

# **Professional Development Locally and Nationally (Leadership Opportunities, ACGME, TAGME)**

Jane R. Maugeri

11/11/2016

8:25am – 8:50am



## Obstacles and Challenges to Achieving Professional Growth

- Support
  - Financial
    - Budget / Funding
    - Policy
    - Limitations "it's how much?"
  - Administration
    - Support of Administration: Program Director, BA
    - Who is watching the Residents?
    - Conflicting Schedules

## Make it Happen

- Set Goals and Objectives
- Advocate
  - You are your own best cheerleader
  - Be prepared to substantiate your request
    - What are the benefits
    - Value
  - Tuition Reimbursement

## Leadership Opportunities

- Local Organizations
  - PRAMA (Pennsylvania Region Anesthesia Manager Association) formerly PRACA (Philadelphia Region Anesthesia Coordinator Association)
    - Organization began in 2014 when several local area Coordinators decided that networking would be of great benefit to their individual programs. Quarterly meetings are held to discuss challenges, share ideas, and discuss the ins and outs of running a successful Residency Program.
  - Founding Program Coordinators: Jane Maugeri (University of Pennsylvania), Ann Pfeifer (University of Pennsylvania), Shawnette Alford (Drexel/Hahnemann), Curtis Schley (Jefferson), Ben Moore (Temple)

## Get Involved

- National Organizations
  - Association of Anesthesia Program Administrators/Educators (AAPAE)
  - ACGME Coordinator Advisory Group
  - CDTF: Coordinator Description Task Force



The secret of getting ahead is  
getting started

-Mark Twain

# **From Chaos to Coherence: Change Management for Administrators and Educators**

Amy DiLorenzo, M.A.

11/11/2016

8:50am – 9:15am

# From Chaos to Coherence: Change Management for Administrators and Educators

AAPAE Meeting: November 11, 2016

Amy DiLorenzo

Education Specialist  
Department of Anesthesiology  
University of Kentucky College of Medicine  
Lexington, KY



## Disclosures

- Nothing to disclose



## Learning Objectives:

- Identify our skills, attitudes and knowledge related to change in the workplace.
- Recognize the need for a continual process of change in the workplace.
- Identify positive, productive and practical methods to personally implement meaningful change.



## Change in the Workplace Activities



**When I think of “change in my workplace”,  
the first word that comes to my mind is:**

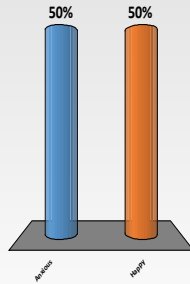


## Change in the Workplace Questionnaire



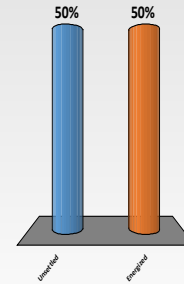
### When I think of change in my workplace I feel:

- A. Anxious
- B. Happy



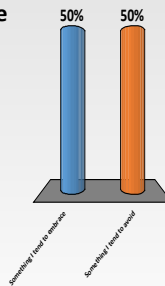
### When my work environment changes, I feel:

- A. Unsettled
- B. Energized



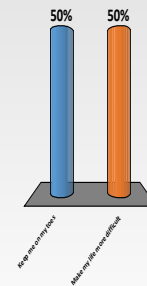
### Change in the workplace is:

- A. Something I tend to **embrace**
- B. Something I tend to **avoid**



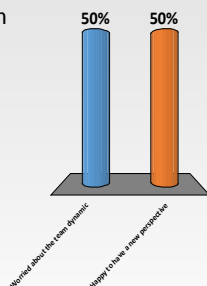
### People who make me change at work:

- A. Keep me on my toes
- B. Make my life more difficult



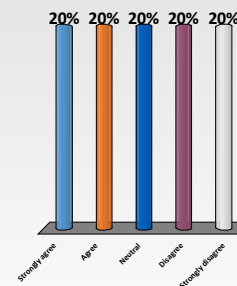
### When new people are hired at work, I feel:

- A. Worried about the team dynamic
- B. Happy to have a new perspective



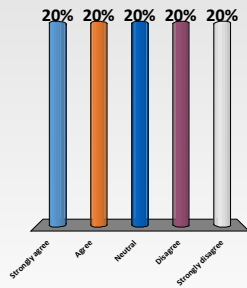
### When it comes to change in the workplace, I try to find out how it might affect me:

- A. Strongly agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly disagree



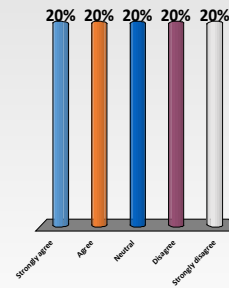
## I look for solutions to problems created by change:

- A. Strongly agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly disagree



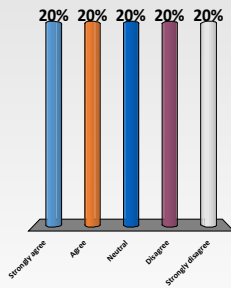
## I am comfortable leading change:

- A. Strongly agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly disagree



## I know specific strategies for creating and sustaining change in the workplace:

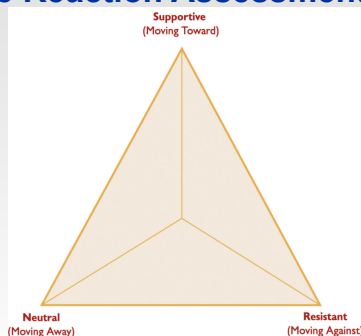
- A. Strongly agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly disagree



When I think of “change in my workplace”, the **first word** that comes to my mind is:

- Ack!
- Good
- New challenges
- New environment
- Uggggggg
- Uh-oh
- Concern
- Turn-over
- Positive
- Change in personnel
- Additional Work
- New

## Change Reaction Assessment Model



DO PEOPLE REALLY **HATE** CHANGE?



Sometimes.....



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### Tip #1: Give the Change “Edges”

What will remain the same?	What will we lose?
What will be modified?	What will we gain that is new?

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### Tip #2: Put People First

1. Inspire people with a purpose
2. Give people the capabilities they need to succeed during transition
3. Instill a culture of continuous learning
4. Practice Inclusive Leadership

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### Tip #3: Consider Authorship vs. Ownership

#### Ownership

- Here is the change.
- Here is why we are making the change.
- Here is how we will make the change.
- I want you to own this change.

#### Authorship

- Here’s what needs to change
- Here’s why we need to change it
- **I am empowering you to decide how the change will happen and how we will monitor it**

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When the winds of change  
blow, some people  
build walls and  
others build windmills.  
-Chinese proverb

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### Tip #4: Helping Others During Changes

Think – Pair - Share

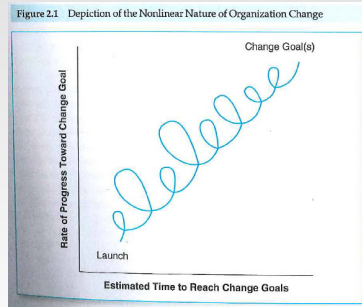
- How do you know if someone is resistant to a change? What specific actions do you observe?
- How do others know that you are supportive of a change? What are your specific actions?



## Tip #5: Helping Ourselves During Changes

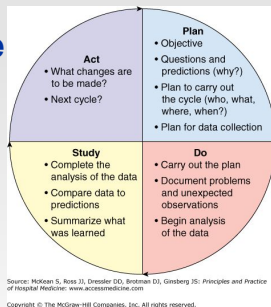
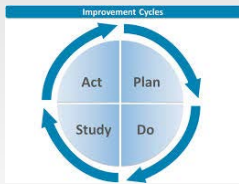
- **Resistance to change** is #4 in a list of the most career-limiting work habits. What can we do??
  1. Recognize when we're resisting
  2. Look for the opportunity side of the equation
  3. Make it less dramatic
  4. Release emotional attachments

## What does (successful) change really look like?



Burke WW, Organizational Change: Theory and Practice 4<sup>th</sup> edition. 2014.

## Small Cycles of Change



Source: Hoken S, Ross J, Dresler DD, Brozman GJ, Ginsberg JS: Principles and Practice of Hospital Medicine: www.accessmedicine.com  
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## Learning to Love Change



## My Life's Work



## My Life's Work



"A workplace is a living organism; it has to continue to shed its skin. Methods have to change. Focus has to change. Values have to change. The sum total of those changes is transformation." *Andrew Grove*



## References

- Burke, WW. Organizational Change: Theory and Practice 4<sup>th</sup> edition. 2014.
- Clark, J. Embracing Change. TEDxPerth. 2010.
- Hemerling, J. 5 Ways to Lead in an Era of Constant Change. TEDTalks. 2016.
- Holman, Devane, Cady, Adams. The Change Handbook: The definitive resource on today's best methods for engaging whole systems. Berrett-Kohler, San Francisco, CA. 2007.
- HRDQ. Change Reaction Instrument.



**Thank you!!**

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# **Strategies for Partnering With Your PD, APDs and Chief Residents**

Rossela J. Martinez

11/11/2016

9:15am – 9:40am

Strategies for Partnering  
With Your Program Director,  
Assistant Program Director  
and Chief Resident

**ROSSELA J. MARTINEZ**  
MEDICAL EDUCATION PROGRAM SPECIALIST  
DEPARTMENT OF ANESTHESIOLOGY  
UNIVERSITY OF NEW MEXICO  
SCHOOL OF MEDICINE



- Nothing to Disclose


Focus on Three Areas Today

- Collaborating Effectively
- Communicating Efficiently
- Control of Time Management

- It is important to create the right framework from the start
- Establishing an effective and inclusive partnership does not occur over night
- The partnership's success and failures need to be considered on an ongoing basis
- Partners can reflect on successes and failures as learning points for development

**Collaboration**  
The action of working with someone to produce or create something

Vision and Purpose of a Partnership



- Builds trust and openness
  - Becomes a healthy learning atmosphere
- Recognizes value and contribution of all members
  - Different perspectives are valuable
- Decision making should be shared and transparent
  - Easier to reach goals and aims

Vision and Purpose of a Partnership

- High Performance environments  
(Complex surgical teams, Aviation teams, etc.)
- High performance team behaviors tend to be similar
  - People on these teams will be:
    - Committed, Dedicated, Team Players and make Sacrifices
  - These are not personalities traits, you are not born like this
    - YOU choose to make that commitment
    - YOU choose to make that sacrifice
    - YOU choose to be a team player
  - Behaviors
  - Attitudes

Vision and Purpose of a Partnership

- Ability to perform the job is important
  - We spend a lot of time together
  - Identify people who will choose to make that commitment
- These are people who make that sacrifice
  - Trust
  - Honest
  - Reliable

Vision and Purpose of a Partnership



- Team members of High Performance Teams/Team Excellence are about:
  - Behaviors
  - Attitudes
  - People on the team choose the team agenda

Components of a Successful Partnership

Small Quick Poll

What are the three key components to a successful partnership between a Coordinator, Program Director and or Chief Resident?

