

Department of Graduate Medical Education

Stanford Health Care

300 Pasteur Drive - Room HC435

Stanford, CA 94305-5207

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- **Fax:** (650) 723-3045
- **Email:** gme@med.stanford.edu
- **Business Hours:** Monday - Friday, 7:45AM - 4:30PM
- **Website:** <http://gme.stanford.edu>

The Department of Graduate Medical Education is located on the fourth floor of Stanford Hospital & Clinics. **Access is via the "N" staircase located adjacent to the hospital's Gift Shop.**

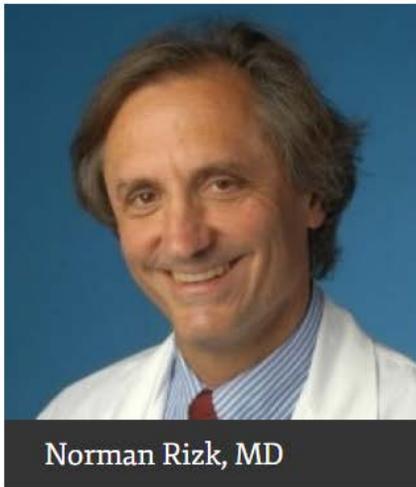


To watch an introduction video of GME, please following the link:
<http://med.stanford.edu/gme/housestaff/incoming.html>

The Graduate Medical Education Office at Stanford is here to help you with many aspects of being a program coordinator. Many of our staff focus on “operational” elements of our residency programs, such as onboarding residents, budgets, benefits, leaves of absence, call rooms and the like. The three program managers are tasked with helping programs with ACGME accreditation tasks and enhancing program educational quality.

Please do not hesitate to reach out when you have questions. We hope that the following role descriptions help you to determine who to reach out to. However, if you are not sure please just let us know and we will help you find the right person to answer your question.

GME Leadership Team



Norman Rizk, MD

Senior Associate Dean for Clinical Affairs
Chief Medical Officer, Stanford Health Care

[View Stanford CAP Profile >](#)



Ann Dohn, MA

Director, Graduate Medical Education
Designated Institutional Official (DIO),
[ACGME](#)

Training Program Liaison, [ECFMG](#)
Special Programs Coordinator,
[Medical Board of California](#)
Institutional Official, [NRMP](#)

- [CA MD License Exemptions: Section 2111, 2113, 2168](#)
- [On Call Coverage](#)
- [Visas: J-1, H1-B](#)



Laurence Katznelson,
MD

Associate Dean for Graduate Medical Education
Chair, [Graduate Medical Education Committee \(GMEC\)](#)

[View Stanford CAP Profile >](#)



From Left to Right: Jie Li, Nancy Ruddy, Brian Rogers, Marcy Kulakow, Mitra Haddad, Ann Dohn, Trey Huynh-Ngo, Nancy Piro (now happily retired), and Robin Bankston

Operations Team

Robbin Bankston

Program/Office Manager

RBankston@stanfordhealthcare.org

650-736-7487 (office)

- Daily operations / supervision of the GME office
- Allowances (Bonuses, On Call Meals, etc.)
- Benefits
- Payroll
- Leave of Absences
- Orientation

Brett Toensing, MS

Financial/MedHub Analyst

Bet1@stanford.edu

650-725-1951 (office)

- Budget Planning and Tracking
- Orientation
- Super User for MedHub

Mitra Haddad, BA

Administrative Coordinator

MHaddad@stanfordhealthcare.org

650-723-5948 (office)

- [Away Electives Rotations](#)
- [Continuing House Staff](#)
 - [HealthStream Compliance](#)
 - [Occupational Health Compliance](#)
- [Outgoing/Graduating House Staff](#)
- [Loan Deferments/Forbearances](#)
- [Postdoctoral Appointments](#)
- [Reimbursements](#)
- [Notary](#)
- [Jury duty Letter](#)
- [Certificates](#)

Brian Rogers

Administrative Assistant II

BriRogers@stanfordhealthcare.org

650-723-6564 (office)

- [House Staff On Call Room Monitoring](#)
- [SUNet ID Provision and Monitoring](#)
- [House Staff Uber Usage Monitoring](#)
- [Visas: J-1 visas, H1-B visas - Documentation & Processing](#)
- [MSOW Database for House Staff - Monitoring & Maintenance](#)
- [Website Management](#)

Marcy Kulakow, BA

Registrar

MKulakow@stanfordhealthcare.org

650-723-5948 (office)

