

R A D

Residency Administrative Development

W o r k s h o p



April 5 – 6, 2019

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, April 5, 2019

8:00 – 8:30 a.m.	Registration & Breakfast [Gillham Hall Foyer – Hotel Lobby Level]
8:30 – 8:40 a.m.	Welcome [Gillham Hall] AFMA President – Bobbi Kruse, AA
8:40 – 9:00 a.m.	Ice Breaker Angela Womble, C-TAGME – RES Program Planning/RAD Workshop Co-chair
9:00 – 9:45 a.m.	Sunrise to Sunset: The Lifespan of the Coordinator’s Career – Panel Discussion [Gillham Hall] Kelsey Gender, BS – Program Manager, University of Arizona Fam & Community Med Diana Davila, BSBA, C-TAGME – Program Coordinator III, UT Southwestern FMRP Krista Galvan – Residency Support Specialist, Smoky Hill Fam Med Res
9:45 – 9:55 a.m.	Transition Break
9:55 – 10:40 a.m.	New Coordinator – Accreditation Basics & Requirements [Exhibit Hall B] Bobbi Kruse, AA – Program Administrator, University of Minnesota Med Ctr Cheryl Haynes, BA, C-TAGME – Residency Manager, Southern Regional AHEC Tina Krajacic, AA – Program Coordinator, Shenandoah Valley Fam Prac Res Melissa Yeager, MBA, C-TAGME – Residency Coordinator, East Pierce Family Medicine
OR	
9:55 – 10:40 a.m.	Seasoned Coordinator – ACGME Self-Study...What We Learned [Gillham Hall] Evan Norby, DO – Program Director, University of Wyoming FMRP at Cheyenne Pamela MacMillan – Residency Coordinator, University of Wyoming FMRP at Cheyenne Laura Capasso, MS, LPC, NCC – Faculty Behavioral Scientist, UWFMRP at Cheyenne
10:40 – 10:50 a.m.	Transition Break
10:50 – 11:35 a.m.	New Coordinator – Schedules, Agreements & Scholarly Activity [Exhibit Hall B] Kruse, Haynes, Krajacic, Yeager
OR	
10:50 – 11:35 a.m.	Seasoned Coordinator – ACGME Mock Site Visit [Gillham Hall] Lisa-Ann Roura, BS – Residency Coordinator, St. Peter FM Chehalis RRT Sara O’Connor, BA – Program Coordinator, Idaho State University Fam Med Res
11:35 – 11:45 a.m.	Transition Break
11:45 – 12:30 p.m.	New Coordinator – Evaluations & Reporting Requirements [Exhibit Hall B] Kruse, Haynes, Krajacic, Yeager
OR	
11:45 – 12:30 p.m.	Seasoned Coordinator – Everyone Has a Role in Developing a Culture of Wellness and Wholeness in the Residency [Gillham Hall] Romeo Castillo, MD – Program Director, Adventist Health Hanford Fam Med Res Kelvis Gonzalez-Gallardo, MD – PGY3, Adventist Health Hanford Fam Med Res

12:30 – 1:30 p.m.	Networking Lunch with Table Topics [Gillham Hall]
1:30 – 2:15 p.m.	New Coordinator – Tracking & Dashboards [Exhibit Hall B] Kruse, Haynes, Krajacic, Yeager
OR	
1:30 – 2:15 p.m.	Seasoned Coordinator – Interventional Site Visit [Gillham Hall] Timmie Locklear, BS – Residency Coordinator, Southeastern Health Debbie Blackburn, C-TAGME – Program Administrator, New Hanover Reg Med Ctr
2:15 – 2:25 p.m.	Transition Break [Gillham Hall]
2:25 – 3:10 p.m.	We've Got This: Milestone Reporting Made Easy [Gillham Hall] Gina Silvey, C-TAGME – Medical Education Manager, University of Missouri FMR
3:10 – 3:25 p.m.	Refreshment Break
3:25 – 4:00 p.m.	ACGME & Regulatory Compliance – A Culture of Patient Safety [Gillham Hall] Frederick Stone, Jr., MD, MPH – Program Director, Palmetto Health Tuomey FMRP Molly Ostrowski – Residency Coordinator, Palmetto Health Tuomey FMRP
4:00 – 4:55 p.m.	Getting to Know You: Lessons Learned and Tips for Stress Relief [Gillham Hall] Kristi Stocks – Residency & Fellowship Coordinator, VCU-Fairfax Family Medicine
4:55 – 5:00 p.m.	Closing Remarks AFMA President – Bobbi Kruse
6:00 p.m.	Dutch Treat Dinners

Saturday, April 6, 2019

8:30 – 11:30 a.m.	"Speed Dating" Discussion Tables [Gillham Hall]
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Topics

Coordinator Role with Challenged Learners – Angela Womble
 Growing into Your Role – Tina Krajacic
 Timelines – Erika Robinson
 Longitudinal Curriculum – Melissa Yeager
 Organization Amid Chaos – Patty Irwin
 Scholarly Work is for Everyone! – Lisa Marquise
 Pre-Residency Assessment – Bobbi Kruse
 Resident/Coordinator Relationship – Cheryl Haynes
 Going Paperless – Summer Jamison

Residency Administrative Development (RAD) Program Planning Committee

Caren Bachman
Co-Chair, RAD Workshop
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Jenny Wilson
University of Vermont Family Medicine Residency
Milton, VT
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RAD Workshop Program Faculty

Debbie Blackburn, C-TAGME



Debbie has worked in Family Medicine residency education for 20 years with 18 of those serving as residency coordinator. Her residency is located in coastal North Carolina and is a 6-6-6 program with Osteopathic Recognition. They have a core faculty of six physicians. She has been a member of AFMA for over 11 years and has had the privilege of serving on their Board of Directors. AFMA has been her go-to source for support during times of change. Debbie cannot say enough good things about this professional association.

Contact Information: debbie.blackburn@nhrmc.org

Laura Capasso, MS, LPC, NCC



Laura, a Board Certified Licensed Professional Counselor, received her BA in Psychology with a minor in Sociology from the University of Wyoming at Casper College. She then moved on to receive her Master of Science degree from the University of Wyoming in Community Mental Health Counseling, where she was trained as a generalist clinician. Currently, Laura is completing her Doctorate in Counselor Education and Supervision at the University of Northern Colorado, where she developed a passion for teaching, clinical supervision, research, therapeutic relationship, and social justice. Laura sees patients for

counseling in our clinic, in addition to engaging in the didactic and experiential instruction of Behavioral Health curricula for our Family Medicine Resident Physicians. Laura enjoys traveling, hiking, and spending time with her family, friends and dogs.

Contact Information: lcapasso@uwyo.edu

Romeo Castillo, MD



Dr. Castillo completed residency training at University of Texas in Galveston in 2003 and moved to Hanford, California to join a group practice. Two years later, he started to volunteer mentoring students and found it very rewarding. In 2005, he became a part time faculty at LLU Hanford FMR, a 4-4-4 rural program. In 2012, he was appointed as the assistant PD. In 2013, he became the interim director and eventually became the program director in 2014. Hanford Family Medicine was recently approved for 6-6-6 complement. Romy has been actively involved in Balint meetings, curriculum development and competency-

based evaluation. He is also active in community and international missions. His interests include whole person care, spirituality end of life care, wellness, cultural awareness and alternative complementary medicine. He is Board Certified and diplomate in Family Medicine and Integrative Holistic Medicine. He completed NIPPID fellowship in Kansas City and academic fellowship in Cultural Medicine faculty development at White Memorial. He has been married for 21 years to a nurse and blessed with one son and 2 dogs.

Contact Information: castilrc@ah.org

Diana Davila, BSBA, C-TAGME



Diana has over 19 years of experience working in the medical education field and is currently the Program Coordinator for the UT Southwestern Family Medicine Residency Program in Dallas, TX. She is responsible for the oversight of 42 residents and is involved in the daily operations of the residency program. She has been a member of AFMA since 2005, previously served on the AFMA Board of Directors for two years and remains active on several committees. She is also very active at her institution and served on several committees including her institution's Resident Wellness Committee, the Program Coordinators' Development Committee, and currently serves on her institution's Program Performance Improvement Subcommittee. For the past eight years Diana has been very involved in TAGME, serving as a non-voting Family Medicine TAGME Board member for four years and currently is a member of the TAGME Assessment Committee. She is passionate about mentoring other coordinators and loves to watch her residents learn and grow in to competent family physicians. Diana is married, has three children, and three grandchildren whom she adores. In her spare time, she attends school full time for her Masters in Adult Education, and crochets baby blankets for all her pregnant residents and faculty.

Contact Information: diana.davila@utsouthwestern.edu

Krista Galvan



Krista is the Residency Support Specialist at Smoky Hill Family Medicine Residency Program in Salina, Kansas. She has been in the Residency world for one year. Prior to working at the Residency, she worked as the Medical Receptionist for our Federally Qualified Health Center (Salina Family Healthcare) for 13 years. Even though she is not a Coordinator and/or Program Manager she does a lot of things that they do like, evaluations, timesheets, dashboard tracking, maintaining resident files, applicant interviews, etc. In her down time, she enjoys hanging with her husband and two boys (Abram-8, Cruz-4) camping, shopping, and watching the Kansas City Chiefs and the Kansas Jayhawks.

Contact Information: kgalvan@salinahealth.org

Kelsey Gender, BS



Kelsey Gender is the Program Manager at the University of Arizona Family Medicine Residency Program in Tucson, AZ. Kelsey has been in Residency administration for four years and has worked with two university programs. Before the University of Arizona, she worked as the Program Coordinator at Louisiana State University Health Sciences Center. She has a BS degree from Winthrop University. She has been a member of AFMA since 2015 and has joined several AFMA committees over the past four years. Her interests outside of work include: Traveling, reading, and spending time with her husband and dogs.

Contact Information: kgender@email.arizona.edu

Kelvis Gonzalez-Gallardo, MD



A Cuban native, Dr. Gonzalez Gallardo graduated from The Higher Institute of Medical Sciences in Villa Clara, Cuba. In 2012, Dr. Gonzalez Gallardo was granted political asylum and moved to the United States. In 2014, he was accepted to the UCLA International Medical Graduate Program. He successfully matched in 2016 at Hanford Family Medicine Residency Program. He is currently a senior and chief resident. Dr. Gonzalez is eager to help meet the profound need for physicians in rural areas such the California's Central Valley. Professional Interests: Wellness, Teaching, Geriatrics, and Preventive Medicine. He is married to a nurse and has one child.

Contact Information: gonzalkg@ah.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 Manager 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, currently serving as Treasurer. Tina was born in Pennsylvania, but currently resides in Virginia with her husband and family. She enjoys being a grandma, singing, piano 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 since 2006. 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

Timmie Locklear, BS



Timmie is the Program Coordinator for the CUSOM/Southeastern Health Family Medicine Residency program in Lumberton, NC. She has been in graduate medical education for seven years and has a BS degree from Western Carolina University. Timmie has been a member of AFMA since 2017. She enjoys spending time with her family and her two dachshunds.

Contact Information: locklt09@srmc.org

Pamela MacMillan



Pamela has been an integral fixture in the University of Wyoming Family Medicine Residency program for 20+ years. She began in the business office where she worked from 1998 to 2004. From there, she made her way to the Administration office where she has worked since that time. Pamela does a little bit of everything. Her most favorite aspect of the job, however, is getting to know each and every resident, faculty, and staff member in the building. Over the past two decades, she has supported countless people as they journey through the program in different capacities; many of whom continue to stay in close contact following their departure. When not singing at her desk or cracking a joke at work, Pamela can be found spending time with her 22-year-old daughter who is newly married and an RN, her husband of 24 years, or her fur babies.

Contact Information: pmac@uwyo.edu

Evan Norby, DO



Dr. Norby is a graduate of the University of Wyoming Family Medicine Residency-Cheyenne program. After graduating, he chose to stay with the program as a faculty member. As faculty, he has gone wherever the program has needed him, including stepping into the role of program director. He has been married almost eleven years and has five young kids, including twin four-year olds.

Contact Information: enorby@uwyo.edu

Sara O'Connor, BA



Sara has been a Residency Program Coordinator at the Idaho State University Family Medicine Residency Program for over six years. She has been a member of AFMA since 2013. Prior to becoming the Residency Coordinator, she worked for over a decade in Human Resources and Executive Management. She is currently working on her Masters of Public Health Administration.

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Molly Ostrowski



Molly has worked in Family Medicine residency education for four years as the residency coordinator. Molly also served five years as a general surgery residency coordinator and five years as a credentialing specialist. Her residency is in Sumter, SC and is a 4-4-4 unopposed program. She has been a member of AFMA for two years and has had the privilege of serving on the RAD Committee and the Fundraising Committee this year. AFMA has been her go-to source for support during the application and startup of the first residency program at Palmetto Health Tuomey.

Contact Information: molly.ostrowski@palmettohealth.org

Lisa-Ann Roura, BS



Lisa-Ann has called Chicago her home since the age of five. She graduated from Eastern Illinois University in Charleston, IL 1995. After spending some time in the Chicago Park District as a swim coach and a lifeguard, she joined the Peace Corps in 1997 serving as an agroforestry volunteer in San Luis Jilotepeque, Jalapa, Guatemala from 1997-1999 teaching the native farmers. She started as a Transitional Year Residency Coordinator at Resurrection Medical Center in Chicago in 2001 and in 2008 moved to Washington to take on the position of Family Medicine Residency Coordinator at Providence St. Peter Family Medicine in Olympia, WA. Then in 2015, she was given the opportunity to help start the new Rural Training Program in Chehalis, WA.

Contact Information: lisaann.roura@providence.org

Gina Silvey, C-TAGME



Gina is the Medical Education Manager at the University of Missouri in the Department of Family and Community Medicine. She has served in this position for the past 10 years, and in graduate medical education for the past 25 years. Gina is a member of AFMA and has served on their board of directors as well as various committees.

Contact Information: silveyg@health.missouri.edu

Kristi Stocks



Kristi is the Residency and Fellowship Coordinator for the VCU-Fairfax Family Medicine program - an 8-8-9-2 program. Kristi's background in supplemental education led to her becoming involved in the GME world in 2012, eventually being named the program coordinator and joining AFMA in 2016. Kristi is a lifelong Virginia resident and enjoys the spoils of being the youngest of seven siblings and has the honorary title of World's Greatest Aunt. The graduating class of 2018 bestowed upon her the superlative of Most Likely to Please Your Taste Buds because she is the five-time winner of the annual residency chili cook-off!

Contact Information: kstocks@ffpcs.com

Frederick Stone, MD, MPH



Dr. Stone has been the program director for the newly accredited family medicine residency in Sumter, South Carolina, with its first four residents to start in July 2019. Palmetto Health Tuomey Hospital will be the site of most inpatient experiences and is the sponsoring institution of the residency program. The family medicine clinic will be with Tandem Health, a federally qualified health center serving an underserved rural population. Emphasis is placed on the mission of educating a group of family physicians for practice in rural, underserved

South Carolina. Prior to coming to Sumter in September 2018, Rick was the program director with North Country HealthCare in Flagstaff, AZ, where he developed and got accredited a new family medicine residency program to serve Northern Arizona. Other faculty appointments have been with Abrazo Central Campus in Phoenix, AZ, the University of Missouri-Columbia at their rural family medicine residency site in Fulton, and East Tennessee State University at their residency program in Kingsport. Rick has 25 years of experience in clinical care, taking of pregnant women, delivering their babies, and taking care of children, adults and older adults in both the outpatient and inpatient settings.

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Melissa Yeager, MBA, C-TAGME



Melissa has been the Residency Coordinator at 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 an 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 Mentoring Committee Chair and Incoming President. 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 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: _____

CVV Code (on back of card): _____ Zip Code associated with this card: _____

Signature: _____ Date: _____

Welcome/Ice Breaker

Notes

Welcome/Ice Breaker

Notes

Sunrise to Sunset: The Lifespan of the Coordinator's Career – Panel Discussion

Kelsey Gender, BS
Diana Davila, BSBA, C-TAGME
Krista Galvan

Currently, the most feasible way for residency education coordinators to train, grow and evolve in their roles is via networking and available webinars/conferences that arise. There is no curriculum at the collegiate level that provides individuals with the specific fundamental knowledge to apply to the role of being a GME coordinator. Certainly, there are transferable skillsets and elements of academia that can be drawn on for utilization in the role, but the best approach to professional development is by mentorship and networking. This can be said for coordinators at all levels; the learning and evolving process is reciprocal. The seasoned coordinator has the opportunity to learn from the up and comers, just as much as the up and comers can learn from the seasoned coordinators. We will host a panel of coordinators at various stages in their careers in GME and pose relevant questions that will lead to further discussion and resource development for coordinators at all levels. We will open discussion up to the audience.

OBJECTIVES:

1. Recognize and become comfortable with the stages of growth as a coordinator.
2. Identify additional resources for coordinator professional development.
3. Establish individual goals for each stage of a career in graduate medical education.

Notes

Accreditation Basics & Requirements

Kruse, Haynes, Krajacic & Yeager

During this session, we will discuss institutional, common and specialty requirements.

