

2022 ACGME WebADS Updates Manual

Timeline (2022)



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, **Trey Huynh-Ngo** (Program Manager) at THuynhngo@stanfordhealthcare.org or **Lizzie Babalola** (Program Manager) at Egreer@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.

Appreciation given to the program coordinators in the Pediatric Department (Mrs. Charlene Rotandi and Megan Christofferson) who inspired the GME office staff in creating this document.

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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, Mozilla Firefox, Google Chrome, or Safari. For more info visit <https://www.acgme.org/browser-compatibility/>

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.



GME Review & Submission






To send a draft to GME for review, please click on the “Print” button at the bottom of the “Overview” tab and save the popped-up webpage as a PDF file.

The ADS Annual Update cannot be submitted until the program has been scheduled. All required sections above must be verified prior to submission. Clicking **Submit** will complete and submit the update to the DIO for final approval. The DIO may send it back to the PD for additional changes before final approval.

Changes to ADS data after final submission/approval can and should be made throughout the academic year as necessary, but this does not require re-submission of the Annual Update.

 Print  Submit

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

Please note: Program responses to these questions will be used for national level analyses and planning purposes only. Data will **not** be provided to Review Committees and will not be used in accreditation decisions. No program - or institution - level data will be identifiable in any way.



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.

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.
Make sure that rotation months at all sites add up to 12. If the total does not equal to 12 months, please explain.

Comments:

If the total number of rotation months per year does not equate to 12 months (for all sites combined) provide an explanation:

Program Letter of Agreement (PLA) Date: Signed Date of Current PLA



Quick Tips Make sure that the PLAs were signed within 10 years to be current. GME has updated the PLA template recently by including signature area from the institutional DIO. If your program's current PLAs do not have Ann Dohn's signature, now is the time to update them. PLAs will need to be updated when there is a change in Program Director or Participating Site Director. All PLA templates are available at [Forms, Templates, & Examples page](#)

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

Response for all current citations

Quick Tips Describe in detail the plan and solutions in addressing each of the citations. List all actions to be taken or that have been taken. If there is any progress and/or data points to show improvements, make sure to report them.

Major Change Section

Provide a brief update explaining any major changes and any other updates to the educational program in the last year, e.g. changes in program leadership and faculty, rotational changes, curricular innovations, program challenges, efforts to address issues identified in the annual ACGME surveys, and the impact of the COVID-19 pandemic on your resident/fellow education.

(Last Updated: Aug 26, 2021)

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. The APE action plan from last year is a good reference to consider. Major changes to a program may include any updates and efforts in personnel (PD/PC/faculty/staff), curriculum (didactics, rotations, etc.), culture, program resources and facilities, training sites, and others.
3. 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. Be sure to include your trainees in the Program Evaluation Committee members.

Common Program Requirement Questions

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

What percent of FTE 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.

What percent of FTE support is allocated to the program coordinator(s) for time devoted to the administration of this program?


 **Quick Tips** Please check your Program Requirements on the ACGME website on the required percent of FTE for program director (under II.A.2. section), associate program director, 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 via Well Connect, Stanford Wellbeing Panel, and Stanford Help Center.

What are residents/fellows taught about pain management, including the recognition of the signs of substance-use disorder? Check all that apply:

- Non-pharmacologic pain management
- Pharmacologic pain management
- Opioid prescribing and management, including opioid selection, dosage and duration
- Opioid tapering
- Recognition of dependence and substance-use disorder
- Referral for dependence and substance-use disorder treatment
- Treatment of dependence and substance-use disorder
- Communicating with patients about a pain treatment plan
- Medication-assisted treatment for opioid use disorder
- Identifying and eliminating stigma, stereotypes and bias around patients with substance-use disorder
- Other
- Do not provide this education/Not applicable
- None of the above



Quick Tips Pain management may not be applicable to all programs, however, all programs should provide education and training to your program trainees on recognizing the signs of substance-use disorder.

Update Program Details

Provide the program's mission statement.

The mission statement describes the program's core purpose, that is, the distinctive capabilities of the resident/fellow the program intends to graduate. The program's mission is expected to align with the larger mission of the Sponsoring Institution.



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”*.

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 underrepresented minorities, attendance and presentations at conferences focused on underrepresented minorities and

diversity issues and ensuring that institutional programs that benefit underrepresented 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.

For both questions, in addition to answering the “how”, also describe the progress and improvements in diversity in your program.

Block Diagram

Block Diagram Upload Missing Information ▾

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.

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.

No file chosen

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.



Refer to the [Block Diagram Checklist](#) (page 17) in the appendix for information on an ACGME compliant block diagram and sample block diagram.

