THE PROGRAM COORDINATORS' HANDBOOK

A comprehensive resource for the Program Coordinator

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A Letter from the President

Dear Program Coordinators:

APPD is very proud of this updated version of the Program Coordinators' Handbook and congratulates the authors and editors of this important contribution. Developing the community of Pediatric Coordinators is critical to effective team functioning at every program and this publication facilitates the sharing of expertise across all Pediatric programs.

This effort represents the exceptional collaborative work that is done within the Coordinators' Section of APPD and exemplifies the teamwork that distinguishes this important section of our organization. Thank you for your dedication and commitment to the development of all programs.

Personal regards,
Dena Hofkosh, MD, MEd
President
Association of Pediatric Program Directors

Goals & Objectives

Mission

The Pediatric Program Coordinators' Handbook was developed with several goals in mind:

- Provide a readily available single source of pediatric residency and fellowship program information.
- Aid new program coordinators in learning the details of their responsibilities and to serve as a reminder to the veteran coordinator.
- Provide coordinators with the necessary development tools to build and enhance their professional skills as coordinators.

Objectives

Through the use of the handbook, coordinators will be able to:

- Learn helpful tips to facilitate coordination.
- Gain insight on how to develop program materials.
- Enhance and/or fine tune personal and professional skills.

Description

The Handbook highlights the functions of the program coordinator's role. Each function section contains the following:

- An Overview
- Referral to the online resources (if applicable)
- The Program Coordinator's Role (keep in mind that this can vary from program to program, these are suggested roles)

PEDIATRIC PROGRAM INFORMATION GUIDE

"Success" as a Pediatric Residency or Fellowship Program Coordinator takes time, training, growth, and commitment. It also takes teamwork. Understanding the value and importance of teamwork with your Program Director and office staff is essential for coordinators who wish to be leaders in this field. The leadership of program coordinators is essential to the success of pediatric programs. Therefore, it is the purpose of this section to attempt to capture the multifaceted role of the pediatric program coordinator and provide step-by-step instructions to assist you as you learn and carry out your responsibilities.

Section I of this handbook will familiarize you with pediatric residency program requirements, policies, procedures and your responsibilities as the pediatric residency coordinator to ensure their fulfillment. It will also serve as a reference for organizational contacts, addresses, web sites, important dates, schedules, etc. Basically, it's a tool to assist the new program coordinator in becoming familiar with the responsibilities of their position and at the same time, provide the veteran program coordinator with an organized reminder system of the of the details which continually require their attention.

It would be impossible to include all the information you need to know about pediatric programs, especially since each program has its own unique features and methods of accomplishing the same tasks. This handbook only serves as a starting point. You will need to tailor the contents of this handbook to fit the nature of your program.

As we've seen over the last couple of years, innovations in computer and communications technology have impacted the way coordinators do their jobs. As coordinators, we need to remain flexible and continually adapt to change. As time and technology move forward, the need to periodically update this handbook will become evident. We hope all coordinators will continue to provide valuable insight and suggestions for improvement to the handbook as needed and that you will benefit from this valuable resource.

Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-M.D. medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The ACGME's member organizations include: the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), and the Council of Medical Specialty Societies (CMSS).

Next Accreditation System (NAS)

In July 2013, the ACGME began phased implementation of the Next Accreditation System (NAS) with specific aims:

- To enhance the ability of the peer-review system to prepare physicians for practice in the 21st century
- To accelerate the ACGME's movement toward accreditation on the basis of educational outcomes
- To reduce the burden associated with the current structure and process-based approach.

This is an outcomes based process that measures the trainees' competency for clinical practice. As of July 1, 2013, the ACGME has undergone many changes regarding the accreditation process and accreditation site visits. Programs currently fall under a Phase 1 or Phase 2 program and receive Full or Focused site visits. The link to information regarding site visits can be found on the ACGME website. New Program FAQ sheet and Site Visit FAQ links are especially helpful.

More information can be found at http://www.nejm.org/doi/pdf/10.1056/NEJMsr1200117, https://www.acgme.org/acgmeweb/Portals/0/PFAssets/Nov4NASImpPhaseII.pdf, and http://www.acgme.org/acgmeweb/tabid/173/GraduateMedicalEducation/SiteVisitandFieldStaff.aspx

Review Committees (RC)

There are three types of Review Committees: the Residency Review Committee (RRC), the Transitional Year Review Committee (TYRC), and the Institutional Review Committee (IRC). Each committee sets accreditation standards, provides peer evaluation of programs or institutions to assess the degree to which the program or institution complies with the published set of educational standards, and confers an accreditation status for programs and institutions meeting those standards.

The RRCs are composed of physician members, at least one of who is a resident at the time of appointment. Members (except the resident member) are nominated by RRC 'appointing organizations' and confirmed by the ACGME Board of Directors. The current appointing organizations are the American Medical Association's Council on Medical Education, the ABMS specialty board that certifies physicians within the specialty, and in most cases, the professional college or other professional organization or society associated with the specialty.

The IRC and TYRC are composed of voting members, including a resident member, appointed by the

ACGME Board of Director's Executive Committee and confirmed by the ACGME Board of Directors.

Common Program Requirements
The set of ACGME requirements that apply to all specialties and subspecialties. More information can be found at:
https://www.acgme.org/acgmeweb/tabid/429/ProgramandInstitutionalAccreditation/CommonProgramRequirements.aspx.

Accreditation Data System (WebADS)
ADS is a web-based system that contains critical accreditation data for all sponsoring institutions and programs. The application serves as an ongoing communication tool with programs and sponsoring institutions, as well as Residency Review Committee staff. ADS incorporates several ACGME applications and functions. Questions can be emailed to WebADS@acgme.org.

Milestones
As the ACGME began to move toward continuous accreditation, specialty groups developed outcomes-based milestones as a framework for determining resident and fellow performance within the six ACGME Core Competencies.

What are Milestones?
Simply defined, a milestone is a significant point in development. For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

Who developed the Milestones?
Each specialty's Milestone Working Group was co-convened by the ACGME and relevant American Board of Medical Specialties (ABMS) specialty board(s), and was composed of ABMS specialty board representatives, program director association members, specialty college members, ACGME Review Committee members, residents, fellows, and others.

Why Milestones?
First and foremost, the Milestones are designed to help all residencies and fellowships produce highly competent physicians to meet the health and health care needs of the public. To this end, the

Milestones serve important purposes in program accreditation:

- Allow for continuous monitoring of programs and lengthening of site visit cycles
- Public Accountability – report at a national level on aggregate competency outcomes by specialty
- Community of practice for evaluation and research, with focus on continuous improvement of graduate medical education

For educational (residency/fellowship) programs, the Milestones will:

- Provide a rich descriptive, developmental framework for clinical competency committees
- Guide curriculum development of the residency or fellowship
- Support better assessment practices
- Enhance opportunities for early identification of struggling residents and fellows

And for residents and fellows, the Milestones will:

- Provide more explicit and transparent expectations of performance
- Support better self-directed assessment and learning
- Facilitate better feedback for professional development

How will the Milestones be used by the ACGME?
Residents'/fellows' performance on the Milestones will become a source of specialty-specific data for the specialty Review Committees to use in assessing the quality of residency and fellowship programs and for facilitating improvements to program curricula and resident performance if and when needed. The Milestones will also be used by the ACGME to demonstrate accountability of the effectiveness of graduate medical education within ACGME-accredited programs in meeting the needs of the public.

More information can be found at:
http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx

Entrustable Professional Activities (EPAs)
Important points about EPAs **from** the work of ten Cate and Scheele, Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice? Acad Med 2007;82:542-547.

• They describe the routine activities of a pediatrician (in this case a general pediatrician since we want to work backwards from desired outcome of training to define the training).
• We should be able to define the specialty by a limited number of EPAs therefore these are broad activities with other smaller ones nested within them (e.g., taking care of well patients in a medical home may be the EPA and then nested within that would be more narrow EPAs that address each of the pediatric age groups since the knowledge, skills and attitudes for each are different)
• EPAs can be mapped to domains of competence, competencies and milestones but this should be a judicious process of linking them only to those that are critical for making entrustment decisions.
• EPAs offer a new method of assessment that focuses on the level of supervision needed to carry out the activity. The targeted question becomes "is this learner ready to be entrusted to perform this professional activity without supervision?"

More information can be found at: https://www.abp.org/entrustable-professional-activities-epas

Clinical Competency Committee (CCC)
The minimum requirement for CCC membership is three members, but membership can be larger for some programs. In addition to the three faculty members, the CCC can include others who can give a

broader view of the residents and fellows. Note that the membership of the CCC is appointed by the program director, who is still ultimately responsible for the program.