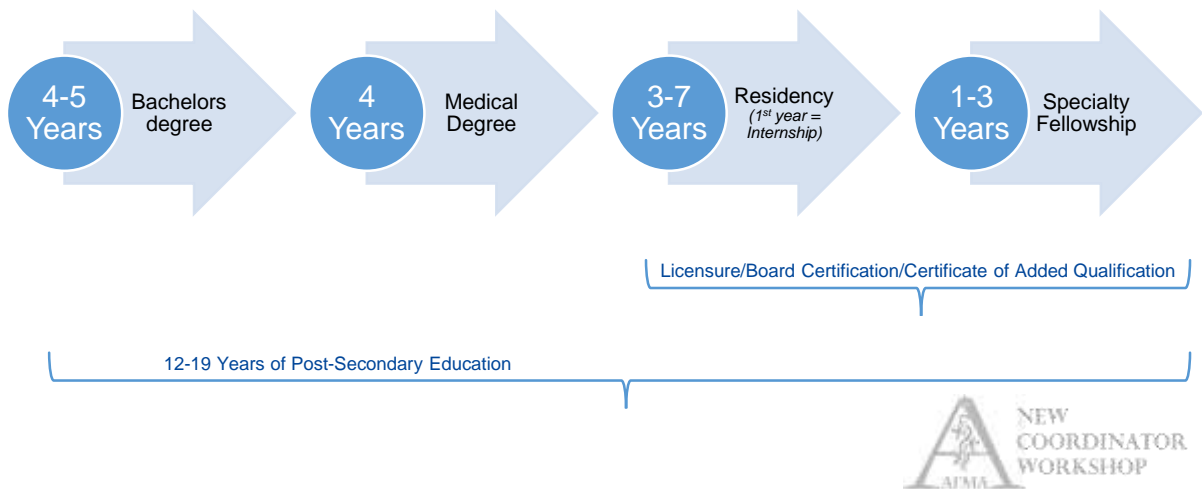
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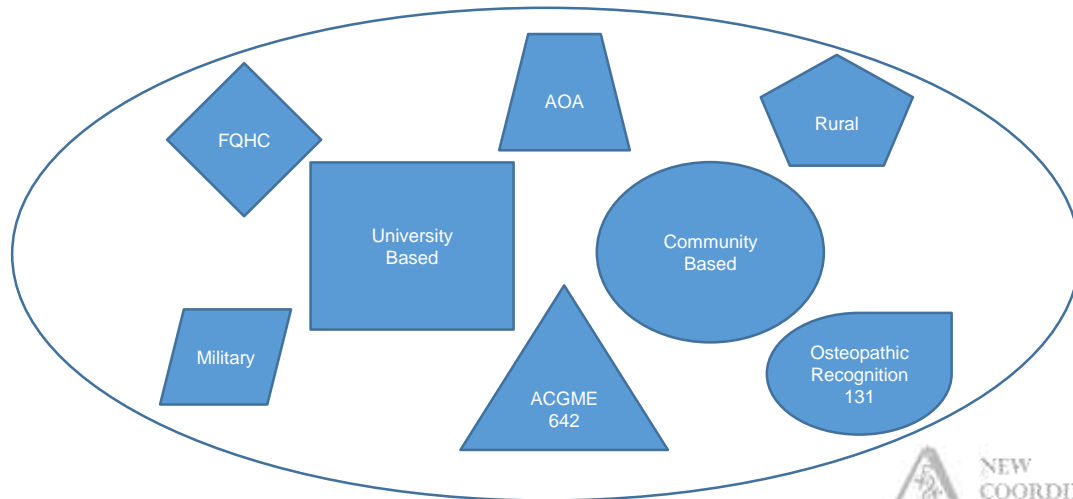
Accreditation Basics & Requirements



The Medical Education Path



Programs Come in ALL Shapes and Sizes



Accreditation Council for Graduate Medical Education (ACGME) www.acgme.org

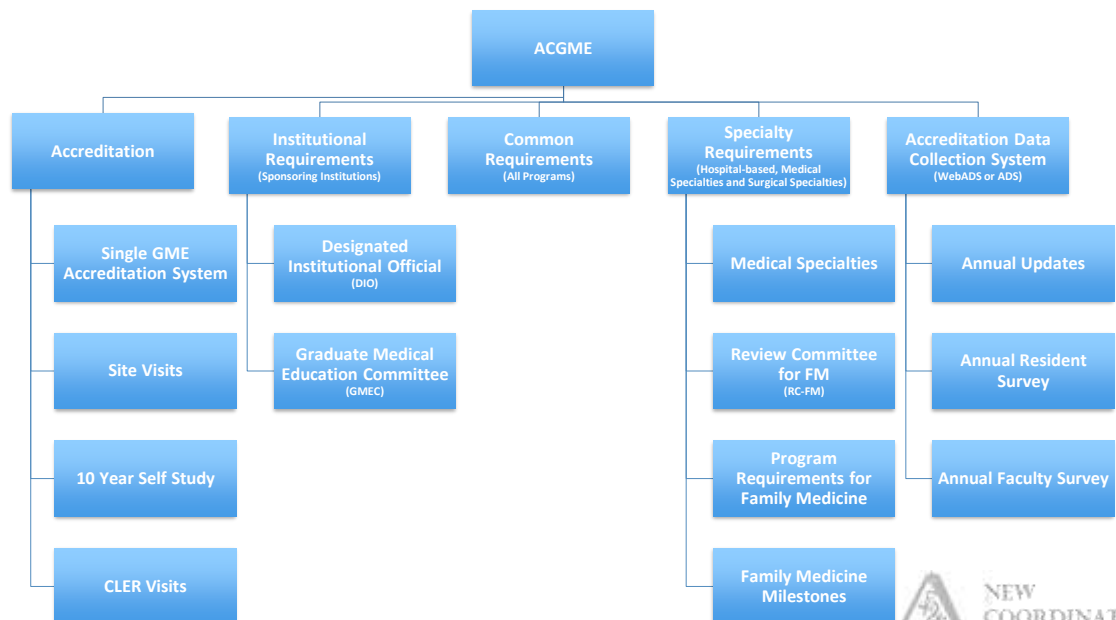
- Accrediting body for
 - Residencies
 - Fellowships
 - Sponsoring Institutions



Accreditation Council for Graduate Medical Education (ACGME)

www.acgme.org

- Types of Requirements
 - Institutional Requirements
 - Common Program Requirements
 - Specialty Program Requirements
 - Milestones



Sponsoring Institutions (SI)

- Institutional Requirements (IR)
 - Managed by Dean's Office/DIO/GME Office
 - Maintenance of Institutional Accreditation
- Financial and Academic Responsibility
- Responsible for Institutional Resources, Policies, Contracts (IR II., IV.)
- Ultimate oversight of programs



Designated Institutional Official (DIO) (IR I.A.5.a.)

- Individual within Sponsoring Institution
- Responsible for programs
- Member of GMEC, may also be the GMEC chair
- In some programs the PD may also be the DIO



Graduate Medical Education Committee (GMEC) (IR I.B)

- Managed by the Sponsoring Institution
- Oversight of Program Quality
- Annual Institutional Review (AIR)



Institutional Requirements

- <https://www.acgme.org/Portals/0/PFAssets/InstitutionalRequirements/000InstitutionalRequirements2018.pdf?ver=2018-02-19-132236-600>



Clinical Learning Environment Review (CLER)

III.B The Learning and Working Environment FOCUS AREAS



Program Requirements

- Common*:
<https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements>
- Family Medicine:
https://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf

**Note: CPR Revisions effective July 1, 2019 – recommend you read the tracked changes copy, paying close attention to the Background & Intent.*



Requirement Language



- Rotation time AND a specific number of patient encounters are required.



- Rotation time OR a specific number of encounters are required



Requirement Language



Must:

Identifies a requirement that is mandatory. This term indicates an absolute requirement.



Should:

Designates requirements so important that their absence must be justified. Carries a risk of citation for failing to comply with a requirement without justification.



Suggested:

Indicates that something is distinctly urged rather than required. Possible finding for Areas for Program Improvement/Concern. Aka “strongly suggested”



FM Requirement Details (aka. Bean Counting)

- Definition of Encounter (from ACGME FM FAQ's)
 - “A patient encounter is a meaningful interaction between a physician and a patient that includes a history, assessment, critical thinking, and care plan. An encounter is documented in the patient record for later reference.”



FM Requirement Details (aka. Bean Counting)

- **1650** in-person patient visits in FMP site (Clinic visits)
 - **165** age 60 or over (**10%** of the 1650)
 - **165** *under* 10 (**10%** of the 1650)
- **600** hours *or* **6** months **AND** **750** hospitalized adult patient encounters
 - **100** hours *or* **1** month *or* **15** ICU patient encounters
 - Must take place across all years



FM Requirement Details (aka. Bean Counting)

- 200 hours *or* 2 months *or* 250 adult emergency patient encounters
- 100 hours *or* 1 month *or* 125 older patient encounters
- 200 hours *or* 2 months AND 250 patient encounters for ill children
 - Must include at least 75 inpatient
 - Must include at least 75 emergency dept



FM Requirement Details (aka. Bean Counting)

- 200 hours *or* 2 months *or* 250 ambulatory child and adolescent patient encounters
- 40 newborn patients, including well and ill
- 100 hours *or* 1 month with surgical patients, including hospitalized
 - Must spend time in operating room
- 200 hours *or* 2 months with musculoskeletal patients, including sports medicine



FM Requirement Details (aka. Bean Counting)

- 100 hours *or* 1 month *or* 125 female patient encounters
- 200 hours *or* 2 months obstetric patient encounters
 - Including delivery, prenatal, post-partum and intra-partum and some continuity
- 100 hours *or* 1 month Health System Management
- 300 hours *or* 3 months Elective experiences
- 24 months of Long Term Care experience
- 2 Scholarly Activities



Additional FM Requirements

- Dermatology Curriculum
- Integrated Behavioral Health Curriculum
- Mental Health Curriculum
- Population Health Curriculum
- Sub-Specialty Curriculum
- Ambulatory and hospital procedure training
- Diagnostic Imaging Curriculum



Questions



ACGME Self-Study... What We Learned

**Evan Norby, DO
Pamela MacMillan**

Critically evaluating our own identity as a training program has become a central component of the culture shift we are trying to make. In an effort to better serve patients, in addition to more holistically train our residents, we recognized a need to cultivate an environment which facilitates honest self-reflection with the intent of creating actionable progress and change reflective of ACGME and ABFM requirements. One of the components of this process was participating in the ACGME Self-Study. Though admittedly nerve-wracking, conceptualizing the Self-Study as an opportunity as opposed to a burden was one of the main goals of completing the self-study. Faculty and administration strove to approach the process in the most transparent fashion, bolstering the benefits and increasing programmatic and systemic self-awareness. This, the presenters believe, is foundational to creating positive, lasting change program-wide. Join us as we discuss our approach and share your own pearls of programmatic wisdom.

OBJECTIVES:

1. Identify who could be helpful participants in the self-study process (in regard to each learner's own program).
2. Identify effective data (ITE scores, board passage rates/scores, graduate surveys, curriculum, evaluations, discussions, etc.) analysis procedures.
3. Identify strategies to increase openness, transparency, and vulnerability among participants to get the most out of the self-study process.

Notes



RESIDENCY ADMINISTRATIVE DEVELOPMENT

ACGME Self Study – What We Learned

Evan Norby, DO - Program Director

Laura Capasso, MS, LPC, NCC – Behavioral Scientist

Pamela MacMillan – Residency Coordinator



UNIVERSITY
OF WYOMING

Family Medicine
Residency Program
at Cheyenne

821 Ease 18th Street, Cheyenne, WY 82001



RESIDENCY
ADMINISTRATIVE
DEVELOPMENT

Oftentimes, accreditation activities are daunting and nerve-wracking. We however, want to explore ways in which programs can approach activities such as self-studies in an honest, vulnerable fashion in order to decrease associated stress and simultaneously increase their overall efficaciousness.



Behavioral Objectives

- Identify who could be helpful participants in the self-study process (in regards to each learner's own program)
- Identify effective data analysis procedures (ITE scores, board passage rates/scores, graduate surveys, curriculum, evaluations, discussions, etc.)
- *Identify strategies to increase openness, transparency, and vulnerability among participants to more effectively complete their own self-study summary*



- Critically evaluating our own identity as a training program has become a central component of the culture shift we are trying to make. In an effort to better serve patients, in addition to more holistically train our residents, we recognized a need to cultivate an environment which facilitates honest self-reflection with the intent of creating actionable progress and change reflective of ACGME and ABFM requirements. One of the components of this process was participating in the ACGME Self-Study. Though admittedly nerve-racking, conceptualizing the Self-Study as an opportunity as opposed to a burden (Guralnick, Hernandez, Corapi, Yedowitz-Freeman, Klek, Rodriguez, Berbari, Bruno, Scalice, & Wade, 2015) was one of the main goals of completing the self-study. Faculty and administration strove to approach the process in the most transparent fashion, bolstering the benefits and increasing programmatic and systemic self-awareness. This, the presenters believe, is foundational to creating positive, lasting change program-wide. Join us as we discuss our approach and share your own pearls of programmatic wisdom.



About Our Program

- 6-6-6 Dually Accredited Program
 - 9 DO's
 - 9 MD's
- Community-Based Residency
- University of Wyoming is our Sponsoring Institution



Eight Steps for Conducting The ACGME Program Self Study

- Assemble the Self-Study Group
 - Engage Program Leader and Constituents in a Discussion of Program Aims
 - Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement
 - Examine the Program's Environment for Opportunities and Threats
 - Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions
 - Interpret the Data and Aggregate the Self-Study Findings
 - Discuss and Validate the Findings with Stakeholders
 - Develop a Succinct Self-Study Document for use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit
- <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>



Assemble the Self-Study Group ACGME

- **Membership** - PEC
- **Additional Participants** – Program Dependent
- **CCC Representative**



Assemble the Self-Study Group – Our Approach

- **Membership** – PEC, Program Coordinator
- **Additional Participants** –
 - individuals with historical program knowledge (Residency Business Manager, Faculty, etc.)
 - individuals comfortable with exploring program assessment that is accurate, forthcoming, meaningful and depth oriented
 - Chief Resident, Behavioral Scientist
- **CCC Representative**



Engage Program Leader and Constituents in a Discussion of Program Aims ACGME

The basic components of the Self-Study is an Annual Program Evaluation. Added components include setting program aims and conducting an abbreviated strategic assessment of the program, focusing on strengths, areas for improvement, opportunities, and threats.



Engage Program Leader and Constituents in a Discussion of Program Aims Our Program

- No input from institutional leadership
- Program level leadership
- Using existing assessment tools in developing aims
 - APE
- Being intentional about who is part of the self-study process



Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement ACGME

- Data
- Tool for longitudinal assessment and strengths



Aggregate and Analyze Data from Your Annual Program Evaluations and the Self-Study to Create a Longitudinal Assessment of Program Strengths and Areas for Improvement Our Program

- Data
 - Resident/Faculty survey
 - Graduate survey
 - Annual accreditation letter
 - Board pass rates
 - In training exam scores
 - Curriculum
 - Evaluations - Milestones
 - WebAds data
 - No internal survey data
- Start and end with our APE
 - Principles are longitudinal



Examine the Program's Environment for Opportunities and Threats ACGME

- External factors
- Not controlled by the Program
- Positive impact on the Program
 - Service
 - Educational



Examine the Program's Environment for Opportunities Our Program

- Small strong community support
 - Access to local legislators
- Cultivate relationship with sponsoring institutional leadership
- Increased Faculty
- Clinic becoming FQHC leading to increased funding



Examine the Program's Environment for Threats ACGME

- External factors
- Not controlled by the Program
- Negative impact on the Program
 - Service
 - Educational
- Negative impact on local and regional community



Examine the Program's Environment for Threats Our Program

- Economic – program funding structure
 - FQHC
 - Salaries
- Cultural
 - Increased specialization
- Educational
 - Staffing
 - Increased clinical and educational requirements
- Decreased access to medical care for community
- Minimal understanding of GME at the institutional level



Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions ACGME

- Data
- Engagement of stakeholders



Obtain Stakeholder Input on Strengths, Areas for Improvement, Opportunities, and Threats to Prioritize Actions Our Program

- Having the right people in the room to accomplish aims
- Cultivated relationship with our institution leadership



Interpret the Data and Aggregate the Self-Study Findings ACGME

- establishing the working set of program aims
- listing key program strengths
- prioritizing among self-identified areas for improvement to select those for active follow up, and to help define specific improvement activities
- discussing opportunities that may enhance the program, and developing plans to take advantage of them
- discussing threats identified in the Self-Study, and developing plans to mitigate their impact
- conducting a five-year look-back using the data from Annual Program Evaluations;
- conducting a five-year look forward that also seeks to answer the question, "What will take this program to the next level?"
- describing any learning that occurred during the Self-Study



Interpret the Data and Aggregate the Self-Study Findings Our Program

- Doing this in conjunction with our APE further highlighted sections in the Self-Study Summary document.
- We allowed a whole day and still needed extra time (another half-day). This we felt useful as we did an in-depth APE.
- Learned that open discussion and expanding the process brought more diverse viewpoints into already established needs/goals.



Discuss and Validate the Findings with Stakeholders ACGME

- Findings shared with Faculty, Residents, Administration Staff and Fellows
- Focus on five year look forward and vision
- Subspecialty discussions should be incorporated if applicable



Discuss and Validate the Findings with Stakeholders Our Program

- Self Study summary and APE reviewed by DIO and discussed at GMEC
- Discussed at Resident Faculty meeting
- Navigating dual roles
 - Challenges
 - Opportunities



Our Five Year Plan and Vision

- We will be doing a focused and intentional curriculum overhaul incorporating the milestones and evaluation tools.
- We plan on critically evaluating our traditional identity as a rural and procedurally based residency program. Many of our graduates go into a purely outpatient practice setting and not in rural communities. Thus, many of them are not utilizing the advanced procedural skills available such as scopes, obstetrics, and/or hospital medicine.
- We will establish minimums equal to or exceeding those of the ABFM and/or ACGME while attempting to incorporate more flexibility and adaptability to better serve the needs of our graduating residents.



Develop a Succinct Self-Study Document for use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit

- Develop a Succinct Self-Study Document for Use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit.
- In addition to completing the Self-Study summary to be sent to the ACGME, programs should maintain a document for their own records that lists the strengths and areas of improvement identified during the Self-Study.
- The final step for the Self-Study group, or an individual designated by the group, is to compile a succinct Self-Study document that describes the process and key findings in the areas of program aims, the threats and opportunities assessment, and program strengths and areas for improvement.

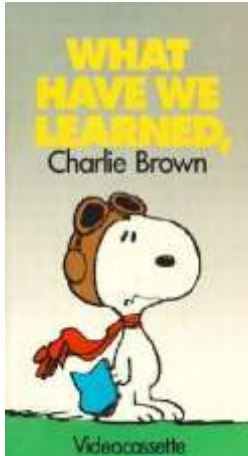


Develop a Succinct Self-Study Document for use in Further Program Improvement as Documentation for the Program's 10-Year Site Visit

- We used the ACGME Self-Study Summary document provided
- We decided to incorporate the Self-Study process and aims into our APE process and documentation



What have we learned Charlie Brown...



- Identified who could be helpful participants in the self-study process (in regards to each learner's own program)
- Identified effective data analysis procedures (ITE scores, board passage rates/scores, graduate surveys, curriculum, evaluations, discussions, etc.)
- *Identified strategies to increase openness, transparency, and vulnerability among participants to more effectively complete their own self-study summary*



References

- <https://www.acgme.org/What-We-Do/Accreditation/Self-Study>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4594202/>



Questions?



Schedules, Agreements & Scholarly Activity

Kruse, Haynes, Krajacic & Yeager

Finding balance in the program requirements can be tricky. We will provide you with some of the tricks we have learned to balance these responsibilities.

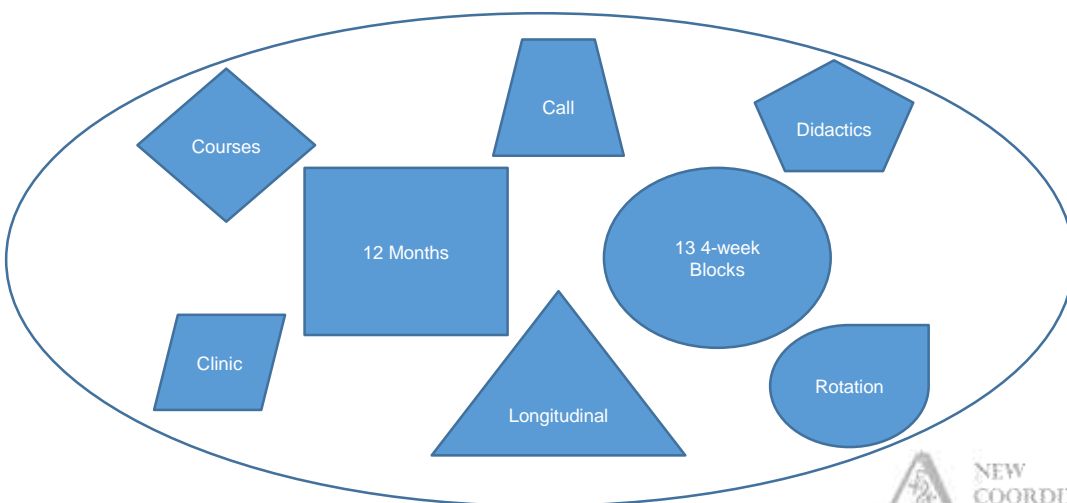
Notes

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 text or other markings on the paper.

Schedules, Agreements and Scholarly Activity



Schedules (also) Come in ALL Shapes and Sizes



Annual Schedule (aka Block)

- 12 Monthly Blocks

January	February	March	April	May	June	July	August	September	October	November	December
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- 13 4-week Blocks

1 8/25-7/22 (7 wk)	2 7/23-6/19 (5 wk)	3 6/20-5/18 (5 wk)	4 5/19-10/14 (19 wk)	5 10/15-11/11 (10 wk)	6 11/12-12/9 (11 wk)	7 12/10-1/13 (12 wk)	8 1/14-2/10 (11 wk)	9 2/11-3/9 (10 wk)	10 3/10-4/8 (10 wk)	11 4/9-5/4 (8 wk)	12 5/5-6/1 (8 wk)	13 6/2-6/29 (8 wk)
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- Longitudinal

- Immersion into a specialty for a period, with inserted inpatient bursts
- Activities for various areas of medicine are stretched along the continuum, with inpatient bursts inserted.