Components of a Successful Partnership

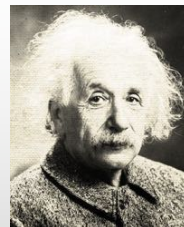
Answers

- Trust
- Respect
- Open communication
- Ability to deal with conflict
- Regular scheduled meetings
- Attending local/national meetings, trainings
- Knowing your yearly/monthly calendar responsibility assignments
- A formal or informal needs assessment early in relationship

Components of a Successful Partnership

What steps need to be taken?

- Strategic planning
- Agree on operational structure
- Ask questions when something isn't clear
- Trust that each member has the same mission and goal as priority
- With so many regulatory deadlines (surveys, milestones, ERAS, NRMP) who does what?
- Recognize each others experience and qualifications everyone has something valuable to offer
  - Communication is key



'We can't solve problems by using the same kind of thinking we used when we created them.'

Albert Einstein

- Communicating effectively with your partners in a useful format
  - It creates effective strong feedback loops
- Different methods:
  - texting, emails, phone calls, meetings, etc.
- Ensures better accountability:
  - taking ownership and responsibility

## Communication

The imparting or exchanging of information and news

### Successful Skills for Successful Partnerships

- Important to know who you are, including strengths and liabilities
- Setting Goals: Identify what you and your PD/APD/CR want to accomplish and set a plan for each goal
- Adapting Your Work Style: Recognizing the needs and work style of your PD/APD/CR and adapt as necessary
- Planning and Managing: Plan and manage your work in tandem with your PD/APD/CR

### Successful Skills for Successful Partnerships

- Decision Making: Identify when to make decisions and how to take action
- Confidence: Present your ideas with confidence
- Being Proactive: Preventing an error is easier than reacting to one
- Discretion: Knowing when to take initiative, and when to ask for advice/help

### Barriers to Successful Partnerships

- Failure to learn
- Hidden agendas
- Restricted vision
- Failure to inspire
- Dominating partner
- Lack of clear purpose
- Lack of understanding
- Failure to communicate
- Unequal balance of power and control
- Too little time for effective consultation
- Lack of understanding roles and responsibilities
- Lack of support from partner when making difficult decisions




Alone we can do  
so little:  
together we  
can do  
**SO**  
much.

John Galfar



## Time Management

The act of process of planning and exercising conscious control over the amount of time spent on specific activities, especially to increase effectiveness, efficiency or productivity.

**How often do you find yourself running out of time?  
Weekly, daily, hourly?**

### Time Management Techniques

- Goal Setting
  - Creates greater productivity and efficiency
  - Requires time and effort
  - A little time and effort put in now saves an enormous amount of time, effort and frustration in the future
  - Prioritizing
  - Managing Interruptions

### Time Management Techniques

UNM Department of Anesthesiology & Critical Care Medicine		Compliance Schedule & Due Dates					
Requirement	Frequency	Residents	Faculty	Ms	Aggree Date	Due Date	
<b>MSDCE</b>							
Registration Open 12pm-5p ET	Annual				9/30/16		
Standard Registration Deadline for applicants 11:59pm ET	Annual					12/30/16	
Deadline to create post advanced/preliminary forms 11:59pm ET	Annual					1/31/17	
Rank Order for entry opens 12:00pm ET	Annual		x	x	10/15/17		
Programs must change, withdrawal, and SOAP notification report							
Programs must change, withdrawal, and SOAP deadline 11:59pm ET	Annual		x	x		12/31/17	
Programs to modify their interests based on AOA Match results. Programs must contact AAOA by 12:00pm ET	Annual		x		02/15/17		
Rank Order list deadline: ROLs must be certified by 12:00pm ET	Annual		x	x		02/15/17	
Final ROL certification deadline							
Match Rank Registration Open and acceptance Program 12:00pm ET begins at 11:00pm ET for participating certified programs	Annual				9/30/17		
Program "Did My Program 2017" information will be email and posted in the IS system at 12:00pm ET							

### Time Management Techniques

UNM Department of Anesthesiology & Critical Care Medicine		Compliance Schedule & Due Dates					
Requirement	Frequency	Residents	Faculty	Ms	Aggree Date	Due Date	
<b>MSDCE</b>							
Intern Orientation Domestic Applicants 8-6:00pm	Annual	x				06/24/17	
Match setting - AOC ID Badges - Patient Safety & Quality assurance							
MSDCE Orientation		x				6/26/17	
PPD/Immunizations & Medical Clearance		x				6/26/17	
Professionalism/Competency/Management Study Hours Requirements/New Orientation New Resonance Unmet Alliance Aligning Expectations		x				6/26/17	
<b>MSDCE</b>							
GME HD 1 to HD 2 Orientation		x				6/26/17	
<b>MSDCE</b>							
GME HD2B Orientation		x				TBD	

### Time Management Techniques

<http://www.theaba.org/PDFs/Staged-Exam-Timeline/Staged-Timeline>

### Time Management Techniques

- Stay focused
- Set your Priorities
- Include break time
- Do not overburden yourself
- Be disciplined and punctual
- Set realistic and achievable targets
- Complete assignments within time frame
- Know the difference between urgent and important work

### Time Management Skills

- Staying Organized
  - Prevents unnecessary searching
- Prioritize
  - "Task Plan"
  - "To Do List"
- Take Ownership of work
  - Work for yourself-dedication needs to come from within
- Be Diplomatic
  - Do not accept everything which comes your way
  - Do not over burden yourself
- Be Responsible
  - In charge of , in control, obligation

1. Do you and your PD/APD/CR share information, stories, tasks, etc.? Y/N

**Please Answer Questions on Guidebook App:**  
Keep track of your Yes answers

2. Do you feel like you are "playing on the same team"? Y/N

**Question**

3. Do you have a joint interest in the goals you are trying to achieve? Y/N

**Question**

4. Is there a solid alignment when it comes to how to achieve mutual goals? Y/N

**Question**

5. Do you associate comfortably in an informal setting? Y/N

**Question**

6. Do you "know where you stand" with your PD/APD/CR? Y/N

**Question**

7. Would you say you work well together? Y/N

Question

8. Do you trust your PD/APD/CR? Y/N

Question

9. Does your PD/APD/CR trust you? Y/N

Question

10. Would you say you are currently "partnering with your PD/APD/CR"? Y/N

Question

**Your Score:**

**8-10 "yes" answers:** You have a solid relationship and partnership with your PD/APD/CR. Focus your attention on ways to improve it.

**5-7 "yes" answers:** Your work together could probably be more productive and pleasant. Focus your attention on deficits in skills or differences in your work styles and management approaches, then find answers to help you improve.

**1-4 "yes" answers:** Your partnership with your PD/APD/CR needs attention and work. Focus your attention on issues of work style, trust, skills and ethics. You will probably want to build a plan to approach your PD/APD/CR about resolving some issues together.

Score

**Moving Forward**

- Think about three things you are doing "just right" to be a great partner with your PD/APD/CR
- Think about three areas of improvement that will allow you to be an exceptional partner with your PD/APD/CR
- Think about three things you wish your PD/APS/CR would do to improve your partnership

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# **Defining Scholarship and Various Mechanisms to Publish and Present Your Work**

Lara Zisblatt, Ed.D., M.A., P.M.M.E.

11/11/2016

10:30am – 11:00am



Defining Scholarship and Various Mechanisms to  
Publish and Present Your Work  
Lara Zisblatt, EdD, MA, PMME  
Education Specialist

## Disclosure

- I have nothing to disclose.

## My background

- 14 years medical education experience
  - 13 yrs CME at Boston University
  - 1 yr GME in Anesthesia at U of Michigan
- **14 Presentations**
  - 6 Invited Speaker
- **5 Posters**
- **5 Publications**
  - 2 first author

## Opening questions

- How many of you have ever done something that was “cool” and wanted to disseminate it?
  - How many have NEVER presented or published your work?
  - Posters?
  - Presentations?
  - Attempted publications?
  - PUBLICATION

## Our Goals and Objectives

At the conclusion, you will be able to:

1. Discuss connections between planning education and planning research
2. Describe different possible publication options
3. List one idea for disseminating your work

## Options

- **Publish in peer review journal**
- Submit an abstract for poster or presentation
  - Maybe start local
- Submit innovations
  - Really Good Stuff, Innovations, Show and Tell, etc.

