

R A D

Residency Administrative Development

W o r k s h o p



March 23-24, 2018

Presented by the Association of Family Medicine Administration

Residency Administrative Development (RAD) Workshop

Presented by the Association of Family Medicine Administration

Sheraton Kansas City Hotel at Crown Center

Friday, March 23, 2018

8:00 – 8:40 a.m.	Registration & Breakfast [Gillham Hall Foyer – Hotel Lobby Level]
8:40 – 8:50 a.m.	Welcome [Gillham Hall] AFMA President – Cheryl Haynes, BA, C-TAGME
8:50 – 9:15 a.m.	Ice Breaker - Can You Top That? RAD Committee
9:15 – 9:30 a.m.	The Basics of Signing Erika Robinson, BS – Project Manager, Houston Methodist Hospital FMR
9:30 – 10:30 a.m.	ABFM Updates Kathy Banks – Resident Education/RTM Coordinator, ABFM
10:30 – 10:45 a.m.	Break
10:45 – 11:45 a.m.	CLER Site Visit Tina Krajacic, AA – Program Coordinator, Shenandoah Valley FPR Becky Owens – Manager, Phoebe FMR
12:00 – 1:00 p.m.	Networking Lunch with Table Topics [Gillham Hall]
1:00 – 1:30 p.m.	Residency Coordinator “What’s It All About?” Cheryl Haynes, BA, C-TAGME – Residency Manager, Southern Regional AHEC Tina Krajacic, AA – Program Coordinator, Shenandoah Valley FPR
1:30 – 2:30 p.m.	Peeling the Onion, No Crying Allowed: ERAS Best Practices Bobbi Kruse, AA – Program Administrator, University of Minnesota Med Ctr Prog Melissa Yeager, MBA, C-TAGME – Residency Coordinator, East Pierce FMR Gary Lee – Senior ERAS Specialist, AAMC Jessica Rumschlag, MLIS – Residency Coordinator, Kent Hospital FMR
2:30 – 2:45 p.m.	Refreshment Break
2:45 – 3:45 p.m.	Orientation Ideas Melissa Yeager, MBA, C-TAGME – Residency Coordinator, East Pierce FMR Jenny Wilson, BA, C-TAGME – Program Manager, FMR of Western Montana
3:45 – 4:45 p.m.	Q&A Hot Topics Board Panel
4:45 – 5:00 p.m.	Closing Remarks AFMA President – Cheryl Haynes, BA, C-TAGME
6:00 p.m.	Dutch Treat Dinners

Saturday, March 24, 2018

10:15 – 12:00 p.m.	NCW & RAD Panel Discussion/Q&A [Gillham Hall]
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NOTE: RAD OCCURS AT THE SAME TIME AS PDW.

Residency Administrative Development (RAD) Program Planning Committee

Tina Krajacic, AA
Chair, RAD Workshop
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RAD Workshop Program Faculty

Kathy Banks



Kathy joined the ABFM in 1985 as the receptionist and has held many positions since. In her current position as Resident Education/RTM Coordinator, she serves as the liaison between the ABFM and family medicine residency program directors, administrative staff, and residents. Kathy has lived just outside Lexington, Kentucky in the small town of Winchester all of her life. In her spare time, she enjoys reading, spending time with her children and pets, and volunteers as the assimilation coach for a Christian-based recovery group.

Contact Information: kbanks@theabfm.org

Cheryl Haynes, BA, C-TAGME



Cheryl is the Residency Manager for the Duke/Southern Regional AHEC Family Medicine Residency Program in Fayetteville, NC. She has worked in Graduate Medical Education for 18 years; serving previously as Residency Coordinator for the Palmetto Health/University of South Carolina School of Medicine Family Medicine Residency and Sports Medicine Fellowship. Cheryl is on the Board of Directors for AFMA, currently serving as President. Originally a Kentucky girl, Cheryl is a career Army wife and has lived and traveled throughout the U.S. and Europe. Her favorite job is being Grammy to 12 grandchildren.

Contact Information: cheryl.haynes@sr-ahec.org

Tina Krajacic, AA



Tina is the Program Coordinator for the VCU-Shenandoah Valley Family Practice Residency program – a 5-5-5 dually accredited residency program in Front Royal, VA. Tina has been in residency administration since 2011, an AFMA member since 2014, an AFMA Mentor since 2015, and joined the AFMA Board in 2017 as the RAD Workshop Committee Chair. Tina was born in Pennsylvania, but currently resides in Virginia with her husband and family. She enjoys her grandchildren, singing, and quiet family time.

Contact Information: tkrajaci@valleyhealthlink.com

Bobbi Kruse, AA



Bobbi is the Residency Program Administrator at the University of Minnesota Medical Center Program in Minneapolis, MN. She has been in graduate medical education for 12 years. In 2015, she became a member of the Board of Directors for the Association of Family Medicine Administration and has served as the RAD Planning Committee Chair, Treasurer and President-Elect/Mentoring Chair. On a local level, Bobbi has been an active member in her GME community and participated in several committees including conference planning and coordinator development. She considers herself a true Midwesterner because she was born in Illinois, raised in Iowa, and lived in Minnesota, Missouri and Nebraska. Her interests outside of work include gardening, wine tasting, and being a grandma.

Contact Information: kruse244@umn.edu

Gary Lee



Gary previously worked as a Senior ERAS Helpdesk Specialist before joining the ERAS Business Team. Gary currently focuses on collaborating with residency program directors and coordinators to resolve escalated issues and identify future enhancements for the Program Director's Workstation (PDWS).

Contact Information: glee@aamc.org

Becky Owens



Becky has been with the Phoebe Family Medicine Residency program for 19 years. This is a 8-8-8 rural program located in southern Georgia. Becky has been a member of AFMA for 16 years serving on numerous committees and as a mentor. Additionally, Becky has served on the AFMA Board and as AFMA president.

Contact Information: bowens@phoebehealth.com

Erika Robinson, BS



Erika Robinson is the Project Manager for the Family Medicine Residency Program and the Department of Family Medicine at Houston Methodist Hospital. She has been there for over 12 years and is a voting member of the GMEC, a Board Member of the Association of Family Medicine Administration, the current Chair of the Audio and Web Conferencing Committee and a mentor within the organization. She is also a member of the GMEC Work Environment sub-committee and received the inaugural "Sherilyn A. Gordon, MD Memorial Award" as Coordinator of the Year at Houston Methodist in 2017. Erika has been married to her husband, David, for 18 years. They have a 17-year-old son, Kai, and an 11-year-old daughter, Brianna.

Contact Information: elrobinson@houstonmethodist.org

Jessica Rumschlag, MLIS



Jessica joined the Kent Family Medicine Residency Program in July of 2016. Prior to joining the residency, she worked as an Executive Secretary for the Education & Training Department for Care New England. She received her MLIS from San Jose State University and her B.S. in Education from Kutztown University. She became a member of AFMA in 2016 and serves on the Audio & Web Conferencing Committee. She grew up in Pennsylvania, lived in Missouri, California and currently resides in Rhode Island with her husband and two young children.

Contact Information: jrumschlag@kentri.org

Jenny Wilson, BA, C-TAGME



Jenny grew up in an agricultural community in South Central Montana. She left the tiny town of Boyd to attend the University of Montana and graduated with a degree in Sociology. Her professional experience is in education administration and management, which led her into her current role as Program Manager. She started with FMR of Western Montana in 2012 - one year before the inaugural class - and has found great fulfillment in helping to create and build the program. Her personal interests include gardening, downhill skiing, hiking, and reading.

Contact Information: jenny.wilson@umontana.edu

Melissa Yeager, MBA, C-TAGME



Melissa has been the Residency Coordinator at dually-accredited East Pierce Family Medicine in Puyallup Washington since the first class of residents started in 2012. Before MultiCare Health System opened EPFM, she was a Residency and Fellowship Coordinator at Tacoma Family Medicine. She has a BA degree from Central Washington University and a MBA from Western Governor's University. She has been a member of AFMA since 2013 and joined the AFMA Board in 2016, and is currently the Treasurer and Fundraising Committee Chair. In her spare time, she enjoys spending time with family, enjoying the beautiful Pacific Northwest, and reading.