Rotation or Daily Schedules

- Typically includes rotational activities, clinic activities and call
- 2 x 5 templates of activities

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	1st Clinic	2nd Clinic (Inpatient)	3rd Clinic (Inpatient)	4th Clinic (Inpatient)	5th Clinic (Inpatient)
		2nd Clinic	3rd Clinic	4th Clinic (Inpatient)	5th Clinic
PM	6th Clinic	7th Clinic (Inpatient)	8th Clinic	9th Clinic (Inpatient)	10th Clinic (Inpatient)
		7th Clinic	8th Clinic	9th Clinic (Inpatient)	10th Clinic

- Typically different templates for each area of medicine/rotation



Call Schedules

- Completed by chiefs, administration, or residents themselves
- Scheduled by portions of the year or all year
- Outlines hospital coverage 24 x 7 x 365

Week on: Jan 8, 2019 - Fri, Feb 8, 2019 Jan 8, 2019

Rotation	Name	Training
Cover Cover Day (0700) 1a-4p	Joe MacDonald (4834) * +	ED
Cover Cover Night (0700) 4p-7a	Charlie Gabel (4209) * +	ED
Administrative Day (0700) 8 Clinic 1a-4p	Sharon Tice (3919) * +	ED
Administrative Night (0700) 8 Clinic 4p-7a	David Pater (3919) * +	ED
ED Rotation 8 Clinic 1a	Neil Rios (4324) * +	ED
ED Day 1p-4 3p	Neil Rios (4324) * +	ED
Fac 1a - 4a 7 30a-12 30p (0700)	Jay Sinks (3922) * +	Family - Clinic
Fac 1201-1203 1a-4p 7 30a-12 30p	Rosalee Chabon (3645) * +	Family - Clinic
Fac PM & Peds 1a-4p 7 30a-12 30p (0700)	Jay Sinks (3922) * +	Family - Clinic
Fac 1201-1203 1a-4p 7 30a-12 30p (0700)	Carroll Nurse 3645	Auxiliary Family
Fac 1201-1203 1a-4p 7 30a-12 30p (0700)	Carrie Linn (3647) * +	Family - Clinic
Fac 1201-1203 1a-4p 7 30a-12 30p	Carroll Nurse 3645	Auxiliary Family

Contact: hannah@afma.edu if you have questions. Schedule last updated Feb 6 10:55:2019



Clinic Schedules

- Clinic revolves around rotational activities
- Rotational activities revolve around clinic – aka “Clinic First”
- Balanced Scheduling (BS) defining a process where clinic and rotational learning priorities are balanced
- Typically fed to clinic to template for patient appointments



Didactic Schedules

- Traditional noon lectures
- Half day block of lectures
- Structure depends on program, likely includes:
 - Resident delivered lectures
 - Faculty delivered lectures
 - Outside speaker delivered lectures

APG 1000	7:30 - 8:30am	Provider Meeting - Victorian Room North
8:30 - 9am		Faculty Delivered Lecture: Abdominal Ultrasound Imaging w/ Karen Benhart, MD - Victorian Room South
9 - 9:30am		Quality Report Out - Victorian Room
9:30 - 10am		Quality Working Meeting - See description for location
10am - 12pm		Intensive Didactics: Behavioral Topic w/ Dana Bradderberg, PsyD - Victorian Room South
12 - 1pm		Outside Speaker: Philp Talk w/ Justin Penney, DO - Grady's Family Medicine Clinic - University of Minnesota Physicians
4 - 5:30pm		OT Support Group (1st Week of the Month) - Grady's Clinic, Roseland Wellness Room



Other Scheduling Coordination

- Medical Students
- Interviews
- Orientation
- Life Support & other Courses
- Advisor Meetings
- Committee Meetings
- PEC, CCC, GMEC, Advisor Meetings, etc.



Institutional Agreements aka. Residency Agreement or Contract

- Agreement of Appointment (IV.B.1.)
 - Annual
 - 3-year agreement
 - Required contents (IV.B.1.)
- Notice of intent not to renew, promote or dismiss (IV.C.1.a)
- [Sample](#)



Program Agreements

- Program Letter of Agreement (PLA)/Agreements of Institution and Program Affiliation (AIPA) (I.B.1.)
 - [Sample](#)
- Agreement with Specialists (I.A.1.- I.A.3.)
 - Addresses need for residents to maintain continuity
 - May be contained within the PLA



Per July 2019 CPR Revisions...

Section 1: Oversight

1.B.2 Program Letters of Agreement:

A participating site is an organization providing educational experiences or educational assignments/rotations for residents.

- There must be a program letter of agreement (PLA) between the program and each participating site that governs the relationship between the program and the participating site providing a required assignment.
- be renewed at least every 10 years
- approved by the designated institutional official (DIO).



Scholarly Productivity Minimum Frequencies

- Residents:
 - 2 per resident by end of residency.
- Fellows:
 - 1 per fellow by the end of fellowship.
- Core Faculty:
 - At least 2 entries of the examples listed in the Program Requirements **over five years** by **some** faculty members (not every member of the physician faculty must demonstrate that numeric goal).



Per July 2019 CPR Revisions...

IV.D. Scholarship (No longer Scholarly Activity)

Faculty will be evaluated by the RC for program as a whole rather than individual faculty over a 5 year interval (core and non-core).



Questions



ACGME Mock Site Visit

Lisa-Ann Roura, BS
Sara O'Connor, BA

The ACGME Self Study is a new activity that programs need to complete. The WWAMI (Washington, Wyoming, Alaska, Montana and Idaho) Network provides Mock Site Visits for all the programs within the network that are preparing for a site visit. We use these mock site visits to help us prepare for our self-studies and the actual site visits. We also participate in site visits of other WWAMI programs. In this session we will present both the processes for those undergoing the site visit and those conducting the site visit.

OBJECTIVES:

1. Arrange and set up a MOCK site visit of their programs in anticipation of a formal ACGME site visit.
2. Have the knowledge to adequately prepare for a site visit.
3. How to use the Mock Site Visit report to work with sponsoring institutions to get buy-in for improvements to the Residency Program.

Notes

[illegible]



RESIDENCY ADMINISTRATIVE DEVELOPMENT

ACGME Mock Site Visit

Lisa-Ann Roura, C-TAGME – Residency Coordinator

St. Peter Family Medicine Chehalis Rural Training Program, Chehalis, WA

Sara K. O'Connor, BA – Program Coordinator

Idaho State University Family Medicine Residency Program,
Pocatello, ID



Our Programs

*Affiliated with the University of Washington WWAMI Family Medicine Network

St. Peter Family Medicine Chehalis Rural Training Program

- 3-3-3 ACGME accredited program
- 4 Core Faculty Members including a Behavioral Scientist, a Pharmacist and multiple community preceptors.
- Community-Based Residency
- Part of Providence Health and Services Health System
- Residency established 2015

Idaho State University Family Medicine

- 7-7-7 ACGME accredited program
- 8 Core FM Faculty Members, 1 OB/GYN Core Faculty plus a Behavioral Scientist
- University Based Residency
- Part of a Community HealthCare Center
- Residency established 1992



Who is WWAMI?

- WWAMI is the UW School of Medicine's one-of-a-kind, multi-state medical education program. The acronym, WWAMI, stands for the states served by the UW School of Medicine: Washington, Wyoming, Alaska, Montana and Idaho. UW medical students have access to a variety of settings for clinical training: from a busy Level I trauma center in Seattle, WA, to a small primary care clinic in Libby, MT, to working with Alaska Natives in Anchorage, AK.
- **WWAMI has five primary goals:**
 - provide publicly supported medical education
 - increase the number of primary care physicians, especially in underserved areas
 - provide community-based medical education
 - expand graduate medical education (residency training) and continuing medical education
 - provide all of this in a cost-effective manner



Who is WWAMI?



WWAMI Internal Review Process

- WWAMI began an internal review process in 2003
 - WWAMI Family Medicine keeps a list of all the programs and their approximate site visit dates. They will reach out to individual programs around their halfway point to see if they would like a internal review.
 - Once a review has been scheduled the UW team will visit and review the program over a period of 1 to 2 days.
 - UW Team consists of Program Director, Resident and Coordinator from a residency program plus a Faculty member from a another residency.
 - If the program being reviewed has specific concerns, the UW team will review those concerns as well complete the standard review.

Programs can also request a site visit outside of the internal review timeline if they have concerns about their program.



Benefits of the Review Process

- Provide a service to UWFMNR programs who wish to have a consultation regarding program quality.
 - Review teams with appropriate skills and experience will be coordinated with the program.
- Provide expertise on needed educational performance improvement for any program where a Special Review is requested by a program's Graduate Medical Education Committee (GMEC).
- Assist programs in improving their curriculum and administrative structure, transitioning to the Next Accreditation System and CLER, obtaining necessary resources from the sponsor, and identifying areas of strengths and weakness so the program meets or exceeds ACGME standards.
- Provide exposure of UWFMNR programs to other programs' best practices and innovations, both as reviewer and reviewed program.
- Enhance educational and clinical quality in all Network programs.
- Monitor common ACGME citations that may indicate the need for educational efforts within the UWFMNR.



Family Medicine Residency Internal Program Review March 7-8, 2016

Monday, March 7

5:45 PM Dinner UW Team, PD, Physicians and Coordinators

Tuesday, March 8

8:00-9:15 AM Location: 3rd floor Conference Room
Team meets with Faculty-No Director
UW Team, 2-3 Faculty

9:15-10:15 AM Team meets with Program Director

10:15-10:30 AM Break; Team Meets

10:30-11:00 AM Medical Center Tour

11:00 AM-12:00 PM Meet with DIO and CEO
Meeting in Admin Offices

12:00-1:30 PM Lunch with Residents
Conference room

1:30-2:30 PM Finish tour of Medical Center and start/complete tour of Family
Residency Clinic

2:30-2:45 PM Break

2:45-4:00 PM UW Team meets with Program Director, Program Manager, and
GME Director to review policies, evaluation tools, etc.

4:00-5:00 UW Teams begins report

Wednesday, March 9

8:30-11:30 AM Team writes report

11:30-12:30 Review report and lunch

2018 INTERNAL REVIEW Family Medicine Residency 8:00am – 5:00pm

A G E N D A	
8:00am – 8:30am	Site Visitor Arrives /Light Breakfast & Coffee
8:30am – 9:30am	Program Director Associate Program Director Program Coordinator
9:30am – 10:00am	Tour of NWFMNR Clinic
10:00am – 10:15am	Break
10:15am – 11:30am	Residents
11:30am – 1:00pm	Lunch
1:00pm – 2:00pm	Faculty
2:00pm – 3:00pm	Program Director
3:00pm - 3:15pm	Break
3:15pm – 4:00pm	Associate CMO
4:00pm – 5:00pm	Wrap-up with Program Director



Materials Used and Reviewed

The Program Review Team reviews the following information:

On Line:

- [ACGME Common Program Requirements](#)
- [ACGME Institutional Requirements](#)
- [Family Medicine Program Requirements](#)

Provided by the Program:

- Accreditation letters from previous ACGME reviews
 - Responses from program to citations/concerns from last ACGME review
 - Progress reports
- CLER or Institutional Site Visit reports
- Program's curriculum (may be accessed as a web site if appropriate)
- Recent ACGME ADS data (1-2 years)
- Recent ACGME resident and faculty surveys (1-2 years)
- Most recent Annual Program Evaluations and follow-up plans (1-2 years).
- **Optional information provided by the Program or from other sources**



Information(narrative) provided by program being reviewed.



Description of Program

- Educational mission and goals
- Number of Residents/Fellows
- Training location(s)
- Satellites/RTTs and other sites
- Major participating institutions/hospitals
- Faculty number and structure
- Curriculum Summary

Environmental Context

- Important opportunities for the Program
- Real or potential significant threats facing the Program



Recent Program Evolution

- Significant changes and improvements made in the Program
- Program Vision
- What is needed for the Program to achieve that vision/plans?

Specific Program Assessment

- Evaluation of recent Resident/Fellow Performance
- Evaluation of recent Faculty Stability and Development
- Evaluation of recent Graduate Performance
- Perception of the Level of Support and Stakeholder Engagement
- Perception of the Family Medicine Practice as Providing a Model Clinic for Residency Training



Individuals/Groups to be interviewed during site visit.

- Program Director
- Key faculty
- Program coordinator/administrator, clinic administrator
- At least one resident from each year of training
- If available, the DIO and/or other Sponsoring Institutional officials should be included as well.



Information to be gained from Interviews

Faculty

- General Sense of the Program
- Relationships
- Educational Content
- Evaluation Systems

Residents

- General sense of resident satisfaction with the program
- Relationships
- Educational Content
- Evaluation Systems
- Work Environment

Leadership

- General Sense of the Program
- Relationships
- Program Strategic Planning
- Work Environment



After site visit, the reviewing team will assemble a report over the next few weeks to be given to the Program Director of the site being reviewed.

It will be then PD's decision who they want to share this report with.



The report should include:

- Program Strengths
- Areas for improvement
- Action Plan recommendations *including specific issues the program might want addressed as well as issues brought up by Faculty, Residents and others during the interviews.*
- Process for self study
 - Process for assessing outcomes
 - Tracking progress



Questions?

St Peter Family Medicine Chehalis Rural Training Program

Lisa-Ann Roura, BS, C-TAGME

lisa-ann.roura@providence.org

360.767.6305

Idaho State University Family Medicine Residency

Sara O'Connor, BA

oconsara@isu.edu

208.282.4478



**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Evaluations & Reporting Requirements

Kruse, Haynes, Krajacic & Yeager

Every year each program has to report information about their program and residents to a variety of different entities. During this session, you will learn about what these expectations are.

Notes

[illegible]

Evaluations & Reporting Requirements



Evaluation Basics

- Monthly
 - About resident on rotation
 - About rotation
 - Peers on service
- Semi Annually
 - Milestone Evaluations
- What/Who Must be Evaluated Annually?
 - Program (APE)
 - Faculty
 - 360



Sample Evaluations

Visit the AFMA Website [Shared Documents](#) to find a collection of valuable options!



Formative vs. Summative

- Formative
 - Evaluation of resident on rotation
 - Chart Review
- Summative
 - Milestone Review
 - Final Summative Evaluation (V.A.3.)



Milestone Reviews

Version 9/2013

SYSTEMS-BASED PRACTICE

Competency

The stewardship of the family physician helps to ensure high value, high quality, and accessibility in the health care system. The family physician uses his or her role to anticipate and engage in advocacy for improvements to health care systems to maximize patient health.

Subcompetency

Milestones

SBP-1: Provides cost-conscious medical care					
Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Understands that health care resources and costs impact patients and the health care system	Knows and considers costs and risks/benefits of different treatment options in common situations	Coordinates individual patient care in a way that is sensitive to resource use, efficiency, and effectiveness	Partners with patients to consistently use resources efficiently and cost effectively in even the most complex and challenging cases	Role models and promotes efficient and cost-effective use of resources in the care of patients in all settings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:					

OR

AACME WORKSHOP

Milestone Reviews

- Conducted Semi-Annually by the Clinical Competency Committee (CCC)
- Reviewed with resident
- Entered in ACGME ADS twice per year

Clinical Competency Committee (CCC)

- Appointed by Program Director
- Semi-annual review of all residents
- Completes Milestone Reviews
- Advises Program Director regarding resident progress, remediation, promotion, dismissal



Program Evaluation Committee (PEC)

- Appointed by the Program Director
- Must include at least 2 faculty members and 1 resident
- Must have a written description of responsibilities
- Annual Program Evaluation (APE)
 - Template on ACGME Website



Program Evaluation Committee (PEC)

- Annual curriculum review
- Monitor and Track:
 - Resident Performance
 - Faculty Development
 - Graduate performance
 - Program Quality
 - Progress on Previous Year's Plan
- Recommendations made to faculty for approval



Per July 2019 CPR Revisions...

Extensive/specific list of elements to be considered by PEC added in V.C.1.c)

Related – Change in I. Oversight

1.C. The program must engage in ...ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows, faculty members, senior administrative staff members and other relevant members of its academic community.

B & I – The program's annual evaluation must include an assessment of the program's efforts to recruit and retain a diverse workforce as noted in V.C.1.c).(5).(c).



Annual Review by Family Medicine Review Committee (FM-RC)

- Accreditation Data System (ADS)
 - Statistics about your residency
- Annual Faculty Survey
 - Faculty Support and Teaching, Educational Content, Resources, Patient Safety, Teamwork
- Annual Resident Survey
 - Learning & Working Environment (Duty Hours), Faculty, Evaluations, Educational Content, Resources, Patient Safety/Teamwork



Annual Review by Family Medicine Review Committee (FM-RC)

- Milestones
- Board Certification Status
- Faculty Scholarly Activity
- Resident Scholarly Activity



Following the Annual ACGME Program Review

- Notification through ADS
 - Accreditation Status
 - List Citations
 - Comment on Concerns/Trends
 - Commend



Self-Study – Two Parts

- Program Self-Study
- ACGME 10 Year (hopefully) Self-Study Visit
 - 12-18 months before site visit program is notified to initiate self-study
- [ACGME Self-Study Web Page](#)



Reporting Requirements



ADS (aka WebADS)

- Annually July/August time frame
- <https://apps.acgme.org/connect/login>
 - Username assigned by ACGME
- Data to be reported:
 - Program Info/Structure
 - Faculty & Resident Info/Scholarly Activity
 - Participating Sites
 - Specialty Data



PATIENT VISIT DETAILS

Number of patient visits in the FMP(s) for each resident active in the program last academic year

Resident Name / Year	Status	Expected Completion Date	# Year 1 FMP Patient Visits	# Year 2 FMP Patient Visits	# Year 3 FMP Patient Visits	Total # FMP Patient Visits
Resident A (1)	Active Full Time	MM/DD/YY	0	0	0	0
Resident B (1)	Active Full Time	MM/DD/YY	0	0	0	0
Resident C (1)	Active Full Time	MM/DD/YY	0	0	0	0
Resident D (1)	Active Full Time	MM/DD/YY	0	0	0	0
Resident E (1)	Active Full Time	MM/DD/YY	0	0	0	0
Resident F (2)	Active Full Time	MM/DD/YY	0	0	0	0
Resident G (2)	Active Full Time	MM/DD/YY	0	0	0	0
Resident H (2)	Active Full Time	MM/DD/YY	0	0	0	0
Resident I (2)	Active Full Time	MM/DD/YY	0	0	0	0
Resident J (2)	Active Full Time	MM/DD/YY	0	0	0	0
Resident K (3)	Completed All Accredited Training (for this specialty) - successfully promoted	MM/DD/YY	0	0	0	0
Resident L (3)	Completed All Accredited Training (for this specialty) - successfully promoted	MM/DD/YY	0	0	0	0
Resident M (3)	Completed All Accredited Training (for this specialty) - successfully promoted	MM/DD/YY	0	0	0	0
Resident N (3)	Completed All Accredited Training (for this specialty) - successfully promoted	MM/DD/YY	0	0	0	0
Resident O (3)	Completed All Accredited Training (for this specialty) - successfully promoted	MM/DD/YY	0	0	0	0

* Indicates resident did not start at the beginning of year 1 (accepted as transfers).

Note: Programs should keep all data current. If your program has off-cycle residents that have not graduated yet, report the number of patients seen thus far. As soon as they graduate, re-visit this section and update to display their total patient numbers.