- [CA Medical Licensure Process](#)
- [EPIC for House Staff](#)
- [HealthStream](#)
- [Incoming House Staff](#)
 - [HealthStream Compliance](#)
 - [Occupational Health Compliance](#)
- [IT for SHC & SCH for House Staff](#)
- [MSOW Database for House Staff](#)
- [Visiting Residents](#)
- [Website Management](#)
- [Notary](#)

Education Team

Jie Li, PhD

Senior Program Manager/Education Specialist

JieLi@stanfordhealthcare.org

650-723-6558 (office)

- Evaluation/Assessment
- GME Research
- Internal Reviews
- [MedHub](#)
- Program Accreditation
- [Self Studies](#)
- [Site Visits](#)
- [Special Reviews](#)

Nancy Ruddy, PhD

Program Manager/Education Specialist

NRuddy@stanfordhealthcare.org

650-723-6562 (office)

- Evaluation/Assessment
- GME Research
- Internal Reviews
- [MedHub](#)
- Program Accreditation
- [Self Studies](#)
- [Site Visits](#)
- [Special Reviews](#)

Thang "Trey" Huynh-Ngo, MBA

Program Manager/Education Specialist

THuynhngo@stanfordhealthcare.org

650-498-2418 (office)

- Medhub
- Website Management
- Funding and Expansion
- Evaluation/Assessment
- GME Research
- Internal Reviews
- [MedHub](#)
- Program Accreditation
- [Self Studies](#)
- [Site Visits](#)
- [Special Reviews](#)

Program Coordinator Responsibilities for Program Accreditation

Resident Evaluations - Ongoing

ACGME requires that residents receive *timely* feedback on their performance. Timely feedback is foundational to a solid educational program; when residents get feedback long after a rotation or other educational experience it is not as helpful in guiding performance improvement and professional development. Each program has its own evaluation system. Typically, residents receive feedback from faculty, other residents and patients. Faculty complete written evaluations when they have worked with a resident for a specific time on a specific rotation or service.

Your role: Your program's evaluation forms are located in MedHub under the evaluations tab. It will be helpful to review your program's evaluation process with your program director. Typically, program coordinators are responsible for sending out evaluations, and tracking when they are complete to make sure they are completed in a timely manner. You may be asked to run evaluation reports, and to compile the various performance evaluations to help your program complete the semi-annual evaluations required by the ACGME.

Resident Evaluations - Milestones/Semiannual Resident Evaluations

"Milestones" refers to a set of competencies that residents are expected to gain as they complete their training. The milestones were developed by experts from each medical specialty training community. These experts worked to determine what a resident should know or be able to do at different points in their training. They serve to help programs determine if a resident is "on track."

"Milestone" evaluations are semi-annual performance evaluation of your residents. These evaluations are completed by the Clinical Competency Committee (CCC). The CCC is a subgroup of core faculty chosen by your program director. The CCC meets to pull together all of the performance evaluations of each resident to determine if they are "on track" in their progress towards becoming a competent physician.

ACGME requires all programs to report the "Milestones" progress of each resident twice a year (Dec-Jan and Jun-Jul). In addition, all residents must meet with their program director at the end of the training program for a "summative evaluation" that reviews if they have reached clinical competency in the milestones for their specialty. This ensures that all graduates are competent to practice or move onto further specialized training.

Your role: The CCC needs to look at a lot of information about each resident to synthesize it into a cohesive performance evaluation. Typically, program coordinators compile this information for the CCC prior to the meeting. This information often includes rotation evaluations, in-service exam scores, procedure numbers, etc. This information can be found in MedHub. Your program director may also ask you to convene the meeting, take notes during the meeting, and enter information into MedHub after the meeting. After the CCC meeting, you will report the milestone progress to ACGME via WebADS prior to the deadline.

WebADS (Web = web based. ADS = Accreditation Data System)

WebADS refers to the ACGME Web based portal to store program information. All programs **MUST** update their program information in WebADS annually. ACGME wants extensive information about each program to ensure that programs are "healthy."

Your role: Program coordinators play a large role in compiling the information that ACGME requires from each program. You likely will need to work with each faculty member to ensure that you have an updated copy of their curriculum vita that includes all of their most recent publications, presentations and grants (“scholarly activity”) and certifications. You will work with your program director to help him or her compile information about the residents, program policies, curriculum goals and objectives, etc. You will also work with your GME Program Manager to review the compiled information to make sure that the information is complete and accurate.

