Grand Strand Medical Center

Alphabet Soup:
The A to Z's of GME for the New Program Administrator/Coordinator

Caroline Diez, BA, C-TAGME
Program Coordinator, Transitional Year Residency Program
Grand Strand Medical Center (HCA South Atlantic Division)
ACGME Coordinator Forum 2019 – Session PC006_BR01
Thursday, March 7, 2019
Rosen Shingle Creek Resort (Orlando, FL)

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No Disclosures

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Learning Objectives

- Understand the language and terms of Graduate Medical Education

- Identify online resources and ways to strategically leverage the tools available

- Develop a better grasp in your role as Program Administrator/Coordinator

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A = ACGME
(Accreditation Council for Graduate Medical Education)

- The **Accreditation Council for Graduate Medical Education (ACGME)** is a private, 501(c)(3) non-profit organization that reviews and accredits graduate medical education (residencies and fellowships) programs, and the institutions that sponsor them.

- These accredited programs are primarily based in the United States, however there are internationally accredited sites through ACGME-I (Lebanon, Oman, Qatar, Singapore, United Arab Emirates, Haiti, Saudi Arabia, and Panama).

- The mission of the ACGME is to "improve healthcare and population health by assessing and advancing the quality of resident physicians' education through accreditation."

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A = Accreditation

- **Accreditation** is achieved through a voluntary process of evaluation and review based on published standards and following a prescribed process.

- ACGME accreditation provides assurances that Residency and/or Fellowship Programs meet the specific quality standards of the specialty/subspecialty practice(s) for which they prepare graduates.

- ACGME accreditation is overseen by a Review Committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs.

- **Accreditation Status** is the official decision made by a Review Committee based on its review and assessment of a Sponsoring Institution's or Program's Compliance with the applicable requirements.

- Examples of Accreditation Status: Initial Accreditation, Continued Accreditation, Accreditation with Warning, Continued Accreditation without Outcomes, Initial Accreditation with Warning, Probationary Accreditation, Voluntary Withdrawal of Accreditation, and Withdrawal of Accreditation.

- Full List of Accreditation Statuses: https://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

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B = Boards

- It is important to stay informed about the requirements of the specialty boards to ensure a program's educational curriculum is relevant to both clinical practice and board exam/licensure.

- During/Post-Training you will be asked to provide documentation to the specialty boards (i.e., Block Schedules, dates of training, etc.); it is important to ensure accurate and timely responses because it could impact board eligibility/certification.

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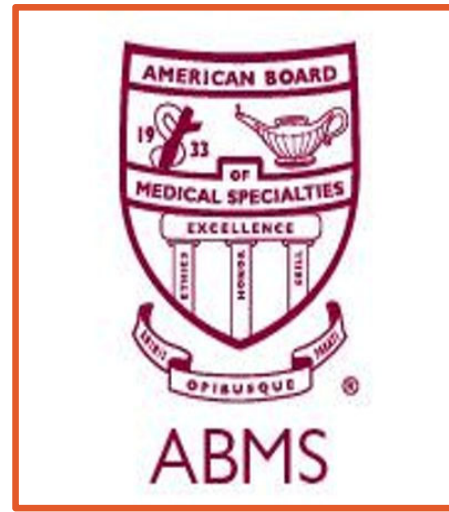
B = Block Schedule

- The schedule of all resident rotations for the academic year.

*7/1/2018	GenSurg	Jeopardy	Ambulatory	Team A	Pain-M	Clin Inform	Team B
7/9/2018	GenSurg	Jeopardy	Ambulatory	Team A	Pain-M	Clin Inform	Team B
7/16/2018	GenSurg	Pulmonary	Ambulatory	Team A	Jeopardy	Clin Inform	Team B
7/23/2018	GenSurg	Pulmonary	Ambulatory	Team A	Jeopardy	Clin Inform	Team B
7/30/2018	ER	ICU	Jeopardy	Ambulatory	Team A	Pain-R	Pathology
8/6/2018	ER	ICU	Jeopardy	Ambulatory	Team A	Pain-R	Pathology
8/13/2018	ER	ICU	Heme Onc	Ambulatory	Team A	Pain-R	Pathology
8/20/2018	ER	ICU	Heme Onc	Ambulatory	Team A	Pain-R	Pathology
8/27/2018	Pain-R	ER	ICU	Jeopardy	Ambulatory	Team A	Clin Inform
9/3/2018	Pain-R	ER	ICU	Jeopardy	Ambulatory	Team A	Clin Inform
9/10/2018	Jeopardy	ER	ICU	Anesthesia	Ambulatory	Team A	Clin Inform
9/17/2018	Jeopardy	ER	ICU	Anesthesia	Ambulatory	Team A	Clin Inform
9/24/2018	Night Float	Clin Inform	ER	ICU	Pain-M	Ambulatory	Team A
10/1/2018	Night Float	Clin Inform	ER	ICU	Pain-M	Ambulatory	Team A
10/8/2018	Night Float	Clin Inform	ER	ICU	Jeopardy	Ambulatory	Team A
10/15/2018	Night Float	Clin Inform	ER	ICU	Jeopardy	Ambulatory	Team A
10/22/2018	Dermatology	Night Float	Rad Onc	ER	ICU	Pain-M	Ambulatory
10/29/2018	Dermatology	Night Float	Rad Onc	ER	ICU	Pain-M	Ambulatory
11/5/2018	Dermatology	Night Float	Rad Onc	ER	ICU	Jeopardy	Ambulatory
11/12/2018	Dermatology	Night Float	Rad Onc	ER	ICU	Jeopardy	Ambulatory

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C = Citations

- **Citations** are findings of a Review Committee that a Sponsoring Institution and/or Program has failed to comply *substantially* with a particular accreditation standard or ACGME policy/procedure.
  - **Review Committees** are groups comprised of volunteers that set the accreditation standards (requirements) and provide peer evaluation to Residency/Fellowship Programs and Sponsoring Institutions. There are three types of Review Committees: Specialty Review Committee, Transitional Year Review Committee, and Institutional Review Committee. (You may also hear the term "RRC" or Residency Review Committee.)

- Once a citation is received, the program must address and respond through WebADS.

- **Areas for Improvement (AFI)** are opportunities for a program to address a concern or trend <u>before</u> it becomes a citation. Areas for Improvement do not require a WebADS response; however it is recommended that a response is included in the program's annual WebADS Update as part of the major changes.

