ACGME Annual WebADS Update

I. Timeline (2019)

ACGME Annual Update Opens July 8th (1st cohort) and July 22nd (2nd cohort)	Update WebADS	Collect Scholarly Activity from Faculty & Resident	Submit Draft to GME Office for Review - THREE Weeks Before Deadline	Annual Update Due to ACGME on August 30th (1st Cohort) and Sept 27th(2nd Cohort)

Please check the ACGME website to see what your program's reporting period is for WebADS.

Your WebADS MUST be reviewed by the GME office prior to submission to ACGME. Please send a PDF copy of your updates your GME program manager (Nancy Piro: npiro@stanfordhealthcare.org, Nancy Ruddy: nruddy@stanfordhealthcare.org, or Jie Li: jieli@stanfordhealthcare.org). After their review, they will forward to Ann Dohn for review and approval.

Note: It is important to leave yourself enough time for your Program Manager and Ann Dohn to review the Annual Update before submitting. You may need to go back and forth a few times based on comments and changes made to the Annual Update. **Three-weeks** is the minimum but try to submit it as early as possible for review.

II. Getting Started

II-1. Connect to the ACGME website

https://apps.acgme.org/ads/

Have your username and password ready. If you forgot your username/password, click on "Forgot your username/password" to retrieve it.

II-2. Technical & Browser Requirements

ACGME Data Systems can be accessed anywhere with an internet connection via a computer using Microsoft Windows or Apple Mac operating systems. To utilize current features and future enhancements completely, please access the systems using one of the supported web browsers: IE 11 (due to security concerns identified by Microsoft, ACGME will no longer support Internet Explorer versions 10 and below), Mozilla Firefox, Google Chrome, or Apple Safari.

Please e-mail WebADS@acgme.org or contact your ADS representative (https://www.acgme.org/Data-Collection-Systems/Data-Systems-Technical-Support) with questions or concerns.

III. Content List of Annual WebADS Update (2019)

1. Accreditation Information
2. Mission and Aims
3. Diversity
4. Citation Information
5. Major Changes and Other Updates
6. Participating Sites:
   - Sponsoring Institution
   - Primary Clinical Site
   - Participating Site (including Site Director, PLA Date, Distance between this Site and Primary Clinical Site, Brief Educational Rationale, and Length of Rotation)
7. Faculty/Teaching Staff:
   - Program Director Information
   - Physician Faculty Roster (including Name, Participating Site, Certification Status, Years of Experience, and Average Hours per Week)
   - Non-Physician Faculty Roster
   - Physician Curriculum Vitae
   - Faculty Scholarly Activity (including Domains)
   - Non-Physician Curriculum Vitae
   - Faculty Development (Provide an example of the program's faculty development activities in each of the various areas over the past year)
8. Resident/Fellows:
   - Resident/Fellow Education and Experience (6 Narrative Questions)
   - Number of Positions
   - Actively Enrolled Fellows (including Prior Training Type)
   - Scholarly Activity
   - Post Graduate PMIDs
   - Trainee on Leave
   - Physician Faculty to Trainee Ratio
   - Aggregated Data on Trainee Completing or Leaving the Program
   - Transferred, Withdrawn, and Dismissed Trainees
9. Program Resources
10. Evaluation
11. Clinical Experience and Educational Work, Patient Safety and Learning Environment

IV. Sections

IV-1. Program Information

Program's Mission Statement and Aims

Mission and Aims

Provide the program's mission statement.

The mission statement is a written statement of a program's core purpose. This statement should clarify the focus of the educational program (e.g. academic/research focus, community care focus, etc.), what community the program will serve and how that will be accomplished, and how the program's mission aligns with the larger mission of the Sponsoring Institution.

Provide the program aims (e.g. goals, objectives) that are guided by the program's mission statement.

The program's aims (i.e. goals, objectives) should describe what the program has the intention of achieving in accordance with the Common Program Requirements. The program aims should be consistent with the overall mission of its Sponsoring Institution, the needs of the community it serves and that its graduates serve, and the distinctive capabilities of its graduates (e.g. leadership, research, public health).

