HCPro
a Simplify Compliance brand

The Residency Coordinator's Handbook

FOURTH EDITION

Updated to reflect the NEW Common Program Requirements!

Ruth Nawotniak, MS, C-TAGME

The Residency Coordinator's Handbook

Fourth Edition

Ruth H. Nawotniak, MS, C-TAGME

HCPro
a Simplify *Compliance* brand

The Residency Coordinator's Handbook, Fourth Edition is published by HCPro, a Simplify Compliance brand.

ISBN: 978-1-64535-001-9
Product Code: RESHB4B

Ruth Nawotniak, MS, C-TAGME, Author
Deema Al-Sheikhly, MRes, MEHP, Contributor
Thurayya Arayssi, MD, FACP, FACR, FRCP, Contributor
Megan Christofferson, BA, Contributor
Alice R. Gordon, C-TAGME, Contributor
Susan Marie Freeman Ike, BS, Contributor
Kerrie J. Jordan, MS, C-TAGME, Contributor
Karen Mulcahy, C-TAGME, Contributor
Amine Rakab, MD, CPHQ, FACP, Contributor
Marie Wegeman Ray, C-TAGME, Contributor
Amy K. Romandine, C-TAGME, Contributor
Charlene Larson Rotandi, AB, C-TAGME, Contributor
Meghan Stawitcke, BA, Contributor
Laura Warner, C-TAGME, Contributor
Karen Kondilis, Managing Editor
Son Hoang, Content Specialist
Adrienne Trivers, Product Manager
Matt Sharpe, Senior Manager, Creative Layout
Zak Whittington, Cover Designer

Arrangements can be made for quantity discounts. For more information, contact:

HCPro
100 Winners Circle, Suite 300
Brentwood, TN 37027
Telephone: 800-650-6787 or 781-639-1872
Email: *customerservice@hcpro.com*

Visit HCPro online at: *www.hcpro.com* and *www.hcmarketplace.com*

Contents

About the Author

Ruth Nawotniak, MS, C-TAGME

Ruth H. Nawotniak, MS, C-TAGME, consults in graduate medical education program management, with a focus on coordinator training, coaching, and professional development, as well as new program applications. She is the visionary and co-founder of the National Board for Certification of Training Administrators of Graduate Medical Education Programs (TAGME), and its first president. She spearheaded the creation of TAGME to establish standards for the profession, to acknowledge the expertise needed to successfully manage graduate medical education programs, and to recognize those training program administrators who have achieved competence in all fields related to their profession. Nawotniak also served as the training program administrator for the general surgery residency program at the University at Buffalo—SUNY (UB) for 20 years.

Her passion for education has led to the development of educational materials and presentations at national workshops for managers of graduate medical education programs. She has collaborated with HCPro in developing and presenting educational boot camps and authoring or co-authoring publications focusing on coordinator education topics.

In addition, she has presented at teaching hospitals and academic centers across the country. Her professional commitment is in promoting graduation medical education management as a viable and highly regarded career choice.

About the Contributors

Deema Al-Sheikhly, MRes, MEHP

Deema Al-Sheikhly, MRes, MEHP, is the director of the division of Continuing Professional Development at the Weill Cornell Medicine—Qatar (WCM-Q) where she is responsible for directing the overall educational program and maintaining the division's mission and strategic plan, as well as providing strategic oversight for the development and maintenance of the infrastructure of the division. She joined WCM-Q in 2006 and has gained over 10 years' experience in undergraduate, graduate, and continuing medical education. She played an instrumental role in the accreditation of the institution by the Accreditation Council for Continuing Medical Education, which was amongst the first to be accredited internationally. In her previous role as manager for graduate medical education (GME) at WCM-Q, she provided academic and administrative support to WCM-Q's associate dean for GME. This included support of the affiliate hospital in restructuring the residency programs to meet the ACGME-I accreditation standards. She was instrumental in developing an internal review process, which was highly commended by ACGME-I.