9994500253 - GRAND STRAND REGIONAL MEDICAL CENTER PROGRAM

Transitional Year - Myrtle Beach, SC

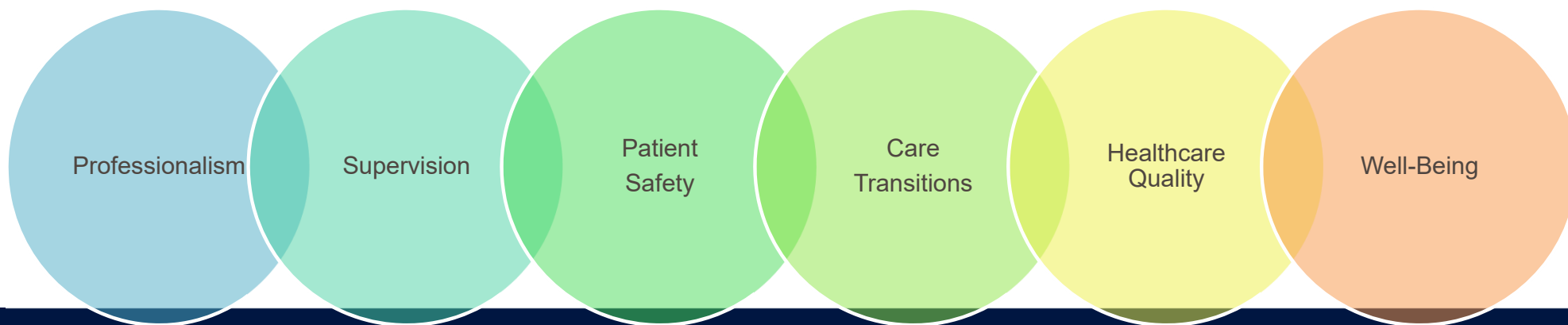9994500253 - Grand Strand Regional Medical Center Program

‹ Back

Citations

There are no current citations.

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C = CLER
(Clinical Learning Environment Review)

- The ACGME **Clinical Learning Environment Review (CLER)** is a program designed to provide the profession and the public a broad view of sponsoring institution initiatives to enhance the safety of the learning environment and to determine how residents/fellows are engaged in the patient safety and quality improvement activities.

- CLER Site Visits will happen *approximately* every **18 to 24 months**, with notice given *approximately* ten days ahead.

- CLER visits focus on six key areas to determine resident engagement.

| Professionalism	Supervision	Patient Safety	Care Transitions	Healthcare Quality	Well-Being

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C = CCC
(Clinical Competency Committee)

- The **Clinical Competency Committee (CCC)** is a required body comprised of three or more members of the active teaching faculty that is advisory to the Program Director and reviews the progress of all residents in the program.

- There must be a written description of the responsibilities of the CCC.

- The Committee should:
  - Review all resident evaluations semi-annually
  - Report the Milestone evaluations of each resident semi-annually to the ACGME
  - Advise the Program Director regarding resident progress, including promotion/remediation/dismissal

Rotation Evaluations	**+**	Direct Observations	**+**	Other Formative Assessments	→	**6 4 5** C C C	→	ACGME Reporting Milestones

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D = (*formally known as*) Duty Hours

- *Under the new ACGME Revisions, the terms "clinical experience and education," "clinical and educational work," and "work hours" replace the terms "duty hours."*

- **Clinical and Educational Work Hours** are defined as all clinical and academic activities related to the program: i.e., patient care, administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Work Hours <u>do not</u> include reading, studying, research done from home, and preparation for future cases.

- Examples of Current Work Hour Limitations:
    - 80 hour maximum per week, averaged over four-week period
    - 24-hours maximum per shift, with an additional four hours allowed for transfer of patient care
    - 1 work-free day per week, averaged over four-week period
    - Residents should have eight hours off between scheduled clinical work and education periods
    - Moonlighting Hours apply to limits and must be logged

- All Work Hour Limitations can be found in the ACGME Common Program Requirements:
  https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf

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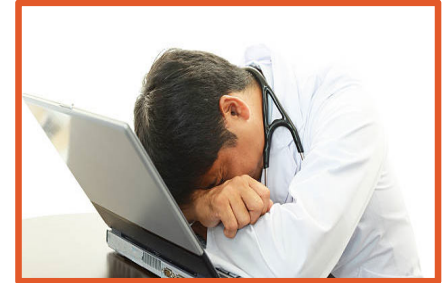
E = ERAS
(Electronic Residency Application Service)
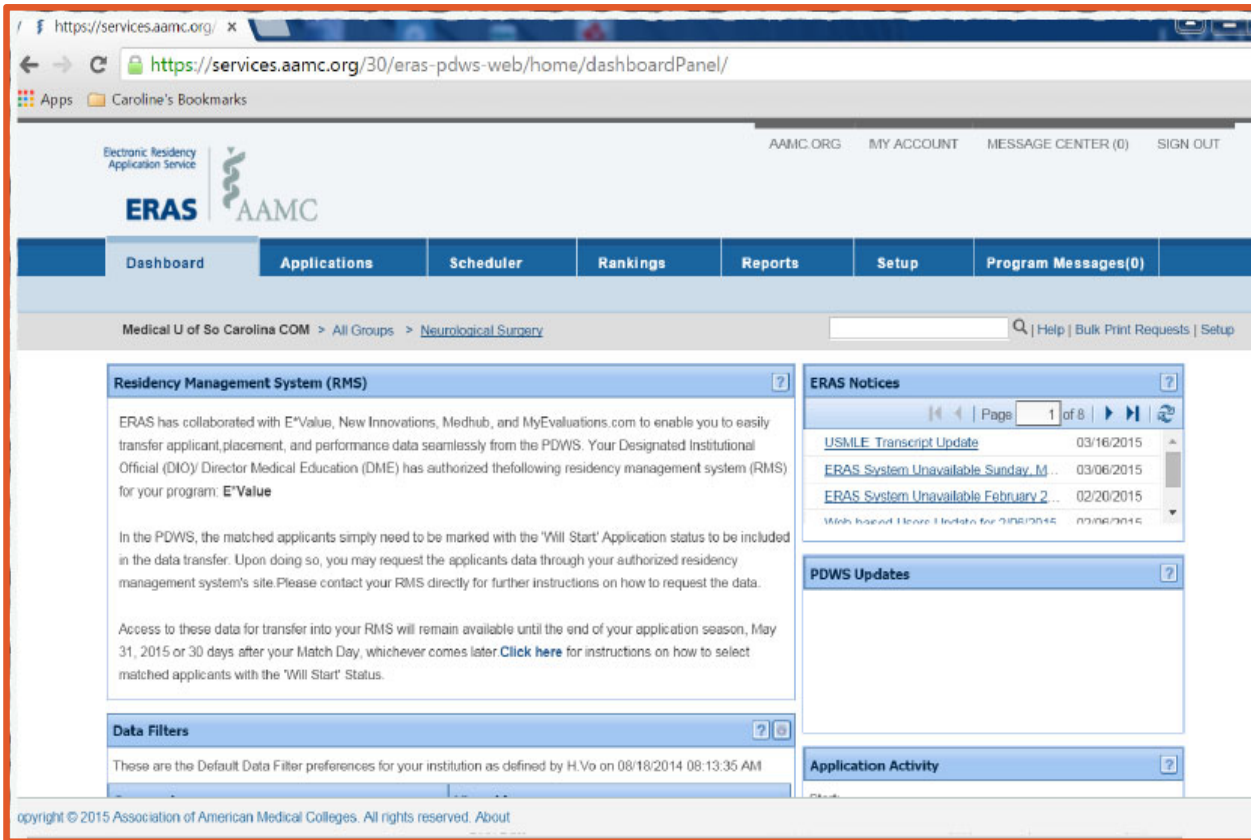
- The **Electronic Residency Application Service (ERAS)** is a service that transmits the ERAS Application and supporting documentation from residency applicants and their Dean's Office to potential Program Directors.