A **Mission** statement is a short statement of why an organization exists, what its overall goal is, identifying the goal of its operations: what kind of product or service it provides, its primary customers or market, and its geographical region of operation. It may include a short statement of such fundamental matters as the organization's values or philosophies, a business's main competitive advantages, or a desired future state – the "vision". The mission statement is an action statement that usually begins with the word "to". For example, Stanford Health Care's mission statement is "*healing humanity through science and compassion, one patient at a time*".

An **Aim** statement is a clear, explicit summary of what your team hopes to achieve over a specific amount of time including the magnitude of change you will achieve. The aim statement guides your work by establishing what success looks like. When writing an aim statement, consider: the concrete goals you want to achieve; who will benefit from this improvement; whose interests are served; what will be done; is it supported by evidence or experience; where will the change occur; when will it start and stop; and what are the boundaries of the processes. With your answers in mind, use the grid below to help you develop an aim statement. Answer "what," "for whom," "by when," and "how much," then put it all together into a full statement. For example

The Internal Medicine Residency program has three aims:

1. Provide an excellent broad-based clinical training in a scholarly environment, with the aim of producing future academic leaders.
2. Produce culturally competent practitioners who are able to skillfully care for patients from diverse backgrounds and communities.
3. Educate residents with an emphasis on bedside skills and clinical decision making, with an emphasis on a compassionate approach to patient care.

Diversity

- Ensuring diversity in trainee recruitment, selection and retention
- Ensuring diversity in the individuals participating in the training programs

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Diversity

Describe how the program will achieve/ensure diversity in trainee recruitment, selection, and retention.

Describe how the program will achieve/ensure diversity in the individuals participating in the training program (e.g. faculty, administrative personnel, etc.).

<mark>Institutional efforts on attracts, selects, and retains diversity?</mark>

The first question gives you the opportunity to share how you attract diverse trainee candidates, how you ensure diverse candidates have an equal opportunity to be selected for your program, and how you facilitate diverse candidate's success and retention in your program. Examples of attracting diverse candidates include outreach to programs and training institutions that train under represented minorities, attendance and presentations at conferences focused on underrepresented minorities and diversity issues and ensuring that institutional programs that benefit under represented minorities are salient in your program marketing materials such as your website. Examples of diversity supporting selection methods include training regarding implicit bias for members of the faculty and selection committee. Examples of methods to support retention of diverse candidates include mentoring programs, and institutional programs such as LEAD, GME Diversity Committee, GME Women in Medicine Committee, etc.

The second question is asking how you attain these outcomes in your recruitment, selection and retention of diverse faculty and staff.

Major Changes And Other Updates

ACGME expects programs to use this area to share program improvements, innovations, important faculty recruitments, and to address any areas of non-compliance.

Major Changes and Other Updates   ✖ Cancel   Save

Provide a brief update explaining any major changes to the training program since the last academic year, including changes in leadership. This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review. Please limit your response to 8000 characters. (Last Updated: 8/26/2016)

Participating Sites

Program Letter of Agreement (PLA) Date

Program Letter of Agreement (PLA) Date: ⓘ   [Signed Date of Current PLA] 📅

Distance to primary clinical site (if program has multiple sites be sure to complete)

Distance to Primary Clinical Site:

Miles	Minutes
0	0

Site Director

Site Director: ⓘ

[▾]

Updated list of resources that are available within institution

Which of the following are available within your institution for fellows (check all that apply):

☑ Safe, quiet, clean, and private sleep/rest facilities available and accessible with proximity appropriate for safe patient care
☑ Shower
☑ Secure areas (lockers or rooms that can be locked)
☑ Access to food
☑ Parking accessible to site
☑ Internet Access
☑ Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy
☑ Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care
☐ None of the Above

Check
ALL

IV-2. Faculty

Faculty Roster

- Year started in GME (most likely the year they started in subspecialty)
- Core faculty designation

NEW!

