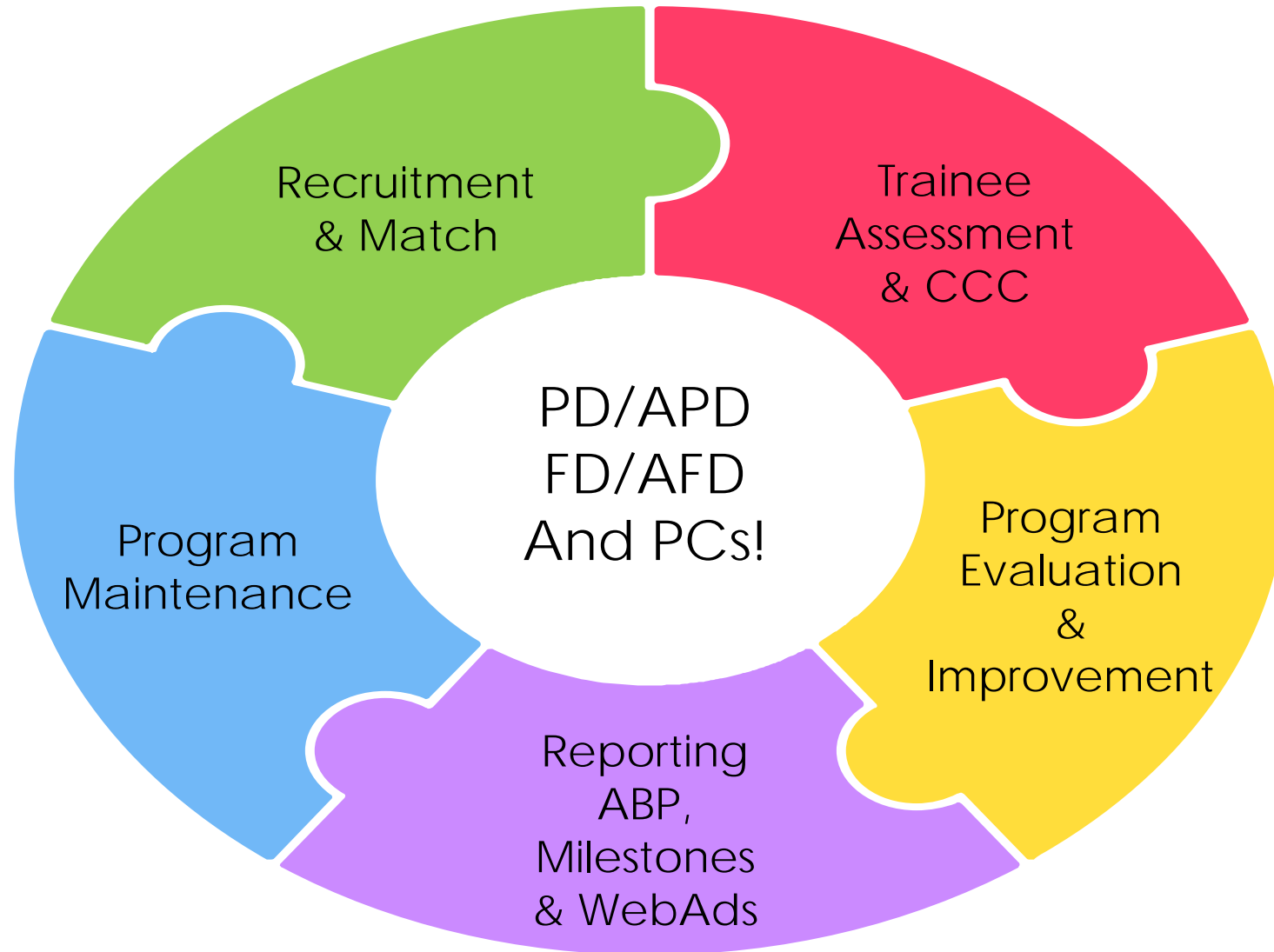


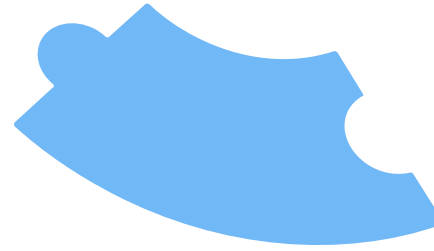
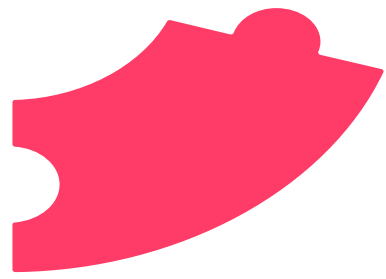
Program Organization 101



Kathleen Donnelly (PD)
Lindsay Johnston (FPD)
YoungNa Lee-Kim (FPD)
Ben Miller (APD)
Michele Holloway Nichols (PD)
Kris Rooney (PD)
Chelsey Sandlin (PD)
Cassandra Shorter (PM)

The Circle of Life





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

This session is designed for all program leaders (PDs, APDs, Educational Specialists or PCs, FPD, AFDs) 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





Program Organization 101



Kathleen Donnelly (PD): Inova Children's Hospital (VA)

Lindsay Johnston (FPD): Yale University (CT)

YoungNa Lee-Kim (FPD): Texas Children's/Baylor

Ben Miller (APD): University of Pittsburgh

Michele Holloway Nichols (PD): University of Alabama

Kris Rooney (PD): Lehigh Valley Reilly Children's Hospital (PA)

Chelsey Sandlin (PD): Louisiana State University

Cassandra Shorter (PM): Baylor College of Medicine



Ice Breaker Time!



- PD, APD, ES (PC/PA)
- >20 yrs, >15 yrs, >10 yrs, >5 yrs, >3 yrs, >1 yr, less than one year ☺
- 1-5 trainees, 6-12 trainees, 13-25 trainees, 26-40 trainees, 41-60 trainees, >60 trainees

Let's get to know each other!

- Name
- Program
- Role
- Favorite Disney character or Superhero



Your Team

Who are they?

- Program Director, Associate Program Director(s)
- Educational Specialists, Coordinators, Managers
- GME Leaders (DIO, GMEC)
- Faculty
- Residents, Chief Resident(s), Fellows

Why is this important?

- Different points of view
- Prevents errors
- Creativity, collaboration
- Maximizes improvement efforts



A Year in The Program

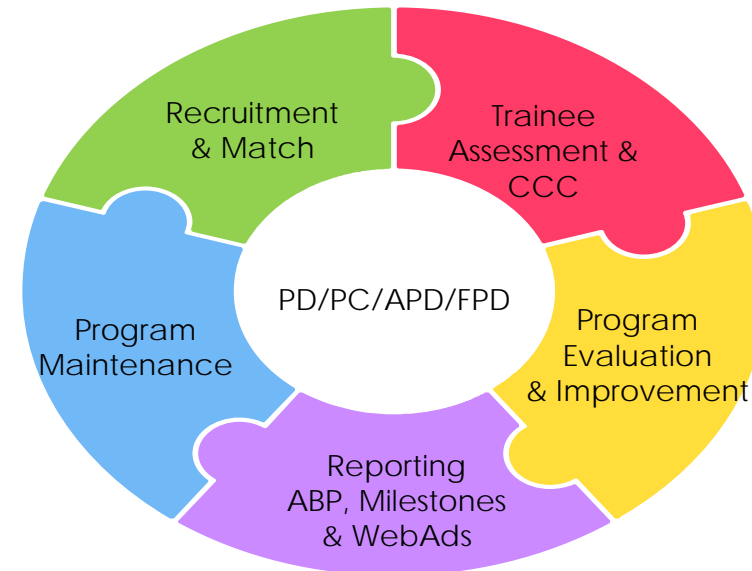
By Season

- Winter
- Fall
- Spring
- Summer

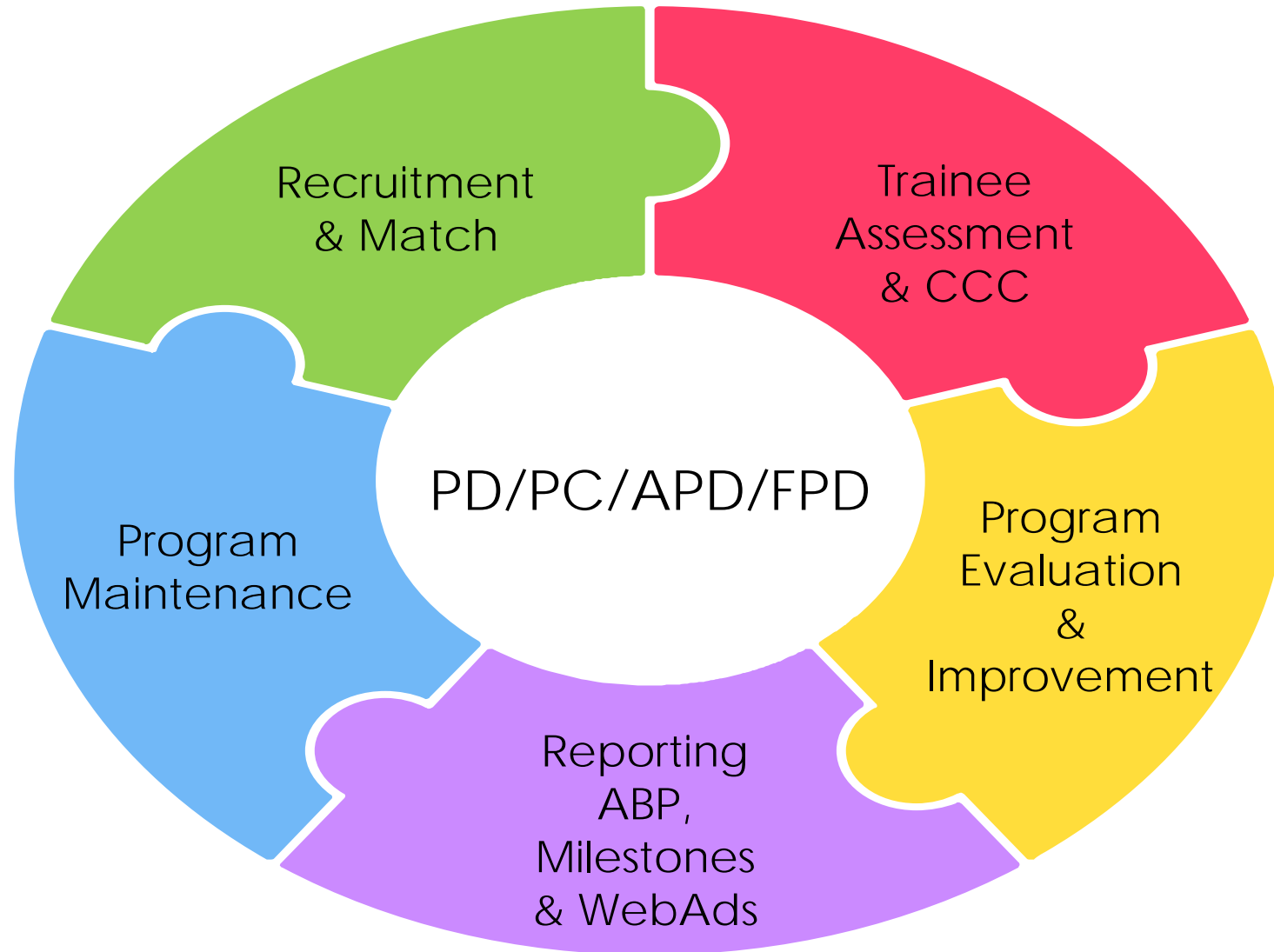


By Category

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



A Year in The Program



Recruitment & Match



Kris Rooney, MD, Lindsay Johnston, MD

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?
 - Will your season be fully virtual, in-person, hybrid?
 - What platform will you use? (Thalamus/ERAS collab)



These discussions should include your entire TEAM!



Planning Your Recruitment Season & Interview Day

- What date will you begin interviews?
- When will you interview?
- What day of the week?
- What time of day? (Consider time zones)
- How many applicants per session?
- How will you virtually showcase/tour your facility?
- 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.