- ERAS consists of four portals:
  1. Dean's Office Workstation (DWS)
  2. ERAS Fellowship Documents Office (EFDO)
  3. Program Director's Workstation (PDWS)
  4. ERAS Letters of Recommendation Portal (LoRP)

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E = Evaluation

- **Must**: *A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.*

- Residents <u>must be</u> evaluated by his/her peers.

- Residents <u>must be</u> evaluated and receive feedback from faculty on every clinical rotation/experience.

- Residents <u>must have</u> multi-source evaluations. (i.e., nursing, patient/families, etc.)

- Residents <u>must have</u> a semi-annual evaluation meeting with the Program Director.

- Residents <u>must have</u> the opportunity to confidentially evaluate the faculty and the program.

- Residents <u>must have</u> a summative evaluation by the Program Director.
  - <u>**Formative Evaluation**</u>: Assessment of a resident/fellow with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards - without passing a judgement in the form of a permanently recorded grade or score.
  - <u>**Summative Evaluation**</u>: Assessment with the primary purpose of establishing whether or not performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

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F = Funding

- A 2001 estimate showed that residency costs $76,000 - $95,000 <u>per year</u> for each resident in training.

- Estimates show that upwards of $22 billion <u>per year</u> spent from all payers (approximately $220,000 per resident)

- Centers for Medicare and Medicaid Services (CMS) alone spend approximately $9.5 billion per year on GME
  - **<u>Intern Resident Information System (IRIS)</u>** is the annual reporting mechanism established by CMS used to calculate DME and IME funding. All residents' time in the hospital is recorded, reported and submitted based on the hospital's fiscal year.

- Who pays the rest?
  - Medicare Part A
  - State Medicaid
  - Veterans Affairs
  - Department of Defense
  - Private Payer Contributions
  - Grants

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F = FERPA
(Family Educational Rights and Privacy Act)

- The **Family Educational Rights and Privacy Act (FERPA)** (1974) is a United States federal law that governs the access of educational information and records.

- Student Rights under FERPA:
  - Students have the right in inspect their education records.
  - Schools must have a student's consent <u>prior</u> to disclosure of education records.
  - The right to seek amendment of their education records if believed to be inaccurate or misleading, or to append a statement to their records.

- This law only applies to educational agencies and institutions that receive funding under a program administered by the US Department of Education.

- Students can waive their FERPA "rights" and this is commonly noted on Letters of Recommendation

- ***The records of medical residents are not protected by FERPA.***

- http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

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F = FRIEDA
(Fellowship and Residency Interactive Database)

- The **Fellowship and Residency Interactive Database (FRIEDA)** provides information for over 10,000 GME programs.

- The information is collected by the **American Medical Association (AMA)** and the **Association of Medical Colleges (AAMC)** annually via the National GME Census
  - The National GME Census and GME Track are the same thing!
  - The data entered in the Program Survey is used to update FRIEDA.

- Provides residency applicants with a "one stop shop" for information searches. (by program, state, residency type, etc.)

- For main match programs, FRIEDA generally opens mid-May and the deadline for completion is mid-July.

- GME Track also contains a resident survey, which opens in late July.

GME Track | AAMC

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G = GME
(Graduate Medical Education)

- **Graduate Medical Education (GME)** is the period of didactic and clinical education in a medical specialty which follows the completion of a recognized **Undergraduate Medical Education (UME)** program.

- This training prepares physicians for the independent practice of medicine in a given specialty.

- Graduate Medical Education is also referred to as Residency and/or Fellowship Training.

- Graduate Medical Education is comprised of both didactic and clinical education.
  - **Didactic Education**: A kind of systematic instruction by means of planned learning experiences, such as conferences or grand rounds.
  - **Clinical Education**: Refers to the practice of medicine in which physicians assess patients (in person or virtually) or populations in order to diagnose, treat, and prevent disease using their expert judgement. It also refers to physicians who contribute to the care of patients providing clinical decision support and information systems, laboratory, imaging or related studies.

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G = Global Health

- **Global Health** is the health of populations in a global context; it has been defined as "the area of study, research, and practice that places a priority on improving health and achieving equality in health for all people worldwide".

- The predominant agency associated with global health is the World Health Organization (WHO); other agencies with impact on global health include – UNICEF, World Food Programme, the World Bank, Medecins Sans Frontieres (Doctors Without Borders), and the United Nations (UN).

- There has been increasing interest in Global Health Electives over the last ten years
  - **Elective**: An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the Program Director.

- It is important to remember that there is no CMS funding for these rotations, so there must be an established funding source

- Your Review Committee <u>must approve</u> any and all Global Health rotations.

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H = Health of the Resident

- **Resident Health**, or Wellness, has become a major focus for the ACGME and Specialty Boards.

- It is extremely important due to the increase in resident suicides, depression rates, burn-out, and professional satisfaction.

- If a concentrated effort to increase wellness and resiliency during medical training happens, it is likely to produce physicians who are less stressed and better able to engage with their patients and provide quality healthcare.

- How can this be done?
  – Identify leadership support to advocate for wellness
  – Evaluate and monitor residents individually and act when warning signs emerge
  – Provide training for fatigue management, strategic napping, fitness for duty, etc.
  – Determine your institution's wellness resources (example: Dietary, Gym, Employee Assistance, etc.)

- ACGME Site on Physician Well-Being:
https://www.acgme.org/What-We-Do/Initiatives/Physician-Well-Being

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I = IMG
(International Medical Graduate)

- **International Medical Graduates (IMGs)** are graduates from a medical school outside of the United States (not accredited by the Liaison Committee on Medical Education). IMG's can be both United States citizens or citizens from another country.
  - The **Liaison Committee on Medical Education (LCME)** accredits programs of allopathic medical education in the United States.

- IMGs <u>must have</u> an ECFMG Number to enter residency training programs in the United States.
  - The **Educational Commission for Foreign Medical Graduates (ECFMG)** assesses the readiness of IMGs to enter ACGME-accredited residency and fellowship programs.
  - An **ECFMG Number** is the identification number assigned by the ECFMG to each IMG who receives certification.

- When accepting IMGs into your residency program is important to know about the unique aspects:
  - Examples: Visa Status (J-1, H1B, F-1, etc.), Licensure Issues, Political Barriers, Cultural Barriers, and Language Barriers

ECFMG®

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J = The Joint Commission

- **The Joint Commission (TJC)** was formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and previous to that was the Joint Commission on Accreditation of Hospitals (JCAH).

- The Joint Commission evaluates and accredits healthcare organizations in the United States.

- TJC was founded in 1951 and accredits more than 21,000 healthcare organizations and programs in the United States.