## Options for Presentations or Posters

- **GEA AAMC**
  - Regional Meetings (Abstracts due in November)
- **AAMC Annual Meeting**
  - Abstracts due December 13, 2016
- **ACGME**
  - Abstracts due in November
- **AMEE Annual Meeting**
  - Abstracts due February 6, 2017

## Options for Journals



## Don't forget about...

- Continuing education for faculty development
- Quality Improvement journals

## Options for Shorter Pieces

- **Really Good Stuff**  
*Medical Education*
- **Show and Tell**  
*Perspectives in Medical Education*
- **Educational Innovation/Brief Report**  
*Journal of Graduate Medical Education*

## Research from Work

- Opportunistic Research
- Evaluation Research
- Action Research

## Plan For Dissemination

### Education and Research: Two Peas in a Pod

Good Education	Good Research
Needs Assessment	Literature Review
Educational Intervention	Methods
Evaluation	Results
Reflection	Discussion

### Literature Review/Needs Assessment

Good Education	Good Research
<ul style="list-style-type: none"> <li>• What is the gap?</li> <li>• What have other people done?</li> <li>• What are contextual factors, i.e., barriers, resources?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the gap?</li> <li>• What have other people done?</li> <li>• Is my group representative?</li> </ul>

### What's included Literature Review/Needs Assessment?

- Talk to your librarian for literature review
- Assessment isn't only about the literature
  - Talk to residents and faculty
  - Look at any available data



### Educational Intervention/ Methods

Good Education	Good Research
<ul style="list-style-type: none"> <li>• Who's the target audience?</li> <li>• What is the best format and methodology?</li> <li>• How is it going to work?</li> </ul>	<ul style="list-style-type: none"> <li>• Who are my subjects?</li> <li>• What will the procedure be?</li> <li>• What is the intervention?</li> </ul>

### Intervention

- "Kitchen sink"
- Think about stepwise implementation
- Think about ways to randomize (block schedule)

### Evaluation/Results

Good Education	Good Research
<ul style="list-style-type: none"> <li>• How will I know if my intervention worked?</li> <li>• Will I have my residents take a test, fill out and evaluation?</li> <li>• Should they be assessed using a standard tool?</li> <li>• Can I look at electronic health record data to demonstrate a change?</li> </ul>	<ul style="list-style-type: none"> <li>• What is the change I'm expected to influence?</li> <li>• How can I observe that?</li> <li>• What data are available?</li> </ul>

### Evaluation

- Speak to a statistician early on
- Journals understand small populations
- Think “outside the box” for outcomes measures
- Consider qualitative research
  - Emphasizes context
  - Helps understand the point of view of the subjects

Cook DA, West CP. Perspective: Reconsidering the focus on “outcomes research” in medical education: A cautionary note. *Acad Med.* 2013;88(2):162-167.  
 Gail M, Sullivan, Joan Sargant, (2012) Qualities of Qualitative Research: Part I. *Journal of Graduate Medical Education*; December 2011, Vol. 3, No. 4, pp. 449-452.

### Reflection/Discussion

Good Education	Good Research
<ul style="list-style-type: none"> <li>• What did we learn through this process?</li> <li>• How will this impact our practice in the future?</li> </ul>	<ul style="list-style-type: none"> <li>• What did we learn through this process?</li> <li>• What could others learn?</li> <li>• How could this impact the practice of others?</li> </ul>

### Discussion

- What you learn through the process
- Fully think through your intervention
- Critically think about results
- Help maintain objectivity

**Development of Patient Safety Expertise for Residents and Faculty Through Implementation of an Experientially Based Curriculum RCA education for Residents**  
 Lara Zibart, ELOLY MA, Andrew I. Doring, MBSCh, MMedSci FRCA, Torosh M. Didiotis, PE, CSPC, John M. Gordon, MD, MEd and Kenneth F. Rogers, MD, FETP  
 Department of Anesthesiology and Center for Healthcare Engineering and Patient Safety, Department of Internal Medicine, University of Michigan

**BACKGROUND**

- The need to improve the care delivered to patients is a national priority that has become an important part of graduate medical education.
- Many residency programs are struggling to develop quality improvement and patient safety education curriculum that achieve the objectives of the Clinical Learning Environment established by the Accreditation Council for Graduate Medical Education.
- Quality improvement and patient safety include the review of adverse events or close calls (also referred to as near misses) to determine the cause of these events for the purpose of identifying and implementing countermeasures aimed at prevention.
- Root Cause Analysis (RCA) is one process by which this can be achieved. In addition, the Joint Commission requires a review to be performed when a serious event occurs, is through, and/or involves the patient. The Joint Commission's list of quality improvement and patient safety curriculum for residents could include teaching the systems based RCA process.
- While residents could be exposed to this process through case studies or working through a simulated situation, an educational experience using real life events would provide a more robust and meaningful experience.

**INTERVENTION**

The Department of Anesthesiology at University of Michigan, in partnership with the Center for Healthcare Engineering and Patient Safety (CHEPS), created a curriculum to guide residents in this process as RCA. Here is the process:

1. Review the incident report.
2. Review the incident report with the resident.
3. Review the incident report with the resident.
4. Review the incident report with the resident.
5. Review the incident report with the resident.
6. Review the incident report with the resident.
7. Review the incident report with the resident.
8. Review the incident report with the resident.
9. Review the incident report with the resident.
10. Review the incident report with the resident.

**EDUCATION SCHEDULE**

**Workshop 1**

- 1 day
- 8:00 am - 5:00 pm
- 8:00 am - 9:00 am: Registration and Welcome
- 9:00 am - 10:00 am: Introduction to RCA
- 10:00 am - 11:00 am: RCA Case Study
- 11:00 am - 12:00 pm: Lunch
- 12:00 pm - 1:00 pm: RCA Case Study
- 1:00 pm - 2:00 pm: RCA Case Study
- 2:00 pm - 3:00 pm: RCA Case Study
- 3:00 pm - 4:00 pm: RCA Case Study
- 4:00 pm - 5:00 pm: RCA Case Study

**Workshop 2**

- 1 day
- 8:00 am - 5:00 pm
- 8:00 am - 9:00 am: Registration and Welcome
- 9:00 am - 10:00 am: Introduction to RCA
- 10:00 am - 11:00 am: RCA Case Study
- 11:00 am - 12:00 pm: Lunch
- 12:00 pm - 1:00 pm: RCA Case Study
- 1:00 pm - 2:00 pm: RCA Case Study
- 2:00 pm - 3:00 pm: RCA Case Study
- 3:00 pm - 4:00 pm: RCA Case Study
- 4:00 pm - 5:00 pm: RCA Case Study

**Workshop 3**

- 1 day
- 8:00 am - 5:00 pm
- 8:00 am - 9:00 am: Registration and Welcome
- 9:00 am - 10:00 am: Introduction to RCA
- 10:00 am - 11:00 am: RCA Case Study
- 11:00 am - 12:00 pm: Lunch
- 12:00 pm - 1:00 pm: RCA Case Study
- 1:00 pm - 2:00 pm: RCA Case Study
- 2:00 pm - 3:00 pm: RCA Case Study
- 3:00 pm - 4:00 pm: RCA Case Study
- 4:00 pm - 5:00 pm: RCA Case Study

**RESULTS**

**RCA Program Results**

1. 100% of residents completed RCA
2. 100% of residents completed RCA
3. 100% of residents completed RCA
4. 100% of residents completed RCA
5. 100% of residents completed RCA
6. 100% of residents completed RCA
7. 100% of residents completed RCA
8. 100% of residents completed RCA
9. 100% of residents completed RCA
10. 100% of residents completed RCA

**Program Impact**

The program has had a positive impact on residents' knowledge and skills in RCA. Residents who completed the program were able to identify the cause of adverse events and implement countermeasures to prevent future events. The program also provided residents with a practical experience in RCA that they can use in their clinical practice.

### Tips to Get Started

- Start reading the literature
  - Get to know different journals
  - Get to know how other people do research
- Get a buddy
- Plan ahead
  - research after the fact can be problematic

### Questions

# **Practical Tips for Leveraging Your Skills to Increase Scholarly Output in Your Department**

Leslie C. Fowler, M.Ed.

Amy Miller Juve, Ed.D., M.Ed.

11/11/2016

11:00am – 11:20am

## Practical tips for leveraging your skills to increase scholarly output in your department

Leslie Fowler & Amy Miller Juve

## Disclosure

We have nothing to disclose

## Objectives

- Identify resources available to you for career support
- Develop network of professional contacts
- Articulate new ideas, concepts and policies you can use in your program to increase scholarly output

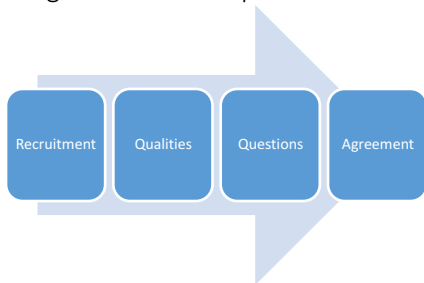


## Not a scholar, not a problem

- Learn how to submit projects to the IRB
- Develop list of institutional resources/mentors
- Connect with various research groups
- Identify projects happening on campus
- Start a listserv or website
- Be a project manager



## Selecting administrative partners



What projects can you begin now ?

### Examples



Curriculum



Evaluations



Program



Schedules



- What **skills** do you need to hone/gain in order to further your scholarly output?
- Do you need additional **knowledge** or training?
- What **abilities** do you possess that will be beneficial?

Overview: practical tips and future directions

- Identify your skills and use them
- Advocate for time to develop scholarship
- When hiring, look for complementary skills
- Set yearly scholarship goals
- Get appropriate training
- Find your community



Contact us

- [juvea@ohsu.edu](mailto:juvea@ohsu.edu)
- [leslie.c.fowler@vanderbilt.edu](mailto:leslie.c.fowler@vanderbilt.edu)



# **AAPAE Mentorship Program: Learn About Program Details and Sign-up to Participate as a Mentor or Mentee**

Debi Stabler, M.Ed.

11/11/2016  
12:10pm – 12:25pm

## AAPAE Mentorship Program

Friday, November 11<sup>th</sup>, 2016  
12:10 – 12:25 pm

Debi Stabler, M.Ed.  
Oregon Health & Science University

## Conflict of Interest Disclosure

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Nothing to disclose

## Objectives of Session

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- Define the goals of the program
- Explain how the program works
- Discuss the benefits and limitations of the program
- Summarize the criteria and expectations of mentors and mentees
- Review how to sign up to participate as a mentor or mentee

## Goals of the Program

---

- To provide a national forum for the support of new Program Administrators and Educators of AAPAE member programs.
- To provide opportunities for professional growth among experienced Program Administrators and Educators, in sharing their knowledge with others and developing tools to advance the specialty as a whole.
- To foster professional connections and collaboration among administrators and educators within each region and across the nation.
- To build a community of practice among Anesthesiology Program Administrators and Educators.

## Mentor Criteria

---

- Have been in your position 2+ years
- Willing to commit to the Role of the Mentor (provide guidance for professional development, career support, and/or educational research, etc.)
- Commit to a mentee for 12 months upon being paired
- Dedicate up to 7 hours over the course of those 12 months
- Demonstrate enthusiasm for graduate medical education
- Be knowledgeable and skilled at utilizing resources
- Demonstrate consistent ability to meet GME & ACGME deadlines (if in an administrative position)
- Be actively engaged in scholarship related to anesthesiology training (if in an educator position)

## Mentee Criteria

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- Self-identify as an AAPAE member who would benefit from mentorship
- Willing to commit to the Role of the Mentee (develop a plan, be proactive, be a continuous learner, work toward independence, etc.)