The program can decide how the program director best fits into the CCC. Some programs might want the program director to be the chair, while others may prefer the program director as an ex-officio member, and others still may decide not to have the program director as a member at all. The chair of the CCC could be the program director, an associate program director, or another member of the faculty. It would be important for the program director to not assert so strong of a role as to overpower the discussion of the other members.

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

V.A.1.b).(1) The Clinical Competency Committee should:

> V.A.1.b).(1).(a) review all resident evaluations semi-annually; (Core)
>
> V.A.1.b).(1).(b) prepare and assure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)
>
> V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal.(Detail)

More information can be found at: https://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CCC_PEC_FAQs_07012015.pdf and https://www.acgme.org/acgmeweb/Portals/0/PDFs/SlideDecks/SLIDEDECK-FDCCC2013.pptx.

Program Evaluation Committee (PEC)

The program director should appoint the members of the Program Evaluation Committee (PEC). The members of the PEC may be the same or different from the members of the Clinical Competency Committee (CCC). The PEC may be a small group of associate program directors, for example, but must include at least two members of the faculty. The program director may be one of those two faculty members.

There should also be at least one resident member, but for smaller programs, there may be years when no residents are enrolled, so the PEC in such a year would be comprised only of faculty members. An absence of any actively enrolled residents is the only acceptable reason why the PEC would not include a resident. To ensure that everyone agrees on their roles, there must be a written description of the committee's and its members' responsibilities.

While the requirements identify activities in which the PEC should be involved, a program may decide for its PEC to participate in more activities than these. Note that the PEC is to “actively participate,” but

that it is not responsible for solving all problems on its own. The PEC may work with the GMEC, the designated institutional official (DIO), department leaders, or the program director as part of its work. The goal is to try to improve the educational program every year. While the PEC has to meet at least annually, it can certainly meet more often. While one of its responsibilities is to address areas of non-compliance with minimum ACGME standards, the PEC can certainly improve the program to go beyond the minimum.

After reviewing the program, there should be a written summary of the PEC's findings and conclusions. These can be used annually to track the ongoing improvements of the program, and will help to document progress for the Self-Study visits required by the ACGME.

More information can be found at:
https://www.acgme.org/acgmeweb/Portals/0/PDFs/SlideDecks/SLIDEDECK-AnnualProgram2013.ppt.

Annual Program Evaluation and Self-Study

The overall concept of program evaluation is that the program should be striving for self-improvement. Using the information gathered during the Annual Program Evaluation, the program should strive to fix problems that are identified, and hopefully to go beyond the minimum program requirements to be the best program possible. Self-Study Visits are scheduled every 10 years to assess program success at self-improvement. Prior to the 10-year Self-Study Visit the program should go through the Self-Study to review the improvements that have occurred previously and develop a plan for the future.

Focused areas include:

- Resident Performance
- Faculty Development
- Graduate Performance
- Program Quality
- Strengths, Weaknesses, Opportunities and Threats (SWOT) Analysis
- Action Plan

More information can be found at:
https://www.acgme.org/acgmeweb/Portals/0/PDFs/SlideDecks/SLIDEDECK-AnnualProgram2013.ppt.

Clinical Learning Environment Review (CLER)

As a component of its next accreditation system, the ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care, a key dimension of the 2011 ACGME Common Program Requirements. The intent of CLER is "to generate national data on program and institutional attributes that have a salutary effect on quality and safety in settings where residents learn and on the quality of care rendered after graduation."[1]

CLER provides frequent on-site sampling of the learning environment that will:

- increase the educational emphasis on patient safety demanded by the public; and,
- provide opportunity for sponsoring institutions to demonstrate leadership in patient safety, quality improvement, and reduction in health care disparities

The CLER program's ultimate goal is to move from a major targeted focus on duty hours to that of broader focus on the GME learning environment and how it can deliver both high-quality physicians and higher quality, safer, patient care. In its initial phase, CLER data will not be used in accreditation decisions by the Institutional Review Committee (IRC).

More information can be found at:
http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx

Annual Resident/Fellow and Faculty Survey

The ACGME's Resident/Fellow and Faculty Surveys are an additional method used to monitor graduate medical clinical education and provide early warning of potential non-compliance with ACGME accreditation standards. All specialty and subspecialty programs (regardless of size) will be required to participate in these surveys each academic year between the months of January and June.

When programs meet the required compliance rates for each survey, reports are provided that aggregate their survey data to provide an anonymous and comparative look at how that program compares against national, institutional, and specialty averages.

- Resident Survey Reports – When at least 70% of a program's residents/fellows have completed the survey and at least 4 residents/fellows have responded, reports will be available annually. For those programs with less than 4 residents/fellows who meet the 70% compliance rate, reports will only be available on an aggregated basis after at least 3 years of survey reporting has taken place.
- Faculty Survey Reports – When at least 60% of a program's faculty members have completed the survey and at least 3 faculty members have responded, reports will be available annually. For those programs with less than 3 faculty members scheduled to participate who meet the 60% compliance rate, reports will only be available on an aggregated basis after at least 3 years of survey reporting has taken place

More information can be found at:
https://www.acgme.org/acgmeweb/tabid/97/DataCollectionSystems/ResidentFellowandFacultySurveys.aspx

Program Coordinator's Role

- Become very familiar with the ACGME site http://www.acgme.org/acgmeweb/
- Review all communications from WebADS notifying your program of the timeframe to enter your updates, including milestone data and the faculty/resident annual survey.
- Design a system to gather all the needed information for the annual update.

- Have your program director grant you access to setup your own username and password.

ALUMNI

Many pediatric residency programs have a long and proud history of training as well as many distinguished graduates. Each program has a unique sense of tradition and many special memories. An important part of cultivating history and tradition in residency programs involves keeping track of alumni as they continue to grow throughout their careers and communicating with them on a regular basis. Your alumni will represent your program and be its voice in the community.

There are many ways to keep in touch with your alumni such as gatherings, CME educational programs, receptions at annual society program meetings, and various institutional publications such as a newsletter which can keep alumni abreast of changes in your pediatric program such as pediatric education, curriculum, faculty, etc. Sections of the newsletter may be devoted to alumni news and notes from the "real world" of fellowships, academic medicine, private practice and hospitalist work.
If your program does not currently publish a newsletter or use some other method of keeping in touch with alumni on a regular basis, you may want to take this opportunity to contribute something valuable to your program. Development of social media can also be an excellent way to keep in touch with alumni and keep them updated on program events.

CONFERENCES

The Residency Review Committee (RRC) requires sufficient didactic teaching to meet the goals of each component of residency and fellowship training programs. These regularly scheduled teaching sessions are conducted to help residents improve their fund of pediatric knowledge and learn to evaluate research findings. These must include:

Case Management

A case based conference usually presented by a trainee or a faculty member. A case is discussed and evaluated by faculty and trainees with the goal of sharing thoughts and ideas regarding the presented case and related topics.

Didactic Presentations

This occurs on inpatient, outpatient, intensive care and subspecialty rotations. They should help meet the objectives of the rotation.

Grand Rounds

A presentation by local or invited faculty on selected pediatric topics. Grand Rounds are typically One hour and are generally held weekly.

Journal Club

A research conference in which literature is evaluated by trainees and faculty. Journal Clubs should be held regularly.

Morbidity and Mortality

Focuses on quality improvement. The session usually evaluates cases with a systems or

management learning objective or questionable outcome. Presented case(s) are discussed and/or critiqued by faculty, trainees, and administration, where appropriate.

ADDITIONAL CONFERENCES

Core Conferences are scheduled at selected times throughout the year. They focus on a common curriculum for all components/disciplines, which include the following:

- Ethics
- Evidence Based Medicine
- Teaching Skills Conference
- Nutrition
- Boards Review
- Business
- Career Development
- Professionalism
- Child Advocacy
- Compassionate Care (including Death & Dying issues)

Program Coordinator's Role

Attendance: To fulfill the requirements of the ACGME, attendance should be documented and monitored. Documentation is required by the RRC and may be requested for review by the field representative during your site visit.

Logistics: You may be responsible for room reservations, faculty scheduling, equipment requests, etc.

CONTRACTS

All residents in ACGME accredited residency programs must be provided with a written contract for each year of training. Residents cannot participate in their residency program if a contract has not been issued. The contract is an agreement letter in which residents accept the responsibilities of their position along with the proposed salary and agree to comply with all institutional policies.

