THE PEDIATRIC PROGRAM COORDINATORS' HANDBOOK

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Welcome Letter from the President and Immediate Past-President of the APPD

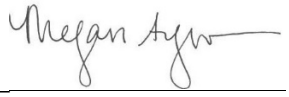
Dear Program Coordinators, Education Managers, and Education Specialists:

The APPD is delighted to introduce the fourth edition of the Program Coordinators' Handbook, a resource created to inform, empower, and support the individuals who form the backbone of our pediatric training programs. Program coordinators, education specialists, and education managers play an essential and irreplaceable role within our GME teams and our APPD family. Their expertise, creativity, and unwavering commitment elevate the experience of learners and faculty alike, and their contributions are deeply valued.

The ongoing professional development of Pediatric Coordinators is critical to the success of every pediatric education team, and since 2002, this handbook supports that mission by promoting collaboration, consistency, and the sharing of best practices across programs. APPD is thrilled to share this updated edition and extends heartfelt congratulations to the authors and editors whose dedication shaped this important publication.

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

Michael Weisgerber MD, MS
President, APPD



Megan Aylor MD
Immediate Past President, APPD

Mission

The Association of Pediatric Program Directors' mission is to ensure the health and well-being of all children, we lead the advancement of pediatric medical education, the development of a sustainable and diverse workforce, the cultivation of an inclusive learning environment, and promotion of educational innovation.

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

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

By using this handbook, coordinators will be able to:

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

The handbook highlights the functions of the program coordinator's role. Keep in mind that this can vary from program to program, or institution to institution. These are only suggested roles.

Tip: searching this PDF is easy, just press the Ctrl+F keyboards and type what you are looking for!

Pediatric Program Information Guide

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

As we've seen over the last couple of years, innovations in computer and communications technology have impacted the way coordinators do their jobs. As coordinators, we need to remain flexible and continually adapt to change. As time and technology move forward, the need to periodically update this handbook will become evident. We hope all coordinators

will continue to provide valuable insight and suggestions for improvement to the handbook as needed and that you will benefit from this valuable resource.

Tip: if you have any questions, please contact the APPD Coordinators' Executive Committee or email the APPD at: info@appd.org

Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) is an independent, not-for-profit organization that sets and monitors voluntary professional educational standards essential in preparing physicians to deliver safe, high-quality medical care. Graduate medical education (GME) refers to the period of education in a particular specialty (residency) or subspecialty (fellowship) following medical school; the ACGME oversees the accreditation of residency and fellowship programs in the US.

Accreditation Data System (WebADS)

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

Tip: Have your program director or the GME Office grant you access to set up your own username and password for ACGME WebADS.

Tip: Become familiar with the ACGME website and design a system to gather all the needed information for the ACGME WebADS Annual Update.

Alumni

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

There are many ways to keep in touch with your alumni such as inviting them to future program events, Continuing Medical Education (CME) educational programs, receptions at annual society program meetings, and various institutional publications such as a newsletter which can keep alumni abreast of changes in your pediatric program such as pediatric education, curriculum, faculty, etc. Sections of the newsletter may be devoted to

alumni news and notes from the real world of academic medicine, private practice and more.

If your program does not currently publish a newsletter or use some other method of keeping in touch with alumni on a regular basis, you may want to take this opportunity to contribute something valuable to your program. Social media can also be an excellent way to keep in touch with alumni and keep them updated on program events.

Annual Program Evaluation

The overall concept of program evaluation is that the program should be striving for self-improvement. Using the information gathered during the Annual Program Evaluation, the program should strive to address challenges that are identified, and hopefully to go beyond the minimum program requirements to be the best program possible. Starting July 1, 2025, the program Self-Study requirement (Common Program Requirement 5.5.h.) is no longer monitored. Accreditation Field Representatives and Review Committees will not ask for or review any information related to this requirement. The Common Program Requirements will be updated as part of the next major revision, underway now. Email questions to accreditation@acgme.org. In addition to submitting an annual update through the ACGME's WebADS, institutions may also require an annual update be submitted to their GME office. Check your specialty program requirements for the annual ADS deadline and with your GME office of their annual update requirements.

Annual Resident/Fellow and Faculty Survey

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

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

Resident Survey Reports

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

Faculty Survey Reports

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

Certification Courses

Many institutions mandate that all residents and fellows should maintain certification in the following courses. Before entering residency and depending on the specialty they are about to enter, medical students must be certified in:

Basic Life Support (BLS) which is required before taking PALS.

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

Neonatal Resuscitation Program (NRP) A 1-day program that certifies residents for two years. This course is taken either the 1st or 2nd year of residency. NRP Instructor Course - May also be offered to senior level residents.