Training Program Evaluation

ACGME requires each program to complete an annual program evaluation (APE). The APE is an opportunity for the program to “look in the mirror” and self-evaluate strengths and weaknesses. The APE is completed by the Program Evaluation Committee (PEC). Your program director decides who serves on the PEC.

The PEC:

- meets and reviews information that helps them evaluate the program strengths and weaknesses
- conducts a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis of the program.
- creates an “Action Plan” that lists issues, proposed quality improvement strategies, timelines for these quality improvement strategies and who is responsible for implementation.

This information is entered into the “APE Guidebook.” The APE Guidebook is an Excel spreadsheet that the GME office created to help structure programs’ APE and to standardize how the APE is reported out across programs. It helps programs track issues, solutions and outcomes over many years. This is important to overall accreditation, because ACGME looks for program quality improvement and innovation over time.

Your role: Program coordinators play a large role in compiling the information that the PEC needs to conduct the APE. We will review the list of information that should be compiled during the individual and group program coordinator evaluations that will occur over the next few months. You may also be asked to convene the PEC, attend the meeting and keep minutes, work with the APE Guidebook template and upload files to MedHub.

Surveys

There are four surveys each year that you will help with.

GME Housestaff Survey: This is an internal survey that the GME office conducts before the ACGME survey. We use it to help determine program quality, elicit any issues, and as a “early warning system” to try and avert issues on the ACGME survey that may be based on misunderstandings. The survey link is sent to all residents in November. We compile the information in December and send programs a “report card” that shows trends across years.

ACGME Resident Survey: ACGME sends out a survey to all residents regarding program quality each year. This is an important method for them to keep track of program quality and determine if a program is having issues such that they need to be reviewed and evaluated more closely.

ACGME Faculty Survey: ACGME sends out a survey to all faculty regarding program quality each year. Like the resident survey, the ACGME uses the results of this survey to track trends over time, and to determine if a program is struggling and needs closer oversight.

Alumni Survey: The GME office sends out a survey to all alumni of Stanford training programs. The survey helps us have the perspective of our graduates on the quality of training they received. In addition, the survey helps us track alumni activity. Some of the program evaluation information you will need will come from this survey, as ACGME wants to know about the relative success of your graduates as an indicator of your program's quality.

Your role in surveys: Program coordinators are asked to remind residents, faculty and alumni to complete all surveys. We can not require people to take the surveys, but try to motivate them to express their opinion. Some programs set aside a specific time to allow people to complete surveys, since people tend to forget or struggle to find time given their many competing demands. This is particularly important in small programs, as GME and ACGME will not report out survey results when they have fewer than 4 resident responses or fewer than 5 faculty responses. The survey results are very helpful in program evaluation, so it is important to try to reach these numbers.

Duty Hours

ACGME has very strict rules about resident duty hours. These include the number of hours they can work in one week, how much time they have off between shifts and how many days they work in a row. These rules were put in place to protect residents, but also to ensure that residents are not so fatigued that they can not provide quality care to patients. Residents input duty hours into MedHub, and MedHub creates a report of any duty hours that are not in compliance with ACGME limits.

Your role: Program coordinators help to ensure that residents report their duty hours in a timely manner. In addition, they must pull all flagged "duty hour violations" (when the reported hours do not align with ACGME rules). Duty hour violations must be reviewed with the program director to determine why a violation occurred. MedHub's duty violations tracking is not 100% correct, so there are also times that the program coordinator will note that there was not a real duty hours violation.

Self Study and Site Visit

ACGME requires programs to submit program information – the self study – when they are to undergo a program review by ACGME. Self studies are typically submitted only when a program is applying for ACGME accreditation, if ACGME requires a special review, or every 10 years. The self study is a synthesis of the various yearly program evaluation processes from the last five years, and a description of how the program plans to continue to improve and evolve over the next 10 years. After the self study document is submitted, ACGME sends out a site visitor to validate the information. **If your program needs to submit a self study or is likely to have a site visit anywhere in the near future, or your GME program manager will work closely with you to help you pull together the necessary information.**

Deciphering the “Alphabet Soup” of Graduate Medical Education

ACGME: American Council on Graduate Medical Education: The organization that accredits medical residencies and fellowships

ADS: Accreditation Data System – online service where programs upload program information yearly for ACGME

APE: Annual Program Evaluation – Yearly program self evaluation required by ACGME

AOC: Area of concern – ACGME review has revealed an area where the program exhibits weakness in the area or has trended down. The issue is not to the degree that the program is out of compliance, so they do not receive a citation.

