



ASSOCIATION
OF PEDIATRIC
PROGRAM
DIRECTORS

Program Organization 101

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Ross Myers (APD)
Tammy Bleeker (Coordinator)
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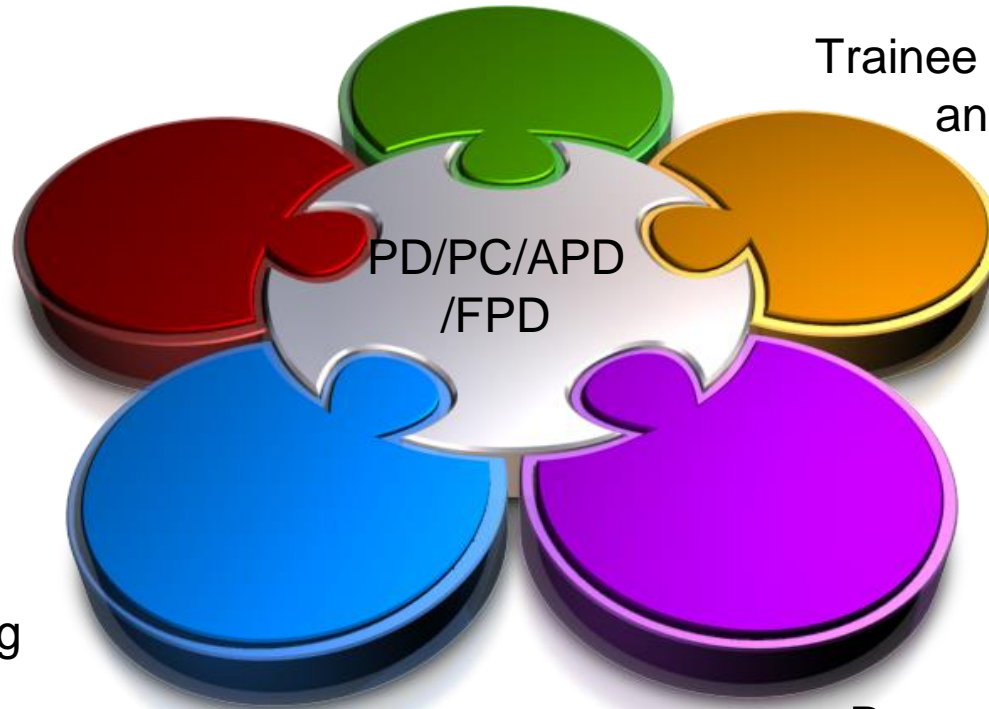
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The Circle of Life

Recruitment & Match

Trainee Assessment
and CCC

Program
Maintenance



Reporting
ABP,
Milestones &
WebAds

Program
Evaluation and
Improvement



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PROGRAM ORGANIZATION 101: Basics of day-to-day program

This session is designed for all program leaders (PDs, APDs, Coordinators, FPDs) who are new to their roles and those wanting a refresher about the important activities of GME program leadership, including the annual cycle for both core programs and fellowships.

Topics include:

- Recruitment
- Match
- Orientation
- Reporting to the Governing Bodies
(ACGME, AAMC, ABP)
- Program Assessment
- Trainee Assessment
- Program Evaluation



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Introduce yourself to your table.

- 1) Program
- 2) Location
- 3) Role

5 minutes

Your Team

Who are they?

- Program Director, Associate Program Director(s)
- Program Coordinator(s) or Administrator(s)
- GME Leaders (DIO, GMEC)
- Faculty
- Residents, Chief Resident(s), Fellows

Why is this important?

- Different point of views
- Helps prevent errors
- Creativity and collaboration





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A Year in The Program

By Season

- Winter
- Fall
- Spring
- Summer



By Category

- Recruitment
- Reporting
- Program Assessment
- Trainee Assessment
- Program Evaluation and Improvement





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Recruitment & Match



Kris Rooney, MD, Ross Myers, MD, Tammy Bleeker, MEd Jenny Duncan, MD



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Recruitment/MATCH

- Decide on the number of spots you plan to fund
 - What kind of candidate are you looking for?
 - What type of candidate can you attract?
 - What sort of program are you building?
 - What are your strengths as a program?
 - Consider doing a SWOT analysis
 - Is there funding to pay for any part of recruitment (travel, dinner, lunch, etc.) ?



These discussions should include your entire TEAM!



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Planning Your Recruitment Season and the Interview Day

- What date will you begin interviews?
- When will you interview?
- What day of the week?
- What time of day?
- How many applicants per session?
- Lunch? Tour?
- How long for each interview?
- Who should interview?
- Do you have any data from last season's applicants about areas of improvement?
- Be sure that your Key Stakeholders are available to reach agreement for the overall process.





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Managing Applications

ERAS

- Who is reviewing?
- When do you start reviewing?
- What are you looking for in an applicant?
- How are you tracking the process?
- How are you inviting the applicants?



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Recruitment Planning

Communication with the applicants

- How are you doing this?
- E-mail?
- ERAS Scheduler?
- Other interview management software?
- Advance itineraries?



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Interview Day Tips

The Do's and Don'ts

- ▶ Do: be organized!
- ▶ Do: have backup plans and alternates.
- ▶ Do: empower your faculty/trainees to answer the tough questions about your “issues” as a program.
- ▶ Do: Have fun!
- ▶ Do: have a plan for how you will assess the intangibles

- ▶ Don't: ask forbidden questions
- ▶ Don't: try to be anything that you aren't.



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Interview Day... Sell Your Program

- ▶ Provide details that are *unique or unusual* about your program:
 - Give the applicant something to compare against other programs.
- ▶ ***DO NOT SPEAK ILL OF OTHER PROGRAMS!***
 - Looks petty and is counter productive.
- ▶ Emphasize your strengths and what you are “known for”.
- ▶ Find out what they are looking for in a program and show them how you can meet their goals



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Post Interview Day

The Applicant

- Do you have any follow-up with the applicant? E-mail? Phone calls? Letters?
- Follow up survey?

The Program Team

- How should they evaluate?
 - Paper? Online form?
 - Get the data immediately from them!!
- ***The longer you wait, the less people remember.****
- Don't underestimate the importance of photos and identifying details



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Ranking

Where do you start?

