

2021 ACGME WebADS Updates Manual

Timeline (2021)



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 to **Jie Li** (Senior Program Manager) at jieli@stanfordhealthcare.org or **Trey Huynh-Ngo** (Program Manager) at THuynhngo@stanfordhealthcare.org. After GME PM review, the draft will be forwarded to Ann Dohn for review and approval.

Note: 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. **Four-weeks** is the minimum but try to submit it as early as possible for review.

Getting Started

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.

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, or Google Chrome.

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.

2021 WebADS Updates Include:*

- 1. Program Information**
 - 1.1 Covid-19 pandemic questions
 - 1.2 Clinical experience and educational work
 - 1.3 Major changes
 - 1.4 Overall evaluation methods
 - 1.5 Common program requirement questions
 - 1.6 Program details
 - 1.7 Participating sites
 - 1.8 A block diagram
- 2. Resident Information**
 - 2.1 Confirm and add new if applicable
 - 2.2 Scholarly activities
 - 2.3 Certification status for graduates
- 3. Faculty Information**
 - 3.1 Profile information and identify core faculty
 - 3.2 Scholarly activities
 - 3.3 Program director's CV

*Not all sections are covered in the Guide

Submission

Under “Overview” tab, when all the tasks listed under “Annual Update” are proceeded with a green check , then you are ready to submit. A red triangle with an exclamation point  signals missing data and needs to be completed.

Program Information	view >
 Complete Covid-19 Pandemic Questions.	view >
 You must have a primary clinical site.	view >
 Update the clinical experience and educational work section.	view >
 Update responses for all current citations.	view >
 Update the major changes section.	view >

1. Program Information

Covid-19 pandemic questions

Between March 1, 2020 and June 30, 2020, how long was your program significantly impacted by COVID-19?

- Less than 30 days
- 30-60 days
- 61-90 days
- More than 90 days

Please note: The following questions will not be used for accreditation purposes. No program- or institution-level data will be identifiable in any way.

Between March 1, 2020 and June 30, 2020 in your program:

How many residents or fellows were *quarantined** due to COVID-19 related illness?

 **Quick Tips** The data collected via this set of questions will not be aggregated at the institution or program level and will only be used to further understand the impact of COVID-19 to graduate medical education on the national level.

Major Change Section

Major Changes and Other Updates ✕ Cancel

Provide a brief update explaining any major changes to the training program since the last academic year, including changes in leadership and the impact of the COVID-19 pandemic on your program.

This may also include improvements and/or innovations implemented to address potential issues identified during the annual program review. (Last Updated: 9/19/2019)

No Change Since Last Academic Year
Checking here will remove any text entered above.

 **Quick Tips** 1. We do not recommend you check the box above as ACGME expects programs to use this area to share program improvements, innovations, important faculty recruitments, and to address any areas of non-compliance.

2. Make sure to briefly describe the impact of the COVID-19 pandemic on your program.

Overall Evaluation Methods

4. List the members of the Clinical Competency Committee

5. List the members of the Program Evaluation Committee

 **Quick Tips** Questions are simplified and only ask for the names of the CCC and PEC members.

Common Program Requirement Questions

What percent of FTE salary support is allocated to the program director for non-clinical time devoted to the administration of this program?

What percent of FTE salary support is allocated to the program coordinator for time devoted to the administration of this program?
What percent of FTE salary support is allocated to the associate program director(s) for non-clinical time devoted to the administration of the program? If not applicable, enter "0" in the response.
No Information provided

 **Quick Tips** Please check your Program Requirements on the required percent of FTE salary for program director (under II.A.2. section) and program coordinator (under II.C.2. section).

Appropriate tools for self-screening of well-being?

Yes
 No

Confidential, affordable mental health assessment, counseling, and treatment, including access to urgent and emergent care 24 hours a day, seven days a week?

Yes
 No

 **Quick Tips** Self-screening tool of well-being is available on MedHub to all housestaff members and SHC provides confidential and affordable mental health service to residents and fellows members via Well Connect, Stanford Wellbeing Panel, and Stanford Help Center.

Update Program Information

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).



Quick Tips 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.

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

Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for residents. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.