Citation: ACGME review has determined that a program is out of compliance with an accreditation standard or ACGME policy or procedure. Citations MUST be address in a program’s next APE

CCC: Clinical Competency Committee - Three or more active teaching faculty who are chosen by the program directo to review evaluation information for each resident and determines each residents’ performance evaluation outcome

CLER: Clinical Learning Environment Review – a review of the institution’s efforts to provide residents with a safe learning environment, and to engage residents in initiatives focused on patient safety, quality improvement and resident wellness

CPR: Common Program Requirements: ACGME requirements that apply to all specialties and subspecialties

Competencies: Specific knowledge, skills and behaviors residents must illustrate to complete an accredited program. Programs must show how they both teach and evaluate each of the competencies. The 6 competencies are:

- Patient Care
- Medical Knowledge
- Practice based learning and improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems Based Practice

Complement: Maximum number of residents a program is allowed to train at any one time

Compliance: A program or institution’s adherence to requirements

Continued Accreditation: This is an accreditation status. It means the program has been reviewed and it is in compliance with requirements

Core Faculty: Faculty who play a significant role in the education of residents. They must have specific qualifications to serve as core faculty which depend on the program's specialty area. Core faculty devote at least 15 hours per week to resident education and administration

DIO: Designated Institutional Official – The person responsible for all of the ACGME accredited residencies and fellowships

Fellow: A physician who has already met requirements for board certification in a specialty (e.g., Pediatrics or Internal Medicine), but is now completing a training program in a subspecialty (e.g., Cardiology, Rheumatology etc.)

GMEC: Graduate Medical Education Committee – A group of program directors, residents and program coordinators who meet once a month to review accreditation issues. Program directors serve as voting members, and vote on changes in program directors, association program directors, issues around internal program reviews, etc.

LON: Letter of Notification – the official letter that tells a program the outcome of an ACGME review, and the action taken by the committee. A program can get continued accreditation with or without “areas of concern” or “citation.” Programs can also be put on probation, and accreditation can be terminated

Master Affiliation Agreement: A document that outlines the agreement between the sponsoring (primary) institution and a major participating site

PD: Program Director: One physician faculty with authority and accountability for the operation of the residency/fellowship

PEC: Program Evaluation Committee: The faculty chosen by the program director to conduct the Annual Program Review (APE)

PLA: Program Letter of Agreement: A document that outlines responsibilities between an individual program and a site that is not part of the sponsoring institution where their trainees go for a required educational experience

RRC: Review Committee, Residency Review Committee – sets accreditation standards and provides peer evaluation of residency and fellowship programs

SI: Sponsoring Institution – the organization that has ultimate financial and academic responsibility for a graduate medical program. Our SI is Stanford Health Care

Summative Evaluation (Final Evaluation): The evaluation completed at the end of the training program to certify that the resident has successfully completed the program

TOC: Transitions of Care – managing the transition of a given patient's care during a change in care team. The focus is to ensure that the new team has the complete and accurate information they need to take proper care of the patient

ACGME & GME Education Timeline July 1, 2019 - June 30, 2020

Tasks	July 2019						June 2020						
	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	
WebADS APE must be complete and uploaded to MedHub before starting WebADS	WebADS opens 7/9/2019 for 1st Group	WebADS opens 7/31/2019 for 2nd Group											
	Group 1: Prepare WebADS updates. Send to GME by 8/9/2019 for review. Submit GME-approved WebADS to ACGME. Group 2: Prepare WebADS updates. Send to GME by 9/6/2019 for review. Submit GME-approved WebADS to ACGME.												
Milestones	Send out milestone-based evaluations of residents/fellows to attending physicians.					Submit Milestone Reports to ACGME.		Send out milestone-based evaluations of residents/fellows to attending physicians.				Submit Milestone Reports to ACGME.	
Clinical Competency Committee					Meet, Review, Finalize in MedHub's Milestone Management section. Submit to ACGME.						Meet, Review, Finalize in MedHub's Milestone Management section. Submit to ACGME.		
Semi-Annual Evaluations						Meet with resident. Document in MedHub.					Meet with resident. Document in MedHub.		
GME House Staff Survey for Residents/Fellows					Survey Window. GME delivers confidential survey.		Survey results posted in MedHub.						
ACGME Survey for Faculty and Residents/Fellows							Reporting window. ACGME delivers confidential survey.			Survey results posted in MedHub.			
Program Evaluations for Faculty and Residents/Fellows									GME delivers confidential program evaluations. (Tentatively in April)	Evaluations posted in MedHub.			
Final Evaluations	Final Evaluation to be verified for incoming PGY2/fellows/transfers.										Complete form at end of training.		
Program Evaluation Committee / Annual Program Evaluation (APE)	Upload APE documentation in MedHub by 7/31/19								Schedule, Meet & Upload meeting minutes in MedHub.				
Program Expansion & Funding Request							Submit application if needed to GME						
Duty Hours	Monthly Ongoing: Review all violations.												
GME Special Review	Occurs any time at GME's discretion.												
Site Visit	Occurs at any time with an ACGME notification (minimum 30 days prior to visit).												
Self Study	Occurs approximately every 10 years. Advance notice will be posted in ADS (ACGME Self Study letter of notification).												
CLER						A 3-day Visit Approximately in Dec-Feb.							