APPD/COMSEP/AMSPDC/FPR/NGP Recommendations

- ▶ Virtual interviews only (all applicants, even local)
 - ▶ Consider time zones
 - ▶ Benefits: equity, cost, carbon footprint, time away
- ▶ Do not record interviews
- ▶ Do not host in-person second looks
- ▶ No swag, food, or gift cards
- ▶ Limit “open houses” to a single open house
 - ▶ Record and make available for all
- ▶ Consider UIM sessions and rotations
- ▶ Do not require sub-I or Step 2 scores by initial review



APPD/COMSEP/AMSPDC/FPR/NGP Recommendations

- ▶ Offer at least as many interviews as applicants invited
- ▶ Do not offer any interviews before October 10th to promote holistic application review
- ▶ Send invites in late afternoon
- ▶ Allow minimum of 72 hrs to respond
- ▶ Provide as much info as possible in advance
- ▶ Ask applicants if they need accommodations in advance
- ▶ Offer tech checks in advance
- ▶ Let applicants know status by no later than Dec 1st
- ▶ Limit post-interview communications



ERAS Supplemental Application

- ▶ Pediatrics is participating in 2023-2024 season
- ▶ Five components:
 - ▶ 10 experiences (including 3 most meaningful)
 - ▶ 1 impactful experience
 - ▶ Geographic preferencing (pick 1-3 of 9 regions or say “no preference”)
 - ▶ Urban/Suburban-Urban/Suburban/Suburban-Rural/Rural or no preference
 - ▶ Signaling – identify top 5 programs (signal home program and away rotations)
- ▶ Intent is to help programs better identify applicants who are genuinely interested in their program and align with their program’s mission and goals
Should NOT influence rank lists



APPD Recruitment Action Team Resource Toolbox

Status: Peer Reviewed

AVAILABLE ON APPD SHARE WAREHOUSE!

Checklists: Applicant, Interviewer, Program Creating Virtual Community Activities:

- 5 Group Interviewing Activities
- Fun. Weird and Unexpected Questions
- Games That Teach Interviewing Skills

Ice Breakers on ZOOM:

- 21 Icebreakers- exciting Happy Hours
- 3 Easy Icebreaker Games to Play
- 5 Fun Icebreakers for Virtual Teams
- How to Play Pictionary
- Six Icebreakers to Liven Up Meetings
- Communication Skills from Mind Tools

Ideas for Social Events:

- Ideas for Interview Socials

Marketing Tools – Resources:

- Branding Your Program ACGME
- DIY Video Production
- Marketing & Virtual Recruitment
- Program Website Guidelines
- Residency and Fellowship Program Website Examples
- Rich Wright Productions Suggestions for i-Phone Shooting

Meeting and Interview Tools:

- Faculty Eval of Applicant Templates
- Applicant Scoring Forms
- Committee Member Final Review
- Guidelines for Committee Interviewers
- Non-committee Interview Review



Managing Applications

- Who will review applications?
 - Implicit bias training STRONGLY recommended
- Timeframe to begin reviews?
- Ideal qualifications for candidates?
- Tracking system for reviews?



Communicating with Applicants

- What method will you utilize?
 - E-mail
 - ERAS Scheduler- Thalamus partnership
 - Other interview management software
- Strongly consider sending itineraries in advance of interview day



Preparing Interviewers

- How many interviewers? What focus?
- What application information will be provided to interviewers?
- Free-form vs standardized questions
 - Education and training
- Strongly encourage training on mitigating implicit bias!



Preparing for **Virtual** Interviews

- Expect the unexpected!
 - Pilot, pilot, pilot (break out vs links)
 - Tech checks for interviewers/ applicants
 - Back-up method (cell phones)
 - Event manager/ timekeeper
- Recreating the “in person” experience
- Debriefing!



Interview Do's & Don'ts

Do...

- ▶ Be organized
- ▶ Establish back-up plans/ alternatives
- ▶ Provide resources for candidates (brochures/ videos about program & location)
- ▶ Prepare faculty (tech/ rules)
- ▶ Empower faculty/ trainees to speak to programmatic "issues"
- ▶ Have fun!

Don't...

- ▶ Ask "forbidden" questions
- ▶ Try to represent your program as something it isn't
- ▶ Deviate from practices recommended to assure equity for all candidates and programs (ie, second looks, gifts to candidates)



How to “Sell” Your Program

- Highlight program’s unique features & strengths
 - Allows applicants to appraise against other programs
 - Special educational offerings, clinical opportunities, scholarly work
- Determine what each applicant is seeking in a program and demonstrate how your program can help them achieve their goals!
 - Make sure faculty have read applications!
- Do not speak ill of other programs!



Following the Interview

- Even positive communications can be stressful
- APPD recommends:
 - One follow-up with contact information
 - One program update after season to ALL applicants to remind that they will not be contacted unless they have questions
 - Only have individual communications if specific questions
 - Permitted to respond to specific questions or to link with potential mentors
 - Per NRMP, state “we don’t expect a response back”



Evaluating & Ranking

- Strategy for collecting evaluations
 - Paper or survey based
 - Timeframe (sooner is better!)
- Faculty interview ratings
 - **Priority: develop consensus on programs' priorities**
 - Summative score/ algorithm?
 - Weighting for certain criteria or attributes?
- Consider creating preliminary list (easier to revise)
- Several rank meetings or just one?
 - Who gives input on final list and how?
 - Electronic file review? In person meeting?

***Team participation is crucial ***



Trainees' Perspective

- Organized information
 - Videos/ Website/ Social Media
 - Separate meetings focused on DEI
- Matched with faculty & trainees with common interests
- Feeling that their application was read
- Provided with information about the area/ itinerary for visit
- Opportunities to interact with residents/fellows, and see others interact
 - Icebreakers; Interactive social hours (game night/ trivia)
 - True guided tours
 - Access to grand rounds/ conferences/ morning report
 - Instagram accounts showcased people, the region



Important Match Dates

- Update FREIDA information (e-mail prompt in winter & spring)
 - AAMC service, basic programmatic info
- Register for ERAS (email prompt spring-fall)
- Check ERAS mailbox daily during the season
 - Sept 27 Residency
 - July 19 Fellowships



Important Match Dates

Enter Quota for NRMP

- Jan 31 Residency (11:59 pm ET)
- Nov 1 Fellowships (11:59 pm ET)

Enter AND CERTIFY rank list

- February 28 Residency (9:00 pm ET)
- Nov 15 Fellowships (9:00 pm ET)

Did my Program Fill? Supplemental offer & acceptance program (SOAP) Begins

- March 11 Residency (10:00 am ET)

Match Day

- March 17 Residency (12:00 pm ET)
- Nov 29 Fellowships (12:00 pm ET)

<http://www.nrmp.org/match-calendars/>



Your turn!

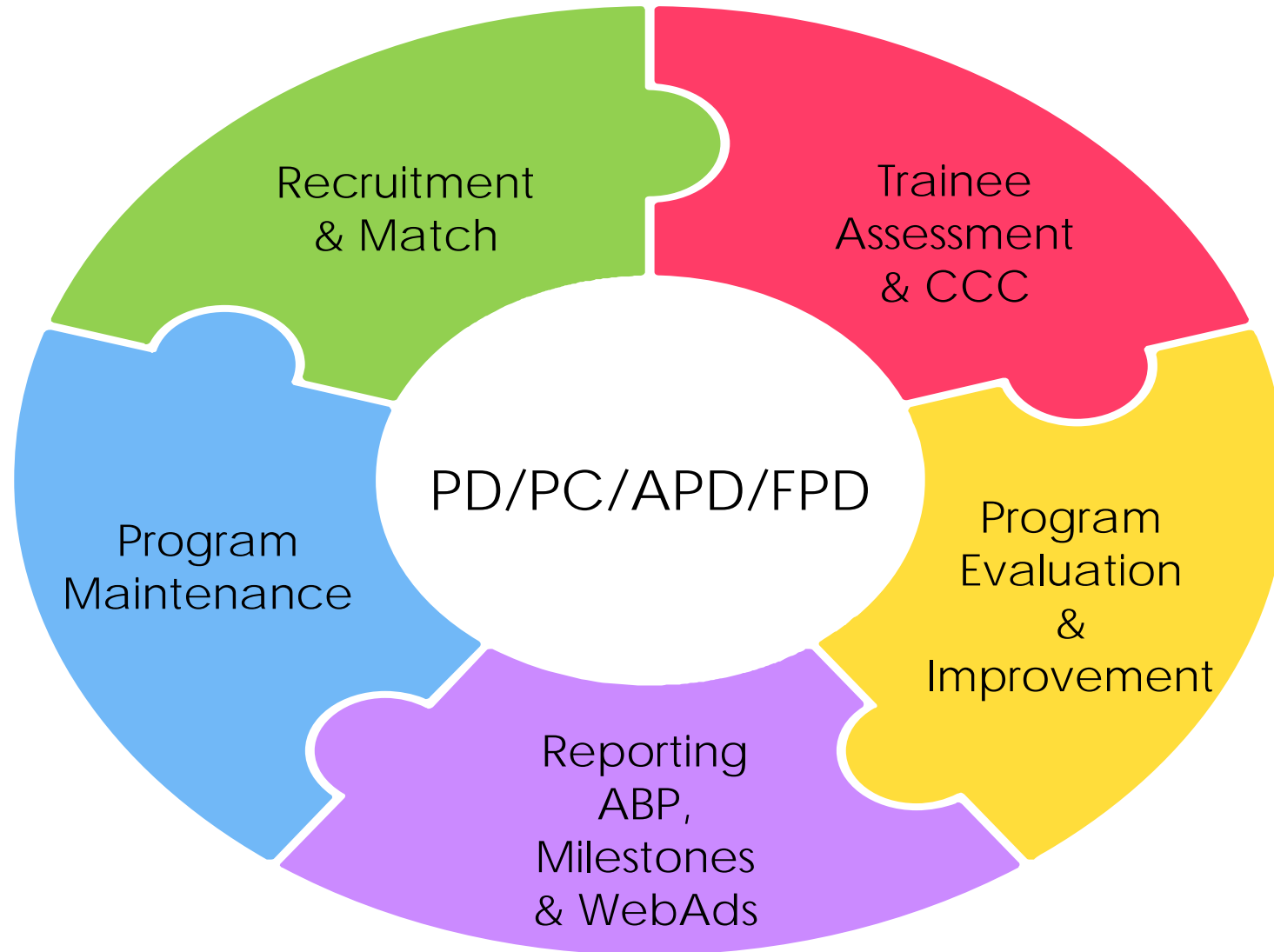
At your table, discuss the following questions:

- What are your current recruitment challenges, and how have you tried to address them?
- How are you working to achieve diversity in recruitment, selection, and retention of trainees, faculty, and staff?
- Discuss your experience with the supplemental app.

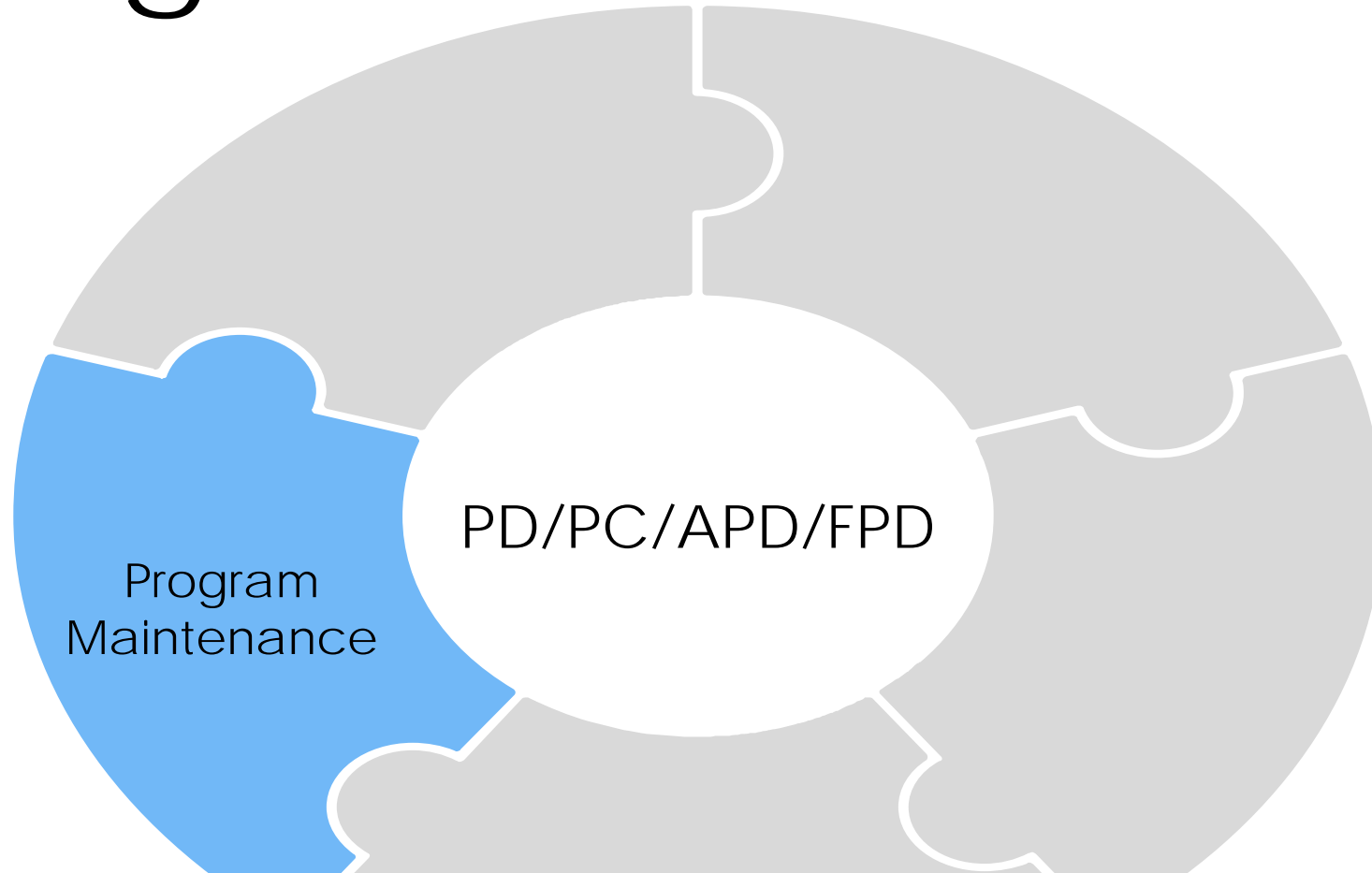
Small Group Breakout Session: 10 minutes



