Agenda

- Reminder and Re-cap
- Check-in Discussion
- Program Evaluation Process
- Work Hours
- MedHub
Reminders

- Updates on Covid surge and other related issues tomorrow at the PC monthly meeting @1pm
Reminder: Milestone Submission Due on Mon Feb 14th

All ACGME programs must submit their milestones by Monday Feb 14th

Login to ADS at https://apps.acgme.org/connect/login

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Not Yet Assessable</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. PC1. Provide transfer of care that ensures seamless transitions</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. PC2. Make informed diagnostic and therapeutic decisions that result in optimal clinical judgment</td>
<td>✗</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. PC3. Develop and carry out management plans</td>
<td>✗</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>d. PC4. Provide appropriate role modeling</td>
<td>✗</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Re-cap of Last Session: Trainee Evaluation Overview

Ongoing Evaluation
Delivery and tracking

Nov/Dec
May/June

Preparation
Clinical Competency Committee

Dec & June

Meeting
Clinical Competency Committee (CCC)

Dec & June

Semiannual & Summative Evaluations

Jan & July

Reporting
Milestones to ACGME

Next CCC in June

Continue 360 evaluations for the next 6 months. We will re-visit in May & July

DUE
Feb 14th
Check-in Discussion

- How did your CCC meeting go?
- What was an “Aha!” or “Huh?” moment you’ve had?
Have you had the chance to use GME’s CCC Guidebook?

**COORDINATOR CHECKLIST**

<table>
<thead>
<tr>
<th>Metric</th>
<th>Data Path</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milestone Summary</td>
<td><strong>MedHub</strong>: Evaluation + Milestone Summary</td>
<td>Average level of each sub-competency based on the evaluation completed in the past 6 months.</td>
</tr>
<tr>
<td>Evaluation by Faculty</td>
<td>All evaluations are stored in MedHub. Reports with averages can be generated.</td>
<td>Average milestone evaluations by faculty and qualitative comments.</td>
</tr>
<tr>
<td>Evaluation by Staff</td>
<td><strong>MedHub</strong>: Aggregate Evaluation Report, Evaluation Completion Summary</td>
<td>Evaluations by nurses and qualitative comments.</td>
</tr>
<tr>
<td>Evaluation by Patients</td>
<td>Aggregate Evaluation Report, Evaluation Completion Summary</td>
<td>Evaluations by patients and qualitative comments.</td>
</tr>
<tr>
<td>Evaluation by Self (Trainee Self-Assessment)</td>
<td></td>
<td>Compare self-evaluations to evaluations by others to look for discrepancies and consistencies.</td>
</tr>
<tr>
<td>Rotation</td>
<td>Stored in MedHub</td>
<td>Is the trainee on track with the required rotation counts?</td>
</tr>
<tr>
<td>Case/Procedure Logs</td>
<td><strong>MedHub</strong>: Resident Rotations Report</td>
<td>Is the log up-to-date and meeting minimum requirement?</td>
</tr>
<tr>
<td>Scholarly Work</td>
<td>Stored in MedHub or reported to the ACGME WebAdS system</td>
<td>Has the trainee done any scholarly work in the past 6 months?</td>
</tr>
<tr>
<td>QI Projects</td>
<td>Option 1: Self-reported Option 2: MedHub</td>
<td>Has the trainee done any quality improvement work in the past 6 months?</td>
</tr>
<tr>
<td>Work Hours Logged</td>
<td>Stored in MedHub</td>
<td></td>
</tr>
<tr>
<td>Work Hours Violations</td>
<td><strong>MedHub</strong>: Work Hours Summary</td>
<td></td>
</tr>
<tr>
<td>Absences Logged (LOA and sick)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conference Attendance</td>
<td><strong>MedHub</strong>: Conference Attendance by Resident</td>
<td></td>
</tr>
<tr>
<td>Grant Rounds Attendance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In-Service Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Metric</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Metric 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Metric 3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Download Guidebook at:

- [https://med.stanford.edu/gme/program_portal/program/clinical-competency-committee--ccc-.html](https://med.stanford.edu/gme/program_portal/program/clinical-competency-committee--ccc-.html)
Objectives

By the end of today’s session, you’ll be able to…

- Identify key reports used in Program Evaluation
- Monitor trainee work hours and rotation schedule
- Use the corresponding functions on MedHub
Major Responsibilities & Timeline
Program Major Responsibilities