Legend
ACGME - External
GME - Internal
Hard Deadline Task
Task

Stanford GME Evaluations and Survey Requirements

Source	Category	Type	Administor	Minimum Frequency
Internal	Program Quality	Program Evaluation by Resident	GME Office	Once/Year (Apr)
		Program Evaluation by Faculty	GME Office	Once/Year (Apr)
		Resident Evaluation of Faculty	Program	At Least Once/Year
		GME Housestaff Survey	GME Office	Once/Year (Oct-Nov)
	Trainee Performance	Milestone Evaluations (Multiple Evaluators Required)	Program	Ongoing
		- Faculty Evaluation of a Resident	Program	At the Ending of Each Rotation (Or At Least Every Quarter for 1-Year Programs)
		- Semi-Annual Evaluation (Including One-On-One Meeting with Trainee)	Program	Twice/Year
		- Patient Evaluation of a Resident	Program	As Needed
		- Other Health Professionals Evaluation of a Resident	Program	As Needed
		- Resident Self Evaluation	Program	As Needed
		Clinical Competency Committee	Program	Twice/Year
		Summative Evaluation	Program/PD	At the Ending of Training
		Transition of Care Evaluation	Program	At Least Once/Year
*Sharp Training Checklist	Program	Once/Year		
External	Program Quality	ACGME Resident Survey	ACGME	Once/Year (Feb-Apr)
		ACGME Faculty Survey	ACGME	Once/Year (Feb-Apr)
		ACGME WebADS Updates	ACGME	Once/Year (Jul-Sep)
	Trainee Performance	Receives Milestone Data from Program	From Program	Twice/Year (Nov-Jan & May-June)
		Receives Case/Procedures Data from Program	From Program	Ongoing

Annual Program Evaluation (Led by Program Evaluation Committee)

**Not included in the Annual Program Evaluation*

ACGME One Year Cycle (2019-2020)	
Nov 2019 - Jan 2020	Milestone Reporting to ACGME
Feb-Mar 2020	ACGME Resident and Faculty Survey
May-Jun 2020	Milestone Reporting to ACGME
Jul-Sep 2020	ACGME WebADS Updates
Sep 2020 - Jan 2021	ACGME RC Meeting:
	Milestones and Survey Results from 2019-2020 Will be Reviewed

Instructions:

1. Complete this form in its entirety.
2. Attach appropriate backup/s listed below in **red**.
3. Send completed form & backup/s to Mitra Haddad via email mhaddad@stanfordhealthcare.org, or in person at Stanford GME office SHC, Room HC435.

Note:

- Copies of CMLicense and DEA Certificate must show issuance & expiration dates and address on record. Address on record must be complete Stanford program address & not residence's home or GME address.
- Email requests will NOT receive a confirmation unless there is a problem with the request.
- Pls. do not duplicate requests.
- Reimbursement will be added to House Staff's paycheck within 2-3 pay cycles providing completed form & correct backup/s have been provided. To confirm receipt of payment, check your paystub by visiting <https://econnect.stanfordmed.org>.