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

Please describe in detail what efforts your specific program is doing to advance diversity and inclusion for faculty, administrative personnel, etc.. Evidence based strategies and program success stories are strongly encouraged. Examples should only include efforts that the medical school or sponsoring institution is doing if it is done in partnership with your program, which is encouraged. Please do not copy and paste diversity and inclusion policies and statements. This is an opportunity to describe the practices that are instituted in your program to result in a diverse recruitment and retention strategy and creates an inclusive clinical learning environment.

 **Quick Tips**

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.

Participating Sites

Participating Site Information					☰ Reorder		+ Add Site	
#	ID	Site Name	Required Rotation	Rotation Months				
				Y1	Y2	Y3	Y4	
	Primary	050129	Stanford Health Care	Yes	8.4	5.2	8.3	11.1
	No order specified	050273	Veterans Affairs Palo Alto Health Care System	Yes	1.8	5	0.9	0

Click on each site to edit.

Program Letter of Agreement (PLA) Date: 

Signed Date of Current PLA



Quick Tips Make sure that the PLAs were signed within 5 years to be current. PLAs will need to be updated when there is a change in Program Director or Participating Site Director.

Which of the following are available within your institution for residents (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

Block Diagram

Block Diagram Upload Missing Information ▾

 [Block Diagram Instructions/Sample](#) Instructions and Examples are available to view

The last diagram that the ACGME has on file for your program is from August 26, 2019. You can view the file by clicking the link below, or you can upload a new PDF diagram using the "Upload" button.

 [View Block Diagram](#) Block diagram from last updates. If not up-to-date, then upload a new one

If there have been no changes to previously uploaded block diagram for the current year, press the "Use this Block Diagram" button to confirm that it is still active.

 [Use This Block Diagram](#)

[Choose File](#) No file chosen [Upload](#)

Uploaded files must be in PDF format and be no larger than 10 MB. Other file formats, or files larger than 10 MB, will not be accepted.

Quick Tips

Block Diagram Checklist:

- ✓ A block diagram should have 5 rows: Block Number, Site, Rotation Name, % Outpatient, and % Research.
- ✓ A block diagram can be organized by month (12 blocks) or divided into 13 four-week blocks. Time length of a block must be specified.
- ✓ Acronyms and abbreviations used must be fully specified below the diagram.
- ✓ **Vacation** time, detailed with length and when to be taken, must be included. This can be done by allocating a time block to vacation, or by indicating this in a "Notes" section accompanying the block diagram.
- ✓ Block diagram may differ by PGY level.

Additional Notes:

1. **Group the rotations by site.** For example, list all of the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
2. Elective rotations do not require a participating site and the choice of elective rotations available for residents should be listed below the diagram.
3. ACGME's block diagram examples - http://www.acgme.org/Portals/0/PDFs/Guide_to_the_Construction_of_the_Block_Diagram_3.30.17.pdf
4. Video Guide - <https://vimeo.com/469984923>

2. Resident Information

Confirm and add new if applicable

2021-2022 + Add Resident

Active [35] Print

Filter by Status

- Unconfirmed [10]
- Active [35]
- Year 1 [18]
- Year 2 [9]
- Year 3 [8]
- Year 4 [0]
- Off Cycle [0]
- Left Program [0]
- Completed Training [0]
- Inactive [0]

Filter Results

Year in Program	Status	Start	End
1	Active Full time	7/1/2019	6/30/2023
1	Active Full time	7/1/2020	6/30/2024 ▲
1	Active Full time	7/1/2020	6/30/2024 ▲
1	Active Full time	7/1/2019	6/30/2023
1	Active Full time	7/1/2020	6/30/2024 ▲

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



Quick Tips 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.