Contact Information: mayeager@multicare.org

Membership Application

Association of Family Medicine Administration (AFMA)

BENEFITS OF MEMBERSHIP

- Communication with colleagues on the Discussion List
- Web site with access to the member directory
- Committee participation
- Mentoring Program
- Newsletter
- Audio & Web conferences
- Annual Special Programming - Residency Administration Development (RAD) Workshop, New Coordinator Workshop (NCW), and meeting and networking opportunities in conjunction with the PDW and RPS Residency Education Symposium in Kansas City

MISSION STATEMENT

The Association of Family Medicine Administration is dedicated to the professional growth and development of its members with particular emphasis on administration and coordination of health care delivery, education, and research within Family Medicine Residency programs.

VISION STATEMENT

To understand the continuing changes in the health care environment and provide tools to our membership to excel in that environment, as it relates to Family Medicine Residency programs.



www.afmaonline.org

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**COME LEARN AND
GROW WITH US!**

I wish to become a member of AFMA (please print or type)

Name: _____

Degree: _____ Title: _____

Program Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-mail: _____

Program Director: _____

Years in Current Position: _____

Years in Healthcare: _____

Years in Family Medicine Administration: _____

Program Type (check one)

- ☐ Community Based (program is based in a community hospital and is not affiliated with a medical school)
- ☐ Community Based/Medical School Affiliated (program is based in a community hospital, has a written contractual agreement with a medical school, but is administered by the hospital or other sponsoring institution)
- ☐ Community Based/Medical School Administered (program is based in a community hospital, has a written contractual affiliation with and is administered by a medical school)
- ☐ Medical School Based (program is based and administered by a medical school)
- ☐ Military Program
- ☐ Fellowship(s) _____

Affiliation

- ☐ ACGME Program Number (10 digits) _____
or Pre-Accredited Number
- ☐ AOA Program Number (6 digits) _____

Dues

- ☐ New Member Joining in Jan, Feb, Mar **\$200**
- ☐ New Member Joining in Apr, May, Jun **\$150**
- ☐ New Member Joining in Jul, Aug, Sept **\$100**
- ☐ New Member Joining in Oct, Nov, Dec **\$200 (good thru end of year + next year)**
- ☐ Membership Renewal **\$200 per year**
- ☐ Multiple* **\$200 first membership / \$150 each additional membership**

**Must be submitted with payment in one envelope from the same program*

Payment

- ☐ Check enclosed in the amount of \$ _____

Please make check payable to the Association of Family Medicine Administration (AFMA)

OR

Charge \$ _____ to: ☐ MasterCard ☐ VISA ☐ Discover

Card No: _____ Expiration Date: _____

Signature: _____ Date: _____

[illegible]

Welcome/Ice Breaker

Notes

The Basics of Signing

Erika Robinson, BS

This session will teach basic signs, such as the alphabet, colors, numbers and more! Your fingers will speak volumes. It's truly amazing that we can communicate just by using our hands! Add different facial expressions and you have a conversation – the language of deaf people. You'll discover how to use this graceful, expressive language to communicate with deaf people.

Notes

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ABFM Updates

Kathy Banks

This session will provide ABFM information and policies regarding leaves of absence, advanced placement credit, Resident Entry Process, and new RTM functionality.

OBJECTIVES:

1. Understand ABFM policies concerning resident training and how to properly record and report issues.
2. Understand how to use the Resident Training Management (RTM) System fully for storing and managing resident data.
3. Understand the implications of entering incomplete and/or incorrect data and how it can affect a resident's future application status with the ABFM.

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no handwriting or other markings on the paper.



RESIDENCY ADMINISTRATIVE DEVELOPMENT

**RAD Workshop
ABFM and RTM
Policies and Updates
March 23, 2018**

Kathy Banks

ABFM Resident Education/RTM Coordinator



What is RTM?

- The Resident Training Management System (RTM) is the primary pathway for residents toward certification in Family Medicine. The entry of information for RTM is focused at the residency program level through a web-based interface provided by the ABFM at <https://rtm.theabfm.org>.
- The formal registration of all residents in ACGME-accredited Family Medicine residency programs is accomplished via the ABFM's RTM System.
- This includes residents who have entered the program as first-year residents, as well as transfers and advanced level placements from other disciplines.



What are the benefits of RTM?

- Accurate tracking of residents
- Easy process for advanced placement credit and transfers
- Easy entry for residents to begin the certification process
- Comprehensive reports for residency reviews
- Continuous and dynamic access to resident certification activity reports
- On-Line access to In-Training Examination Registration and Results, Reports and Item Analyses, Bayesian Score Predictor



Getting Started



Residency programs must use the username and password supplied to them by the ABFM to log in. Only users authorized by the ABFM or by a designated Residency Program Director may access the RTM system.



RTM Main Page



From RTM's Main Menu You Can.....

- Add new residents
- Update existing resident information
- Generate reports
- Update program information
- Complete registration for the In-Training Examination and access results and item analysis (Examalyzer)
- Set eligibility status for the Certification Examination and verify satisfactory completion of training
- Manage user information



Adding a Resident

- To successfully enter a new resident, the following information is mandatory:
 - Personal Information (name, birthdate, last 4 digits of SSN, email)
 - Undergraduate Medical Training including mo/day/yr of graduation, ECFMG Info if IMG
 - Graduate Training
 - Advanced Placement (credit from other specialties)
 - Resident Transfers between Family Medicine programs
 - Resident Training

Add Resident

Please provide the resident's email address. This email address will be used by the ADT-M to communicate with the resident regarding ADT-M certification requirements.

EMAIL ADDRESS: Please provide a unique email address that the physician has access to and is not used by any other ADT-M physician.

First Name:

Middle Name:

Last Name:

Gender: ☐ Male ☐ Female

Birth:

Country:

Current SSN:

Grad Year (Month/Day/Year):

Resident Email Address:

ADT-M Email Address:

[Add Resident & Continue](#) [Cancel](#)



Undergraduate Medical Training

Undergraduate Medical Training

To add Medical School Training Information, please complete the fields below:

Country of Medical School ☒ US/Canada ☒ Other *

Country: *

Name of Medical School: *

End Date: (mm/dd/yyyy) *

ECFMG/Fifth Pathway Information:

ECFMG/Fifth Pathway ☒ ECFMG ☒ Fifth Pathway *

ECFMG Number: (6 digits) *

ECFMG Date of Issue: (mm/dd/yyyy) *

[Update Training Info & Continue](#) [Cancel](#)



To enter a resident's undergraduate medical training information, you must select whether it was completed within the US/Canada or another country.

The following fields are mandatory:

- Name of Medical School
- End Date
- If completed in another country, the ECFMG or Fifth Pathway information is needed.

Advanced Placement Credit Notification

This page allows the program to enter information for residents who receive advanced placement credit for prior training OTHER THAN FAMILY MEDICINE. It is no longer required to submit this information in writing or seek prior approval unless more than 12 months of credit is being requested.

- Advanced placement credit records must be entered prior to the entry of the PGY1 family medicine training record. Once a PGY1 record is entered, you will not be able to add an advanced placement credit record. You will be required to contact Kathy Banks for assistance.
- If a new resident profile is created for a resident who was awarded advanced placement credit and it has been more than 90 days since the resident entered your program, you will not be able to add the advanced placement credit record. In this situation, you will be required to contact Kathy Banks for assistance as well.
- The ABFM reserves the right to reduce the amount or type of credit awarded.

Advanced Placement Credits

If a physician is admitted into training at an advanced level, enter the advanced placement credit details below. This entry must be entered prior to submitting a PGY1 training record for training at your program. If no record for advanced placement credit is created in RTM prior to entering PGY1 training record, contact Kathy Banks to submit request for change. Once a resident begins a program at a defined level with a specified amount of credit, no additional credit toward certification for previous training will be authorized.