Pediatric Advanced Life Support (PALS) A 2-day program that certifies a physician for 2 years. Residents usually take this course during their PL-1 year. PALS Recertification - A 1 day renewal program that may need to be taken during the PL-3 year.

PALS Instructor Course - May also be offered to senior level residents.

Advanced Trauma Life Support (ATLS) A 2-day course that is required for some programs that deal with a large number of trauma patients.

Tip: contact the GME Office for questions regarding certifications. Develop a system, such as a database or through your residency management system (RMS), to track residents' life support certifications.

Tip: Know when certification is offered in your program. Schedule facilitator and location for both certification and recertification programs. Order certification books. Distribute certification certificates to residents/fellows.

Clinical Competency Committee (CCC)

Consistent with Competency Based Medical Education (CBME) practices and in conjunction with the program director, the CCC must meet to review programmatic assessment and progress towards competency for each trainee. This may include multiple types of assessment including (but not limited to): workplace based assessments (WBA)

[assessments made after a specific time-limited clinical encounter], end of rotation evaluations; 360 feedback from patients, families, peers, nurses, and other providers; and more. These assessments may include components such as narrative feedback, milestones, Entrustable Professional Activities (EPAs), and other types of data. The CCC reviews this data to determine the residents EPA or milestone level (or both) at that time based on performance to date in the program. A program representative must meet with the trainee and document this semi-annual evaluation, including specialty specific milestones determine by the ACGME. The American Board of Pediatrics will require annual EPA assessment as well beginning in 2028 and an assertion that the resident is "practice ready" at the time of graduation (more information here). Additionally, CCC members may assist trainees in developing individualized learning plans, including implementing plans for trainees failing to progress.

The minimum requirement for a CCC is three members, but membership can be larger for some programs. In addition to the three faculty members, the CCC can include others who can give a broader view of the residents and fellows. Note that the membership of the CCC is appointed by the program director, who is still ultimately responsible for the program.

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

Clinical Experience and Education Work Hours

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

Common Program Requirements (CPR)

The set of ACGME CPR that apply to all specialties and subspecialties. More information can be found here.

Conferences

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

Core Conferences are scheduled at selected times throughout the year. They focus on a common curriculum for all components/disciplines, which include but not limited to the following:

- Career Development
- Compassionate Care (including Death & Dying issues)
- Boards Review
- Business of Medicine
- Child Advocacy
- Ethics
- Evidence Based Medicine (EBM)
- Journal Club
- Morbidity and Mortality (M&M)
- Nutrition
- Procedural Skills
- Professionalism
- Teaching Skills
- Quality Improvement and Patient Safety

Tip: to fulfill the requirements of the ACGME, attendance should be documented and monitored. Documentation is required by the RRC and may be requested for review by the field representative during your site visit. You may be responsible for room reservations, faculty scheduling, equipment requests, etc. Many Residency Management Systems (RMS) use a QR code generator to document attendance.

Case Management Conference

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

Grand Rounds

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

Journal Club

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

Morbidity and Mortality (M&M)

M&M is a conference that focuses on quality improvement. The session usually evaluates cases with a systems or management learning objective or questionable outcome. Presented case(s) are discussed and/or critiqued by faculty, trainees, and administration, where appropriate.

Contracts

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

- The ACGME specifies the contract format and requires each program to provide written policies concerning resident job descriptions, curriculum, salary, benefits, vacation, sick leave, maternity/paternity/adoption leave, sexual harassment, grievance and moonlighting. In some programs, the written policies are included as attachments to the contract. Other programs may provide these policies in the form of a house staff handbook. Contracts may be emailed, or hand delivered to trainees.
- The timeline for contract renewals varies by institution and appropriate advanced notice must be given for non-renewal or extension of training contracts. Check with your GME office for specific contract and renewal policies.
- The National Resident Matching Program (NRMP) requires programs to supply applicants with a copy of the appoint contract or agreement for the applicant's review prior to the Rank Order List Certification Deadline.

Tip: each institution has its own contract/agreement version in conformity with ACGME guidelines, and legal language as determined by the legal team. Always contact your Graduate Medical Education Office (GME) Office if you have any questions. The GME Office of each institution should provide an ACGME compliant contract format as well as copies of the appropriate institutional policies.

Tip: the program coordinator may be required to personalize the contracts and distribute them to each resident for signature and make sure they are returned to the program for Program Director signature, and for the Designated Institutional Official signature from the

GME Office. Once signed contracts are returned, a copy should be filed in the appropriate resident's personnel online file as well as a copy to the resident/fellow for their records.

Core Competencies

The six domains of educational and clinical knowledge, skills, and attitudes that physicians must develop for independent and autonomous practice of a specialty or subspecialty. These domains are: Patient Care and Procedural Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice.