Scholarly activities

Resident Scholarly Activity		Remember, Year 2020-2021 is July 1st 2020 through June 30 th 2021				
For reporting year 2020-2021, scholarly activity that occurred during the previous year 2019-2020						
<p>You must confirm all residents/fellows with an "unconfirmed" status before completing this section. For each person listed, enter only one year of scholarly activity that occurred during the previous academic year only. First year residents/fellows in the program will not appear on the list below.</p> <p>To add scholarly activity, click the "Add" button. If there was no scholarly activity for that person during the previous academic year, click the "No Activity" button.</p> <p>Change the academic year to view past scholarly activity. Previous years of scholarly activity are not editable.</p>						
Download Scholarly Activity Template		An Excel template is available to download and can be used as a tool to collect information				
Resident	PMID	Other Publications	Conference Presentations	Chapters Textbooks	Participated in Research	Teaching Presentations
	Action Required: "Add" or indicate "No Activity"					<input type="button" value="No Activity"/> <input type="button" value="Add"/>
	Action Required: "Add" or indicate "No Activity"					<input type="button" value="No Activity"/> <input type="button" value="Add"/>

Quick Tips Resident and fellows (and faculty) 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 2019 and its PubMed ID was entered in the 2018-19 Annual Update, although it was in fact printed in August 2019, the same PubMed ID will be rejected for entry in the 2019-20 Annual Update. The same PubMed ID may be entered for multiple faculty and residents who are coauthors of the publication.

Reviewing the most recent CV of a trainee, a faculty member, 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.

3. Faculty Information

Profile information and identify core faculty

Faculty Roster

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

Scholarly activities

An Excel template is available to download and can be used as a tool to collect information

Download Scholarly Activity Template

2020 - 2021

Remember, Year 2020-2021 is July 1st 2020 through June 30th 2021

For reporting year 2020-2021, scholarly activity that occurred during the previous year 2019-2020

Faculty Scholarly Activity

Print

Faculty Member	PMID	Other Publications	Conference Presentations	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Formal Courses	Domains		
Action Required: "Add" or indicate "No Activity"									Copy	No Activity	Add
Action Required: "Add" or indicate "No Activity"									Copy	No Activity	Add



See “2.2 Resident scholarly activities” for more instructions.

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.

Appendix: Certification Look-up

1. End Dates of Time-Unlimited Lifetime Board Certification (N) of Core Residency Programs

Program	Renewal Date
Anesthesia	2000 (Renew every 10 years)
Dermatology	1991 (Renew every 10 years)
Emergency Medicine	1980 (Renew every 10 years)
Internal Medicine & Subspecialties	1990
Neurosurgery	1999 (Renew every 10 years)
Obstetrics/Gynecology	1986 (Renew every 6 years)
Ophthalmology	1992 (Renew every 10 years)
Orthopaedic Surgery	1986 (Renew every 10 years)
Otolaryngology	2002 (Renew every 10 years)
Pathology	2006 (Renew every 10 years)
Pediatrics	1988 (Renew every 10 years and MOC is continuous.)
Plastic Surgery	1995 (Renew every 10 years)
PM&R	1993 (Renew every 10 years)
Psychiatry and Neurology	1994 (Renew every 10 years)
Diagnostic Radiology	2002
General Surgery / Thoracic and Cardiac Surgery	1976 (Renew every 10 years)
Urology	1985 (Renew every 10 years)

More on end dates of time-unlimited board certification (N) of residency programs from ABMS board: <http://www.abms.org/media/131568/2015-16-abmscertreport.pdf>

2. Board certification verification websites:

- 1) Anesthesia <http://www.theaba.org/>
- 2) Internal Medicine <http://www.abim.org/>
- 3) Neurosurgery <http://www.abns.org/diplomates/default.aspx>
- 4) OB/GYN http://www.abog.org/credential_search.asp
- 5) Orthopedic Surgery <https://www.abos.org/find-a-certified-orthopaedic-surgeon.aspx>
- 6) Otolaryngology <http://www.aboto.org/ABOInternet/VerifyPhysicianCertification>
- 7) Pediatrics <https://www.abp.org/MOCVerification/VerificationServlet>
- 8) PM&R https://www.abpmr.org/physician_search.html
- 9) Plastic Surgery <https://www.abplsurg.org/ModDefault.aspx?section=SurgeonSearch>
- 10) Psychiatry and Neurology <https://application.abpn.com/verifycert/verifycert.asp>
- 11) Radiology <http://www.theabr.org/>
- 12) Surgery <http://www.absurgery.org/app.jsp?type=vc&id=27>

- 13) **Use Certification Matters for all others that do not have online search tools available:**
<https://www.certificationmatters.org/is-your-doctor-board-certified/search-now.aspx>