NEW
COORDINATOR
WORKSHOP

FACULTY SCHOLARLY ACTIVITY

For reporting year 2017-2018, scholarly activity that occurred during the previous academic year (2016-2017)

Faculty Member	PMID1	PMID2	PMID3	PMID4	Conference Presentation	Other Presentations	Chapters Textbooks	Grant Leadership	Leadership or Peer-Review Role	Teaching Formal Courses
Program Director					0	0	0	0	Y/N	Y/N
Assoc. Director					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N
Core Faculty					0	0	0	0	Y/N	Y/N

*Osteopathic Focused



NEW
COORDINATOR
WORKSHOP

RESIDENT SCHOLARLY ACTIVITY

For reporting year 2017-2018, scholarly activity that occurred during the previous academic year (2016-2017)

Resident	Year in Program	PMID1	PMID2	PMID3	Conference Presentation	Chapters Textbooks	Participated in Research	Teaching Presentations
Resident 1	1				0	0	Y/N	Y/N
Resident 2	1				0	0	Y/N	Y/N
Resident 3	1				0	0	Y/N	Y/N
Resident 4	1				0	0	Y/N	Y/N
Resident 5	1				0	0	Y/N	Y/N
Resident 6	2				0	0	Y/N	Y/N
Resident 7	2				0	0	Y/N	Y/N
Resident 8	2				0	0	Y/N	Y/N
Resident 9	2				0	0	Y/N	Y/N
Resident 10	2				0	0	Y/N	Y/N
Resident 11	3				0	0	Y/N	Y/N
Resident 12	3				0	0	Y/N	Y/N
Resident 13	3				0	0	Y/N	Y/N
Resident 14	3				0	0	Y/N	Y/N
Resident 15	3				0	0	Y/N	Y/N

*Osteopathic Focused



American Board of Family Medicine (ABFM)

- Resident Training Management System – [RTMS Website](#)
 - Enter new residents/Update continuing residents
 - Transfer credits
 - Order In-Training Examination
 - National Graduate Survey
 - Verify completion of training for certification





Board Certification

- **Board Exam Eligibility**
 - Completion of 50 MC-FP points
 - Application and fee for the examination
 - Program confirms eligibility
- **Board Certification Requirements**
 - Successful completion of the FM Certification Examination
 - Active, valid, full, and unrestricted license by December after graduation
 - Completion of family medicine residency training and verification by the program



American Academy of Family Physicians (AAFP Census)

- Program type
- Hospital size, number
- Clinic schedule and FQHC status
- Positions offered
- Demographics
- Salary, benefits
- Call and specific rotation information
- Faculty information



GME Track

- Association of American Medical Schools and American Medical Association
- GME Track and National GME Census
 - Details very similar to AAFP annual survey
 - Graduate practice information



FREIDA (Fellowship and Residency Electronic Interactive Database Access)

- American Medical Association
- Listing of about 10K ACGME-accredited programs students use when considering programs



Questions



Everyone Has a Role in Developing a Culture of Wellness and Wholeness in the Residency

Romeo Castillo, MD

Kelvis Gonzalez-Gallardo, MD

This session will revisit and review the domains of wellness and how they apply in creating a culture of wellness in a residency program. We will share innovations our program has implemented to address various issues impacting everyone's well-being which include residents, staff, program coordinators and faculty. Our program will also share our experience as we developed and implemented various activities that enhance the culture of wellness in our program. The session will also include at least 10-15 minutes of Wellness Wheel Exercises for the audience to participate in, which will also include sharing some of the participants completed wellness wheels.

OBJECTIVES:

1. Review the domains of wellness.
2. Appreciate that everyone has a role to play in creating culture of wellness.
3. Create and develop ideas to promote culture of wellness in their programs.

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

Everyone has a role in
developing a culture of wellness
and wholeness in residency

Romeo C. Castillo, MD

Kelvis G. Gallardo, MD

Adventist Health

Handford Family Medicine Residency Program

Hanford, California

April 5, 2019



OBJECTIVES:

- Appreciate that everyone has a role to play in promoting culture of wellness.
- Share ideas on creating wellness activities that involve the residents, faculty, clinic and support staff.
- Share ideas on how wellness is integrated in the various aspect of residency environment.
- Review the domains of wellness and how they apply in residency experience.



“ We need to protect the workforce that protects our patients. ”

Tim Brigham, MDiv, PhD



“ Physicians need to be trained in a way that considers their well-being over the course of a lifelong career.”

_____ *ACGME Symposium on Physician Well-Being*



ACGME Milestone

PROF- 4 Maintains emotional, physical, and mental health; and pursues continual personal and professional growth.



EVERYONE'S WELLNESS MATTER-



Wellness does not happen in a vacuum.
In order to create wellness in any environment,
collaboration and support from others is
essential.



Creating a culture of wellness

- Fostering a workplace that encourages and promotes the well-being for employees.
- Implementing ways for employees to be healthier at the workplace.
- Helping employees create healthy habits in both their personal and professional lives



Creating a culture of wellness

- Rewards and Recognition
- Modeling
- Recruitment and selection
- First impression and Orientation
- Learning and training
- Information and communication
- Tradition and Symbols
- Relationship Development
- Resources
- Commitment

Positive Psychology News
Judd Allen and Marie-Josée Shaar May 28, 2013





WELLNESS

- An ongoing cycle.
- To live higher quality life.
- Directly affects our actions and emotions.
- Ensure positive interactions
- Sense of Joy
- Reduce the risk of illness.



Wellness



- An active process of becoming aware of and making choices toward a healthy and fulfilling life.
- "...A state of physical, mental, and social well-being, and not merely the absence of disease or infirmity." - The World Health Organization.
- "A conscious, self-directed and evolving process of achieving full potential." - The National Wellness Institute
- A dynamic process of change and growth.



Health and Healing

Words "**health**," "whole," and "holy" are all derived from the Anglo-Saxon **word root**: "hal." "Healing" is derived from the same **word root** and means... "to restore to a state of **wholeness**, soundness, or integrity."

Wholeness- Mind, Body and Spirit

PROF- 4 Maintains emotional, physical, and mental health; and pursues continual personal and professional growth.





Professional/ Occupational Wellness

- Finding personal satisfaction and fulfillment through work.
- Enjoying your occupational endeavors and appreciating your contributions.
- Encourages enrichment in one's life through work.
- Using your talents and skills to their fullest extent throughout your career as well as understanding the need for and creating a balance between work and personal time



Spiritual Wellness

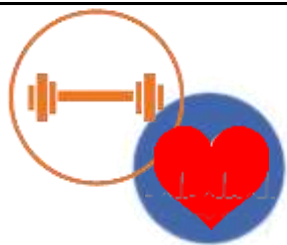
- Allows one to develop a set of values that help one seek meaning and purpose.
- Can be represented in many ways E.g. Nature, relaxation or religion. Having a belief system that is meaningful and matches your values
- Knowing which resources to use to cope with issues that come up in everyday life.
- Focuses on your ability to attribute meaning to life and the day-to-day interactions you experience.





Emotional Wellness

- Understanding one's feelings and coping effectively with stress.
- Paying attention to self-care, relaxation, stress reduction and the development of inner resources so one can learn and grow from experiences.
- Using insight provided by your emotions to guide your actions, approaching life with optimism, creating interdependent relationships that involve trust and respect, and utilizing healthy coping mechanisms.
- Important part of overall wellness.



Physical Wellness



- Maintaining a healthy body and paying attention to signs of illness and seeking care when needed for optimal health and function.
- Attaining physical wellness through physical activity, nutrition, enough rest/sleep.
- Ability to identify elements you are successful in as well as elements you would like to improve.





Social (Cultural) Wellness

- Creating meaningful interpersonal relationship and healthy interaction with others.
- Performing social roles effectively and comfortably, and create a support network.
- Allowing oneself to not only develop encouraging relationships with peers, but also intimate relationships with romantic partners
- Learning how to balance social life with professional life.



Intellectual Wellness

- Having an open mind when encountering new ideas and continuing to expand knowledge.
- Engaging in creative and mentally-stimulating activities.
- Participating in scholastic, cultural and community activities
- Life long learning





Environmental Wellness

- Inspire one to live a lifestyle that is respectful to the environment and other living things
- Encourages one to respect the delicate balance between the environment and oneself.
- Living and working in environments that are safe, healthy and facilitate your sense of well-being.
- Understanding that environments have a big impact on how we feel, it is important for your environment to be pleasing and free from exposure to toxins



Financial Wellness

- Money plays a critical role in ones lives and not having enough of it impacts health as well as performance.
- Financial stress is repeatedly found to be a common source of stress, anxiety and fear.
- Process of learning how to successfully manage financial expenses. "Living within your mean". Involves self discipline.
- Financial Planning.



“ Just as your car runs more smoothly and requires less energy to go faster and farther when the wheels are in good alignment, you perform better when your thoughts, feelings, emotion, goal, and values are balance.”



HFMP Activities to Address Wellness

- Wellness Insurance Living-well (Biometric)
- Annual retreat
- Biggest Looser
- International Potluck
- Calendar for Birthday/anniversary
- Special day Celebration
- Kudos recognition
- Flexible coverage (Doctors visit, baby sitter)
- 4th Tuesday Workshop
Team Building, Whole Person Care, Mindfulness Practice, Cultural sensitivity, Arts and poetry, Financial Advise, etc.
- Quarterly PM/POC Meeting
- 5th Tuesday- Wellness day
- PDP- 1st Tuesday of the month
- SOUL- “ Sharing Ourselves
Uniting Lives”



Ability to find balance will lead to a smarter mind
and a cultivation of resilient spirit.....wellness



What is resiliency?



UBUNTU





**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Tracking & Dashboards

Kruse, Haynes, Krajacic & Yeager

Now that you know the basics of the requirements, hear about how others track their data to ensure your residents are meeting the requirements.

Notes

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Tracking & Dashboards



Back to Bean Counting

- Develop a system that works for your program
- Utilize the resources that you have available
- There is no one right way to track the data



FM Requirement Details (aka. Bean Counting)

- Definition of Encounter (from ACGME FM FAQ's)
 - “A patient encounter is a meaningful interaction between a physician and a patient that includes a history, assessment, critical thinking, and care plan. An encounter is documented in the patient record for later reference.”



FM Requirement Details (aka. Bean Counting)

- 1650 in-person patient visits in FMP site (Clinic visits)
 - 165 age 60 or over (10% of the 1650)
 - 165 under 10 (10% of the 1650)
- 600 hours *or* 6 months AND 750 hospitalized adult patient encounters
 - 100 hours *or* 1 month *or* 15 ICU patient encounters
 - Must take place across all years



FM Requirement Details (aka. Bean Counting)

- 200 hours *or* 2 months *or* 250 adult emergency patient encounters
- 100 hours *or* 1 month *or* 125 older patient encounters
- 200 hours *or* 2 months AND 250 patient encounters for ill children
 - Must include at least 75 inpatient
 - Must include at least 75 emergency dept



FM Requirement Details (aka. Bean Counting)

- 200 hours *or* 2 months *or* 250 ambulatory child and adolescent patient encounters
- 40 newborn patients, including well and ill
- 100 hours *or* 1 month with surgical patients, including hospitalized
 - Must spend time in operating room
- 200 hours *or* 2 months with musculoskeletal patients, including sports medicine



FM Requirement Details (aka. Bean Counting)

- 100 hours *or* 1 month *or* 125 female patient encounters
- 200 hours *or* 2 months obstetric patient encounters
 - Including delivery, prenatal, post-partum and intra-partum and some continuity
- 100 hours *or* 1 month Health System Management
- 300 hours *or* 3 months Elective experiences
- 24 months of Long Term Care experience
- 2 Scholarly Activities



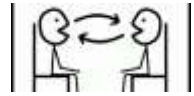
Sample Dashboards

- [Roadmap to Graduation](#)
(UMN Medical Center Program)
- [ACGME Requirements Dashboard](#)



2019 Saturday Speed Dating Tables

All handouts provided at the speed dating tables will be added to the Shared Documents on the AFMA Website following the conference.



- Coordinator Role w/Challenged Learners (Womble)
- Growing into your role (Krajacic)
- Timelines (Robinson)
- Longitudinal Curriculum (Yeager)
- Organization Amid Chaos (Irwin)
- Scholarly Work is for Everyone! (Marquise)
- Pre-Residency Assessment (Kruse)
- Resident/Coordinator Relationship (Haynes)
- Going Paperless (Jamison)



Questions



Interventional Site Visit

Timmie Locklear, BS
Debbie Blackburn, C-TAGME

Site inspection didn't go as planned? Your citation letter arrives and you're wondering how you can correct before your next inspection. This session will walk you through some of our issues and how we made changes for the better.

OBJECTIVES:

1. Identify areas of concerns/citations that the program can target.
2. Identify citations that involve different departments within your organization.
3. Viewing application verbiage before submission.

Notes

[illegible]



RESIDENCY ADMINISTRATIVE DEVELOPMENT

Interventional Site Visit

Timmie Locklear

Southeastern Health Family Medicine Residency Program
Lumberton, NC

Debbie Blackburn

New Hanover Regional Medical Center Residency in Family Medicine
Wilmington, NC



About Our Programs

CUSOM/SeHealth Family Medicine

- 8-8-8 Program with Dual Accreditation
- 24 DO residents
- Program Director + 3 core faculty
- 1 physician preceptor
- 1 coordinator

NHRMC Family Medicine

- 6-6-6 Program with ACGME Osteopathic Recognition
- 18 total residents
- Program Director + 5 core faculty
- 2 non-physician faculty
- 1 coordinator + 2 support staff



History of site reviews

Back in the days of old.....

- Had to complete a very detailed PIF form
- Had to create an agenda to meet the strict specification of the reviewer
- Had to organize mountains of paper
- Had to gauge the personality of the reviewer
- Had to be available for questions and explanations
- Were mentally exhausted when the day was over!



What is an Interventional Site Visit

- It is not an ACGME recognized title
- It is a term to describe a follow up to an unsuccessful site visit
- In the case of an initial accreditation visit, it is a program's "second chance"



Why Do Programs Get Cited?

Here are some "red flags"

- Lack of program leadership
- Lack of program infrastructure for teaching and evaluation
- Lack of appropriate volume and variety of patients
- Problems with resident recruitment and/or retention
- Lack of dedicated teachers
- Lack of meaningful didactics
- Lack of financial and human resources
- Service has a higher priority than education
- Lack of preparation for the accreditation process



Citation responses

- Don't take it personally
- Acknowledge the deficit and develop a solution
- Be concise in your response
- Clearly outline your plan to remedy the issue
- Have a non-faculty member review the responses
- Keep updating your outcomes as improvements are made
- Here is a link to an ACGME document with some good examples

<https://www.acgme.org/Portals/0/PDFs/PD-Coordinators/ResponsetoCitationExamples.pdf>



CUSOM/SeHealth FM Program: Our Story



- We have been an AOA program since 2015, ACGME accreditation since 07/01/2018.
- The process took 9 months to reach ACGME accreditation. That includes our 1st try.
- We were aware of some issues in the program before our citation letter. Faculty learned a lot from peers at PDW/RPS so we took ideas and made them our own when we returned.



Single GME Accreditation

Between 7/1/2015 and 6/30/2020, AOA approved programs that apply for ACGME accreditation immediately receive the status of “Pre – Accreditation”.

For initial review by the Review Committee, a program with Pre-Accreditation status needs to demonstrate how it complies or will comply with the ACGME Common and specialty specific Program Requirements. It is important that the application documents describe this compliance.



Southeastern Health Site Visit

Family Medicine

New Status: **Continued Pre-Accreditation**

Effective Date: 04/26/18

60 day wait for a detailed letter of notification



Southeastern Health Site Visit

Citations

1. Responsibilities of a Program Director (Application)
2. Responsibilities of Faculty (Research)
3. Responsibilities of Faculty (teaching care – OB, IM, Inpatient Peds)
4. Patient Care Experience (1650 encounters in FMP Site)
5. Patient Population (Children under 10)
6. Patient Population (Patients over 60)
7. Curriculum Development (Continuity care for OB)
8. No site inspection required for next submission



Planning Session (PD, Faculty, Coordinator, SI)

Upon further review, ACGME requested we revisit our application as verbiage wasn't clear on certain topics.

1. Responsibilities of Program Director (Application)
 - Program Director to rewrite the application
2. Responsibilities of Faculty (Research)
 - All faculty to do stat pearls before next submission
3. Responsibilities of Faculty (teaching care – OB, IM, Inpatient Peds)
 - We arranged for our faculty do rounds each day with residents on inpatient peds.
4. Patient Care Experience (1650 encounters in FMP Site)
 - Statement and numbers were unclear



Planning Session (PD, Faculty, Coordinator, SI)

5. Patient Population (Children under 10)
 - Rather than using a pediatrician, we choose to do a 2nd clinic at the Health Department to get more pediatric encounters.
6. Patient Population (Patients over 60)
 - Statement and numbers were unclear
7. Curriculum Development (Continuity care - OB)
 - Continuing citation
8. No site inspection required for next submission



Interventional Site Review

Application Deadline: July 31

3 months to do :

1. 2nd clinic site
 - Meet with physicians/company who run Health Department
 - Meet with Health Department about space, EHR, and technology
2. Program Director to rewrite application
3. Family Medicine on Pediatric inpatient floor
 - Great News! Our peds inpatient is run by the same physicians as Health Department
4. Faculty Stat pearls completed
 - Each faculty to write a stat pearl and be approved before application deadline



Things I Learned

Preparing for inspection

- Wait for email from ACGME site inspector with instruction
 - exactly what they want to review before their arrival
 - what they need emailed to them 10 days before their arrival.
- Know your application and the responses you wrote

Site Visit

- Document feedback received from inspector
- Be prepared for the inspector to ask about documentation from transfer residents



Helpful Tips

Application Process

- Be thorough with responses so that the RRC understands clearly
- Don't give extra information if not requested
- If you state you do something be sure you can generate that information
- **REMEMBER RRC DEADLINES for your application!**
- Make sure residents and faculty are on time for group meeting





**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

We've Got This: Milestone Reporting Made Easy

Gina Silvey, C-TAGME

In this session, we will share our Milestone reporting process and explain how it has saved time and effort for faculty and program administration.

OBJECTIVES:

1. Recognize the importance of all evaluations in Milestone reporting.
2. Understand other models of Milestone completion.
3. Share tips and processes that work for you.

Notes

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RESIDENCY ADMINISTRATIVE DEVELOPMENT

Milestones Made Easy

Gina Silvey, C-TAGME

Medical Education Manager

University of Missouri Family Medicine Residency Program



About Our Program

About Our Program

- 12-12-12 soon to be 14-14-14
- 6 DO's
- 30 MD's
- University-Based Residency
- 3.8 staff plus 3 student assistants not including coordinator

Software Programs We Use

- New Innovations
- Lightning Bolt



Nikole Cronk, PhD
Director of Behavioral Health



Erika Ringdahl, MD
Program Director



Milestones:
Description of
performance levels
residents and fellows
are expected to
demonstrate for skills,
knowledge, and
behaviors in the six
ACGME Core
Competency domains.



Where we
started . . .

Strengths of this resident are:

Remaining Characters: 5,000

Areas where this resident could improve:

Remaining Characters: 5,000

Overall Comments:

Remaining Characters: 5,000





What needs to change?

- More Data!!!
 - Better feedback from faculty
 - More feedback from faculty
 - Mindset change



New Evaluations!