Expenses must incur during the academic year individual is appointed by GME, for usage while at Stanford

Full Name	Date
Mailing Address	5-digit SHC Employee # (found in MedHub)
Initial California Medical License	
Check appropriate box/s:	
<input type="checkbox"/> \$491-Stanford interns who apply for their MD license <u>no later than March 1st</u> Submit: Copy of the check made to Medical Board of CA	
<input type="checkbox"/> \$416.50-PGY II residents that have already received initial reimbursement of \$491 and <u>license is issued no later than September 1st</u> Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
<input type="checkbox"/> \$907.50- <u>new</u> PGY II residents <u>if license is issued no later than September 1st</u> Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
<input type="checkbox"/> \$907.50- <u>new</u> residents/fellows that are PGY III or higher Submit: Copy of CML card or copy of electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
California Medical License Renewal	
<input type="checkbox"/> \$820- <u>if license expires while under contract</u> with Stanford Health Care Submit: Copy of renewed CML card or copy of renewed electronic medical license verification from http://www.mbc.ca.gov/Breeze/License_Verification.aspx	
DEA Certificate: Initial DEA or Renewal	
<input type="checkbox"/> \$731-while under contract with Stanford Health Care Submit: Copy of DEA certificate. For questions contact DEA Registration Support at https://www.deadiversion.usdoj.gov/ and/or https://apps.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp	
USMLE Part III	
<input type="checkbox"/> \$875-Stanford Interns only Submit: copy of payment during Intern year	

TOTAL: \$ _____

**Stanford Health Care/Stanford Children's Health
Away Rotation Policy, Checklist, Application Form & PLA**

Housestaff name (first & last name)

Elective dates

Submission Date

Dept. contact name & phone

Away electives are defined as rotations outside of Stanford Health Care (SHC) and Stanford Children's Health (SCH) that generally fall into two categories:

Standard Off-Site Electives:

Are rotations to institutions where SHC/SCH fellows and residents rotate on an on-going basis. Examples of such sites are the Palo Alto Veterans (VA) Healthcare System, Kaiser Permanente, Santa Clara (KPSC) and Santa Clara Valley Medical Center (SCVMC).

The standard off-site institution's master affiliation agreement covers the malpractice.

Non-Standard Off-Site Electives:

Are rotations to institutions where no master affiliation agreement exists with the program or SHC/SCH.

Non-Standard Off-Site rotations must provide malpractice coverage during the elective rotation.

Instructions:

- All Away electives must be submitted to GME by the Program Coordinator and qualify as:
 - Cases/clinical experience from the rotation must count for board certification.
 - Faculty supervision must equal the level of supervision on other rotations.
- All elective rotations for Non-Stanford Off-Site Electives must be approved by Ann M Dohn, GME Director of Stanford Health Care 60 days prior to the start of the away rotation.
- Continuation of salary and benefits during away rotations is subject to the approval of the Stanford Program Director and Ann Dohn, Stanford Designated Institutional Official (DIO).
- Malpractice coverage for non-standard off-site rotations must be provided by the host institution and not Stanford.
- Submit the following documentations to Mitra Haddad mhaddad@stanfordhealthcare.org in the GME office 60 days prior to the start of the proposed away rotation for approval:

Checklist

1. Completed checklist
2. Completed application Form
3. Letter of Acceptance from host program
4. Completed Program Letter of Agreement (PLA)
5. Competency-based goals and objectives for the rotation
6. If international Fellow/Resident on a J-1 visa-attach a completed ["ECFMG Required Notification of Off-Site Rotation/Elective"](#)
7. Global Health Scholars (check one item below):
 - 7a. Johnson & Johnson Global Health Scholars Program
 - 7b. Mary Duke Biddle Clinical Scholars Program
 - 7c. Stanford Medicine (Independent) Global Scholars Program
8. If not on a Global Health Scholar rotation, pls. provide PTA (Dept./Division charge code #) to bill for stipend during rotation: _____

**Stanford Health Care/Stanford Children's Health
Away Rotation Application Form**

Name of Resident

Name of Current SHC/SCH Fellowship/Residency Program

- Are you receiving residency credit for this rotation? Yes No

Host Program Details:

Name of Host Program

Name of Host Program Director

Name of Facility (where elective will take place)

Address, City, State Zip

Contact Person

Telephone Number

Fax Number

Rotation Start Date

Rotation End Date

Approvals:

Program Director Printed Name

Program Director's Signature

Date

Designated Institutional Official Name

DIO Signature

Date

Stanford Health Care/Stanford Children's Health Away Rotation Program Letter of Agreement

Stanford Health Care Program: _____

Host Institution: _____

Resident Name: _____

This Program Letter of Agreement ("PLA") between the Host Rotation Site Director and the Stanford Health Care Program Director defines specific educational elements to comply with general essentials for graduate medical education. This agreement does not take precedence over any master affiliation agreement between the host rotation site and Stanford Health Care. The Host Rotation Program Director shall maintain responsibility for the quality of the education under this agreement.