Year Started Teaching in this Specialty

[2003   ▾]

Year Started Teaching in Graduate Medical Education (GME):

[▾]

Is this faculty member core?
○ Yes
◉ No

- New Faculty – Add them to the roster, make sure all information is completely entered
  - NPI numbers are public information and can be found at https://npiregistry.cms.hhs.gov/ (enter first and last name, and state to search)
- Faculty who are no longer with the program – Enter the date they left the program, information will be archived
- Title changes, if necessary (e.g., Assistant to Associate Professor)
- Specialty Certification (**Quick Tips** see Appendix)
- Faculty Hours – Confirm the average hours per week devoted to educational programs is correct, seek input from Program Director
- **Get into the habit of making changes in real time, and not just once a year**

Faculty scholarly activity

Domains

Which of the following domains has this faculty member demonstrated accomplishments in the previous academic year?

Response Required

- ☐ Research in basic science, translational science, patient care, or population health
- ☐ Peer-reviewed Grants
- ☐ Quality Improvement and/or patient safety Initiatives
- ☐ Systematic reviews, meta-analysis, review articles, chapters in medical textbooks, or case reports
- ☐ Creation of curricula, evaluation tools, didactic educational activities, or electronic educational materials
- ☐ Contribution to professional committees, educational organizations, or editorial boards
- ☐ Innovations in education
- ☐ None of the above

Quick Tips Faculty (and trainees) publication may be found through a search in PubMed website (http://www.ncbi.nlm.nih.gov/pubmed).

Note that when inputting PubMed IDs, the ACGME system will reject any PubMed IDs that have already been reported for an individual in previous years. For example, if an article was E-pub ahead of print in February 2018 and its PubMed ID was entered in the 2017-18 Annual Update, although it was in fact printed in July 2018, the same PubMed ID will be rejected for entry in the 2018-19 Annual Update. The same PubMed ID may be entered for multiple faculty and residents who are coauthors of the publication.

> Remember, Academic Year is July 1st through June 30th

Reviewing the most recent CV of a faculty member, a trainee, or a past graduate to get the information or reach out to them directly to provide that information is always the best way to go.

Also, note there are new ways for faculty to "get credit" for scholarly activity.   Options include serving on committees and in leadership, either here or in one's professional organization. In addition, faculty who do not have scholarly publications can list curricula and evaluation development and educational innovations. Ideally, all faculty will have at least three items for scholarly activity.

Faculty Development

- Example of faculty development activities over the past year in the following areas:
  - As educators
  - QI and patient safety
  - Fostering well-being: their own and their residents'
  - Patient care based on their PBLI efforts
  - Contributing to an inclusive work environment

Faculty Development

Provide an example of the program's faculty development activities in each of these areas over the past year:
as educators

in quality improvement and patient safety

in fostering their own and their residents' well-being

in patient care based on their practice-based learning and improvement efforts

in contributing to an inclusive work environment

IV-3. Resident

Resident Education and Experience

- How residents and faculty are informed about their assignments and duties expected of each rotation
- Other learners and impact they have on program's residents
- Process for residents to report problems and concerns
- Example of learning activity to advance knowledge of ethical principles foundational to medical professionalism
- Educating residents on identifying and reporting near misses and adverse events
- Educating residents on pain management and recognizing signs of addiction

Resident/Fellow Education and Experience

Describe how residents/fellows and faculty will be informed about their assignments and the duties expected of each rotation. [The answer must confirm that there are goals and objectives for each assignment and for each year, and that these will be readily available (hard copy, electronically, listserv, etc.) to all residents/fellows and faculty.]

Will there be other learners (including, but not limited to, residents from other specialties or other programs in the same specialty, subspecialty fellows, nurse practitioners, PhD or MD students) in the program, sharing educational or clinical experiences with the residents? If yes, describe the impact those other learners will have on the program's residents.

Describe the process for residents/fellows to deal with and/or report problems and concerns to the Program Director, faculty, GME Office, Sponsoring Institution, etc. (The answer must describe the mechanism by which individual residents can address concerns in a confidential and protected manner as well as steps taken to minimize fear of intimidation or retaliation.)