Rotation	# Milestones	Milestones
Amb Peds	5	PC-3, MK-2, PBL-2, C-2, C-3
BH	10	PC-2, MK-1, SBP-3, P-1, P-3, P-4, C-1, C-2, C-3, C-4
CH	4	PC-3, SBP-1, SBP-3, P-3
Chief	7	SBP-4, PBL-3, P-2, P-3, P-4, C-3, C-4
CICU	5	PC-1, MK-1, MK-2, SBP-2, C-2
Derm	3	PC-5, MK-1, PBL-2
Elective	2-3	To be identified prior by resident prior to rotation start
EM	6	PC-1, PC-5, MK-1, MK-2, C-2, C-3
FMC	12	PC-5, MK-1, MK-2, SBP-1, SBP-2, PBL-1, P-1, P-2, P-3, C-1, C-2, C-3
FMOP	17	PC-2, PC-3, PC-4, PC-5, MK-1, MK-2, SBP-1, PBL-1, PBL-2, PBL-3, P-1, P-2, P-3, C-1, C-2, C-3, C-4
Fulton	10	PC-2, MK-1, MK-2, SBP-1, PBL-1, PBL-2, P-2, P-3, C-1, C-2
Geriatrics	8	PC-2, PC-4, MK-1, SBP-2, SBP-4, C-1, C-2, C-3
GS	3	PC-5, MK-1, P-2
IPFM	20	PC-1, PC-2, PC-3, PC-4, PC-5, MK-1, MK-2, SBP-1, SBP-2, SBP-3, SBP-4, PBL-1, PBL-2, PBL-3, P-1, P-2, P-3, C-2, C-3, C-4
MICU	7	PC-1, PC-4, PC-5, MK-1, MK-2, SBP-1, C-2
NICU	5	PC-1, PC-5, MK-1, MK-2, SBP-2
OB	4	PC-5, MK-1, C-2, C-3
Ortho	3	PC-5, MK-1, P-2
Peds	3	MK-1, SBP-4, P-4
PM	4	SBP-4, PBL-3, P-1, P-4
RSA	3	SBP-2, PBL-1, PBL-3
SM	4	PC-4, PC-5, MK-1, C-3
SS	3	PC-5, P-2, P-4
WBN	5	PC-3, PC-5, MK-1, C-2, C-4
WH	4	PC-2, PC-3, PC-5, MK-1
Adviser	3	PBL-2, P-1, P-4



Evaluations with Milestones Mapping

- Inpatient Shift Evaluations (1x/wk)
- Clinic Shift Evaluations (daily)
- Continuity Clinic Evals (3x/yr)
- Shadowing (2x/yr)
- Rotation evaluations
- On-the-fly Praise cards



1 Things the resident is doing well and should continue:

2 Area(s) for improvement:

3 Any additional feedback:

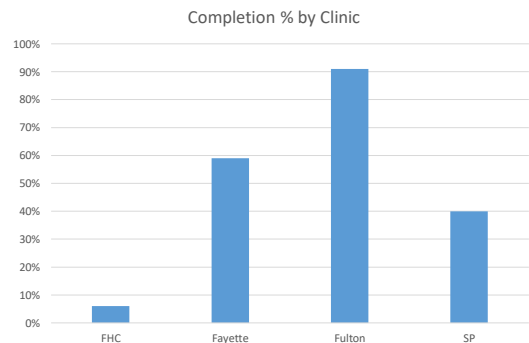
4 PG-4 Cases for acutely ill or injured patients in urgent and emergent situations and in all settings:
Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care.

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Obtains essential information about the patient history, exam, diagnosis, testing, and treatment options.	Consistently recognizes common situations that require urgent or emergent medical care.	Consistently recognizes complex situations requiring urgent or emergent medical care.	Demonstrates ease of ability to adjust with uncertainty and complexity of emergency medicine.	Provides and coordinates care for acutely ill patients within local and regional systems of care.
	Obtains sufficient diagnosis.	Initiates the acute response to illness, appropriate clinical problem and guidelines.	Appropriately prioritizes the response to the acuity of patient.	Demonstrates awareness of personal limitations regarding procedures, knowledge, and experience in the care of acutely ill patients.	
	Recognizes site of illness, problems and guidelines in acute situations.	Generates appropriate differential diagnosis for any presenting complaint.	Demonstrates appropriate diagnosis and therapeutic management plans for low acuity acute conditions.		
		Obtains appropriate diagnosis and therapeutic management plans for acute conditions.	Anticipates the physiological implications of acute illness on patients and families.		
			Initiates appropriate treatment of care.		

☐ NA



- Rotate Clinic Shift Evals every 2 weeks
 - Residents in clinic avg 2-3x/wk
 - Graduating R3s avg 2000 pt visits
 - Continue to strive for 100% completion
- Inpatient Shift Evals
 - R1- 12 opportunities to be evaluated
 - R2 – 10-12x
 - R3 – 6-8x
 - Currently greater than 80%



Where does all this data go?



PC 1	PC 2	PC 3	PC 4	PC 5	MK 1
4.0	4.5	4.0	4.0	4.0	4.5
MK 2	SBP 1	SBP 2	SBP 3	SBP 4	PBL 1
3.5	4.0	3.5	3.5	4.5	4.5
PBL 2	PBL 3	PRO 1	PRO 2	PRO 3	PRO 4
4.5	3.5	4.0	4.0	4.0	4.0
C 1	C 2	C 3	C 4		
4.0	4.0	4.5	4.5		



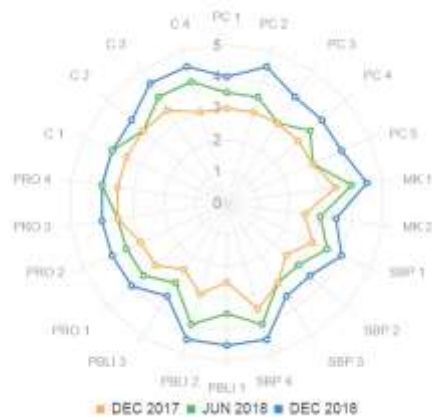
Individual Resident's Milestones

PC-1 Cares for acutely ill or injured patients in urgent and emergent situations and in all settings. Family physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	<input checked="" type="checkbox"/> Gathers essential information about the patient (history, exam, diagnostic testing).	<input checked="" type="checkbox"/> Consistently recognizes common situations that require urgent or emergent medical care.	<input checked="" type="checkbox"/> Consistently recognizes complex situations requiring urgent or emergent medical care.	<input checked="" type="checkbox"/> Coordinates care of acutely ill patient with consultants and community services.	<input checked="" type="checkbox"/> Provides and coordinates care for acutely ill patients within local and regional systems of care.



Individual Resident's Milestones



Clinical Competency Committee (CCC)

- Chaired by Director of Behavioral Health
- Membership includes all advisors, plus PD
- Meets once per month for 1 hour
 - Review residents by class, plus any residents of concern
- Oct, Nov, Apr, May are Milestone months
 - Outliers in Dec and June
 - Split into 2 groups by clinics



Process

- Advisor reviews data in residency management software
- Advisor meets with resident and reviews self-evaluation
- Advisor drafts Milestone report
- Tables set up conference style
- Resident agenda is sent out in advance and displayed at CCC meetings
- Milestone reports copied for each group member
- Milestone definitions copied for each group member



Process

- Each resident is discussed
- Changes are made as decided by the group
- All Milestone reports are returned to coordinator
- Changes made in residency management software
- All Milestones entered in Webads





**Doin' the
happy dance!**



**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

ACGME & Regulatory Compliance – A Culture of Patient Safety

**Frederick Stone, MD, MPH
Molly Ostrowski**

This will be an interactive, audience wide presentation. The interactive methodology used will be determined by number of attendees and their job functions within graduate medical education. Surveys will be collected prior to the presentation to assist in the process of determining interactive methods, as well as key components to include in the presentation. While it is impossible to cover regulatory compliance as a whole, key elements that target a culture of patient safety will be included within the presentation. A Crosswalk example of ACGME common program requirements and Joint Commission elements targeted to the graduate medical education will be available to the audience. An FMEA example will include at minimum one Joint Commission element that would be beneficial to implement in a residency program.

OBJECTIVES:

1. Understand MS.04.01.01 Joint Commission requirement that specifically outlines graduate medical education, what it means to you and how to bridge this requirement to ACGME requirements for compliance of both.
2. Incorporate regulatory compliance elements with ACGME requirements for a robust systematic approach.
3. Utilize resources to include residents and/or faculty in regulatory compliance, which also provides a methodology for the implementation of a culture of patient safety.

Notes



RESIDENCY ADMINISTRATIVE DEVELOPMENT

ACGME & Regulatory Compliance A Culture of Patient Safety

Frederick Stone, MD, MPH, Program Director

Molly Ostrowski, Program Coordinator

Family Medicine Residency/Palmetto Health Tuomey

Sumter, South Carolina



Who We Are

About Our Program

- 4-4-4 Accredited Program
- 1 DO's, faculty
- 4 MD's, faculty
- Community-Based Residency
- Part of a multicare health system
- Part of a FQHC; site of continuity clinic

Software Programs We Use

- Meditech Inpatient and Outpatient
- Athena at Tandem Health
- New Innovations



Reflection



ACGME Sources of Information and Requirements

- Institutional Requirements
- Common Program Requirements
- Program Requirements for Graduate Medical Education in Family Medicine



Question?

Does Joint Commission have requirements for residency programs?



MS04.01.01 Joint Commission Requirements

Rationale for MS.04.01.01

This standard applies to participants registered in a professional graduate education program when the graduate practitioner will be a licensed independent practitioner. The management of each patient's care, treatment, and services (including patients under the care of participants in professional graduate education programs) is the responsibility of a licensed independent practitioner with appropriate clinical privileges.



MS04.01.01 Joint Commission Requirements

JC.EP.01

- The organized medical staff has a defined process for supervision by a licensed independent practitioner with appropriate clinical privileges of each participant in the program in carrying out patient care responsibilities.

JC.EP.02

- Written description of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.

JC.EP.03

- The descriptions include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.



MS04.01.01 Joint Commission Requirements

JC.EP.04

- Organized medical staff rules and regulations and policies delineate participants in professional education programs who may write patient care orders, the circumstances under which they may do so (without prohibiting licensed independent practitioners from writing orders), and what entries, if any, must be countersigned by a supervising licensed independent practitioner.

JC.EP.05

- There is a mechanism for effective communication between the committee(s) responsible for professional graduate education and the organized medical staff and the governing body.

JC.EP.06

- There is responsibility for effective communication (whether training occurs at the organization that is responsible for the professional graduate education program or in a participating local or community organization or hospital).



MS04.01.01 Joint Commission Requirements

JC.EP.07

- There is a mechanism for an appropriate person from the community or local hospital or organization to communicate information to the GMEC about the quality of care, treatment, and services and educational needs of the participants.

JC.EP.08

- Information about the quality of care, treatment, and services and educational needs is included in the communication that the GMEC has with the governing board of the sponsoring hospital.

JC.EP.09

- The medical staff demonstrates compliance with residency review committee citations.
- Note: Graduate medical education programs accredited by ACGME, the AOA, or the ADA are **expected to be in compliance with the above requirements**; the hospital should be able to demonstrate compliance with any post graduate education review committee citations related to this standard.



Where We Might Be



??? Why Does It Matter???



Making Sense of All of This



Objectives

1. Understand MS.04.01.01 Joint Commission requirement that specifically outlines graduate medical education, what it means to you as the PD, Coordinator, and Administrator and how to bridge this requirement to ACGME requirements for compliance of both.
2. Incorporate regulatory compliance elements with ACGME requirements for a robust systematic approach.
3. Utilize resources to include residents and/or faculty in regulatory compliance, which also provides a methodology for the implementation of a culture of patient safety.



Joint Commission Graduate Medical Education

ACCREDITATION

This standard applies to participants registered in a **professional graduate education program** when the graduate practitioner **will be a licensed independent practitioner**. The management of each patient's care, treatment, and services (including patients under the care of participants in professional graduate education programs) is the responsibility of a licensed independent practitioner **with appropriate clinical privileges**.



Joint Commission (JC) In Comparison to ACGME

- JC EP 01
 - The organized medical staff has a **defined process for supervision by a licensed independent practitioner with appropriate clinical privileges** of each participant in the program in carrying out patient care responsibilities.
- ACGME Both Common and Specialty Specific (VI.A.2a)
 - Each patient must have an **identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner)** as specified by the applicable Review Committee) who is responsible and **accountable for the patient's care. (Core)**
- ACGME Institutional
 - The Sponsoring Institution must ensure **that each** of its ACGME-accredited programs establishes a **written program-specific supervision policy consistent with the institutional policy and the respective ACGME Common and specialty/subspecialty-specific Program Requirements.** (Core)



How Do You Know Assigned Preceptors hold Clinical Privileges?

- Contact Medical Staff Office to determine where you can easily access clinical privileges for a provider.
- You should know:
 - Where to find the privileges
 - How to determine they are current.
 - Understand the language and ensure the area supervised is within the scope of practice for the supervising physician.

Example: A family medicine supervising the resident on L&D must hold Obstetric privileges.



Supervision Policy What Should be Included

- Language verbatim to ensure meeting common and specialty specific requirement regarding appropriate credentialed physician.
- Defined graduated levels of supervision required for carrying out patient care responsibilities.
 - By PGY Level
 - By Supervision Levels (direct, indirect, oversight)
 - Required supervising physician signature or co-signature for patient encounters to include orders, procedure and discharges.
- Principles which apply to supervision of residents.
 - Note: remember to include the ancillary staff and others who maybe on patient care team.



ACGME Supervision Requirements

What are the Levels?



Levels of Supervision

1. ACGME addresses levels of supervision.
2. Direct
3. Indirect, immediately available
4. Indirect, available. Immediately available by telephone and/or electronic modalities
5. Oversight



Details of Resident Supervision

 <p>PGY 3 License Number Pager Number Specialty - Family Campus - Full</p>	<p>Abdominal paracentesis 1</p> <p>Amblyopia (1)</p> <p>APPLICATION OF SPLINTS AND CASTS (1)</p> <p>ARTERIAL LINE PLACEMENT (1)</p> <p>ARTERIAL PUNCTURE FOR ABGS (1)</p> <p>ARTHROCENTESIS (1)</p> <p>CAESARIAN SECTION, FIRST ASSIST (1)</p> <p>CENTRAL VENOUS LINE PLACEMENT (3)</p> <p>CHEST TUBE INSERTION (1)</p> <p>COLPOSCOPY AND CERVICAL BIOPSY (1)</p> <p>Digital block anesthesia (2)</p> <p>EMERGENCY CARDOVERSION (1)</p> <p>ENDOMETRIAL BIOPSY (2)</p> <p>ENDOTRACHEAL INTUBATION (1)</p> <p>EPISOTOMY + LACERATION REPAIR (1)</p> <p>EXERCISE STRESS TESTING (1)</p> <p>EXTERNAL PACING (1)</p> <p>FETAL/UTERINE MONITORING (1)</p> <p>FLEXIBLE NASOPHARYNGOSCOPY (1)</p> <p>FLUORESCENCE IN STAINING OF EYE (1)</p> <p>HEMORRHOID EXCISION/DEBRIDEMENT (1)</p> <p>I&D BARTHOLIN'S CYST (1)</p> <p>Intrauterine Contraception 3</p> <p>Incision & drainage of abscess (2)</p> <p>IUD INSERTION (3)</p> <p>LABOR INDUCTION, CERVICAL RIPPING (1)</p> <p>LOCAL ANESTHESIA (1)</p> <p>LUMBAR PUNCTURE (1)</p> <p>MANAGEMENT OF SPONTANEOUS ABORTION (1)</p>
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How Do We Determine Levels of Supervision?

- Entrustable Professional Activities (EPAs): tasks or responsibilities
- Competency: ability of a health professional to integrate multiple components, such as knowledge, skills, values and attitudes (tie in with Milestones)
- Procedures



What is the Most Cited Joint Commission Requirement in a Residency Program?



Most Cited Joint Commission Requirement in a Residency Program?

Inability to produce proof that written descriptions of the roles, responsibilities, and patient care activities of the participants of graduate education programs are provided to the organized medical staff and hospital staff.



Joint Commission (JC) In Comparison to ACGME

- JC EP 02
 - Written description of the roles, responsibilities, and patient care activities of the participants of graduate education programs are **provided to the organized medical staff and hospital staff**.
- JC EP 03
 - The descriptions **include identification of mechanisms by which the supervisor(s) and graduate education program director make decisions about each participant's progressive involvement and independence in specific patient care activities**.
- ACGME Common and Specialty Specific VI.A.2.a) in it's entirety
Specifically (1).(a)
 - Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.
 - This information must be available to **residents, faculty members, other members of the health care team, and patients**. (Core)



Communication with Organized Medical Staff and Hospital Staff (EP2)

- Scenario: JCAHO surveyor will be asking staff questions, such as:
 - 1) How do you know what this resident is allowed to do?
 - 2) Is he/she allowed to take care of patients/treat patients unsupervised?
 - 3) Can they write patient orders?
 - 4) What documentation requires co-signature of the attending physician?



Residency Supervision Privilege Portal

- Name
- Photo
- PGY Level
- NPI Number
- License Number/DEA Information
- Certifications: ACLS/PALS etc.
- Specialty
- Notes or policy specific information related to:
- Allowance of AHP/others supervision
- **Patient Restraints (allowance)**
- Order Sets
- Documentation
- Privilege list with included supervision level

Physician/AHP Profile/Privilege Portal

- Name
- Photo
- Specialty
- Signature
- Initial Date Privileges Granted
- Appointment Expiration Date
- Primary Contact Number
- NPI Number
- License/DEA Information
- Certifications: ACLS/PALS etc.
- Required Proctorship (Can not supervise until proctorship complete).
- Privileges



Patient Restraints



Four requirements must be met for a resident to order restraint or seclusion for behavioral health reasons, or conduct the required face-to-face evaluation of a patient in restraint or seclusion



Patient Restraint Requirements

1. State law permits residents to perform these two activities under the auspices of a graduate medical education program.
2. The graduate medical education program has **provided relevant education and training** for the resident in performing these two activities. [Graduate medical education programs accredited by the Accreditation Council on Graduate Medical Education would be expected to be in compliance with this requirement; the organization should be able to **demonstrate compliance** with any residency review committee citations related to this requirement.]



Patient Restraint Requirements

3. In the **judgment of the graduate medical education program**, the resident is able to competently perform these two activities.
4. The health care organization in which the resident provides patient care **permits residents to perform these two activities.**



Joint Commission (JC) In Comparison to ACGME

• JC EP 04

- Organized medical staff rules and regulations and policies delineate participants in professional education programs **who may write patient care orders, the circumstances under which they may do so** (without prohibiting licensed independent practitioners from writing orders), **and what entries, if any, must be countersigned by a supervising licensed independent practitioner.**

- ACGME doesn't reference
- Program can request a copy of the Medical Staff Bylaws/Rules Regulations from the Medical Staff Office.
- Supervision Policy must be in compliance with Rules/Regs.



Joint Commission (JC) In Comparison to ACGME

• JC EP 05

- There is a mechanism for effective communication between the committee(s) responsible for professional graduate education and the organized medical staff and the governing body.

• JC EP 06

- There is responsibility for effective communication (whether training occurs at the organization that is responsible for the professional graduate education program or in a participating local or community organization or hospital).

• Institutional Requirements IB.4 and 5

- The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR).

Examples:

- Annual Institutional Review
- GMEC Policy
- Graduate Medical Education Committee meets 6 times per year, MEC reviews/action where appropriate.
- DIO report annually to Governing Body



Joint Commission (JC) In Comparison to ACGME

- JC.EP.07

- There is a mechanism for an appropriate person from the community or local hospital or organization to communicate information to the GMEC about the quality of care, treatment, and services and educational needs of the participants.

- JC.EP.08

- Information about the quality of care, treatment, and services and educational needs is included in the communication that the GMEC has with the governing board of the sponsoring hospital.

- Institutional Requirements I.B1b)

A Sponsoring Institution with one program must have a GMEC that includes at least the following voting members:

- I.B.1.b).(1) the DIO; (Core)
- I.B.1.b).(2) the program director when the program director is not the DIO.
- I.B.1.b).(3) a minimum of **two peer-selected residents/fellows** from its ACGME-accredited program or the only resident/fellow if the program includes only one resident/fellow; (Core)
- I.B.1.b).(4) the individual or designee responsible for **monitoring quality improvement or patient safety** if this individual is not the DIO or program director; and, (Core)
- I.B.1.b).(5) one or more individuals from a different department than that of the program specialty (and other than the quality improvement or patient safety member), within or from outside the Sponsoring Institution, at least one of whom is actively involved in graduate medical education



Joint Commission (JC) In Comparison to ACGME

- JC.EP.09

- The medical staff demonstrates compliance with residency review committee citations.

- Note: Graduate medical education programs accredited by ACGME, the AOA, or the ADA are **expected to be in compliance with the above requirements**; the hospital should be able to demonstrate compliance with any post graduate education review committee citations related to this standard.