The ACGME specifies the contract format and requires each program to provide written policies concerning resident job descriptions, curriculum, salary, benefits, vacation, sick leave, maternity/paternity/adoption leave, sexual harassment, grievance and moonlighting. In some programs, the written policies are included as attachments to the contract. Other programs may provide these policies in the form of a house staff handbook. Contracts may be mailed or hand delivered to residents. Interns may receive their contracts and institutional policy statements during Orientation.

Suggested materials

(Each institution has its own contract version in conformity with ACGME guidelines)

- ACGME contract
- Resident rotation schedule
- Resident curriculum
- Any policies also distributed by the GME office

Program Coordinator's Role

The Graduate Medical Education Office (GME) of each institution should provide an ACGME compliant contract format as well as copies of the appropriate institutional policies.
The program coordinator may be required to personalize the contracts and distribute them to each resident for signature and make sure they are returned to the program or central GME office. Once signed contracts are returned, a copy should be filed in the appropriate resident's personnel file as well as to the resident for their records.

COORDINATORS (WHO 's WHO)

Please visit the Coordinators' Section page on the APPD website https://www.appd.org/home/coord.cfm. While there you may access general contact information for each coordinator (and all other APPD members), search the membership by program name/state/region, and/or upload a photo of yourself (or colleagues) to the Member Directory https://www.appd.org/MemberDirectoryLogIn .

DUTY HOURS

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

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

More information can be found at:
https://www.acgme.org/acgmeweb/tabid/271/GraduateMedicalEducation/DutyHours.aspx and
https://www.acgme.org/acgmeweb/Portals/0/PDFs/dh-faqs2011.pdf

ELECTIVES

Electives are intended to enrich the educational experience of residents in conformity with their needs, interests, and/or professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director.
An away elective is a rotation to an institution that is not affiliated with the resident's institution. Away electives are allowed as long as the necessary paperwork is completed for both the sponsoring and the host institution (Related to the Medicare Audit). In addition, the away elective must be approved by the host institution's program director.

Additional Required Subspecialty Experience

Excluding the adolescent medicine, developmental/behavioral pediatrics and intensive care experiences, the time committed by any resident to subspecialty rotations must be a minimum of 6 months. During the 3 years of training no more than 3 block months, or its equivalent, may be spent by a resident in any one of the subspecialties in the lists below. Subspecialty research electives that involve no clinical activities need not be included in the calculation of a resident's subspecialty months.

The program must require that each resident complete a minimum of four different 1-month block rotations taken from the following list of pediatric subspecialties:

- Allergy/Immunology, Gastroenterology
- Infectious Disease, Genetics
- Cardiology, Hematology/Oncology
- Nephrology, Pulmonology
- Endocrinology/Metabolism Rheumatology
- Neurology

At least two of the four-subspecialty rotations must be taken at the primary teaching site and/or integrated hospitals. Two of these subspecialties may be combined over a 2-month block if the outpatient and inpatient experiences of the two disciplines can be successfully integrated.

Additional subspecialty experiences needed to comply with the minimum requirements may be scheduled either as block assignments or as part of rotations in the outpatient department or inpatient services. The daytime equivalent of a block month is 140 hours. These may be selected from the list above or from the following list:

- Child Psychiatry, Otolaryngology
- Dermatology, Pediatric Radiology
- Ophthalmology, Pediatric Surgery
- Orthopedics & Sports Medicine

Two subspecialty areas from this second list may be combined over a 1 to 2-month period to provide a more effective educational experience.

Additional Curricular Requirements

Departmental conferences, seminars, teaching rounds, and other structured educational experiences must be conducted on a regular basis sufficiently often to fulfill educational goals. Reasonable requirements for resident attendance should be established and resident and staff attendance should be monitored and documented. In addition to providing instruction in topics relevant to general pediatrics and to the subspecialty disciplines, there must be a structured curriculum in each of the following areas:

- **Medical ethics, including but not limited to the ethical principles of medical practice and the**

ethical aspects of:

- The relationship of the physician to patients, e.g., initiating and discontinuing the treatment relationship, confidentiality, consent, and issues of life-sustaining treatments.
- The relationship of the physician to other physicians and to society, e.g., the impaired physician, peer review, conflicts of interest, resource allocation, institutional ethics committees, and ethical issues in research.

- **Quality assessment, quality improvement, risk management, and cost effectiveness in medicine.**

- **Health care organization, financing, and practice management, with instruction in:**
  - The organization and financing of health care services for children at the local, state, and national levels, including an understanding of the role of the pediatrician in the legislative process.
  - The organization and financing of office practice, including personnel and business management, scheduling, billing and coding procedures, and maintenance of an appropriate patient record system.

- **Medical information sciences, emphasizing the skills necessary to prepare the resident for continued self-learning and including instruction in:**
  - Basic computer skills, techniques for electronic retrieval of the medical literature, and the use of electronic information networks.
  - The critical evaluation of the medical literature, study design, and the applicability of clinical studies to patient care.
  - Clinical decision theory and its application to clinical practice.

Before the residency year begins, residents are asked to select their electives (number of electives per year will vary from program to program). Preferences are scheduled upon availability. The program coordinator, chief residents and/or the residents themselves may be responsible for scheduling electives. Regardless of the method your program employs, the program coordinator needs to be informed of all electives in order to provide the appropriate information and rotation evaluations to the resident and appropriate faculty, as well as assist the program director in tracking the core elective experiences of each resident.

Program Coordinator's Role

Provide resident with elective request/approval form.
Distribute rotation evaluations.
Provide preceptor with a resident evaluation.
Provide resident with a faculty evaluation.
Note all rotations on a schedule grid for the Medicare audit.
Communicate time away information/other clinical obligations when appropriate.

EVALUATIONS

Pediatric Residency and Fellowship Program evaluations are an essential tool for documenting the quality of rotations, the residents'/fellows' experiences, and the faculties' observations. They offer residents/fellows a voice in evaluating, planning, and documenting their work. In-turn, the evaluation process offers faculty the opportunity to document each resident's efforts and help them become better learners and physicians. The program director is responsible for developing and implementing formal mechanisms for evaluation, as described below.

Evaluation of Residents/Fellows

The training program must demonstrate that it has an effective plan for assessing resident/fellow performance throughout the program and for utilizing assessment results to improve resident performance. This plan should include:

- Use of dependable measures to assess residents'/fellows' competence in patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice, and to report to the ACGME biannually milestone-based assessments for all trainees.
- Mechanisms for providing regular and timely performance feedback to residents/fellows.

The program must have formal mechanisms for monitoring and documenting each trainee's acquisition of fundamental medical knowledge and clinical skills and their overall performance prior to progression to the level of supervised semi-independent patient management. The supervising faculty must evaluate each trainee in writing at the completion of each rotation. The trainee should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance trainees to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.

Written documentation of regular periodic evaluation of each trainee must be maintained and must be available for review by the RRC. Program directors are required to keep accurate documentation of the general and subspecialty experience of each trainee in the program and to submit this information to the RRC if it is requested. The exact nature of the general and subspecialty experiences of trainees at other institutions and evaluation of their performance must be documented in the trainees' files. It is essential that trainees participate in existing national examinations. The annual In-Training Examination (ITE) and Subspecialty In-Training Examination (SITE) of the American Board of Pediatrics are examples of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by the program to identify the cognitive strengths and weaknesses of individual trainees and weaknesses in the teaching program and to develop remedial activity, if warranted.

The program director and faculty are responsible for provision of a written final evaluation for each trainee who completes the program. The evaluation must include a review of the trainee's performance during the final period of training and should verify that the trainee has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the trainee's permanent record that is maintained by the institution.

The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

Evaluation of Faculty

Teaching faculty must be evaluated at least annually. Documentation of faculty evaluation should include teaching ability and commitment as well as clinical knowledge. There must be a formal mechanism by which residents and fellows can participate in this evaluation in a confidential manner.

Evaluation of the Program

The teaching staff must be organized and have regular, documented meetings to review program goals and objectives, the program's effectiveness in achieving them, and the needs of the trainees. At least one resident/fellow representative should participate in these reviews. In particular, the quality of the curriculum and the extent to which the educational goals have been met by trainees must be addressed. The training program should use trainee performance and outcome assessment results in their evaluation of the educational effectiveness of the training program. The training program should have in place a process for using trainee and performance assessment results together with other program evaluation results to improve the training program.