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J = "Jeopardy" or "Surge"

- It is important to make sure your program and institution have backup policies and systems for a variety of reasons…

- Common Occurrences:
  - Examples: Fatigued Residents, Pregnancies, Injuries/Surgeries, Death of Family Members, etc.

- When Extreme Emergent Situations Occur:
  - **Extreme Emergent Situation**: A local event such as a hospital-declared disaster that affects resident education or the work environment but <u>does not</u> rise to the level of an extraordinary circumstance as defined by the ACGME Policies, Section 21.00
  - Examples: Las Vegas Shooting, 9/11, etc.

- When Extraordinary Circumstances Arise:
  - **Extraordinary Circumstance**: A circumstance that significantly alters the ability of a sponsor and its programs to support education.
  - Examples: Natural Disasters, Hospital Closures, etc.

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K = Knowledge

- Medical Student, Resident, and Fellow knowledge is tested throughout their training process. Primarily, trainees are tested in **Clinical Knowledge (CK)** and **Clinical Skills (CS)**

- Available Testing Metrics:
  - The **United States Medical Licensing Exam (USMLE)** is a three-part licensing exam taken by allopathic medical students and residents. (Step 1 – Taken at the end of the second year of medical school; Step 2 CK and Step 2 CS – Prior to medical school graduation, Step 3 – During the first/second year of residency). *Osteopathic Medical Students may also choose to take USMLE Exams.*
  - The **Comprehensive Osteopathic Medical Licensing Exam (COMLEX)** is a three-part licensing exam taken by osteopathic medical students and residents. (Similar timing as the USMLE Exams, these are referred to as Level 1, Level 2 – CE, Level 2 – PE, and Level 3).
  - The **In-Training Examination (ITE)** is a formative exam developed to evaluate a trainee's progress in meeting the educational objectives of a program, including but not limited to those offered by certification boards or specialty societies.

- As a Program Coordinator/Administrator this is important because…
  - Registration (Fee Payment/Reimbursement, Registration Deadlines, Exam Dates, etc.)
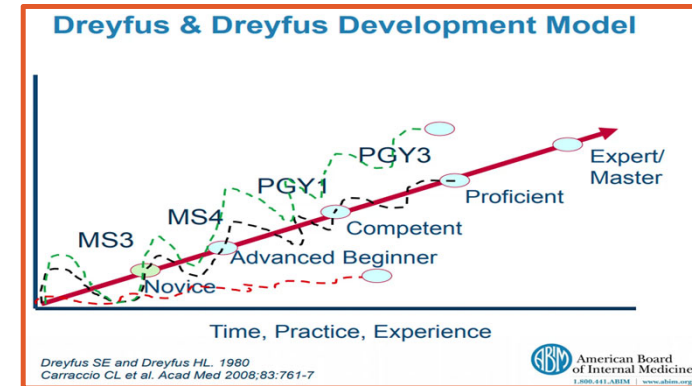
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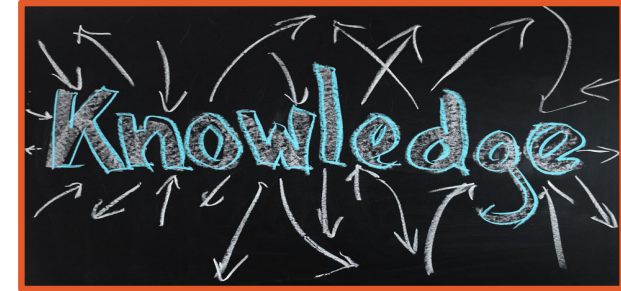
L = Levels of Supervision

- Supervision provides safe and effective care to patients, while ensuring each resident is developing the appropriate knowledge and skill to progress to unsupervised practice.

- The program must demonstrate appropriate levels of supervision based on each trainee's ability and training level, as well as the patient complexity and acuity.

- There are four Levels of Supervision:
  - **Direct Supervision**: The supervising physician is physically present and directly involved in patient care.
  - **Indirect Supervision with Direct Supervision Immediately Available**: The supervising physician is present in the hospital/site of patient care and is immediately available to provide Direct Supervision.
  - **Indirect Supervision with Direct Supervision Available**: The supervising physician is not physically present in the hospital/site of patient care, but is immediately available by telephone/text to provide Direct Supervision.
  - **Oversight**: The supervising physician is available to provide review of procedures/encounters and provide feedback after care is delivered.

- Programs must have a policy in place to define the appropriate levels of supervision for all residents and the policy/supervision grids should be accessible to all members of the patient care team.

- ACGME Common Program Requirements:
  https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf

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M = Milestones

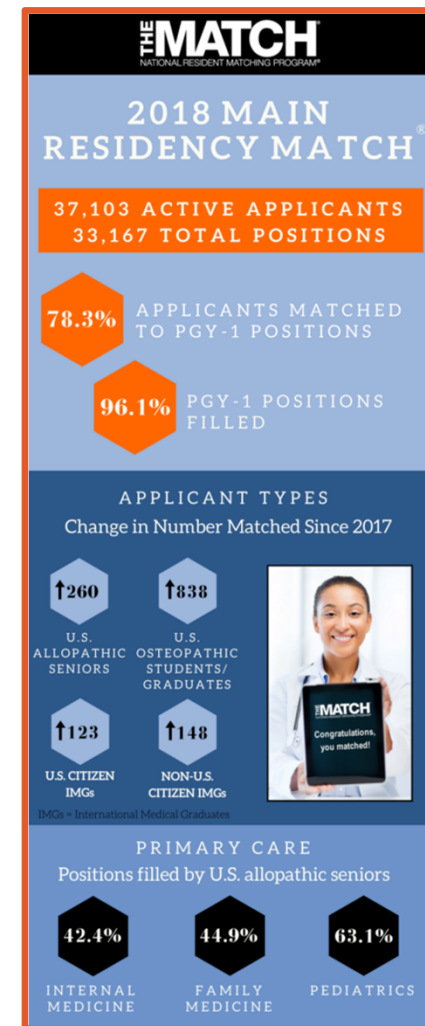

Dreyfus & Dreyfus Development Model
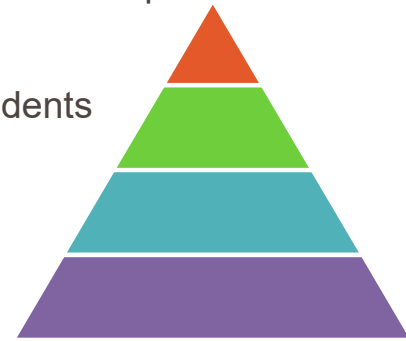
- **Milestones** are a significant point in development that help define appropriate developmental trajectory of a trainee in the six ACGME Competency Domains. The six domains are: Practice-Based Learning and Improvement, Patient Care and Procedural Skills, Systems-Based Practices, Medical Knowledge, Interpersonal and Communication Skills, and Professionalism.

- The Milestones were developed by working groups in each specialty that contained representatives from the ACGME, ABMS specialty boards, Program Directors, and Residents.