Provide an example of a learning activity designed to advance the residents'/fellows' knowledge of ethical principles foundational to medical professionalism.

Describe how the program educates residents/fellows on the identification and reporting of near misses, adverse events, and serious adverse events. This should include how these are communicated to patients and families. This may include simulation training, didactic and conference presentations, direct patient experiences, etc.

How will residents/fellows be educated about pain management, including the recognition of the signs of addiction? If not applicable for this specialty, indicate N/A.

Quick Tips Here is the institutional policy on the process for residents/fellows to deal with and/or report problems and concerns to the GME office and sponsoring institutions:

"GME takes all concerns very seriously. There are several processes to relay concerns to the GME and Institution. Ann Dohn, GME Director has an "open door" policy and is always ready to help with resident concerns and problems. She can be reached at 650-723-5948 and her office (HC: 435) is located on the 4th floor of the 300 Pasteur Stanford Health Care Hospital Building by taking Stairwell "N" to the 4th floor. Residents and fellows can also anonymously report a concern to the Department of Graduate Medical Education by expanding an Anonymous Email form on the GME website: http://med.stanford.edu/gme/housestaff/all-topics/wellness.html Residents and fellows may use this form to anonymously report any concerns specific to your residency/fellowship training program (such as duty hour violations). All form submissions are anonymously delivered directly to the Department of Graduate Medical Education.

There is additionally a process for residents and fellows to report concerns that relate to broader hospital compliance issues such as illegal actions, financial reporting, internal accounting controls, audit, fraud, waste and abuse, by calling the compliance hotline for Stanford Health Care (anonymity maintained) at 1-800-216-1784. Ann Dohn GME Director reviews all cases and takes responsibility to ensure that no retaliation or intimidation occurs." The Medical Center Ombudsperson is another confidential resource and can be reached at: 650-498-5744 or email at: jlaflin@stanford.edu

Current Residents

- Resident Status – change according to status for the new academic year (i.e., Active Full Time, Completed Training, Transferred to Another Program, etc.)
- Residents who left or completed program – enter date they actually left or completed program
- Resident Details – *Year in Program* needs to be updated if the trainee is continuing (e.g., 1 to 2)
- Be sure to **Save Resident** updates

New Resident

Add them to the roster, make sure all information is completely entered (The majority of this information can be found in the fellow profile on MedHub, only exception is the Social Security Number)

- Name
- Social Security Number
- Date of Birth
- National Provider ID (NPI)
- Medical School
- Graduation date from Medical School (Month/Year)
- Click **Verify Resident** – the program will pull up residents who are already in the system, e.g., fellows who have completed an ACGME-accredited residency
- Resident Status – change according to status for the new academic year (i.e., Active Full Time, Active Part Time, etc.)
- Resident Details – *Year in Program* (e.g., 1 for a new trainee, 2 or other year for transfer, etc.)
- Stanford email address – *important to change!*
- Start and expected completion date
- Did resident have prior training in another accredited/approved program (other than in this program)? If yes, you'll need to indicate the number of years.
- Did resident start program in year one (no transfer credit)? If no, you'll need to indicate number of years.
- Did you obtain documentation of previous educational experience and competency-based performance evaluation for this resident? This should be **YES** – MedHub has a record of previous educational experience and the final evaluation of residents past performance is uploaded and found here.
- Has documentation been provided that this fellow has met eligibility criteria? This should be **YES** – GME office collects this information during the appointment process and documents are available on MedHub.
- Gender and Ethnicity – Not required but you can use self-reported information in MedHub to update.
- Case Logs – Not all programs are required to have their residents input Case Logs in the ACGME system, confirm with your Program Director or Program Manager if not certain.
- Be sure to **Save Resident** updates.

Post Graduate PMIDs (last 5 years) NEW!