Institutional Requirements I.A.7

- Any Sponsoring Institution or participating site that is a hospital **must maintain accreditation to provide patient care.** ^(Core)
- I.A.7.a) Accreditation for patient care must be **provided by:**
 - I.A.7.a).(1) **the Joint Commission; or,** ^(Core)
 - I.A.7.a).(2) an entity granted “deeming authority” for participation in Medicare under federal regulations; or, ^(Core)
 - I.A.7.a).(3) an entity certified as complying with the conditions of participation in Medicare under federal regulations. ^(Core)





A Culture of Patient Safety

- Both Joint Commission and ACGME set high emphasis on Patient Safety. (See Handouts)
- Residency programs should have a good understanding and adhere to both sets of requirements.
- Risk Manager, Regulatory Compliance Officer, and/or hospital internal website should have a copy of Joint Commission requirements. Make a copy of portions that specifically addresses patient safety and that would apply to the residency program.



Utilize Resources



- Risk Manager/Medical Staff Office
- Regulatory Officer
- Quality Manager
- Wellness Officer

Note: Will have insight on areas that could be a Resident Quality Improvement Project as well as Committees that it would benefit a resident and/or faculty to serve on.



Potential Committees to Consider

1. Patient Safety Committee
 - Develop Teams to investigate patient safety concerns.
 - FMEA (Failure Mode Effective Analysis)
 - Track improvement
2. Accreditation Readiness Committee
 - Audits individual departments for joint commission compliance.
 - Monitor and assist non-compliant areas to ensure they are compliant for JC Survey.



Potential Committees to Consider

3. Clinical Standards Committee
 - Assist MEC in assessing and improving individual and group performance principally as it applies to clinical practice.
4. Quality Improvement Committee
 - The active measuring, assessment, and improvement of processes of patient care and the clinical performance of all individuals with clinical privileges including peer review as defined in the Hospital's Improving Organizational Performance Plan.



Potential Committees to Consider

5. Credentials Committee
 - Review and evaluate qualifications, competence, and performance of applicants and reappointments.
6. Medical Executive Committee
 - Receive and act upon reports and recommendations from the departments, functions, special committees and officers of the Staff.
7. Ethics Committee
 - A multidisciplinary body that allows staff, physicians, patients and their families/representatives a venue to address care, treatment and services that foster dignity, autonomy, positive self-regard, civil rights and involvement of the patient in the plan of care.



Joint Commission Resources

- Register for Joint Commission E Alerts (keeps you up to date)

- Requirements
- Concerns
- Events (Free)
- Patient Safety

https://www.jointcommission.org/accreditation/accreditation_main.aspx?gclid=Cj0KCQiAhKviBRCNARIsAAGZ7CcbceYSa9oE-z7MAyyUL4Sktex3xlnk-riTl1lL5asHUH-KrdZt564aAnZzEALw_wcB

- Use E Alerts to check your own processes

- Posted information/articles may identify areas for improvement



Incorporate Regulatory Compliance elements with ACGME Requirements for a Robust Systematic Approach.

- Create a ACGME-Joint Commission Crosswalk Binder
- Reference Policies both GME/Program Level
- Copy of Policies
- Privilege Examples
- Milestones
- Copy of Medical Staff Rules and Regulations (specifically portion that outlines JC.EP.04
- ACGME Program Requirement
- Patient Safety Section
- Update Notebook Annually (add to your calendar)
- Take Notebook to CCC and PEC meetings as a reference



Key Takeaway Items



1. Understand Joint Commission requirements so they may be routinely utilized into leadership roles.
2. Action taken should reflect adherence to both Joint Commission and ACGME requirements.
3. Utilize Joint Commission requirements as a guide for progression to enhance the culture of patient safety.
4. Utilize resources that are readily available.



Questions?





**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Getting to Know You: Lessons Learned and Tips for Stress Relief

Kristi Stocks

The Getting to Know You session combines stories of coordinators who have been in their position for more than one year - these stories of lessons learned from mistakes made is geared toward all coordinators, new and seasoned. By sharing our stories, we will get to know each other better and have some of those "what if I make a mistake?" fears ease a little. The session will also provide an opportunity to have an interactive discussion with tips on how to perform at your best in this position and tips on stress relief and wellness.

OBJECTIVES:

1. Know each other better through stories of lessons learned from mistakes made by seasoned coordinators.
2. Participate in an interactive discussion about best practices for performing the multiple tasks of the residency administrative position.
3. Apply advice given by seasoned coordinators to help ease the stress of the job.

Notes

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



RESIDENCY ADMINISTRATIVE DEVELOPMENT

Getting To Know You: Lessons Learned and Tips for Stress Relief

Kristi Stocks

Residency and Fellowship Coordinator

VCU-Fairfax Family Medicine Residency and Sports Fellowship Program

Fairfax, VA



About Our Program

- Started in 1972
- 8-8-9-2 program
- (10-10-10? 12-12-12?)
- 6 DO's
- 20 MD's
- 19 Full-time Providers
- 8 Part-time Providers
- 2 Hospital Services for 12 offices
- 1 Coordinator/1 Scheduler



Knock Knock...





Once upon a time...



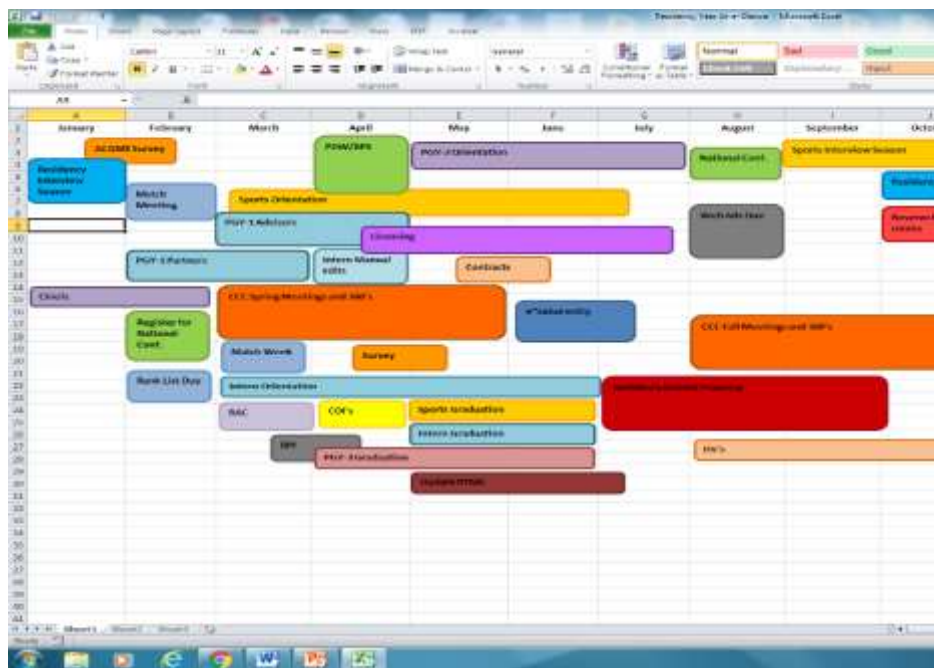
I live in the future...



2019



2020



CCC - Microsoft Excel

File Home Insert Page Layout Formulas Data Review View PDF Sendto

Clipboard Font Paragraph Styles

Normal Bold Italic Underline Link Unlink Merge & Center

Conditional Formatting Styles

Normal Bad Good Neutral Check Edit Explanatory Input Linked Cell

1 6 weeks prior to first spring and first fall meeting, put each resident's self-eval milestone packet in an inter-office memo and leave on their desk after sending an email to notify them

2 send email to notify interns to pick up their packets on next clinic date

3 set a deadline for the Friday two weeks prior to the first seasonal meeting

4 give 360 eval form to resident partners, senior staff, and nursing team leaders - will need for follow-up 360 meeting after CCC

5 For each meeting, decide the six residents that will be discussed and send an email to all CCC committee members and Crystal

6 come to each meeting with the six residents' self-eval and residency folder

7 print e*value comments for each resident, dating back to the previous CCC meeting time; for interns, print comments from all sections of e*value, not just FFPC section

8 distribute each CCC members' CDC packet and resident comments to them the week prior to each meeting

9 mark milestones on each residents' milestone packet in file (not self-eval)

10 update milestone summary sheet; include copy as well as copies of e*value evals and 360 evals to advisor to go over with faculty at meeting for 360; advisor will then update resident on progress at next lunch

11 send email to Gary to remind him to do the sports milestones; get printout for entry into WebAds

12 update WebAds in ACGME

13

14

15

RESIDENCY ADMINISTRATIVE DEVELOPMENT

My stress relief





Enough about me, let's talk about you...



"Copy and paste are not always your friend"

Q5 What is the biggest error you have made in your job?

I directed interview applicants to the wrong restaurant for our dinner the night before interviews. The residents went to the correct restaurant based on the schedule I gave them. The residents figured it out quickly and are given the applicant contact information so it all worked out in a timely fashion. I apologized profusely to the candidates when I met them on interview day and gave them extra goodies in their swag bag as a mea culpa.

Q6 What lesson did this error teach you or what change(s) have you made because of it?

1. Always check your work. 2. Copy and paste are not always your friend.

Q7 How long had you been in your position when you made this error?

5 months



"...make sure the emails that auto-populated are correct"

Q5 What is the biggest error you have made in your job?

I accidentally sent a "congratulations/welcome email on matching with our program to the wrong person.

Q6 What lesson did this error teach you or what change(s) have you made because of it?

I take a moment to make sure the emails that auto-populated are correct.

Q7 How long had you been in your position when you made this error?

9 years



Q5 What is the biggest error you have made in your job?

There are 2

1. Printed the wrong date on the graduation invitations
2. Sent an email to all residents on remediation with their emails visible to everyone

Q6 What lesson did this error teach you or what change(s) have you made because of it?

1. That it's okay to ask for help and have others look over your work.
2. To BCC on all group emails

Q7 How long had you been in your position when you made this error?

1. 5 years
2. Less than a year



“Always look at the dimensions when you are proofing something”

Q5 What is the biggest error you have made in your job?

I was ordering a banner for our table top recruiting display. It was one of the first things I had ever ordered for the program. The banner should have been 6 inches high and 3 feet long. I was so proud when I proofed the banner and got the colors and logo just right but I failed to look at the dimensions. We received a perfectly colored banner with logo except it was 3 feet high x 6 feet long. I was so afraid my PD was going to be mad at me. He just laughed and said he is going to cover my casket with it when I'm gone :-).

Q6 What lesson did this error teach you or what change(s) have you made because of it?

Always look at the dimensions when you are proofing something.

Q7 How long had you been in your position when you made this error?

A little over a year.



“Be you own coordinator”

Q5 What is the biggest error you have made in your job?

Submitted NPI applications for incoming interns incorrectly, which resulted in the applications be flagged for review and not issuing the NPI numbers to several residents. The delay meant that 2 of my interns weren't able to start their first rotation (with another hospital system) on July 1.

Q6 What lesson did this error teach you or what change(s) have you made because of it?

Changes: I did my own research about the NPI application process; and stopped relying on the second-hand information I was getting from people who had never been in my position (although I know they were well-intentioned). I also made a note to submit those applications earlier the next year, just in case something like that happened again. Best thing I've decided from that error is BE YOUR OWN COORDINATOR. It's vital to be collaborative and to seek help in this role, but it's also important to be yourself and craft you processes so they work best for YOU and your style.

Lessons: Be PROACTIVE. If something isn't working, ask for help, keep digging. If you're told there's "nothing you can do" - keep working it. I worked the phones hard to find out the problem with the NPI applications, and when they told me I'd entered something wrong, I immediately fixed it. When the hospital told me they wouldn't let me interns start without their NPI, I asked for a reprieve, told them the situation and that they would have the numbers within just a day or two. When that didn't work, I went to my GME manager and asked for help. She went straight to the top of GME at the other hospital, and got a solution worked out. Be persistent.

Another lesson: If you've made a mistake, own it early. Say this is what happened and here's how I'm working on it.

Q7 How long had you been in your position when you made this error?

9 months

RESIDENCY
ADMINISTRATIVE
DEVELOPMENT

“Two heads are better than one”

Q5 What is the biggest error you have made in your job?

In my first year as a coordinator I had an incoming resident who previously completed 2 years of training in another specialty. I was a coordinator for all of 3 weeks and did not know that I had to check if the resident had their medical license (required in California) so on her first day of residency she was told that she could not start until she received her license. Our state medical board is short staffed due to furloughs so back then it took 2-6 months to obtain a license. My department had to pay for the resident's salary for 1.5 months until she received her license. Fortunately, the program had a requirement of 1 month of research time so we were able to put her on that rotation but she did have to extend her training by 2 weeks to be eligible for board certification.

Q6 What lesson did this error teach you or what change(s) have you made because of it?

I created thorough checklists for each resident event and made sure I was familiar with every requirement for GME. I attended every lecture, conference and webinar I could so I could overload on information then created timelines and checklists to make sure nothing was overlooked. I also created a checks and balance system with my director since two heads are better than one. All of this earned me the reputation of being thorough and gained the confidence of the faculty - so it turned out to be a positive for me.

Q7 How long had you been in your position when you made this error?

3 weeks

RESIDENCY
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DEVELOPMENT



Q5 What is the biggest error you have made in your job?

trusting staff to do their job without constant checking

Q6 What lesson did this error teach you or what change(s) have you made because of it?

weekly checking to see if they did what they should have

Q5 What is the biggest error you have made in your job?

Assigning work to another admin and it not being followed through.

Other than that I'm fairly new so I am sure I have made plenty o mistakes they just haven't reared their ugly heads!

Q6 What lesson did this error teach you or what change(s) have you made because of it?

This taught me that even though I delegated work, I need to remind regularly that there is a deadline and an expectation to complete. Ask questions to be sure they understand the task and are aware of the deadlines.

Q7 How long had you been in your position when you made this error?

Less than a year



“They definitely hold me accountable and I should do the same for them”

Q5 What is the biggest error you have made in your job?

Missed a deadline for the PIF to the ACGME.

Q6 What lesson did this error teach you or what change(s) have you made because of it?

Everything - I mean EVERYTHING - goes on my calendar with reminders!!!! And I now hold other accountable for things that they should be accountable for. I missed the deadline because I was afraid to bug our faculty for their parts of the PIF. I did not hold them accountable therefore I failed. This will not happen again! They definitely hold me accountable and I should do the same for them.

Q7 How long had you been in your position when you made this error?

about 5 years I think





complete everything before orientation even begins. I also set reminders on my calendar to double check tasks a couple months prior to being due, etc.

I set myself reminders to make packets when I know a student is coming in over the weekend

I created thorough checklists for each resident event and made sure I was familiar with every requirement for GME.

I started my MATCH/on on boarding list so that I wasn't trying to remember all of these things. I had it down on paper and a check list.

Everything - I mean EVERYTHING - goes on my calendar with reminders!!!!

To write everything down and put reminders on my calendar.



“I love it when a plan comes together”





APRIL

Stress Awareness Month



RESIDENCY
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I STRESS ABOUT STRESS BEFORE
THERE'S EVEN STRESS TO
STRESS ABOUT. THEN I STRESS
ABOUT STRESSING OVER STRESS
THAT DOESN'T NEED TO BE
STRESSED ABOUT.
IT'S STRESSFUL.



It's nice to come
back to work after
a long weekend
of stressing
about work.

someecards



"STRESS"

THE CONFUSION CREATED WHEN
ONE'S MIND OVERRIDES THE
BODY'S BASIC DESIRE TO CHOKE
THE LIVING DAYLIGHTS OUT OF
SOMEBODY WHO DESPERATELY
NEEDS IT!

When life is stressful,
do something to lift
your spirits...

Go for a drive, go two
or three thousand miles
away. Maybe change
your name.



RESIDENCY
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DEVELOPMENT

What do you do for stress relief?

Yoga, alcohol, journaling - in this order.

Exercise, knitting, crochet, podcasts, spending time with family, gardening, Netflix, cooking, prayer

not take work home,

not enough.



Remember why you do what you do...



...who you do it with...



...and for whom you do it.





**RESIDENCY
ADMINISTRATIVE
DEVELOPMENT**

Websites & Resources



Websites

- FM Requirements currently in effect

http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/120_family_medicine_2017-07-01.pdf

- FM Milestones

<http://www.acgme.org/Portals/0/PDFs/Milestones/FamilyMedicineMilestones.pdf?>

Osteopathic Recognition Milestones

<http://www.acgme.org/Portals/0/PDFs/Milestones/OsteopathicRecognitionMilestones.pdf>



Websites

- American Academy of Family Physicians
<http://www.aafp.org/home.html>
- AAMC's GME Track
<https://www.aamc.org/services/gmetrack/>
- AMA's FREIDA
<http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page?>
- ERAS
<https://www.aamc.org/services/eras/>



Resources

- Annual Program Evaluation Template
www.acgme.org/acgmeweb/Portals/0/PDFs/SelfStudy/SSProgramEvalTemplate.doc
- Self-Study Template
<http://www.acgme.org/acgmeweb/Portals/0/PDFs/SelfStudy/SSSummary.docx>
- Sample Accreditation Letter
<http://www.acgme.org/acgmeweb/Portals/0/KeyStandard.pdf>



Resources

- WebAds

<https://apps.acgme.org/connect/login>

- ACGME Glossary of Terms

http://www.acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf

- ACGME Policies and Procedures

http://acgme.org/acgmeweb/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf



American Board of Family Medicine

- <http://www.theabfm.org>
- <https://www.theabfm.org/cert/residencytraining.aspx>
- <https://www.theabfm.org/cert/index.aspx>
- Kathy Banks, (888) 995-5700, ext. 1295, Kbanks@theabfm.org
- ABFM Support Center (Certification), (877) 223-7437, help@theabfm.org



AFMA Resources - www.afmaonline.org

Members of AFMA have access to the -

- Discussion List/Forum
- Mentoring Partnership Program
- AFMA Membership Directory
- Webinars/Chat Rooms
- *Practical Guide for the Administration of Family Medicine Residency Programs*



Questions About AFMA?