ACCOMPLISHED	Program Name	Program Specialty	Start Date	End Date	Credits
No Advanced Placement records on file					

[Add Advanced Placement Credits](#) [Continue](#)



Advanced Placement Credits

Please enter the Advanced Placement Credit Notification information below. If you do not see your program listed here, please contact the ASPM at 888-995-5700 ext. 1295

Program Accreditation: ☒ACGME Program ☐AGA Osteopathic Programs ☐Canada ☐WHO *

Program Specialty:

Program Name:

Total Credits:

Start Date:

End Date:

see next
screen

The resident's previous graduate training was carefully evaluated and it is judged to be comparable to the training the resident would have received at this program.

Acknowledgement:

Additional Comments (0/250 Characters):



RESIDENCY
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Training Credit Documentation

Transfer credit may not exceed 12 months.

The amount of credit normally approved for each curricular area is presented below. Use any combination of the following, not to exceed a combined total of twelve (12) months. Use the column "RRD Approved Curriculum Time" to show the amount of time each discipline area is required for your program.

Discipline	Maximum Credit	Credit Given	RRD Approved Curriculum Time
Human Behavior and Mental Health	2	0	0
Adult Medicine	12	0	0
Critical Care (ICU/CCU)	1	0	0
Cardiology	1	0	0
Maternity and Gynecologic Care	3	0	0
Maternity Care	3	0	0
Gynecological Care	1	0	0
General Surgery	3	0	0
Musculoskeletal and Sports Medicine	2	0	0
Genitourinary Disorders	1	0	0
Emergency Care	2	0	0
Care of Neonates, Infants, Children and Adolescents	4	0	0
Community Medicine	1	0	0
Care of the Older Patient	1	0	0
Care of the Skin	1	0	0
Preventive Medicine and Public Health	1	0	0



RESIDENCY
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Resident Training Information

On the Resident Training Information page, the following information should be entered one training level/academic year at a time:

- Training Year – 1, 2, 3
- Training Type – PGY1, PGY2, or PGY3
- Start Date – mo/day/yr
- End Date – mo/day/yr
- Vacation Days – amount given by program
- Credits – anticipated number of months to be completed at this level
- Notes – leaves of absence, remediation, etc.



Resident Training Info

Enter one record per training year. Enter the anticipated number of months that the resident will complete in that training year. Do not enter a training record for a level which the resident has not yet attained (e.g., current PGY1 residents should have only a PGY1 entry; PGY2's should have a PGY1 and PGY2 entry; PGY3's should have a PGY1, PGY2, and PGY3 entry). Each training year, PGY1, PGY2, and PGY3 must span 12 calendar months. For example, a resident who enters PGY1 on July 1, 2014 cannot have PGY1 end before June 30, 2015.

Program ACGMEID: 1209999999

Training Year: 1 *

Training Type: PGY-1 *

Start Date: 07/01/2014 (mm/dd/yyyy) *

End Date: 06/30/2015 (mm/dd/yyyy) *

Vacation Days: 15 *

Credits: 12.0 Months *

Notes:
 (0/255 Characters)

Update Resident Training Info & Continue

Cancel



Family Medicine Certification Activities

All residents must meet these requirements before they will be able to choose an exam location and exam date.

- Completion of 50 MC-FP points which includes:
 - Minimum of one Knowledge Self-Assessment (KSA) activity – 10 points each
 - Minimum of one Performance Improvement (PI) activity with data from a patient population – 20 points each
 - Additional approved KSA Knowledge Self-Assessment, Clinical Self-Assessment (CSA 5 points each), or Performance Improvement activities to reach a minimum of 50 points
- Application and full examination fee for the Family Medicine Certification Examination
- Attainment of a full, valid, unrestricted and permanent medical license
- Successful completion of family medicine residency training
- Successful completion of the Family Medicine Certification Examination

The activities are provided at no cost to residents through their physician portfolio at www.theabfm.org.



Family Medicine Certification Activities

Family Medicine Certification Activities

[View Details](#)

- ☐ Minimum of 50 Family Medicine Certification Points from Completion of Self-Assessment and Performance Improvement Activities
- ☐ Minimum of One (1) Knowledge Self-Assessment (KSA) Activity
- ☐ Minimum of One (1) Performance Improvement Activity with Patient Population

Family Medicine Certification Activity Details

Residents entering a family medicine residency program on or after June 1, 2012, including those who receive advanced placement credit for prior training in another specialty, are required to complete the resident Family Medicine Certification Entry Process. Residents must accumulate 50 Family Medicine Certification points by the completion of their residency training, which will include a minimum of One Knowledge Self-Assessment (KSA) activity and One Performance Improvement activity with patient population. You can see below the activities the resident has in progress or has completed as well as the total point value of the activities.

If you have questions or concerns regarding resident training information entry, please contact Kathy Banks at kbanks@theabfm.org or 888-995-5700, ext. 1295.

Component Type	Activity Name	Point Value	Date Started	Date Completed	Status
KSA	Pain Management KSA	10	3/5/2017		In-Progress
KSA	Hospital Medicine KSA	10	3/3/2017		In-Progress
KSA	Diabetes KSA	10	2/17/2017		In-Progress
PI	TPF Adult Medicine Continued Qi Program	20	1/1/2017	9/14/2017	Completed
PI	Adult Medicine Continued Quality Improvement Progr	20	1/1/2017	9/13/2017	Completed
KSA	Hypertension KSA	10	2/26/2017	2/27/2017	Completed

ABFM Certification Exam Training Requirements

The summary area identifies all the training requirements associated with the selected resident and their status for completing the requirements to take the examination. As the resident completes each training year requirement, the summary section will be updated as details are entered.

Resident Profile

The resident profile contains all the information pertaining to the selected resident. You may view/edit the details of each section below by clicking on "View Details." The ABFM Family Medicine Certification Exam Requirements summary area identifies all the requirements associated with the selected resident and their status for completing the requirements to take the examination. As the resident completes each training year requirement, the summary section will be updated as details are entered.

Kathy Banks, M.D. [View Details](#)

Resident: Kathy Banks, M.D. | Email: kbanks@abfm.org | Phone: (303) 211-1111

ABFM Family Medicine Certification Exam Requirements

- Medical School Training Ordered
- Resident PGY-1 Record Ordered
- Resident PGY-2 Record Ordered
- Resident PGY-3 Record Ordered
- Training Site Data Entry/Entry Status for Residency Completion (Deadline 10/31/2016 for the current ABFM Certification Examination)
- The Family Medicine Training Credits Summary (PG) Meets the Required 30 Family Medicine Certification Activity Requirements for ABFM Residency Completion Verification (ABFM Required Unit: Residency Training is Completed)

Undergraduate Medical Training [View Details](#)

Medical School	Location	Start Date
University of Illinois	Urbana	08/2010

Advanced Placement Credits [View Details](#)

Resident Training [View Details](#)

Program Name	Program Year	Start Date	End Date	Credits
ABFM Residency Program	PGY-1	07/01/14	06/30/15	12
ABFM Residency Program	PGY-2	07/01/15	06/30/16	12
ABFM Residency Program	PGY-3	07/01/16	06/30/17	12

Family Medicine Certification Activities [View Details](#)

- Minimum of 30 Family Medicine Certification Activity Units (Completion of both Assessment and Performance Improvement Activities)
- Minimum of One (1) Knowledge Self-Assessment (KSA) Activity
- Minimum of One (1) Performance Improvement Activity with Patient Population



Reports Available in RTM

American Board of Family Medicine

Resident Training Management System

Resident | **Reports** | Program Information | In-Training Exam | ABFM Certification Examination

RTM Menu

- Examination Performance Data
- Program Roster
- Residency Completion Verification Report
- Residency Historical Report
- Resident CKSA Status Reports
- Resident ID's and Passwords Report
- Resident Family Medicine Certification Activity Status Report
- Resident Family Medicine Certification Activity Completion Report
- Resident Training
- Undergraduate Medical Training
- Update Resident Status
- Resident Transfers**
 - Transfer into Program
- Reports**
 - Examination Performance Data

Information

- Program Contact Information

ABFM Certification Examination

- Residency Completion Verification
- Resident Exam Eligibility

National Family Medicine Residency Graduate Survey

2017

AD

- 1 Resident PGY-1
- 8 Incomplete PGY-1
- 8 PGY-1 Res
- 8 PGY-2 Res
- 1 PGY-3 Res
- 8 PGY-4 Res
- 8 PGY-5 Res



Transfers Between Family Medicine Programs

- Transfers between two family medicine programs are facilitated through the RTM System.
- The maximum amount of transferrable credit is 12 months.
- Transfer from one accredited Family Medicine residency program to another after the beginning of the G-2 year will be considered only when a residency training program closes or when there is evidence of the presence of a hardship involving a resident.
 - A hardship is defined as a medical condition or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.