- Benefits of Milestones (Programs): Supports better assessment, guides curriculum development, enhanced opportunities for early identification of struggling trainees, and provides a framework for clinical competency committees.

- Benefits of Milestones (Trainees): Facilitates better feedback for professional development, provides more explicit and transparent expectations of performance, and supports better self-directed assessment and learning.

- https://www.acgme.org/What-We-Do/Accreditation/Milestones/Overview

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N = NRMP
(National Resident Matching Program)

- The **National Resident Matching Program (NRMP)** is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. NRMP is the system used to create a fair and binding system for programs to submit a *rank order list*.
  - **Rank Order List:** The list of preferences submitted electronically by applicants and programs via the R3 System that is used by the NRMP matching algorithm to place applicants into residency or fellowship positions. There is no limit to the number of ranks submitted and the list can be modified or re-ordered, at any time prior to 9 PM EST on the Rank List Deadline Day. *The rank list must be certified by the Program Director to be accepted for ranking.*

- The NRMP Algorithm used is "applicant-prosing," meaning it prioritizes the applicant rank order list and not the program list for training placement.

- The NRMP requires an "All In Policy," which means registered programs must attempt to fill all positions through the Match. (Exceptions: Military Appointees to Civilian Programs, etc.)

- Five organizations sponsor the NRMP: American Board of Medical Specialties (ABMS), American Medical Association (AMA), Association of American Medical Colleges (AAMC), American Hospital Association (AHA), and Council of Medical Specialty Societies (CMSS)

THE MATCH
NATIONAL RESIDENT MATCHING PROGRAM

2018 MAIN RESIDENCY MATCH

37,103 ACTIVE APPLICANTS
33,167 TOTAL POSITIONS

78.3% APPLICANTS MATCHED TO PGY-1 POSITIONS

96.1% PGY-1 POSITIONS FILLED

APPLICANT TYPES
Change in Number Matched Since 2017

↑260 U.S. ALLOPATHIC SENIORS
↑838 U.S. OSTEOPATHIC STUDENTS/ GRADUATES
↑123 U.S. CITIZEN IMGs
↑148 NON-U.S. CITIZEN IMGs

IMGs = International Medical Graduates

Congratulations, you matched!

PRIMARY CARE
Positions filled by U.S. allopathic seniors

42.4% INTERNAL MEDICINE
44.9% FAMILY MEDICINE
63.1% PEDIATRICS

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O = Opportunities for Personal Growth

- "You must be involved to evolve."
  - Dr. Juanita Braxton
  (Founding Member, ACGME Coordinator Advisory Group)

- C – TAGME
  - Training Administrators of Graduate Medical Education (National Board Certification)
  - www.tagme.org

- AHME Council of Program Administrators and Coordinators (COPAC)
  - https://www.ahme.org/resources/councils/

- ACGME Coordinator Advisory Group
  - https://www.acgme.org/Program-Directors-and-Coordinators/ACGME-Coordinator-Advisory-Group

create
your own
opportunities.
do not wait
for them to
come to
you.

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P = Program Requirements

- The **Common Program Requirements** are the basic set of standards (requirements) that apply to all specialties and subspecialties.
    - **Core Requirements**: Statements that *define* structures, resources, and process elements essential to *every* training program.
    - **Details Requirements**: Statements that *describe* a specific structure, resource, or process element for achieving compliance with a Core Requirement.
    - **Outcome Requirements**: Statements that specify expected measureable or observable attributes of residents or fellows at stages during their training.

- The Program Requirements are your "play book" so to speak.

- ACGME Common Program Requirements Homepage:
    - https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

- ACGME Common Program Requirements (Currently In Effect):
    - https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf

- ACGME Common Program Requirements FAQs:
    - https://www.acgme.org/Portals/0/PDFs/FAQ/CommonProgramRequirementsFAQs.pdf

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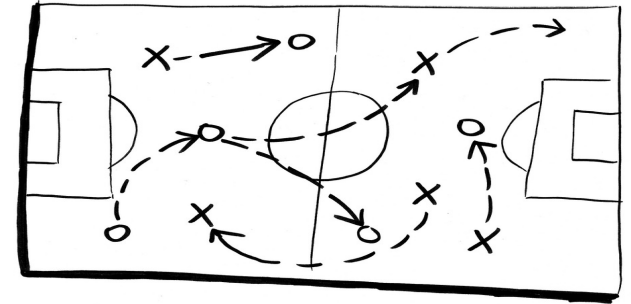
P = PEC
(Program Evaluation Committee)

- The **Program Evaluation Committee (PEC)** is a required committee appointed by the Program Director, comprising a minimum of two core faculty members and must include at least one resident representative.
  - *Program Evaluation* is the process of collection and analysis of information related to the design, implementation, and outcomes of the training program for the purpose of providing oversight, quality improvement, and educational effectiveness.

- There must be a written description of the PEC's role and responsibilities.

- The roles of the PEC should include:
  - Addressing areas of non-compliance
  - Annual curriculum review
  - Monitor graduate performance
  - Prepare Annual Program Evaluation (APE)
  - Monitor board performance
  - Monitor faculty development
  - Monitor resident performance (Aggregated, not individual performance)
  - Monitor program quality, as reflected in the ACGME Resident/Faculty Surveys

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Q = QA/QI
(Quality Assurance/Quality Improvement)
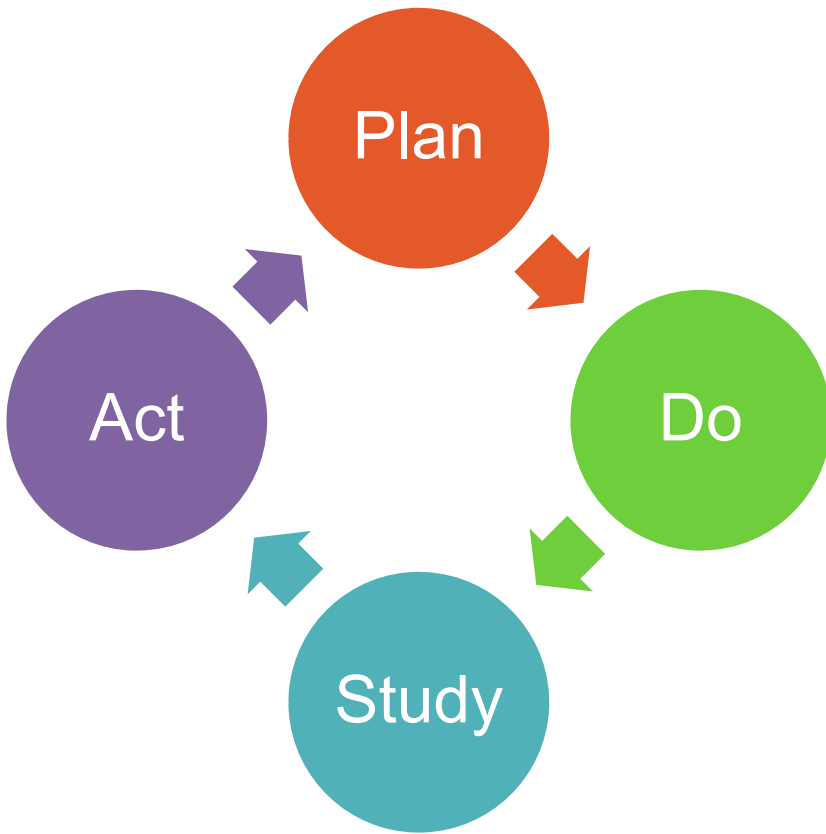
- **Quality Assurance (QA)/Quality Improvement (QI)** are systematic, formal approaches to the analysis of practice performance and efforts to improve performance. These outcomes improve healthcare services and increase desired health care outcomes.