Executive Secretary, Cristin Estes
800.274.2237 x6356
cestes@aafp.org





Acronyms

As of March 2019

Acronym	What it stands for	Who can tell you more about it
AAAAI	American Academy of Allergy, Asthma and Immunology	
AAAHc	Accreditation Association for Ambulatory Health Care	
AAAOM	American Association of Acupuncture and Oriental Medicine	
AACE	American Association of Clinical Endocrinologists	
AACOM	American Association of Colleges of Osteopathic Medicine	
AAD	American Academy of Dermatology	
AADE	American Association of Diabetes Educators	
AADMD	American Academy of Developmental Medicine and Dentistry	
AAFP	American Academy of Family Physicians	Elaine Conrad
AAFP/F	American Academy of Family Physicians Foundation	
AAIP	Association of American Indian Physicians	
AAMA	American Academy of Medical Acupuncture	
AAMC	Association of American Medical Colleges	
AAMSE	American Association of Medical Society Executives	
AAN	American Academy of Neurology	
AANS	American Association of Neurological Surgeons	847.378.0500
AAO	American Academy of Ophthalmology	
AAO-HNS	American Academy of Otolaryngology-Head and Neck Surgery	
AAOS	American Academy of Orthopedic Surgeons	Bellinda Schoof
AAP	American Academy of Pediatrics	Julie Wood, MD
AAPA	American Academy of Physician Assistants	Julie Wood, MD
AAPCE	American Association for Primary Care Endoscopy	Sam Perner
AAPM	Advanced Alternative Payment Model	Amy Mullins, MD, Erin Solis
AAPMR	American Academy of Physical Medicine and Rehabilitation	(877) 227-6799
AAPL	American Association for Physician Leadership (formerly ACPE)	Amy Mullins, MD
AAPS	American Association of Physician Specialists	Julie Wood, MD
AARP	American Association of Retired Persons	
ABEM	American Board of Emergency Medicine	(517)332-4800
ABFM	American Board of Family Medicine	877-223-7437, Julie Wood, MD, Elizabeth Campbell (staff Dyad)
ABIM	American Board of Internal Medicine	
ABM	Academy of Breastfeeding Medicine	Julie Wood, MD
ABM	American Business Media	Stephanie Hanaway
ABMS	American Board of Medical Specialties	CMED Director
ABOG	American Board of Obstetrics and Gynecology	
ABP	American Board of Pediatrics	
ACA	Affordable Care Act	Shawn Martin, Brennan Cantrell
ACAAI	American College of Allergy, Asthma and Immunology	
ACAOM	Accreditation Commission for Acupuncture and Oriental Medicine	
ACC	American College of Cardiology	Julie Wood, MD
ACCME	Accreditation Council for Continuing Medical Ed	Morgan Hosler, Amy Smith, MBA
ACCP	American College of Chest Physicians	(224) 521-9800
ACE	Alliance of Clinical Educators	
ACE	American Council on Exercise	
ACEHP	Alliance for Continuing Education in the Health Professions	Vince Loffredo, EdD
ACEP	American College of Emergency Physicians	Julie Wood, MD

ACG	American College of Gastroenterology	(301) 263-9000
ACGME	Accreditation Council for Graduate Medical Education	Karen Mitchell, MD
ACHDNC	Secretary's Advisory Committee on Heritable Disorders in Newborns and Children	
ACI	Advancing Care Information	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW, Erin Solis
ACIP	Advisory Committee on Immunization Practices	Pam Carter
ACLM	American College of Legal Medicine	(847) 447-1713
ACLI	American Council of Life Insurance	
ACLS	Advanced Cardiac Life Support	
ACMG	American College of Medical Genetics	
ACNM	American College of Nurse Midwives	Julie Wood, MD
ACNP	American College of Nuclear Physicians	(615) 324-2360
ACO	Accountable Care Organizations	Karen Breitreutz, RN, Robert Bennett, Erin Solis
ACOEM	American College of Occupational and Environmental Medicine	(847) 818-1800
ACLF	Annual Chapter Leader Forum	Nancy Laughlin
ACOF	American College of Osteopathic Family Physicians	Julie Wood, MD
ACOG	American Congress of Obstetricians and Gynecologists	
	(Please note that the acronym "ACOG" refers to The American Congress of Obstetricians and Gynecologists, only. The American College of Obstetricians and Gynecologists, if abbreviated, is referred to as "the College.")	
ACP	American College of Physicians	Julie Wood, MD
ACPM	American College of Preventive Medicine	Julie Wood, MD
ACR	American College of Radiology	Julie Wood, MD
ACS	American College of Surgeons	Julie Wood, MD
ACS	American Cancer Society	Julie Wood, MD
ACSM	American College of Sports Medicine	Julie Wood, MD
ACTPCMD	Advisory Committee on Training in Primary Care Medicine and Dentistry	
ADA	American Diabetes Association	Julie Wood, MD
ADFM	Association of Departments of Family Medicine	Clif Knight, MD
AFM	<i>Annals, Annals of Family Medicine</i>	Stephanie Hanaway
AFMA	Association of Family Medicine Administration	Cristin Estes
AFMAA	Academic Family Medicine Advocacy Alliance	
AFMAC	Academic Family Medicine Advocacy Committee	Hope Wittenberg, Robert Hall, JD
AFMRD	Association of Family Medicine Residency Directors	Sam Pender
AFP	<i>American Family Physician</i>	Stephanie Hanaway
AGA	American Gastroenterological Association	(301) 654-2055
AGS	American Geriatrics Society	
AHA	American Heart Association	Julie Wood, MD
AHA	American Hospital Association	
AHC	Academic Health Centers	
AHEC	Area Health Education Center	Ashley Bentley
AHIC	American Health Information Community	Doug Henley, MD
AHIMA	American Health Information Management Association	John Payne
AHIP	America's Health Insurance Plans	Shawn Martin, Brennan Cantrell
AHMD	Association of Healthcare Media Directors	Stephanie Hanaway
AHME	Association for Hospital Medical Education	
AHQA	American Health Quality Association	(202) 331-5790
AHRQ	Agency for Healthcare Research and Quality	
AI	Appreciative Inquiry	Josephine Lampton
AIDS	Acquired Immune Deficiency Syndrome	
AIM	Alliance for Innovation on Maternal Health	
AIR	Academy Information Resources	Katie Dayani
ALA	American Lung Association	

ALSO	Advanced Life Support in Obstetrics	
AMA	American Medical Association	Julie Wood, MD, Carla Scarborough
AMA CEJA	Council on Ethical and Judicial Affairs (of AMA)	Julie Wood, MD, Carla Scarborough
AMA CME	American Medical Association Council on Medical Education . .	CMED Director
AMA CS	American Medical Association Credit System	Amy Smith, MBA, Morgan Hosler
AMA PCPI	American Medical Association Physician Consortium for Performance Improvement	Sandy Pogones, MPA, CPHQ
AMDA	American Medical Directors Association	
AMGA	American Medical Group Association	
AMIA	American Medical Informatics Association	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
AMM	Association of Medical Media	Stephanie Hanaway
AMPAC	AMA Political Action Committee	(202) 789-7400
AMPRA	American Medical Peer Review Association	
AMS	Association Management System	
AMSA	American Medical Student Association	Ashley Bentley
AMSSM	American Medical Society for Sports Medicine	Julie Wood, MD
AMWA	American Medical Women's Association	Julie Wood, MD
ANA	American Nurses Association	Julie Wood, MD
AND	Academy of Nutrition and Dietetics	Julie Wood, MD
AND	Allow Natural Death	
ANFM	<i>Annals of Family Medicine</i>	Stephanie Hanaway
ANFMI	<i>Annals of Family Medicine</i> , Incorporated	Stephanie Hanaway
AOA	American Osteopathic Association	Julie Wood, MD
AOA	Alpha Omega Alpha (Honor Society)	
AOASM	American Osteopathic Academy of Sports Medicine	Julie Wood, MD
AOBFP	American Osteopathic Board of Family Physicians	
AOM	America on the Move	
AOSSM	American Orthopedic Society for Sports Medicine	Julie Wood, MD
APA	Academic Pediatric Association or American Pharmaceutical Association	Shawn Martin, Robert Hall, JD, MPA
APA	American Psychiatric Association	Julie Wood, MD
APAP	Association of Physician's Assistant Programs	
APC-APM	Advanced Primary Care Alternative Payment Model	Kent Moore
APDIM	Association of Program Directors in Internal Medicine	Karen Mitchell, MD
APGO	Association of Professors of Gynecology and Obstetrics	Karen Mitchell, MD
APHA	American Public Health Association	Sonya Clay, Julie Wood, MD
APM	Alternative Payment Model	Amy Mullins, MD, Erin Solis
ARC-PA	Accreditation Review Commission for Physician Assistants . . .	Karen Mitchell, MD
ARRA	American Recovery and Reinvestment Act	
ASA	American Society of Anesthesiologists	Julie Wood, MD
ASAE	American Society of Association Executives	Stacy Brungardt
ASAM	American Society of Addiction Medicine	Julie Wood, MD
ASCO	American Society of Clinical Oncology	Julie Wood, MD
ASCP	American Society of Clinical Pathologists	Julie Wood, MD
ASGE	American Society of Gastrointestinal Endoscopy	Julie Wood, MD
ASPN	Ambulatory Sentinel Practice Network	
ASPRS	American Society of Plastic and Reconstructive Surgeons, Inc. .	Julie Wood, MD
ASTHO	Association of State and Territorial Health Officials	Julie Wood, MD
ATLS	Advanced Trauma Life Support	
ATPM	Assn of Teachers of Preventive Medicine	
ATS	American Thoracic Society	(212) 315-8600
AUA	American Urological Association, Inc.	Julie Wood, MD
AWHONN	Association of Women's Health, Obstetrics and Neonatal Nursing .	
BBA	Balanced Budget Act of 1997	Teresa Baker

BBRA	Balanced Budget Refinement Act	Teresa Baker
BCBSA	Blue Cross Blue Shield Association	Brennan Cantrell
BHCDA	Bureau of Health Care Delivery and Assistance	
BHPr	Bureau of Health Professions	Teresa Baker
BLSO	Basic Life Support in Obstetrics	Carla Cherry
BMAD	(part) B Medicare Annual Data	
BMS	Budget Management System (AAFP)	Dale Culver
BOD	Board of Directors	Doug Henley, MD, Jodi Easter
BPA	Business Publications Audit of Circulations	Stephanie Hanaway
BPHC	Bureau of Primary Health Care, Health Resources and Services Administration	Teresa Baker
BR SSP	Board Review Self Study Package	Elizabeth Campbell
BRC	Business Review Council	
BRE	Board Review Express	Sherri Woodward, Elizabeth Campbell
BRQ	Board Review Questions	Sherri Woodward, Elizabeth Campbell
CAATE	Commission on Accreditation of Athletic Training Education	Karen Mitchell, MD
CACMS	Committee on Accreditation of Canadian Medical Schools	Karen Mitchell, MD
CAFM	Council of Academic Family Medicine (formerly AFMO) AAFP, ADFM, AFMRD, NAPCRG, STFM	Clif Knight, MD
CAHPS	Consumer Assessment of Health Plans	
CAIR	Canadian Association of Interns and Residents	Karen Mitchell, MD
CAP	College of American Pathologists	Julie Wood, MD
CAP	Consumer Alliance Program (transitioning to RIGHTchoices)	
CAQ	Certificate of Added Qualification SEP – Self Evaluation Process (Geriatrics)	Karen Mitchell, MD
CASFM	Committee on Advancing the Science of Family Medicine	
CBC	Continuing Board Certification	Elizabeth Campbell, Amy Smith, MBA
CCAOM	Council of Colleges of Acupuncture and Oriental Medicine	
CCCE	Conjoint Committee on Continuing Education	Amy Smith, MBA, Stephen Eilert
CCM	Chronic Care Management	Karen Breitreutz, RN
CCR	Continuity of Care Record	Steven Waldren, MD Theresa Wilkes, MS, CHTS-PW
CCRN	Collaborative Care Research Network (of the NRN)	Kim Kimminau, PhD
CDC	Centers for Disease Control and Prevention	Bellinda Schoof
CDF	Children's Defense Fund	
CDR	Clinical Data Repository	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
CEAC	Chapter Executive Advisory Committee	Doug Henley, MD, Nancy Laughlin
CEJA	Council on Ethical & Judicial Affairs (AMA)	Julie Wood, MD, Carla Scarborough, Morgan Hosler
CF	Conversion Factor	Kent Moore
CF	Curricular Framework (for AAFP CME)	Heather Collins
CFAS	AAMC Council of Faculty and Academic Societies	Karen Mitchell, MD
CFE	Criteria for Excellence	Kimberly Sixkiller
CFI	Commission on Finance and Insurance	Dale Culver
CFPC	College of Family Physicians of Canada	Julie Wood, MD, Amy Smith, MBA
CG	Curriculum Guidelines	Chris Pyle
CGA	Commission on Government Advocacy (AAFP)	Robert Hall, JD
CGHI	Center for Global Health Initiatives	Alexander Ivanov, Ashley Poole
CHAMPUS	Civilian Health and Medical Program of the Uniformed Services	
CHC	Coalition for Healthcare Communications	Stephanie Hanaway
CHER	Center for Health Economics Research	
CHFM	Center for the History of Family Medicine	Don Ivey
CHIME	College of Healthcare Information Management Executives	John Payne
CHIP	Children's Health Insurance Program	

Acronyms, continued

CHPS.	Commission on Health of the Public and Science (AAFP)	Bellinda Schoof, Carol Tierney
CLIA.	Clinical Laboratory Improvement Amendment	Christine Schimpf
CMED	Continuing Medical Education Division.	CMED Director
CMER	Continuing Medical Education Records	Kathy Blair
CMMI.	Center for Medicare and Medicaid Innovation	Robert Bennett, Tracey Allen-Ehrhart
CMMS	Commission on Membership and Member Services (AAFP) . . .	Elaine Conrad, Stacy Wymer
CMS.	Centers for Medicare and Medicaid Services	Kent Moore
CMSS	Council of Medical Specialty Societies	Julie Wood, MD
COB.	Chair of the Board.	
COCPD	Commission on Continuing Professional Development (AAFP) . .	CMED Director, Amy Smith, MBA, Josephine Lampton
COD.	Congress of Delegates	Diane McDaniel
COE.	Commission on Education (AAFP)	Karen Mitchell, MD
COGME	Council on Graduate Medical Education	Teresa Baker, Karen Mitchell, MD
COI	Conflict of Interest (CME)	Morgan Hosler
COID	Committee on Infectious Diseases (Red Book Committee) of the AAP.	
COLA.	Commission on Office Laboratory Accreditation.	Christine Schimpf
COPC	Community Oriented Primary Care.	
CORE	Committee on Operating Rules for Information Exchange	Steven Waldren, MD
CORR	Computerized Office Record Review	
COS.	Commission on Science (AAFP) (<i>disbanded 2008</i>)	Bellinda Schoof
COSSMHO	National Coalition of Hispanic Health and Human Services Organization	
CPC+.	Comprehensive Primary Care Plus	Kate Freeman
CPC.	Comprehensive Primary Care Initiative	Kate Freeman
CPD.	Continuing Professional Development	CMED Director
CPG.	(Subcommittee on) Clinical Practice Guidelines (CHPS)	
CPI.	Conference on Practice Quality Improvement	Amy Mullins, MD
CPRI	Computer-based Patient Record Institute.	
CPS.	(Subcommittee on) Clinical Preventive Services	Bellinda Schoof
CPT	Current Procedural Terminology	Kent Moore
CPWG	Cultural Proficiency Work Group	
CQP.	Commission on Quality and Practice	Jane Krieger
CREOG	Council on Resident Education in Obstetrics and Gynecology. .	Karen Mitchell, MD
CSA.	Clinical Skills Assessment	Karen Mitchell, MD
CSAE.	Clinical Skills Assessment Examination	Karen Mitchell, MD
CSAP.	Center for Substance Abuse Prevention.	
CSC.	Credit Systems and Compliance (CMEA).	Amy Smith, MBA, Morgan Hosler
CSE.	Clinical Skills Examination	Karen Mitchell, MD
CSE.	Council of Science Editors	Joyce Merriman, Beth Anderson
CSG.	Council of State Governments	Michelle Greenhalgh
C-TAGME	Certification Training Administrators of Graduate Education . .	Cristin Estes
CTFK.	Campaign for Tobacco-Free Kids	
CTSA.	Clinical and Translational Science Award	
CV	Curriculum Vitae	
CWF	Common Working File	
DABFM	Diplomate American Board of Family Medicine	
DBTS.	Doctors Back to School	Ashley Bentley
DCP.	Departmental Consultation Process	ADFM, (800) 274-7928, x5410
DEA.	Drug Enforcement Administration.	Julie Wood, MD
DFA.	Doctors for America	Shawn Martin
DHS.	Department of Homeland Security	
DMAT.	Disaster Medical Assistance Teams	
DME.	Durable Medical Equipment	Robert Bennett

DNH	Do Not Hospitalize	
DNR	Do Not Resuscitate	
DOC	Doctors Ought to Care	
DoD	Department of Defense	
DoE	Department of Energy	
DoI	Department of Interior	
DOMD	Division of Medicine and Dentistry	
DPC	Direct Primary Care	Bethany Burk
DRG	Diagnosis Related Groups	
DSCUS	Distilled Spirits Council of the United States	
ePA	Electronic Prior Authorization	Brennan Cantrell, Theresa Wilkes
ePrescribing	Electronic Prescribing EHR - Electronic Health Record	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
eRx	Electronic Prescribing	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
E/M	Evaluation and Management (Services)	Kent Moore
EBCME	Evidence Based Continuing Medical Education	Vince Loffredo, EdD
ECFMG	Educational Commission for Foreign Medical Graduates	Karen Mitchell, MD
EGAPP	Evaluation of Genomics Applications in Practice and Prevention	Melanie Bird, PhD
EHR	Electronic Health Record	Steven Waldren, MD
EL	Expanded Learning (FMX)	Lisa Leader
EMT	Executive Management Team	
ENACT	Effective National Action to Control Tobacco	
EOM	Educational Outcome Measures	Vince Loffredo, EdD
EPA	Environmental Protection Agency	
EPCPG	Evidence-Based Clinical Practice Guidelines	TBD
EPO	Exclusive Provider Organization	
ERAS	Electronic Residency Application Service	Ashley Bentley
ERISA	Employee Retirement Income Security Act	
ET	Educational Technology	Smitha Edulakanti
EXCEL	External Comparative Evaluation for Laboratories	Christine Schimpf
FamMedPAC	AAFP Federal Political Action Committee	Mark Cribben, Robert Hall, JD
FDA	Food and Drug Administration	
FFI	Faculty Futures Initiative	Stacy Brungardt
FFM	Future of Family Medicine Project (formerly FoFM)	
FMAHealth	Family Medicine for America's Health	
FMAS	Family Medicine Advocacy Summit	Robert Hall, JD, Jeanette Contreras
FMC	Family Medicine Centers	Karen Mitchell, MD
FMC	Family Medicine Certification (formerly MC-FP)	Elizabeth Campbell
FMIG	Family Medicine Interest Group	Ashley Bentley
FML	<i>Family Medicine Leads</i>	Annette Routon
FML ELI	<i>Family Medicine Leads Emerging Leader Institute</i>	Annette Routon
FMLA	Family and Medical Leave Act	Lisa Sinow
FMP	Family Medicine Practice	
FMRCR	Family Medicine Residency Curriculum Resource Project	Mary Theobald
FMRNA	Family Medicine Residency Nurses Association	
	<i>use to be AFPRN</i>	Katy Jaksa
FMX	Family Medicine Experience	Karen Otto
FP-IQ	Family Physicians - Improving Quality	
FPBRN	The Federation of Practice-Based Research Networks	
FPC	Family Practice Center	Karen Mitchell, MD
FPE	FP Essentials	Elaine Gangel
FPIH	Family Practice in Healthcare Organizations	
FPIN	Family Physicians Inquiries Network	
FPM	Formerly <i>Family Practice Management</i>	Stephanie Hanaway

Acronyms, continued

FPOY.....	Family Physician of the Year Award	Janelle Davis
FQHC	Federal Qualified Health Centers	
FSA	Family Support Administration	
FSMB.....	Federation of State Medical Boards	Julie Wood, MD, Amy Smith, MBA
FTC	Federal Trade Commission.	Robert Bennett
FVPF.....	Family Violence Prevention Fund.....	
GAF.....	Geographic Adjustment Factor.....	Kent Moore
GAME	Global Alliance for Medical Education	Vince Loffredo, EdD
GAO.....	U. S. Governmental Accountability Office.....	Robert Bennett
GDP	Gross Domestic Product.....	
GHS.....	Global Health Summit (AAFP)	Alex Ivanov, Ashley Poole
GLMA.....	Gay Lesbian Medical Association.....	(202) 600-8037
GLOBAL ALSO..	ALSO for Developing Countries	
GME	Graduate Medical Education	Deanne St. George
GPC.....	Genetics in Primary Care	Melanie Bird, PhD
GPCI.....	Geographic Practice Cost Index.....	Kent Moore
GPO.....	Government Printing Office	
GR.....	Governmental Relations.....	Robert Hall, JD
GROW.....	Genetics Resources on the Web	Melanie Bird, PhD
GSA.....	General Services Administration.....	
HAP.....	Hospital Accreditation Program	
HCPCS	Healthcare Common Procedure Coding System	Kent Moore
HEDIS	Healthplan Employer Data and Information Set	
HEP.....	Health Education Program	
HHS.....	Health and Human Services, US Dept of	Robert Hall, JD
HICT	Health Information and Communication Technology	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
HIE.....	Health Information Exchanges	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
HIMSS.....	Healthcare Information Management Systems Society	John Payne
HIPAA	Health Insurance Portability and Accountability Act	Brennan Cantrell
HIT.....	Health Information Technology	Steven Waldren, MD
HIV.....	Human Immunodeficiency Virus.....	
HMHB	Healthy Mothers, Healthy Babies Coalition	
HMO	Health Maintenance Organization	
HMSS	Hospital Medical Staff Section	
HOPS	Health of the Public and Science Division (AAFP)	Bellinda Schoof, Carol Tierney
HPNEC	Health Professions and Nursing Education Coalition	Teresa Baker
HPSA.....	Health Professions Shortage Area	Andrew Bazemore, MD
HRSA.....	Health Resources and Services Administration	Teresa Baker
HSQB	Health Standards & Quality Bureau	
HUD.....	Department of Housing & Urban Development	
ICD-9/ICD-10...	International Classification of Disease (9 th /10 th Edition)	Kent Moore
ICIC.....	Improving Chronic Illness Care.....	
ICPC	International Classification on Primary Care.....	Steven Waldren, MD
IEP.....	Interest and Expertise Portfolio (faculty database).....	Paula Shipper
IGC	Interdisciplinary Generalist Curriculum.....	
IA.....	Improvement Activities (MACRA).....	Amy Mullins, MD, Erin Solis
IAMR.....	International Association of Medical Regulatory Authorities	Amy Smith, MBA
IHI	Institute for Health Care Improvement	Amy Mullins, MD
IHS.....	Friends of Indian Health Service The Academy joined the Friends of IHS, a lobbying coalition of individuals and 35 health care groups, in January 2000. The 1999 AAFP Congress of Delegates voted for the Academy to join the coalition, formed in 1997 to support funding for the Indian Health Service	
IL	Interactive Lectures	Vince Loffredo, EdD