Thurayya Arayssi, MD, FACP, FACR, FRCP

Thurayya Arayssi, MD, FACP, FACR, FRCP, is associate professor of medicine and the senior associate dean for medical education and continuing professional development (CPD) at the Weill Cornell Medicine-Qatar (WCM-Q), the international campus of Weill Cornell. She obtained her MD degree from the American University of Beirut (AUB) and completed her residency and chief residency in internal medicine and her geriatrics fellowship at the University of Rochester (New York). She then joined the National Institutes of Arthritis and Musculoskeletal Disorders at the National Institutes of Health in Bethesda, Maryland, completing a second fellowship in rheumatology. Arayssi has worked in the area of international medical education for almost two decades and has held multiple leadership positions including program director of internal medicine residency program and designated institutional official at AUB, where she ensured the residency program's alignment with ACGME requirements. She also served as assistant dean for clinical curriculum, associate dean for GME and more recently senior associate dean for medical education and CPD at WCM-Q. In this capacity, she has been involved in accreditation of residency programs and CPD programs and has advised training programs with ACGME and ACGME-I standards.

Megan Christofferson, BA

Megan Christofferson, BA, received her Bachelor of Arts from Stanford University in interdisciplinary studies in humanities in 2008. She has been the fellowship coordinator for pediatric gastroenterology at Stanford University since 2011. In addition, she serves as the coordinator for the Stanford Children's Inflammatory Bowel Disease (IBD) Center, under which role she is involved in research and quality improvement efforts that are ultimately geared toward providing the best possible care for patients who suffer from IBD. She has presented nationally in both roles and remains dedicated to teaching others how to use quality improvement techniques to advance patient care within health systems and optimize GME.

Alice R. Gordon, C-TAGME

Alice R. Gordon, C-TAGME, is the director of GME and assistant designated institutional official at UCF COM/HCA GME Consortium at Osceola Regional Medical Center. She is the former program administrator for the internal medicine residency program at the University of Rochester (New York) Medical Center. She previously served as chair of the Association of Program Directors in Internal Medicine (APDIM) Program Administrator Advisory Group and is a member of the APDIM Program Administrator's Mentoring Program. She has presented nationally at APDIM and ACGME meetings.

Susan Marie Freeman Ike, BS

Susan Marie Freeman Ike, BS, is a senior fellowship coordinator for the Department of Pediatrics at Stanford University. She received her Bachelor of Science in human environmental sciences, from the University of Alabama in 2008. Over the past five years, she has coordinated several Stanford fellowship and residency programs, including allergy & immunology, pediatric rheumatology, medical genetics, medical biochemical genetics, and the combined pediatrics and medical genetics. She has presented at local and national conferences, including at the Association of Pediatric Program Directors annual spring meetings.

Kerrie J. Jordan, MS, C-TAGME

Kerrie J. Jordan, MS, C-TAGME, is the designated institutional official of the KCU-GME Consortium and director of GME at Kansas City University of Medicine & Biosciences. In this role, she has developed several new training programs and assisted several programs with gaining successful accreditation. In addition, Jordan is a consultant for the American Osteopathic Association (AOA) Single Accreditation Application Assistance Program. In this role, she assists and reviews training programs transitioning from AOA to ACGME accreditation. Previously, Jordan worked for a children's hospital for eight years and a university hospital for three years. She played a major role in the expansion and development of the GME departments in those institutions; under her leadership, the children's hospital's GME department grew from two employees to 21. She was instrumental in the implementation of a residency management suite software program to track trainees, prepare programs for site visit/institutional review, and develop a systematic approach to Interns and Residents Information System cost reporting. She also played a key role in evaluation and assessment tracking for her former GME programs.

Karen Mulcahy, C-TAGME

Karen Mulcahy, C-TAGME, has 16-years of experience as the senior program specialist for the cardiovascular disease fellowship at Advocate Lutheran General Hospital in Park Ridge, Illinois. She currently serves as the vice president/president-elect for the National Board for Certification of Training Administrators in Graduate Medical Education (TAGME), is the inaugural chair and a founding member of the Fellowship Administrators in Cardiovascular Education and Training (FACET) organization, and is a member of the American College of Cardiology Cardiovascular Training Section Leadership Council.

Amine Rakab, MD, CPHQ, FACP

Amine Rakab, MD, CPHQ, FACP, joined Weill Cornell Medicine–Qatar (WCM-Q) in January 2016 as assistant professor of clinical medicine and assistant dean for clinical learning. He is credentialed at Hamad Medical Corporation as an internal medicine consultant and is a Fellow of the American College of Physicians (FACP). Prior to joining WCM-Q, Rakab served as chair of Academic Affairs and chair of the graduate medical education committee at Mafraq Hospital in Abu Dhabi, from 2010 to 2014. He also served as the ACGME's designated institutional official (DIO) and was tasked with the authority and responsibility for oversight and administration of all graduate medical education programs sponsored within Mafraq Hospital. As DIO, he restructured residency training programs in Abu Dhabi to meet ACGME-I program accreditation and successfully spearheaded Mafraq Hospital ACGME-I institutional accreditation in September 2012. He also provided leadership and organized resources to Mafraq Hospital, as a GME-sponsoring institution, to achieve substantial compliance with the ACGME Institutional Requirements, thereby maintaining ACGME accreditation.