- ▶ Faculty interview rankings?
 - ❖ Do you have an algorithm?
 - ❖ What criteria or attributes hold the most weight?
- ▶ *It is easier for people to make suggestions about an existing list than to create one from scratch!*
- ▶ Several rank meetings or just one?
 - ❖ Who gives input on final list and how?
 - ❖ Electronic file review? In person meeting?

*****Team participation is crucial *****



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Trainees' Perspective

- Organized information
- Meeting with faculty/trainees with common interests
- Feeling that their application was read
- Making sure they hear about the area
- Consider social events night before or night of



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Important Match Dates

- **Update FREIDA information** (e-mail prompt in winter & spring) AAMC service, basic info about your program
- **Register for ERAS** (email prompt spring/summer/fall)
- **Check ERAS mailbox daily during the season**
 - ❖ Sept 15 Residency
 - ❖ July 15 All Fellowships



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Important Match Dates

Enter Quota for NRMP (deadline 2 weeks before Rank List due)

- ▶ Jan 31 Residency
- ▶ Nov 14 All fellowships

Enter AND CERTIFY rank list

- ▶ Feb 20 Residency
- ▶ Nov 28 All fellowships

Did my Program Fill? SOAP Begins

- ▶ March 11 Residency

Match Day

- ▶ March 15 Residency (1:00 pm ET)
- ▶ Dec 12 All fellowships (12:00 pm ET)

<http://www.nrmp.org/>



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Your turn!

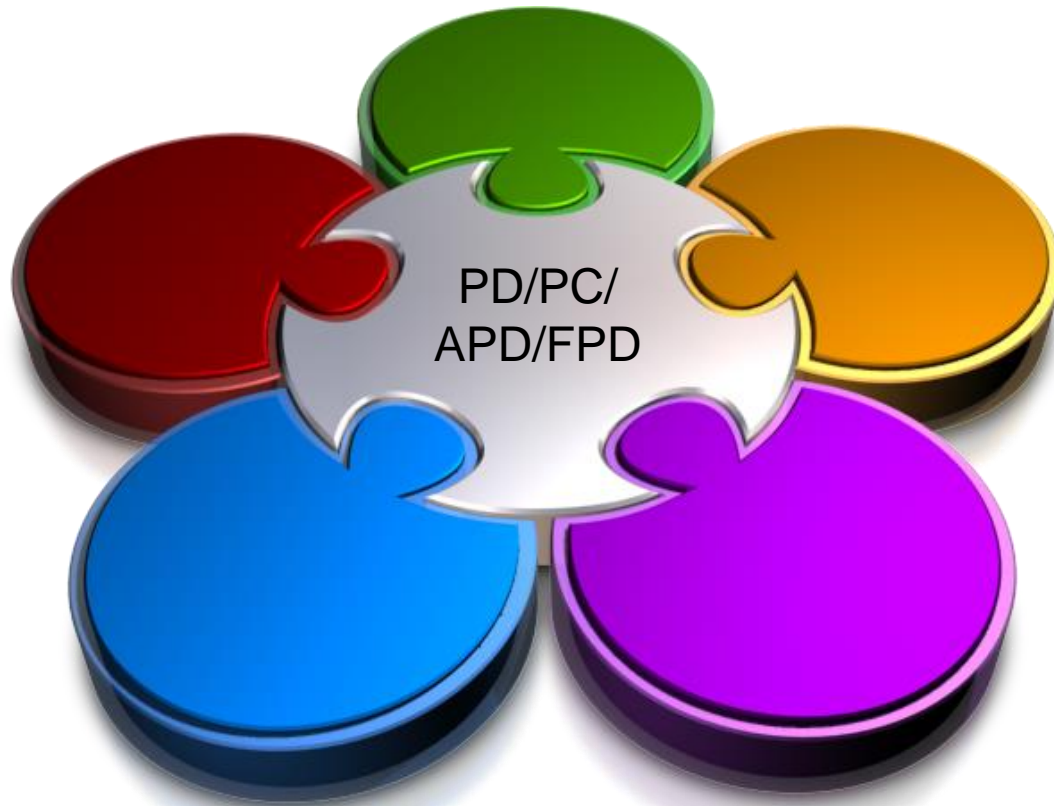
- ▶ What are your current recruitment challenges?
- ▶ Brainstorm to help each other find innovative approaches or solutions!

7 minutes



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Program Maintenance



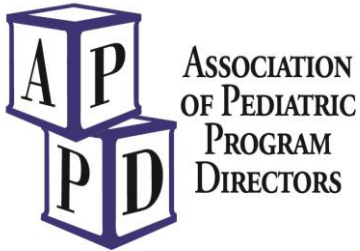
Michele Nichols, MD, Tammy Bleeker, Christine Barron, MD



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APPD



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Cruise Ship: ***U.S.S. Pediatrics***

Passengers: All on board, not overboard?

Direction: Who do we look to?

Itinerary: When are the checkpoints?

Schedule: When are activities scheduled?

Staff: Who are our teams/ development?

Activities: What all do we offer?

Challenges: Where are the sharks?

Cost: What all is included?

Cruise ratings: What is our feedback?



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Program Maintenance

A Year on the *U.S.S. Pediatrics*

- Onboarding
- Direction: Mother Ships
- Passengers/ Orientation
- Itinerary:
Annual check points
- Staff (admin,
committees)
- Schedule (activities)
- Cost: What's
included
- Cruise Ratings
- Passenger
Feedback
- Challenges





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Onboarding!

Mechanism through which new employees:

- Acquire the necessary:
 - knowledge
 - skills
 - behaviors
- To become effective organizational members
- To become insiders





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Bird's eye view...