Acronyms, continued

IMC	International Medical Corps	Alex Ivanov
IME	Indirect Medical Education	Karen Mitchell, MD
IMG	International Medical Graduates	Stacy Wymer
IMN	Interactive Medical Networks	
ING	Internal Networking Groups	Chris Pyle, Jenny Ressel, Kelly Lucke, Katie Dayani
IPA	Independent Practice Association	
IRB	Institutional Review Board	Jennifer Farris
ISQUA	International Society for Quality in Healthcare	CMED Director
ITE	In-Training Examination	ABFM - (877) 223-7437
JABFM	Journal of the American Board of Family Medicine	ABFM - (877) 223-7437
JAMA	Journal of the American Medical Association	
JC	Joint Commission	
JCEHP	Journal for Continuing Education in the Health Profession	Gary Bird, PhD
JFP	<i>Journal of Family Practice</i>	Stephanie Hanaway
JGAP	Joint Grant Awards Program	Sharon Hunt, AAFP Foundation
JHCPU	Journal of Health Care for the Poor and Underserved	
JMMS	Journal for Minority Medical Students	Ashley Bentley
JNC	Joint National Committee on the Detection, Evaluation and Treatment of Hypertension	
JRC	Joint Review Committee	
JRC-AT	Joint Review Committee on Educational Programs in Athletic Training	Karen Mitchell, MD
KCSAE	Kansas City Society of Association Executives	
KSBN	Kansas State Board of Nursing	Morgan Hosler
LCME	Liaison Committee on Medical Education	Ashley Bentley
LEP	Limited English Proficiency	
LGBT	Lesbian, Gay, Bisexual, Transgender	Stacy Wymer
LINNAEUS	Learning In an InterNational Network About Errors and Understanding Safety	
LLLI	La Leche League International	Julie Wood, MD
LMS	Learning Management System	Smitha Edulakanti
LMSA	Latino Medical Student Association	Ashley Bentley
LO	Learning Objectives	Vince Loffredo, EdD
LOA	Letter of Agreement	
LOI	Letter of Intent	
LOS	Letter of Support	
LOTP	Length of Training Pilot	Karen Mitchell, MD
MAC	Medicare Administrative Contractor	
MAC	Monitored Anesthesia Care	
MACRA	Medicare Access and Chip Reauthorization Act of 2015	Shawn Martin, Amy Mullins, MD, Erin Solis
MAP	Member Advisory Panel (Disaster Preparedness)	
MCAT	Medical College Admission Test	Ashley Bentley
MCC	Medical Council of Canada	
MCCQE	Medical Council of Canada Qualifying Examination	
MCHB	Maternal and Child Health Bureau	
MCN	Migrant Clinicians Network	
MCO	Managed Care Organization	Brennan Cantrell
MCP	Monthly Capitation Payment	
MedPAC	Medicare Payment Advisory Commission	Kent Moore
MEI	Medicare Economic Index	Kent Moore
METRIC	Measuring, Evaluating and Translating Research Into Care	Gary Bird, PhD
MFS	Medicare Fee Schedule	Kent Moore, Robert Bennett
MGMA	Medical Group Management Association	Brennan Cantrell, Christine Schimpf
MHIQ	Medical Home Implementation Quotient	

Acronyms, continued

MIG	Member Interest Group	Stacy Wymer
MIPS	Merit-based Incentive Payment System	Amy Mullins, MD, Erin Solis
MLE	Medical Laboratory Evaluation	
MLP	Mid Level Provider	
MMP	Methodical Management Project	
MOD	March of Dimes	
MOL	Maintenance of Licensure	Stephen Eilert, Amy Smith, MBA
MOU	Memorandum of Understanding	
MPH	Masters in Public Health	
MROC	Marketing Research Online Community	
MSE	Medical Student Educator/Education	Ashley Bentley
MSS	Medical Student Section (AMA)	Ashley Bentley
MSSP	Medicare Shared Savings Program	Karen Breitkreutz, RN, Amy Mullins, MD, Erin Solis
MUA	Medically Underserved Areas	
NA	Needs Assessments	Vince Loffredo, EdD
NACCHO	National Association of County and City Health Officials	Julie Wood, MD
NACHRQ	National Advisory Council for Healthcare Research and Quality	Julie Wood, MD
NAEPP	National Asthma Education and Prevention Program	Bellinda Schoof
NAHH	National Alliance for Hispanic Health	
NAHQ	National Association Healthcare Quality	
NAIC	National Association of Insurance Commissioners	
NAIS	National Adult and Influenza Immunization Summit	
NAM	National Academy of Medicine	Julie Wood, MD
NAMCP	National Association of Managed Care Physicians	
NAPCRG	North American Primary Care Research Group	
NAPPP	National Alliance of Professional Psychology Providers	
NASHP	National Academy for State Health Policy	
NASN	National Association of School Nurses	Julie Wood, MD
NAWHME	National Academy of Women's Health Medical Education	
NBCFM	National Bipartisan Commission on the Future of Medicare	
NBME	National Board of Medical Examiners	Karen Mitchell, MD
NC	National Conference of Family Medicine Residents and Medical Students	Amy Mulligan Kennedy
NCCAOM	National Certification Commission for Acupuncture and Oriental Medicine	
NCCLS	National Committee on Clinical Laboratory Standards	Christine Schimpf
NCCPA	National Commission on Certification of Physician Assistants	
NCCRCG	National Coordinating Center for the Regional Genetics and Newborn Screening Collaborative Groups	Julie Wood, MD
NCFMR	National Congress of Family Medicine Residents	Amy Mulligan Kennedy
NCCL	National Conference of Constituency Leaders	Stacy Wymer
NCEP	National Cholesterol Education Program (of NHLBI)	Bellinda Schoof
NCHPEG	National Coalition for Health Professional Education in Genetics	Julie Wood, MD
NCHS	National Center for Health Statistics	
NCI	National Cancer Institute	
NCIRD	National Center for Immunization and Respiratory Diseases (CDC)	Bellinda Schoof
NCMHD	National Center on Minority Health and Health Disparities	
NCOA	National Council on the Aging	
NCPIE	National Council for Patient Information and Education	(301) 340-3940
NCQA	National Committee for Quality Assurance	Amy Mullins, MD
NCSL	National Conference of State Legislatures	
NCSM	National Congress of Student Members	Amy Mulligan Kennedy

Acronyms, continued

NDBP	National Blood Disorders Program (NHLBI)	Bellinda Schoof
NDEP	National Diabetes Education Program (of NIDDK and CDC)	Belinda Schoof
NDP	National Demonstration Project	
NEJM	<i>New England Journal of Medicine</i>	Stephanie Hanaway
NFME	National Fund for Medical Education	
NGA	National Governors Association	
NGACO	Next Generation Accountable Care Organization	Karen Breitreutz, RN, Erin Solis
NHC	National Health Council	
NHCVA	National Health Collaboration on Violence and Abuse	
NHGRI	National Human Genome Research Institute	Julie Wood, MD
NHIN	National Health Information Network	Steven Waldren, MD, Theresa Wilkes, MS, CHTS-PW
NHLBI	National Heart, Lung, and Blood Institute	
NHMA	National Hispanic Medical Association	(202) 628-5895
NHSC	National Health Service Corps	Ashley Bentley
NHTSA	National Highway Traffic Safety Administration	Julie Wood, MD
NIAAA	National Institute of Alcohol Abuse and Alcoholism	Julie Wood, MD
NICHQ	National Initiative for Children's Health Care Quality	
NIDA	National Institute of Drug Abuse	Julie Wood, MD
NIDDK	National Institute of Diabetes and Digestive and Kidney Diseases	
NIDDM	Noninsulin-dependent Diabetes	
NIH	National Institutes of Health (12 institutes)	Teresa Baker
NIMH	National Institute of Mental Health	
NIOSH	National Institute of Occupational Safety & Health	
NIPDD	National Institute for Program Director Development	Sam Pender
NLM	National Library of Medicine (http://ghr.nlm.nih.gov)	Katie Dayani
NMA	National Medical Association	(202) 347-1895
NME	New Molecular Entity (FDA Term)	Stephanie Hanaway
NMHA	National Mental Health Association	
NMFMF	National Minority Health Month Foundation	
NP	Nurse Practitioner	
NPCW	National Primary Care Week (AMSA)	Ashley Bentley
NPSF	National Patient Safety Foundation	
NQF	National Quality Forum	Amy Mullins, MD, Sandy Pogones, MPA, CPHQ
NQFMAP	National Quality Forum Measure Applications Partnership	Amy Mullins, MD
NRHA	National Rural Health Association	
NRMP	National Resident Matching Program	Ashley Bentley
NRN	National Research Network	
NRSA	National Research Service Award	
NSGC	National Society for Genetic Counselors	
NTP	National Toxicology Program	
NVAC	National Vaccine Advisory Committee	Pam Carter
OAPM WG	Opioid Abuse and Pain Team Work Group	Julie Wood, MD
OASH	Office of the Assistant Secretary for Health	Kevin Burke
ODPHP	Office of Disease Prevention and Health Promotion (HHS)	
OHDS	Office of Human Development Services	
OIG	Office of Inspector General	Shawn Martin, Steven Waldren, MD
OMB	Office of Management and Budget	Teresa Baker, Robert Hall, JD
OMH	Office of Minority Health	800.444.6472
OMHRC	Office of Minority Health Resource Center	
ONC	Office National Coordinator for Health Information Technology (HIT)	Steven Waldren, MD,

Theresa Wilkes, MS, CHTS-PW

ONDCP	Office of National Drug Control Policy (National Youth Anti-Drug Media Campaign)	
OPDA	Organization of Program Directors Association	Karen Mitchell, MD
ORMC	Organization of Regional Medical Campuses Deans	Karen Mitchell, MD
ORR	Organization of Resident Representatives of the AAMC (Association of American Medical Colleges)	Karen Mitchell, MD
OS	Office of the Secretary of H.H.S.	Robert Hall, JD
OSCE	Observed Structured Clinical Examination	Karen Mitchell, MD
OSHA	Occupational Safety and Health Administration	
OSR	Organization of Student Representatives (AAMC)	Karen Mitchell, MD
OWH	Office of Women's Health	Sonya Clay
P30	Center Core Grant (NIH)	Brian Manning
PA	Physician Assistant	
PAC	Physician Assistant Certified	
PAC	Political Action Committee	Mark Cribben, Kevin Burke
PAHO	Pan American Health Organization	Alex Ivanov
PBL	Problem Based Learning (FMX)	Wes James
PBRN	Practice-Based Research Network	
PCMA	Professional Convention Management Association	
PCMH	Patient-Centered Medical Home	Kate Freeman
PCOC	Primary Care Organizations Consortium	
PCORI	Patient Centered Outcomes Research Institute	
PCPA	Physician Clinical Performance Assessment	
PCPCC	Patient-Centered Primary Care Collaborative	Shawn Martin, Amy Mullins, MD, Tracey Allen-Ehrhart
PCPFS	President's Council on Physical Fitness and Sports	
PCPI	Physicians Consortium for Performance Improvement	Sandy Pogones, MPA, CPHQ
PDW	Program Directors Workshop	Katy Jaksa
PEHRC	Physicians Electronic Health Record Coalition	Steven Waldren, MD
PEP	Preceptor Education Project	STFM
PhRMA	Pharmaceutical Research and Manufacturers of America	
PHS	Public Health Service	Julie Wood, MD
PI CME	Performance Improvement CME	Gary Bird, PhD
PIH	Partner's in Health	
PIMS	Physicians in Management Series (ACPE)	Amy Mullins, MD
PLF	Pisacano Leadership Foundation	ABFM - (877) 223-7437
PMA	Pharmaceutical Manufacturers Association	
PMT	Project Management Team (AAFP)	
PN	Performance Navigator	Gary Bird, PhD
POE	Program of Excellence Award (FMIG)	Ashley Bentley
POL	Physician Office Laboratory	Christine Schimpf
PPAC	Practicing Physicians' Advisory Council (to CMS)	
PPE	Practicing Physician Education	
PPE	Preparticipation Physical Evaluation (from CHPS)	
PIIP	Put Prevention Into Practice	
PPO	Preferred Provider Organization	
PPP	Practice Parameter Partnership	
PPRC	Physician Payment Review Commission (superseded by the Medicare Payment Advisory Commission (MedPaC))	
PPS	Prospective Payment System	
PQRS	Physicians Quality Reporting System	Erin Solis
PRICE	Physicians for Research in Cost-Effectiveness	
PRO	Peer Review Organization	
PSA	Private Sector Advocacy	Brennan Cantrell

PSNs	Physician or Provider Sponsored Networks	
PT	Proficiency Testing	Christine Schimpf
PTAC	Professional Technical Advisory Committees (of Joint Commission)	
PTN	Practice Transformation Network	Tracey Allen-Ehrhart
QI	Quality Improvement	
QIO	Quality Improvement Organization	Sandy Pogones, MPA, CPHQ
QIS	Quality Innovation Summit	
QPP	Quality Payment Program	Shawn Martin, Amy Mullins, MD, Erin Solis
QPP-SURS	Quality Payment Program—Small, Underserved, Rural Support	Tracey Allen-Ehrhart
R01	Refers to specific Research Project Grant (NIH)	
RASL	Resident and Student Leaders Listserv	Ashley Bentley
RBPE	Resource-Based Practice Expenses	Kent Moore
RBRVS	Resource Based Relative Value Scale	Kent Moore
RC	Research Committee	Sharon Hunt, AAFP Foundation
RC-FM	Review Committee for Family Medicine	Karen Mitchell, MD
REMS	Risk Evaluation and Mitigation Strategies	Julie Wood, MD
REMS-CME	Risk Evaluation and Mitigation Strategies-CME	Amy Smith, MBA, Stephen Eilert
RES	Residency Education Symposium	Katy Jaksa
RFP	Request for Proposal	
RFS	Resident and Fellow Section (AMA)	
RGC	Robert Graham Center	Andrew Bazemore, MD, Sandra Wingate-Bey
RPM	Resident Performance Assessment	ABFM - (877) 223-7437
RPS	Residency Program Solutions	Kimberly Sixkiller
RPS	Resident Portfolio System	ABFM — (877) 223-7437
RS	Research Stimulation Grants	Sharon Hunt, AAFP Foundation
RSF	Ready, Set, FIT!	Kevin Kovach
RTM	Resident Training Management	ABFM — (877) 223-7437
RUC	American Medical Association/Specialty Society Relative Value Scale Update Committee	Kent Moore
RVU	Relative Value Unit	Kent Moore
RWJF	Robert Wood Johnson Foundation	
SACGHS	Secretary's Advisory Committee on Genetics, Health and Society	Julie Wood, MD
SACME	Society of Academic Continuing Medical Education	CMED Director
SAM	Society of Adolescent Medicine	
SAMS	Self Assessment Module Working Group	Sherri Woodward
SAMHSA	Substance Abuse & Mental Health Services Administration	Julie Wood, MD
SAN	Support and Alignment Network	Tracey Allen-Ehrhart
SCIACTS	Scientific Activities Division (now HOPS)	Bellinda Schoof
SCLC	Smoking Cessation Leadership Center	
SDOH	Social Determinants of Health	Danielle Jones (HOPS)
SDUP	Subcommittee on Disparities and Underserved Populations (CHPS - Now folded into SHE)	
SGC	Subcommittee on Graduate Curriculum	Deanne St. George
SGFHI	Surgeon General's Family History Initiative	Julie Wood, MD
SGIM	Society for General Internal Medicine	Julie Wood, MD
SGNK	Subcommittee on Generation of New Knowledge (CHPS) (Disbanded 2012)	Bellinda Schoof
SGR	Sustainable Growth Rate	Robert Hall, JD
SHE	Subcommittee on Health Equity	
SNAP	Society of National Association Publications	
SNCP	Subcommittee on National Conference Planning	Amy Mulligan Kennedy
SNF	Skilled Nursing Facility	
SNM	Society of Nuclear Medicine	(703) 708-9000

SNMA	Student National Medical Association	Ashley Bentley
SOC	State Officers' Conference – now called the Annual Leadership Forum (ALF) (see page 2)	Nancy Laughlin
SOG	Subcommittee on Geonomics (Disbanded 2011)	Bellinda Schoof
SOMA	Student Osteopathic Medical Association	Ashley Bentley
SOP	Standard Operating Procedure	
SOPP	Scope of Practice Partnership	Shawn Martin
SPHI	Subcommittee on Public Health Issues (CHPS)	Kevin Kovach
SPT	Standardized Patient Test	
SRDS	Standard Rate and Data Service	Stephanie Hanaway
SRSI	Subcommittee on Resident and Student Issues	Ashley Bentley
SSI	Supplemental Security Income	
STFM	Society of Teachers of Family Medicine	Stacy Brungardt
t2p	Translation to Practice	Danielle Atzeni
TAGME	Training Administrators for Graduate Medical Education	(see also C-TAGME) Cristin Estes
TCPI	Transforming Clinical Practice Initiative	Tracey Allen-Ehrhart
TFPCS	Task Force on Community Preventive Services	
TW	Tar Wars	
UCDS	Uniform Clinical Data Set	
UI	Urban Institute	
UNOS	United Network of Organ Sharing	
UPD	Universal Provider Datasource	Brennan Cantrell
URAC	Utilization Review Accreditation Commission	Amy Mullins, MD
URL	Uniform Resource Locator (address on the Web)	
USBC	United States Breastfeeding Committee	Julie Wood, MD
USDA	Department of Agriculture	
USMLE	U.S. Medical Licensing Examination	Ashley Bentley
USPSTF	United States Preventive Services Task Force	TBD
VA	Department of Veterans' Affairs	Robert Bennett
VA NAAC	Veterans Affairs National Academic Affiliations Council	
VFC	Vaccines for Children	Bellinda Schoof
WHO	World Health Organization	Alexander Ivanov
WONCA	World Organization of National Colleges, Academies, and Academic Associations of General Practitioners/Family Physicians (World Organization of Family Doctors)	Alexander Ivanov, Julie Wood, MD
YPS	Young Physician Section (AMA)	Ashley Bentley

Please send any corrections/changes/updates to twinch@aafp.org (Terresa Winch) for the master document.

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 Speed Dating/Q&A TOMORROW – 8:30 a.m.
- Become a member of AFMA!
- Get involved – Join a Committee!