Transfers Cont.

Click "Transfer into Program" from the RTM Main Menu. Select the program the resident will be transferring FROM in the dropdown box. Enter the other required fields and click Search. Once the resident has been displayed, complete the next steps as indicated.

Resident Transfer Search

* Indicates Required Field

To search for a Family Medicine resident in an ACGME accredited program, please fill in the fields below and click "Search".

To transfer a resident into your program, the resident must be updated in RTM by the previous training program to reflect the completed credits and training dates at that program. Training records in RTM which indicate that a resident is currently enrolled in another program must be updated before a transfer can occur in RTM. If the resident has already left a program, please contact the AFMA at 800-995-5700, ext. 1255 for assistance.

From Residing's Program:

First Name:

Last Name:

Date of Birth: (YYYYMMDD) *

Last four digits of SSN:



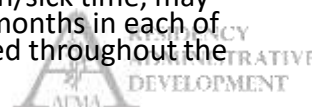
Remember.....

- Once a resident begins a program at a defined level with a specified amount of credit, no additional credit toward certification for previous training will be authorized.
- Should a program recruit a physician for an entry level G-1 position and the physician begins training at that level, the resident will be expected to complete the full residency program of 36 months regardless of the amount of prior training or the performance of the resident after entry.
- If it is the intention of the program to use a portion of a resident's previous ACGME, AOA, or College of Family Physicians of Canada (CFPC)-accredited postgraduate education to meet residency program requirements while having the resident complete 36 months of education (e.g., applying the prior training to requirements to permit a greater amount of elective time), the program is NOT required to obtain authorization of credit from the Board.



Absence from the Residency

- Residents MUST complete the last 24 months of training, G-2 and G-3 years, in continuity in the same program.
- Absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one month per academic year.
 - The ABFM defines one month as 21 working days or 30 calendar days.
 - Time away for educational purposes, such as workshops or continuing medical education activities, are not counted in the general limitation on absences but should not exceed 5 days annually.
- Absence from residency education, in excess of one month within the academic year (G-1, G-2 or G-3 year) must be made up before the resident advances to the next training level, and the time must be added to the projected date of completion of the required 36 months of training.
- Absence from the residency, exclusive of the one month vacation/sick time, may interrupt continuity of patient care for a maximum of three (3) months in each of the G-2 and G-3 years of training. Leave time may be interspersed throughout the year or taken as a three-month block.



Absences Exceeding Three Months

- Leaves of absence in excess of three months are considered a violation of the continuity of care requirement and may require review by the ABFM Credentials Committee.
- Programs must be aware that the Board may require the resident to complete additional continuity of care time requirements beyond what is normally required to be eligible for certification.
- A waiver of the continuity of care requirement or an extension of the leave of absence policy may be granted when a residency training program closes or when there is evidence of the presence of a hardship involving a resident.
- Contact ABFM for a LOA/Waiver of Continuity of Care Form in these occurrences.

Waiver of Continuity of Care Requirement due to Hardship - A hardship is defined as a debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.



How to Notify the ABFM of Absences from Training

- Absences of three months or less
 - Add notes to resident training record in RTM
 - Provide beginning and ending dates of leave (indicate PTO utilized)
 - Or email information to kbanks@theabfm.org
- Absences greater than three months
 - Notify ABFM in writing or by email
 - Provide beginning and ending dates of leave (indicate PTO utilized)
 - Complete LOA/Waiver of Continuity of Care Form (provided by ABFM)
 - May require a review by the ABFM Credentials Committee



Residency Program Contact Info

Update contact information and add or edit staff/faculty on the Contact Information page (found under Program Information tab on main menu).

- New Program Director/Coordinator
- Contact Information (email, phone, etc.)
- Address

Add/Update Residency Contact Information

It is expected that you provide current contact information for your program and update it as needed. The ABFM frequently communicates with Program Executive and Program Coordinator's via email concerning the In-Training Examination, the oral Certification Examination, individual resident issues, and many other important matters.

Below, please see your program's address and the names we currently have for your faculty/staff list, which should include the Program Director, the Program Coordinator, and the ITE Contact. The list also includes staff of your faculty/staff members. Have a username for accessing the ITEM System. You may use the buttons provided to update your program's address, or to add or update any contact information for your faculty/staff members, including position assignments, and usernames and passwords for ITEM System access.

Residency Program Address

1444 Massachusetts Plaza
Suite 100
Lexington, NY 10381

[Edit Residency Program Address](#)

Faculty/Staff List

First Name	Last Name	Position	Username	
Walter	Davis	Coordinator		Edit
Program	Director	Director		Edit
Residency Program			1100000000	Edit Password
Add Additional Faculty/Staff				



In-Training Exam – October 22-26, 2018

- The ABFM requires an ITE contact person to be designated by each program in order to register and pay for the ITE. This individual will be the primary contact between the residency program and the ABFM for all matters concerning the ITE.
- The ITE fee is \$50 per resident. Payment for the ITE may be made online with a credit card. If you prefer, you can pay by faxing your credit card information or mailing a check.
- Residents with documented disabilities who demonstrate a need for accommodations may receive extended exam time for the online exam solely at the discretion of the program director. You are not required to request ABFM approval.
 - 1.5 times (6 testing hours)
 - 2 times (8 testing hours)



Preparation for Online Testing

- The testing location should be reserved and scheduled as soon as the exam dates are announced. This will ensure that you do not run into scheduling conflicts. Verify the number of workstations that you will have available to use at one time.
- You may schedule multiple exam sessions on one day or you may choose administer the exam over any combination of the days offered if necessary.
- You should have a person who serves in the role of technical contact who will be able to discuss technical issues with Internet Testing Systems (ITS) if necessary. This representative should be prepared to handle issues such as internet browser capability, firewalls, and other potential conflicts, and should be available to assist at the workstations on exam day if needed. You should have a dependable way to contact this person both before and during the examination.
- Make yourself familiar with the ITE Administration Manual (available in RTM) well in advance of exam day.



What Residents See – Physician Portfolio

- Residents log in to their physician portfolio at www.theabfm.org with their 6-digit ABFM ID/username and password that is known only to them.



My Certification –What Residents See cont.

American Board of Family Medicine

My Certification | My Profile

Initial Certification / Recertification | Continuing Certification | **Certification**

Welcome to your Physician Portfolio!

Confirm your Email
Your email address will be re-confirmed.

Add Medical License
No medical license added yet.

What should I do Next?
Complete your physician profile.

My Certification

- My Requirements
- Physician Portfolio: Data Added
- Certificates/Examination
- Certificates/Activities

Certification Preparations

- Exam Preparation
- Examination Tutorial
- Candidate Information Session

Current Status

- Diplomas Status: Not Certified
- Certification Status: Resident Entry Process

My Profile

- Contact Information
- Manage Username & Password
- Email Settings
- Update Medical Provider Identifier
- Update Name
- Training History
- Affiliate ID Number
- In Training Examination
- Support Center & Tutorial



Track Your Progress – What Residents See cont.

