records (phone or hard copy)
3. Generic SHC Lab Coat/s
4. Pager
5. Photo ID Badge, Security Access Card
6. FOB or Encrypted USB Jump Drive
7. Stanford Gym Card
Outgoing Residents & Fellows-email sent out 6/13/18

- Congratulations on completion of your training!

- Final paychecks (live checks) will be available in the GME Office on Friday, June 29th. You may pick up your check up if your training is complete.

- Residents leaving on June 30th or July 1st may pick up their final (live) check in the GME Office on Monday July 2nd before 5 PM. All checks not picked up by 5pm will be sent to your home address on file via US mail.

- IF you are working overnight on June 29th or June 30th and cannot wait until Monday for your final check, please email Ann Dohn at adohn1@stanford.edu. The GME Office is closed on week-ends but will make special arrangements to assist with this.
Changes in CA MD Licensing as of 1/1/2020

- What we know currently about the upcoming changes effective 1/1/2020
  - SB 798 will change the minimum requirements for a full CA MD license
Current vs New License Requirements

**Current**
- No training license
- Full MD license for two years issued after:
  - 1 yr ACGME training for US
  - 2 yrs ACGME training for IMGs
- PTAL (post graduate training authorization letter) needed for IMGs first starting ACGME training
- MBC reviews medical school courses

**As of 1/1/2020**
- Post Graduate Training Permit (PTL) will be issued for 3 years (letter)
- Residents must complete 3 years of ACGME training to qualify for a full MD license (US and IMGs)
- No more PTALS!
  - MBC will recognize international medical schools listed in the World Directory of Medical Schools
  - MBC will not review Medical School courses anymore
New CA MD License Process

- Applicant must have the PTL-post graduate training license within 180 days of starting a CA residency/internship/fellowship OR

- If the resident or fellow has completed 3 years of ACGME training = full CA MD license

- Full CA MD license must be obtained within 90 days of completing 36 months of ACGME training
New Process – the Unknown

- How to handle LOAs-and report to MBC?
- How long will it REALLY take for MBC to process license applications?
- Incoming PGYIVs from out of state – how long will it take them to get their CA license?
- Interns may not have their diplomas until 6-7 months into their internships
- How to handle Moonlighting? (MBC says OK with approval of Program Director)
  - If they moonlight – Can they get malpractice insurance?
What we do know…

- Interns (US Grads only) starting June 2018 are covered under current law
  - Will need to be licensed by December 31st 2019 or they go under the new 3 yr process

- Professional Development residents (lab years outside ACGME training)
  - Will not be able to cover shifts unless they have completed three years of training
Discussion/Questions?
TOC / Transfers of Care

- Evaluations – Must be completed by September 1st

Evaluation Form

Transitions in Patient Care - Handover Evaluation (ACGME Requirement VI.B.3.)

Evaluator: __________________________

Evaluation of: ________________________

Date: ________________________________

Attendings or residents can use this form to evaluate other residents in their documentation and communication around transitions in patient care ("hand offs"). Please note that your program’s ACGME requirement might include the following:

Transitions of Care

VI.B.2. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety.

VI.B.3. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

This evaluation form will serve to monitor and ensure residents are competent in communicating in the hand-over process.

VERBAL HANDOFF

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The sign-out is face to face?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>2. The sign-out took place in a setting free of interruptions and distracting noises?</td>
<td>☐</td>
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TOC / Transfers of Care

- Training – On MedHub – Less than 10% have completed it.
## 2017-2018 APE Meeting - SWOT Analysis

**DATE:** 21-May-18  
**PROGRAM:** Child Neurology

### Aim

Provide exceptional training in Child Neurology, including opportunities for scholarships, leaderships, and clinical expertise.

### Strengths

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<tbody>
<tr>
<td>#1</td>
<td>Early exposure to outpatient child neurology</td>
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<tr>
<td>#2</td>
<td>Access and support for diverse research opportunities</td>
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### Weaknesses

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<tbody>
<tr>
<td>#1</td>
<td>Getting to didactics consistently while on service</td>
</tr>
<tr>
<td>#2</td>
<td>System for reporting resident concerns</td>
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**DATE:** 5/21/2018  
**PROGRAM:** Child Neurology

### Issue Synopsis

<table>
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<th>Description</th>
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<tbody>
<tr>
<td>Cost of Living</td>
<td>Housing is too expensive</td>
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<tr>
<td>Didactic Attendance</td>
<td>Spotty attendance lectures due to clinical duties</td>
</tr>
</tbody>
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### Year's Unresolved Issues
CCC’s - Milestones

- Must be uploaded to ACGME
  - Window opened: April 23rd
  - Window closes: June 22\textsuperscript{nd} (Friday) - Remember ACGME closes at 3PM and their computer system has been known to go down…
CCC’s – Milestones – Not Submitted as of 6/14/2018

- Allergy
- Anesthesiology
- Adult CT Anesthesia
- Peds Anes
- OB Anes
- CC Anesthesia
- Ped EM
- Family Medicine
- Family Sports
- Medical Genetics
- Biochemical Med Genetics
- CC Medicine
- Endo
- GI
- Heme
- Onc
- Nephrology
- Rheum
- Int Cardiology
- ACHD
- Cardiac EP
- Pulmonary Dis
- AHFT
- Neurosurgery
- Neurology
- Neuromuscular
- Epilepsy
- Clinical Neurophys
- MGP
- Nuclear Medicine
- OB/GYN
- Onc
- Ortho Surg
- Ortho Hand
- ENT
- Peds ENT
- AP/CP
- Neuropath
- Pediatrics
- Clin Informatics
- Peds Hem/Onc
- Neonatology
- Peds Pulm
- Developmental Peds
- PM&R
- Sports PM&R
- Spinal Cord
- Plastics
- Hand Plastics
- Psyc
- Child Psyc
- Geriatric Psyc
- Psychosomatic
- Radiology
- Rad Onc
- Surgery
- Surg Critical Care
- Peds Surgery
- Thoracic Surg – Int
- Urology
- Pain
- Peds Anesthesia Track
- Medicine Anesthesia Track
- Peds Medical Genetics
Summative Evaluations – When?

- **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)

GME Collects Summative Evaluations
Summative Evaluations

Resident Summative Evaluation
Stanford University
Department of <Insert Program>

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

Dr. <Insert Name> performed in an excellent fashion during the past four years of training. Performance was evaluated using the following competencies and include evaluations of patient care, medical knowledge, interpersonal and communication skills, practiced based learning and improvement, professionalism, and system based practice.

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

Evaluations of medical knowledge including an 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 ____ and a standardized score to year 4 of ____ 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.
Questions?