- Residents and Fellows <u>must</u> be involved with quality improvement.

- There are a variety of QA/QI methodologies exist to help collect data, analyze data, and test approaches.
  - Methodology Examples:
    - **Plan, Do, Study, Act (PDSA)**: Used to introduce and test potential quality improvements and refine them on a small scale, prior to implementation.
    - **Root Cause Analysis (RCA)**: Typically conducted as a method of identifying event(s) that caused a medical error, revealing problems, and then solving them. RCAs are typical done after the event has occurred.

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R = RMS
(Residency Management Systems)

- **Residency Management Systems (RMS)** are web-based systems designed to track and document a variety of program and resident activities.

- These include many required components of program and institutional accreditation; including, but not limited to: resident demographics, test scores, block schedules, curriculum delivery, and evaluations.

S = Scholarly Activity

- **Scholarly Activity** is an opportunity for trainees and faculty to participate in research, organized clinical discussions, journal clubs, and conferences. Scholarly Activity is a requirement for every specialty and that is stated in the Common Program Requirements.

- Scholarly Activity for both trainees and faculty members must be reported via the WebADS Annual Update.

- Scholarly Activity Examples: publication of original research/review articles in peer-reviewed journals; textbook chapters; peer-reviewed funding; publication/presentation at local, regional, or national meetings; or participation in national committees/ educational organizations.
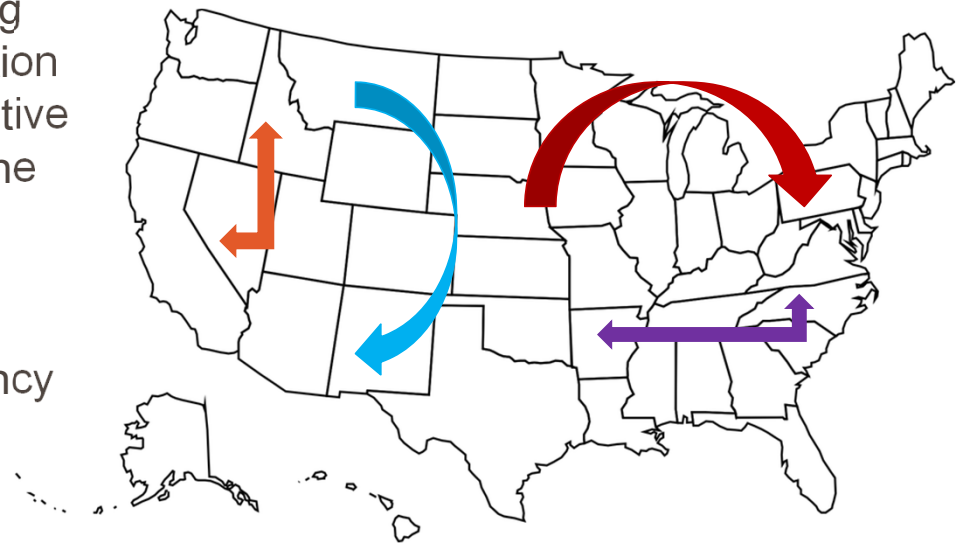
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S = Surveys

- The **ACGME's Resident/Fellow and Faculty Surveys** are an additional method used to monitor programs and provide early warning of potential accreditation non-compliance.

- All programs (regardless of size) are required to participate annually between January and June.

- Programs are provided with aggregate data when the required compliance rate has been met. (Required compliance varies by survey and program size.)

- Survey Content Areas:
  - Clinical Experience and Education
  - Faculty
  - Evaluation
  - Education Content
  - Resources
  - Patient Safety
  - Teamwork

- http://www.acgme.org/Data-Collection-Systems/Resident-Fellow-and-Faculty-Surveys

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T = Transfer Resident

- Residents are considered **Transfer Residents** under several conditions:
  - Moving from one program to another within the same or different sponsoring institutions.
  - When entering a PGY2 program requiring a preliminary year, even if the resident was simultaneously accepted into a PGY1 program and the PGY2 program as part of the Match.

- Before accepting a transfer resident, the "Receiving Program" must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director.

- The term "transfer resident" <u>does not apply</u> to a resident who has successfully completed a residency and then is accepted into another residency or fellowship.

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U = UME
(Undergraduate Medical Education)

- **Undergraduate Medical Education (UME)** is comprised of the first through fourth year of medical school, the training period *before* Graduate Medical Education.
  - The first two years consist of the basic sciences while the final two years are a variety of clinical experiences.

- It's important to stay abreast of what is happening in UME to be aware of any trends.

- Residency and Fellowship programs must have a "residents as teachers" curriculum.

Undergraduate Education → Basic Science Years – Medical School → Clinical Rotations – Medical School → Internship → Residency → Fellowship

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V = Verifications

FEDERATION OF STATE MEDICAL BOARDS

- <u>Verification</u> is the process in which State Medical Boards, Hospitals, etc. obtain information for licensure and credentialing individual physicians.
  - Verification Includes: Medical Education, Residency/Fellowship Training Certification, Exam Scores, Board Certification, ECFMG Status, References, Employment History, and Malpractice History.

- The <u>**Federation Credentials Verification Source (FCVS)**</u> is a service of the Federation of State Medical Boards (FSMB) that provides a centralized process to obtain a verified, primary source record of an applicant's core credentials. The repository of information is confidential and can be used as a lifetime portfolio, forwarded at the physician's request.
  - The FCVS <u>does not</u> verify hospital privileges, that is done by the hospital or their designee

- It is important to have a system in place at both the institution and program-level for handling physician verifications.

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W = WebADS

- **<u>WebADS (Accreditation Data Systems (ADS)</u>** is a web-based software system used to collect, organize, and maintain information for accreditation and recognition purposes, and a means of communication between the ACGME and Sponsoring Institutions/Programs.

- The annual program update is due through WebADS between August and October. (Completion Dates are Specialty Specific.)