Program Evaluation:
- GME Housestaff Survey
- ACGME Surveys
- Program Evaluation
- Faculty Evaluation
- Program Evaluation Committee (Annual Program Evaluation)
- Annual WebADS Updates
- Work Hours Logging

Trainee Evaluation:
- Ongoing Evaluation
- Clinical Competency Committee
- Semi-annual & Summative Evaluation
- Milestone Reporting
- Final Evaluation
- Case Log Recording

Operations:
- Recruitment
- Interview/Hiring
- Continuing Trainees
- Scheduling
- Rotations
- Reimbursement
- Medical License

MedHub:
- ALL Tasks
# GME Timeline 2021-2022

<table>
<thead>
<tr>
<th>Tasks</th>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Milestones</strong></td>
<td>Submit Milestone Reports to ACGME.</td>
<td>Send out milestone-based evaluations of residents/fellows to attending physicians.</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Competency Committee</strong></td>
<td>Meet, Review, Finalize in MedHub's Milestone Management section.</td>
<td>Submit to ACGME</td>
<td></td>
</tr>
<tr>
<td><strong>Semi-Annual Evaluations</strong></td>
<td>Meet with resident. Document in MedHub.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ACGME Survey for Faculty and Residents/Fellows</strong></td>
<td>ACGME delivers confidential survey.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Duty Hours</strong></td>
<td>Monthly Ongoing: Review all violations.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>GME Special Review</strong></td>
<td></td>
<td>Occurs any time at GME's discretion.</td>
<td></td>
</tr>
<tr>
<td><strong>Site Visit</strong></td>
<td></td>
<td>Occurs at any time with an ACGME notification (minimum 30 days prior to visit).</td>
<td></td>
</tr>
<tr>
<td><strong>Self Study</strong></td>
<td></td>
<td>Occurs approximately every 10 years. Advance notice will be posted in ADS (ACGME Self Study letter of notification).</td>
<td></td>
</tr>
<tr>
<td><strong>CLER</strong></td>
<td></td>
<td></td>
<td>Takes place every 18 months.</td>
</tr>
</tbody>
</table>

**ACGME - External**
**GME - Internal**
**Hard Deadline Tasks**
**Tasks**
Program Evaluation
Overview of Program Evaluation Process

- **GME Survey**: Oct-Nov
- **ACGME Survey by Residents and Faculty**: Feb-Apr
- **Program Evaluation by Residents and Faculty**: Apr
- **Program Evaluation Committee (PEC)**: May-Jun
- **Annual Program Evaluation (APE)**: Jun-Jul
- **Annual WebADS Updates**: Aug-Sept

We are only focusing on GME survey and ACGME Survey. The rest will be covered in March’s PC orientation.
GME Housestaff Survey – Tool #1

Thank you for participating in the Annual GME House Staff Survey. This survey will take 3-5 minutes. We really appreciate your opinions and suggestions. Your responses are all anonymous and only questions with 4 or more responses will be reported. To begin, please tell us a little about yourself (NOTE: Responses will be aggregated to protect anonymity).

Q2
What is your current level of training at Stanford?

Please identify your current training program at Stanford.

Survey Report

Overall, how satisfied are you with the training you have received in your current program at Stanford?

I would recommend my training program here at Stanford to others.

I have an adequate amount of "protected time" to focus on my educational needs.

My program appropriately balances the need to fulfill service obligations with clinical education.

My program is organized to meet my educational needs.

The variety of patients I see is sufficient for meeting my educational needs.

My overall patient load for meeting my educational needs is:

My program prepares me to manage patient's behavioral health issues (e.g., mental health issues, chronic disease management etc.).

Faculty are successful teachers.

Faculty spend sufficient time supervising the trainees in the program.

I can ask questions to program faculty on a regular basis.

I can be open and honest with my program faculty.
GME Housestaff Survey – Cont.

- Completely anonymous and confidential internal survey
- Your role is to remind your trainees to complete the survey
- Reports are generated if program have 4 or more responses
  - Highlights areas your program excels and are deficient in
  - Qualitative comments provide context
- Your program will use the report to address areas for improvement or critical incidents, especially before ACGME Surveys are distributed.
GME Housestaff Survey – Report Location

- Located on MedHub → Program Accreditation → APE → Academic Year 2021-2022 under file attachments
ACGME Survey

Purpose: ACGME check in on program quality and another data tool (external) for your program evaluation

Your Role:

-- Ensure completion rate: resident 70%; faculty 60%
-- Ensure that residents and faculty understand survey is confidential
ACGME Survey – Cont.