Graduate Certifications   [Confirm]

Instructions

Confirm the certification status of each graduate from 2011-2012 listed below. You may not make changes to the list of graduates. Enter only their certification for the specialty of this program. If an individual's certification status is unknown, submit with a blank. ABMS, AOA, and Other certifications may be added manually if they do not appear. Certification data is provided for ABMS where available. If there are no graduates listed below, click confirm to complete this step.

- To add certification data, click the "Add" button.
- To edit certification data, click the "Edit" button.

Please contact ads@acgme.org if a certification name is missing from the options.

Name	Certification	Board	Certificate Name	Status	Comments		
Shah, Sejal	ABMS	Pediatrics	Pediatric Endocrinology	Active		Add ⌄	Edit ⌄

Displaying 1 graduate record(s).

Academic Years

[2019 - 2020 ▾]

[Fellow Scholarly Activity]   Post Graduate PMIDs

IV-4. Program Resources

- PD effort for program
- PC effort for program   NEW!
- Self-screening tools for residents
- Confidential mental health resources available 24 hours a day, 7 days a week
- Policies and procedures to cover patient care when resident unable to work

Program Resources

How many hours of salary support per week are allocated to the Program Director for non-clinical time devoted to the administration of the program?

[⇕]

Does the program have coordinator support that meets the minimum requirement for the subspecialty?

○ Yes
○ No

Do residents/fellows have access to and utilize:
Appropriate tools for self-screening?

○ Yes
○ No

Confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emerge... a week?

○ Yes
○ No

Does the program have policies and procedures in place to ensure coverage of patient care when the residents/fellows are unable to attend work?

○ Yes
○ No

> Please check with RRC on requirements for program director/coordinator for your program

> Check yes to all 3, will explain resource at PC meeting in August

IV-5. Evaluation

- List members of the CCC and their role
- Describe CCC's process
- List members of the PEC and their role
- Describe PEC's process
  - o Conducting Annual Program Review
  - o Developing and reviewing annual action plan
  - o Guiding ongoing program improvement
- Residents provided access to documented feedback on semi-annual basis

4. List the members of the Clinical Competency Committee including their role in the program

5. Briefly describe the process used by the Clinical Competency Committee to accomplish semiannual and summative evaluations

6. List the members of the Program Evaluation Committee including their role in the program

7. Briefly describe the process used by the Program Evaluation Committee to conduct the annual program review, develop and review the annual action plan, and guide ongoing program improvement

8. Are residents provided access to documented feedback on a semi-annual basis?

◯ Yes ◯ No

IV-6. Clinical Experience and Educational Work, Patient Safety and Learning Environment

Re-attest to the 80-hour requirement   NEW!

14. As program director, I attest that the resident/fellow rotations are scheduled to meet the work week limit of 80 hours.

◯ Yes   ◯ No

Program's top priorities for improving learning and working environment

- Describe how both of the **program** and **sponsoring institution** are addressing those priorities

15. What are your program's top priorities for improving the learning and working environment for residents/fellows during the current academic year?

Check up to 4 options.

- ☐ Enhancing peer and social support networks
- ☐ Increasing access to medical/dental health services
- ☐ Increasing access to counseling/mental health services
- ☐ Encouraging healthy lifestyle
- ☐ Addressing workload/work compression
- ☐ Promoting resilience
- ☐ Teaching relaxation and/or mindfulness
- ☐ Improving faculty mentoring and support
- ☐ Offering peer counseling, Balint or Balint-like groups
- ☐ Other

(specify below)

[   ]

- ☐ Other

(specify below)

[   ]

16. Briefly describe how the program and sponsoring institution are addressing the priorities identified in the previous question.

[   ]

Quick Tips Here are some examples on SHC efforts on improving the learning and working environment for residents and fellows.