- Data Reported Through WebADS:
  - Program Attrition
  - Program Changes/Citation Responses
  - Scholarly Activity
  - Resident/Faculty Survey
  - Milestone Reporting
  - Participating Sites
  - Case Logs

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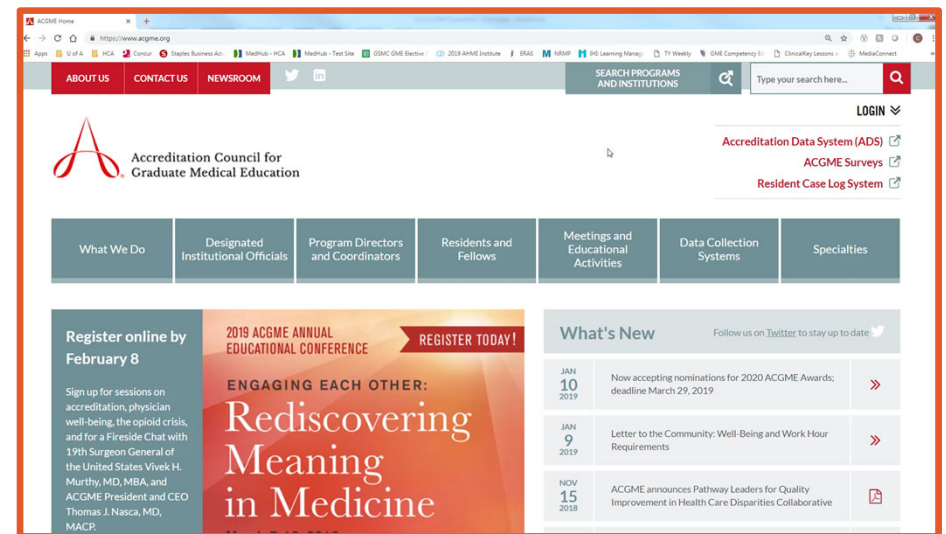
X = X Chromosome

- It is important to understand the Hospital Policies, Institutional Policies, and Program Policies when it comes to unexpected leave (maternity leave, paternity leave, disability, family deaths, etc.)
  - Program Policies should be guided by the Specialty Board's Training Requirements.

- The **Family Medical Leave Act of 1992 (FMLA)** is a federal law requiring covered employers to provide employees with job-protected and unpaid leave for qualified medical and family reasons. (Examples: pregnancy, adoption, personal/family illness, military leave, etc.)
  - Employees are eligible to take FMLA leave if they have been employed for at least 12 months, have worked 1,250 hours, *and* work at a location which employs 50 or more employees.
  - FMLA *does not* provide payment for the employee, it provides job protection
  - https://www.dol.gov/whd/fmla/
  - https://www.dol.gov/general/topic/benefits-leave/fmla

Family and Medical Leave Act

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Y = Yearly Calendar

- Residency/GME is a cyclical process, with many things just happening at one given point in the calendar year.

- It is important to have a schedule of what you do, and when you do it! This is invaluable to you, your chief residents, your program directors, etc.

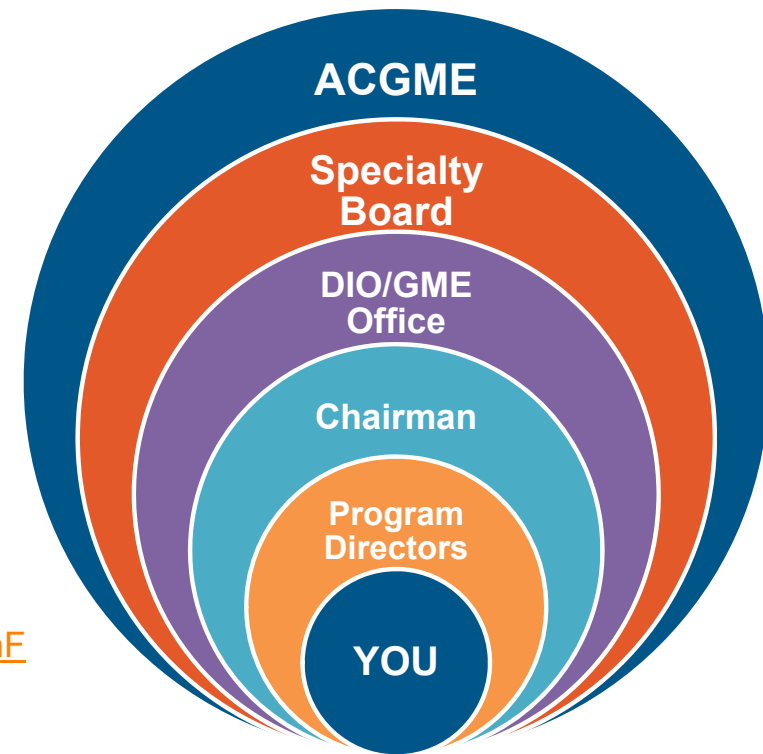- It is also beneficial to have a calendar/timeline in case you are unexpectedly out of the office.