## Mentor & Mentee Expectations

*Be Respectful* ○ *Be Engaged* ○ *Be Communicative* ○ *Maintain confidentiality*

### Mentor:

- Provide Guidance for Professional Development
- Provide Guidance for Educational Research

### Mentee:

- Develop a Plan
- Be Proactive
- Be a Continuous Learner
- Work Towards Independence



## Benefits & Limitations of the Program

### Benefits:

- Institutions and programs are different
- Someone to ask your specialty/subspecialty-specific questions!

### Limitations:

- Institutions and programs are different
- Time: amount, response times, time zones
- Compatibility of pairings



## Resources & Support

- Meeting outlines
- Annual evaluation on program effectiveness
- Meet & greet during future national meetings
- Managed by the President-Elect

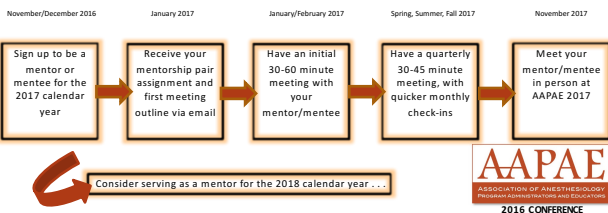


## How to Participate

- Annual Call for Mentors
  - January 1<sup>st</sup> through December 31<sup>st</sup>, 2017 cohort
  - How to self-nominate
- Rolling Acceptance of Mentees
  - How to self-nominate or nominate a colleague
- Pairing & What Happens Next



## How the Program Works



## Questions?



## **ACGME Update**

Anne Gravel Sullivan, Ph.D.

11/11/2016

12:25pm – 12:55pm

# ACGME/ANRC Q & A



## Association of Anesthesiology Program Administrators and Educators

November 11, 2016

Anne Gravel Sullivan, PhD  
Executive Director, Anesthesiology Review Committee

# Objectives

- Overview of Annual Program Review process
  - Meetings and submission timeline
  - Common issues
  - Types of citations
- Describe mission and members of ACGME Coordinator Advisory Group
- Answer your questions



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# Disclaimer

- I am employed by the ACGME
- The information in these slides is intended to be used in conjunction with guidance from the Review Committee's Executive Director, and/or Senior ACGME leadership

Accreditation Council for Graduate Medical Education

# Overview of Annual Program Review Cycle



@2016 Accreditation Council for Graduate Medical Education (ACGME)

# Data for RRC Annual Program Review

- Case logs (final entry July-August)
- Annual Update (Sept-Oct)
  - Major Changes, Response to Citations
  - Scholarly activity
  - Faculty Certifications Resident/Faculty Surveys (Jan-April)
- Board Pass Rates - ABA

*Programs encouraged to perform an update on new information, especially on any newly-certified faculty, before June 30th*

# New RC Meeting Timeline

## Winter RC meeting

- Agenda Priority is Annual Program Review
- Most accreditation decisions made
- January 26-27, 2017 (ACD—Oct 7<sup>th</sup>, 2016)

## Spring RC meeting

- Follow-up on small number of programs (e.g. site visits, clarifying information)
- March 30-31, 2017 (ACD-Nov 18<sup>th</sup>, 2016)

## September RC meeting for new applications



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## RC Annual Review Process

### A program is placed on the RC's Main Review Agenda

- If it received citations since July 1, 2013 (the inception of the NAS)
- If it is currently on Continued Accreditation with Warning or Probation
- When multiple issues identified among review metrics (e.g. low resident survey scores, low faculty scholarly activity)

*Otherwise, it is usually placed on either the Consent Agenda or Consent Agenda with AFIs*



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## Post Annual Review

### RC sends Letter of Notification to every program each year:

- Confirming accreditation status
- Indicating if additional information is needed (i.e. Site Visit, Clarifying Information, Progress Report)
- Listing citations
- Listing Areas for Improvement
- Commend exemplary performance or innovations



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## Citations

- Identify areas of noncompliance
- Must be linked to a program requirement
- Program **must** respond in ADS
- Responses reviewed annually by the RC
- Remain active until corrected
- Citations and Areas for Improvement (AFI) for Core and associated Subs will appear on Letter of Notification (LoN)
- Guide to LoN available online



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## NAS Accreditation Decisions

### Pre-Review Status

### Possible Post-Review Status

<b>Application</b> (Core programs will have a site visit prior to the review)	Withhold Initial Accreditation (1 or 2 years) Continued Accreditation
<b>Initial Accreditation</b> (After full site visit)	Initial Accreditation w/ Warning (1 year only) Withdrawal of Accreditation
<b>Initial Accreditation w/ Warning</b> (After full site visit)	Continued Accreditation Withdrawal of Accreditation



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## NAS Accreditation Decisions

### Continued Accreditation

Continued Accreditation  
Continued Accreditation w/ Warning  
RC may request Focused or Full\* Site Visit  
\*After Full SV, options include:  
-Probation w/ 1 or 2 year cycle  
-Withdrawal of Accreditation

### Continued Accreditation w/ Warning

(No permanent increases allowed)

Continued Accreditation  
Continued w/ Warning  
RC may request Focused or Full\* Site Visit  
\*After Full SV, options include:  
-Probation w/ 1 or 2 year cycle  
-Withdrawal of Accreditation

### Probation

- Probation cannot exceed 2 consecutive annual reviews
- No permanent increases allowed
- Must have Full Site Visit before issued

Continued Accreditation  
Continued Accreditation w/ Warning  
Continued Probation, 1 year  
Withdrawal of Accreditation



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## Types of Citations

**Extended:** RC determines program has not fully addressed the issue cited

**Resolved:** RC determined program has adequately addressed the issue cited

**New:** RC identified new issues during the annual review process and/or site visit that program must address

*Expectation is that program implements plans to address issues prior to next year's APR process*

*If a program receives no new citations for two consecutive years, its citations are resolved*



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## Areas for Improvement

- Identifies concerning trends
- May or may not be linked to a requirement
- Not yet a significant problem unless issue persists
- Address these before they become citations

*There is no need to respond to Areas for Improvement either in ADS or in letter form.*



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## Notification Letter

### AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

#### EXTENDED CITATIONS

Citation description (based on citation code)/Since: (date citation was originally issued)/Status: Extended  
(Citation and supporting text will be pulled into the LON – no need to reenter)  
Continued non-compliance: (Date citation was extended will be entered)

#### NEW CITATIONS

Citation description (based on citation code)/Since: (date citation was originally issued)/Status: New  
\*\* Reference in progress report (if applicable) – THIS WILL APPEAR IN THE LON ONLY WHEN THE CITATION IS LINKED TO A PROGRESS REPORT WHEN POST MEETING ACTIONS ARE ENTERED

Type of Response for Progress Report (if applicable)

#### RESOLVED CITATIONS

The Review Committee determined that the following citations have been resolved.

Citation description (based on citation code)/Since: (date citation was originally issued)/Status: Resolved

#### OPPORTUNITIES FOR PROGRAM IMPROVEMENT/CONCERNING TRENDS (if applicable)

The Review Committee identified the following opportunities for program improvement and/or concerning trends:

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ACGME

## Program Coordinator Advisory Group

### Charge:

To serve as a consultative body to the ACGME administration concerning coordinator, graduate medical education, learning environment, and accreditation matters

## Background

- Coordinators were nominated by program director or DIO
- Nearly 200 applications
- 13 members appointed May 31, 2016
- Members serve 3 year terms
- Two in-person meetings per year
- Members represent institutional, medical, surgical, and hospital-based accreditation and represent all coordinators
- ACGME sought diversity in terms of geography, specialty, and program/institution size



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## Charge

- The ACGME's goal in launching the Coordinator Advisory Group is to build a team that will engage with the ACGME to make the accreditation process more clear and effective
- All group comments and recommendations will be reviewed and evaluated by ACGME senior leadership
- Potential next steps for each recommended item will be communicated back to the group as they are considered
- The work product of the advisory group will not be statements or papers but advice to the ACGME administration and leadership in general or related to specific initiatives

## September 2016 Meeting

### Four Major Topic Discussions:

- Next Accreditation System
- Sponsoring Institution-2025
- ACGME Communications
- The Role of the Coordinator

### Group Recommendations

- Developing a listserv for coordinators to collaborate
- Coordinator Training
  - New Coordinator resources and training materials|
  - Web-based training: shorter, subject-based
  - Regional conferences to defray travel costs



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## ACGME Anesthesiology Staff

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## Questions?

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Thank you!



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## ACGME Program Accreditation Status Decisions

If the current status is:	It might receive...	
	Status	
<b>Application</b> (Core programs will have a site visit prior to review)	Withhold	Can be appealed
	Initial Accreditation (1 or 2 years)	
<b>Initial Accreditation</b> (After full site visit)	Continued Accreditation	
	Initial Accreditation w/Warning (1 year only)	
	Withdrawal of Accreditation	Can be appealed
<b>Initial Accreditation w/Warning</b> (After full site visit)	Continued Accreditation	
	Withdrawal of Accreditation	Can be appealed
<b>Continued Accreditation</b>	Continued Accreditation	
	Continued Accreditation w/Warning	
	Request Focused or Full* Site Visit	
	*After Full SV, options include: - Probation with 1 or 2 year cycle - Withdrawal of Accredited	Can be appealed
<b>Continued Accreditation w/Warning</b> (No permanent increases allowed)	Continued Accreditation	
	Continued w/Warning	
	Request Focused or Full* Site Visit	
	*After Full SV, options include: - Probation with 1 or 2 year cycle - Withdrawal of Accredited	Can be appealed
<b>Probation</b> <ul style="list-style-type: none"> <li>• Probation cannot exceed 2 consecutive annual reviews</li> <li>• No permanent increases allowed</li> <li>• Must have Full Site Visit before any of the actions</li> </ul>	Continued Accreditation	
	Continued Accreditation w/Warning	
	Continued Probation, 1 year	Can be appealed
	Withdrawal of Accreditation	Can be appealed

## Creating a Coordinator ADS login.

The Program Director or Coordinator with a login can add or replace a Program Coordinator record in ADS. A limit of two PCs may be added. Replacing a PC will disable the former PC's ADS login if one was issued. An auto-generated email notification containing the new PC's username and password will be sent to the registered email after granting access and saving the record.