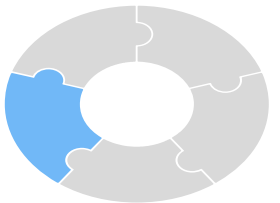
A Year in The Program



Program Maintenance



Cassandra Shorter; Michele Nichols, MD; Chelsey Sandlin, MD

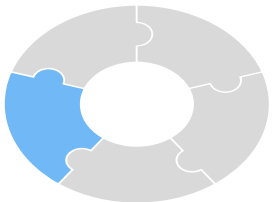




Program Maintenance

Cruise Ship: U.S.S. Pediatrics

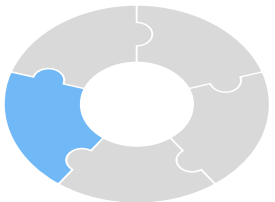
Passengers:	All on board, not overboard?
Direction:	Who do we look to?
Itinerary:	When are the checkpoints?
Cruise ratings:	What is our feedback?
Staff:	Who are our teams/ development?
Schedule:	When are activities scheduled?
Activities:	What all do we offer?
Cost:	What all is included?
Challenges:	Where are the sharks?



Program Maintenance

A Year on the U.S.S. Pediatrics

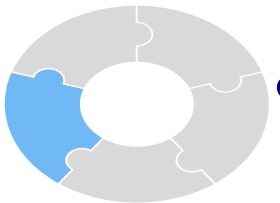
- Onboarding
- Direction: Mother Ships
- Passengers/ Orientation
- Itinerary:
 - Annual check points
- Cruise Ratings
- Passenger Feedback
- Staff (admin, committees)
- Schedule (activities)
- Cost: What's included
- Challenges



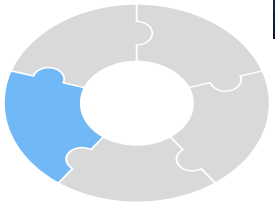
Onboarding!

Mechanism through which new employees:

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



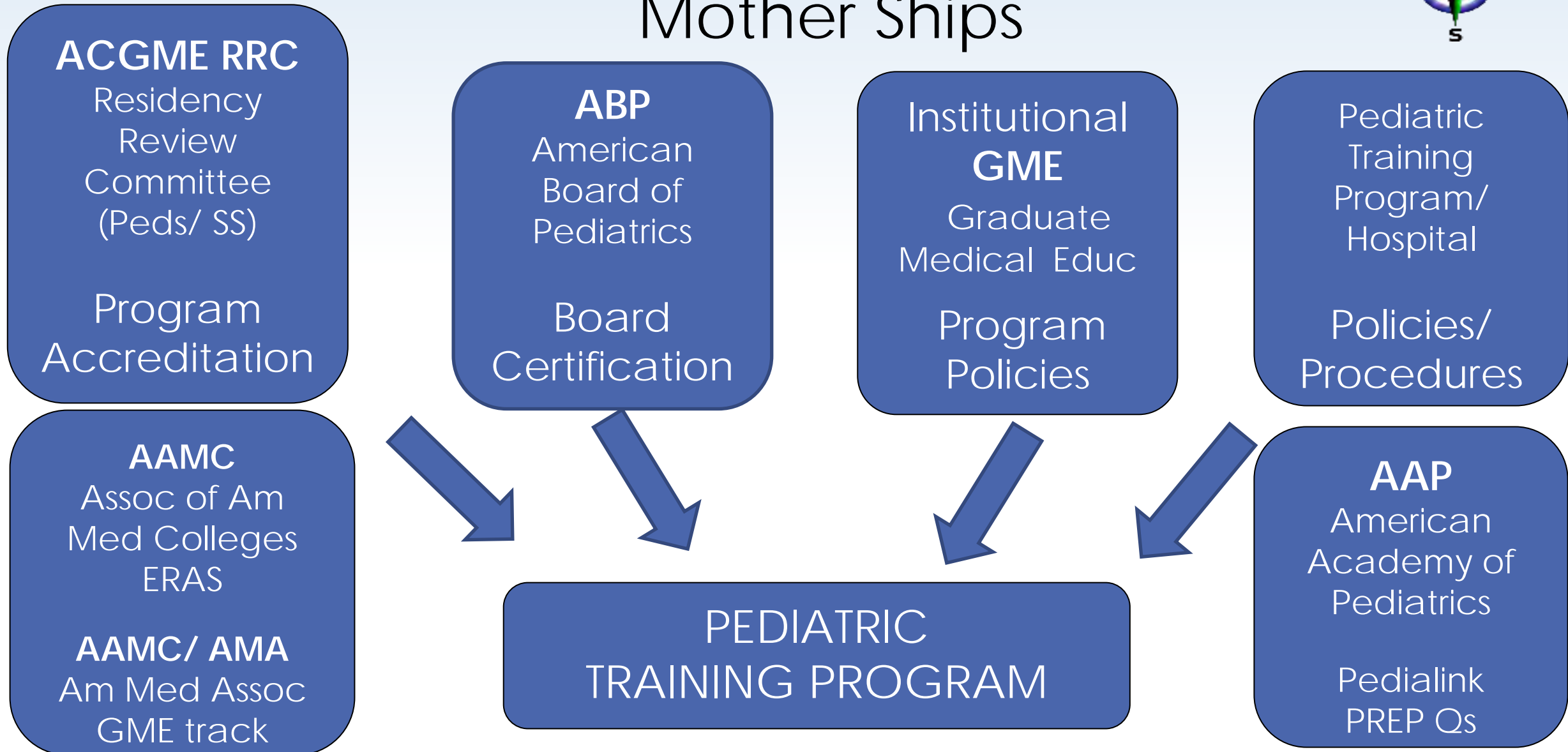
Bird's eye view...



Pediatric Program Leadership



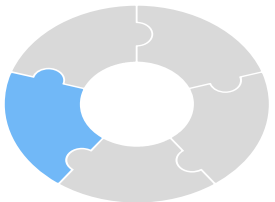
Mother Ships



Program Maintenance

A Year on the U.S.S. Pediatrics

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



New Trainee Orientation: Plan Early!!

Match Day welcome!

New trainees:

- Colleagues, emails

- Orientation dates

- Welcome Events

- Schedules

- Salary/ timing

Basics:

- ID, parking pass,
health requirements

Program orientation:

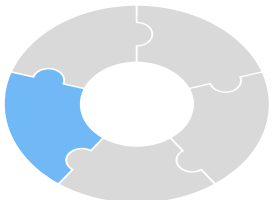
- GME orientation

- Hospital orientation

- Req courses: PALS, NRP,
modules, IRB, boot
camps, simulation

- Computer training- EMR

- Shadow Day



Orientation: The Program



House Staff Office Team:

(Directors, Coordinators, Chiefs)

Tour of new home

Schedules/ requests

Primary Care Clinic Assignments

Mentoring/ Career counseling

Wellbeing/ Counseling

Perks/ Opportunities

ACGME RRC/ ABP/ AAP/ GME

Policies:

Administrative/ Professionalism

Clinical/ Education Work Hours

Resident Supervision

Transitions of Care

Procedural Competency

Days off/ Vacation

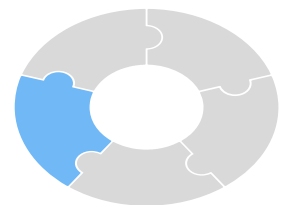
Medical/ Sick/ Family Leave

Jeopardy

Moonlighting (not in PGYI)

Discipline and Dismissal

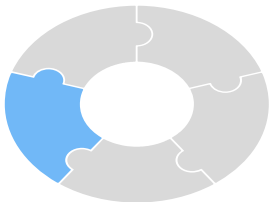
Promotion/ Graduation



Program Maintenance

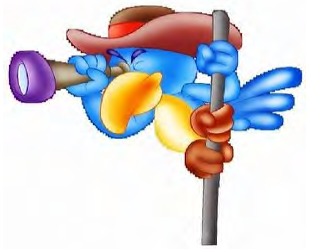
A Year on the U.S.S. Pediatrics

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



2023

2024



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Federal Holidays 2023

Jan 1	New Year's Day	Jun 19	Juneteenth	Nov 10	Veterans Day (obs.)
Jan 2	New Year's Day (obs.)	Jul 4	Independence Day	Nov 11	Veterans Day
Jan 16	Martin Luther King Day	Sep 4	Labor Day	Nov 23	Thanksgiving Day
Feb 20	Presidents' Day	Oct 9	Columbus Day	Dec 25	Christmas Day
May 29	Memorial Day				

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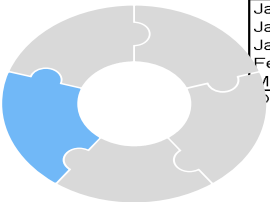
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Federal Holidays 2024

Jan 1	New Year's Day	Jun 19	Juneteenth	Nov 11	Veterans Day
Jan 15	Martin Luther King Day	Jul 4	Independence Day	Nov 28	Thanksgiving Day
Feb 19	Presidents' Day	Sep 2	Labor Day	Dec 25	Christmas Day
May 27	Memorial Day	Oct 14	Columbus 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 apps	X		X									
Recruiting		X	X	X X	X X/ Match	X	X	X	Match			
ACGME survey							X X	X X	X X	X X		
GME track	X		X									
PEC		X			X X			X			X X	APE APE
CCC		X			X X			X			X X	
Milestones*							X X					X X
Other Semi-annual	ITE Orient	Web- ADS* Web- ADS*	PGYIII	PGYII	PGYI	SS		SITE		PGYIII	PGYII	PGYI Grad/ Orient Grad SS

Itinerary: Annual Checkpoints



Recruiting – (ERAS/NRMP)

Residency - Sept – Mar

Subspecialty- July – Nov

Match –

Residency - March

Subspecialty - Nov

Orientation –

Residents - June

Subspecialty - July

ACGME/ AAMC/ GME-

ACGME WebADS – GME July

ACGME Aug

National GME census-

GME Track Reports - (AAMC/ AMA) -

Part 1: Program survey - July

Part 2: Resident roster - Sept

GME APE/ PIP - (Aug/ Sept)

GME CLER – (April)

ACGME Annual Survey (Feb-Mar)

Clinical Comp Com (CCC) (2x/year)

Milestones – Jan/ June (2x/year)

Program Evaluation Com (PEC)

Annual Program Evaluation (APE)

Examinations –

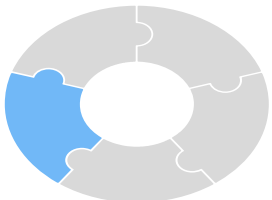
Residents: Step III

All annually: ITE/ SITE

Residents/ Subspecialty: ABP

Licenses (state, DEA)

Semi-annual meetings (2x/year)



Common to All Programs

Annual In-Training Exam (ITE)



RRC: Administer the In-training exam annually

Pediatric Residency (ITE) -

- July 10-24, 2024

Subspecialty (SITE) -

- Feb 7-21, 2024

Preparation:

-Registration:

ITE Feb1 – May 31, 2024

SITE Nov 1 2023 - Jan 11, 2024

ITE – secure site

Residents – on-line

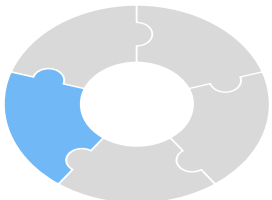
SS – on-line*

ITE - further prep

- Contact IT- set up ITE link
- Check resident schedule/ ITE coverage
- Schedule ITE Proctors

Results - ITE – Sept

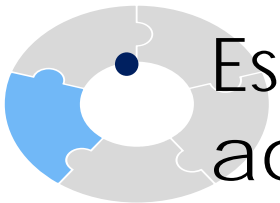
SITE - April



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/goals
- Establish strategies to accomplish
- Track, monitor, review, update annually with:
 - Mentor
 - Director
- Document – (AAP Pedialink, ILP program, etc)
- Review/ update progress (administrative/ clinical)