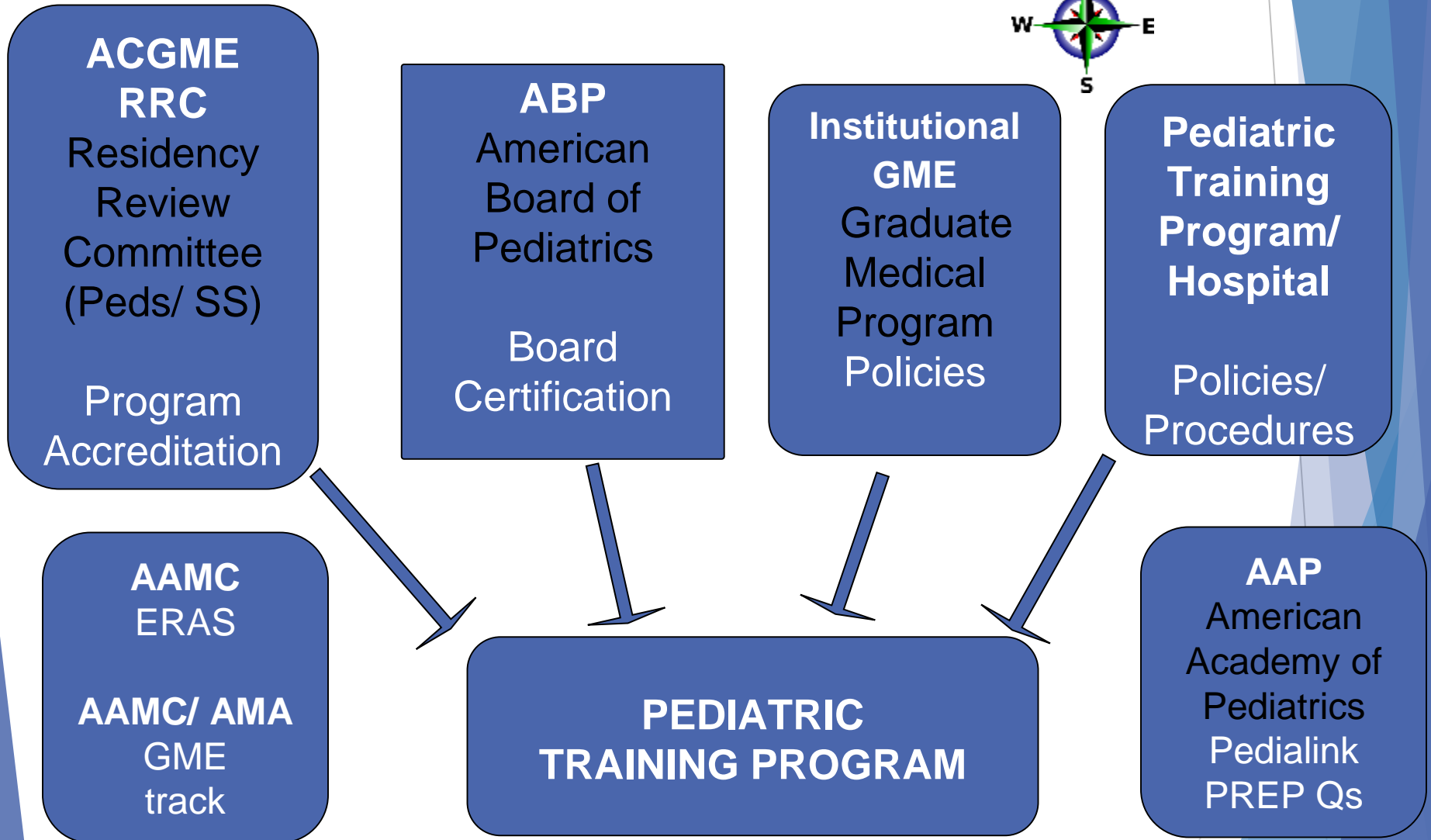
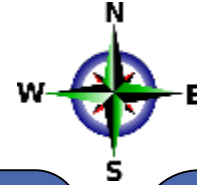




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Pediatric Program Leadership

Mother Ships





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New Trainee Orientation: Plan Early!!

Match Day welcome

New trainees:

Colleagues, emails

Orientation dates

Welcome Events

Schedules

Basics:

ID, parking pass,

health requirements

Program orientation:

GME orientation

Hospital orientation

Req courses, modules,
bootcamps, simulation

Computer training- EMR

Shadow Day





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Orientation: The Program

House Staff Office Team
(Directors, Coordinators, Chiefs)
Schedules/ Schedule requests
Clinic Assignments
Mentor/Mentee
Wellness Program
Perks

ACGME RRC/ ABP/ AAP/ GME



POLICIES

Administrative/ Professionalism
Discipline and Dismissal
Clinical/ Education Work Hours
Medical/ Sick/ Family Leave
Days off/ Vacation
Moonlighting
Procedural Competency
Resident Supervision
Transitions of Care
Promotion/ Graduation



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A Year on the *U.S.S. Pediatrics*

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2018

2019

January						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
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15	16	17	18	19	20	21
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29	30	31				

Federal Holidays 2018

Jan 1	New Year's Day	Jul 4	Independence Day	Nov 12	Veterans Day (obs.)
Jan 15	Martin Luther King Day	Sep 3	Labor Day	Nov 22	Thanksgiving Day
Feb 19	Presidents' Day	Oct 8	Columbus Day	Dec 25	Christmas Day
May 28	Memorial Day	Nov 11	Veterans Day		

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Federal Holidays 2019

Jan 1	New Year's Day	Jul 4	Independence Day	Nov 28	Thanksgiving Day
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Year in the Program

X-Res X-SS	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
ERAS	X		X									
Recruit		X	X	X	X	X	X		Match			
ACGME survey*							X	X	X	X		
GME track	X		X									
PEC		X			X			X			X	APE APE
CCC		X			X			X			X	
Mile- stones*							X					X
Other	ITE	Web- ADS*						SITE				Grad
Semi-annual	PGYII	Web- ADS*	PGY III			PGYI SS		PGY II	PGY III			Grad PGY III FINAL SS



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Itinerary: Annual Checkpoints



Recruiting – (ERAS/NRMP)

Residency- Sept - Mar

Fellowships- Fall

Match/Orientation (Res/ Fel)

ACGME Annual Survey*

ACGME/ AAMC/ GME

ACGME WebADS*

GME Tracker Database

APE/ PIP (GME)

Internal/ Alumni survey

CCC (2x/year)

Milestones (2x/year)*

Program Eval Com

Annual Program Eval

Semi-annual meetings

Examinations -

Res: Step III, ABP*

All: ITE*/ SITE*

Licenses (state, DEA)





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Common to All Programs Annual In-Training Exam (ITE)

RRC: Administer the ABP ITE annually

Pediatric Residency (ITE) -

- July 2018

Subspecialty (SITE)-

- Feb - March 2019

Preparation:

-Registration:

ITE Feb-Apr

SITE Nov-Jan

-ITE – secure room for ITE

-Block schedule - vacations

Further ITE prep- June

- Contact IT- ITE link
- Check res ITE coverage
- Schedule ITE Proctors

SITE – Prometric Center

Results:

-ITE - October

-SITE - May





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Common to All Programs

RRC: Semi-annual meetings,
Annual Individualized Learning Plan
(ILP)

- Define individual goals
- Give self-assessment
 - Personal attributes
 - Clinical competency
- Summarize learning needs
- Define learning objectives
- Establish strategies to accomplish
- Track, monitor, review, update annually with:
 - Mentor or
 - Director
- Document – (AAP Pedialink, ILP program, etc)





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Year in the Program

X-Res X-SS	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
ERAS	X		X									
Recruit		X	X	X	X	X	X		Match			
ACGME survey*							X	X	X	X		
GME track	X		X									
PEC		X			X			X			X	APE APE
CCC		X			X			X			X	
Mile- stones*							X					X
Other	ITE	Web- ADS*						SITE				Grad
Semi-annual	PGYII	Web- ADS*	PGY III			PGYI SS		PGY II	PGY III			Grad PGY III FINAL SS



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Program Administration Everyone On Board!

The A+ Team:

“a group of top advisors
in an organization”

Program Directors /
Associate PDs

Program Managers/
Coordinators

Chief Residents

Chairperson

A Team Passengers:

Trainees

Program Leaders

(QI, Research,
Global Health, etc.)

Mentors

Faculty members

Committees



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Mentees/ Mentors

RRC: The program must assist residents in faculty mentorship to create goals

- Select Faculty Mentors
- Set timing of Mentor assignment
- Match Mentors and Mentees
- Set expectations – meet, report
 - Personal advisor/ advocate
 - Research
- Give feedback





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Common to All Programs

Committee Selection

- RRC: Program Evaluation (PEC)
- RRC: Clinical Competency (CCC)
- AAP Representative (Res)
- Resident Committees – Institution specific
 - Recruiting Committee
 - Housestaff Council
 - Global Health Academy
 - Research Group
 - Social Committee
 - Other: Wellness, Intramural, MIPs, WIPs, WIMPs





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Program Schedule 2018-2019

CCC	PEC	Faculty Forum	Career Development	Pediatric RAP	Global Health	Housestaff Council	Town Hall	Senior Talks	Special Events
Wed. 1:00pm HS Office	Wed. 12:00pm 5 Dearth	5 Dearth Conference Room 3	Wed 12:00pm. Neuro Libr	2 nd Wed. 12:00pm Neuro Libr	Thursday Noon Neuro Libr	2 nd Thurs. 3:00pm HS Office	2 nd Fri. 12:00pm Res Lounge	Monday. 12:00pm Bradley	In Training Exam July 12-19, 2018
		July 13 4:00pm		July 12		July 13	July 14	July 17	APPD/Arlington Sept 2018
	Aug 23		Aug 30	Aug 9	Aug 24	Aug 10	Aug 11	Aug 21	Intern Retreat Thursday/Friday Sept. 6-7, 2018
Sept 13			Sept 20	Sept 13		Sept 14	Sept 15	Sept 18	UAB Student Recruiting Lunch Sept. 19, 2018 12Noon
	Oct 25	Oct 24 12:00pm	Oct 18	Oct 11	Oct 19	Oct 12	Oct 13	Oct 16	Halloween Recruiting Kick-off Party Oct 31, 2018
				Nov 8		Nov 9	Nov 10	Nov 27	Holiday Party Gabrella House Dec 14, 2018
Dec 13				Dec 13	Dec 14	Dec 14	Dec 15	Dec 18	Spring APPD March 26-29, 2019
		Jan 24 4:00pm		Jan 10		Jan 11	Jan 12	Jan 15	PALS Refresher April 24, 2019
	Feb 7		Feb 21	Feb 14	Feb 15	Feb 8	Feb 9	Feb 19	NRP (TBD)
Feb 28			March 7	March 14		March 8	March 9	March 19	Graduation Banquet Friday June 7
		April 27 12:00pm	April 18	April 11	April 19	April 12	April 13	April 16	Intern Orientation June 14, 2019
May 9	May 2			May 9		May 10	May 11	May 21	
				June 13		June 14	June 15	June 18	



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Trainee Schedule: Curriculum

Trainee curriculum –

Set schedule request deadlines

Block Schedules (12 mo/ 13- 4 wk blocks)

Check RRC, indiv program requirements

Update goals/ obj, distribute to fac/ res

Res: Individualized Curriculum (6 months)

ABP: 48 weeks/ academic year

Medical/ Personal leave





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Curriculum/ Schedules

RRC: Must have regularly scheduled didactic sessions/
planned educational experiences

Educational conferences –

- Morning report, Noon, Grand Rounds, Simulation, etc.
- Set curriculum, invite speakers (chiefs or ?)
- # of Attendees, Space
- Supplies (White board, markers, ARS, etc)
- AV equipment, Tech support
- Food



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COURSES

RRC: Maintain certification in PALS, IO simulation, NRP

Required:

RRC: PALS

RRC: NRP

Original cert - pre-PGY I

Re-cert- PGY II/III

Other:

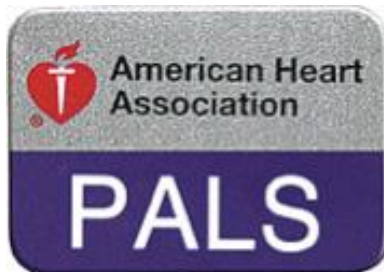
Simulation courses

Procedure courses

Educational courses

QI courses

Research courses





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Social Activities

- Retreats, ballgames, spirit days, etc.
- Not required, but appreciated
- Promotes bonding
- Plan ahead, advertise, arrange coverage





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Graduation



- Event – plan, invite, honor
- Certificates – ending dates
- ABP verifications
- RRC: Summative Evaluation (perf, comp)
- Awards/ parting gifts
- Turn in: pagers, fobs, white coats, etc.
- Future contact (email, phone, address)
- Exit Evaluations (Graduate surveys)



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Program Maintenance

A Year on the *U.S.S. Pediatrics*

- Onboarding
- Direction: Mother Ships
- Passengers/Orientation
- Itinerary:
 - Annual check points
- Staff (admin, committees)
- Schedule (activities)
- Cost: What's included
- Cruise Ratings
- Passenger Feedback
- Challenges





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Cost of cruise: What's included?