### To add or replace a Program Coordinator:

1. Log into ADS with the Program Director or Program Coordinator login.
2. From the **Program** tab, click **View Program**.
3. On the Program page, scroll down to Program Leadership section.
4. On the former coordinator record, click **Replace** or, if adding an additional coordinator, click **Add Personnel**.



5. In the *Select the New Program Coordinator* window, enter the name and email to find an existing contact record then follow the prompts to add/update the coordinator contact information.

Select the New Program Coordinator Cancel + Add Missing Person

First Name and Last Name and E-mail Address Search

Name	E-mail	Role	Organization
Please enter a name and press "Search" to begin looking for the new Program Coordinator.			

Previous Page 0 of 0 Next 0 total matches

6. When saving the record, if the PD permits the PC to obtain an ADS login, select "Yes" to the grant user access prompt.

### To create a Coordinator login for an existing Coordinator.

Only the PD can see the Grant User button on an existing PC record. Once the PD clicks this button and confirms, a new login is created for the existing coordinator. A notification will be sent to the coordinator's registered email with their new username and password.




## **ABA Update**

James P. Rathmell, M.D.

11/11/2016

12:55pm – 1:25pm



The American Board of  
Anesthesiology

## Program Coordinator Update

Society of Academic Anesthesiology Associations

James P. Rathmell, M.D.  
Secretary, American Board of Anesthesiology

Brigham and Women's Hospital  
Boston

## Discussion Overview


- Requesting Credentials Committee Approval
- Training Away from an ACGME-Accredited Program
- Unsatisfactory Training Policy
- Innovative & Combined Training Programs
- Using RTID for Reporting Training
- Importance of Portal Accounts for Residents
- Objective Structured Clinical Examinations (OSCEs)



The American Board of Anesthesiology

2

## Requesting Credentials Committee Approval



The American Board of Anesthesiology

3

## Credentials Committee Approval


- Required for exceptions to ABA policies regarding planned training for a resident
- Requests
  - Considered on individual basis
  - Must come from program director on institution's letterhead
  - Should be received at least four months before resident begins training in question
    - 35% of training away requests are not received four months in advance
  - Requests not received at least four months in advance should include explanation



The American Board of Anesthesiology

4

## Training Away from an ACGME-Accredited Program




The American Board of Anesthesiology

5

## Training Away from an ACGME-Accredited Program

- Must be approved by the ABA beforehand
- Request must include:
  - Signature of department chair or program director
  - Chronological description of rotations
  - Information about resident supervision (Title and CV included)
  - Assurance that resident will be in compliance with limits on training away from the program



The American Board of Anesthesiology

6

### Training Away from an ACGME-Accredited Program

- Residents may not train away
  - Until one year of satisfactory CA is completed
  - During last three months of the CA-3 year
- Resident must
  - Remain enrolled in program
  - Be in good standing
- Certificate of Clinical Competence (CCC) Report must be filed during away training

### Training Away Requests

- International rotations
  - Not part of department's approved rotations within accredited program
- ASA Research Rotation in Political Affairs
  - Prospective notification when a resident is accepted
- Additional away rotation at another ACGME-accredited institution with no affiliation
  - Programs with affiliation agreement do not require approval

### Absence from Training

- Requirements:
  - **Not to exceed 60 working days** (12 weeks) during CA 1-3 years
  - Attendance at scientific meetings, not to exceed five working days per year, considered part of training
  - Any absence in excess of 60 days will require extended training
- Absence in excess of six months:
  - Program director must notify ABA when resident returns to training
  - Credentials Committee will determine subsequent training months needed

### Unsatisfactory Training Policy

### Unsatisfactory Training Policy

- To receive credit for a six-month period of unsatisfactory clinical anesthesia (CA) training, the resident **must immediately complete an additional six months of uninterrupted CA training**, not including research, in the same program with receipt of a satisfactory Certificate of Clinical Competence

### Unsatisfactory Training

#### Gaps in Training

- A resident with an unsatisfactory training period reported with gaps in training, such as leave of absence, will not receive credit for any training reported prior to the gap in the period because it was not immediately followed by six months of uninterrupted CA training

## Unsatisfactory Training

### Integrated CB and CA Training

- For residents who receive an unsatisfactory Certificate of Clinical Competence for a period of training completed in an integrated program where clinical base year rotations are intermingled with clinical anesthesia rotations, the Credentials Committee will determine the amount of training credit granted for the unsatisfactory period

## Innovative & Combined Training Programs

## Innovative Training Programs

- ABA is changing “innovative” training track name in RTID because it does not fit ACGME’s new criteria for innovative programs
- New track names (will change in late 2017)
  - **Special Hybrid** for four- or five-year residency/ fellowship tracks
  - **Special Five-year** for five-year track involving research, M.B.A., M.P.H.
- Report participating physicians through RTID enrollment process

## Combined Training Programs

- Combined training programs include:
  - Pediatrics
  - Internal Medicine
  - Emergency Medicine
- Physicians complete 60 months of education
  - **Emergency Medicine may have some 4-year programs (72 training months)**
- Graduates may qualify for dual certification once all training has been completed

## Combined Training Programs

- Report participating physicians through RTID enrollment
- Continuum of education includes:
  - 12 months of first residency year in other specialty
  - 30 months of training in anesthesiology
  - Remaining six months in other specialty
- Report training type on Certificate of Clinical Competence form as “alternate training” when resident trains in other specialty

## Using RTID for Reporting Training

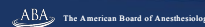
### RTID Reporting Requirements

- Programs should complete the following activities every six months (**Jan. 31** and **July 31**):
  - Resident Enrollment Forms
  - Clinical competency assessments
  - Program Director Reference Forms
- Assess at end of training whether resident can **independently practice** in the specialty without accommodation or with reasonable accommodation


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### Certificate of Clinical Competency (CCC) Report

- Core tool for evaluating residents' training and performance
- Required for each resident who has spent any portion of six-month reporting period in training
- Programs now only report milestones to ACGME
  - Will not report milestones to the ABA for this reporting period (July 1 – Dec. 31, 2016)


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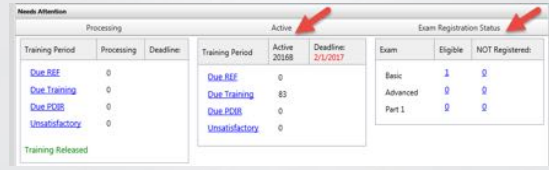
### Certificate of Clinical Competency (CCC) Report


- The following CCC information is still required:
  - Seven essential attributes
  - BASIC Exam question
  - Overall performance
  - Description for unsatisfactory grade


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### Program Information Page In RTID

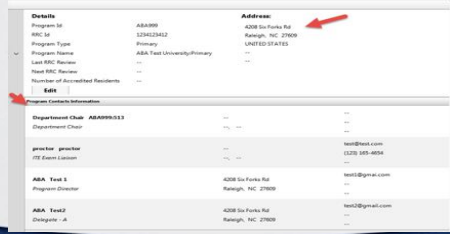
- Dashboard
  - Tool for monitoring training records that are due and residents' exam registration status





22

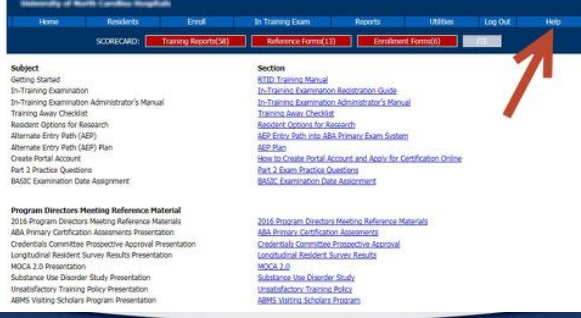
### Program Information Page In RTID


- Program directors should maintain all program contact information (including delegates)




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### Help tab in RTID




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## Importance of Portal Accounts for Residents

## Resident Portal Accounts

- Emphasize to residents the importance of creating their account
  - Once residents create portal accounts, we communicate with them directly
  - Ask residents to include their **personal email address** (Gmail, Yahoo, etc.), so we can stay in touch after residency
- Use resident listing in the RTID to identify residents that have not created a portal account
  - Residents with an asterisk (\*) beside their name have not created a portal account and need to do so immediately

## Objective Structured Clinical Examination (OSCE)

## OSCEs

- OSCEs will launch in **March 2018**
- Intended to assess domains that are difficult to assess in written or SOE formats
  - Communication and Professionalism
  - Technical skills



## Who Will Take the OSCEs?

- Candidates who complete residency training **on or after Oct. 1, 2016** will take both the SOE and the OSCE of the APPLIED Exam
- Candidates who complete residency training **between June 30 and Sept. 30, 2016** will not take the OSCE component of the APPLIED Exam
  - Only required to pass the SOE component

## The OSCEs

- OSCE component of the APPLIED Exam will take **84 minutes** from start to finish
  - Seven-station circuit to evaluate proficiency in seven of the nine OSCE Content Outline skills
  - Each scenario will be eight minutes long
  - Four minutes between stations to review the next scenario
- Candidates will interact with a **standardized patient actor** in some rooms, directly with examiners in others
  - Examiners will not be in most exam rooms
  - Sessions will be recorded for grading purposes

[www.theABA.org](http://www.theABA.org)

- Sample questions, content outlines, blueprints, administration schedules and an overview video are available online

- Blueprint information includes:

- Exam purpose
- Exam content
- Exam specifications
- Exam administration information
- Number and relative percentage of questions in content categories



## Questions?

<p><b>Credentialing Services:</b>                  Phone: (855) 999-7505                  Fax: (866) 999-7503  <a href="mailto:credentialing@theABA.org">credentialing@theABA.org</a></p>	<p><b>Mail Correspondence:</b>                  ABA Secretary                  4208 Six Forks Rd, Suite 1500                  Raleigh, NC 27609-5765</p>
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## **TAGME Interest Session/Update**

Mary Jane Cahill, C-TAGME

11/12/2016

9:30am – 9:50am

# Program Administrator Certification


Enter your Name & Title Here



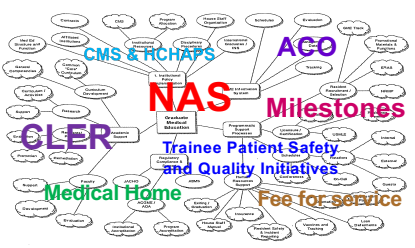

**National Board for Certification**  
Training Administrators of Graduate Medical Education

Promoting excellence in management of graduate medical education training programs through certification

I have no conflict of interest to disclose.