- Enhancing peer and social support networks for trainees
  - Stanford Physician Peer Support Program
    - Residents face common professional challenges and can be there for each other. This program is confidential and legally protected. Residents can Refer themselves or colleagues. Peer supporters listen, provide coping support and offer resources. More information is available at: http://wellmd.stanford.edu/get-help/peer-support.html. Contact medpeersupport@stanford.edu
    - Peer-to-Peer Counselling for Adverse Events
  - Quarterly Resident Breakfasts in the Bing
  - Diversity Council
  - Women in Medicine
  - Chief Residents' Council
- **Increasing trainee access to medical/dental health services**
  - Weekend and Video Conferencing Primary Care Appointments
  - Free Prescriptions & Free Delivery
  - Pre-Arranged Dental Days
  - Culture supporting taking time for appointments
- **Increasing trainee access to counseling/mental health services**
  - Well Connect
    - Confidential Consultation and service jointly sponsored by the Department of Psychiatry and Stanford Health Care to facilitate timely access to counseling, stress management and coping skills, and mental health services.
    - One-time visits or longer-term care through Stanford or referral to providers in the community
    - 24x7 Access (someone is always on call via the phone number above- also available for emergencies)
  - Stanford Well Being Panel

- 12 free confidential sessions via referral to community therapists
                - Longer term care available via health insurance
        - Stanford Help Center
            - Free Counseling and Coaching
        - Schwab Learning Resource Center
            - Resources for neurodiverse trainees and those with different learning styles
- **Encouraging trainee healthy lifestyle**
    - Healthy Steps – Keas Program
        - HealthySteps to Wellness is a comprehensive wellness program designed to help you achieve your personal health goals.
        - Offers Education and Incentives to maintaining a Healthy Lifestyle.
- **Addressing trainee workload/work compression**
    - GME focuses on monitoring Service over Education/Imbalance through ACGME and GME Survey responses
    - GME advocating for Advanced Practice Providers in critical areas
    - Uber allows residents transportation home faster after long shifts
- **Promoting resilience in trainees**
    - the Peer Support and Resiliency in Medicine Program (PRIME) was developed in 2010 to restore balance to a training environment that historically focused on independence, self-sacrifice, expertise, efficiency, and critical thinking by creating a new culture that fosters interdependence, concern for others, self-care, and emotional literacy.
- **Teaching relaxation and/or mindfulness**
    - Mindfulness Tools for Residents & Fellows (Videotape series)
    - Mindfulness in Residency- A mindful Day in Residency with Dr. Mark Abramson
    - Mindfulness in Residency- Breathing Mindfulness for Residents with Dr. Mark Abramson
- **Improving faculty mentoring and support for trainees**
    - GME Faculty Advisor Initiative – Tom Caruso, MD
        - Offers Training for Faculty and Program Infrastructure support to set up effective mentoring
    - Pediatrics Mentoring/Coaching Initiative (Carrie Rassbach, MD)
    - The Clinical Teaching Seminar Series (CTSS) at Stanford.
        - CTSS offers expert instruction in competency-based medical education topics, and the program provides mentors to support participants' work on optional scholarly projects and conference presentations so that applicants can earn an Honors Certificate in Medical Education.
    - The Fellow Coaching Program is offered at Stanford Medicine to facilitate mentorship between fellows and faculty throughout the year. The fellows have quarterly meetings with their faculty coach, who they chose at the beginning of the year based on shared interests.
        - During the coaching sessions, the faculty and fellows discuss six key areas of strong mentorship, including wellness, advocacy, research, career planning, sponsorship, and professionalism.
- **Offering trainee peer counseling**
    - **Schwartz Rounds at the Cancer Center**
    - **Stanford Physician Peer Support Program**
        - Residents face common professional challenges and can be there for each other
        - Volunteer trained faculty, fellows, residents
        - Confidential and legally protected
        - Refer self or a colleague
        - Peer supporter listens, provides coping support and offer resources

- More information is available at: http://wellmd.stanford.edu/get-help/peer-support.html

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V. Review and Save

Review all areas, even if there is a green check!

Program Information	
	View
✅ You must have a primary teaching site.	View
✅ Update the Clinical Experience and Educational Work section.	View
✅ Update program address information.	View
✅ Update responses for all current citations.	View
⚠️ Update the major changes section.	View
⚠️ Update the Overall Evaluation Methods section.	View