- ACGME’s sends annually survey to trainees and faculty
- Completely anonymous and confidential
- **Survey will be live from 1/31/2022 - 4/17/2022 (roughly 11 weeks)**

- ACGME will generate 4 total reports from the survey:
  
  1. ACGME survey by trainee
  2. Wellness survey by trainee
  3. ACGME survey by faculty
  4. Wellness survey by faculty
<table>
<thead>
<tr>
<th>Domain</th>
<th>Color</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources</td>
<td>Purple</td>
</tr>
<tr>
<td>Professionalism</td>
<td>Purple</td>
</tr>
<tr>
<td>Patient Safety and Teamwork</td>
<td>Purple</td>
</tr>
<tr>
<td>Faculty Teaching and Supervision</td>
<td>Purple</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Purple</td>
</tr>
<tr>
<td>Educational Content</td>
<td>Blue</td>
</tr>
<tr>
<td>Diversity and Inclusion</td>
<td>Blue</td>
</tr>
<tr>
<td>Clinical Experience and Education</td>
<td>Blue</td>
</tr>
<tr>
<td>Wellness</td>
<td>Blue</td>
</tr>
</tbody>
</table>
ACGME Survey

<table>
<thead>
<tr>
<th>Residents’ overall evaluation of the program</th>
<th>Residents’ overall opinion of the program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very negative</td>
<td>0%</td>
</tr>
<tr>
<td>Somewhat negative</td>
<td>4%</td>
</tr>
<tr>
<td>Neutral</td>
<td>32%</td>
</tr>
<tr>
<td>Somewhat positive</td>
<td>64%</td>
</tr>
<tr>
<td>Very positive</td>
<td>60%</td>
</tr>
</tbody>
</table>

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>% Program Complaint</th>
<th>Program Mean</th>
<th>% Specialty Complaint</th>
<th>Specialty Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education compromised by non-physician obligations</td>
<td>96%</td>
<td>4.6</td>
<td>86%</td>
<td>4.3</td>
</tr>
<tr>
<td>Impact of other learners on education</td>
<td>92%</td>
<td>3.8</td>
<td>93%</td>
<td>3.9</td>
</tr>
<tr>
<td>Appropriate balance between education and patient care</td>
<td>60%</td>
<td>3.7</td>
<td>75%</td>
<td>4.0</td>
</tr>
<tr>
<td>Faculty members discuss cost awareness in patient care decisions</td>
<td>88%</td>
<td>3.3</td>
<td>89%</td>
<td>3.5</td>
</tr>
<tr>
<td>Time to interact with patients</td>
<td>92%</td>
<td>4.2</td>
<td>85%</td>
<td>4.2</td>
</tr>
<tr>
<td>Time to participate in structured learning activities</td>
<td>76%</td>
<td>4.0</td>
<td>78%</td>
<td>4.1</td>
</tr>
<tr>
<td>Able to attend personal appointments</td>
<td>72%</td>
<td>3.9</td>
<td>87%</td>
<td>4.5</td>
</tr>
<tr>
<td>Access to mental health counseling or treatment</td>
<td>96%</td>
<td>4.8</td>
<td>93%</td>
<td>4.7</td>
</tr>
<tr>
<td>Satisfied with safety and health conditions</td>
<td>80%</td>
<td>4.2</td>
<td>87%</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Professionalism

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>% Program Complaint</th>
<th>Program Mean</th>
<th>% Specialty Complaint</th>
<th>Specialty Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents/fellows comfortable calling supervisor with questions</td>
<td>86%</td>
<td>4.4</td>
<td>89%</td>
<td>4.5</td>
</tr>
<tr>
<td>Faculty members act professionally when teaching</td>
<td>100%</td>
<td>4.8</td>
<td>93%</td>
<td>4.6</td>
</tr>
<tr>
<td>Faculty members act professionally when providing care</td>
<td>100%</td>
<td>4.8</td>
<td>96%</td>
<td>4.7</td>
</tr>
<tr>
<td>Process in place for confidential reporting of unprofessional behavior</td>
<td>96%</td>
<td>4.8</td>
<td>85%</td>
<td>4.4</td>
</tr>
<tr>
<td>Able to raise concerns without fear or intimidation</td>
<td>72%</td>
<td>4.0</td>
<td>80%</td>
<td>4.2</td>
</tr>
<tr>
<td>Satisfied with process for dealing with problems and concerns</td>
<td>80%</td>
<td>4.1</td>
<td>78%</td>
<td>4.1</td>
</tr>
<tr>
<td>Experienced or witnessed abuse</td>
<td>96%</td>
<td>4.6</td>
<td>93%</td>
<td>4.6</td>
</tr>
</tbody>
</table>