2. Resident Information

Confirm and add new trainee if applicable

The screenshot shows a web interface for managing resident information. At the top, there is a dropdown menu set to '2022-2023' and a '+ Add Resident' button. Below this is a 'Filter by Status' dropdown menu with a list of options: Active [35], Unconfirmed [10], Year 1 [18], Year 2 [9], Year 3 [8], Year 4 [0], Off Cycle [0], Left Program [0], Completed Training [0], and Inactive [0]. The 'Filter by Status' option is currently selected. To the right of the filter menu is a 'Print' button and a 'Filter Results' input field. Below the filter menu is a table with columns: 'Year in Program', 'Status', 'Start', and 'End'. The table contains five rows of data, each representing a resident's status for a specific year. The first row shows 'Year 1' with 'Active Full time' status, starting on 7/1/2019 and ending on 6/30/2023. The second row shows 'Year 2' with 'Active Full time' status, starting on 7/1/2020 and ending on 6/30/2024, with a red warning triangle icon. The third row shows 'Year 3' with 'Active Full time' status, starting on 7/1/2020 and ending on 6/30/2024, with a red warning triangle icon. The fourth row shows 'Year 4' with 'Active Full time' status, starting on 7/1/2019 and ending on 6/30/2023. The fifth row shows 'Year 1' with 'Active Full time' status, starting on 7/1/2020 and ending on 6/30/2024, with a red warning triangle icon.

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

Remember, Year 2021-2022 is July^{1st} 2021 through June 30th 2022

Resident Scholarly Activity

For reporting year 2022-2023, scholarly activity that occurred during the previous year 2021-2022

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.

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.

Change the academic year to view past scholarly activity

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

[Download Scholarly Activity Template](#)

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 (**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**

Scholarly activities

[Download Scholarly Activity Template](#)

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

2022 - 2023

Remember, Year 2021-2022 is July^{1st} 2021 through June 30th 2022

For reporting year 2022-2023, scholarly activity that occurred during the previous year 2021-2022

Faculty Scholarly Activity

[Print](#)

Faculty Member	PMID	Non-PMID Peer Review Publications	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>

Block Diagram Checklist

To guide programs in creating an ACGME compliant block diagram

Block Diagram Checklist:

- First – Visit your ACGME specialty’s document & resources for any block diagram templates, guides, or requirements. (ACGME home → Specialty → Documents & Resources)
- If there are not specialty specific block diagram requirements, your program should make a general block diagram containing 5 rows: Block Number, Site, Rotation Name, % Outpatient, and % Research. Sample block diagram is below.
- Block diagram is organized by 12-month blocks or divided into 13 four-week blocks. Block time length needs to be clearly specified in the description section.
- All acronyms & abbreviations are fully detailed in the description section.
- Electives are listed (if your block have electives)
- Vacation time** is included and specifies length and when trainee can take vacation time. This can be done by allocating a fixed time block for vacation, or by specifying in the description section.
- All PGY level have their own block diagram.
- Block diagram is reviewed by GME Program Manager & DIO

Additional Notes:

1. **Group the rotations by site.** For example, list all the rotations in Site 1 first, followed by all of the rotations in Site 2, etc.
2. ACGME’s block diagram examples - [http://www.acgme.org/Portals/0/PDFs/Guide to the Construction of the Block Diagram 3.3 0.17.pdf](http://www.acgme.org/Portals/0/PDFs/Guide%20to%20the%20Construction%20of%20the%20Block%20Diagram%203.3%200.17.pdf)
3. Video Guide - <https://vimeo.com/469984923>

Sample Block Diagrams

In this example, the year’s rotations are divided into 12 (one-month) clinical rotations.

PGY 1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1		Site 2	Site 2	Site 2	Site 2	Site 3		
Rotation Name	IP	IP	OP	OP	R	OP	OP	IP	IP	US	R	Elect
% Inpatient	100	100	0	0	0	0	0	100	100	25	0	
% Outpatient	0	0	100	100	0	100	100	0	0	75	0	
% Research	0	0	0	0	100	0	0	0	0	0	100	

Notes:

- Each block is 1 month long
- Vacation is 3 weeks per year and trainee can request at any time

Sites:

- Site 1 = Stanford Adult Hospital
- Site 2 = Kaiser Santa Clara
- Site 3 = Veteran’s Affair

Abbreviations:

IP – Inpatient
 OP – Outpatient
 R – Research
 Elect – Electives
 US - Ultrasound

Electives: global health rotation, lab rotation, and surgical elective

**Urology, OB&GYN, Pediatric, and PM&R have specialty specific block diagram requirements*