Marie Wegeman Ray, C-TAGME

Marie Wegeman Ray, C-TAGME, has more 25 years of experience in GME. In 1991, Ray began her career in GME as the founding program coordinator of the Louisiana State University Health Sciences Center Emergency Medicine Residency located in Baton Rouge, Louisiana. In 2013, Ray became the founding director of GME at Osceola Regional Medical Center, where she worked closely with its affiliated allopathic and osteopathic medical schools to develop and obtain ACGME accreditation for several new residency training programs. Ray is dedicated to providing and supporting professional education for the residency management team, and through this devotion, she co-founded the Emergency Medicine Association of Residency Coordinators (EMARC) and the National Board for Certification of Training Administrators in Graduate Medical Education (TAGME). Her national presentations have focused on ACGME accreditation, residency management processes, coordinator professionalism, and coordinator certification. In 2013, Ray received the ACGME Program Coordinator Excellence Award.

Amy K. Romandine, C-TAGME

Amy K. Romandine, C-TAGME, is a founding member and first treasurer of The National Board for Certification of Training Administrators of Graduate Medical Education (TAGME). She is the GME coordinator for accreditation and education at UW Health. She formerly served as the radiology program manager at the University of Wisconsin Hospital in Madison. She is past president and current member of the Association of Program Coordinators in Radiology. Romandine was a 2010 finalist for the ACGME Program Coordinator Excellence Award and has presented nationally and internationally on the topics of coordinator professionalism, coordinator certification, and communication.

Charlene Larson Rotandi, AB, C-TAGME

Charlene Larson Rotandi, AB, C-TAGME, is the senior fellowship coordinator for the Department of Pediatrics at Stanford University. She also serves as the past chair of the Coordinators' Executive Committee of the Association of Pediatric Program Directors (APPD) and is involved in the planning and presentation of educational workshops for both the fall and spring annual meetings. In 2005, Rotandi received her Bachelor of Arts degree from Vassar College in psychology. She has worked in GME for more than 10 years. She has previously held the position of graduate medical education coordinator for the department of OB/GYN at the University of California, San Francisco; residency program coordinator for pediatrics at Lucile Packard Children's Hospital, Stanford University; and most recently the fellowship program coordinator for pediatric hematology/oncology at Stanford University. She has presented at regional and national conferences, including APPD and ACGME.

Meghan Stawitcke, BA

Meghan Stawitcke, BA, received her Bachelor of Arts from the University of California, Los Angeles, in American literature and culture in 2005. Since 2012, she has been a fellowship coordinator for the neonatal-perinatal medicine and developmental-behavioral pediatrics programs at Stanford University. In 2016, she also became the fellowship coordinator for clinical informatics. Most recently, Stawitcke was elected vice chair for coordinators of the Western Region of the Association of Pediatric Program Directors (APPD). She has presented educational workshops regionally and nationally, including the APPD and ACGME annual conferences.

Laura Warner, C-TAGME

Laura Warner, C-TAGME, is the program administrator for the general surgery residency program at Guthrie/Robert Packer Hospital in Sayre, Pennsylvania. She has served in this role for 19 years. From 2000 to 2007, she also served as the program administrator for the hospital's vascular surgery fellowship. She was a member of on the Executive Committee of the Association of Residency Administrators in Surgery (ARAS) from 2011 to 2015 and a committee member of the Surgical Council on Residency Education (SCORE) in that same time period. Since 2011, she has been an advisory team member of Adventures in Medicine. She has also been involved with the National Board for Certification of Training Administrators of Graduate Medical Education Programs (TAGME) since 2004, serving terms as a representative of surgery, an outside reviewer of the certification assessment, secretary, and board member.

1

What Is Medical Education?

Although this book will focus on graduate medical education (GME), it is important that residency program coordinators know and understand all three components of medical education: undergraduate medical education (UME), GME, and continuing medical education (CME). Knowing where your residents came from and where they are going after training will help you better understand the role of GME in the professional and clinical development of physicians.