1. _____ is the Site Director at the Host Rotation Institution who agrees to administrative, educational and supervisory responsibilities for the residents during the away rotation, including responsibility for teaching, supervision, and formal evaluation of the resident's performance during the rotation.
2. Competency based educational goals and objectives (attached) of the rotations are to provide a superior learning and training experience in _____ in a supervised educational setting.
3. The faculty at _____ must provide appropriate supervision of the resident in patient care activities and maintain a learning environment conducive to educating the residents in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
4. The period of rotation is: _____ to _____.
5. The Host Site Director is responsible to notify the Stanford Health Care Program Director promptly, of any issue, clinical or academic, that may seriously affect any Stanford Health Care resident.
6. Stanford Health Care's House Staff Policies and Procedures govern the policies and procedures for the resident's education during rotations.

Host Director Name & Signature

Date: _____

Program Director Name & Signature

Date: _____

Stanford GME Current List of Continuing & Graduating Housestaff (Residents/Fellows) Form 2020-21

Instructions:

1. All Fellowship & Residency programs are required to complete the Continuing & Graduating forms annually.
2. Review for accuracy, verify, if necessary modify & email completed signed pdf form to Mitra Haddad mhaddad@stanfordhealthcare.org by **12-2-19**.
3. Please provide full name of programs including combined programs.
4. Additional changes after 12-2-19, must be submitted to [Mitra](#) by using the earlier submitted form with changes **highlighted**, re-signed & dated.

Thank you for your time & cooperation. For questions & recommendations, contact Mitra Haddad <mhaddad@stanfordhealthcare.org>, phone: 650 723-5948.

Department-Program: **Allergy/Immunology - Fellowship**

Sean McGhee, smcgee@stanford.edu

Program Director Name

Program Director Signature (electronic signatures are not acceptable)

Date Signed

Mary Leonard

Department Chair Name

Department Chair Signature (electronic signatures are not acceptable)

Date Signed

Wendy Cardamone

Program Coordinator Name

wendyc@stanford.edu +

Program Coordinator's email + Phone

Date of completion:

(Submission deadline to GME is 12-2-19)

For GME office use only:

Notes: _____

of housestaff: 5

See other side →

Stanford GME List of Continuing & Graduating Housestaff (Residents/Fellows) 2020-21 Continued:

Allergy/Immunology - Fellowship

Current Residents/Fellows

House Staff Name	2019-20 PGY Level	Trainee Type <i>(Resident or Fellow)</i>	Promote to Next PGY <i>(yes, no)</i>	New 2020- 21 PGY Level	Promotion Date <i>(mm/dd/yyyy)</i>	New Title <i>(Resident or Fellow)</i>	Appointment Details if Applicable <i>(off cycle, Transferring/starting OPA, PTA funded, PTA #, or relevant details)</i>	Will Graduate in 2020 <i>(yes, no)</i>	2020 Graduation Date if applicable <i>(mm/dd/yyyy)</i>
Fellow #1	4	Fellow							
Fellow #2	4	Fellow							
Fellow #3	5	Fellow							
Fellow #4	5	Fellow							
Fellow #5	5	Fellow							

Sample Form

DEPARTMENT OF GRADUATE MEDICAL EDUCATION

300 PASTEUR DRIVE, STANFORD, CA 94305

O: 650-723-5948, F: 650-723-3045

gme@med.stanford.edu

RESIDENCY/FELLOWSHIP PROGRAM EXPANSION AND FUNDING

Choose one:

- Temporary Expansion** can be approved by the Designated Institutional Officer (DIO), Ann Dohn. Please send her an e-mail outlining the reason for temporary expansion to adohn1@stanford.edu (subject: Temporary Expansion: PROGRAM NAME). Temporary funding = 1 FTE for less than a year.
- If temporary expansion request is greater than 1 year, please use this application to submit the program's request.
- Military Residents**, if fully funded by the Armed Forces, can be also approved by the DIO. Please send the Memorandum of Understanding (MOU) to Ann Dohn's attention (subject: Military Expansion: PROGRAM NAME).
- Expansion, expansion with funding, or funding of existing positions** require completion of the attached form. Upon completing the application, submit to gme@med.stanford.edu (subject: PROGRAM NAME Expansion/Funding Request). If a program review is needed, the GME staff will contact you.