Curricular Requirements

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

Medical ethics, including but not limited to the ethical principles of medical practice and the ethical aspects of:

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

Quality assessment, quality improvement, risk management, and cost effectiveness in medicine. Health care organization, financing, and practice management, with instruction in:

- The organization and financing of health care services for children at the local, state, and national levels, including an understanding of the role of the pediatrician in the legislative process.
- The organization and financing of office practice, including personnel and business management, scheduling, billing and coding procedures, and maintenance of an appropriate patient record system.
- Medical information sciences, emphasizing the skills necessary to prepare the resident for continued self-learning and including instruction in:
- Basic computer skills, techniques for electronic retrieval of the medical literature, and the use of electronic information networks.

- The critical evaluation of the medical literature, study design, and the applicability of clinical studies to patient care.

Clinical decision theory and its application to clinical practice

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

Tip: contact the GME Office to know what the necessary forms are required for an elective rotation. Provide resident/fellow with elective request/approval form. Distribute rotation evaluations. Provide preceptor with a resident evaluation. Provide resident with a faculty evaluation. Communicate time away information/other clinical obligations when appropriate. Communicate as much as possible in advance.

Designated Institutional Official (DIO)

The individual in a Sponsoring Institution who has the authority and responsibility for all of that institution's ACGME-accredited program.

Educational Commission for Foreign Medical Graduates (ECFMG)

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

As a Program Coordinator, it is important to be aware of various visa specifications. The ECFMG is designated by the US Department of State to serve as the visa sponsor for all foreign national physicians who enter the United States as exchange visitors (J-1 visa holders) to participate in programs of graduate medical education or training. Specific information on the J-1 eligibility requirements and application materials can be found on the Exchange Visitor Sponsorship Program page of the ECFMG website, here.

If in the duration of their training, a J-1 visa holding resident opts for an away rotation at an outside institution, the ECFMG must be notified through the Required Notification of Off-site Rotation/Elective form, which can be found here.

Tip: before assisting matched residents with any visa paperwork, discuss program coordinator responsibilities in regard to visa sponsorship application requirements with your GME office.

Tip: for more information on the J-1 visa itself, visit the US Citizenship and Immigration Services website here.

Elective Rotations

Electives are intended to enrich the educational experience of trainees in conformity with their needs, interests, and/or professional plans. Electives must be well-constructed, purposeful, and effective learning experiences, with written goals and objectives. The choice of electives must be made with the advice and approval of the program director.

An away elective is a rotation to an institution that is not affiliated with the resident's institution. Away electives are allowed if the necessary paperwork is completed for both the sponsoring and the host institution (related to the Medicare Audit). In addition, the away elective must be approved by the host institution's program director. The approval timeline for away electives varies by institution-check with your GME office for more information.

Entrustable Professional Activities (EPAs)

Important points about EPAs from the work of ten Cate and Scheele, Competency-based postgraduate training: Can we bridge the gap between theory and clinical practice?.

EPAs describe the routine activities of a pediatrician (in this case a general pediatrician since we want to work backwards from desired outcome of training to define the training).

We should be able to define the specialty by a limited number of EPAs therefore these are broad activities with other smaller ones nested within them (e.g., taking care of well patients in a medical home may be the EPA and then nested within that would be more narrow EPAs that address each of the pediatric age groups since the knowledge, skills and attitudes for each are different).

EPAs can be mapped to domains of competence, competencies and milestones but this should be a judicious process of linking them only to those that are critical for making entrustment decisions. There is no prescribed method for collecting EPA data, in order to provide the most flexibility for programs to meet compliance. All EPAs must be validated by the CCC.

EPAs offer a new method of assessment that focuses on the level of supervision needed to carry out the activity. The targeted question becomes, “Is this learner ready to be entrusted to perform this professional activity without supervision?” More information can be found here.

Evaluations

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

Evaluation of Residents/Fellows

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

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

- The program must have formal mechanisms for monitoring and documenting each trainee's acquisition of fundamental medical knowledge and clinical skills and their overall performance prior to progression to the level of supervised semi-independent patient management and eventually upon graduation to be fully" practice ready" to provide patient care without supervision. This feedback must be provided to the trainee in a timely manner. The supervising faculty must evaluate each trainee in writing at the completion of each rotation. The trainee should be evaluated on the acquisition of knowledge, skills, and attitudes, and should receive formal feedback about these evaluations at least twice a year. The program should advance trainees to positions of higher responsibility only on the basis of evidence of satisfactory performance, progressive scholarship, and professional growth.
- Written documentation of regular periodic evaluation of each trainee must be maintained and must be available for review by the RC. Program directors are required to keep accurate documentation of the general and subspecialty experience of each trainee in the program and to submit this information to the RC upon request. The exact nature of the general and subspecialty experiences of trainees at other institutions and evaluation of their performance must be documented in the trainees' files. It is essential that trainees participate in existing national examinations. The annual In-Training Examination (ITE) and Subspecialty In-Training Examination (SITE) of the American Board of Pediatrics are examples of an objective test that can be utilized by the programs. An analysis of the results of these testing programs should be used by

the program to identify the cognitive strengths and weaknesses of individual trainees and weaknesses in the teaching program and to develop remedial activity, if warranted.