For more information on the topics and organizations discussed throughout the book, see the Resources section at the end of each chapter.

Undergraduate Medical Education

Medical school is the first step of formal medical education in the United States. Many college students prepare for medical school by pursuing a degree in the biological sciences, although doing so is not a prerequisite—they may enter the field with degrees in anything from engineering to fine arts. Although many enter medical school immediately after receiving their undergraduate degrees in a related field, the medicine bug can bite at almost any time.

Philosophies of medicine

There are two main philosophies of medicine: allopathic and osteopathic. Prospective medical students must decide which of these two types of medical school they would like to attend. The majority of physicians in the United States are graduates of allopathic medical schools.

Allopathic physicians treat diseases using remedies that aim to stop the effects of that disease's symptoms (Encarta Dictionary). Osteopathic medicine takes a whole-body approach to treating a patient, looking at how a disease in one part of the body affects other parts of the body.

Figure 1.1

Specialty Boards and Their Websites

American Board of Medical Specialties	
Specialty board	**Website**
Allergy and immunology	*www.abai.org*
Anesthesiology	*www.theaba.org*
Colon and rectal surgery	*www.abcrs.org*
Dermatology	*www.abderm.org*
Emergency medicine	*www.abem.org*
Family medicine	*www.theabfm.org*
Internal medicine	*www.abim.org*
Medical genetics	*www.abmgg.org*
Neurological surgery	*www.abns.org*
Nuclear medicine	*www.abnm.org*
Obstetrics and gynecology	*www.abog.org*
Ophthalmology	*www.abop.org*
Orthopedic surgery	*www.abos.org*
Otolaryngology	*www.aboto.org*
Pathology	*www.abpath.org*
Pediatrics	*www.abp.org*
Physical medicine and rehabilitation	*www.abpmr.org*
Plastic surgery	*www.abplasticsurgery.org*
Preventive medicine	*www.theabpm.org*
Psychiatry and neurology	*www.abpn.com*
Radiology	*www.theabr.org*
Surgery	*www.absurgery.org*
Thoracic surgery	*www.abts.org*
Urology	*www.abu.org*

Source: American Board of Medical Specialties, www.abms.org.

Bureau of Osteopathic Specialists	
Specialty board	**Website**
Anesthesiology	*https://certification.osteopathic.org/anesthesiology*
Dermatology	*www.aobd.org*
Emergency medicine	*https://certification.osteopathic.org/emergency-medicine*
Family physicians	*www.aobfp.org*
Internal medicine	*https://certification.osteopathic.org/internal-medicine*
Neurology and psychiatry	*www.aobnp.org*

Figure 1.1

Specialty Boards and Their Websites *(continued)*

Bureau of Osteopathic Specialists *(continued)*	
Specialty board	**Website**
Neuromusculoskeletal medicine	*https://certification.osteopathic.org/neuromusculoskeletal-medicine/*
Nuclear medicine	*www.aobnm.org*
Obstetrics and gynecology	*http://aobog.org*
Ophthalmology and otolaryngology	*www.aoboo.org*
Orthopedic surgery	*www.aobos.org*
Pathology	*www.aobpath.org*
Pediatrics	*www.aobp.org*
Physical medicine and rehabilitation	*www.aobpmr.org*
Preventive medicine	*www.aobpm.org*
Proctology	*www.aobpr.org*
Radiology	*www.aobr.org*
Surgery	*https://certification.osteopathic.org/surgery/*

Source: Bureau of Osteopathic Specialties, https://certification.osteopathic.org/bureau-of-osteopathic-specialists

few exceptions to this requirement; for example, a children's hospital may have a pediatric radiology fellowship even though it is not linked to a core diagnostic radiology program.

Non-accredited fellowships—such as minimally invasive laparoscopic fellowships—do not follow the ACGME requirements and are not accredited by that agency.

In addition to single-specialty residency and fellowship training programs, there are also combined training programs that, as the name implies, combine training in more than one specialty. Med-Peds is an example of a core residency that combines training in two specialties: internal medicine and pediatrics. An example of a combined fellowship program is endovascular surgical neuroradiology, which combines training in neurosurgical and catheter techniques and neuroradiology (itself a subspecialty of diagnostic radiology). Trainees in this subspecialty may have completed prerequisite residency training in diagnostic radiology, neurology, or neurological surgery.

There are also programs that emphasize medical research. One such program is the American Board of Radiology's "Holman Pathway," which combines residency training with extensive research. Trainees who plan to pursue careers in academic radiology medicine may elect this type of training.