American Board of Family Medicine

My Certification | My Profile

Initial Certification / Recertification | Continuing Certification | **Certification of Adult Subspecialties** | Research | Public | Find a Physician

Track Your Progress

This page shows your progress in the Resident Entry Process. You must complete the Resident Entry Process in order to become certified. Please reference the table below for details on upcoming Family Medicine Certification Examination application deadlines.

Resident Entry Process

Resident Training Details

Family Medicine Certification Substeps

You need to complete the following substeps before you can become certified. Check substeps completed.

Min 1 EA

Minimum of one (1) Knowledge Self-Assessment Activity

Min 1 PE

Minimum of one (1) Performance Improvement Activity with Peer Evaluation

Min 1 PE

Minimum of 10 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities

Access Substeps

Related Pages

- My Requirements
- Manage Medical License
- Support Center



Track Your Progress – What Residents See cont.

Medical Licensure

You currently have no medical license(s) on file. A currently active, valid, full and unrestricted medical license is required to be maintained at all times.

Manage License(s)

Family Medicine Certification Examination

You will be eligible to begin the application process in the year you complete your family medicine training.

Online Application

[View Key Dates](#)

Medical School

You have fulfilled this requirement.

National University of Ireland
Completed: 5/31/2012

Training History



My Certification – Track Your Progress cont.

Family Medicine Certification Activities

Current Activity

Self-Assessment Activities

Performance Improvement Activities

Alternative Performance Improvement Activities

ABMS Member Board Activities

The Resident Entry Process is required to become certified. Reference the Track Your Progress page for details on your Resident Entry Process Requirements. Activities are available at no cost for physicians in the Resident Entry Process. Activities completed during the Resident Entry Process will not count towards future Family Medicine Certification requirements. If you have any questions please contact your Program Coordinator or the AFPM Support Center, 877-273-7637.

Summary of Current Requirements

Min 1 KSA

☒ Minimum of one (1) Knowledge Self-Assessment Activity

Min 1 PI

☐ Minimum of one (1) Performance Improvement Activity with Patient Population

Points

☐ Minimum of 50 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities

Activities In-Progress

All of the activities you are currently working on are listed below. Any points exceeding will not be counted toward your current stage. Activities are awarded Family Medicine Certification credit in the stage in which they are completed.

Topic	Title	Point Value	Withdraw Activity	Access Activity
AFPM Self-Assessment Activity	Hypernatremic KSA	10	WITHDRAW	RESUME
Total Points In Progress:		10		



My Certification – Track Your Progress cont.

EXTERNAL or ABMS MEMBER BOARD ACTIVITIES

Note:

Click [here](#) to upload the Cultural Competency MIMM.

Click [here](#) to upload other ABMS Member Board Activities and CAQs to receive Family Medicine Certification Activity Credit.

Activities Completed

All of the activities you have completed are listed below. Any points exceeding will not be counted toward your current stage. Activities are awarded Family Medicine Certification credit in the stage in which they are completed.

Topic	Title	Date Completed	Point Value	CME Certificate	Access Activity
ABFM Self Assessment Activity	Diabetes KSA	1/14/2018	10	VIEW / PRINT	REVIEW EVALUATION
ABFM Self Assessment Activity	Diabetes CSA	1/14/2018	5	VIEW / PRINT	REVIEW
ABFM Self Assessment Activity	Maternity Care KSA	2/7/2018	10	VIEW / PRINT	REVIEW
Total Points Completed:			25		



Family Certification Activity Topics

KSA/CSA Topics

Available Topics
Asthma
Care of the Vulnerable Siderly
Cardiovascular Disease
Childhood Illness
Geriatric At-Risk Disease
Depression
Diabetes
Health Behavior
Heart Failure
Hospital Medicine
Hypertension
Maternity Care
Medical Geriatrics
Mental Health in the Community
Pain Management
Preventive Care
Well Child Care
Women's Health

Alternative Activities

Alternative Activities

Alternative self-assessment activities also count toward your total Family Medicine Certification point requirement however there do not count toward the minimum KSA requirement.

Available Topics	Points	Access Activity
Patient-Centered Medical Home	10	REVIEW / PRINT
Perinatal Development (PH)	5	REVIEW / PRINT
2018 Health Literacy	10	VIEW
Preventive Activity (PH)	10	VIEW / PRINT / PRINT
Quality Improvement (PH)	15	REVIEW / PRINT

Performance Improvement Activities

Performance Improvement Activities

Performance Improvement Activities (PI) are an iterative quality improvement process that is subservient to patient care practice using measures from the RACIS registry.

Available Topics	Points	State Method	Access Activity
Begin a new PI Activity	20		VIEW

Performance Improvement (PI) activities are designed to self-assess for problems in systematic measurement and improvement in patient care using evidence-based quality measures. The Performance in Practice Modules (PPM) tool allows providers an interactive quality improvement plan for implementing improvements within your practice. The quality improvement plan implementation period is a minimum of 7 days within your practice except for the Heart Failure PPM which has an implementation period requiring a minimum of 14 days (see Table below). Please help the time frame to allow when selecting and completing your performance improvement activity.

ABFM will also accept Performance Improvement (PI) activities completed through another ABMS Member Board. To submit a PI Activity approved by another ABMS Member Board to receive Family Medicine Certification credit, please click [here](#).

Available Topics	Points	State / Council Activities	Completed Activities
Asthma PPM	20	01/01/17	
Cardiovascular PPM	20	01/01/17	
Geriatric At-Risk Disease PPM	20	01/01/17	
Depression PPM	20	01/01/17	
Diabetes PPM	20	01/01/17	
Heart Failure PPM	20	01/01/17	
Heart Failure PPM	20	01/01/17	
Hypertension PPM	20	01/01/17	

Alternative Performance Improvement Activities

Note: The Cultural Competency MIMM is worth 20 Family Medicine Certification points and is completed by a MIMM tool and report (see required minimum of one (1) Performance Improvement Activity with Patient Assessment).

Available Topics	Points	Access Activity
Cultural Competency MIMM	20	VIEW

Family Medicine Certification Examination

The ABFM administers the Family Medicine Certification Exam in April and November.

- Residents may apply before completing the 50 Family Medicine Certification points, but they may not choose an exam date or exam center until all 50 points are achieved.
- Residents may sit before completion of training.
 - April Exam – Residents must complete training no later than October 31 of the same year.
 - November Exam – Residents must complete training no later than April 30 of the following year.
- Residents may sit without holding a permanent, full and unrestricted license to practice medicine.

Certification status will not be awarded until resident meets all requirements.



Important Dates for 2018

Family Medicine Certification Examinations	2018
SPRING EXAMINATIONS 2018	
Registration Begins (online applications available)	December 1, 2017
First Deadline to Submit Online Application (no late fee assessed)	January 15
Priority Seating Ends (for best seating options, select a testing center by this date)	February 9
Final Deadline to Submit Online Application (requires a \$100 non-refundable late fee)	February 23
Deadline to Submit Special Testing Accommodations Documentation	February 23
Deadline to Complete All Certification Activity Requirements for Examination	February 23
Deadline to Clear Pending Requirements (except license & completion of training)	March 15
Deadline to Make Official Name Change with ABFM for Examination	March 15
Deadline to Select Testing Date/Location Note: There will be limited seating for anyone selecting a test center after February 10	March 23
All Family Medicine Residency Training Must be Completed	June 30*
Deadline to Withdraw from Examination without Cancellation Fee	30 days prior to scheduled exam
Deadline to Withdraw from Examination without Seat Fee	5 days prior to scheduled exam
Deadline to Change Testing Date/Location	48 hours prior to scheduled exam
Spring Examination Dates	April 5, 6, 9, 10, 11, 12, 13, 14, 16, 17, 18 & 19 (2018)
Examination Results (tentative)	June 15

(* Residents who are in good standing and expected to complete training by June 30, 2018 are eligible to take the April 2018 examination. Anyone completing between July 1 and October 31, 2018 will require Program Director approval. Anyone completing after October 31, 2018 should plan to take the exam in the next administration window.)