## The Simplicity of GME

## Background

- ACGME announced the Outcome Project and core competencies
- The Outcome Project changed GME as we knew it
  - Increased scope and depth of the function of the program director and coordinator
  - Changed expectations and responsibilities of the coordinator
    - Need for a higher level of skills, ability, and knowledge
    - Shift from clerical/secretarial role to the professional position of manager/administrator
- Formation of the National Board for Certification for Training Administrators of Graduate Medical Education (TAGME).



## TAGME

- Incorporated in Delaware (501c)
- Certification Review Board Members are representatives of Hospital-based Specialties, Medical Specialties, Surgical Specialties and Institutional Specialties
- Nominating committee for officers
- All tools are copyrighted
- Members of the Board of Directors, committees and task forces must sign annual confidentiality forms



## Officers of TAGME

- President: 1 year term
- Vice President/President-Elect: 1 year term
- Treasurer: 2 year term, renewable
- Secretary: 2 year term, renewable
- Administrator: 2 year term, renewable
- Immediate Past President: 1 year term



## TAGME has Changed to Meet Your Needs



## Restructured Globally

Changes made for future assessment cycles

- Now inclusive of **ALL** ACGME/AOA accredited specialties and subspecialties
- Revised the format similar to medical boards using Qualifying and Certifying exam terminology
- One year to complete both steps of assessment
- Certification offered to Administrative DIOs (2017)



## Certification Review Boards Structure

Hospital-based Specialties	Medical Specialties	Surgical Specialties
<ul style="list-style-type: none"> <li>• Anesthesiology</li> <li>• Diagnostic Radiology</li> <li>• Emergency Medicine</li> <li>• Medical Genetics</li> <li>• Nuclear Medicine</li> <li>• Pathology</li> <li>• Preventive Medicine</li> <li>• Radiation Oncology</li> <li>• Transitional Year</li> <li>• All related sub-specialties</li> </ul>	<ul style="list-style-type: none"> <li>• Allergy/Immunology</li> <li>• Dermatology</li> <li>• Family Medicine</li> <li>• Internal Medicine</li> <li>• Neurology</li> <li>• Pediatrics</li> <li>• Physical Medicine and Rehabilitation</li> <li>• Psychiatry</li> <li>• All related sub-specialties</li> </ul>	<ul style="list-style-type: none"> <li>• Colon and Rectal Surgery</li> <li>• Neurological Surgery</li> <li>• Obstetrics &amp; Gynecology</li> <li>• Ophthalmology</li> <li>• Orthopaedic Surgery</li> <li>• Surgery</li> <li>• Plastic Surgery</li> <li>• Thoracic Surgery</li> <li>• Urology</li> <li>• All related sub-specialties</li> </ul>
<b>Institutional Specialties</b> <ul style="list-style-type: none"> <li>• GME – ACGME</li> <li>• GME – AOA (ACGME accredited specialties)</li> </ul>		



## Certification Review Boards (CRB)

- Hospital-based Specialties
- Medical Specialties
- Surgical Specialties
- Institutions - ACGME & ACGME-accredited AOA
- Each CRB
  - Chair
  - 2 Members-at-Large
  - 6 Specialty representatives (non-voting)
  - Chair & Members-at-Large serve on the TAGME Board of Directors



## The Certification Process



## Criteria for Initial Certification

- 2 continuous years at the time of application of on-the-job experience in an ACGME or AOA ACGME-accredited specialty or subspecialty
- 15 hours of Education Credits (ECs) in immediately previous three years. All EC's must be topics related to GME
  - Attendance at National, Regional or State Meetings
  - Institutional/Program Retreats
  - Webinars and on-line modules (Maximum of 5 CE's)




## Application Information

- Download the application on the TAGME website [www.tagme.org](http://www.tagme.org)
- Read the FAQs
- Complete all information & signatures
- Enclose payment or credit card authorization form



## Application Determination

Application Approved	Application Not Approved
Notice of acceptance is sent with further instructions to proceed	Letter noting missing criteria is sent with a deadline for additional information or correction.  If not approved, application and payment are returned minus a \$50 processing fee.




## Global Certification Assessment 2-Step Process

- Step 1 – Qualifying Assessment (QA)
  - 3.5 hour assessment
  - Online assessment
- Step 2 – Certifying Assessment (CA)
  - Tool received via email
  - Two months to complete the tool



## Step 1 Qualifying Assessment

- Single 3.5 hour timed, internet-based, monitored assessment
- 100 randomly-selected multiple choice and fill-in-the-blank questions
- Resource documents
- Successful completion is 80% overall




## Qualifying Assessment Knowledge Content Areas

- ACGME Global Requirements
- ACGME Common Program Requirements
- ACGME Institutional Program Requirements
- ACGME Glossary of Terms
- ACGME Policies and Procedures


**For AOA Programs:**

- Basic Documents for Osteopathic Postdoctoral Training Institutions
- Other resources as required



## Step 2 Certifying Assessment

- Tool sent via email
- Assesses applied knowledge
- Citations are required in designated sections
- 2-month window for completion
- Completed tool returned to TAGME via email
- Successful completion is 80% or better
- Scored by multiple reviewers
- Certification valid for 5 years

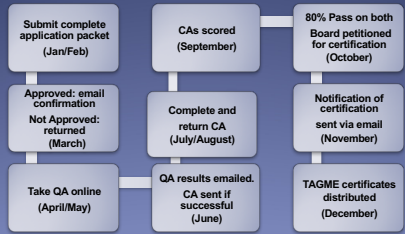


## Certifying Assessment Knowledge Content Areas

- Duty Hours
- Competencies
- Website Navigation, Governing Bodies
- Recruitment and Recruitment Tools
- Next Accreditation System (NAS) and ADs
- Evaluations
- Procedural/Case Logs
- Clinical Competency Committees
- ECFMG
- ACGME Policies and Procedures
- Milestones and Competencies




## Timeline




```

    graph TD
      A[Submit complete application packet (Jan/Feb)] --> B[Approved: email confirmation  
Not Approved: returned (March)]
      A --> C[80% Pass on both Board petitioned for certification (October)]
      B --> D[Take QA online (April/May)]
      C --> E[Complete and return CA (July/August)]
      E --> F[QA results emailed. CA sent if successful (June)]
      F --> G[Notification of certification sent via email (November)]
      G --> H[TAGME certificates distributed (December)]
  
```



## Why are citations required?

An underlying philosophy is that the training administrator must have the ability to find the answer through utilization of resources, NOT the necessity of having instant recall




## Preparation for Certification


- Knowledge of the day-to-day management of a training program is a major part of preparation for certification
- Know your resources:
  - ACGME Common Program Requirements
  - ACGME Institutional Requirements
  - ACGME Glossary of Terms
  - ACGME Policies and Procedures
  - TAGME Acronyms List
  - AOA Programs: Basic Documents for Osteopathic Postdoctoral Training Institutions
- Candidates must have the above documents available for the assessments to provide citations where required



- Ask other TAGME-certified Coordinators for their guidance
- Contact a Board Chair listed on TAGME website
- Study!
- Do not think because you do this everyday you will successful without proper preparation



## What if I'm not successful?



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GME  
ACGME + COMPETENCIES  
- WORK HOURS = ?#%\$@

"Do I get partial credit for simply having the courage to get out of bed and face the world again today?"

One retake will be permitted if your first attempt is not successful

# Maintenance of Certification



## Criteria for Maintenance of Certification

Certification is valid for five years and you must apply for recertification during your fifth year. Application for maintenance of certification must include:

1. Documented meeting attendance. Must accumulate a total of 20 hours of Educational Credited (EC's) through attendance at one National, Regional, State, or Institutional meeting within the past 5 years. Meeting focus must be graduate medical education.




2. Webinars, podcasts, and on-line modules may provide for a maximum of 5 CE's toward the total credit.
  3. Professional growth experience - Must list a minimum of two personal professional development experiences within the past 5 years. Presentations at national, state, institutional, or program levels. Department orientation and Clinical Competence Committee are ineligible.
  4. Successful completion of your Global Maintenance of Certification Tool.
- 

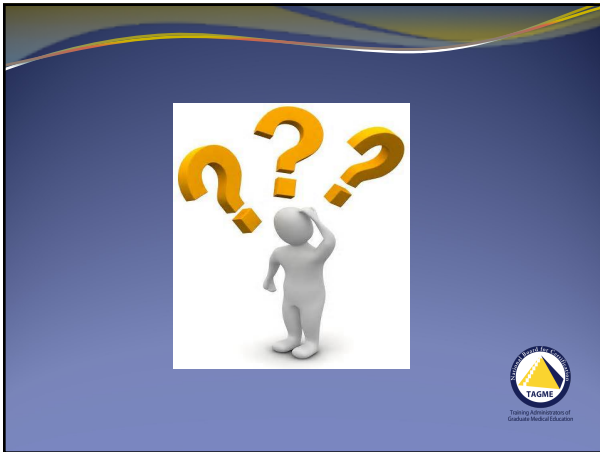
- ## Maintenance of Certification Assessment Tool
- Maintenance of Certification tool is in a format similar to the Certifying Assessment
  - Candidate will not need to repeat the Qualifying Assessment Tool
- 

## Assessments

Application must be completed and submitted during the application window  
January 1 – February 28



- ## National Opportunities for Professional Growth
- 
- Serve on a Certification Review Board
  - Serve on the TAGME Board of Directors
  - Serve on a TAGME Committee or Task Force
  - Seek a national office
  - Networking opportunities
- 



# Thank you!

Website: [www.tagme.org](http://www.tagme.org)

Email: [info@tagme.org](mailto:info@tagme.org)

**National Board for Certification**  
Training Administrators of Graduate Medical Education

*Promoting excellence in management of graduate medical education training programs through certification*

3/10/2016 - bjp updated

# **Barriers to Receiving Meaningful Evaluation Data**

Aretha Caesar

Rebecca L. Davis, B.A.