3

Basics of Program Accreditation

By Amy K. Romandine, C-TAGME

On February 22, 2012, Dr. Thomas J. Nasca, CEO of the Accreditation Council for Graduate Medical Education (ACGME), unveiled an updated accreditation model for graduate medical education (GME) programs. With growing public accountability in the ever-changing healthcare environment, it became clear to the ACGME that they needed to build a new accreditation system that would satisfy the many demands on GME.

The ACGME Outcome Project of 1999 built the foundation for the Next Accreditation System (NAS) of 2013, which is now referred to as current/continuous accreditation. By utilizing the six core competencies, the GME community further defined the progression of a physician with specialty-specific, core competency–specific milestones that trainees must reach along the medical education continuum.

The aims of the NAS were as follows:

- Further develop the outcomes-based education model of the Outcome Project by creating educational milestones that are based on core competencies and those are specific to each specialty.
- Build an accreditation model that allows programs to innovate in order to teach current trainees the skills that they may need in the future. The Patient Protection and Affordable Care Act has changed the way physicians and hospitals are compensated. Physicians are no longer only paid for service but instead paid for performance based on quality and patient satisfaction measures. Quality and safety—not just patient care—are the forefront of the healthcare system. Programs need the flexibility to adjust their curricula to accommodate these and future needs.

- Increase accountability to the public. There is an ever-growing public demand for responsible government spending. The ACGME now has the ability to provide measures (e.g., milestones, metrics, case logs) and outcomes to those who fund GME (i.e., the U.S. government).
- Reduce the burden that the accreditation process places on programs. There are specific windows of time in which the ACGME will request specific data and outcome metrics from programs. The information reported is less subjective and provides more national objective benchmarks.
- Move toward a continuous improvement process for program growth. Programs are given an annual accreditation status based on the various data points gathered throughout the year. The status options are: continued accreditation, accreditation with warning, or probationary accreditation. The status will be based on the current year's data submitted in the Accreditation Data System (ADS).

Components of Accreditation

The pieces of accreditation are driven by particular data elements that create an annual accreditation status that promotes a continuous improvement model in which programs review, reflect, change, measure, reflect, and change again. The components of the annual accreditation status include the following:

- Annual ADS update
- Resident survey
- Graduates' board performance on the certification examination
- Case/Operative log
- Faculty survey
- Milestone data

Each of the components are required annually, except for the milestone data. The milestone data is reported for each resident two times each year: at the midpoint of the academic year and at the end point of the academic year. Consult your ADS profile each year for the exact dates of submission.

Annual ADS Update

The annual ADS update may occur at slightly different times of year depending on specialty and program, but it is usually between July and October. Programs have completed this annual update

Figure 4.3 **Comparison Grid of the CPR effective 2017 and the CPR effective 2019.**

Section	Subsection 2017	CPR effective July 1, 2017	Section	Subsection 2019	CPR effective July 1, 2019
CPR includes references to both residents and fellows			There is now a CPR (Residency) and CPR (Fellowship). They are essentially the same with the exception of some modification for fellowships		
Introduction	A	residency education; essential learning activities, supervision	Introduction		a statement of philosophy and an emphasis on the crucial role of graduate medical education in the training and development of the physician. It has been reframed using Graduate Medical Education instead of residency; graded authority and responsibility for patient care; life-long learning
		n/a		B. Definition of Specialty	Review Committee must further specify
		n/a		C. Length of Educational Program	Review Committee must further specify
1 - Institutions	A. Sponsoring	Definition; ensures pd has sufficient protected time and financial support	1 - Oversight	A. Sponsoring Institution	more encompassing definition; program sponsorship by one ACGME accredited sponsoring Institution
	B. Participating Sites			B. Participating Sites	definition added;
	B1	PLA and what it includes; renew at least every 5 years. I.B.2.a).3-6 removed to the Program Director's Guide		B1	designation of primary clinical site; Review committee may augment
	B2	addition or deletion of participating sites information		B2	PLA approved by DIO; renew at least every 10 years. What the PLA includes is now to be found in the Program Director's Guide and in the Background and Intent box

Figure 5.1

Section II.A.4 of the ACGME 2017 Common Program Requirements: Who Is Responsible for What?