Family Medicine Certification Examinations	2018
FALL EXAMINATIONS 2018	
Registration Begins (online applications available)	July 20
First Deadline to Submit Online Application (no late fee assessed)	August 24
Priority Seating Ends (for best seating options, select a testing center by this date)	September 17
Final Deadline to Submit Online Application (requires a \$100 non-refundable late fee)	September 17
Deadline to Submit Special Testing Accommodations Documentation	September 17
Deadline to Complete All Certification Activity Requirements for Examination	September 17
Deadline to Clear Pending Requirements (except license & completion of training)	October 1
Deadline to Make Official Name Change with ABFM for Examination	October 1
Deadline to Select Testing Date/Location Note: There will be limited seating for anyone selecting a test center after September 17	October 22
All Family Medicine Residency Training Must be Completed	December 31*
Deadline to Withdraw from Examination without Cancellation Fee	30 days prior to scheduled exam
Deadline to Withdraw from Examination without Seat Fee	5 days prior to scheduled exam
Deadline to Change Testing Date/Location	48 hours prior to scheduled exam
Fall Examination Dates	November 5, 6, 7, 8, 9 & 10 (2018)
Examination Results (tentative)	December 31

(* Residents who are in good standing and expected to complete training by December 31, 2018 are eligible to take the November 2018 examination. Anyone completing between January 1 and April 30, 2019 will require Program Director approval. Anyone completing after April 30, 2019 should plan to take the exam in the next administration window.)



Common Application Process Issues

- PG2 and PG3 Years Not Continuous
 - Residents must complete last 24 months of training in continuity in the same program with no gaps
- Total Training Longer/Shorter than 36 Months
 - Residents must spend at least 36 calendar months in training
 - Any extension of training beyond 36 months requires an explanation
- One or More Years less than 12 Months
 - Residents MUST spend 12 calendar months at each level
- Notes about the above are absent or unclear
 - Provide detailed notes in RTM under the appropriate training year
 - Provide beginning and ending dates for any LOA's and indicate if any PTO was utilized during the leave.
 - Provide details for remediation/probation periods



Common Application Process Issues Cont.

Absence from Residency

Absence from the program for vacation, illness, personal business, leave, etc., must not exceed a combined total of one (1) month per academic year. The ABFM defines one month as 30 calendar days or 21 working days.

- The minimum amount of time that must be made up beyond the 30 days allowed is ONE DAY. The make-up time is expected to occur BEFORE THE NEXT ACADEMIC YEAR.

An Extended Absence (> 3 Mos.) in the PG2 or PG3 Year, **exclusive** of excused absence time, is a violation of the continuity of care requirement, may require a review by the ABFM Credentials Committee, and may result in the resident restarting the PG2 Year unless there is a determination of a Hardship.



ABFM's Definition of Hardship

A debilitating illness or injury of an acute but temporary nature, or the existence of a threat to the integrity of the resident's family, which impedes or prohibits the resident from making satisfactory progress toward the completion of the requirements of the residency program.

Hardships under the ABFM definition include:**

- Debilitating illness, injury, maternity leave that is medically necessitated
- Transfer of spouse/significant other
- Program closure

Hardships under the ABFM definition do not include:

- Extended maternity leave by choice of resident
- Preparation for USMLE/ITE exams
- Transfers due to conflict with director, faculty, peers, or dissatisfaction with program

****The circumstances surrounding each case dictate the decision.**



What's New??

- Continuous Knowledge Self-Assessment (CKSA) Available to Residents
 - Designed to deliver a set of 25 questions each quarter
 - No passing or failing
 - After independently completing 100 CKSA questions, a performance report will be provided to the resident summarizing their results by certification examination blueprint categories to help family physicians identify gaps in their knowledge.



CKSA – What You Need to Know

- Residents will access the CKSA via their physician portfolio and the program will guide them through answering each question in order.
 - Under the 'My Certification' tab, residents should click Certification Activities
 - Then click START
- Each multiple-choice question (MCQ) in the CKSA will require a single best answer response. The correct answer will be provided after each question is answered along with a critique describing the rationale for the correct option. A comment feature will allow residents to share their opinion on concepts relating to each question.
- Residents may start, stop or resume the assessment questions at any time during the 3-month period.



CKSA – What You Need to Know Cont.

- If a resident completes all 25 questions during the 3-month activity window he/she will receive 2.5 certification points that can be applied to the 50 family medicine certification points required.
- Residents who complete all 25 questions for each of the four quarters throughout the year will receive a total of 10 certification points, satisfying the minimum 1 Knowledge Self-Assessment (KSA) requirement.
- Residents who continuously participate in the CKSA throughout their three years of residency training will receive 30 certification points, leaving only a Performance Improvement activity needed to complete family medicine certification requirements.



What's New???

AOA Training Pathway

Beginning December 1, 2017 and extending until December 31, 2022, any physician trained in a 3-year AOA-accredited family medicine residency program, or an AOA-accredited family medicine residency program that has received ACGME accreditation or pre-accreditation, is eligible to apply for Family Medicine Certification. Qualifying candidates may enter the AOA Training Pathway which opened on December 1, 2017 and will have through December 31, 2022 to meet the certification requirements.



Because.....

- Single-Accreditation System
 - Transition could have made potential residents in an AOA program seeking ACGME accreditation ineligible for ABFM certification, subsequent ACGME subspecialty training, and ABFM CAQ examinations.
 - AOA programs applying for ACGME accreditation had until the end of 2017 to submit applications for pre-accreditation, but it may take some time for programs to become fully accredited.
 - There is a possibility that some programs will not become fully accredited before the transition period ends in 2020.
 - Current ABFM policy requires that the last two years of training be completed in an ACGME-accredited family medicine program to be eligible for ABFM certification, fellowship training and CAQ examinations.



AOA Training Pathway Requirements

- Completion of a 36-month AOA-accredited family medicine residency training program or an AOA-accredited family medicine residency program that has received ACGME accreditation or pre-accreditation.
- Completion of AOA Training Pathway self-assessment and performance improvement requirements prior to taking the certification examination:
 - Minimum of one (1) Knowledge Self-Assessment Activity
 - Minimum of one (1) Performance Improvement Activity with Patient Population
 - Minimum of 50 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities



AOA Training Pathway Cont.

- AOA family medicine trained physicians will be awarded certification upon satisfactory completion and reporting to the ABFM the following three requirements:
 - Application and successful completion of the Family Medicine Certification examination
 - Compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct, which includes holding an active, valid, full and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada
 - Satisfactory completion of family medicine residency training and verification by the program director

If a physician completes all the entry requirements, but is unsuccessful on the Family Medicine Certification Examination, he/she will be eligible to continue attempting to gain certification for up to 7 years from January 1, 2018, the start of AOA Training Pathway policy, or the date of completion of AOA-accredited family medicine residency training, whichever occurs later.



Thank you for you participation.



**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Tina Krajacic, AA
Becky Owens

OBJECTIVES:

- ## Notes

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RESIDENCY ADMINISTRATIVE DEVELOPMENT

The CLER Site Visit

Becky Owens, Manager Phoebe Family Medicine Residency Program

Tina Krajacic, Coordinator Shenandoah Valley Family Practice Residency Program



Goals for Today

- Learn what is a CLER Site Visit and why we have them
- How to prepare for a CLER Site Visit
- The flow of the CLER site visit day
- What to do with the feedback
- Open for Questions



CLER Site Visit—What is it?

CLER = Clinical Learning Environment Review

1. Patient Safety
2. Quality Improvement
3. Transition of Care
4. Supervision
5. Duty Hours
6. Professionalism



Five Key Questions

1. Who and what form is the infrastructure of a Sponsoring Institution's (SI) clinical learning environment?
2. How integrated is the GME leadership and faculty within the SI's current clinical learning environment infrastructure?
3. How engaged are the residents in using the SI's current clinical learning environment infrastructure?
4. How does the SI determine the success of its efforts to integrate GME into the quality infrastructure?
5. What areas has the SI identified as opportunities for improvement?