Patient Safety and Teamwork

<table>
<thead>
<tr>
<th>Patient Safety and Teamwork</th>
<th>% Program Complaint</th>
<th>Program Mean</th>
<th>% Specialty Complaint</th>
<th>Specialty Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information not lost during shift changes or patient transfers</td>
<td>80%</td>
<td>3.9</td>
<td>81%</td>
<td>4.0</td>
</tr>
<tr>
<td>Culture emphasizes patient safety</td>
<td>92%</td>
<td>4.6</td>
<td>89%</td>
<td>4.4</td>
</tr>
<tr>
<td>Know how to report patient safety events</td>
<td>100%</td>
<td>5.0</td>
<td>96%</td>
<td>4.9</td>
</tr>
<tr>
<td>Interprofessional teamwork skills modeled or taught</td>
<td>72%</td>
<td>4.0</td>
<td>75%</td>
<td>4.1</td>
</tr>
<tr>
<td>Participate in adverse event analysis</td>
<td>80%</td>
<td>4.2</td>
<td>77%</td>
<td>4.1</td>
</tr>
<tr>
<td>Process to transition care when fatigued</td>
<td>88%</td>
<td>4.5</td>
<td>88%</td>
<td>4.5</td>
</tr>
</tbody>
</table>
### Well-Being Survey

**2019-2020 ACGME Resident/Fellow Survey**

Survey taken: January 2020 - February 2020

Residents Surveyed: 24
Residents Responded: 24
Response Rate: 100%

**Well-Being Survey Questions**

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

An important component of the Common Program Requirements is that physician well-being is crucial to delivering the safest, best possible care to patients. The results of the Well-Being Survey are intended to help your program and institution build and improve local well-being efforts, and make it easier to comply with the ACGME well-being requirements.

Aggregate reports will be provided to the program and sponsoring institution when a minimum number of responses is reached. This ensures anonymity and maintains confidentiality for survey respondents. These results are NOT used by the ACGME in the accreditation process.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find my work to be meaningful.</td>
<td>58.3%</td>
<td>41.7%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.6</td>
<td>N/A</td>
</tr>
<tr>
<td>I work in a supportive environment.</td>
<td>75.0%</td>
<td>25.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.8</td>
<td>N/A</td>
</tr>
<tr>
<td>The amount of work I am expected to complete in a day is reasonable.</td>
<td>20.8%</td>
<td>58.3%</td>
<td>20.8%</td>
<td>0.0%</td>
<td>3.0</td>
<td>N/A</td>
</tr>
<tr>
<td>I participate in decisions that affect my work.</td>
<td>58.3%</td>
<td>37.5%</td>
<td>4.2%</td>
<td>0.0%</td>
<td>3.5</td>
<td>N/A</td>
</tr>
<tr>
<td>I have enough time to think and reflect.</td>
<td>25.0%</td>
<td>54.2%</td>
<td>16.7%</td>
<td>4.2%</td>
<td>3.0</td>
<td>N/A</td>
</tr>
<tr>
<td>I am treated with respect at work.</td>
<td>70.8%</td>
<td>29.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.7</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel more and more engaged in my work.</td>
<td>29.2%</td>
<td>50.0%</td>
<td>20.8%</td>
<td>0.0%</td>
<td>3.1</td>
<td>N/A</td>
</tr>
<tr>
<td>I find my work to be a positive challenge.</td>
<td>29.2%</td>
<td>66.7%</td>
<td>4.2%</td>
<td>0.0%</td>
<td>3.3</td>
<td>N/A</td>
</tr>
<tr>
<td>I find new and interesting aspects in my work.</td>
<td>33.3%</td>
<td>58.3%</td>
<td>8.3%</td>
<td>0.0%</td>
<td>3.3</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Program Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I often feel emotionally drained at work.</td>
<td>12.5%</td>
<td>50.0%</td>
<td>20.8%</td>
<td>16.7%</td>
<td>2.6</td>
<td>N/A</td>
</tr>
<tr>
<td>After work, I need more time than in the past in order to relax.</td>
<td>4.2%</td>
<td>50.0%</td>
<td>33.3%</td>
<td>12.5%</td>
<td>2.5</td>
<td>N/A</td>
</tr>
<tr>
<td>I feel worn out and weary after work.</td>
<td>8.3%</td>
<td>33.3%</td>
<td>50.0%</td>
<td>8.3%</td>
<td>2.4</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*This report is confidential and not for further distribution. Please do not publish or share these results outside of your Sponsoring Institution.*
ACGME Survey – Purpose and Accreditation