ACGME CPR II A	Program Director (PD) Responsibility	Program Coordinator (PC) Support
4.a) Oversight of the didactic and clinical education at all participating sites.	Create and develop a curriculum, including goals and objectives for each rotation at each PGY level. Establish a didactic program that meets the needs of the training program. Ensure that the curriculum includes all clinical components required by the clinical specialty RC and the specialty board.	Work with the PD and faculty to develop and distribute the curriculum. Know the difference between goals and objectives. Develop a grand rounds schedule that includes presenters and topic as directed by the PD. Track attendance at grand rounds and other program conferences. Track competencies met in each conference. Know the RC requirements. Know the appropriate specialty board requirements to ensure that all clinical components are present; understand the RC and specialty clinical requirements, and apply that understanding to assessing the needs of the training program.
4.b) Approve a resident education director at each participating site.	Select a resident education director at each participating site.	Prepare, analyze, and present reports and give input regarding faculty candidates' qualifications, as requested by the PD.
4.c) Approve faculty who will work with the residents.	Select faculty.	Give input on faculty as requested by the PD.
4.d-e) Approve ongoing participation by the faculty based upon evaluation.	Review evaluations to ensure that faculty contribute to the education of residents.	Utilize an evaluation process to prepare, analyze, and present reports on each faculty member. Reports may include evaluations and his or her procedural and patient encounter activities with residents.
4.f) Review resident supervision at all participating sites.	Evaluate resident supervision activities.	Manage tracking or monitoring mechanisms put in place by the PD.
4.g) Prepare and submit accurate and complete information required and requested by the ACGME, including the program's annual resident update to ADS.	ADS: Update demographics and scholarly activity; update program compliance questions. (Task usually delegated to coordinators. However, PDs are responsible for reviewing and ensuring that it is accurate and complete.) Requested information: • Resident case, patient encounter information • Citation updates • Responses to resident complaints • Other requests	ADS: Regularly access ADS and update resident, program, and faculty information (required annually). PD usually delegates this to the PC. Requested information: • Case logs or patient encounter information—entered by resident, monitored by coordinator for compliance to requirements and timely entry • Provide data and review

7

Transitioning from AOA to ACGME Accreditation

By Kerrie J. Jordan, MS, C-TAGME

In late 2012, the American Osteopathic Association (AOA), the Accreditation Council for Graduate Medical Education (ACGME), and the American Association of Colleges of Osteopathic Medicine (AACOM) announced that they were proposing a single graduate medical education (GME) accreditation system (Terry, 2013). The proposal was stimulated by the ACGME's Next Accreditation System (NAS). The single GME accreditation system will allow graduates of allopathic and osteopathic medical schools to complete and achieve a standard set of competencies and milestones in ACGME-accredited residency programs (Miller, Jarvis, Mitchell, & Miser, 2016). Because creating a single unified accreditation system has its limitations and significant challenges, it took until February 2014 for the ACGME and AOA to come together into a single accreditation system and form a Memorandum of Understanding (MOU) to that effect.

The MOU outlines the process and groundwork for AOA programs to transition to ACGME accreditation. As stated by Miller et al. (2016), the MOU reviewed the expected benefits of a single accreditation system, which include doing the following:

- Eliminating accreditation duplication
- Ensuring that allopathic and osteopathic graduates are eligible to enter and transfer programs without repeating training
- Maintaining universal accountability and achievement of competencies
- Providing cost savings (Miller et al., 2016)

The ACGME and AOA feel that it is essential to the medical profession to standardize, streamline, and strengthen the postdoctoral accreditation process by combining their systems into a single accreditation system.

Figure 8.4

Sample Exit Interview Summative Evaluation

Due to the volume of verification requests we receive, we are able to provide you with this summary information in response to your inquiry regarding:

Dr.

1. Verification: Our records show that this physician served in the following training program at the University of Buffalo:

						ACGME approved?		Completed program?	
						Yes	No	Yes	No
Residency		From		To					
Chief residency		From		To					
Fellowship		From		To					

2. Evaluation of ACGME competencies: Based on demonstrated performance and composite of supervisor evaluations.

As compared to reasonable expectations for the level of training completed, this resident's/fellow's competence in these skills is rated as:	**Superior**	**Good**	**Fair**	**Poor**	**No Information**
Investigatory and analytic thinking					
Knowledge and application of basic and clinically supportive sciences					
Overall medical knowledge					
Creating a therapeutic and ethically sound relationship with patients					
Working within a team					
Listening skills					
Overall interpersonal and communication skills					
Caring and respectful behaviors toward patients and families					
Gathering essential and accurate information about their patients					
Informed decision-making using evidence, judgment, and patient management plans					
Developing and carrying out patient management plans					
Counseling and educating patients and families					
Using IT to support patient care decisions and patient care education					
Performing medical procedures					
Providing preventive and maintenance health services					
Working with a team to provide patient-focused care					
Overall patient care					