Marcus P. Valerin, Ph.D., M.B.A.

11/12/2016

1:55pm – 2:20pm

## Barriers of Receiving Meaningful Evaluation Data

Anesthesiology and Pain Management  
 Division of Education Affairs  
 Catherine B. Barden, M.D.  
 Aretha S. Caesar  
 Rebecca L. Davis  
 Marc P. Valerin, Ph.D., M.B.A.

The Office of Graduate Medical Education  
 Melissa Perry, M.Ed.  
 Daniel Casillas  
 Julie Lively

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Department of Anesthesiology and Pain Management
UTSouthwestern Medical Center

## Financial Disclosure

The UT Southwestern Medical Center  
 Department of Anesthesiology and Pain Management  
 Division of Education Affairs has no financial interests or conflicts to report

## Target Definition

- Increase overall rate on the timely completion of "Faculty Evaluations of a Resident" from 45% to at least 80%
- Ensure evaluation within the appropriate numerical range for his/her level of training
- Appropriately and accurately tie Milestones to evaluations
- Provide residents with a heightened sense of confidentiality

---

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UTSouthwestern Medical Center

## Project Baseline Program Evaluation Statistics

- ACGME Resident Survey (February 2015 – March 2015) Evaluation

Evaluation	% Program Completion	Program Mean	% National Compliance	National Mean
Allow to access evaluations	100%	5.0	100%	4.9
Opportunity to evaluate faculty members	100%	4.7	100%	4.2
Guarantee that evaluation of faculty are confidential	100%	4.7	100%	4.2
Guarantee to evaluate program	100%	4.5	100%	4.6
Guarantee that evaluations of program are confidential	100%	3.9	100%	4.3
Guarantee that program also implemented to improve	100%	3.4	100%	4.0
Guarantee with feedback after assignments	100%	3.5	100%	3.9

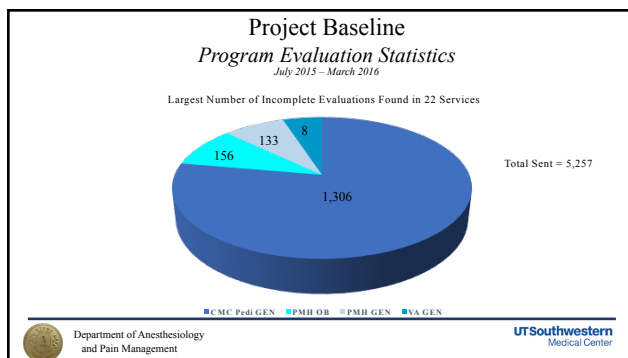
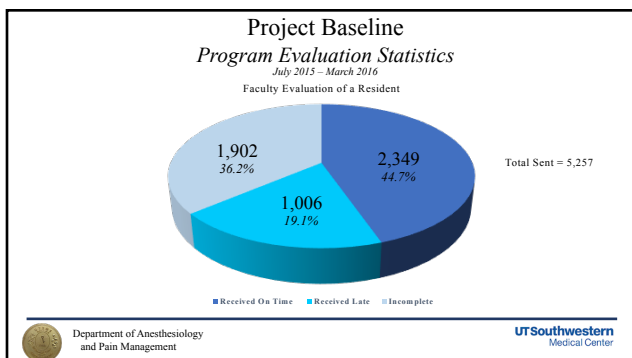
- ADS Annual Update (September 2015) Evaluation question #5:

What percentage of the faculty complete written evaluations of residents/fellows within a week following each rotation or educational experience?

- 100-100%
- 80-99%
- 60-79%
- 30-59%
- Less than 20%

---

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### Project Baseline

#### Program Evaluation Statistics

- Faculty with Greatest Number of Incomplete Evaluations
- Of 68 Faculty Members with Incomplete Evaluations:
  - 1 Faculty Member Showed 113 Incomplete Evaluations
  - 18 Faculty Members Showed 51 Incomplete Evaluations
  - 50 Faculty Members Showed 50 or Less Incomplete Evaluations

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### Project Analysis

#### Barriers to Meaningful Evaluations

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### Process Improvements

#### Possible Solutions to Receiving Meaningful Evaluations

1. Increase Reminders (Process)\*
2. Redefine Evaluators (Process)\*
3. Faculty Development (Culture)
4. Redesign Evaluations (Evaluations)\*
5. Define Measures for Assigning Faculty to Services (Process)
6. Implement Self-initiated Evaluations (Process)

\* implemented

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### Process Improvements

#### Changes Made to Evaluation System

- Rotation Directors reevaluated and reassigned if necessary
- Rotation Directors asked to rewrite the "Faculty Evaluation of a Resident" for respective rotation, streamlining and tailoring questions to the goals and objectives of each service line
- Competencies removed from evaluations of residents, placing the responsibility of tying milestones to evaluations onto the Clinical Competency Committee
- Tiered (group) evaluations implemented for Children's Medical Center – faculty from which we saw the highest number of incomplete evaluations
- Future Interface between EMR, scheduling system, and RMS will allow evaluations to be delivered only to those faculty members selected as the supervising faculty

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### Control Data

#### Program Evaluation Statistics Post Project Completion

- ACGME Resident Survey (January 2016 – February 2016) Evaluation Section

Evaluation	% Program Complete	Mean	% National Complete	Mean
Able to access evaluations	95%	4.2	95%	4.2
Opportunity to receive faculty feedback	92%	3.2	88%	4.1
Detailed feedback evaluations of faculty are available	75%	4.0	85%	4.3
Opportunity to provide program or supervisor feedback	80%	4.4	88%	4.2
Opportunity to evaluate the program or supervisor	71%	4.0	86%	4.3
Satisfied that program uses evaluations to improve	54%	3.6	76%	4.0
Satisfied with feedback after assignments	69%	3.8	72%	3.8

- ADS Program Update (September 2016) Evaluation Question #5:

5. What percentage of the faculty complete written evaluations of residents/fellows within 2 weeks following each rotation or educational experience?

80-100%  
  50-79%  
  45-50%  
  20-39%  
  Less than 20%

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### Control Data

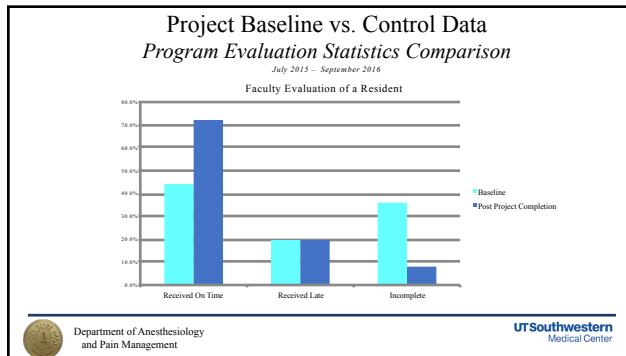
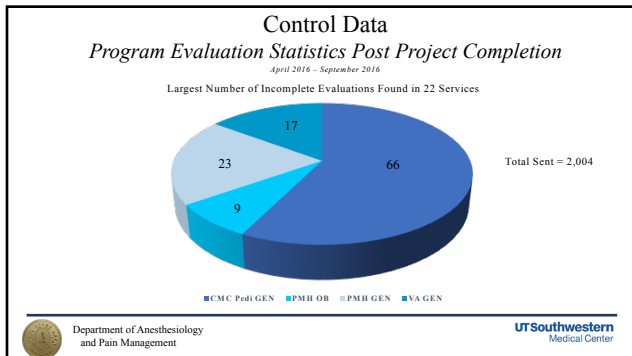
#### Program Evaluation Statistics Post Project Completion

April 2016 – September 2016

##### Faculty Evaluation of a Resident

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### Sustaining Improvements

*Set Your Program Up For Success*

- Identify a Process Owner and Team
- Identify Process Stakeholder (Chairman, Vice Chair of Education, Program Director etc.)
- Develop an Obtainable & Sustainable Monitoring Plan
- Provide Faculty with ACGME Milestone Requirement Guidelines (Faculty Education)

This race never ends, pace yourself. There is no finish line.

Maintaining a Meaningful Evaluation System is like maintaining your car – without continued love and care, eventually it will sputter and give out on you.

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 **UTSouthwestern** Medical Center

# **Providing Evaluation Data to Trainees**

Christopher Zell, M.S.

11/12/2016

2:20pm – 2:45pm



*I have no financial disclosures to report.*

Upon completion of this learning activity, participants should be able to:

1. create a single page performance feedback form for the program director's semi-annual review with residents, which includes ACGME competency and program requirement data.
2. Apply aspects of Northwestern's review process to your program's semi-annual review process

- Create Resident Performance Data/Portfolio Spreadsheet**
- The master spreadsheet is on a secure server that multiple users can access.
  - Create one spreadsheet for each academic year (12 months of data)
  - Users with permission can view and edit the spreadsheet.
  - Add resident information and performance data point headers (merge fields) to spreadsheet
  - What performance data does your program track?
    - Examples: Exam scores, competency grades, milestones, ABA CCC reports, attendance, case logs, scholarly activity, QI activity, recognitions, etc.