- ACGME surveys are another tool for your program evaluation process
- ACGME reviews surveys to assess your program
- Non-compliance (<70% response rate or <80% scoring) is a deficiency and can result in a citation
Your role in ACGME survey – Response Collection

- Track your program’s survey completion status on ACGME
- Send reminders to your trainees and faculty
- Ensure all your trainees and faculty completes survey independently and honestly

- Reports will be generated if there are 4 or more responses AND completion rate is at least 70%
  - GME will send the survey reports when available.
Your role in ACGME survey – Response Collection

- How to encourage high survey response rate
  - Weekly reminders to trainees and faculty
  - Work with PD to dedicate time to complete survey (e.g. before didactics)
  - Reiterate confidentiality and is an opportunity for improvement
  - Have PD review the house staff survey, share within the program, and openly discuss interventions
Understanding the Report

- Your program uses the ACGME survey to address deficient areas and is a guiding datapoint in the annual program evaluation (APE).

- ACGME uses the ACGME survey to evaluate your program.
  - Concerning programs are further monitored and can result in a citation or site visit.

- GME uses the ACGME survey to measure your program’s performance.
  - Additionally, GME creates the 5-year trend analysis report to review longitudinal data. The 5-year trend analysis is a dashboard overview of your program’s performance every year.
GME Reports on Program Quality Indices

ACGME Survey

Program’s 5-Year Trend Analysis (Program Report Card)

GME Survey

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sufficient Supervision</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>97%</td>
<td>85%</td>
<td>90%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Sufficient Instruction</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>88%</td>
<td>64%</td>
<td>69%</td>
<td>68%</td>
<td></td>
</tr>
<tr>
<td>Faculty/Staff Create Environment of Inquiry</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>80%</td>
<td>60%</td>
<td>72%</td>
<td>70%</td>
<td></td>
</tr>
<tr>
<td>Satisfied with Process for Problems and Concerns</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>86%</td>
<td>63%</td>
<td>62%</td>
<td>53%</td>
<td></td>
</tr>
<tr>
<td>Climate Where Residents Can Raise Concerns Without Fear</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>83%</td>
<td>71%</td>
<td>75%</td>
<td>58%</td>
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<tr>
<td>Overall Eval of the Program</td>
<td>RESIDENT</td>
<td>INT/EXT</td>
<td>Survey ACGME % COMPLIANT</td>
<td>89%</td>
<td>83%</td>
<td>85%</td>
<td>83%</td>
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</tr>
<tr>
<td>Current Number of ACGME Citations</td>
<td>PROGRAM</td>
<td></td>
<td>ACGME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
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<tr>
<td>Board Pass Rates</td>
<td>PROGRAM</td>
<td></td>
<td>ABMS</td>
<td>93%</td>
<td>83%</td>
<td>Pending</td>
<td>Pending</td>
<td></td>
</tr>
<tr>
<td>Overall Satisfaction with Program</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>90%</td>
<td>89%</td>
<td>90%</td>
<td>81%</td>
<td>83%</td>
</tr>
<tr>
<td>Program Organized to Meet Educational Needs</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>77%</td>
<td>73%</td>
<td>65%</td>
<td>76%</td>
<td>83%</td>
</tr>
<tr>
<td>Service Over Education</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>71%</td>
<td>49%</td>
<td>49%</td>
<td>52%</td>
<td>90%</td>
</tr>
<tr>
<td>Encouraged to Ask Questions on a Regular Basis</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>94%</td>
<td>92%</td>
<td>92%</td>
<td>96%</td>
<td>72%</td>
</tr>
<tr>
<td>Residents Can Be Open and Honest with Faculty</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>92%</td>
<td>95%</td>
<td>93%</td>
<td>83%</td>
<td>97%</td>
</tr>
<tr>
<td>Residents Would Recommend Program</td>
<td>RESIDENT</td>
<td></td>
<td>GME-Survey</td>
<td>96%</td>
<td>86%</td>
<td>88%</td>
<td>96%</td>
<td>79%</td>
</tr>
<tr>
<td>Faculty Overall Evaluation Program</td>
<td>FACULTY</td>
<td></td>
<td>Pgm Eval Mean Score/10</td>
<td>8.73</td>
<td>7.72</td>
<td>7.78</td>
<td>9.09</td>
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<tr>
<td>Resident Overall Program Evaluation</td>
<td>RESIDENT</td>
<td></td>
<td>Pgm Eval Mean Score/10</td>
<td>8.39</td>
<td>7.51</td>
<td>8.18</td>
<td>8.46</td>
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<tr>
<td>&gt;80 Violations / AY</td>
<td>PROGRAM</td>
<td></td>
<td>MedHub Duty Hr Rpt</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td># Unreviewed Duty Hr Periods by PD / AY</td>
<td>PROGRAM</td>
<td></td>
<td>MedHub Detailed Rpt</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KEY</th>
<th>STRENGTH</th>
<th>WEAKNESS</th>
</tr>
</thead>
</table>