Figure 10.3

Sample Resident Life Cycle and Chief Resident Calendar

Morale cycle of residents: Etiology:
Anxiety and frustration
Overworked and sleep deprived
Engagement-detachment dynamics
Resembles seasonal affective disorder

Resident morale:
PGY1:
Feelings of inadequacy
Time management challenges and inefficiency
Sleep deprivation
Lack of control over workload
Doubts about internal medicine
Doubts about the program
Depression

PGY2:
Transition from intern to resident
More independent decision-making
Confidence vs. overconfidence
Career choice decisions

PGY3:
Detachment
Separation anxiety
ABIM test preparation

Chief Resident and Incoming Chief—Year at Glance:
Chief resident job description:

- Physician/faculty/teacher.
- Role model.
- Administrator.
- Personal development.
- Setting the example and expectations.
- Identification and intervention with problem residents.
- Conflict resolution (be ready to respond; remain neutral when gathering facts; use your program director's experience).
- Anticipate change: Residents always view change as negative, even when it is good for them, because change exacerbates residents' feelings of lack of control over their own lives. Change provides the chief residents with an opportunity to build trust and a sense of team, while strengthening their leadership role. Reduce resident anxiety and frustration by involving residents in the change process.
- Attend program meetings, program evaluation committee meetings, clinical competency committee meetings, resident class meetings, selection committee meetings, and mentor lunches.

Appendix

Acronym Lists

A

AACOM	American Association of Colleges of Osteopathic Medicine	*www.aacom.org*
AAMC	Association of American Medical Colleges	*www.aamc.org*
ABMS	American Board of Medical Specialties	*www.abms.org*
ABS	American Board of Surgery	*www.absurgery.org*
ACCME	Accreditation Council for Continuing Medical Education	*www.accme.org*
ACGME	Accreditation Council for Graduate Medical Education	*www.acgme.org*
ACLS	advanced cardiac life support	
ACS	American College of Surgeons	*www.facs.org*
ADS	Accreditation Data System	*www.acgme.org*
AHME	Association for Hospital Medical Education	*www.ahme.org*
AMA	American Medical Association	*www.ama-assn.org*
AMG	American medical school graduate	
AOA	American Osteopathic Association	*www.osteopathic.org*
APE	annual program evaluation	
ATLS	advanced trauma life support	

B

BLS	basic life support

C

CACMS	Committee on Accreditation of Canadian Medical Schools	*www.afmc.ca*
CCC	clinical competency committee	*www.acgme.org*

The Residency Coordinator's Handbook

FOURTH EDITION

Ruth Nawotniak, MS, C-TAGME

Residency program coordinators shoulder the broad responsibility of not only ensuring their program meets accreditation requirements but also making sure residents, faculty, and program directors have all of the resources they need. But coordinators themselves need a resource they can rely on, too: a reference that covers the wide-ranging tasks that come up in their day-to-day duties.

The Residency Program Coordinator's Handbook, Fourth Edition offers residency program and fellowship coordinators the education and field-tested solutions they need to ensure a successful and efficiently run residency/fellowship program. With contributors from an array of backgrounds, this book offers a global, multispecialty view of coordinator duties. New and veteran coordinators will benefit from the guidance, sample policies, and program tools they can implement immediately.

About Simplify Compliance

Simplify Compliance, with its three pillars of thought leadership, expertise, and application, provides critical insight, analysis, tools, and training to healthcare organizations nationwide. It empowers healthcare professionals with solution-focused information and intelligence to help their facilities and systems achieve compliance, financial performance, leadership, and organizational excellence. In addition, Simplify Compliance nurtures and provides access to productive C-suite relationships and engaged professional networks, deploys subject matter expertise deep into key functional areas, and enhances the utility of proprietary decision-support knowledge.

800-650-6787

www.hcmarketplace.com

ISBN-13: 978-1-64535-001-9

90000

9 781645 350019

Simplify Compliance
Learn, Comply, Succeed

100 Winners Circle, Suite 300
Brentwood, TN 37027

RESHB4B