This evaluation should include an assessment of the balance between the educational and service components of the training program. In addition, the utilization of the resources available to the program, the contribution of each institution participating in the program, the financial and administrative support of the program, the volume and variety of patients available to the program for educational purposes, and the quality of supervision should be evaluated. Written evaluation by trainees should be utilized in the process. As part of the evaluation of the effectiveness of the program, the program director must monitor the performance by the program's graduates on the certifying examination of the American Board of Pediatrics. Information gained from the results should be used to improve the program.

Program Coordinator's Role

Monthly Evaluations (Faculty, Resident/Fellow, Rotation, Peer)
Coordinate Semi-Annual Reviews - Accreditation requires that all trainees meet with their advisor at least twice yearly, and evaluation of reviews should be documented.
Evaluation Tracking

Monitor the completion of evaluations.
Provide residents, fellows, faculty, advisors and program director access to evaluations.
File original evaluations in appropriate resident, fellow or faculty file.
Be familiar with the residency management system your program uses for evaluations.

SURVEYS/ANNUAL UPDATES

GME TRACK (and you can enhance your FRIEDA listing https://www.aamc.org/services/gmetrack/
GME Track is a resident database and tracking system that was introduced in March 2000 to assist GME Administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census that is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC and AMA's prior GME surveys. Benefits of GME Track include:

- Pre-loaded with information collected from existing sources at the AAMC and the AMA (such as NRMP and ERAS) which greatly reduces the time and effort required for data entry
- Immediate and on-going access to biographical and training information
- Ability to view and print resident information and program rosters
- Each year the American Medical Association (AMA), the largest physician organization in the United States, conducts an extensive survey of graduate medical education programs and resident physicians. The information you provide in this survey is critically important for program directors, resident physicians, medical students, hospitals, licensing boards, researchers and policy makers. The survey is conducted online during August and September of each year. The information you provide is published in FREIDA online (Fellowship and Residency Electronic Interactive Database Access) and is made available through the AMA homepage http://www.ama-assn.org/ama and the Graduate Medical Education Directory, the two most popular sources of GME program information for medical students and resident physicians.

Program Coordinator's Role
Collaborate with Program Director on any changes to the pediatric residency or fellowship program.
Make changes to the survey and submit to the ACGME and the AAMC by requested deadline.
WebADS (see ACGME section of handbook)

American Academy of Pediatrics (AAP) roster
http://www.aap.org/en-us/Pages/Default.aspx

American Board of Pediatrics (ABP) roster
https://www.abp.org/ABPWebStatic/?anticache=0.894570663732714

GRADUATION/END-OF-YEAR ACTIVITIES

The goal of pediatric residency and fellowship training programs is to provide clinical and educational experiences that will train pediatric residents and fellows with the knowledge and experience they need to effectively care for the welfare of children and families. For Pediatric training programs, graduation symbolizes the hard work and dedication of residents and fellows over the course of their training. Graduation Ceremonies/End of Year activities, which take place in June, may differ from program to program, but they all focus on the same theme: the celebration of intense training, commitment, and the beginning of new lives and careers. All residents and fellows look forward to this event, not just the graduates. Participating and celebrating with peers, faculty, family, and friends is an extremely joyous occasion for all.

Program Coordinator's Role

Save-the-Date Graduation Announcement
Manage Guest List & Invitations
Location reservations
Award nominations
Awards and Gifts
Graduation Certificates
Graduation Program Handout
Menu selections
Speakers
Schedule exit interviews for graduates
Help graduating residents and fellows with information regarding the next phase of their career (license applications, credentialing requests).
Prepare a packet of information to give to each departing resident which can include a notarized copy of their diploma, USMLE Step 1,2,3 scores, copies of licenses, PALS, NRP cards, a signed copy of the procedure log, etc.

IN-TRAINING EXAMINATION/SUBSPECIALTY IN-TRAINING EXAMINATION

Each year in July, the American Board of Pediatrics (ABP) sponsors the General Pediatrics In-training Examination for residents in categorical pediatrics, primary care track pediatrics and Internal Medicine/Pediatrics programs and other combined programs. The exam is taken once a year at the beginning of each pediatric residency academic year in July. The exam is administered by each individual program and must take place on the day or days specified by the board. Order forms are sent to each individual program in February. Each residency program is strongly encouraged to administer the exam each year as a way of assessing the cognitive knowledge of the residents in its program. It can serve as a useful tool in tracking the increase in knowledge of each resident as they progress through training and can serve as an indicator of an individual resident's likelihood of passing the certifying exam at the

completion of residency training.

Each year in February, the ABP sponsors the Subspecialty In-training Examination (SITE) to pediatric subspecialty fellows. The SITE is offered in Adolescent Medicine, Cardiology, Child Abuse Pediatrics, Critical Care Medicine, Developmental-Behavioral Pediatrics, Emergency Medicine, Endocrinology, Gastroenterology, Hematology-Oncology, Infectious Diseases, Neonatal-Perinatal Medicine, Nephrology, Pulmonology and Rheumatology. The SITE is a 4-hour, computer-based exam that consists of approximately 150 multiple-choice questions. Because the SITE is designed as an abbreviated version of a subspecialty certifying exam and is based on the same content outlines, it provides a global assessment of one's current knowledge in a subspecialty.

More information can be found at: https://www.abp.org/content/exam-applicants-faqs

Program Coordinator's Role
ABP mails the In-Training Exam and Subspecialty In-Training Exam notification directly to your Program Director, request a copy of the notification from your Program Director.
Determine number of residents to take exam. Order extras - (optional)
Request payment from accounting.
Order exams (exams will not be delivered without payment).
In advance, secure a site for the in-training exam date.
Some programs provide coffee, while others provide lunch.
Schedule residents for exam sessions.
Residents should not be scheduled to work, i.e., on call, post call, in clinic, etc.
Notify residents, attendings, and pager operators of exam sessions.
Assign proctors.
Supervise exam - bring #2 pencils/sharpeners.
Store exams securely when received.
Remind fellows to register for exam and provide payment or reimbursement for exam fee.
Fellows should not be scheduled to work on their exam day.
SITE is administered off-site, be sure fellow knows what testing center they were assigned.

CERTIFICATION COURSES

The Residency Review Committee (RRC) mandates that all residents should maintain certification in the following courses. Before entering residency, medical students must be certified in:

- **Basic Life Support (BLS)**, which is required before taking PALS.
- **Pediatric Advanced Life Support (PALS)** A 2-day program that certifies a physician for 2 years. Residents usually take this course during their PL-1 year. PALS Recertification - A 1 day renewal program that may need to be taken during the PL-3 year.
  PALS Instructor Course - May also be offered to senior level residents.
- **Neonatal Resuscitation Program (NRP)** A 1-day program that certifies residents for two years.

This course is taken either the 1st or 2nd year of residency.
NRP Instructor Course - May also be offered to senior level residents.

- **Advanced Cardiac life Support (ACLS)** or some equivalent lifesaving system.
  Offered by some pediatric residency program.

Program Coordinator's Role

Develop a system, such as a database or through your residency management system, to track residents' life support certifications (optional).
Know when certification is offered in your program.
Schedule facilitator & location for certification programs.
Order certification books.
Reserve equipment/venues.
Distribute certification certificates to residents.

MEDICARE AUDIT

Part of the requirements at institutions which receive Medicare funding is to provide documentation regarding what the resident has done for the fiscal year. Different institutions may do this differently; it may be helpful to find out via your GME office what format to use.

Program Coordinator's Role

Keep documentation for each month of where each resident was working.
If a resident participates in an away rotation make sure to provide and obtain proper documentation to enclose with the Medicare audit (rotation service agreement).
Keep all information in a centralized location.

ORGANIZATIONS

AMERICAN ACADEMY OF PEDIATRICS (AAP)

http://www.aap.org/en-us/Pages/Default.aspx

The American Academy of Pediatrics (AAP) is the organization that represents pediatricians and advocates for the health and well being of children. The academy was organized in 1930 by pediatricians who wanted to create "a united front to influence pediatrics in its various phases: sociologic, hygienic, educational, investigative and clinical." Any pediatrician certified by the ABP is eligible to apply for membership in the AAP. Residents may also become members of the AAP at a greatly reduced rate from certified members and, as members of the Resident Section, receive a number of special privileges such as applying for scholarship and research grants. This special privilege is provided to residents who are academically outstanding and/or who have financial need.

Program Coordinator's Role

Process yearly membership dues for residents and program director.