You Received Your Notice

- After your heart sinks...what is next?



Round Up the Players

C-Suite

- Chief Medical Officer – CMO
- Chief Nursing Officer – CNO
- Chief Operating Officer – COO
- Chief Financial Officer – CFO
- Director of Risk Management
- Chair of GME
- Resident member(s) of GME

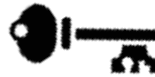


Confirmation Letter

- Within 24 hours of me confirming the proposed dates from the ACGME, our site visitor emailed a confirmation letter.



The Key to Success



- The key to a successful CLER site visit is simple...it is preparation and organization.



Meeting Spaces to Reserve

- The agenda with many meeting, requires many rooms to be reserved.



Now For a Game Plan

Educate and communicate

- The Residents
- The Faculty
- Nursing
- The C-suite



Update to the C-suite

- Outline the expectations



Finished Agenda



CLER Site Visit Phoenix August 28 - 29, 2018	
Tuesday, August 28, 2018	
7:30 - 8:30 am	Meet with DCO and staff
8:30 - 9:30 am	Meet with senior leadership (CEO, CMO, CNO, DKS/GMDO Chair, President Member of GMEC)
9:30 - 9:45 am	Meet with Patient Safety/Quality Officers
9:45 - 10:15 am	Team huddle*
10:15 - 11:45 am	Meet with residents (then extended MDT or higher residents from each residency/fellowship program-were instructions)
11:45 - 12:45 pm	Team huddle and lunch*
12:45 - 1:30 pm	Travel to site
1:30 - 2:30 pm	Walking rounds with clinic staff, physicians, and residents
2:30 - 3:30 pm	Travel to hospital
3:30 - 4:30 am	Meet with clinical site leaving faculty from the residency/fellowship programs (see instructions)
4:30 - 5:00 pm	Team huddle*
5:00 - 6:30 pm	Hospital walk around (see instructions)
Wednesday, August 29, 2018	
7:30 - 9:30 am	Hospital walk around (see instructions)
9:30 - 9:30 am	Meet with DCO and staff
9:30 - 10:15 am	Meet with Patient Safety/Quality Officers
10:15 - 10:30 am	Team huddle*
10:30 - 10:30 am	Meet with program directors (see instructions)
10:30 - 10:30 am	Team huddle and lunch*
10:30 - 10:30 am	Meet with senior leadership (CEO, CMO, CNO, DKS/GMDO Chair, President Member of GMEC)

* AFMA post note

AFMA Type A Agenda - Revised 5.31.2018



Success is in the Details

- How to communicate with the lead site visitor
- Hotel recommendations
- Order lunch for the site visitors
- Recommendations for dinner
- No gifts



Success is in the Details – Cont.

- Camp Becky
- On guard
- Information System contact
- Do not enter



Award Winning Sign



Rallying the Troops

Obtain cell phone numbers of everyone involved.

- CEO
- DIO
- C-Suite
- Food and Nutrition
- Information System



Day 1 Ends

- Relief
- But we start all over tomorrow



That Feeling of Success

- Confirmation that preparation and organization was the key to success



Focusing on the CLER Visit Prep:

Establish a Senior Leadership list: DIO, CEO or Pres, CFO, CMO, CQI, CNO
Include as well PGY-2 or higher residents and the DIO staff members
Obtain good contact information on all required attendees: Office phone, cell, email, etc.
Gather all pertinent documentation for site visitors
Setup and prep conference room, IS data, refreshments, etc.
Create a clear and precise CLER Site Visit Agenda



CLER Visit Process:

Process: Meet with: 1. Sr. Leaders, DIO, CEO/Pres -> 2. QI/Safety Leaders -> walk rounds
3. Residents -> walk rounds -> 4. Faculty -> walk rounds -> 5. Prog Dir -> Sr. Leaders.



Recap CLER Visit Focus Areas:

1. Patient Safety
2. Quality Improvement
3. Transitions of Care
4. Supervision
5. Duty Hour Oversight and Fatigue Mgmt
6. Professionalism



Items to focus on during the CLER Visit:

1. Contact All faculty and staff first thing the day of visit
2. Meet and greet the Site Visitors
3. Finalize prep for designated conference room once Site Visitor is on site
4. Text All faculty and staff a minimum of 20 minutes prior their allotted time, they must arrive on time
5. Provide any additional documentation that may be needed during the visit
6. Be sure to keep the area "Off Limits" to anyone not participating in the CLER visit



Wrapping it up:

Prep Well

Be Prepared

Think Positive



Questions?



Residency Coordinator “What’s It All About?”

Cheryl Haynes, BA, C-TAGME

Tina Krajacic, AA

This session will focus on the coordinator as a whole. What do coordinators need to know to be effective? What resources are necessary? And what about the person behind the title? How do we effectively manage the day to day challenges of the administration of a Family Medicine Residency program: accreditation requirements, deadlines, schedules, interruptions, and the persistent, "I know you are busy, but..."? Two seasoned coordinators will share their best practices for maintaining an appropriate work/life balance.

OBJECTIVES:

1. Recognize the knowledge base necessary for successfully performing the tasks of a Residency Coordinator.
2. Understand that personal wellness is key to the success of a Residency Coordinator.
3. Employ best practices for alleviating stress at work.

Notes

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RESIDENCY ADMINISTRATIVE DEVELOPMENT

75

Residency Coordinator: What is It All About?

Cheryl Haynes
Tina Krajacic



Objective

Understand the three key factors to success as a Family Medicine Residency Coordinator.



KNOWLEDGE

WELLNESS



BALANCE





KNOWLEDGE



ACGME

ABFM

What do we need to know?

ERAS

AOA

NRMP



onboarding

Rotations

Preceptors

CCC

graduation

milestones

Clinic schedules

Evals

orientation



What do we
REALLY need to
know???



Just need two things!



Where to find it



How to apply it



WELLNESS







“It’s just not
possible at this
time.”

Libby Baxley, MD



BALANCE



Cheryl's Balance



Tina's Balance



“The greatest weapon against stress is our ability to choose one thought over another.”

William James

19th Century Philosopher and Psychologist



We must have some fun!





What is it all about?



**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Peeling the Onion, No Crying Allowed: ERAS Best Practices

Bobbi Kruse, AA
Melissa Yeager, MBA, C-TAGME
Gary Lee
Jessica Rumschlag, MLIS

How do we ever dig out from under the mountain of applications under which we are buried and find the gold mine buried within? ERAS is a great tool provided to programs by the AAMC. It's not a perfect system, even the AAMC will admit to that, but it has come a long way in the past few years and many of the new features offer some great opportunities for programs. This presentation offers attendees the opportunity to see the system in action while presenters share some tricks to dig for gold!

OBJECTIVES:

1. Learn how to build custom filters.
2. Learn how other programs are using ERAS communications with applicants.
3. Learn how the scheduling option works and how this can also be used to develop a wait list.

Notes

[illegible]



RESIDENCY ADMINISTRATIVE DEVELOPMENT

Peeling the Onion, No Crying Allowed

ERAS Best Practices





Bobbi Kruse

612-343-7158

kruse244@umn.edu

- University Based Program
- 6-6-6 Program
- 12th Year in GME



Jessica Rumschlag

401-737-7000 x35642

jrumschlag@kentri.org

- Hospital Based Program
- 4-4-4 Program
- 2nd Year in GME





Melissa Yeager

253-697-5757

melissa.yeager@multicare.org

- Community Based Program
- 6-6-6 Program
- 9th Year in GME



Gary Lee

ERAS Help Desk

202-828-0413

ERASHelp@aamc.org

- Previously Senior ERAS Help Desk Specialist
- Member of ERAS Business Team
- Focus
 - Collaboration with programs on escalated issues
 - Enhancements for the PDWS



Agenda

- Set Up & Email Templates
 - <https://connect.aamc.org/library/job-aides>
- Filters & Demo
- Application Screening & Use of Attributes
- Scheduler
- Applicant's View Point
- History
- Q&A



**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Orientation Ideas

Melissa Yeager, MBA, C-TAGME
Jenny Wilson, BA

New resident orientation can be viewed as an opportunity to set the tone for the academic year and to instill your program culture into the incoming resident class. It also is an opportunity to connect residents, faculty and staff to create a cohesive and supportive program.