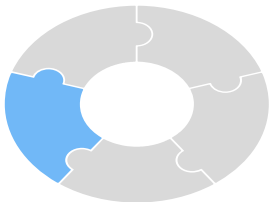
Year in the Program

X-Res X-SS	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
ERAS apps	X		X									
Recruiting		X	X	X X	X X/ Match	X	X	X	Match			
ACGME survey							X X	X X	X X	X X		
GME track	X		X									
PEC		X			X X			X			X X	APE APE
CCC		X			X X			X			X X	
Milestones*							X X					X X
Other	ITE	Web- ADS*						SITE				Grad/ Orient
Semi- annual	Orient	Web- ADS*	PGYIII	PGYII	PGYI	SS			PGYIII	PGYII	PGYI	Grad SS

Program Maintenance

A Year on the U.S.S. Pediatrics

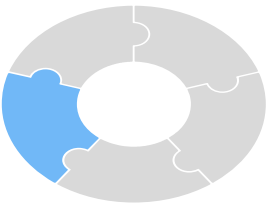
- Onboarding
- Direction: Mother Ships
- Passengers/ Orientation
- Itinerary:
 - Annual check points
- **Passenger Feedback**
- Staff (admin, committees)
- Schedule (activities)
- Cost: What's included
- Challenges
- **Cruise Ratings**



Common to All Programs Reviews

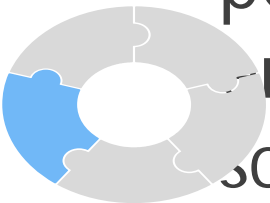


- Annual ACGME Survey –
 - Required response: 60% faculty, 70% trainees
- Annual Program review (APE) - PEC
 - Program Improvements/Goals
- Trainee semi-annual evaluation/feedback
- ACGME WebADS - accreditation system
- Other options: Exit Evaluations, Internal surveys,
Alumni surveys



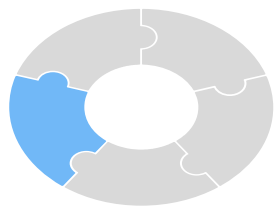
Faculty Evaluations

- Evaluate faculty performance related to educational program
- Evaluate in confidential and anonymous manner (residents)
- Review clinical teaching and performance, professionalism, engagement with program, scholarly activities.
- Provide summary of feedback directly to faculty annually
- Incorporate results into program-wide faculty development plan
- Develop faculty to improve education, clinical & research



Individual Trainee "Report Card"

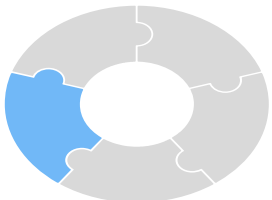
- Evaluations – peer to peer, faculty
- Milestones – 2x/ year
- Procedure logs
- Conference attendance
- ITE
- Scholarly activity/ QI/ advocacy
- Other: (required education, license, schedule, career goals, commendations, wellness check-in)



Program Maintenance

A Year on the U.S.S. Pediatrics

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



The Crew



Program Administration: Everyone On Board!

The A+ Team:

"a group of top advisors in an organization"

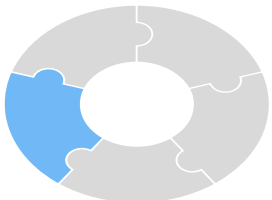
Program Director / Associate PDs

Educational Specialists:

Program Administrators, Coordinators

Chief Residents

Chairperson



A Team Passengers:

Trainees

Program Leaders
(QI, Simulation, Research,
Global Health, etc.)

Mentors

Faculty members

Committees

PD/APD FTE Requirements

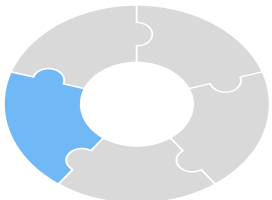
Effective July 2022

Program leadership, in aggregate, must be provided with support equal to a dedicated minimum time specified below for administration of the program. This may be time spent by the program director only or divided between the PD and one or more APD.

Number of Approved Resident Positions	Minimum Support Required (FTE)
< 7	.2
7-10	.4
11-15	.5
16-20	.6
21-25	.7
26-30	.8
31-35	.9
36-40	1.0
41-45	1.1
46-50	1.2

51-55	1.3
56-60	1.4
61-65	1.5
66-70	1.6
71-75	1.7
76-80	1.8
81-85	1.9
86-90	2.0
91-95	2.1
96-100	2.2
101-105	2.3
106-110	2.4

111-115	2.5
116-120	2.6
121-125	2.7
126-130	2.8
131-135	2.9
136-140	3.0
141-145	3.1
146-150	3.2
151-155	3.3
156-160	3.4
161-165	3.5
166-170	3.6
171-175	3.7
176-180	3.8
181-185	3.9



ES/PC FTE Requirements

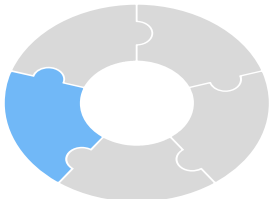
Effective July 2022

At a minimum, the program coordinator must be provided with the dedicated time/support specified below

Number of Approved Resident Positions	Minimum FTE
< 7	.5
7-10	.7
11-15	.8
16-20	.9
21-25	1.0
26-30	1.1
31-35	1.2
36-40	1.3

41-45	1.4
46-50	1.5
51-55	1.6
56-60	1.7
61-65	1.8
66-70	1.9
71-75	2.0
76-80	2.1
81-85	2.2
86-90	2.3
91-95	2.4
96-100	2.5
101-105	2.6
106-110	2.7
111-115	2.8

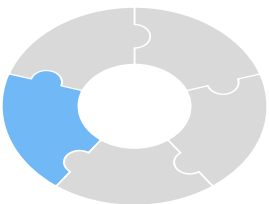
116-120	2.9
121-125	3.0
126-130	3.1
131-135	3.2
136-140	3.3
141-145	3.4
146-150	3.5
151-155	3.6
156-160	3.7
161-165	3.8
166-170	3.9
171-175	4.0
176-180	4.1
181-185	4.2



Mentees / Mentors

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

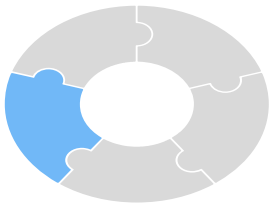
- Select faculty mentors
 - Set timing of mentor assignment
 - Match mentors and mentees
- Set expectations – meet, report
 - Personal advisor / advocate
 - Research
- Give feedback



Common to All Programs

Committee Selection

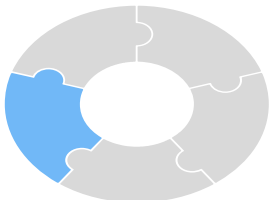
- RRC: Program Evaluation (PEC)
- RRC: Clinical Competency (CCC)
- Resident / Fellow Committees – institution specific
 - Recruitment Committee
 - Housestaff Council
 - Diversity Committee
 - Research Group
 - Social Committee
 - Other: Wellness, Intramural, Global Health, etc.



Program Maintenance

A Year on the U.S.S. Pediatrics

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



Required Rotations & Trainee Scheduling

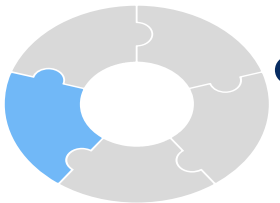
Schedules

- Block Schedules (12 mo vs. 13 4-week blocks)
- Set schedule request deadlines
- ABP: 48 weeks/ academic year
- Medical/ Personal leave



Rotations

- Check RRC, individual program requirements
- Residents: Individualized Curriculum - 6 months
- Update Goals & Objectives then distribute

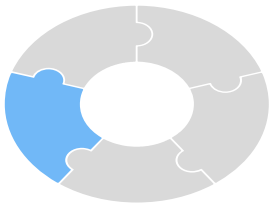


Curriculum/ Schedules

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

Educational conferences

- Morning Report, Noon Conference, Grand Rounds, Simulation, Academic Half Day, etc.
- Set curriculum, invite speakers (chiefs or ?)
- # of Attendees, Space, Attendance Tracking
- Supplies (white board, markers, ARS, etc.)
- Food?
- AV equipment, Tech support



COURSES

RRC: Maintain certification in PALS,
IO Simulation, NRP

Required Courses

RRC: PALS

RRC: NRP

Original Certification

Pre-PGY I

Re-certification

PGY II/III

Other Courses

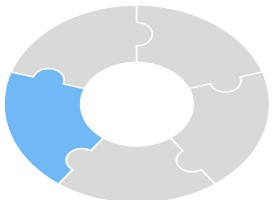
Simulation

Procedural Education

Quality Improvement

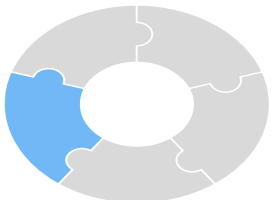
DEI

Research



Social Activities

- Retreats, sports / games, spirit days, etc.
- Not required, but appreciated
- Bonding aspect important for well-being
- Plans - scheduled, advertised, coverage?



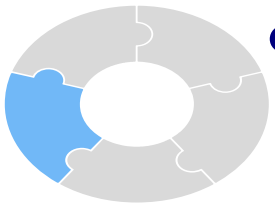
Graduation

- Event: schedule, plan, invite, honor
- Certificates – completion dates
- Awards / parting gifts



Other Considerations/Requirements

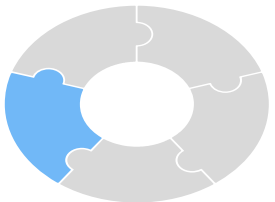
- ABP Verifications
- RRC: Summative Evaluation
- Exit Evaluations (Graduate surveys)
- Future contact (email, phone, address)



Program Maintenance

A Year on the U.S.S. Pediatrics

- Onboarding
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- Cruise Ratings
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- Staff (admin, committees)
- Schedule (activities)
- Cost: What's included
- Challenges



Cost of Cruise: What's Included?

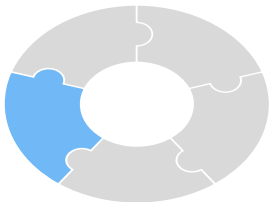
Department of Pediatrics, Hospital, Institution

Program

- # Trainees
- Admin/Coordinator - FTE
- Recruitment Season
- Intern Orientation
- In-Training Exams
- Graduation
- Retreats
- Socials
- Office / Lounge Supplies

Trainee Perks

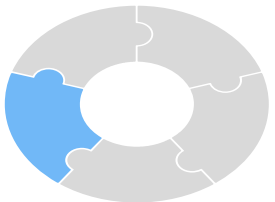
- Parking
- Food
- Professional Dev't / Education
- Medical Licenses
- Courses (PALS, NRP, etc)
- Memberships (AAP, etc)
- Research Meetings
- Incentives
- Moving Allowance



Program Maintenance

A Year on the U.S.S. Pediatrics

- Onboarding
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- Staff (admin, committees)
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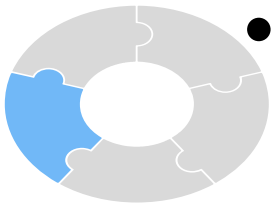


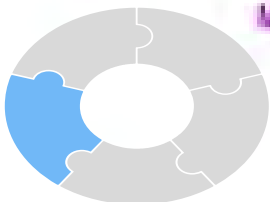
Challenges: Sharks in the water



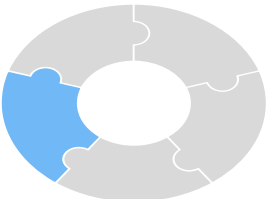
Clinical & Educational Work Hours

- 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 clinical and educational at hospital, clinical work at home, and moonlighting
 - does not include- studying and research
- Identify and troubleshoot problem areas
- Survey: ACGME survey, institution, evaluations





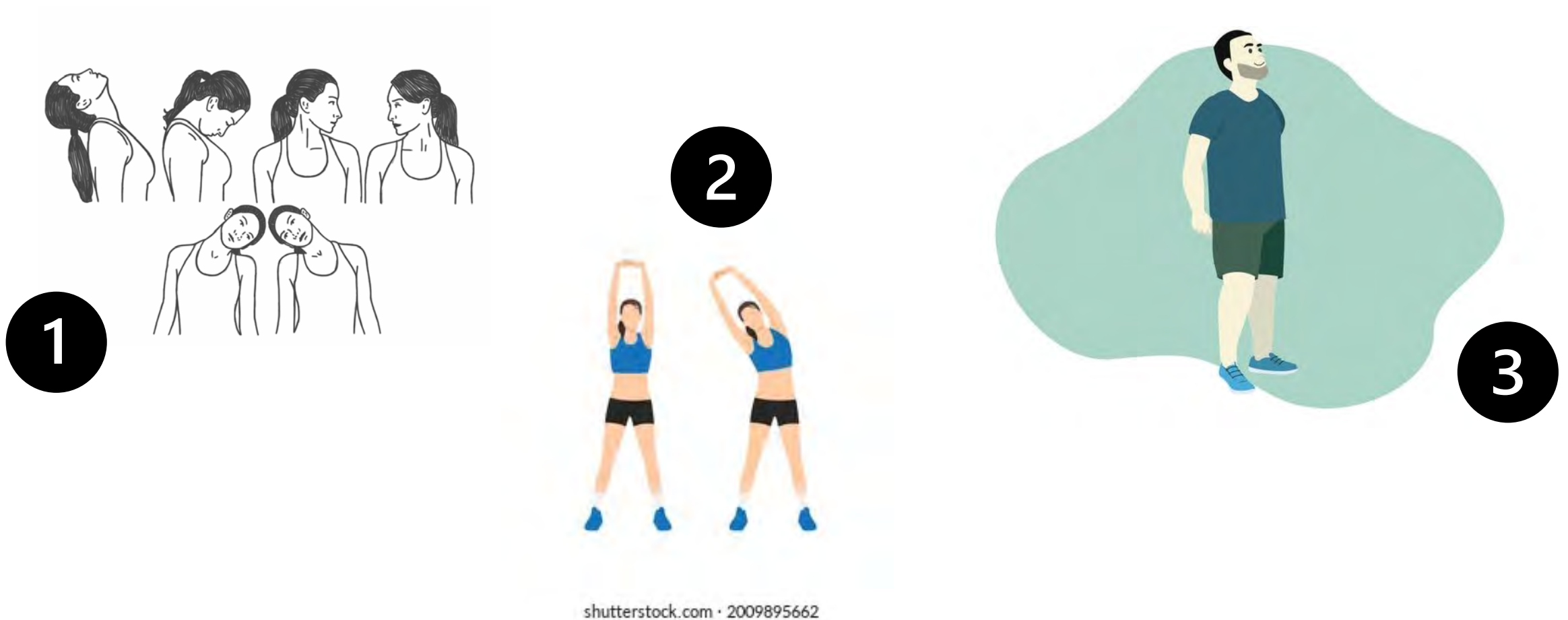
Travel Journal: Documenting the journey?





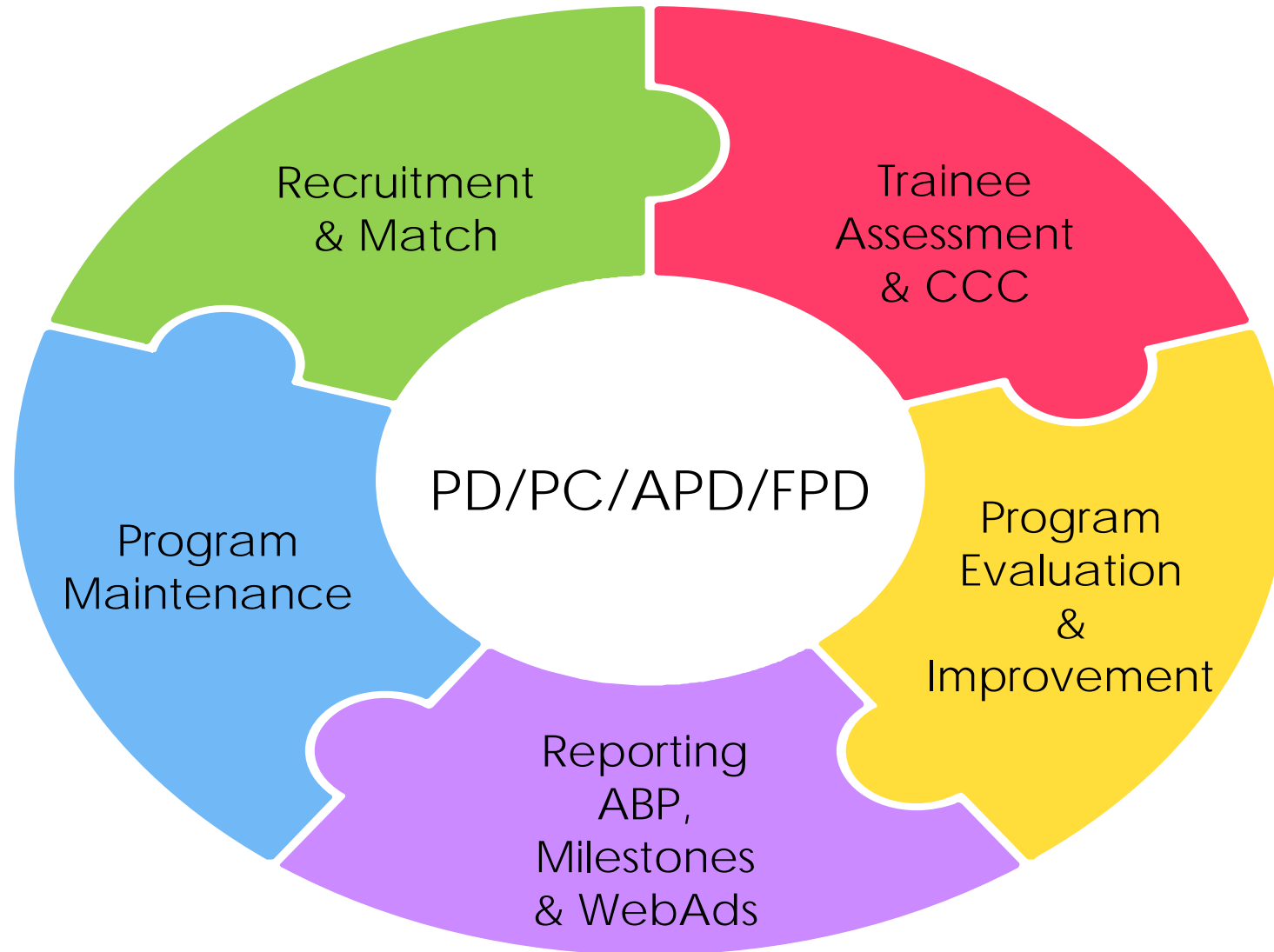
APPD

Let's stretch and de-stress!

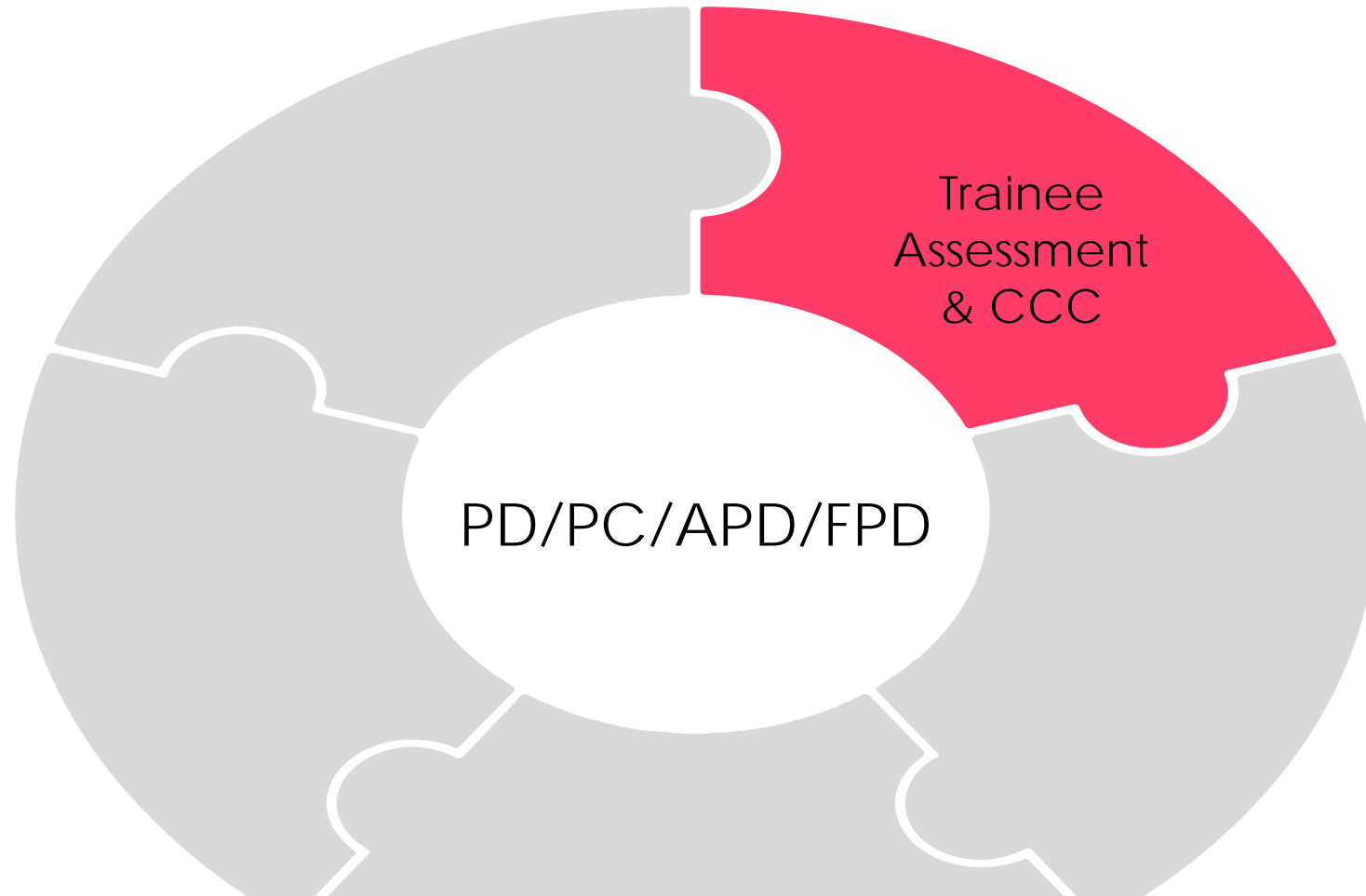


Stretch Break: 2-3 minutes

A Year in The Program



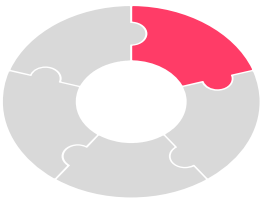
Trainee Assessment & CCC



Kathleen Donnelly, MD

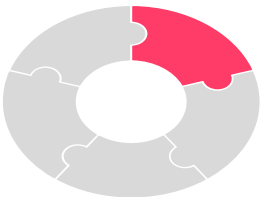
Assessment Structure

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



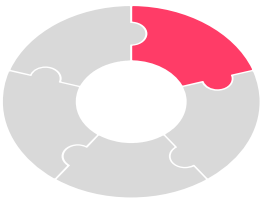
Sources of Feedback

- Faculty
- Chief(s)
- Peers
- Self-assessment
- Members of the interdisciplinary team
(students, nurses, RT, parent, pharmacist, etc.)
- OSCE/simulations
- ITE (formative only)



Content of Feedback

- Templates for evaluations
Comments!
- Mapping to Milestones 2.0
- EPAs: will be incorporated into initial certification by 2028:
[\(Entrustable Professional Activities \(EPAs\) | The American Board of Pediatrics \(abp.org\)\)](https://www.abp.org/entrustable-professional-activities)



Core EPAs for General Pediatrics*

EPA 1: Provide consultation to other health care providers caring for children

Curricular components supporting the functions of EPA 1

EPA 2: Provide recommended pediatric health screening

Curricular components supporting the functions of EPA 2

EPA 3: Care for the well newborn

Curricular components supporting the functions of EPA 3

EPA 4: Manage patients with acute, common diagnoses in an ambulatory, emergency, or inpatient setting

Curricular components supporting the functions of EPA 4

EPA 5: Provide a Medical Home for Well Children of All Ages

(Entrustment decisions for this EPA may require stratification by age group)

Curricular components supporting the functions of EPA 5

EPA 6: Provide a medical home for patients with complex, chronic, or special health care needs.

(Entrustment decisions for this EPA may require stratification by age group)

Curricular components supporting the functions of EPA 6

EPA 7: Recognize, provide initial management and refer patients presenting with surgical problems

Curricular components supporting the functions of EPA 7

EPA 8: Facilitate the transition from pediatric to adult health care

Curricular components supporting the functions of EPA 8

EPA 9: Assess and manage patients with common behavior/mental health problems

Curricular components supporting the functions of EPA 9

EPA 10: Resuscitate, initiate stabilization of the patient and then triage to align care with severity of illness

(Entrustment decisions for this EPA may require stratification by two age groups: neonate and non-neonate)

Curricular components supporting the functions of EPA 10

EPA 11: Manage information from a variety of sources for both learning and application to patient care

Curricular components supporting the functions of EPA 11

EPA 12: Refer patients who require consultation

Curricular components supporting the functions of EPA 12

EPA 13: Contribute to the fiscally sound, equitable and collaborative management of a healthcare workplace

Curricular components supporting the functions of EPA 13

EPA 14: Use population health strategies and quality improvement methods to promote health and address racism, discrimination, and other contributors to inequities among pediatric populations

Curricular components supporting the functions of EPA 14

EPA 15: Lead an interprofessional health care team

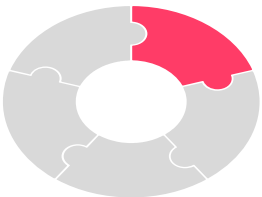
Curricular components supporting the functions of EPA 15

EPA 16: Facilitate handovers to another health care provider either within or across settings

Curricular components supporting the functions of EPA 16

EPA 17: Demonstrate competence in performing the common procedures of the general pediatrician

Curricular components supporting the functions of EPA 17



* [Entrustable Professional Activities for General Pediatrics | The American Board of Pediatrics \(abp.org\)](https://www.abp.org/)

Common EPAs for all Subspecialties *

Individual EPAs, with their corresponding curricular components, are below.

EPA: Provide consultation to other health care providers caring for children and adolescents and refer patients requiring further consultation to other subspecialty providers if necessary

EPA: Contribute to the fiscally sound, equitable, and collaborative management of a health care workplace
Curricular components supporting the functions of the EPA

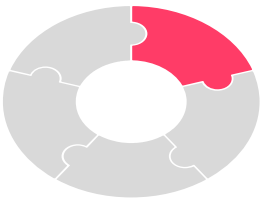
EPA: Use Population Health Strategies and Quality Improvement Methods to Promote Health and Address Racism, Discrimination, and Other Contributors to Inequities Among Pediatric Populations
Curricular components supporting the functions of the EPA

EPA: Lead an interprofessional health care team
Curricular components supporting the functions of the EPA

EPA: Facilitate handovers to another health care provider either within or across settings
Curricular components supporting the functions of the EPA

EPA: Engage in scholarly activities through the discovery, application, and dissemination of new knowledge (broadly defined)
Curricular components supporting the functions of the EPA

EPA: Lead within the subspecialty profession
Curricular components supporting the functions of the EPA



* [Entrustable Professional Activities for Subspecialties | The American Board of Pediatrics \(abp.org\)](https://www.abp.org/entrustable-professional-activities-for-subspecialties)

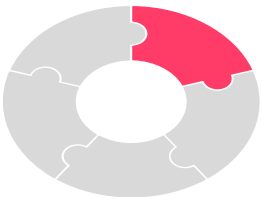
Supervision Scale: All Subspecialties EPA1*

Provide Consultation to Other Health Care Providers Caring for Children and Adolescents and Refer Patients Requiring Further Consultation to Other Subspecialty Providers if Necessary

Supervision Scale for This EPA

1. Trusted to observe only
2. Trusted to execute with direct supervision and coaching
3. Trusted to execute with indirect supervision and discussion of information conveyed for selected simple and complex cases
4. Trusted to execute with indirect supervision and may require discussion of information conveyed but only for selected complex cases
5. Trusted to execute without supervision
 - 5a. Not yet ready to also supervise others in the execution of this EPA*
 - 5b. Also trusted to supervise others in the execution of this EPA*

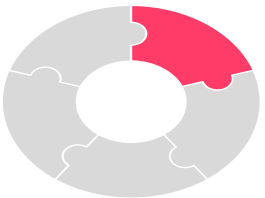
**Where supervision means: Ability to assess patient and learner needs ensuring safe, effective care and further trainee development by tailoring supervision level for this EPA*



* [EPA 1 for All Pediatric Subspecialties \(abp.org\)](http://abp.org)

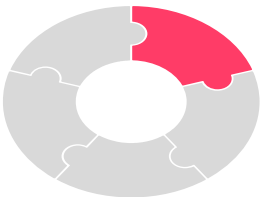
Tracking Logistics

- Automated systems predominate
e.g. New Innovations, MedHub, MyEvaluations
- When to trigger
- Reminders – how often
- Track compliance and manage delinquencies



Determining Competency

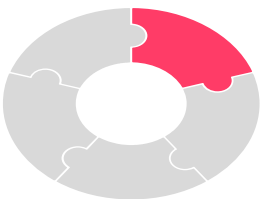
- How do you synthesize it all?
- How often do you review?
- Who reviews?
- Scheduled sessions for trainee review throughout the year
- What do you do when there is a problem?



Clinical Competency Committee (CCC)

CCC must:

- Review all trainee evals *at least* semi-annually
- Determine each trainee's progress on achievement of the Milestones
- Meet prior to the residents' and fellows' semi-annual evaluations to advise the PD regarding each trainee's progress (remediation, promotion, graduation, dismissal)



The PD must:

- Appoint the CCC, minimum 3 faculty, 1 of whom is core.
- Additional faculty (MD or non-MD) with "extensive contact and experience"
- Board-eligible Chief residents okay.
- PD may participate, but remains the final decision-maker

Your Turn

Option #1:

Evaluation content:

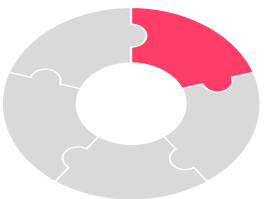
- ☐ Direct milestone language?
- ☐ Context-modified milestone language?
- ☐ Numeric averaging?
- ☐ Incorporation of EPAs?
- ☐ How do you evaluate non-clinical EPAs?

Option #2:

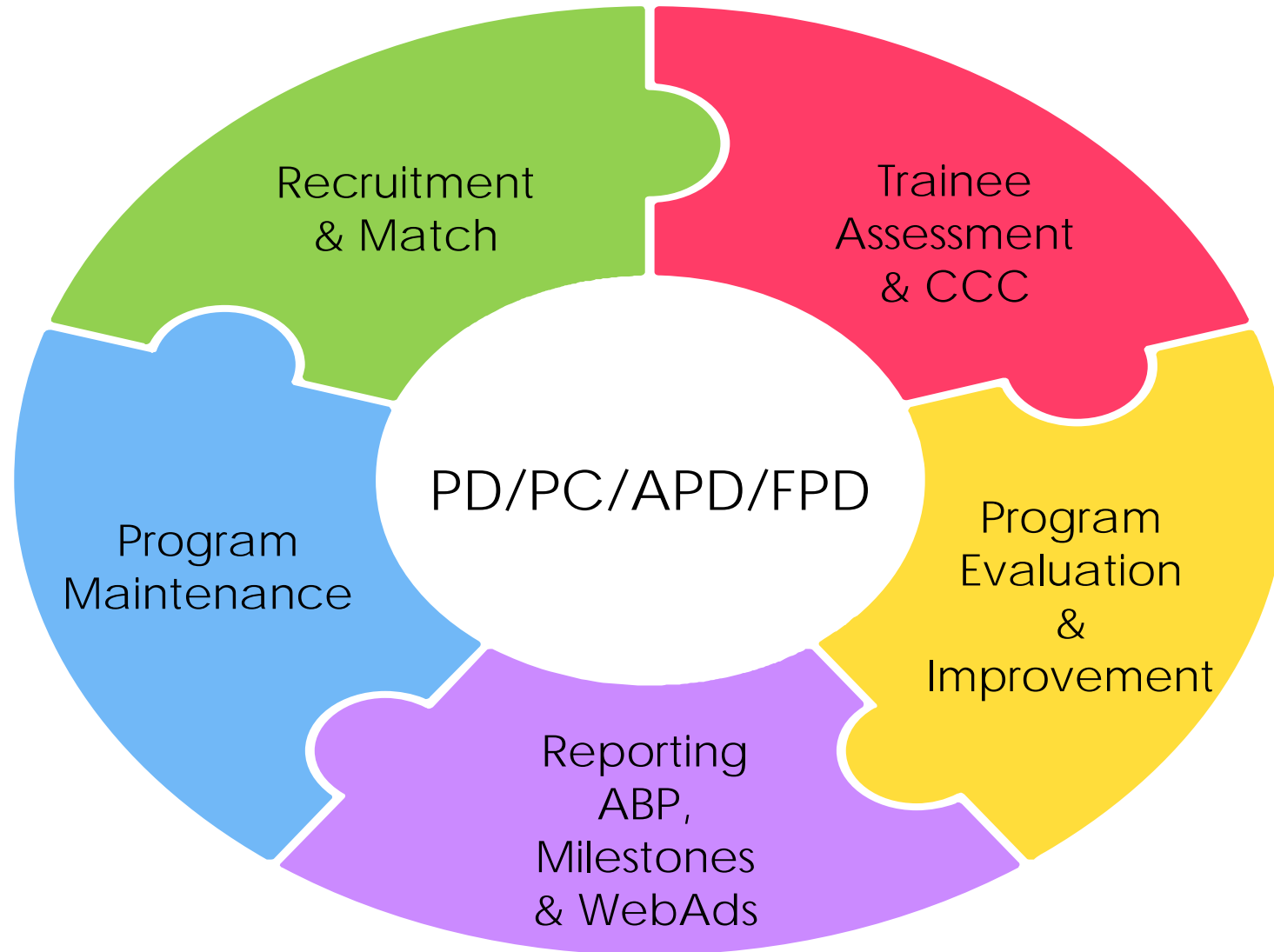
Faculty support:

- ☐ Are faculty given credit (and how) for doing evaluations?
- ☐ For being rotation directors?
- ☐ For being Mentors?
- ☐ For being on the CCC?

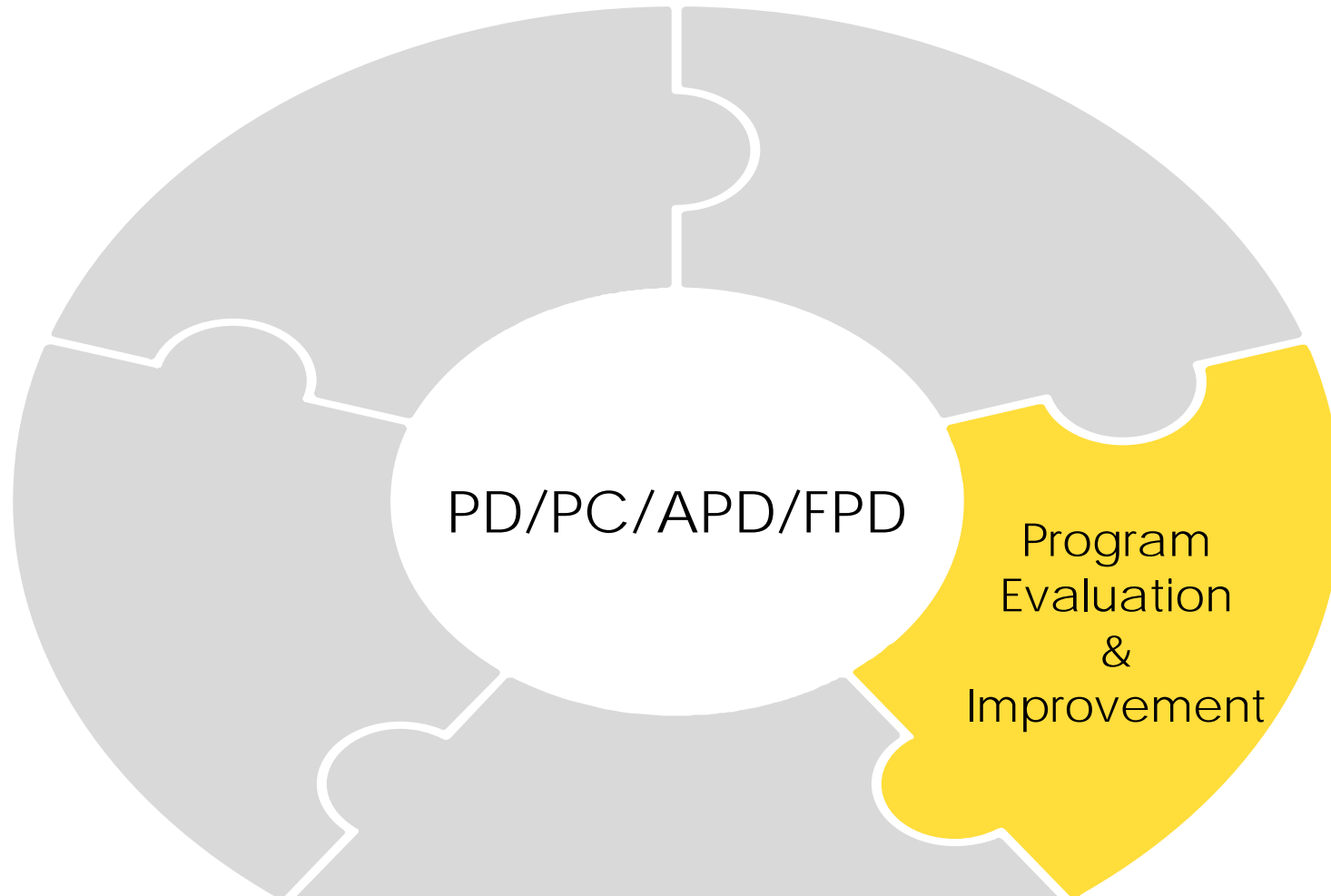
Small Group Breakout Session: 10 minutes



A Year in The Program



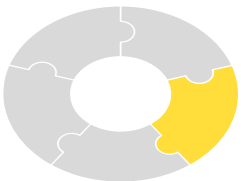
Program Evaluation & Improvement



Ben Miller, MD

Program Evaluation and Improvement

- Program Evaluation Committee (PEC)
 - Program Director appoints the PEC
 - Specific PEC composition set by ACGME:
 - Two Program Faculty Members (minimum)
 - At least one must be Core Faculty
 - One trainee (minimum)
 - Specific Responsibilities
 - Advise Program Director
 - Review program goals and progress
 - Guide ongoing program improvement
 - SWOT analysis based on program aims

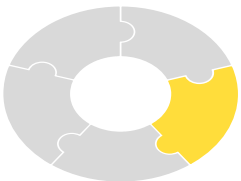


Program Evaluation Committee

The PEC should evaluate the program's mission and apply a SWOT approach

The PEC should consider the following elements:

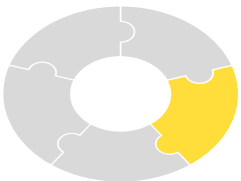
- Curriculum
- Prior Annual Program Evaluation outcomes
- ACGME citations, Areas for Improvement



Program Evaluation Committee

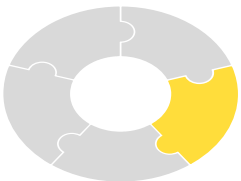
The PEC should consider the following elements:

RESIDENT	RESIDENT AND FACULTY	FACULTY
<ul style="list-style-type: none">• Milestones achievements• ITEs• ABP pass rates• Graduate Performance	<ul style="list-style-type: none">• Well-being• Recruitment and Retention• Workforce Diversity• QI/Patient Safety Engagement• Scholarly Activity• ACGME Surveys• Written Evaluations	<ul style="list-style-type: none">• Evaluation• Professional Development



Common Citations in Pediatrics

- Residencies
 - 80 hours
 - Faculty qualifications
- Fellowships
 - Faculty qualifications
 - Evaluations
 - Timely feedback,
 - Program Evaluation Committee (PEC) composition,
 - autonomous practice statement
 - Board pass rate



Common Areas For Improvement (AFI) in Pediatric Residencies

Educational content

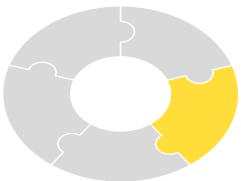
- Appropriate balance for education
- Education compromised by service
- Opportunities for scholarly activity

Resources

- Process to deal with problems/concerns
- Ability to raise issues/concerns without fear
- Way to transition when fatigued

Evaluations

- Timely feedback
- Inaccurate/incomplete information
- Procedural experience



Common Areas For Improvement (AFI) in Pediatric Fellowships

Inaccurate/incomplete info

Resources

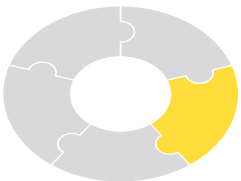
- Faculty supervision & teaching
- Ability to raise concerns w/o fear
- Process to deal with problems/concerns

Evaluations

- Timely feedback

Educational content

- Appropriate balance for education
- Education compromised by service

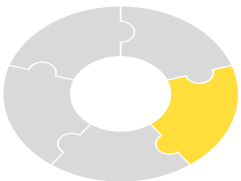




Annual Program Evaluation

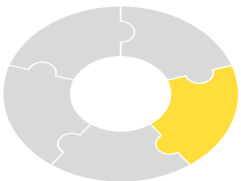
The PEC must document the Annual Program Evaluation (APE)

- APE:
 - Initiatives to improve performance in specific areas
 - Metrics that reflect the goals that the program has set
 - Identify how improvement will be measured and monitored
 - Track improvements
- Written action plan
 - Distributed and discussed with teaching faculty and trainees
 - Submitted to the DIO



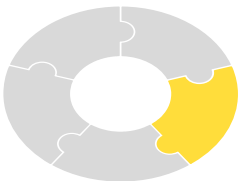
APE Action Plan & Follow up

Areas identified for Improvement 2022-2023	Point Person/ Group	Data – current	Intervention	Data- outcome	Follow up Jan/Feb 2024
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 to 60% participation; offer more opportunities



APE: Program Improvement Data

- Continuous improvement process
- Complete yearly
- Incorporate outcomes of sequential APE into institutional self-study
 - "The ACGME is finalizing its plans for the program Self-Study and developing its process for conducting periodic site visits for programs with a status of Continued Accreditation. The ACGME will not assign program Self-Study dates or 10-Year Accreditation Site Visit dates until further notice. Look for updated information in the coming months."



Your Turn

Option #1:

PEC

- Composition of group?
- Frequency of meetings?

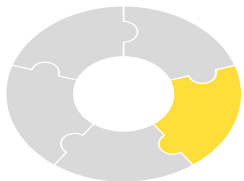
APE

- How do you compile?
- How/Who chooses goals?
- How do you follow-up on your action plan?

Option #2:

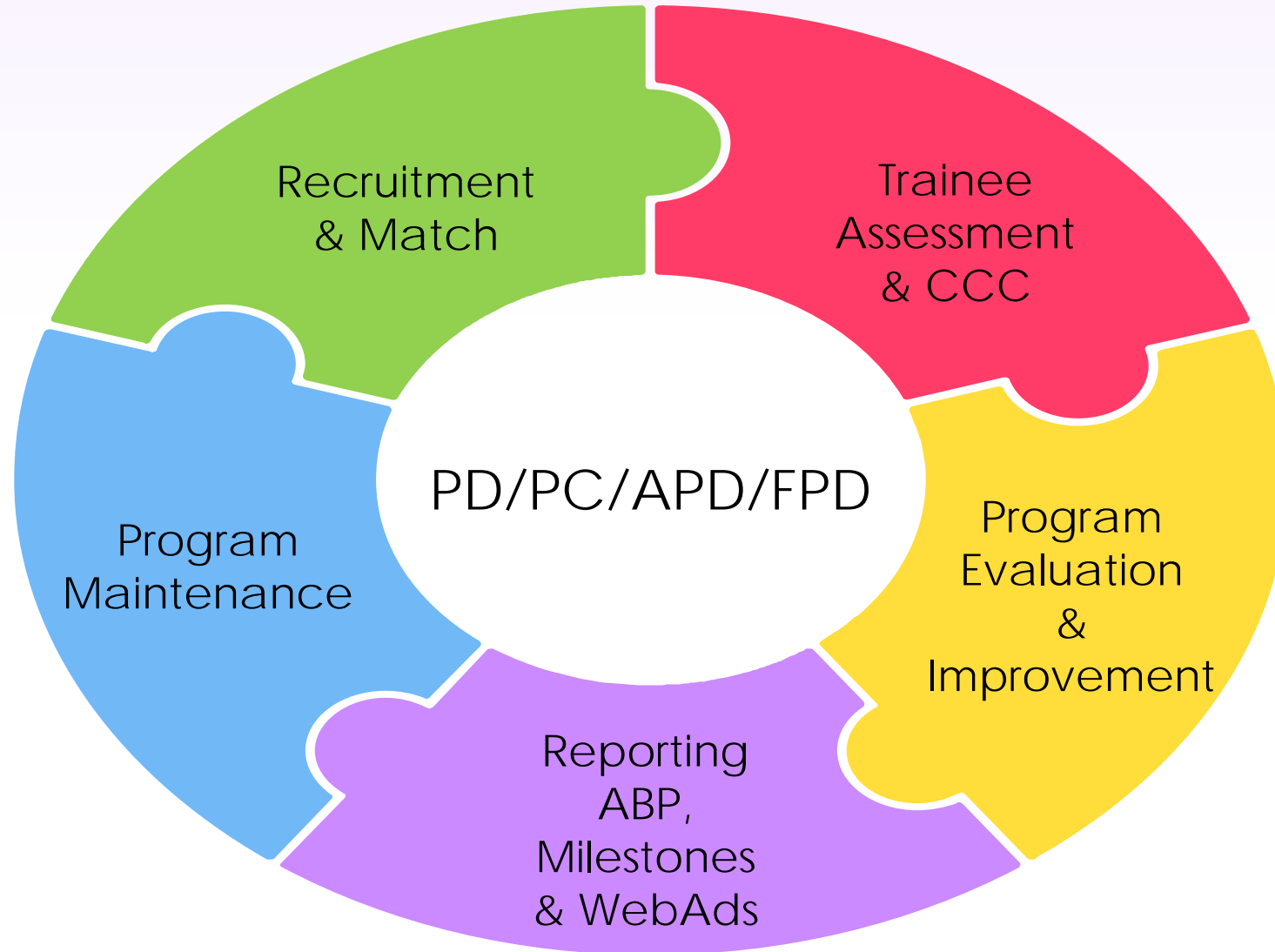
CCC

- Frequency of meetings?
- Role of the PD?
- Ideal number of faculty?
- Reviewing the data?
- Assessing Milestones-
 - Numeric averages?
 - Comments included?
 - Data on non-clinical competencies?

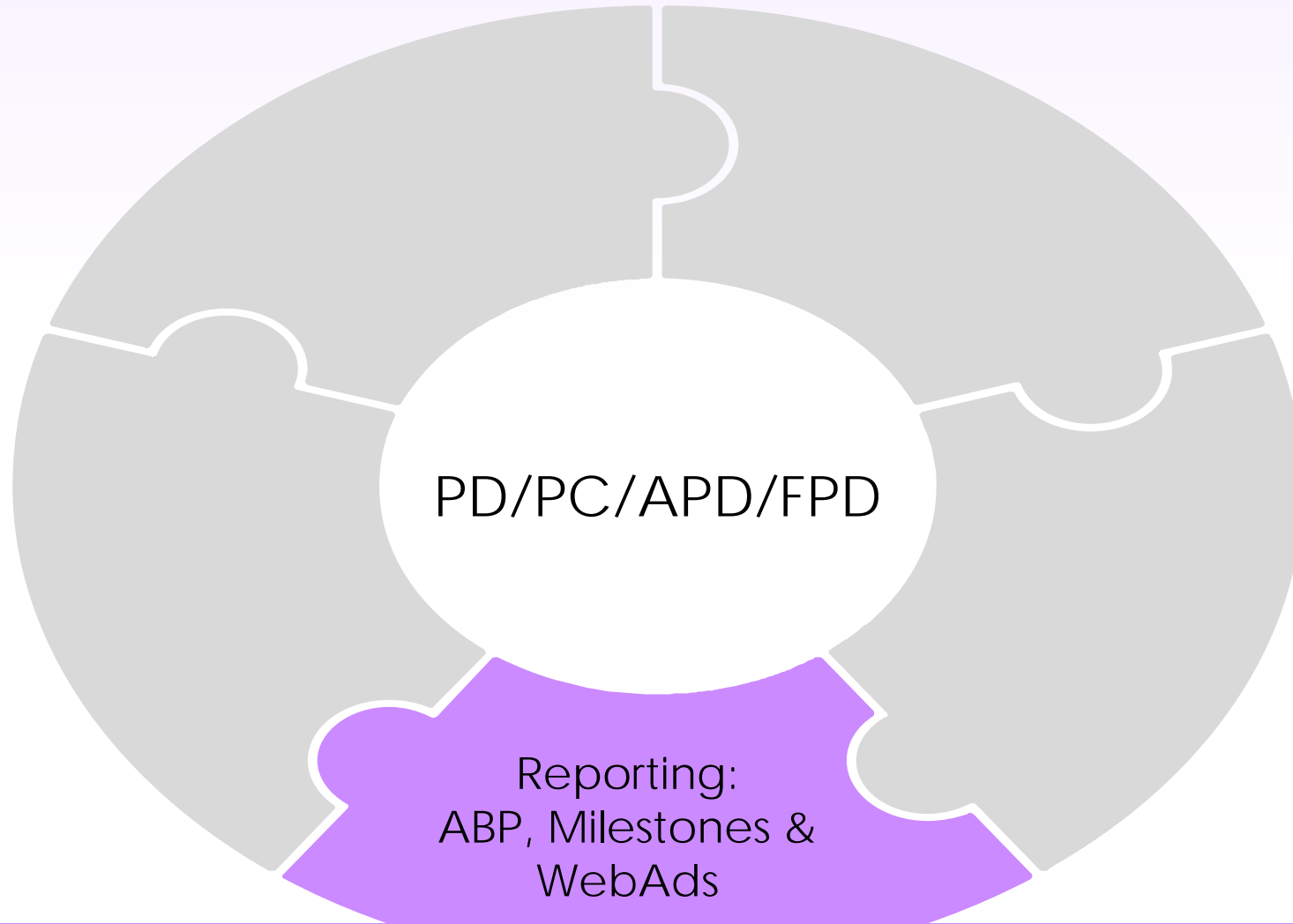


Small Group Breakout Session: 10 minutes

A Year in The Program



Reporting

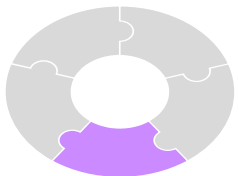


YoungNa Lee-Kim, M.D.