Distribute AAP grants letter to residents for attendance at annual fall conference. The residents must apply for the grant and it is to be used to assist with the APA conference fees. Grants are provided to residents by Ross Laboratories.
Distribute scholarship and research grant applications to residents and assure residents are aware of the proper documentation needed to apply.
Coordinate the selection of resident representatives to the AAP state chapter and the AAP national organization.

AMERICAN BOARD OF PEDIATRICS (ABP)

https://www.abp.org/ABPWebStatic/?anticache=0.894570663732714

The American Board of Pediatrics (ABP) is located in Chapel Hill, North Carolina. The ABP is the organization that establishes criteria for certification of individuals in the specialty of pediatrics. Certification is the determination that an individual physician has met the requirements for performance and education within a particular medical specialty. The ABP administers certifying exams in pediatrics and many of its subspecialties annually. It also administers, through pediatric residency programs, the annual In-Service Training Exam, which helps track the development of each resident's pediatric fund of knowledge as they progress through their residency training. The American Board of Pediatrics, with the help of pediatric program directors, tracks the progress of each trainee through the course of their training.

Program Coordinator's Role

Fill-out the ABP resident/fellow tracking form. This form certifies trainees to take the certification exam .
Distribute the "Consent for Release of Information Form" to residents along with the "Evaluating Your Clinical Competency Pediatrics Booklet."
Arrange for the In-Training Examination.
In May, the ABP mails to residency program director a competency verification form which needs to be signed by resident and program director.
In May, the ABP mails to fellowship program director a verification form for graduating fellows, requesting a personal statement and work product, which needs to be signed by fellows and program director.
If a resident wishes to transfer to another program, the resident needs to fill-out a RT11 form and it must be signed by the program director.

ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME)

https://www.abp.org

See ACGME section of handbook

ACADEMIC PEDIATRIC ASSOCIATION (APA)

http://www.academicpeds.org/

The Academic Pediatric Association (APA) was founded in 1960 "to improve the teaching of general pediatrics, to improve services in general pediatrics and to affect public and government opinion regarding issues vital to teaching, research and patient care in general pediatrics." The APA presently

consists of over 1,500 members.

Program Coordinator's Role

Be aware of the "Educational Guidelines for Residency Training In Pediatrics." This is a guide provided by the APA along with a diskette. Please be sure your program has a copy. If not, contact the APA to order a copy for your program. Please Note: This curriculum is AAP, APA, and RRC approved.

ASSOCIATION OF PEDIATRIC PROGRAM DIRECTORS (APPD)

https://www.appd.org

The Association of Pediatric Program Directors (APPD) was formed to support and enhance graduate medical education in the specialty of pediatrics. It promotes dialogue among members from hospitals in the United States and Puerto Rico that are accredited by the ACGME and those hospitals in Canada approved by the Royal College of Physicians and Surgeons to provide residency-training programs in pediatrics. Members of the APPD include Department Chairmen, Program Directors, Associate Program Directors and Program Coordinators, and Internal Medicine Pediatric Program Directors.

The Program Coordinators' Section was established as an educational resource to foster the exchange of ideas and information between pediatric program coordinators. The coordinator's section consists of an Executive Committee overseeing various committees designed to enhance pediatric graduate medical education within member programs and promote communication among program coordinators, directors and the APPD membership.

APPD Coordinators' Section and Executive Committee

https://www.appd.org/home/coord.cfm

The APPD Program Coordinators' Executive Committee was established in 1999. The APPD Program Coordinators' Section is dedicated to promoting and enhancing graduate medical education in the specialty of pediatrics. The Coordinators' Section of APPD is established as an educational resource to foster the exchange of ideas and information for persons in the position of pediatric program coordinator. Our goal is to enhance graduate medical education within each program and promote communication among coordinators, program directors, and the APPD membership.

The Coordinators' Executive Committee will consist of three at-large members (serving three year terms), one Chair-Elect, one Chair and one Immediate Past Chair (serving a combined three year term, with a one year term in each position). The Coordinators' Executive Committee members are elected by the Coordinators' Section membership. A Coordinator must be a member of the APPD during the call for nominations to be considered. Any APPD member may nominate a coordinator, or a coordinator may nominate themselves to serve on the Executive Committee.

Program Coordinator's Role

Program Coordinators are encouraged to attend the fall and spring meetings of the APPD. Coordinators are invited to submit ideas for workshop presentations to be held at these annual meetings. Workshops should be geared toward enhancing the coordinators' knowledge of pediatric residency and fellowship

programs.

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG)

http://www.ecfmg.org/

Through its program of certification, the ECFMG assesses the readiness of graduates of foreign medical schools to enter residency or fellowship training programs in the United States that are accredited by the ACGME. The ECFMG also offers a variety of other programs and services to foreign-educated physicians and members of the international medical community.

Program Coordinator's Role

As a Pediatric Residency Program Coordinator, it is important to become aware of the various visa specifications. The Educational Commission for Foreign Medical Graduates (ECFMG) is designated by the U.S. Department of State to serve as the visa sponsor for all foreign national physicians who enter the United States as exchange visitors (J-1 visa holders) to participate in programs of graduate medical education or training. Specific information on the J-1 eligibility requirements and application materials can be found on the ECFMG website.

RELATED ORGANIZATIONS

American Academy of Pediatrics (AAP)
Federation of Pediatric Organizations (FOPO)
Academic Pediatric Association (APA)
American Pediatric Society (APS)
Society for Pediatric Research (SPR)
Medicine-Pediatric Program Directors Association (MPPDA)
Medical Education and Training
Accreditation Council for Graduate Medical Education (ACGME)
American Medical Association - Fellowship and Residency Electronic Interactive Database Access (FREIDA)
Association of American Medical Colleges (AAMC)
Association of Pediatric Program Directors (APPD)
Council on Medical Student Education in Pediatrics (COMSEP)
Medical Specialty Boards
American Board of Medical Specialties (ABMS)
American Board of Allergy and Immunology (ABAI)
American Board of Anesthesiology (ABA)
American Board of Dermatology (ABD)
American Board of Emergency Medicine (ABEM)
American Board of Family Practice (ABFP)
American Board of Internal Medicine (ABIM)
American Board of Medical Genetics (ABMG)
American Board of Neurological Surgery (ABNS)
American Board of Obstetrics and Gynecology (ABOG)

American Board of Ophthalmology (ABO)
American Board of Orthopedic Surgery (ABOS)
American Board of Otolaryngology (ABOto)
American Board of Pathology (ABP)
American Board of Physical Medicine and Rehabilitation (ABPMR)
American Board of Plastic Surgery (ABPS)
American Board of Preventive Medicine (ABPM)
American Board of Psychiatry & Neurology (ABP&N)
American Board of Radiology (ABR)
American Board of Surgery (ABS)

ORIENTATION

Program Coordinator's Role

Pre-Orientation Communication (This may also be handled in conjunction with your GME office)

Orientation materials distributed
Monitor responses
Provide GME office with information needed of newly matched interns

Step 2: Orientation Packet Suggestions

ID's and Passwords
Curriculum/trainee manual
Schedules
Dictation medical forms/dictation codes
Procedure logging information
Pediatric Staff List/Directory
Pager numbers
Maps
List of mentor/advisor assignments
Clinical Evaluation Booklet
Emergency Contact Form
Continuity Clinic Assignments

Step 3: Orientation

Chair/Program Director welcome
Chief Resident/Program Coordinator Welcome
Subspecialty faculty presentations
Specialized lectures:

- Developmental/behavioral
- Blood transfusions
- Pharmacy/antibiotics policies
- Nutrition support
- Infection control
- Organ donation

- Child Life
- Social Work
- Library services

Sponsored lunch for new Interns, mentors/advisors, staff, administrative personnel, house staff
BLS/NALS/PALS course
Computer training
Tour of other facilities
Information session with Chief Residents
Distribute badges, pagers, lab coats, etc.
Retreat at Program Director's home for new Interns, mentors/advisors, coordinators
Dinner at Program Director's home. Invitees: Interns, Coordinator, Chairman, Program Director, Ward Attendings, and Continuity Clinic Preceptors

PEDIATRICS REVIEW AND EDUCATION PROGRAM (PREP)

http://www.aap.org

Each year the American Academy of Pediatrics (AAP) provides complimentary PREP enrollments to all pediatric residents, chief residents, and residents in combined pediatrics programs (i.e. Internal Medicine/Pediatrics programs). The Pediatrics Review and Education Program (PREP the Curriculum) is an intensive review of pediatrics for residents. This program is supported, in part, through an educational grant from Abbott Nutrition, a division of Abbott Laboratories, Inc.