Overview of Program Evaluation Process

- GME Survey
- ACGME Survey by Residents and Faculty
- Program Evaluation by Residents and Faculty
- Program Evaluation Committee (PEC)
- Annual Program Evaluation (APE)
- Annual WebADS Updates
- Program Quality Indices
- Program Improvement Planning
- Report Plan to ACGME
Work Hours
Work hours – Guideline

1. All trainees must adhere to the 80 hours (max) a week, \textbf{averaged over a 4-week period}.

   - All in-house clinical and educational activities, clinical work done from home, and all moonlighting hours must be counted towards the 80-hour maximum weekly limit.

2. Trainees must have 1 day in 7 days free of clinical work and required education, \textbf{averaged over a 4-week period}. At-home call cannot be assigned on these free days.

3. At least 14-hour free of clinical and educational work after 24 hour scheduled call

4. Work periods for residents must not exceed 24 hours

\textbf{For specifics, refer to ACGME program requirements}
Work hours – Coordinator’s Responsibilities

- Your role in Trainee work hours
  - Monitor trainee are reporting their work hours weekly
  - Remind trainees to log their work hours
  - Alert PDs and trainees if a violation occurs or if you anticipate a potential violation to occur
Responding to Work Hour Violations

- Trainees must provide explanation on their work hour violations via MedHub. PD/APD will review these violations and intervene accordingly.

- PD reviews violations and provides explanations.

- For recurring violations, Program Evaluation Committee, PD, program leadership, and GME office may get involved.
Rotation Schedules in MedHub
Rotation Schedules in MedHub

- Must be completed with 0 errors
- Used by Finance department for billing
- Applicable for non-ACGME fellows, visiting residents/fellows, and postdocs

- Last business day of the month, all rotation and absences must be correct for that month.
Guideline 1 – Schedule Length Is From 7/1-6/30

Schedule must start from July 1 and end in next year’s June 30 (Academic Year) regardless of program’s starting date.

![Schedule Diagram]

Blocks can be flexible
Guidelines 2 – Continuous rotation & Vacation Overlaps

**July**

- **Orientation** (7/1-7/19)
- **SHC ED** (7/20-7/26)
- **KSC ED** (7/27-7/31)

Dates should be continuous without any gaps. All days need to be counted for, even if the clinic is closed on the weekend.