ACGME Reporting

Annual Program Update in ADS

- This is CRUCIAL as it now forms the core of the NAS review process.
- Usually due in **late August**
 - Document ongoing program improvement
 - Response to citations
 - Address issues identified in surveys



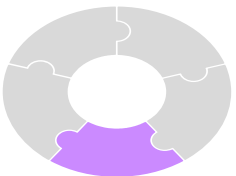
DO NOT BE LATE!!



ACGME Reporting

Annual Program Update in ADS

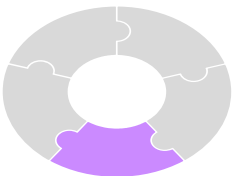
- Program Mission
- Program Aims
- How will your program achieve/ensure diversity
- Major Changes
- COVID Clinical Experiences, Educational Program, Faculty Activities, platooning, telemedicine use compared to pre-pandemic; months of negative impact, extensions in training, elective surgeries/procedures?



ACGME Reporting

Annual Program Update in ADS

- Update PD CV and faculty data
- Update faculty roster
 - PD determines who is core
- Faculty Scholarly Activity
- Trainee Scholarly Activity



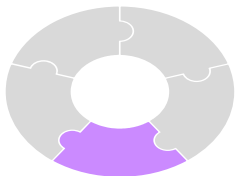
ACGME Scholarly Activities

Faculty

- PMID numbers for papers in last year
- # other publications
- # conference presentations
- # other presentations (grand rounds, invited talks)
- # chapters/textbooks
- # grants with leadership role
- Leadership or peer review role
- Formal coursework
- Domains of accomplishment

Trainees

- PMID numbers
- # other publications (fellows only)
- # conference presentations
- # chapters/textbooks
- Participated in research (Y/N)
- Teaching/presentation (Y/N, at least 30m duration)



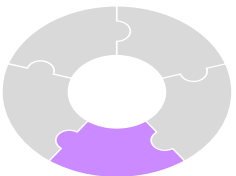
Get data **early** - catch graduates and have time to gather from faculty (late spring/early summer)



ACGME Reporting

Annual Surveys

- Faculty and Trainee survey window is usually 5 weeks between January-April
 - Scheduling happens late Dec/early Jan
 - You must notify participants via WebADS
- Make sure everyone understands terminology
- Required minimum response rate:
 - Faculty 60%
 - Trainee 70%



ACGME Reporting

Milestones


- Reported via WebADS semiannually (Jan and June)
- ADS will show the specific deadline
- Set CCC Milestone meetings with a cushion
- Must manually enter the data... so need to double-check

Milestone Evaluations 100.00% Complete

Last Milestone Evaluation Administration: Apr 22, 2019 - Jun 22, 2019
Compliance Rate: 100.00% - [33 of 33]

Next Milestone Evaluation Administration: *No Information Currently Present*

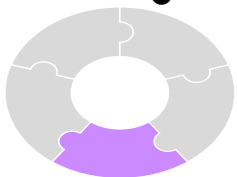
[Milestone Evaluation Narrative >](#)



GME Track

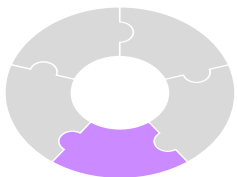
(conducted jointly by AAMC and AMA)

- Info used in: FREIDA®, the AMA Residency & Fellowship Database®; and AAMC's Careers in Medicine® Residency and Fellowship Program Search
- National GME Census data also used for: research and educational purposes to inform policy analyses, to conduct research studies and outcomes evaluations, and to provide data reports and ad hoc data requests to qualified third parties
- Program Survey
 - FREIDA update
 - Basic data about your program
- Resident/ Fellow Survey
 - Updates trainee information and their progression in the program



Benefits of GME Track include:

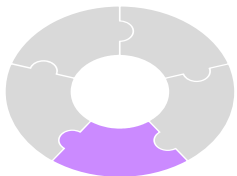
- Immediate and on-going access to biographical and training information
- Ability to view and print resident information and program rosters
- Medical schools have access to GME Track, with the ability to view and download their graduates' GME data
- In addition, GME Track data are used by both organizations, in accordance with each organization's privacy and data use policies, to provide medical students, residents, and the academic medicine community with information about specific programs through online search tools (e.g., FREIDA™, the AMA Residency & Fellowship Database®; and AAMC's Residency Explorer). Furthermore, GME Track data are used for research and educational purposes to inform policy analyses, to conduct research studies and outcomes evaluations, and to provide data reports and ad hoc data requests to qualified third parties.



Example:

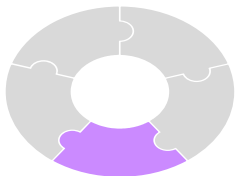
National GME Census Timeline

- Program Survey Opens: May 17, 2023
- August FREIDA Deadline: July 14, 2023
- Resident Roster Certification Opens: July 26, 2023
- October FREIDA Deadline: September 29, 2023
- Final GME Track Deadline: December 15, 2023



ABP Reporting

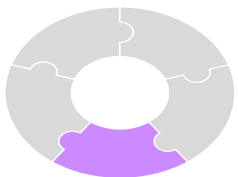
- Transitioned to online tracking portal
- All communications done within the portal (no more emails)
- Update program info, add trainees, manage your roster
- ITE administered at your institution – *stay tuned*
- Order ITE/Access ITE results
- In the future, tracking and credentialing components of the Tracking System will become available



ABP Reporting

Non-final Evaluations

- Professionalism
 - Satisfactory
 - Unsatisfactory
- Clinical Competence
 - Satisfactory
 - Unsatisfactory
 - Marginal
 - Marginal with Advancement to the next level
 - Marginal with Extension at same level (with date)



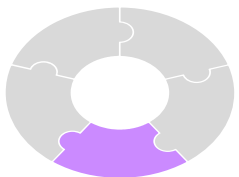
*2028... *Entrustable Professional Activities (EPA) reporting*



ABP Reporting

Final Evaluation: **Verification of Competence**
(arrives May/June, due mid/late June)

- Clinical and Professional Evaluation
 - Final assessment of trainee, certifying them as board eligible
 - Total clinical training time
 - Fellowships
 - Total scholarly activity time, type of work product, area of research
 - Give fellows advance notice (several months) to prepare acceptable work products
 - Plan time to obtain SOC signatures

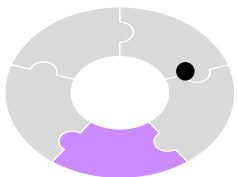




Absences from Training: Parental/Medical/Caregiver Leave Details and Frequently Asked Questions

In **3-year training programs** (residency or fellowship)

- Allowed 3 months off (1month/yr), plus additional **8 weeks** off for family or medical leave
 - Only from elective or research time
 - During final 3 months, PD and CCC must deem trainee competent to graduate
- Effective July 2021, additional **6 weeks** allowed for combined training (e.g., Med/Peds), NS training pathways (e.g., ARP), and 2-year fellowships

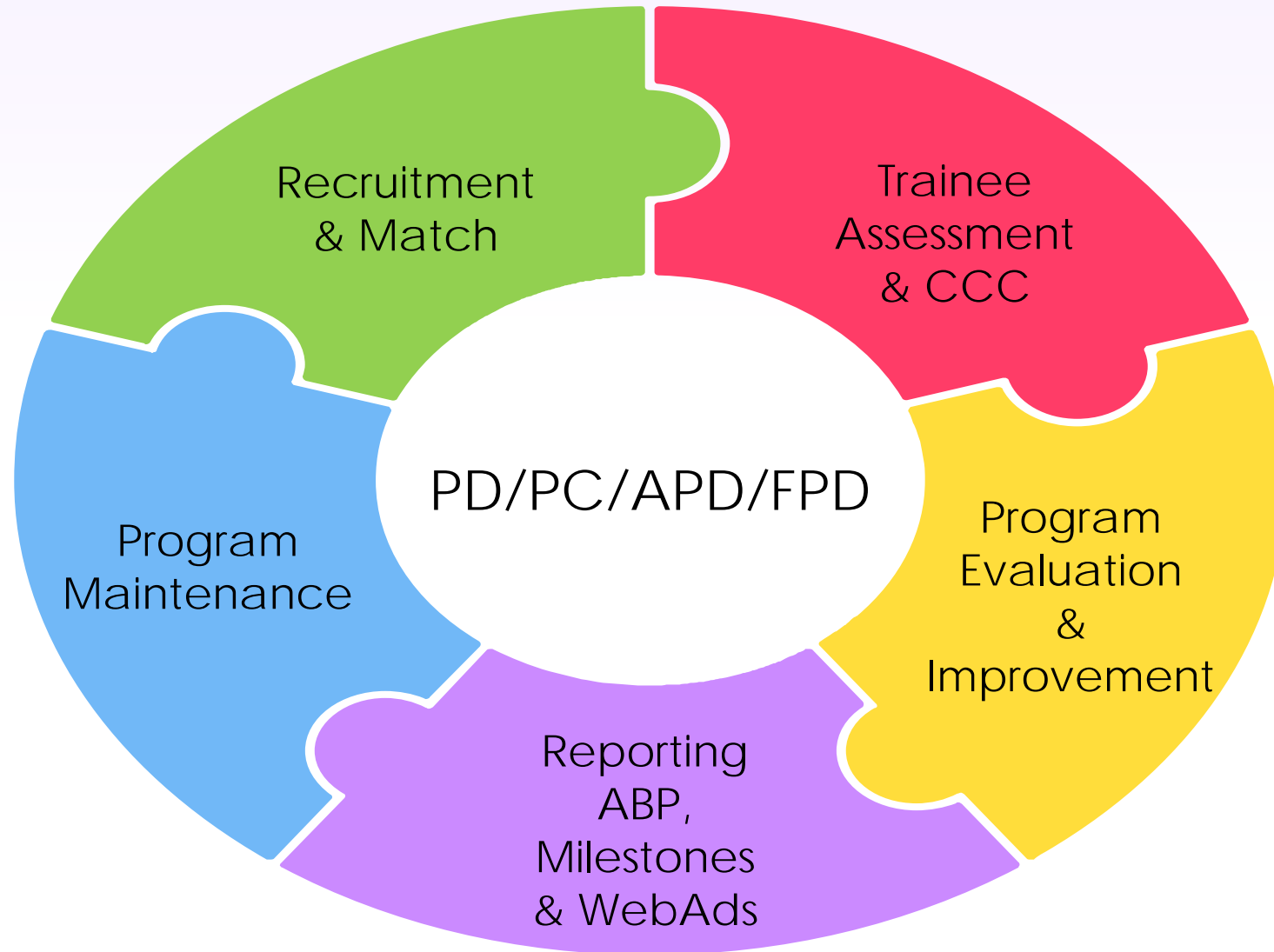


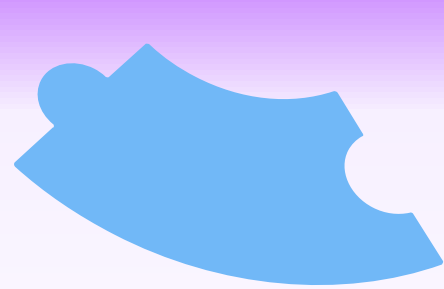
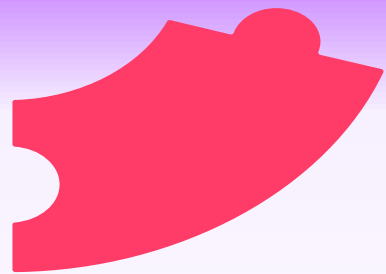
- Waiver needed if exceeding this 6 or 8 weeks; can only be submitted during final 3 months of training

PROGRAM
PORTAL

THE AMERICAN BOARD of PEDIATRICS

The Circle of Life





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

This session is designed for all program leaders (PDs, APDs, Educational Specialists or PC's, 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





Share your Questions and Ideas!

APPD Connect

<https://connect.appd.org/home>

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



Program Organization 101

ALPHABET SOUP

Pamela Carpenter, M.Ed



https://youtu.be/Ud_hcVahwYQ



**Thank
You!**