PREP subscription

Residents receive subscriptions to PREP the Curriculum from July of the PL1 year through December 31st of the year residency training is completed.

For PL1's Only: In July of the PL1 year, the incoming residents get online only access to that calendar year's annual Self-Assessment and the Jan-Dec monthly online issues of Pediatrics in Review

For all Residents: Continuing with the example, the following January all residents (PL1 through PL3) receive the new calendar year's PREP the Curriculum in print, online and CD-Rom versions.

PREP Self-Assessment (print and CD format) subscription binders with sample questions will be sent in bulk to the program sometime in December/January. The binder is a convenient way for residents to file their Pediatrics in Review subscriptions for each year of their residency, which becomes a valuable reference and study tool as they prepare to take the pediatric board exam.

Program Coordinator's Role

Right after the Match in March, the AAP will send information on how to update your rosters.
Inform the AAP of any residents who have graduated or otherwise left the program.
Provide accurate address information so that your residents will receive their Pediatrics in Review subscription at their preferred mailing address.
Via PediaLink, enter in the new interns as well as any other residents who have joined your program since the previous year.
Once you have completed the additions/changes, contact the AAP and roster will be sent to you for approval. Once the AAP has been given approval, an invoice will be created and sent with a request for

payment.
Be sure to not let the resident membership's lapse so that they can continue to receive benefits. Roster approvals and submission of payment should be done as soon as possible.

PROCEDURE LOGS

ACGME RESIDENT CASE LOG SYSTEM

The Resident Case Log System for Pediatrics is an Internet based case log system utilizing CPT/ICD9 codes to track resident experiences. The Residency Review Committee (RRC) has indexed these codes into categories for evaluation. Any valid CPT/ICD9 code can be entered into the application, but only those codes the RRC has selected will be counted for experience. While some programs prefer to have administrative personnel enter cases, this application was designed to allow residents to enter cases on a regular basis at their convenience. Entry can be done from any PC connected to the internet at any time, 24 hours a day. The site is secured by encryption certificates obtained through the VeriSign Corporation and is backed up daily. Using your Internet-browser, go to the ACGME homepage at www.acgme.org. Select Resident Case Log System.

Group 1: Procedures documented by certification or attendance at a seminar/skills session

- Basic Life Support
- Advanced Life Support (and Placement of Intraosseous Line)
- Conscious Sedation certification (by institution)

Group 2: Procedures documented on Case Log system throughout training (based on technical difficulty)

- Endotracheal Intubation
- Umbilical Artery Catheter Placement
- Umbilical Vein Catheter Placement
- Lumbar Puncture

Group 3: Procedures documented on Case Log system only until competence (as determined by programs) is demonstrated

- Arterial Puncture
- Placement of Intravenous Line
- Venipuncture
- Suturing of Lacerations
- Reduction and Splinting of Simple Dislocation
- Bladder Catheterization

Group 4: Procedures documented as part of Rotation Evaluations and independent of the Case Log system

- Gynecologic Evaluation

- Wound Care
- Subcutaneous Injection
- Intradermal Injection
- Intramuscular Injection
- Developmental Screening Test
- Tympanometry Interpretation
- Audiometry Interpretation / Audiologic Function Tests
- Vision Screening
- Hearing Screening/Evaluation
- Simple Removal of Foreign Body
- Inhalation Medication
- Incision and Drainage of Superficial Abscess
- Pain Management

Group 5: Procedures done so infrequently that do not require documentation
(The new RRC requirements recommend “exposure to” rather than “sufficient training”)

- Thoracentesis
- Chest Tube Placement
- Circumcision

This solution reduces the number of procedures to ten that require documentation on the Case Log system, 4 procedures throughout residency and 6 procedures until a resident is deemed competent. Only successful procedures need to be logged. The Pediatric RRC will ask individual programs to develop their own process and criteria for considering a resident competent such that no further logging is necessary but will offer guidelines for determining competence.

Program Coordinator's Role
Periodically, collect Procedure Logs from residents for documentation.
Input Procedure Log information into tracking database and include copy in resident's file.
Print out Procedure Log report for each resident and provide copy to advisor and program director.
Monitor requirement changes.

PROGRAM COORDINATOR'S ROLES AND RESPONSIBILITIES

Accreditation

- Be familiar with current Accreditation and Boards requirements and know where to find them.
- Annual program updates to WebADS.
- Manage, prepare, and assist with site visits.

Budget

- Manage and/or assist with the program's educational fiscal budget.
- Review monthly pediatric program financial reports.
- Process invoicing for pediatric program expenses.

Credentialing

- Collect credentialing data and maintain credentialing records, i.e. rotations, pedialog document services, etc.
- Schedule residents for credentialing courses, i.e. PALS, NRP, etc.
- Prepare requested program surveys.
- Distribute certificates to residents for program completion.
- Complete verification requests on former trainees.

Scheduling

- Scheduling pediatric program related activities: pediatric conferences, electives, vacations, rotations, teaching courses, committee meetings, recruitment, events (retreats, orientation, graduation), etc.

Recruitment

- Plan, develop, and maintain recruitment activities for pediatrics and medicine/pediatrics housestaff.
- Review letters, applications, and inquiries to identify appropriate candidate for the pediatric training program in accordance with the established criteria (credentials, licensures, visas, screening, etc.).
- Participate in the ranking process for residency/fellowship candidates.
- Represent hospital at conferences and recruitment fairs to recruit candidates for residency and fellowship programs.
- Contribute to the evaluation of candidates.
- Yearly update of FREIDA survey.

Coordination - Administrative

- Manage the daily, monthly and yearly operations of the residency and fellowship program.
- Coordinate specific activities related to the pediatric residency/fellowship program, i.e. (accreditation, credentialing, scheduling, recruitment, etc.) including timing, logistics, and participants.
- Perform administrative duties, i.e. maintain resident/fellow files, document conference attendance, update resident/fellow and teaching schedules, etc.

Other Responsibilities

- The Program Coordinator's role varies among pediatric programs. Program Coordinators may have combined jobs and may be required to perform different functions outside the realm of the Program Coordinator's role.

Resident Support/Morale Building

- Recognize and acknowledge trainees' contributions.
- Contribute to a positive environment.
- Be available for residents/fellows.

Management

- Implements the hospital and department policies, procedures, and objectives.
- Provide supervision of support personnel including interviewing, mentoring and evaluation.

RECRUITMENT

The Recruitment Process is one of the most important functions of Pediatric Training Programs and Coordinators. The goal is to recruit the best possible candidates who will excel in the training program. Each program determines how many available positions they want to fill through the Match. In addition, each program has certain criteria applicants must meet to be granted an interview. Positions can be very competitive. At this time, the majority of pediatric residency and fellowship programs receive many more applications than there are positions available. The challenge for any program is determining which applicants to interview and rank for the Match. There are several organizations that are part of the recruitment process. They include:

ERAS (Electronic Residency Application Service)

www.aamc.org/eras

In August 1999, Pediatric Programs began using the Electronic Residency Application Service from the Association of American Medical Colleges (AAMC). ERAS is a service that transmits residency and fellowship applications, letters of recommendation, Dean's letters, transcripts, and other supporting documents. It was designed simply to assist you with managing your application process. All participants of the NRMP have agreed to use this mechanism. In 2014, ERAS launched its web-based system software.

NRMP (National Resident Matching Program)

www.nrmp.org/

The National Resident Matching Program is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME). Each year, the NRMP conducts a match that is designed to optimize the rank ordered choices of students and program directors. In the third week of March, the results of the Match are announced for residency programs. Fellowship programs have a different Match timeline, more information at http://www.nrmp.org/participating-fellowships/.

The NRMP is not an application processing service; rather, it provides an impartial venue for matching applicants' and programs' preferences for each other. Program Coordinators should be aware of special match situations, e.g., couples matching.

ECFMG (Educational Commission for Foreign Medical Graduates)

www.ecfmg.org

Through its program of certification, ECFMG assesses the readiness of graduates of foreign medical schools to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Typically, before most training programs consider international graduates for any position, they require that international graduates hold a valid ECFMG certificate. Most institutions will only accept with J-1 visas. However, some institutions will sponsor H1-B visas. Information about the requirements for H1-B visas can be obtained from the Immigration and Naturalization Service (INS) website: http://www.uscitizenship.info

Your Own Institution/Training Program Website

Be sure that your website is current and up-to-date and can provide prospective applicants with helpful information.