Department of Pediatrics, Hospital, Institution

Program

- # Trainees
- Housestaff PCs/ Admin
- Recruiting Season
- Intern Orientation
- In-training examinations
- Graduation
- Retreats
- Socials
- Office/ Lounge Supplies

Trainee Perks

- Parking
- Lunches
- On-call meals
- Book funds
- Licenses, DEA
- Courses (PALS, NRP, etc)
- Memberships
- Research meetings
- Incentives
- Moving allowance





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Program Maintenance

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Common to All Programs Reviews

- Annual ACGME Survey –
60% faculty, 70% trainees
- Annual Program review (APE) - PEC
Program Improvements/ Goals
- ACGME WebADS - next accreditation system
- Trainee semi-annual evaluation/feedback



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Common to All Programs

RRC: Faculty

Faculty Evaluations

- **RRC:** Evaluate faculty performance annually
- **RRC:** Annual written confidential evaluations
- Meet with faculty/ rotation leaders

Faculty Development

- Identify Fac Dev program
- Perform Needs Assessment
- Program sponsored topics
- **RRC:** Encourage Faculty leadership/ core faculty members' participation (minimum annually)



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Individual Trainee “Report Card”

- Evaluations/ Milestones
- Curriculum
- Duty hours
- Procedure logs
- Educational conference attendance
- ITE/ (Board examination)
- Other: (req education, license, etc)





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Program Maintenance

A Year on the *U.S.S. Pediatrics*

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Challenges: Sharks in the water





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A Different Age...

THIS IS PROGRESS

15 YEARS AGO:

TODAY:



"Tales Of Mere Existence" By Levni Yilmaz

www.ingredientx.com





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Procedure Logs

Competent in performance of:

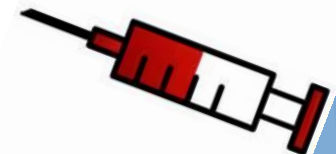
- Bag-mask ventilation
- Bladder catheterization
- Immunizations
- Abscess Incision/ drainage
- Lumbar puncture
- Neonatal intubation
- Peripheral IV, IO placement
- Dislocation-reduction (simple)
- Laceration repair (simple)
- Foreign body removal
- Splinting of fracture
- Umbilical catheter placement
- Venipuncture

Knowledgeable of:

“must be competent in understanding of” with procedural knowledge of:

- Neonatal intubation
- Chest tube placement
- Chest x-ray
- Non-neonatal intubation
- Thoracentesis

PATIENT
SAFETY
FIRST





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Clinical/Educational Work Hours



- RRC: Must monitor trainee
Clinical and Work hours
- Rules – trainees, faculty must know rules
 - Call: no more than 24 hrs (+4 hrs)
 - 1 in 7 days off averaged over 4 weeks
 - 80 hours ave/ 4 wk – (includes “home-work”, “home call”, moonlighting)
- Institution Requirements
- Identify and troubleshoot problem areas
- Survey–ACGME survey, institution, evaluations
- “Shift” mentality – work ends, life begins



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Travel Journal:

Documenting the journey?



- APE
- Self Study
- Patient data feedback
- Service vs education
- Inpt vs Outpt
- Scheduling
- Handoffs
- ????????????



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Cruise Ship Reminders: Common to All Programs

Trainees:

- Flu shots/ TB tests/ FIT testing (OSHA)
- Pediatric Boards sign-up (Feb – March, late fee until May)
- Step III, Medical License, DEA, NPI #'s, Medicaid #, etc.
- Credentialing for other hospitals besides home-base

Programs:

- Program Letters of Agreement (PLA) with participating sites (renew 5 yrs)
- Program Letters of Agreement - Trainee Away Rotations
- Program policy updates (annually minimum)
- Website updates (annually)





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APPD



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Trainee Assessment and CCC



Kathleen Donnelly, MD, Kris Rooney, MD, Jenny Duncan, MD



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Trainee Assessment

- **Establish expectations**
 - For the year, for the rotation, etc
 - Written G&O, in-person, both?
- **Determine purpose and frequency of evaluations**
- **Determine the method of evaluation**
- **Formal evaluation vs. informal feedback**



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Trainee Assessment

Types

- PD/Faculty
- Advisor
- Chief(s)
- Peer-to-Peer
- 360 degree
 - Members of the interdisciplinary team (peer, student learner, nurse, RT, faculty, parent, etc.)
- OSCE
- ITE



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Tracking Evaluations

- **An automated method helps here**
 - Ex. New Innovations
 - Reminders can be set
 - Track compliance and manage delinquencies
 - Template for evals
 - Mapping the milestones, the journey to competency
 - Pediatric Milestone Assessment Collaborative



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Tracking Evaluations

- How do you summarize it all?
- How often do you review?
- Who reviews?
- Scheduled sessions for resident review throughout the year



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CCC/Summative Evaluations

CCC must:

- ↵ The PD must appoint the CCC, minimum 3 faculty.
- ↵ Additional physician faculty or health professionals with extensive resident clinical contact
- ↵ Board-eligible Chief residents okay.
- ↵ Written description of responsibilities.

CCC should*:

- Review all resident evals semi-annually
- Prepare and report Milestones semi-annually
- Advise the PD regarding resident remediation, promotion, and dismissal.

**should means must*



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Your Turn!

Option #1:

CCC structure:

- Frequency of meetings?
- Role of the PD?
- Ideal number of faculty?
- Design of meetings to review the data?
- Role of the coordinator?