OBJECTIVES:

1. Think about orientation as a way to instill the culture of the program into new residents.
2. Brainstorm ideas around including senior residents in orientation events.
3. Identify valuable orientation activities above and beyond the basics.

Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There is no text or other markings on the paper.



RESIDENCY ADMINISTRATIVE DEVELOPMENT

WWAMI Network - Our Organization

The Family Medicine Residency Network is a group of family medicine residency programs related to each other by geography and university affiliation. The Network consists of twenty-four affiliated residency programs located within the WWAMI region – Washington, Wyoming, Alaska, Montana and Idaho.



WWAMI Network – Our Mission

The Network exists to promote excellence in family medicine residency education, provide academic leadership, and to respond to societal needs for family physicians. The quality of the individual programs is high, reflected in the number and quality of applicants and residents, the excellence of the faculty, and the strong support of the sponsoring hospitals in providing up-to-date facilities and skilled staff.



WWAMI Network - Map



Orientation Ideas

...More Fun Than HR and Logins



Orientation Purposes – Checking the Boxes

- Human Resources & Badges
- Computers and Electronic Health Records
- Policies and Procedures
 - Dress Code
 - ACGME Required Policies
 - Time Away
- Familiarization with the New Learning Environment
- Meeting Key People



Orientation Purposes – Outside of the Box

- Setting Expectations
 - Clinically Related
 - Behavioral & Professional
- Creating Connections
 - Faculty & Staff
 - Clinic Staff
 - Classmates
 - Senior Residents
- Setting the Tone
 - Culture of Your Program
 - Resident Wellness
 - Program Morale



Time Invested

- Starting Early
 - Doesn't disrupt rotational schedule
- Entire 1st Block
 - Plenty of time
- Somewhere in Between



Family Medicine Residency of Western MT



• Who We Are

- 2 Sites: 1 Program
- 10-10-10 Entire Program
- 10-7-7 Missoula
- 0-3-3 Kalispell
- University of Montana is S.I.
- FQHCs are Continuity Clinics
- 3 Partner Hospitals
- 10 Rural Sites
- Training for Rural MT



The Western Montana Approach

Entire First Block: Introduction to Family Medicine



Intro to Family Medicine Continued...

- Professionalism Retreat – 3 Days Dedicated to Connection, Culture and Expectations
 - Families and Dogs Welcome (First-Class Medicine in the Last Best Place is our official tag line but this could probably replace it!)
 - R1 Class constructs its own Professionalism Code
 - Time for outdoor activities in groups
 - Support group breakouts – mixed groups
 - MT White Coat Ceremony
 - Everyone goes – all services are covered by our lovely community faculty



Intro to Family Medicine Continued...

- Clinic/Hospital Readiness
 - Adult H&P Competency Assurance
 - 1-1 Clinic Sessions with Core Faculty
 - Overview of Clinic Services
 - OMM
 - ALSO
 - Point-of-Care Ultrasound



Intro to Family Medicine Continued...

- Setting the Tone

- Rafting Trip
- NRP @Rural Partner Hospital
- Town Scavenger Hunt
- Discussion: *The Checklist Manifesto*
- Resident Wellness
- Chiefs' Dinner
- Emotional Intelligence



Orientation at EPFM

East Pierce Family Medicine
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East Pierce Family Medicine - Washington



- Who We Are

- 6-6-6 Dually-Accredited
- MultiCare is S.I.
- 8 Hospitals in our system
 - Good Samaritan Hospital
 - Mary Bridge Children's Hospital
- Training for Pierce County



Orientation

- The first 2 weeks are with other affiliated Family Medicine Residencies and covers:

- Payroll (Paid Orientation)
- Benefits Enrollment (Starts on first day of employment)
- BLS / ACLS / PALS courses
- EPIC Training
- HIPAA Training
- Corporate Compliance
- Infectious Disease
- Employee Health



July Block is a Clinic month

New Residents spend each morning in our Family Medicine Clinic

- They each see 2 to 3 patients during the half day.
 - They get hands on EPIC training without the stress of their first inpatient month.
 - Our goal is for them to see 40 to 50 patients before starting inpatient medicine.
- It gives them an opportunity to learn how to:
 - Start responding to EPIC MyChart Messages
 - Place orders and place referrals
 - How to enter Prescriptions and process Refills
 - Gives us time to work out the always present EPIC kinks.



July is also an Extended Orientation Month

Each afternoon is spent Orienting to our Clinic, Hospital, and Life as a Resident.

- Suturing and OB Workshops
- Palliative Care / Advanced Directives / End of Life Workshops
- NRP
- Shadowing HUC's, Nurses, Charge Nurses, and others in the Hospital
- Shadowing Nurses and Receptionists in the Clinic
- Wellness Activities
- OMT Workshop
- Nexplanon Training
- HDA's with Faculty



Culture of Awesome

- Our clinic has always had a “Culture of Awesome” and we work everyday to live up to that mission.
 - It starts with the Program Director saying and believing her opinion is no more important or valuable than a Resident’s or a Receptionist’s opinion.
 - Our clinic has the highest Employee Engagement scores in the system.
 - We have very little turnover. In five years, one nurse has left and our ARNP retired.



What makes EPFM Special?

Orientation is much more than becoming part of our clinic - it is also becoming part of our Family.

- When I met with applicants on the morning of Interviews, I make sure they know:
 - Interview Day is about “Fit” – can they imagine spending 60 hours a day with us **AND** can we imagine spending 60 hours a week with them.
 - They have already met the requirements to be a Resident at EPFM. Our interview day isn’t about “testing” them.
 - PD and I are the only ones who see MSPE, Test Scores, and Transcripts.



How do they become part of the Family?

How do we do that?

- Welcome Lunch on the first day of Orientation that MultiCare VIP's attend.
- Welcome Lunch on the first day that Residents are at our Clinic.
- Staff and Family Picnic each Summer. Over 125 people attend each year.
- All Faculty, Residents, and Staff are invited to be our guest at Graduation.
- We host a Welcome / Good-Bye event at the hospital to give the staff an opportunity to meet New Residents and say Good-Bye to our Graduates.
- Res Only Retreat each July.
- "Friendly" Soccer game against other Residencies.



Keeping the Family Together

As a new Residency, we have focused a lot of time and resources into keeping our Alumni engaged after graduation.

- Most of our Graduates stay locally and we invite them to all Residency events.
- We created a private EPFM Alumni and Friends Facebook page as a way to keep in touch with each other
 - Births
 - Weddings
 - New Jobs
 - Changes within the Residency





RESIDENCY ADMINISTRATIVE DEVELOPMENT

Q&A Hot Topics

Board Panel

Using a panel of seasoned coordinators and AFMA Board members, participants will be able to ask questions, seek advice and recommendations to resolve daily challenges faced by Residency Coordinators.

OBJECTIVES:

1. Apply advice and recommendations provided by seasoned coordinators.
2. Better understand ACGME and ABFM requirements and how to apply them in daily residency administration.
3. Share best practices for completing the daily tasks of residency administration.

Notes

[illegible]

Thank you for attending RAD

Don't forget to –

- Fill out your evaluations.
- Pick up your certificate of attendance.
- Meet for Dutch Treat Dinners TONIGHT – 6 p.m.
- Attend the Panel Discussion/Q&A TOMORROW – 10:15 a.m.
- Become a member of AFMA!
- Get involved – Join a Committee!