Residency Recruitment Timeline

April - August

- Medical students request pediatric residency program information. Programs mail to medical students residency brochures or refer medical students to their brochure website.
- A representative from the program may choose to attend Medical School Fairs/Events.
- Some institutions provide informational pediatric sessions for medical students.
- Register for web-based ERAS.
- Register with the NRMP - need to indicate how many available positions (med-peds, categorical, primary care, preliminary and transitional) the program is offering.

September

- ERAS Post Office opens - medical students begin to apply to pediatric residency programs and programs can begin reviewing applications.

September - February

- Schedule interviews through ERAS.
- Conduct interviews.
- Communicate confirmation, interview day agenda, parking information, etc.
- Schedule faculty for interviews.

February

- Medical students are ranked in order of desirability by the program director, selection committee members, and program coordinator. Rank lists are submitted to NRMP in mid-February.

March

- Notification of matched medical students takes place mid-March.

RESIDENT TRAVEL

Rules for resident travel vary per institution and there are rules mandated by certain States by which institutions must abide. Consult your institution's policies and procedures manual to learn more about

travel requirements.

When residents are traveling abroad for programmatic experience, there are certain conditions that must be met. The program director is informed of the goals and objectives, who will supervise the resident, and where will the funding come from. In addition, the experience must comply with the ACGME and RRC requirements.

Program Coordinator's Role

Ensure that all funding is approved and the proper paperwork, such as, rotation elective, malpractice insurance, licensing program director's approval, institutional agreement, etc., are processed accordingly to allow resident to complete the proposed travel.

RESOURCES

My Evaluations

https://www.myevaluations.com/

MyEvaluations.com suite of Medical Education Management Services are utilized by residency programs, medical schools, hospitals and other medical education programs, to centralize data management. We provide comprehensive data warehousing, medical education fiscal reporting and document management tools through a single common interface.

E*Value

https://www.e-value.net/home-main.cfm

The cloud-based E*Value system can simplify the administration of your school, college, or university. It accelerates your curriculum planning, course work, optimized scheduling, assessments, site management and more. This all-in-one solution manages the vast amount of information that's as time-consuming as it is important, allowing educators to focus more time on teaching and students.

Am I On

https://www.amion.com/

On call and physician scheduling software for group practices, residents, hospitalists and other medical providers for call, clinic, rotation and shift schedules.

MedHub

http://www.medhub.com/

MedHub is an enterprise-only, medical education management solution developed to enhance institutional oversight, improve outcomes, reduce redundant administrative effort and mitigate institutional risk and liability. MedHub uses a logical, novel and intuitive workflow process to manage many critical business functions that drive program and institutional accreditation, physician training, Medicare reimbursement, affiliated institutional billing and many other tasks.

New Innovations

http://www.new-innov.com/pub/rms/main.aspx

Our Residency Management Suite unifies program and resident information into a centralized data warehouse. It allows users to complete tasks historically performed using multiple, incompatible methods, through single common interface. An individual Program, Practice, or Fellowship can use the Residency Management Suite to assist with scheduling, case logging, evaluations, monitoring conference attendance, duty hours and general personnel tracking.

SCHEDULES

Master Schedule

The master schedule shows in block form the trainee's rotation schedule for the year. The number and duration of blocks depends on the number of trainees and the curriculum structure. Blocks are usually in four-week intervals amounting from 12 to 13 blocks per year. In the Graduate Medical Education Directory (the Green Book), you will find the Program Requirements for Residency Education in Pediatrics. It is important to read the Institutional Requirements in the front section of the Green Book. For any questions or clarification, contact the ACGME or visit its website.

Call Schedule/Duty Hours

Resident Duty Hours and the Working Environment

Providing residents with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and resident well-being. Each program must ensure that the learning objectives of the program are not compromised by excessive reliance on residents to fulfill service obligations. Didactic and clinical education must have priority in the allotment of residents' time and energies. Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

- Supervision of Residents
    - All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty.
    - Faculty schedules must be structured to provide residents with continuous supervision and consultation.
    - Faculty and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

- Duty Hours
    - Duty hours are defined as all clinical and academic activities related to the residency program, i.e., patient care (both inpatient and outpatient), administrative duties related

to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.
    - Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
    - Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.
    - Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.

- On-Call Activities
    - The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal work day when residents are required to be immediately available in the assigned institution.
    - In-house call must occur no more frequently than every third night, averaged over a four-week period.
    - Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.
    - No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.
    - At-home call (pager call) is defined as call taken from outside the assigned institution.
        - The frequency of at-home call is not subject to the every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.
        - When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.
        - The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

- Moonlighting
    - Because residency education is a full-time endeavor, the program director must ensure that moonlighting does not interfere with the ability of the resident to achieve the goals and objectives of the educational program.

- The program director must comply with the sponsoring institution's written policies and procedures regarding moonlighting, in compliance with the Institutional Requirements III. D.1.k.
- Moonlighting that occurs within the residency program and/or the sponsoring institution or the non-hospital sponsor's primary clinical site(s), i.e., internal moonlighting, must be counted toward the 80-hour weekly limit on duty hours.

- Oversight
  - Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of duty hours is required with frequency sufficient to ensure an appropriate balance between education and service.
  - Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

- Duty Hours Exception
  - An RRC may grant exceptions for up to 10 % of the 80-hour limit, to individual programs based on a sound educational rationale. However, prior permission of the institution's GMEC is required.

- Attending/Ward Schedule
  - There are several types of faculty schedules including inpatient, outpatient, and sub-specialty and after hours call schedules. The schedules highlight the times, the dates, and the areas to which each faculty member has been assigned.

Program Coordinator's Role

In some programs, the coordinator develops the schedules, while in others the chief residents are responsible or the Chief Resident and the Program Coordinator work together to develop and maintain the schedules.

Determine who is responsible for developing the schedule.

Find out the type of scheduling system used by your institution. Some institutions use computerized programs to develop the schedules, while others, use the traditional method of pencil and paper.

Maintain and/or distribute schedules for faculty, residents, fellows and staff.

SPECIAL EVENTS

Special events take place throughout the residency year. They are crucial to the overall effectiveness of the pediatric residency program. Special events promote team building, contribute to high morale, and demonstrate that the overall well being of residents is important to the program. Events can be held on

location and/or other venues.

Special Events can encompass a broad spectrum of activities. The number of yearly events varies among programs depending on availability and sources of funding. Special events can include: sporting events (both watching and participating), family picnics, happy hours, etc. The following is a list of sample activities you may wish to plan.

- July – New Trainee Welcome, Picnics, Lunches, River excursions, Intern Dinners, Baseball games
- August – Retreats
- September – Retreats (with families)
- October – Retreats, Career Day (PL-2/PL-2)
- November – Thanksgiving Breakfast, Retreats, Job Fair
- December – Holiday Party, Progressive dinner (residents homes)
- January – Mid-Year Party
- February – Oyster Dinner, Mardi Gras Party
- March – Post Match Parties
- April – Softball Game
- May – Residents Jeopardy Game, Canoe Party, Senior Dinner for Faculty by PL-3 Class, Chief Resident pictures w/ Families
- June – Graduation Party, Reception for Family Night, Picnic for Seniors

THE MATCH

On Match Day, in mid-March, medical students are informed of which residency program they will join in July. Match Day is a day filled with anxiety, expectations and excitement. The same is true for residency programs. On Match Day, the medical students gather to open their envelopes to reveal which pediatric residency program they matched with. The Program Directors are notified the day before which applicants matched in their program through NRMP website.

Program Coordinator's Role

After Match Day, several activities take place in preparation for Orientation.
Welcome information to new interns: Various documents, each institution determines the contents. It can include the following. Contact the Medical Education Graduate office (GME) of your institution to determine what information they are sending in order to coordinate the communication.
Welcome letter/e-mail
Elective selection form
Vacation form
Biographical Form
Pediatric Advanced Life Support test dates and materials
Contract
Immunization request form
Employment credentials request

Relocation information
Gift - T-shirt, mug, etc.

YEARLY CALENDAR

This section provides two examples of how to organize your monthly tasks and activities. On the following page you will find the University of Maryland Pediatric Residency Program's and Stanford Children's Health at Lucile Packard Children's Hospital Fellowship Program's yearly calendar. These calendars can serve as a reference and/or reminder of the many activities for which you may be responsible. Since the coordinator's responsibilities vary from program to program, we suggest that you tailor the sample to your needs.

Program Coordinators have found that organizing their activities in a calendar format, electronically, on paper or on a whiteboard, helps them manage the complexities of their job. Whatever format you select, you will experience firsthand the advantage of using this helpful tool.