Examples of data points (merge fields) from AY17 semi-annual review spreadsheet (Column headers on spreadsheet flow from left to right):

Class	Resident	First	Advisor	IntQ1	IntQ2	IntQ3	IntQ4
CA-3	Simpson	Lisa	Crabapple	ME	ME	ME	ME

14Q3	14Q4	15Q1	15Q2	15Q3	15Q4	16Q1	16Q2
ME	EE	EE	ME	ME	ME	EE	EE

July Rot	July Eval	August Rot	Aug Eval	Sept Rot	Sept Eval
VT	ME	Adv-Peds	EE	NORA/AdvPreOp	

Case Logs	Attd	QGrade
Y	Y	

14ITERaw	14ITE%	15ITERaw	15ITE%	16ITERaw	16ITE%	Basic
22	66	37	87	33	42	Y

- Maintaining Spreadsheet- Staff Responsibilities**
- Coordinator: enters resident identifiers, faculty advisors, monthly rotations, monthly grades, and exam results
    - Accesses monthly summary evaluation grades from an on-line residency management system (RMS); faculty evaluation coordinators assign grades based on a summary report of scores and comments from multiple evaluators
  - Program manager: enters quarterly attendance and case log data; routinely reviews accuracy of data
    - Runs quarterly attendance report from RMS and case log reports from ACGME database
  - CCC Chair: determines and records overall quarterly grade
  - PD: reviews data but can make edits if necessary

- Create Mail Merge Document in Word**
1. Build the performance review form using tables
  2. Each cell (within the table) will contain a merge field
  3. Select recipients- use an existing list
    - a. Choose the spreadsheet that you already created
  4. Insert merge fields in the cells
    - a. These are the headers from the spreadsheet
  5. Preview Results
    - Program Manager creates, edits, and maintains mail merge document; changes quarterly data points when updating the form for the next academic year

**AY17 SEMI-ANNUAL PERFORMANCE EVALUATION/ACADEMIC PORTFOLIO**

**Resident Physician: Lisa Simpson Class: CA-3 Faculty Advisor: Crabapple**

July Rot.: VT Evaluation: ME	Aug Rot.: Adv-Peds Evaluation: EE	Sept Rot.: NORA/AdvPreOp Evaluation: ME
Oct Rot.: Evaluation:	Nov Rot.: Evaluation:	Dec Rot.: Adv-Neuro Evaluation: O
Jan Rot.: Evaluation:	Feb Rot.: Adv-OB Evaluation: EE	March Rot.: Adv-Peds Evaluation: ME
Apr Rot.: Adv-CT Evaluation: EE	May Rot.: Adv-Clin Evaluation: EE	June Rot.: TEE Evaluation: ME

Review of most recent Milestone Evaluation Report? Yes/No/NA

Review of Case Log Minimums:	CT	Y	CS	Y	Epid	Y	IC	Y	ICO	Y	Chest	8					
PM	Y	PNB	Y	Spi	Y	Vag	Y	Vas	Y	LTP	Y	P3mo	Y	P3yrs	Y	P12yrs	Y

Areas for Improvement/Action Plan/General Comments:

Quality Improvement and Scholarly Activity involvement:

Louanne Carabin, MD Date Lisa Simpson, MD Date

AKT & ABA ITE Exams	Satisfactory Attendance	Satisfactory Case Logs	Overall Quarterly Performance Evaluations	ABA Semi-Annual CCC Reports
AKT-1 %ile 61	14 Q3 Attend Y	14 Q3 Log Y	Intern Q1 Eval ME	15 Q3 Eval ME 2014A S
AKT-6 %ile 79	14 Q4 Attend Y	14 Q4 Log Y	Intern Q2 Eval ME	15 Q4 Eval ME 2014B S
14 ITE Raw 22	14 ITE %ile 66	15 Q1 Attend Y	15 Q1 Log Y	Intern Q3 Eval ME 16 Q1 Eval EE 2015A S
15 ITE Raw 37	15 ITE %ile 87	15 Q2 Attend Y	15 Q2 Log Y	Intern Q4 Eval ME 16 Q2 Eval EE 2015B S
16 ITE Raw 33	16 ITE %ile 42	16 Q1 Attend Y	16 Q1 Log Y	16 Q3 Eval ME 16 Q3 Eval EE 2016A S
17 ITE Raw 17	17 ITE %ile 33	16 Q2 Attend Y	16 Q2 Log Y	16 Q4 Eval EE 16 Q4 Eval EE 2016B
17 ITE Raw 17	17 ITE %ile 33	16 Q3 Attend Y	16 Q3 Log Y	16 Q1 Eval ME 17 Q1 Eval EE 2017A
BASIC Y	17 Q1 Attend Y	16 Q4 Log Y	17 Q1 Log Y	18 Q2 Eval EE 2017B
	17 Q2 Attend Y	16 Q4 Log Y	17 Q2 Log Y	18 Q2 Eval EE 2017C
			Presentations at National Meetings	Competency Self-Eval. Completed
			CA-1	CA-1 Y
			MARC, IARS	CA-2 Y
			CA-2	CA-2 Y
			CA-3	CA-3

**AY16 SEMI-ANNUAL PERFORMANCE EVALUATION/ACADEMIC PORTFOLIO**

**Resident Physician: Bart Simpson Class: CA-3 Faculty Advisor: Skinner**

July Rot.: CCM3 Evaluation: EE	Aug Rot.: CCM3 Evaluation: EE	Sept Rot.: Acute Pain Evaluation: ME
Oct Rot.: Adv-PreOp/Adv-Clin Evaluation: ME/ME	Nov Rot.: VT Evaluation: ME	Dec Rot.: Adv-Neuro Evaluation: O
Jan Rot.: Adv-Reg Evaluation: ME	Feb Rot.: Adv-OB Evaluation: EE	March Rot.: Adv-Peds Evaluation: ME
Apr Rot.: Adv-CT Evaluation: EE	May Rot.: Adv-Clin Evaluation: EE	June Rot.: TEE Evaluation: ME

Review of most recent Milestone Evaluation Report? Yes/No/NA

Review of Case Log Minimums:	CT	Y	CS	Y	Epid	Y	IC	Y	ICO	Y	Chest	Y					
PM	Y	PNB	Y	Spi	Y	Vag	Y	Vas	Y	LTP	Y	P3mo	Y	P3yrs	Y	P12yrs	Y

Areas for Improvement/Action Plan/General Comments:

Quality Improvement and Scholarly Activity involvement:

John Sullivan, MD, MBA Date Bart Simpson, MD Date

AKT & ABA ITE Exams	Satisfactory Attendance	Satisfactory Case Logs	Overall Quarterly Performance Evaluations	ABA Semi-Annual CCC Reports
AKT-1 %ile 56	13 Q3 Attend Y	13 Q3 Log Y	Intern Q1 Eval ME	14 Q3 Eval ME 2013A S
AKT-6 %ile 44	13 Q4 Attend Y	13 Q4 Log Y	Intern Q2 Eval ME	14 Q4 Eval EE 2013B S
13 ITE Raw 22	13 ITE %ile 62	14 Q1 Attend Y	14 Q1 Log Y	Intern Q3 Eval EE 15 Q1 Eval EE 2014A S
14 ITE Raw 34	14 ITE %ile 82	14 Q2 Attend Y	14 Q2 Log Y	Intern Q4 Eval EE 15 Q2 Eval EE 2014B S
15 ITE Raw 38	15 ITE %ile 69	14 Q3 Attend Y	14 Q3 Log Y	15 Q3 Eval EE 15 Q3 Eval EE 2015A S
16 ITE Raw 40	16 ITE %ile 84	14 Q4 Attend Y	14 Q4 Log Y	15 Q4 Eval ME 15 Q4 Eval EE 2015B S
BASIC Y	15 Q1 Attend Y	15 Q1 Log Y	15 Q1 Log Y	16 Q1 Eval ME 2016A S
	15 Q2 Attend Y	15 Q2 Log Y	15 Q2 Log Y	16 Q2 Eval ME 16 Q2 Eval EE CA-3 Academic Project Y
	15 Q3 Attend Y	15 Q3 Log Y	15 Q3 Log Y	16 Q3 Eval ME 16 Q3 Eval EE CA-3 Academic Project Y
	15 Q4 Attend Y	15 Q4 Log Y	15 Q4 Log Y	16 Q4 Eval ME 16 Q4 Eval EE CA-3 Academic Project Y
	16 Q1 Attend Y	16 Q1 Log Y	16 Q1 Log Y	16 Q1 Eval ME 16 Q1 Eval EE CA-3 Academic Project Y
	16 Q2 Attend Y	16 Q2 Log Y	16 Q2 Log Y	16 Q2 Eval ME 16 Q2 Eval EE CA-3 Academic Project Y
			Presentations at National Meetings	Competency Self-Eval. Completed
			CA-1	CA-1 Y
			MARC	CA-2 Y
			CA-2	CA-2 Y
			ASRA	CA-3 N

**AY16 SEMI-ANNUAL PERFORMANCE EVALUATION/ACADEMIC PORTFOLIO**

**Resident Physician: Bart Simpson Class: CA-3 Faculty Advisor: Skinner**

July Rot.: CCM3 Evaluation: EE	Aug Rot.: CCM3 Evaluation: EE	Sept Rot.: Acute Pain Evaluation: ME
Oct Rot.: Adv-PreOp/Adv-Clin Evaluation: ME/ME	Nov Rot.: VT Evaluation: ME	Dec Rot.: Adv-Neuro Evaluation: O
Jan Rot.: Adv-Reg Evaluation: ME	Feb Rot.: Adv-OB Evaluation: EE	March Rot.: Adv-Peds Evaluation: ME
Apr Rot.: Adv-CT Evaluation: EE	May Rot.: Adv-Clin Evaluation: EE	June Rot.: TEE Evaluation: ME

Review of most recent Milestone Evaluation Report? Yes/No/NA

Review of Case Log Minimums:	CT	Y	CS	Y	Epid	Y	IC	Y	ICO	Y	Chest	Y					
PM	Y	PNB	Y	Spi	Y	Vag	Y	Vas	Y	LTP	Y	P3mo	Y	P3yrs	Y	P12yrs	Y

Areas for Improvement/Action Plan/General Comments:

Quality Improvement and Scholarly Activity involvement:

John Sullivan, MD, MBA Date Bart Simpson, MD Date

### Performance Review Process- meeting with PD

- Coordinator prints resident evaluation form and milestones report for semi-annual review.
- PD presents evaluation to resident during semi-annual review.
- PD reviews case log minimums data (for CA-3 residents only) and most recent milestones report.
- PD fills in narrative sections (comments, QI project, and scholarly activities).
- PD and resident sign evaluation form and milestones report.
- Coordinator makes copy of form and report for resident, and originals are filed in resident's permanent file.

**Should your program create a mail merge form or adapt any parts of the review process?**

Pros:

- The form represents cumulative data for entire residency.
- The form is on one sheet of paper.
- Because the spreadsheet is updated weekly, the evaluation form always reflects the most recent data.
- Multiple users are routinely reviewing the data for accuracy (QA)

Cons:

- Staff will need to invest a lot of time retrieving data from multiple systems and entering it into the spreadsheet.
- The PD conducts semi-annual reviews throughout the year, so the spreadsheet needs to be current. This can be challenging if block coordinators have not completed monthly grades.
- There may be software on the market that can generate all aspects of the form.
- To error is human