- The program director is responsible for provision of a written final evaluation for each trainee who completes the program. The evaluation must include a review of the trainee's performance during the final period of training and should verify that the trainee has demonstrated sufficient professional ability to practice competently and independently. This final evaluation should be part of the trainee's permanent record that is maintained by the institution.
- The program must demonstrate that it has developed an effective plan for accomplishing this and that specific performance measures are used in each resident's evaluation. These must include, at a minimum, the assessment of the resident's competence in patient care, clinical science, practice-based learning and improvement, interpersonal skills and communication, professionalism, and systems-based practice.

Evaluation of Faculty

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

Evaluation of the Program

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

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

Board of Pediatrics. Information gained from the results should be used to improve the program.

Tip: organize yourself to ensure that all monthly/quarterly/annual evaluations (Faculty, Resident/Fellow, Rotation, Peer) are completed on time. Coordinate Semi-Annual Reviews – the ACGME requires that all trainees meet with their advisor at least twice yearly, and evaluation of reviews should be documented.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee (GMEC) is responsible for oversight of accreditation of both the Sponsoring Institution and each ACGME-accredited program, the quality of the learning and work environment, implementation/ review of institutional policies, as well as a number of other responsibilities. GMEC reviews and approves applications for new programs prior to submission for ACGME consideration, requests for permanent changes in resident/ fellow complement, appointment of new program directors, and more.

A Sponsoring Institution with multiple ACGME-accredited programs must have a GMEC that includes at least the following voting members: the DIO, a minimum of two representative program directors, a minimum of two peer-selected resident/fellow representatives, and a quality improvement or patient safety officer or designee.

The GMEC must meet a minimum of once every quarter during each academic year. Each meeting of the GMEC must include attendance by at least one resident/fellow member. The GMEC must maintain meeting minutes that document execution of all required GMEC functions and responsibilities.

To read more about the GMEC responsibilities, see the ACGME Institutional Requirements here.

Graduation and End-of-Year Activities

The goal of pediatric residency and fellowship training programs is to provide clinical and educational experiences that will train pediatric residents and fellows with the knowledge and experience they need to effectively care for the welfare of children and families. For Pediatric training programs, graduation symbolizes the hard work and dedication of residents and fellows over the course of their training.

Graduation ceremonies and end of year activities, which take place in June, may differ from program to program, but they all focus on the same theme: the celebration of intense training, commitment, and the beginning of new lives and careers. All residents and fellows look forward to this event, not just the graduates. Participating and celebrating with peers, faculty, family, and friends is an extremely joyous occasion for all.

Tip: create a "Calendar of Events" for the entire year and send "Save-the-Date" invite for Graduation and other events. Don't forget to reserve the location in advance, request awards, gift certificates, and contact all speakers.

Tip: assist graduating residents and fellows with information regarding the next phase of their career (license applications, credentialing requests).

Tip: prepare an electronic packet of information to give to each departing trainee, which can include a notarized copy of their diploma, USMLE Step 1,2,3 scores, copies of licenses, PALS, BLS, and NRP cards, a signed copy of the procedure log, etc.

In-Training Examination/Subspecialty In-Training Examination

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

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

Tip: review the ITE Proctor Guide in advance to assist with planning.

Intealth

Intealth is a private nonprofit organization, offering services to enhance and support education and training of health care professionals. Along with verifying qualifications required to practice, Intealth informs the development of global health workforce policies to improve health care for all.

Medicare Audit

Part of the requirements at institutions which receive Medicare funding is to provide documentation regarding what the resident has done for the fiscal year. Each institution complies with this requirement in their own way; it may be helpful to find out via your GME office what format to use.

Tip: keep documentation for each resident/fellow in the Residency Management System (RMS). If a resident participates in an away rotation make sure to provide and obtain proper documentation to enclose with the Medicare audit (rotation service agreement).

Tip: Keep all information in a centralized location.

Milestones

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

What are Milestones?

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

Who developed the Milestones?

Each specialty's Milestone Working Group was co-convened by the ACGME and relevant American Board of Medical Specialties (ABMS) specialty board(s), and was composed of ABMS specialty board representatives, program director association members, specialty college members, ACGME Review Committee members, residents, fellows, and others. More information can be found here.