Residency Program - Example

JULY

- American Board of Pediatrics In-Training Examination
- AMA Survey received
- Send copies of faculty evaluations to division chiefs
- Deliver pager list, photo composite and call schedules to all nursing station, communication and admitting office. Also send to all divisions, outpatient areas and affiliate institutions.
- Send out evaluations for last rotation

AUGUST

- Send reminder to advisors to meet with their new PGY1 advisee and return completed form documenting meeting
- Send out to all PGY-1s a request to nominate a representative for the curriculum committee
- Send out request to all PGY-2s to submit a copy of their scores for Part III of the National Boards
- Send out notification to all involved sites regarding upcoming dates PGY-1s will not be at their assigned rotation for e.g. a retreat, conferences
- Send out evaluations for last rotation

SEPTEMBER

- AMA Survey due
- Send out notice to faculty regarding recruitment dates and times
- Curriculum Committee meeting
- Send out evaluation for last rotation
- ERAS opens

OCTOBER

- Feedback on results of In-Training Examination scores to residents and advisors

- PGY1 retreat (some programs do this mid-year)
- Letters of recommendations for students
- Send out notification to all involved sites regarding upcoming date of the PGY-2 retreat
- Resident Review Committee meeting
- Send out evaluations for last rotation

NOVEMBER

- PGY-2 retreat (this also may vary by program)
- Send out reminder to advisors to meet with their advisees and return completed form documenting meeting
- Send out notification to all involved sites regarding upcoming date of the PGY-3 retreat
- Send out contract renewal to residents
- Send out evaluations for last rotation
- Recruitment

DECEMBER

- PGY-3 retreat
- Collect procedure logs
- Choose chief residents
- Send out evaluations for last rotation
- Recruitment

JANUARY

- Memo to graduating residents requesting how they wish their name to appear on their certificates
- Send out evaluations for last rotation
- Recruitment

FEBRUARY

- Rank list due
- Curriculum Committee meeting
- Send memo to faculty requesting their desire to be an advisor for the new incoming interns
- Give vacation request forms to current residents
- Send out evaluations for last rotation

MARCH

- Send out welcome letter to new interns along with all pertinent information and documentation
- Send out post-match survey
- Pick potential interview dates
- Resident Review Committee meeting
- Send out request for National Board scores
- Collect procedure logs

- Send out evaluations for last rotation

APRIL

- Give residents ballot to choose which residents should receive certain awards to be given out at graduation
- Generate tentative orientation schedule
- Send out evaluations

MAY

- Send communication to faculty and residents regarding date of graduation
- Send communication to faculty reminding them to be sure to attend the senior project presentations
- Collect forwarding addresses of graduating residents
- Give residents memo with elective sign-up sheet
- Curriculum Committee meeting
- Send out reminder to advisors to meet with their advisee and return completed form documenting meeting
- Send out evaluations for last rotation

JUNE

- Audit Procedure Logs
- Complete tracking forms for American Board of Pediatrics
- Complete annual and summary evaluation forms on each resident for hospital credentialing
- Generate report of electives completed by graduating residents
- Generate a list of job locations for graduating residents
- Graduation Ceremony
- Send communication to all involved areas regarding residents absence to take the In-Training Examination
- Orientation
- Send communication to invite intern advisors to luncheon during orientation
- Send reminder to graduating residents regarding the certification exam application
- Send out evaluations for last rotation

Fellowship Program - Example

JULY

- Mandatory GME orientation, details provided by GME office.
- July 1st – Fellowship Begins
- First week of July – Program specific orientation. Pagers, keys, laptops, etc. assigned.
- Mid-July ABP (American Board of Pediatric) reporting on all new, continuing and graduating fellows.
- Individualized Learning Plan/Milestone Self-Assessment

- Review of Applications on ERAS (Fall Match)
- Faculty and Fellow In-Training on Milestone-based Evaluations
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

AUGUST

- Welcome Party
- Mid-August notice from ACGME to begin ADS Annual Program Update
- Clinical Mentor Meeting – ILP Review
- Fellowship Applicant Interviews (Fall Match)
- Activate program in NRMP (Fall Match)
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

SEPTEMBER

- Mid-September ACGME ADS Annual Program Update Due
- Fellowship Applicant Interviews (Fall Match)
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

OCTOBER

- Fellowship Applicant Interviews (Fall Match)
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

NOVEMBER

- Early-November Deliver multisource evaluations (patients/families, peer-peer, nursing, social work, child life, etc.)
- Nursing and staff In-Training on Milestone-based Evaluations
- Clinical Mentor Meeting

- Recruitment Committee Meeting (Spring Match)
- Late-November External Reviewer for Fellowship Training Program
- Scholarly Oversight Committee (SOC) Meetings
- Fellowship Applicant Interviews (Fall Match)
- Final Rank Meeting (Fall Match)
- GME House Staff Survey
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

DECEMBER

- Clinical Competency Committee (CCC) Meeting
- Scholarly Oversight Committee (SOC) Meetings
- Review of Applications on ERAS (Spring Match)
- Mid-December Match Day – Welcome Letters (Fall Match)
- ACGME Milestones Reporting
- GME/OPA Appointment and Reappointments begin
- Incoming Fellows need to apply to the Medical Board for July 1 start
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

JANUARY

- Fellowship Applicant Interviews (Spring Match)
- Semi-Annual Review (SAR) Meetings
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule

FEBRUARY

- Fellowship Applicant Interviews (Spring Match)
- Activate program in NRMP (Spring Match)
- Clinical Mentor Meeting
- Program Evaluation
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month

- ✓ ☐ Track duty hours weekly
- ✓ ☐ Log conference attendance accordingly
- ✓ ☐ Call schedule

MARCH

- Fellowship Applicant Interviews (Spring Match)
- ACGME Annual Faculty and Fellow Survey
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
  - ✓ ☐ Assign/deliver service/rotation evaluations for month
  - ✓ ☐ Run report for incomplete evaluations from previous month
  - ✓ ☐ Track duty hours weekly
  - ✓ ☐ Log conference attendance accordingly
  - ✓ ☐ Call schedule

APRIL

- Fellowship Applicant Interviews (Spring Match)
- Late-April Final Rank Meeting (Spring Match)
- ACGME Annual Faculty and Fellow Survey Due
- Assign fellow administrative roles/chief fellow for following year
- Conference call with incoming fellow regarding vacation/rotation requests
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
  - ✓ ☐ Assign/deliver service/rotation evaluations for month
  - ✓ ☐ Run report for incomplete evaluations from previous month
  - ✓ ☐ Track duty hours weekly
  - ✓ ☐ Log conference attendance accordingly
  - ✓ ☐ Call schedule

MAY

- Early-May Submit Final Rank List to NRMP (Spring Match)
- Late-May Scholarly Research Symposium
- Clinical Competency Committee (CCC) Meeting
- Scholarly Oversight Committee (SOC) Meetings
- Clinical Mentor Meeting
- Prepare Rotation/Call Schedule for next year
- Prepare Didactic/Conference Schedule for next year
- Mid-May Match Day – Welcome Letters (Spring Match)
- Faculty Awards for Teaching and Mentoring – Nomination and Selection
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
  - ✓ ☐ Assign/deliver service/rotation evaluations for month
  - ✓ ☐ Run report for incomplete evaluations from previous month
  - ✓ ☐ Track duty hours weekly
  - ✓ ☐ Log conference attendance accordingly
  - ✓ ☐ Call schedule

JUNE

- Scholarly Oversight Committee (SOC) Meetings
- Prepare Orientation Schedule

- Graduation Party (Department & Division)
- Semi-Annual Review (SAR) Meetings
- Annual Program Evaluation (APE)
- Recruitment Committee Meeting (Fall Match)
- Late-June GME Orientation (2 hours)
- ACGME Milestones Reporting
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.)
    - ✓ ☐ Assign/deliver service/rotation evaluations for month
    - ✓ ☐ Run report for incomplete evaluations from previous month
    - ✓ ☐ Track duty hours weekly
    - ✓ ☐ Log conference attendance accordingly
    - ✓ ☐ Call schedule
- Residency Management System (i.e., MedHub, E*Value, New Innovations, etc.) duties for upcoming year:
    - ✓ Rotation Schedule
    - ✓ Conference Schedules
    - ✓ Continuity Clinic Assignment
    - ✓ Vacations (ongoing)
    - ✓ Call Schedule
    - ✓ Finalize all evaluations