**July-September**

- **AI-Outpatient** (7/7-7/15)
- **AI-Inp 8-5** (7/16-7/31)
- **AI-Outpatient** (8/1-8/31)
- **AI-Inp 8-5** (9/1-9/30)
- **VAC 9/7-9/11**
- **9/14-9/15**

Vacation time should be added in addition to service/rotation.
3 Common Errors

- **Day(s) of undefined activities**
  - December
  - VAC 12/28-12/31
  - LOA 12/1-12/25

- **Overlapping activities**
  - 12/14-1/10
    - NF (12/14-12/18)
    - NEURO 1 (12/19-12/27)
    - DSwing (12/27)
    - ELEC (12/28-1/3)
    - NEURO 1 (1/4-1/10)

- **Vacation not in addition to service**
  - December
  - Stan.Elec. (12/1-12/4)
  - ED/Protocol (12/7-12/11)
  - M-F 10P-730A (12/12-12/13)
  - Call 7:30AM-5PM (12/14-12/18)
  - ED/Protocol (12/21-12/24)

  - VAC 12/28-12/31

  - 12/27 of overlapping activities
  - 12/28 of overlapping activities
  - 12/28 – 12/31 vacation days do not overlap a recorded service
Resident Scheduling Error Report

- MedHub -> Reports tab -> Resident Scheduling Errors

Error Messages:

<table>
<thead>
<tr>
<th>Resident</th>
<th>Level: Scheduling Error(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 4 days of undefined activity between 12/18/2020 and 12/21/2020</td>
</tr>
</tbody>
</table>

Day(s) of undefined activities

<table>
<thead>
<tr>
<th>Resident</th>
<th>Level: Scheduling Error(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 Exactly one primary service not designated for overlap starting 12/15/2020</td>
</tr>
</tbody>
</table>

Overlapping activities

<table>
<thead>
<tr>
<th>Resident</th>
<th>Level: Scheduling Error(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 Warning: At least one vacation or sick day does not overlap a recorded service between 2020-12-01 and 2020-12-31 (16 days)</td>
</tr>
</tbody>
</table>

Vacation not on top of a service
How to Fix Rotation Errors – Service Dates

- Fix errors dates – Click on the pencil icon and choose the appropriate service for the time period.
  - No gap
  - One date on only one service
GME Contacts

- GME will send out email reminder on rotation schedule errors on the last Monday of each month

- Feel free to contact your GME program manager or Brett Toensing, GME Financial Analyst (BToensing@stanfordhealthcare.org)
Rotation Blocks

- Brett will send an email in May to make block rotations for next year.
- The following step only needs to be done ONCE at the beginning of each AY.
  - Create Blocks: MedHub homepage -> Task Wizards -> New Schedule Wizard

Choose the appropriate option for your program.
How to Enter LOA Hours

- MedHub homepage -> Resident Absences -> View/Record Absences
- Only put dates when they are approved and final.
How to Process Absences

MedHub homepage -> Resident Absences -> Absence Approval Process

- If trainees send absence requests

Check what your program’s LOA policies are
MedHub

1. Work hour monitoring
2. How to enter LOA
3. Rotation schedule
4. Program Accreditation Page
Coordinator Resources
Program Coordinator Orientation Series – Curriculum

- **2nd Wednesday** of Mar, May, July, Sept, Nov and Jan @1-2pm

  **January:**
  - ACGME Surveys
  - ACGME and GME websites
  - Self-study and site visits
  - MedHub

  **March:**
  - Annual Program Evaluation
  - Self-Study and self-study visit
  - Program Evaluation by Trainees and by Faculty
  - MedHub

  **May:**
  - CCC, milestones, and semi-annual evaluations
  - Special review
  - Final evaluations
  - MedHub

  **July:**
  - WebADS Update
  - Resident Evaluations
  - Program Expansion and Funding
  - MedHub

  **September:**
  - Operational processes
  - MedHub
Welcome Packet

- GME office staff and roles
- GME Yearly Calendar/Timeline
- Directions to GME offices
- ACGME “Alphabet Soup”
- GME Evaluations and Survey requirements
- ACGME Common Program Requirements
- Commonly used forms
Essential Resources

- GME’s Welcome Packet

- Coordinator Monthly Meeting:
  - 2\textsuperscript{nd} Thursday of each month 1-2pm via Zoom

- Coordinator email list (gme_program_coordinators@lists.Stanford.edu)

- ACGME’s Common Program Requirements (CPR)
  - Read your program’s specific program requirements

- MedHub’s Help Portal

- GME Website:
  - Program Portal -> Forms, Templates, & Examples

- Review recording at
  - [https://med.stanford.edu/gme/program_portal/pc/orientation.html](https://med.stanford.edu/gme/program_portal/pc/orientation.html)

- Feel free to contact GME Office anytime you have questions!