Some programs may directly assess various milestones as a part of the evaluation and CCC process. Some programs may determine milestone levels from EPA levels that have been assessed for a given resident. This relationship between EPAs and milestones was established in previous studies including the Crosswalk study (Dan Schumacher et. al). This was used to build the CBME Data Hub which can process individual trainee EPAs assessed by the program's CCC and send back suggested milestones which can be verified and sent to the ACGME to fulfill this requirement. To utilized the CBME Data Hub you can visit it within the APPD website. (APPD CBME Data Hub - Association of Pediatric Program Directors)

Organizations

American Academy of Pediatrics (AAP)

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

Each year the American Academy of Pediatrics (AAP) provides Pediatrics Review and Education Program (PREP) enrollments to AAP members in the following positions: pediatric residents, chief residents, and residents in combined pediatrics programs (i.e. Internal Medicine/Pediatrics programs). The Pediatrics Review and Education Program (PREP the Curriculum) is an intensive review of pediatrics for residents. This program is supported, in part, through an educational grant from Abbott Nutrition, a division of Abbott Laboratories, Inc. View all the resident member benefits here. Residents who are AAP members receive subscriptions to PREP the Curriculum from July of the PL1 year through December 31st of the year residency training is completed.

Tip: after the Match in March, the AAP will send information on how to update your program AAP rosters. Inform the AAP of any residents who have graduated or otherwise left the program.

Once the AAP has been given approval, an invoice will be created and the requesting program will be sent a request for payment.

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

Tip: open an account with the AAP. Process yearly membership dues for residents/fellows and program director.

American Board of Pediatrics (ABP)

The American Board of Pediatrics (ABP) is the organization that establishes criteria for certification of individuals in the specialty of pediatrics. Certification is the determination that an individual physician has met the requirements for performance and education within a particular medical specialty. The ABP administers certifying exams in pediatrics and many of its subspecialties annually. It also administers, through pediatric residency

programs, the annual In-Service Training Exam, which helps track the development of each resident's pediatric fund of knowledge as they progress through their residency training. The American Board of Pediatrics, with the help of pediatric program directors, tracks the progress of each trainee through the course of their training. Ordering of ITE materials and annual evaluation of residents is done through the ABP's online portal.

Tips:

- *Request your program director add you to the ABP portal so you can have your own login. Only one coordinator and one program director can have access the Program's portal.*
- *Work with your program director to complete the ABP resident/fellow tracking form. This form certifies trainees to take the board certification exam. Distribute the "Understanding the ABP's Training and Evaluation Process" pamphlet to trainees.*
- *It is suggested that the training program director obtain the resident's consent to do so. It is the responsibility of the program director to obtain consent from trainees to report summary evaluations, credit, and other training information to the ABP*
- *Arrange for the In-Training Examination.*
- *In May, the competency verification form becomes available in the ABP portal for program director completion.*
- *In May, the ABP contacts the program director electronically with a verification form for graduating fellows, requesting a personal statement and work product, which needs to be signed by fellows and program director.*

Academic Pediatric Association (APA)

The Academic Pediatric Association (APA) was founded in 1960 "to improve the teaching of general pediatrics, to improve services in general pediatrics and to affect public and government opinion regarding issues vital to teaching, research and patient care in general pediatrics." The APA presently consists of over 1,500 members.

Tip: be aware of the "Educational Guidelines for Residency Training In Pediatrics," provided by the APA here (you can sign up for a free account to access the material). Please Note: This curriculum is AAP, APA, and RRC approved.

Association of Pediatric Program Directors (APPD)

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

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

APPD Coordinators' Section and Executive Committee

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

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

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

Orientation

Orientation is the chance to complete onboarding processes for the institution while providing programming to prepare incoming trainees for their new roles as residents/fellows. This may also be handled in conjunction with your GME Office and the duration is determined based on institution and program specifications (some are a single day; others may be a week or longer). Orientation materials are typically distributed by the Program Coordinator to incoming trainees. Provide the GME Office with information needed of newly matched residents and fellows.

Orientation Packet Suggestions:

- AAP membership benefits
- Clinical evaluation booklet
- Continuity clinic assignments

- Curriculum
- Dictation medical forms/dictation codes
- Emergency contact form
- ID's and passwords
- List of mentor/advisor assignments
- Maps
- Procedure logging information
- Schedules
- Staff list/directory
- Recommendations for housing
- Trainee manual

Tip: contact Chair/Program Director to welcome new trainees. Schedule the Chief Resident/Program Coordinator Welcome/ Subspecialty faculty presentations.