7 minutes

Option #2:

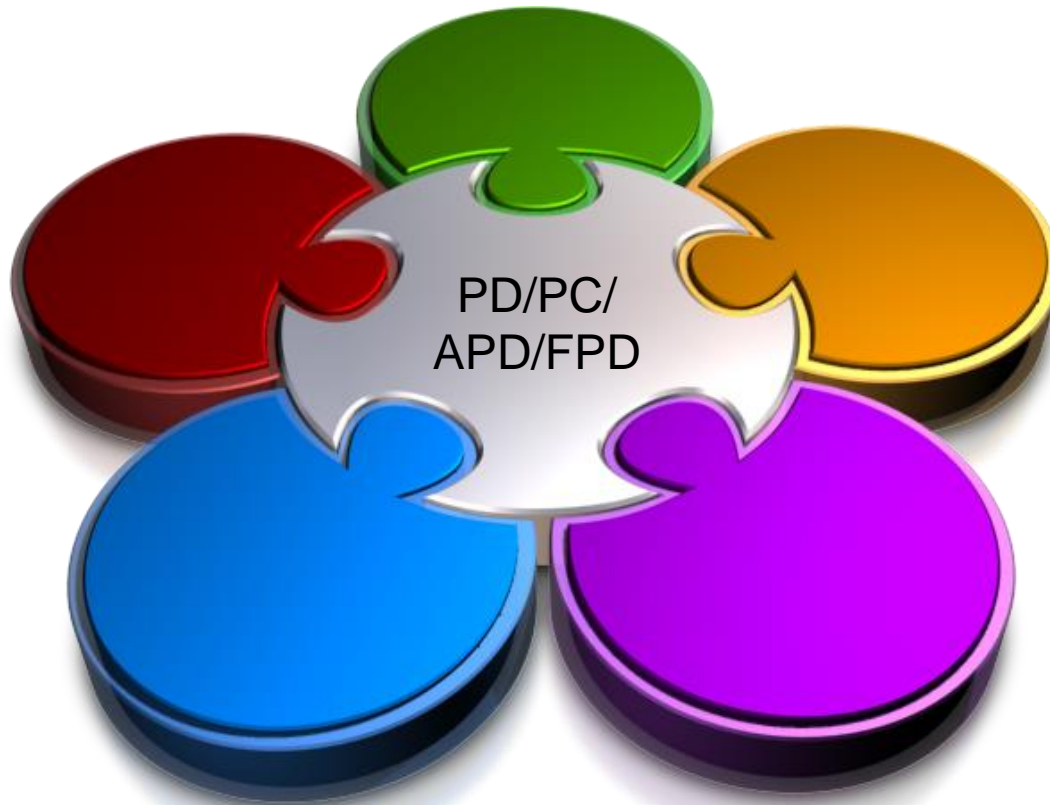
Assigning milestone levels:

- Do assessments rate milestone levels directly?
- Do you use numeric averages, and how?
- Incorporating/ translating comments?
- How do you obtain data on the non-clinical competencies?



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Program Evaluation and Improvement



Ross Myers, MD
Christine Barron, MD



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Program Evaluation and Improvement

- Program Evaluation Committee (PEC)
 - Program Director appoints the PEC
 - Specific PEC composition set by ACGME:
 - Two Program Faculty Members (minimum)
 - One trainee (minimum)
 - Written description of responsibilities
 - No requirements on how PEC carries out responsibilities
 - PEC or PD may carry out improvement plans



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RRC Pediatrics: PEC



The PEC must actively participate in...

- Planning, developing, implementing, evaluating educational activities of program
- Reviewing, making recommendations for revision of competency-based curriculum goals and objectives
- Addressing areas of non-compliance with ACGME standards
- Reviewing program annually using evaluations of faculty, trainees, and others



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PEC

- Prepare a written performance improvement plan (PIP) – a plan of action - to document initiatives to improve performance in one or more of the areas listed
- Delineate how improvement will be measured and monitored – data, facts, focus
- Review and approve plan through PEC and document in meeting minutes.
- Track improvements...





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Annual Program Evaluation

- The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually
- PEC responsible for rendering a written Annual Program Evaluation (APE)
- APE elements: trainee/graduate performance, faculty development, program quality, progress on action plan

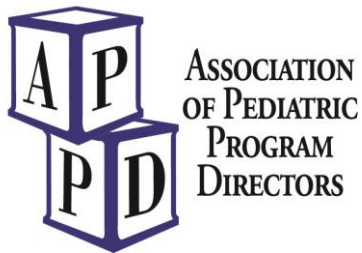


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APE: Program Improvement Data

- RRC: Program must monitor and track:
 - Trainee performance
 - Faculty development
 - Graduate performance, including performance of program graduates on the certification examination
 - Program quality:
 - Confidential faculty / trainee evaluation of program annually
 - Results of faculty / trainee evaluations
 - Progress of previous year's improvement action plan





APE Action Plan Follow up

Areas identified for Improvement 2017-2018	Point Person/ Group	Data – current	Intervention	Data-outcome	Follow up Jan/Feb 2018
ABP pass rate	Chiefs/ PD	60% pass rate over last 3 years	Board Review Course;	Evaluate pass rate after review course	Improved to 75%; continued monitoring
QI projects	QI Director, PD	Participation 25% Knowledge low	Mini-quality academy; individual meetings; increase opportunity	# of trainees participating; QI knowledge evaluation	Improved 60% participation; offer more opportunities



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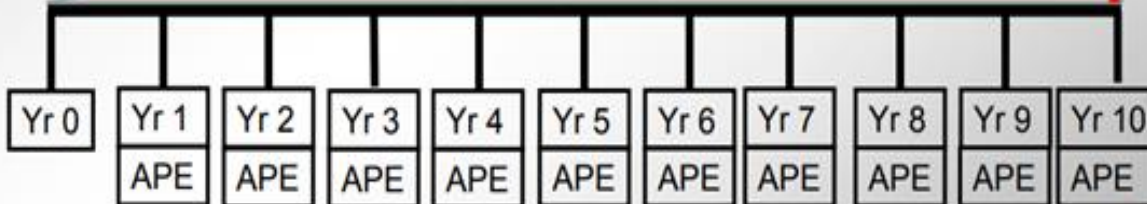
Ten Year Self-Study Visit

Annual Program Evaluation (PR-V.C.)

- Resident performance
- Faculty development
- Graduate performance
- Program quality
- Documented improvement plan

Self-
Study
VISIT

Ongoing Improvement



ACGME



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Your Turn!!

PEC

- How do you organize?
- How do you follow-up on your action plan?

APE

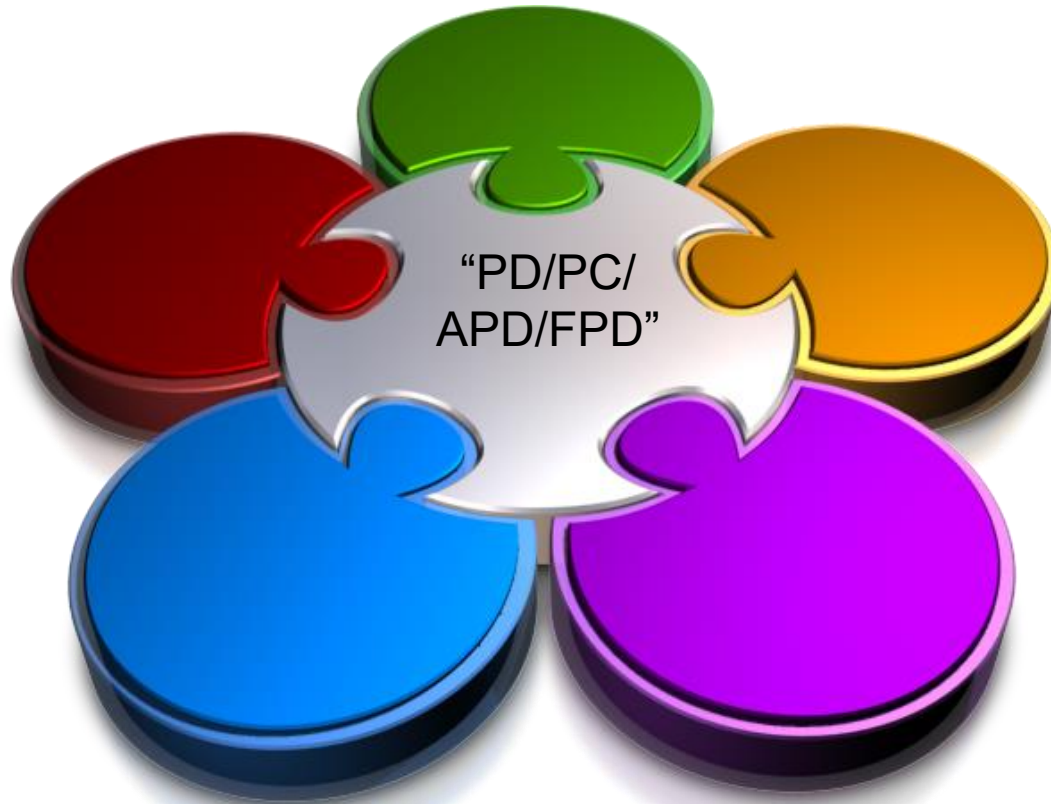
- How do you compile/track components?

8 Minutes



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Milestones, ABP, WebAds



**Kathleen Donnelly, MD,
Brian Lurie, MD
Jenny Duncan, MD**



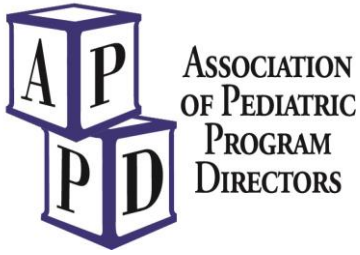
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ACGME Reporting

Annual Program Update in ADS

- This is CRUCIAL as it now forms the core of the NAS review process.
- Due August 31st this year
 - Document ongoing program improvement
 - Response to citations
 - Address issues identified in surveys
 - Update PD CV and faculty data

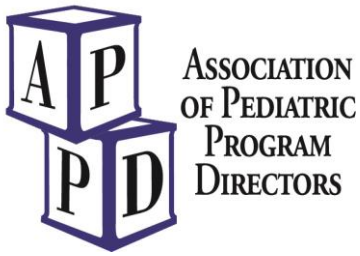
DO NOT BE LATE!!



ACGME Reporting

Annual Program Update in ADS

- Update Faculty roster
 - Average Hours per week (15) devoted to educational program determines who is core
- Faculty Scholarly Activity
- Trainee Scholarly Activity



ADS Update - Scholarly Activity

Faculty

- PMID numbers for papers in last year
- # abstracts, posters and presentations at meetings
- # other presentations (grand rounds, invited talks)
- # chapters/textbooks
- # grants with leadership role
- Active leadership in an organization or peer reviewer/editorial board
- Responsible for seminars, course coordination

Trainees

- PMID numbers for papers in last year
- # abstracts, posters and presentations at meetings
- # *other presentations (grand rounds, invited talks) Fellows only*
- # chapters/textbooks
- Participated in research (basic, clinical or outcomes)
- Lecture or presentation of at least 30 min duration

Get data Early - catch graduates and have time to gather from faculty (Late spring/Early summer)



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ACGME Reporting

Milestones

- ← Reported via WebAds in December and June
- ← ADS will show the specific deadline
- ← Set CCC Milestone meetings with a cushion
- ← Manually enter the data... so need to double-check



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ACGME reporting

Surveys

- The faculty and trainee surveys come out January-April - **You Must Notify via WebADS**
- Make sure everyone understands terminology
- Required minimum response rate:
 - Faculty 60%
 - Trainee 70%



Dr. Jennifer G. Duncan,

This is your **final** reminder that your Pediatric critical care medicine - Pediatrics program has been scheduled to complete the ACGME Resident/Fellow Survey. You are responsible for notifying/reminding your survey takers by following the instructions below. The ACGME will NOT notify your survey takers directly. **Do not forward this email to your survey takers.**

1. Log into the [Accreditation Data System \(ADS\)](https://apps.acgme.org/connect/login) - <https://apps.acgme.org/connect/login>
2. Select the **Surveys** tab and click **View Current Resident Survey Takers**
3. Review email addresses for accuracy
4. Use the top checkbox to select all survey takers (or select them individually)
5. Click **Send Reminders**
6. Inform your residents/fellows to expect an email titled: **ACGME Survey Reminder**

This process will send individualized emails to all selected survey takers containing instructions and a secure direct-login link. You can also use this method to remind anyone who has yet to complete the survey.

Survey begins: February 12, 2018

Survey deadline: March 18, 2018 at 11:59pm CST

Current response rate: 69.2% - [9] completed of [13] scheduled

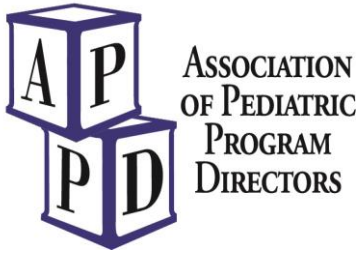
Required response rate: 70% (programs with four or fewer scheduled residents/fellows must obtain 100%)



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AAMC Reporting (GME Track)

- **National GME Census**
- **Program Update & Survey**
 - FREIDA update.
 - Basic data about your program
- **Trainee Update & Survey**
 - Updates trainee information and their progression in the program.



ABP Reporting

These are received in the mail - e-mail prompts when sent.

- **Yearly Tracking Roster (July)**

- Basic demographic for new trainees
- Progress of Remaining trainees - Clinical Competence
 - Satisfactory
 - Unsatisfactory
 - Marginal
 1. Marginal with Advancement to the next level
 2. Marginal with Extension at same level
- Progress of Remaining trainees - Professionalism
 - Satisfactory
 - Unsatisfactory



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ABP Reporting

- **Clinical and Professional Evaluation - Final Evaluation (Arrives mid May, due mid June)**
 - You are certifying them as Board Eligible
 - Final assessment of Trainee
 - Total Clinical training time
 - Scholarly Time for Fellowships
 - Scholarly Work Product for Fellowships - plan time for signatures from SOC



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New ACGME Common Program Requirements

Are you ready for July 2019?



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CULTURAL CHANGES

DIO Authority	The DIO, rather than the Review Committee, will have greater authority and responsibility to monitor compliance with specific requirements.
Enhanced Diversity	The PEC must assess the variety of fellows and residents the organization recruits and retains to ensure a diverse workforce.
Importance of Wellness	There is a need for work environments that promote well-being (e.g., sleep/rest areas close to the location of clinical responsibilities, facilities for those who are lactating, security and safety measures).
Focus on the Community	Programs must integrate community needs into the training curriculum.

<http://www.ecgmc.com/thought-leadership/blog/acgme-common-program-requirements>



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OPERATIONAL CHANGES

Program Letters of Agreement	Requirements for Program Letters of Agreement (PLAs) have been enhanced, including the necessity for DIO oversight; this may call for revised PLAs and development of a new organizational process.
Faculty Development	Faculty must participate in annual formal development to enhance their skills as educators.
Faculty Evaluation	Faculty must receive annual feedback via evaluations, and these should be used as a basis for development plans.
Protected Minimum Time	All program directors (PDs) must have at least 20% of protected time for administration of the program; program coordinators must be supported by at least 50% of protected time.
Enhanced PD Requirements	Formalized PD qualification criteria has been added, including at least three years of sufficient experience, appropriate current certification by specialty board (AOA or ABMS), and the ability to serve as a role model of professionalism.

<http://www.ecgmc.com/thought-leadership/blog/acgme-common-program-requirements>



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The Circle of Life

Recruitment & Match

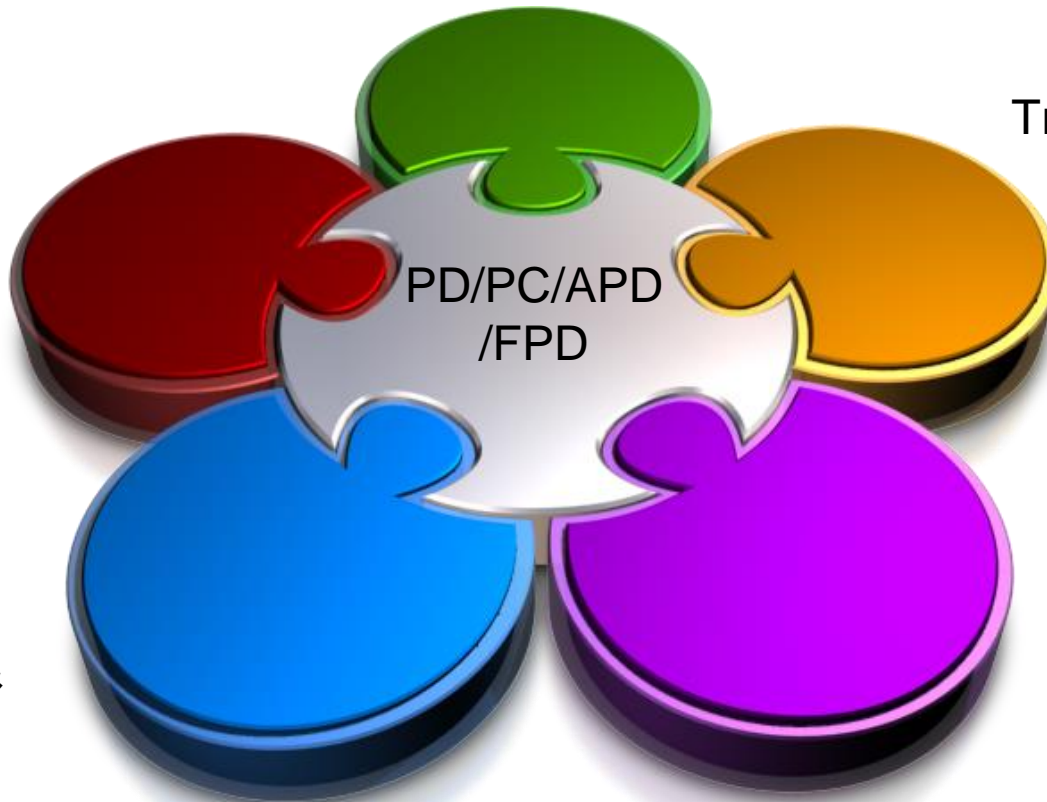
Trainee Assessment
and CCC

Program
Maintenance

PD/PC/APD
/FPD

Program
Evaluation and
Improvement

Reporting
ABP,
Milestones &
WebAds





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PROGRAM ORGANIZATION 101: Basics of day-to-day program

This session is designed for all program leaders (PDs, APDs, Coordinators, FPDs) who are new to their roles and those wanting a refresher about the important activities of GME program leadership, including the annual cycle for both core programs and fellowships.

Topics include:

- Recruitment
- Match
- Orientation
- Reporting to the Governing Bodies (ACGME, AAMC, ABP)
- Program Assessment
- Trainee Assessment
- Program Evaluation



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Share your Questions and Ideas!

APPD.org Discussion Boards

- General Discussion
- Share Warehouse Request
- Program Directors
- Faculty and Professional Development
- Directors of Small Programs
- Community Based Programs
- Regional Discussion groups (Mid-Atlantic)



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Thank You!