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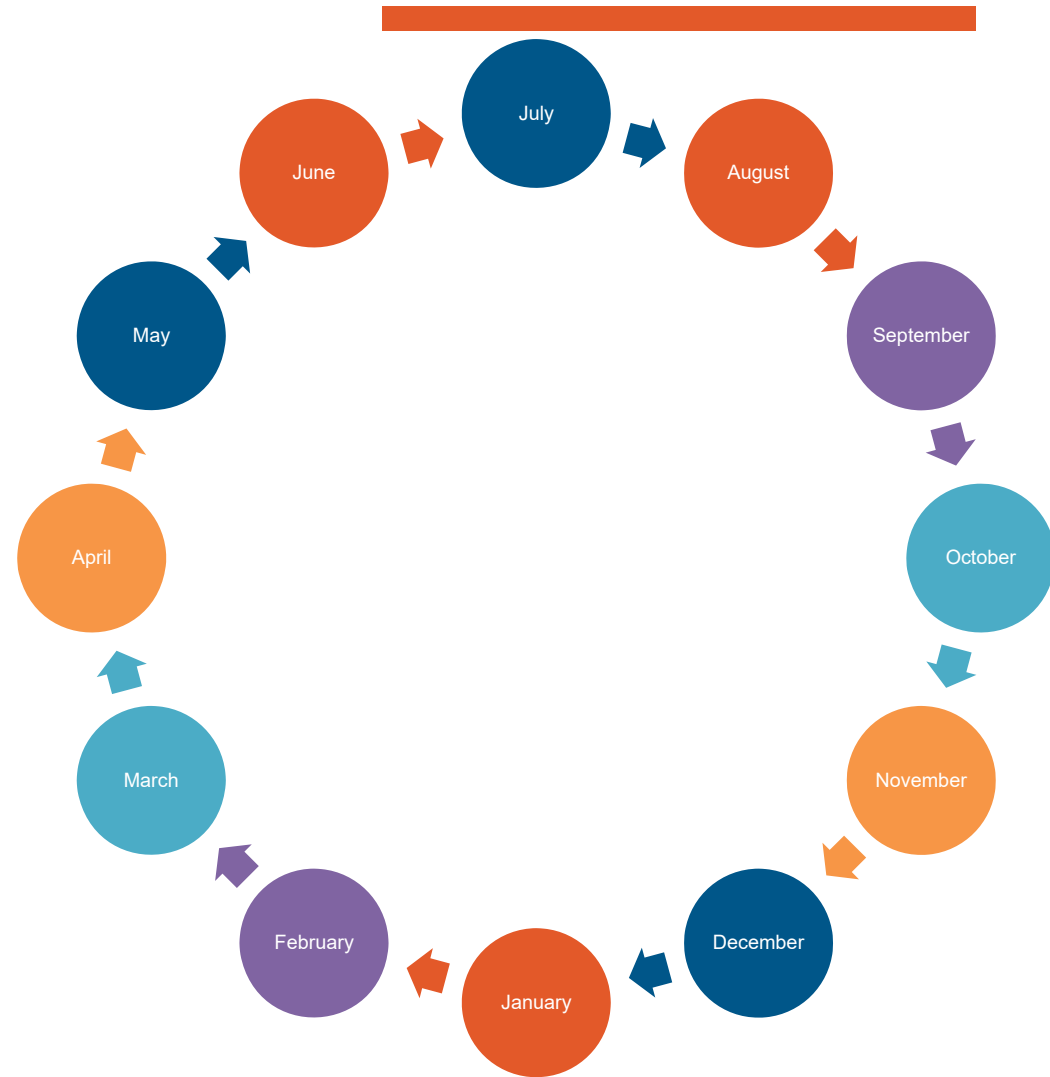
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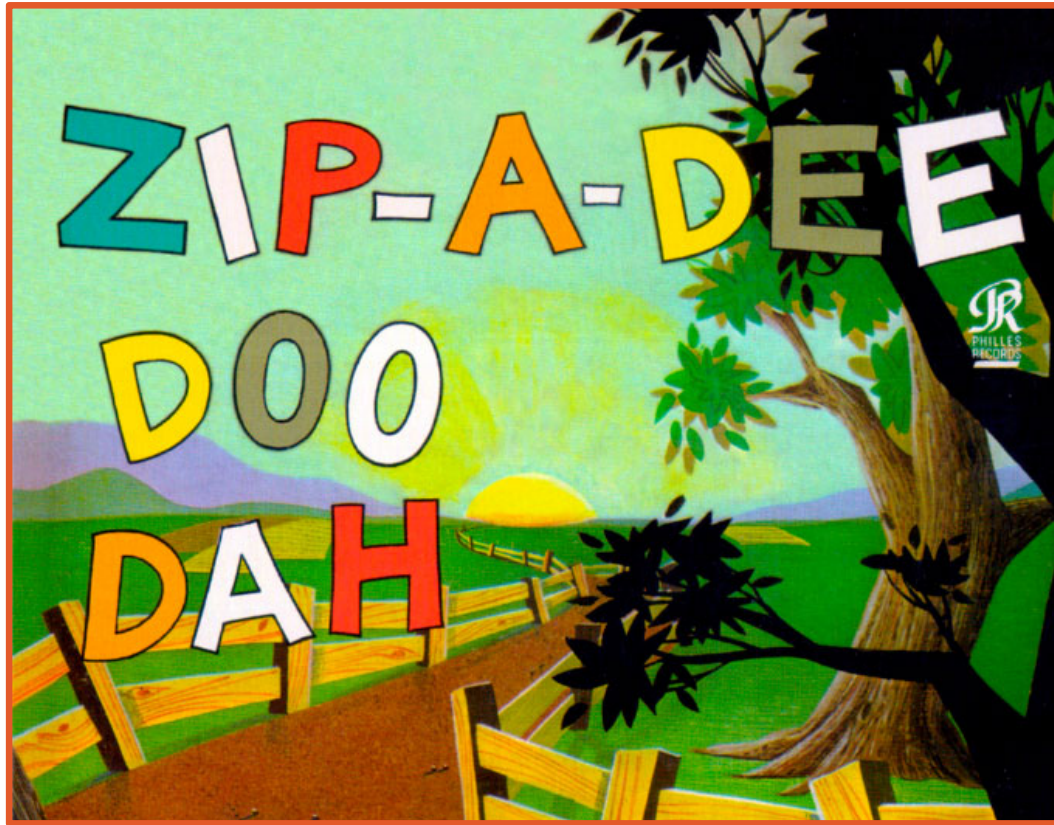
Tools For Success

"Coordinator Success isn't defined by having all the answers... it's knowing where to find them."

- ACGME Common Program Requirements

- HCPro Reference Books

- Institutional GME Handbook

- Residency Management Software (E*Value, MedHub, etc.)

- Specialty Board/Coordinator Societies

- Association for Hospital Medical Education (AHME)

- Other Coordinators

- Your New "Tool Kit":
  https://drive.google.com/open?id=1njbVhPJdZMWEr6_cG4KlmlEEo4_S_SnF

ACGME
Specialty Board
DIO/GME Office
Chairman
Program Directors
YOU

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Contact Information

- Caroline Diez, BA, C-TAGME | caroline.diez@hcahealthcare.com | (843) 848-4670 [office/business]

  - Caroline Diez, BA, C-TAGME | caroline_diez@yahoo.com | (843) 478-3637 [cell/personal]

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Questions?

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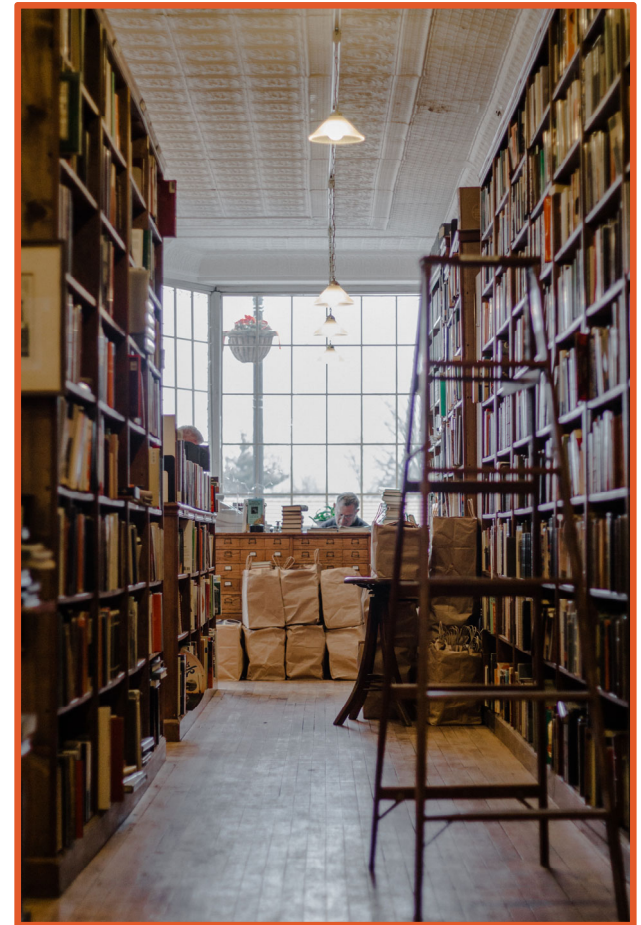
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