Specialized lectures and sessions to consider for inclusion in your orientation schedule:

- BLS/ACLS/NRP/PALS courses
- Blood transfusions
- Child Life
- Computer training
- Developmental/behavioral health
- Distribute badges, pagers, lab coats, etc.
- Infection control
- Information session with Chief Residents
- Library services
- Nutrition support
- Organ donation
- Pharmacy/antibiotics policies
- Retreat for new trainees, mentors/advisors, coordinators
- Social Work
- Sponsored lunch for new trainees, mentors/advisors, staff, administrative personnel, house staff
- Tour of facilities
- Welcome event. Invitees: new and current trainees, coordinator, department chair, program director, ward attendings, and continuity clinic preceptors

Procedure Logs

ACGME Case Log System

The ACGME Case Log System for Pediatrics is an Internet based case log system utilizing CPT/ICD10 codes to track trainee experiences. The Review Committee (RC) has indexed these codes into categories for evaluation. Any valid CPT/ICD10 code can be entered into the application, but only those codes the RC has selected will be counted for experience. This application was designed to allow trainees to enter cases on a regular basis at their convenience.

Tip: periodically, review resident Procedure Logs; individual resident biannual reviews with program leadership are a great time to review this and patient logs.

Input Procedure Log information into tracking database and include copy in resident's file.

Program Coordinator's Roles and Responsibilities

Rather than being a standardized list, this section is meant to highlight the functions of the program coordinator's position. Keep in mind that roles and responsibilities can vary from program to program, or institution to institution.

Accreditation

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

Administrative Coordination

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

Budget

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

Credentialing

- Collect credentialing data and maintain credentialing records, i.e. rotations.

- Schedule residents for certification courses, i.e. PALS, NRP, etc.
- Prepare requested program surveys.
- Distribute certificates to residents for program completion.
- Complete verification requests on former trainees.

Management

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

Recruitment

- Plan, develop, and maintain recruitment activities for pediatrics and medicine/pediatrics house staff.
- Review letters, applications, and inquiries to identify appropriate candidate for the pediatric training program in accordance with the established criteria (credentials, licensures, visas, screening, etc.).
- Participate in preparation of housestaff and faculty interviewers, ahead of interview season, including but not limited to review of holistic selection criteria, discussion of implicit bias, etc.
- Participate in the ranking process for residency/fellowship candidates.
- Represent hospital at conferences and recruitment fairs to recruit candidates for residency and fellowship programs.
- Contribute to the evaluation of candidates.
- Yearly update of FREIDA survey.

Resident Support/Morale Building

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

Scheduling

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

Other Responsibilities

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

Program Evaluation Committee (PEC)

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

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

While the requirements identify activities in which the PEC should be involved, a program may decide for its PEC to participate in more activities than these. Note that the PEC is to "actively participate," but that it is not responsible for solving all problems on its own. The PEC may work with the GMEC, the designated institutional official (DIO), department leaders, or the program director as part of its work. The goal is to try to improve the educational program every year. While the PEC has to meet at least annually, it can certainly meet more often. While one of its responsibilities is to address areas of non-compliance with minimum ACGME standards, the PEC can certainly improve the program to go beyond the minimum.

Recruitment

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

Educational Commission for Foreign Medical Graduates (ECFMG)

Through its program of certification, ECFMG assesses the readiness of graduates of foreign medical schools to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Typically, before most training programs consider international graduates for any position, they require that international graduates hold a valid ECFMG certificate. Most institutions

will only accept with J-1 visas. However, some institutions will sponsor H1-B visas. Information about the requirements for H1-B visas can be obtained from the Immigration and Naturalization Service (INS) website.

Electronic Residency Application Service (ERAS)

In August 1999, Pediatric Programs began using the Electronic Residency Application Service from the Association of American Medical Colleges (AAMC). ERAS is a service that transmits residency and fellowship applications, letters of recommendation, Dean's letters, transcripts, and other supporting documents. It was designed simply to assist you with managing your application process. All participants of the NRMP have agreed to use this mechanism. In 2014, ERAS launched its web-based system software. Through the AAMC's collaboration with Thalamus, programs are provided complimentary access to Thalamus products to enhance mission-aligned selection, scheduling, and analytics of recruitment outcomes. More about the collaboration can be found here.

National Resident Matching Program (NRMP)

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

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

Residency Recruitment Timeline

- **April – August**
    - Medical students request pediatric residency program information. Programs refer medical students to their website
    - A representative from the program may choose to attend Medical School Fairs/Events
    - Some institutions provide informational pediatric sessions for medical students
    - Register for ERAS
    - Register with the NRMP - need to indicate how many available positions (med-peds, categorical, primary care, preliminary and transitional) the program is offering
- **September – February**
    - ERAS opens - medical students begin to apply to pediatric residency programs and programs can begin reviewing applications

    - Review applications
    - Invite candidates and schedule interviews through ERAS
    - Schedule faculty for interviews
    - Communicate confirmation, interview day agenda, etc. and so forth
    - Conduct interviews
    - Medical students are ranked in order of desirability by the program director, selection committee members, and program coordinator. Rank lists are submitted to NRMP in mid- February
- **March**
    - Notification of matched medical students takes place mid-March

Fellowship Recruitment Timeline

- **March – June**
    - Residents request fellowship program information; programs refer residents to their website
    - A representative from the program may choose to participate in the Council of Pediatric Subspecialties (CoPS) webinar series
    - Register for ERAS
    - Register with the NRMP - need to indicate how many available positions the program is offering
- **July -August**
    - ERAS opens - residents begin to apply to fellowship programs and programs can begin reviewing applications
    - Review applications
    - Invite candidates and schedule interviews through ERAS
    - Schedule faculty for interviews
    - Communicate confirmation, interview day agenda, etc. and so forth
- **August-November**
    - Conduct interviews
    - Candidates are ranked in order of desirability by the program director, selection committee members, and program coordinator. Rank lists are submitted to NRMP in mid- November.
- **December**
    - Notification of matched candidates takes place early December

Training Program Websites

Be sure that your program website is current and up-to-date and can provide prospective applicants with helpful information. You may need to work with your institution's marketing department to update your content-be aware of their timeline to publish updates.

Residency Management Systems (RMS)

Several electronic management systems exist; these are tools to help institutions and individual programs track requirements, evaluate residents and maintain record of several program requirements. Your institution will likely have an established RMS. Below is a sampling of some systems.

Amion

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

E*Value

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

MedHub

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

My Evaluations

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

New Innovations

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

Resident Travel

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

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

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

Tip: If in the duration of their training, a J-1 visa holding resident opts for an away rotation at an outside institution, the ECFMG must be notified through the Required Notification of Off-site Rotation/Elective form, which can be found here.

Review Committees (RC)

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

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

The IRC and TYRC are composed of voting members, including a resident member, appointed by the ACGME Board of Director's Executive Committee and confirmed by the ACGME Board of Directors.

Schedules

Attending/Ward Schedule

There are several types of faculty schedules including inpatient, outpatient, subspecialty and after hours call schedules. The schedules highlight the times, the dates, and the areas to which each faculty member has been assigned.

Tip: in some programs, the coordinator develops the schedules, while in others the chief residents are responsible or the chief resident and the program coordinator work together to develop and maintain the schedules. Determine who is responsible for developing the schedule at your program.

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

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

Work Hours Exception

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

Master Schedule

The master schedule shows the trainee's rotation schedule for the year, by block. The number and duration of blocks can depend on a variety of factors, including the number of trainees, the curriculum structure, and institution guidance. Blocks are usually in four-week intervals amounting from 12 to 13 blocks per year. It is recommended you familiarize yourself with both the ACGME program requirements for your specialty, as well as the ACGME institutional requirements.

Call Schedule

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

Moonlighting

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

Common Program Requirements and the sponsoring institution's written policies and procedures regarding moonlighting.

On-Call Activities

The objective of on-call activities is to provide residents with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when residents are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night, averaged over a four-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care as defined in Specialty and Subspecialty Program Requirements.

No new patients, as defined in Specialty and Subspecialty Program Requirements, may be accepted after 24 hours of continuous duty.

At-home call (pager call) is defined as call taken from outside the assigned institution.

The frequency of at-home call is not subject to every third night limitation. However, at-home call must not be so frequent as to preclude rest and reasonable personal time for each resident. Residents taking at-home call must be provided with 1 day in 7 completely free from all educational and clinical responsibilities, averaged over a 4-week period.

When residents are called into the hospital from home, the hours residents spend in-house are counted toward the 80-hour limit.

The program director and the faculty must monitor the demands of at-home call in their programs and make scheduling adjustments as necessary to mitigate excessive service demands and/or fatigue.

Oversight

Each program must have written policies and procedures consistent with the Institutional and Program Requirements for resident duty hours and the working environment. These policies must be distributed to the residents and the faculty. Monitoring of work hours is required with frequency sufficient to ensure an appropriate balance between education and service.

Back-up support systems must be provided when patient care responsibilities are unusually difficult or prolonged, or if unexpected circumstances create resident fatigue sufficient to jeopardize patient care.

Supervision of Residents/Fellows

All patient care must be supervised by qualified faculty. The program director must ensure, direct, and document adequate supervision of residents/fellows at all times. Trainees must be provided with rapid, reliable systems for communicating with supervising faculty.

Faculty schedules must be structured to provide residents with continuous supervision and consultation.

Faculty, fellows, and residents must be educated to recognize the signs of fatigue and adopt and apply policies to prevent and counteract the potential negative effects.

Work Hours

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

Work hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time-period provided between all daily duty periods and after in-house call.

Special Events

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

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

- July – new trainee welcome, picnics, lunches, river excursions, class dinners, baseball games, soccer games
- August – Retreats
- September – Retreats (with families)
- October – Retreats, career day

- November – Thanksgiving breakfast, retreats, job fair, specialty match day celebrations
- December – Holiday celebrations, progressive dinner (resident or fellow home)
- January – Mid-year party
- February – Lunar New Year celebration, Mardi Gras Party
- March – Residency match celebration
- April – Softball game
- May –Canoe party, senior dinner for faculty by graduating class, chief resident pictures with families
- June – Graduation party, reception for family night, picnic for seniors

Surveys/Annual Updates

GME Track is a resident database and tracking system that was introduced in March 2000 to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census that is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC and AMA's prior GME surveys. Benefits of GME Track include:

- Pre-loaded with information collected from existing sources at the AAMC and the AMA (such as NRMP and ERAS) which greatly reduces the time and effort required for data entry
- Immediate and on-going access to biographical and training information
- Ability to view and print resident information and program rosters

Each year the American Medical Association (AMA), the largest physician organization in the United States, conducts an extensive survey of graduate medical education programs and resident physicians. The information you provide in this survey is critically important for program directors, resident physicians, medical students, hospitals, licensing boards, researchers and policy makers. The survey is conducted online during August and September of each year. The information you provide is published in FREIDA online (Fellowship and Residency Electronic Interactive Database Access) and is made available through the AMA homepage and the Graduate Medical Education Directory, the two most popular sources of GME program information for medical students and resident physicians.

Tip: collaborate with the Program Director on any changes to the pediatric residency or fellowship program. Ensure to meet all deadlines.

The Match

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

Fellowship Match: On Match Day, at the end of November/early December, residents are informed of which fellowship program they will join in July. As with the Residency Match, Fellowship Match Day is a day filled with anxiety, expectations and excitement. The same is true for fellowship programs. On Match Day, both programs and residents are notified through NRMP system.

Tip: after Match Day, several activities take place in preparation for Orientation.

- *Welcome information to new trainees: Various documents, each institution determines the contents. Contact the Medical Education Graduate office (GME) of your institution to determine what information they are sending to coordinate the communication. Some examples include:*
    - *Biographical form*
    - *Contract*
    - *Emergency contact information*
    - *Employment credentials request*
    - *Gift - T-shirt, mug, etc.*
    - *Immunization request form*
    - *Pediatric Advanced Life Support (PALS) test dates and materials*
    - *Relocation information*
    - *Schedule request forms (vacations, electives, etc.)*
    - *Welcome letter/e-mail*

Who to Contact at the APPD

Please visit the Coordinators' Section page on the APPD website, which can be found here.

While there you may access general contact information for each coordinator (and all other APPD members), search the membership by program name/state/region here.

Yearly Calendar

Program Coordinators have found that organizing their activities in a calendar format, electronically, on paper or on a whiteboard, helps them manage the complexities of their job. Whatever format you select, you will experience firsthand the advantage of using this helpful tool. In order to help you develop your own timeline ACGME has provided a timeline

to help residency, fellowship, and institutional coordinators.
https://www.acgme.org/additional-resources/

Related Organizations/Alphabet Soup

- AAP: American Academy of Pediatrics
- APS: American Pediatric Society
- FOPO: Federation of Pediatric Organizations
- SPR: Society for Pediatric Research
- Medical Education and Training
    - AAMC: Association of American Medical Colleges
    - ACGME: Accreditation Council for Graduate Medical Education
    - AMA: American Medical Association
    - APA: Academic Pediatric Association
    - APPD: Association of Pediatric Program Directors
    - COMPSEP: Council on Medical Student Education in Pediatrics
    - FRIEDA: Fellowship and Residency Electronic Interactive Database Access (part of AMA)
    - MPPDA: Medicine-Pediatric Program Directors Association Medical Education and Training
- Medical Specialty Boards
    - ABMS: American Board of Medical Specialties
    - ABAI: American Board of Allergy and Immunology
    - ABA: American Board of Anesthesiology
    - ADA: American Board of Dermatology
    - ABEM: American Board of Emergency Medicine
    - ABFM: American Board of Family Medicine
    - ABIM: American Board of Internal Medicine
    - ABMGG: American Board of Medical Genetics and Genomics
    - ABNS: American Board of Neurological Surgery
    - ABOG: American Board of Obstetrics and Gynecology
    - ABO: American Board of Ophthalmology
    - ABOS: American Board of Orthopedic Surgery
    - ABOHNS: American Board of Otolaryngology, Head and Neck Surgery
    - ABP: American Board of Pediatrics
    - ABPath: American Board of Pathology
    - ABPMR: American Board of Physical Medicine and Rehabilitation
    - ABPS: American Board of Plastic Surgery
    - ABPM: American Board of Preventive Medicine
    - ABPN: American Board of Psychiatry & Neurology
    - ABR: American Board of Radiology
    - ABS: American Board of Surgery

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