Please check the GME website for deadlines:

http://med.stanford.edu/gme/program_portal/program/exp-fund.html.

APPLICATION FOR EXPANSION, EXPANSION WITH FUNDING, OR FUNDING OF EXISTING POSITIONS

1	PROGRAM INFORMATION
Department Name / Core Program	
Program Name	
Program Type (Please check one):	<input type="checkbox"/> ACGME-accredited program <input type="checkbox"/> Non-ACGME-accredited program <input type="checkbox"/> Unsure
Request: Permanent or Temporary? (Please check one)	<input type="checkbox"/> Permanent
	<input type="checkbox"/> Temporary Duration (Start Date – End Date): _____
Request Type (Please check one)	<input type="checkbox"/> Expansion without funding Name of Funding Source: _____
	<input type="checkbox"/> Expansion and funding by an affiliate (Kaiser, VA, SCVMC or other) <ul style="list-style-type: none"> <input type="checkbox"/> Kaiser <input type="checkbox"/> SCVMC <input type="checkbox"/> VA <input type="checkbox"/> Other. Please specify: _____
	<input type="checkbox"/> Expansion and funding (by either SHC or LPCH, check all that apply below) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> SHC <input type="checkbox"/> LPCH </div>
	<input type="checkbox"/> Funding for current positions (by either SHC or LPCH, check all that apply below) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> SHC <input type="checkbox"/> LPCH </div>

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2 EXPANSION & FUNDING REQUEST

Please list total requested. For example, if requesting expansion and funding for 1 fellow per year in 2-year program, please list "2" under # additional and funding columns.

# of Additional Resident/Fellow Requested	Funding Requested for # of Residents/Fellows

3 EDUCATIONAL RATIONALE

3A	Define the educational purpose of the training program and intended goals of the program.
3B	Define the Clinical Programmatic Need and/or National/Regional need for the expansion.
3C	Describe the potential impact on other programs (e.g. potential competition for cases).
3D	Describe the impact on your existing program/trainees.

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3E	Describe the qualifications of the program leadership and adequacy of current infrastructure to support the expansion.

Required documentation with application:

- [] A current and proposed rotation schedule
- [] Competency based goals and objectives for your program (if new) or rotations (if new)
- [] Documentation of case logs and the RRC/Board requirements for case numbers

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SIGNATURES:

Program Director's Printed Name

Program Director's Signature

Date

Core Program Director's Printed Name

Core Program Director's Signature

Date

Department Chair's Printed Name

Department Chair's Signature

Date

FOR GME OFFICE INTERNAL USE ONLY

PROGRAM SUMMARY

Department Name / Core Program	
Program Name	
Residency or Fellowship	
Program Director	
Program Director E-mail	
Length of Training Program (in years)	
Current Number of Residents/Fellows	
Number of ACGME Approved Positions	

REQUEST SUMMARY

Number of Additional Residents/Fellows Requested	
Number of Funding Requested for Residents/Fellows	
Funding Source	
Date Received	
Date Reviewed by Funding Committee	
Review Notes	

**Stanford Health Care/Lucile Packard Children's Hospital at Stanford
Program Letter of Agreement**

**Residency Program and Site Director
Agreement for Education**

Stanford Health Care Program: _____

Affiliate: _____

Date: _____

This Program Letter of Agreement ("PLA") between the Stanford Health Care Program Director and the affiliate Site Director defines specific educational elements to comply with general essentials for graduate medical education. This agreement does not take precedence over any master affiliation agreement between Stanford Health Care and the affiliate. The Stanford Health Care Program Director shall maintain responsibility for the quality of the education under this agreement.

1. _____ is the Site Director at the affiliate who agrees to administrative, educational and supervisory responsibilities for the residents during the rotation at the affiliate, including responsibility for teaching, supervision, and formal evaluation of the resident's performance during the rotations.
2. Competency based educational goals and objectives (attached) of the rotations are to provide a superior learning and training experience in _____ in a supervised educational hospital setting.
3. The faculty at _____ must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.
4. The period of rotation is: _____. Reimbursement for resident salaries and benefits may be covered by the master affiliation agreement, if in effect.
5. The Site Director is responsible to notify the Program Director promptly, of any issue, clinical or academic, that may seriously affect any Stanford Health Care resident.
6. Stanford Health Care's House Staff Policies and Procedures govern the policies and procedures for the resident's education during rotations.

Program Director Name & Signature

Date:

Site Director Name & Signature

Date:

Attachment/s: Competency Based Goals & Objectives: