Residency/Fellowship Program Coordinator Manual

Quillen College of Medicine

EAST TENNESSEE STATE UNIVERSITY

Fall 2021

Table of Contents

Welcome

The first edition of this manual was a collaborative effort of Margaret Holland and Catherine Shuttle in addition to Renee McNeely from the GME office. We will continue to update and add information for the benefit of all Program Coordinators, and welcome your input. The GME office appreciates the support, input and contributions from the Residency Program Coordinators. Thank you!

Please note:
When the term "resident" is used, most of the time it refers to all house staff.
PC means Program Coordinator; PD means Program Director; DIO means Designated Institutional Official

---

Expert Tip: Searching this PDF
In addition to navigating this PDF manual via the Table of Contents and in-text links, you can search the PDF for a word or phrase. With the manual open in your web browser, type *Ctrl+F*, then type your search word or phrase in the Find box that appears.

Resources

In addition to this reference manual, the following resources will be very helpful:

- *The Resident Handbook* covers a broad range of topics, many of which will be useful to you in writing your own program's policies and procedures manual. Topics include, but are not limited to: Conditions of Employment, Moonlighting, Supervision of Medical Students, Holiday/Vacation/Sick Time, Resident/Fellow Eligibility and Selection; Benefits; Support Services, GME Evaluation and Disciplinary Guidelines, and House Staff Complaint/Grievance Procedures. The manual is updated as needed and updates can be accessed from the GME website.
  https://www.etsu.edu/com/gme/current_resources/handbook.php

  - *The GME Office website*, http://www.etsu.edu/com/gme

  - *The ACGME website*, http://www.acgme.org

  - *American Medical Association (AMA)*
    www.ama-assn.org

  - *Association of American Medical Colleges (AAMC)*
    www.aamc.org

  - *Education Council for Foreign Medical Graduates (ECFMG)*
    www.ecfmg.org

- *Electronic Residency Application Service (ERAS)*
- *https://www.aamc.org/services/eras-for-institutions*

- *GME Track-Resident Tracking System*
  www.aamc.org/gmetrack

- *National Residency Match Program (NRMP)*
  www.aamc.org/nrmp

- *Applicable Board certification bodies:*

  Family Medicine: ABFM: www.theabfm.org
  Internal Medicine: ABIM: www.abim.org
  Pathology: ABPATH: www.abpath.org
  Pediatrics: ABP: www.abp.org
  Psychiatry: ABPN: www.abpn.org
  OB/GYN: ACOG: www.acog.org
  Surgery: ABS: www.absurgery.org
  Osteopathic Board: AOA: www.aoa.org

Office of Graduate Medical Education

The Office of Graduate Medical Education (GME) is dedicated to support the human resource and administrative operations for Quillen College of Medicine GME programs, program leadership, residents and fellows. GME operates under the direction of Designated Institutional Official. There are more than 240 residents in the residency and fellowship programs.

GME Website
One of our goals is to make the GME website as helpful as possible to you.
https://www.etsu.edu/com/gme/administration-resources.php

GME Office Location and Contact Information:
Stanton Gerber Hall
Room A101
Johnson City, TN 37614
Phone: 439-8023
Fax: 439-8910
www.etsu.edu/com/gme

Who to Contact in GME:

Reid Blackwelder, M.D.

Associate Dean

Designated Institutional Official

439-8023

Renee McNeely

Assistant Dean

439-8293

Stephanie Nave

Office Coordinator

439-8023

Dakotah Phillips

Institutional Coordinator

439-6325

Sissy Shipley

Administrative Coordinator

439-6373

Responsibilities of the GME Office

The Accreditation Council for Graduate Medical Education Institutional Requirements state that a Sponsoring Institution (ETSU) must have a Designated Institutional Official (DIO) who in collaboration with the Institutional Graduate Medical Education Committee (GMEC), must oversee all ACGME-accredited programs of the Sponsoring Institution.

The DIO and GMEC must have authority and responsibility for the oversight and administration of the Sponsoring Institution's programs and responsibility for assuring compliance with ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements.

- Oversight and management of resident education
- Establish and update GME Institutional policies
- Participate in funding and position negotiations with affiliated hospitals
- Monitor ACGME and other agency regulations
- Provide support to Program Directors, Coordinators, Residents and Fellows
- Approve all correspondence to ACGME and Review Committees
- Approve requests in ACGME Accreditation Data System (WebADS)
- Maintain Affiliation Agreements and oversee Program Letters of Agreement (PLA)
- Conduct Institutional Special Reviews
- Oversight of the Learning and Working Environment
- Monitor Annual Program Evaluations
- Manage all resident/fellow benefits
- Meet as needed with Program Directors
- Meet with residents/fellows regarding GME or program concerns
- Oversee procedures for Grievance, Discipline and Termination
- Oversee the consortium use of New Innovations
- Institutional official and administrator for Electronic Residency Application Service (ERAS)
- Institutional official and administrator for National Residency Match Program (NRMP)
- Graduate Medical Education Committee (GMEC) monthly meeting
- Organize Resident Leadership Council
- Equal Opportunity/Affirmative Action
- Update and Distribute Resident Contract Template
- Gather, Distribute and Maintain Human Resource and Payroll Documents

Duties of the Program Coordinator

A best practice for all coordinators is to make a reference notebook of ACGME Common Program Requirements, your specific Program Requirements, WebADS report, Master and clinic schedules and other reference materials to keep on your desk for quick access. Read OFTEN and make note of important information and/or changes!

This section is not meant to be a job description, but rather a list of some of the duties common to all or most coordinators.

- Assist the PD in compiling and submitting reports to ACGME, AAMC GME TRACK (FREIDA), and applicable American Boards to include but not limited to: annual and continuous updates, Milestones and faculty/resident/fellow surveys.
- Serve as liaison with residents
- Monitor and facilitate PD, semi-annual, Clinical Competency Committee (CCC) meetings and review processes
- Assist PD with Program Evaluation Committee (PEC) meetings and Annual Program Evaluation (APE) implementing improvement plans and preparation for ACGME tracking of program improvements
- Create and maintain a residents' handbook which will include departmental specific policies, procedures and information which must be distributed and easily accessible to all residents and faculty
- Administer GME resident education fund along with oversight of departmental residency budget
- Assist in the development of new procedures in response to new or revised policies issued by governing agencies or program director
- Liaison and communicate with all appropriate campus offices, teaching locations and affiliated hospitals
- Generate and monitor Program Letter of Agreements (PLA's) for compliance and accuracy per ACGME and Institutional guidelines
- Oversee advancement process for continuing residents including but not limited to renewal of contracts, Graduated Letters of Responsibilities (GLR's), and if applicable, renewal of visas
- Plan, organize, and schedule new residents/fellows' departmental onboarding, orientation and required documentation. Monitor incoming residents visa process when applicable
- Oversee coordination and administration of specialty board examinations and in-training examinations
- Monitor resident/fellow compliance with required training certifications including but not limited to ACLS, PALS, ATLS, BLS, NRP, MTT, OSHA, HIPPA, case and procedure logs
- Assist in creation and revision as necessary of recruitment materials and documents
- Use knowledge of ERAS® software to manage residency applications and compile reports as necessary
- Assist PD in reviewing, screening and evaluating residency applications for competitiveness for their respective program requirements
- Oversee coordination of all resident/fellow interviews and communication with applicants as necessary and appropriate
- Assist PD with National Resident Matching Program (NRMP) process
- Coordinate and distribute rotation, call and didactic schedules
- Verify and track residents' leave
- Oversee resident travel authorization and reimbursement
- Monitor Clinical Experience and Education for accuracy, violations and trends and follow up as deemed appropriate

- Oversee and ensure timecards are accurate and submitted in accordance with institution guidelines
- Prepare reports of case logs, procedures, clinical experience and education for program director
- Coordinate training requests verification regarding former residents
- Supervise maintenance of all resident files
- Monitor program information in New Innovations to ensure accuracy and completeness
- Coordinate all aspects of resident/fellow graduation including final summative evaluations and mandatory checkout process
- Complete and update annual program information for professional organizations such as ACGME, AAMC GME Track (FREIDA) and applicable certification bodies.

Residency Program Yearly Timeline

SUMMER ACTIVITIES
- GRADUATION
- ORIENTATION
- NEW ACADEMIC YEAR
- PREPARE FOR RECRUITMENT

July

- July 1 is the beginning of the academic year in all GME programs. It is the day the majority of new residents and fellows begin their training
- Assist new residents/fellows with transition into the program
- Begin the process of answering questions about your Residency Program from 4th year medical students
- Monitor graduates post-graduate information in New Innovations
- Update trainee information for those organizations requesting it
- Pediatrics In-Training Exams
- ERAS and NRMP opens for fellowships
- AAMC GME (FREIDA) updates are due
- Annual Program Evaluations (APE) due to DIO for review
- ACGME Accreditation Data System (ADS) opens for select programs for annual updates

August

- ACGME Accreditation Data System (ADS) annual updates due first of month for DIO review
- ACGME Accreditation Data System (ADS) opens for remainder of programs for annual updates
- Assemble any other packets or materials to be distributed to residency candidates
- Submit match quotas to NRMP
- Review and confirm acceptance criteria for entry level resident candidates
- Establish recruitment procedures and processes with program director, update materials and website
- Fellowship interviews begin
- Complete ACGME ADS updates for the new academic year

- Recruitment interviews begin for fellowships
- Internal Medicine In-Training Exams
- AAMC GME (FREIDA) updates are due
- ACGME WebADS closes for annual updates for July-August scheduled programs

FALL ACTIVITIES
- RECRUITMENT
- RECRUITMENT
- RECRUITMENT

September
- ERAS® opens for residency candidates to begin uploading their applications. Meet with your program director to determine process for screening applications. Set up local data fields and filters on ERAS.
- Prepare recruitment-determine interview dates, arrange hotel accommodations, venue for dinner for candidates, schedule interviewers, arrange catering, etc.
- Make preparations for upcoming interview season
- NRMP-institution/program registration begins
- Send out first wave of invitations to applicants which must include links to contracts template and benefits
- Internal Medicine In-Training Exams continue
- Fellowship interviews continue
- Family Medicine interviews begin
- ACGME WebADS closes for annual updates for August-September scheduled programs
- AAMC GME (FREIDA) updates are due

October
- If your faculty uses ERAS® online for interviews, orient new faculty and staff as needed
- Continue reviewing ERAS applications (**Competency based evaluations should be received/reviewed for any applicant with prior GME training prior to extending an invitation to interview)
- MSPE/Dean's letters uploaded to ERAS using Letter of Recommendation Portal (LoRP)
- Assist during interview days by developing itineraries, greeting applicants, and providing an overview of the program
- Plan and coordinate social activities for applicants
- First interview dates for residents for most programs may begin this month
- Family Medicine In-Training Exams
- Psychiatry In-Training Exams
- Deadline for Fellowship Match quotas

November
- Fellowship interviews wrap up
- Rank order for fellowships due end of month
- Resident interviews continue
- Coordinate with faculty providing them with applicant information
- Coordinate scoring of interviewees in ERAS
- Semi-annual Program Director reviews with all residents/fellows
- Coordinate Clinical Competency Committee meetings for Milestone assessments of residents/fellows

WINTER ACTIVITIES
- RECRUITMENT CONTINUES
- SEMI ANNUAL REVIEWS
- FIRST ACGME MILESTONE REPORTING SESSION
- NRMP
- RENEWAL OF VISAS AND CONTRACTS

December
- Recruitment continues
- Coordinate Clinical Competency Committee meetings for Milestone assessments of residents/fellows
- Fellowship Match
- Semi-annual Program Director reviews with all residents/fellows
- Reporting of ACGME Milestones due by end of month
- Send out letters of regret to those applicants who have not been selected to interview

January
- Interviews conclude
- Collect final scores and comments from interviewers and residents for rank order meeting
- Continue letters of regrets to applicants who have not been selected to interview
- Note deadline for NRMP match quota changes
- NRMP Rank order submission opens
- Begin submitting Resident and Fellow re-appointment materials to the GME office. (January-February)
- Begin renewing visas for residents/fellows
- OB/GYN CREOG exams
- Surgery ABSITE exams
- Confirm transfer documentation for any interviewee with prior GME training prior to submitting rank order list

February
- Final rank order meetings
- Coordinate match list
- Enter match list on NRMP web site ** Confirm it is certified by the Program Director

- Register your programs for ERAS® for the following year
- Surgery ABSITE exams continue
- Secure venue for graduation if not yet arranged

SPRING ACTIVITIES
- MATCH DAY
- ONBOARDING BEGINS
- GRADUATION
- OUTBOARDING OF GRADUATES
- NEW ACADEMIC SCHEDULES
- ADVANCEMENT

March

- Match Day occurs in mid-March. Results are posted on the NRMP web site.
- Participate in SOAP if necessary. *Remember to obtain transfer documentation for anyone with prior GME training.*
- Submit required information regarding match applicants to the GME Office.
- Download ERAS information into New Innovations
- Onboarding for newly matched residents/fellows distributed through New Innovations by GME
- Begin processing visa paperwork for incoming residents
- Begin appointment process for new residents/fellows.
- Generate and distribute contracts for continuing residents/fellows
- Pathology In Training Exam
- Distribute Departmental Onboarding Checklist promptly after Match

Hang in there…here we go again!
The end and the beginning of the academic year…again!!

April

- Begin updating goals and objectives, policies and procedures, etc.
- Track onboarding process for incoming residents/fellows
- Begin planning new resident/fellow orientation
- Continue graduation arrangements
- Continue preparation of rotation schedules for new academic year
- Pathology In Training Exam
- Advancement Checklist distributed by GME
- Submit request for license exemptions
- Distribute departmental advancement checklist if applicable

May

- GME will distribute off boarding checklist to residents/fellows completing training
- Continue to track Onboarding process for incoming residents/fellows
- Continue to track Advancement process or continuing residents/fellows
- Begin off boarding process for graduating residents/fellows
- Prepare resident rotation schedule for upcoming year
- Create new academic year in NEW INNOVATIONS
- Continue graduation plans for residents and fellows
- Order certificates and/or plaques for graduating residents/fellows
- Plan orientation schedule for new residents
- Distribute and process Graduated Levels of Responsibilities to continuing residents/fellows
- Semi-annual Program Director reviews with all residents/fellows
- Begin Program Director summative evaluations for graduating residents/fellows
- Annual program evaluation surveys for faculty and residents/fellows distributed through New Innovations
- ERAS closes May 31, gather and save all required data
- Complete updating goals and objective, policies and procedures, upload to New Innovations and/or distribute
- Begin AAMC GME (FREIDA) update in late May

June

- Get ready for the end and the beginning
- Conclude Program Director summative evaluations for graduating residents/fellows
- GRADUATION-confirm last minute details
- Make sure all graduates have had final summative reviews with PD with required Verification of Training documents for their permanent files
- Ensure all graduating residents/fellows are evaluated and entered correctly in the applicable American Board websites. You will receive an email reminder from the boards regarding timeline for completion. **May be populated from ACGME Milestone reviews
- ORIENTATION-Institution (last week of June), Hospital and Department-finalize all schedules, provide necessary documents
- Create and distribute composite photos for upcoming academic year of residents/fellows and update your departmental website
- Monthly rotation schedules must be completed and uploaded in New Innovations for upcoming academic year
- Make sure NI is updated with new residents, continuing residents, block schedules, copy and review evaluation sessions for the upcoming academic year
- AAMC GME (FREIDA) updates continue
- Institutional orientation-first day of orientation week
- Complete and distribute new rotation schedule for next academic year
- Coordinate department orientation program for new residents and fellows
- Coordinate graduating residents year-end evaluations meeting with Program Director
- Finalize out boarding for graduating residents/fellows
- Semi-annual Program Director reviews with all residents/fellows

Various Duties

Weekly Activities

- Monitor completion of evaluations & send reminders when necessary
- Monitor entry of Clinical Experience and Education work hours
- Conference schedules and attendance

Monthly or Ongoing Activities

- Monitor evaluation sessions for accuracy and completion rate
- Monitor Clinical Experience and Education entries for accuracy and violations. Print and sign time cards as needed by the GME Office
- Monitor Work log (duty hour) sign-off compliance by residents
- Enter and/or approve resident leave time into TRS
- Committee meetings to review resident evaluations for issues and promotion
- Monitor program budget and resident education fund and process any requests
- ACGME Case Logs reports if applicable
- Keep residency webpage updated
- Conference and didactic schedule
- Simulator sessions, if applicable
- Monitor any schedule changes or updates in New Innovations
- Monitor PPD expirations
- Monitor BLS, PALS, ACLS, and ATLS expirations and re-certifications which should be entered in New Innovations

Annual Activities/Various Times

- Annual Program Evaluation (APE) and Action Plan – Committee must include faculty as well as residents to review program data (board pass rates, in-training exam results, evaluations for program by residents and faculty, ACGME surveys, etc.) APE will be completed in the spring on New Innovations, Action Plans to be updated
- Produce and distribute resident GLRs (Graduated Levels of Responsibilities) for teaching institutions.
- Check Goals and Objectives and Resident Handbook for needed updates.
- In-Training Exams – registration and administration – tracking results and distributing results to residents, PD, APD, etc. (Program have different schedules)
- ACGME WebADS Update – ACGME/RRCs require timely submission of program data, which includes active resident, PD & Coordinator, faculty information and case logs (if required). Programs have different schedules for updates – Currently Phase I NAS programs' updates are in October and November and Phase II NAS programs' updates are November and December. This will morph into a "live" PIF with the onset of NAS and will require semi-annual reports including milestone review and updates.
- Monitor resident board pass rates – ACGME reviews a 3-year rolling average
- Complete license exemptions for all residents or training licenses if applicable
- Coordinate Clinical Competency Committee meetings and Milestone reporting
- License Exemptions
- ERAS
- NRMP
- Coordinate Semi-annual Program Director meetings
- Track PPDs, Influenza vaccinations and ACLS/ATLS renewals as well as annual training requirements
- Update any PLAs as necessary – valid for 5 years unless change of PD or Site Supervisor and add any

necessary for new rotations

ERAS® - the Electronic Residency Application Service

The Association of American Medical Colleges (AAMC) developed ERAS®-the Electronic Residency Application Service to integrate the newest in electronic technologies with the traditional residency application process when the use of the computer and the internet were poised to become a practical means of communication for schools and hospitals. ERAS® simplifies the process for the applicants, schools, and residency programs by transmitting residency application materials and supporting credentials from medical schools to residency programs over the internet.

Components of ERAS
ERAS is comprised of four (4) main components:
- **MyERAS** is the website where applicants complete their MyERAS Application, select programs to apply to, and assign documents to be received by programs.
- **DWS** is the software used by the Designated Dean's Office. From this software, medical school staff create tokens that applicants use to access MyERAS. They also use this system to upload the medical school transcripts and MSPE (Dean's Letter).
- **PDWS** is the ERAS software used by program staff to receive, sort, review, evaluate, and rank applications.
- **LoRP** a tool that enables *LoR Authors* and administrative users to upload letters directly to ERAS.

How ERAS®Works
- Applicants receive a token from their Designated Dean's Office and use it to register with MyERAS.
- Applicants complete their MyERAS application, select programs, assign supporting documents, and apply to programs.
- Schools receive notification of the completed application, and start uploading supporting documents.
- Examining boards receive and process requests for transcripts.
- Programs receive application materials through the PDWS.

Training and Learning
Sign in to the PDWS and click the training resources link in the middle of the Dashboard tab.
Webinar recordings, tutorials, job aids, and the Web-based user guide are available through the Dashboard of the PDWS. They cover everything from a basic overview of the new software to pre-season prep, filters, and more.
https://services.aamc.org/30/eras-pdws-web/home/dashboardPanel/

The National Board of Medical Examiners (NBME) participates in ERAS® by transmitting complete USMLE transcripts to programs as instructed by applicants. ECFMG sends the USMLE transcripts for IMGs. In addition, for each IMG, ECFMG produces a report that documents the status of their ECFMG certification. This "Certification Status Report" is updated by ECFMG as new information is available through the year, for example verification of diploma or recording a passing score for a USMLE Step exam.

ERAS® is designed to be adaptable to each residency program and medical school. For programs, this flexibility includes a number of data management tools that can assist in the process, but do not lead the process. Successful use of ERAS® is dependent on the applicants, medical schools, and residency programs fulfilling their roles in the process.

ERAS® User Manuals and Website

ERAS® software is designed to be easy to use, and most users agree. ERAS® has user manuals, online help and a tutorial to help new users get started. ERAS® has a web site with up-to-date information at: www.aamc.org/eras.

To obtain access to ERAS, call (202) 828-0413 or e-mail erashelp@aamc.org. ERAS may need an email from your PD affirming that you are the program coordinator.

Roles and Responsibilities of the ERAS® Players

There are six major participants in the ERAS® process each with special roles. A clear understanding of the responsibilities of each participant will help when establishing guidelines and policies for using ERAS® at individual programs.

It is the *applicant*'s responsibility to contact each residency program for requirements, deadlines, and program information. Applicants obtain a token from their designated Dean's office which allows them to access the MyERAS web site and complete the application form. In addition, applicants are expected to request and assign all supporting documents before submitting their applications to programs. It is extremely important for the applicant to ensure that the application is complete, all deadlines are met, and fees paid. Finally, applicants should track the delivery of their documents and follow up, when necessary, with their Dean's office and/or residency program.

Medical schools establish local policies and procedures for processing applications using ERAS®. It is the school's responsibility to support applicants in the application process. Schools must download applicant files, and scan and attach documents to the applicant files. Schools provide official transcripts via their ERAS® software and will upload the MSPE's on October 1. Schools do not verify the authenticity of letters of recommendation. As in the traditional paper system, it is the responsibility of the residency programs to review these letters.

ECFMG acts as the designated Dean's office for all IMGs. ECFMG is responsible for transmitting USMLE transcripts to programs as instructed by applicants. They also transmit and update an official ECFMG Certification Status Report. ECFMG does not, however, authenticate transcripts, MSPEs, or letters of recommendation received by applicants. These documents are often sent to ECFMG from the applicants and are scanned by ECFMG as copies rather than original documents.

NBME is responsible for transmitting USMLE transcripts to programs as directed by applicants. When electronic copies are unavailable, NBME will send paper transcripts for NBME Part or NBME / USMLE Step combination tests. NBME also updates scores as requested by applicants.

Residency programs establish and maintain communications with ERAS. It is the responsibility of the program director to assign roles and permissions at the appropriate level to the recruitment committee. Refer to the definitions in ERAS to determine what level of access should be granted.

The Roles and Permission options are:
Program Super User
Alternate Super User
Program Coordinator 1
Program Coordinator 2
Reviewer-Interviewer
Reviewer-Interviewer Read Only
Reviewer-Interviewer Limited Access

It is also their responsibility to communicate with applicants regarding processing files at their program. The ERAS End of the Year Data Archival is available on the Dashboard tab and will provide the previous year's applicants and can be saved as CSV or PDF format.
https://services.aamc.org/30/eras-pdws-web/home/dashboardPanel/
ERAS suggests using Chrome or Firefox for better performance.

AAMC's role in ERAS® is to provide software, manuals and instructions to users. AAMC is tasked with providing technical and procedural support to schools and programs. Most importantly, AAMC ensures the reliability and security of file transfer of application material.

Recruitment and Selection

The GME Resident Eligibility and Selection policy is located in the Resident Handbook
 and on the GME website at:
 https://www.etsu.edu/com/gme/policiesprocedures.php#eligibilityandselection

Quillen College of Medicine Residency programs are NRMP participants through a formal matching process. Candidates apply through Electronic Residency Application Service (ERAS® - covered in previous section). ERAS® transmits a standardized application, letters of recommendation (LoRs), the Medical Student Performance Evaluation (MSPE), transcripts, USMLE scores, and other supporting credentials from applicants and designated dean's offices to program directors. Coordinators usually begin downloading applications and supporting documents on the first day ERAS opens in mid-September and mid-July for AOA and Fellowships.

Each program sets its own deadline for applications to be completed, but once complete, they are reviewed and selections are made for those applicants who are invited for an interview. The number of sessions and actual interview process is set by each program. Interviews are offered for predetermined interview sessions. Invitations are sent through ERSA and the candidate contacts the program to schedule an interview. Each program determines and distributes specific eligibility and recruitment information. The ERAS invitation must however include all required information such as contracts, salary and other benefits.

Details of the benefits and salary may be accessed via the GME website:
https://www.etsu.edu/com/gme/current_resources/salary-benefits.php

Interviewing Dont's

As part of preparing for interviews, make sure all faculty interviewers know what types of questions and topics or behaviors are illegal, inappropriate, and/or prohibited by NRMP. At the start of each interview season, all interviewers should see the list below as well as read the NRMP Communication Code of Conduct: http://www.nrmp.org/code-of-conduct/.

Interviewers must NOT discuss or ask questions regarding:

- Age
- Marital Status
- Religion or Creed
- Gender
- Sexual Orientation
- Immigration Status
- Veteran Status

- Disability (it *is* permissible to ask about the applicant's ability to perform the duties and responsibilities described)
- Family Status (it *is* permissible to ask whether there are any activities, commitments, or responsibilities which might prevent the meeting of work schedule/attendance requirements, but only if asked of all applicants - both male and female)
- National Origin (it is permissible to ask about an applicant's ability to read, write, or speak English or another language when required for a specific job)

   **For a guideline of questions and topics not appropriate please see the GME website at:
   https://www.etsu.edu/com/gme/administration-resources.php

Required Documentation of Selection Process for All Applicants Considered

Each program is required upon request to provide the University with a listing of each program's applicants and the reasons why applicants were or were not selected and the selection procedure. These two items together meet this requirement:

- Statement of your Selection Criteria and Procedures: This should be listed in your program's policies and procedures or resident manual.

Once your selections have been made, your rank list submitted, and your match completed, compile a list of all of your applicants whose file you opened and/or reviewed to decide if you were going to invite them for an interview. If you use ERAS®, you can export data from there to form the basis of your Applicant Code Report. See the EXPERT TIP in the ERAS section.

The office of Academic Affairs compiles a Residency Diversity Recruitment Report annually and requests the following information regarding your applicants/interviewees:

- Number of females interviewed
- Number of African Americans interviewed
- Number of Hispanics interviewed
- Number of Asian, Pacific Islanders and American Indians interviewed.
- Fluency in more than one language
- Are they from a Rural, Educationally Disadvantaged, or Medically Underserved Area

Programs should maintain all electronic applicant files for a **minimum of three years**. Electronic data can be maintained after three years at the program's discretion. It is suggested that programs maintain a listing of all applicants/candidates for each year for future reference/statistics.

The ERAS End of the Year Data Archival is available on the Dashboard tab and will provide the previous year's applicants and can be saved as CSV or PDF format to your choice of drives meeting the maintenance requirement. https://services.aamc.org/30/eras-pdws-web/home/dashboardPanel/

International and Foreign Medical Graduates

All International/Foreign Medical Graduates (IMGs) or (FMGs) must have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certifying that they are approved to pursue graduate medical education training in the United States. The purpose of ECFMG (Educational Commission for Foreign Medical Students) Certification is to assess the readiness of international medical graduates to enter clinical specialty training programs as resident physicians and fellowship programs in the United States.

In order to achieve ECFMG certification, international graduates must submit their credentials to the to the ECFMG and pass competency tests in both English and clinical skills. IMGs must obtain their ERAS® application kits from the ECFMG, which will issue them only to qualified applicants.

ECFMG sponsors J-1 visas for residents.

United States Citizens may also fall into the IMG/FMG category if they graduated from medical schools outside of the United States. An ECFMG certificate is requirement for those that meet this criteria.

Visas for International Medical Graduates (IMGs)

An International Medical Graduate usually holds one of these types of visa (or visa status):

F-1 with OPT/EAD
This status is commonly seen with an IMG who completed medical school in the USA. After completion of medical school the IMG is entitled to one year of optional practical training (OPT) and begins the residency program with an employment authorization document (EAD) that allows employment for one year. A resident on F-1 status must change to a J-1 status to continue residency training. Most programs will not encounter F-1 with OPT/EAD visas.

J-1
Since the J-1 visa is preferred for house staff (no cost to the program) the process is outlined below.

H1-B
The QCOM residency programs do not sponsor H-1B visas.

Residency Program Process for J-1 Visa

J-1 Visa Status is a temporary, non-immigrant visa for full-time educational training-not employment. The J-1 has a two year home country (physical presence) residency requirement upon completion of their J-1 program with seven years maximum progressive training. J-1 visa holders may be eligible to apply for a waiver from the home country requirement.   There are three organizations and one federal agency involved in the J-1 visa process for IMG's:

- Department of State – administers the Exchange Visitor (EV) Program (which includes the J-1 medical training program and the J-1 waiver process.
- Association of American Medical Colleges (AAMC) – Monitors and sets standards for medical education and administers the Electronic Residency Application Service (ERAS®)
- National Residency Matching Program (NRMP) – administers the "Match"
- Educational Commission for Foreign Medical Graduates (ECFMG) serves as the Responsible Officer (RO) for the EV Program and provides academic credentialing services and issues the DS-2019. ECFMG is also responsible for authorizing travel for the J-1 IMG and issuing the ECFMG certification.

In order to be issued a DS-2019, an IMG must have ECFMG certification.
ECFMG Exam and Certification requirements:
- USMLE Step 1
- USMLE Step 2 (CK)
- USMLE Step 2 (CS)
- Primary source verification of final medical diploma and transcripts
- English test proficiency (except for graduates of Canadian medical schools)

Each residency department should have at least one staff member who works directly with ECFMG.

There are three main types of J-1 Visa Applications.
- Initial Application
- Application for Continuation
- Non-Standard Training Program Application

All instructions are located on the ECFMG website: www.ecfmg.org
The application process changed effective October 2011 to an on-line process, which must be initiated by each program's point person designated as the Training Program Liaison (TPL).

Due Dates:
For On-Cycle Hires, the program initiates the J-1 continuation or initial applications as soon as possible as the process may take several weeks to complete.

The program will generate a contract or offer letter from the Program Director to the incoming resident member to be signed by the applicant for acceptance and returned to the Program Coordinator. The GME provides the individual programs a template for annual contract which includes specific start and end dates of the training year, Specialty and Sub-Specialty of the training program training level (PGY Level) and specific salary for the contract period. Each program is responsible for the distribution of contracts with a specific date for the signed contracts to be returned.

If the application is approved, ECFMG will issue Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status. The program will notify the applicant of the receipt of the DS-2019.

Please note:
- J-1 renewal is required annually.
- ECFMG requires 4-6 weeks for processing.
- Notify GME of incoming or continuing residents who need an initial or continuation of J-1 sponsorship.
- When the J-1 Physician reports for training he/she must present the TPL with evidence of approved J-1 Visa Status in order to begin the training program. Documentation includes J-1 Visa Stamp in Passport, J-1 D/D (Duration of Status) on I-94 Arrival/Departure Record. The program must report Arrival/Delay to the ECFMG within 30 days.

The Following Changes Must be Reported to the ECFMG
Any of the following changes must be reported to ECFMG:
- Remediation
- Leave of absence
- Licensure delay
- Proposed Off-Site Rotations
- Proposed early advancements
- Resignations
- Contract Terminations
- Legal Concerns, Allegations, Internal Hearings, etc.
- Travel

Other Visa Options
Other visas or statuses possible include pending Permanent Resident with EAD, Green Card, etc. Please do your due diligence in understanding the process and obligations for hiring trainees with these statuses.

The Match

For most coordinators, "The Match" means the National Resident Matching Program (NRMP). (Other programs may come through something called The San Francisco Match, or might select their applicants apart from any match.) The NRMP is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in GME. Five organizations sponsor the NRMP: the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), the American Medical Association (AMA), and the Council of Medical Specialty Societies (CMSS). Each year the NRMP conducts a match that is designed to optimize the rank ordered choices of students and training programs. In the third week of March, the results of the Match are announced.

The NRMP is not a centralized application service for GME programs and cannot advise applicants in selecting specialties or programs. The NRMP is simply a mechanism for the matching of applicants to programs according to the preferences expressed by both parties.

Programs accredited by the ACGME are eligible for participation in the NRMP. Institutions wishing to offer residency positions in the Match must register their program annually. As a result of participation in the NRMP, the sponsoring institution enrolling programs in the NRMP agree to select senior student applicants in U.S. allopathic medical schools only through the Match in accordance with the policies established by the

NRMP. Positions may be offered through the Match to physician graduates of U.S. and Canadian schools of allopathic medicine, U.S. schools of osteopathic medicine, and schools of medicine located outside the U.S. and Canada who meet eligibility requirements set forth by the NRMP.

An annual schedule of dates is published by the NRMP on the back cover of the *Handbook for Institutions and Program Directors*. Notice of any changes to the schedule is posted to the NRMP web site (www.aamc.org/nrmp). Adherence to these dates is essential. Materials must be received by the NRMP by the published deadlines.

The listing of an applicant by a program on its Rank Order List or of a program by an applicant on the individual's Rank Order List establishes a commitment to offer or to accept an appointment when a match results.

Under certain conditions, applicants may withdraw from the NRMP, provided such withdrawal occurs prior to the Rank Order list submission deadline. Applicants who have accepted a residency position through any previous match or outside the NRMP Match must withdraw from the NRMP; or if the position secured is for an advanced program the applicant can only rank first year preliminary or transitional programs.

All-In Policy
Beginning with the 2013 Main Residency Match, any program that participates in The Match must register and attempt to fill all of its positions through The Match or another national matching plan. A "program" is defined by its ACGME number.
The All-In Policy applies to positions for which the NRMP offers matching services, including PGY-1, PGY-2, and in the case of Child Neurology, PGY-3 positions. All PGY-1 positions and PGY-2 positions in specialties that can begin at either the PGY-1 or PGY-2 level must be placed in the Match, regardless of whether the program begins in the PGY-1 or PGY-2 year. Programs can create "Physician Reserved" ("R") program tracks in the

Registration, Ranking, and Results (R3) system for applicants who are eligible to begin advanced training in the year of the Match. PGY-2 or higher positions, in specialties accredited to begin only at the PGY-1 level, and PGY-3 or higher positions in specialties accredited to begin at either the PGY-1 or PGY-2 level are not subject to the Policy because the NRMP does not match for those positions.
This policy does not apply to fellowship programs.
http://www.nrmp.org/allinpolicyexception.pdf

Programs may withdraw, or may withdraw positions, from the NRMP, provided such withdrawal occurs prior to the date established by the NRMP, and published as the final date for changes in programs and/or available positions for the NRMP. The registration fee paid by applicants and the GME office is nonrefundable.
For more information, please see http://www.nrmp.org/all-in.pdf.

NRMP Main Match Schedule-(Please refer to NRMP for exact dates as they change annually)
Please reference the website for current information:
http://www.nrmp.org/residency/main-match-events/

April	Agreement materials are sent to medical schools.
May	Agreement materials are sent to programs and institutions.
June	Agreement materials are available for Independent Applicants.
July	NRMP should receive U.S. Student Agreements and Institution Agreements.
Summer-Fall	All applicants request residency application materials directly from programs. Applicants can register with ERAS®, a program separate from NRMP.
Mid-September	Registration opens at 12:00 noon eastern time for applicants, institutional officials, program directors, and medical school officials.
November	*Applicant early registration deadline* Note: Applicants may register for standard registration fee until 11:59 p.m. eastern time. Applicants who register after November 30 must pay an additional late registration fee until February 25, 2015, when registration closes.
Mid-January	*Rank order list entry begins* Applicants and programs may start entering their rank order lists at 12:00 noon eastern time.
End of January	*Quota change deadline* Programs must submit final information on quotas and withdrawals by 11:59 p.m. eastern time.

End of February	**Deadline for registration and ROL certification** Applicants and programs must certify their rank order lists before 9:00 p.m. eastern time. Staff will be available to answer your questions during the final deadline hours. CERTIFIED applicant and program rank order lists and any other information pertinent to the Match must be entered in the R3 System by this date and time. **Withdraw deadline** Independent applicants who have accepted a position through another national matching plan or by agreement outside the Matching Program must withdraw before 9:00 p.m. eastern time.
Mid-March	Applicant matched and unmatched information posted to the Web site at 12:00 noon eastern time. Filled and unfilled results for individual programs posted to the Web site at 12:00 noon eastern time. Locations of all unfilled positions are released at 12:00 noon eastern time only to participants eligible for the Supplemental Offer and Acceptance Program (SOAP).
Mid to late March	Programs receive Confidential Roster of Matched Applicants Supplemental Offer and Acceptance Program (SOAP) concludes at 5:00 p.m. eastern time.
Mid to late March	Match Day! Match results for applicants are posted to Web site at 1:00 p.m. eastern time. Provide GME with your program's electronic match data and hard copies of ERAS applications for your matched applicants.
Mid to late March	Programs begin sending letters of appointment to matched applicants after this date.

Note: Dates will change from year to year. Please reference the website for current information: http://www.nrmp.org/residency/main-match-events/.

Supplemental Offer and Acceptance Program (SOAP)
Note: SOAP-eligible unmatched applicants shall initiate contact with the directors of unfilled programs only through ERAS. Other individuals or entities shall not initiate contact on behalf of any SOAP-eligible unmatched applicant prior to contact from directors of unfilled programs. Such contact is a violation of the Match Participation Agreement: http://www.nrmp.org/policies/match-participation-agreements-and-policies/. Contact between programs and matched applicants prior to the general announcement of Match results at *1:00 p.m. eastern time on Match Day* also is a violation of the Match Participation Agreement.

Programs utilizing SOAP during Match Week must complete this step prior to including transfer candidates in the rank order list for the SOAP rounds. **Transfer candidates are those having previously started but not completed another program.** Please note previous educational experiences and a summative competency-based performance are required to be obtained in writing or via electronic verification. Program Directors and coordinators should be well versed in the time line for SOAP since timely request and receipt of this information is an ACGME requirement. Following the release of the Match results, programs will need to query the board certifying bodies to determine the amount of credit transfer will receive.

<div align="center">

Sample Match Week and SOAP Schedule
All times are Eastern Time | All information available in R ® system

</div>

Monday of Match Week

10:30 a.m. **Schools:** View Unmatched Applicants Report (embargoed until 11:00 a.m.).

11:00 a.m. **Applicants:** Learn if they matched (email notification and in R3 system). Applicants who are unmatched are encouraged to consult with their Dean's office.

Program Directors and Coordinators: Learn if your program filled (email notification and in R3 system).

Regional Match Statistics report available to all registered users.

Supplemental Offer and Acceptance Program (SOAP ®) begins
Applicants: Unmatched and partially matched applicants who are SOAP- eligible have access to the List of Unfilled Programs.

2:00 p.m. **Applicants** participating in SOAP can start preparing applications in AAMC's ERAS ® .

3:00 p.m. **Applicants** can start sending SOAP applications to programs via ERAS. Applicants cannot communicate with programs until contacted by programs.

Programs start receiving SOAP applications in AAMC's ERAS system and may contact applicants upon receipt of application. **No offers or commitments allowed outside R3 system.**

Tuesday of Match Week

Applicants and programs continue to communicate by program-initiated communication.

11:30 a.m. Programs: Begin creating SOAP preference lists in the R3 system.
**Example of How a Soap Round Works:
Program has two unfilled positions>Offers Extended to programs top two applicants on the preference list at the start of the SOAP round. 3 possible scenarios:
a) Positions both accepted-SOAP participation complete
b) Positions both rejected-Programs positions will be offered to the next two available applicants on the preference list at the beginning of the NEXT round. List MUST be re-certified

c) 1 position accepted/1 position rejected: participation complete for one, program's unfilled

position will be offered to next available applicant on preference list in the next SOAP round. List **MUST** be re-certified.

Note: Applicants do not submit a preference list for SOAP.

Wednesday of Match Week

SOAP Round 1

11:55 a.m.   <u>Programs</u>: Preference list certification deadline for Round 1 offers.

12:00 p.m.   <u>Applicants</u>: Begin receiving electronic offers in R3. **Applicants should not accept any offers until the R3 system indicates all offers have been generated.**
Note: Positions rejected by applicants will not be issued to other potential candidates until the start of the next offer round.

<u>Schools</u>: View *SOAP Schools Report* (updated in real time) to track your students/graduates.

2:00 p.m.   <u>Applicants</u>: Deadline to accept/reject Round 1 offers in R3.

SOAP Round 2

2:55 p.m.   <u>Programs</u>: Deadline to modify/certify Round 2 preference list if

3:00 p.m.   <u>Applicants</u>: Begin receiving electronic offers in R3 system.

5:00 p.m.   <u>Applicants</u>: Deadline to accept/reject Round 2 offers.

- -

Thursday of Match Week

8:00 a.m.   <u>Schools/Programs/Institutions</u>: View Confidential Advance Data Tables.

<u>Schools</u>: View confidential Match results reports and print Match notification letters.

SOAP Round 3
8:55 a.m.   <u>Programs</u>: Deadline to modify/certify Round 3 preference list if needed.

9:00 a.m.   <u>Applicants</u>: Begin receiving electronic offers in R3 system.

11:00 a.m.   <u>Applicants</u>: Deadline to accept/reject Round 3 offers.

SOAP Round 4
11:55 a.m.   <u>Programs</u>:   Deadline to modify/certify Round 4 preference list if needed.

12:00 p.m.   <u>Applicants</u>: Begin receiving electronic offers in R3 system.

2:00 p.m.   <u>Applicants</u>: Deadline to accept/reject Round 4 offers.

<u>Programs</u>: View *Confidential Roster of Matched Applicants* report (also by email).

2:55 a.m.   <u>**Programs:**</u>   Deadline to modify/certify Round 5 preference list if needed.

3:00 p.m.   <u>**Applicants:**</u> Begin receiving electronic offers in R3 system.

5:00 p.m.   <u>**Applicants:**</u> Deadline to accept/reject Round 5 offers.

SOAP Ends

<u>**Programs**</u>**:** May begin creating positions for partially-matched applicants.

6:00 p.m.   *List of Unfilled Programs* accessible from R3 system left menu bar and updated to include programs that did not participate in SOAP.

<u>**Applicants**</u>**:** SOAP-ineligible applicants who are unmatched or partially matched can access List of Unfilled Programs. Applicants who are SOAP- eligible and unmatched or partially-matched may now contact programs not participating in SOAP.

<u>**Programs**</u>**:** Unfilled programs can update the List of Unfilled Programs until May 1 as positions fill.

Friday of Match Week   **MATCH DAY!!!**

12:00 p.m.   **Medical school Match Day ceremonies**

1:00 p.m.   <u>**Applicants**</u>**:** Learn where you matched (email notification and in R3 system)
Advance Data Tables available on nrmp.org.

2:00 p.m.   *Match Outcome for All Programs by State* **available to all participants.**

<u>**Programs**</u>**:** View *Match Results by Ranked Applicant* and *SOAP Results by Preferred Applicant* reports.

Onboarding

After your match is complete and you know who your new residents will be, it's time to begin the onboarding process. <u>**Immediately**</u> after the match, you must do the following:

- Export all possible fields from ERAS (Will Start Filter) into New Innovations (Incoming Resident/Fellow Status-Employer-James H. Quillen College of Medicine and Start Date, 07/01/YYYY) **NOTIFY GME as soon as uploaded so new entries can be "promoted" to Incoming
- Upload a copy of the entire ERAS application into Files & Notes/ERAS Application from each match which should include their entire ERAS application. For new hires who are off-cycle or transfers the following documents must be uploaded: ERAS Application or current CV, personal statement, copies of recommendation letters, copies of their J-1 visa and ECFMG Certificate (if applicable). Transfers must also include the required ACGME transfer documentation from all prior GME training.

- Send academic year and orientation contracts electronically or by mail to matches with instructions for the resident/fellow to sign and return.

A soon as matches have been imported into New Innovations the GME office sends out their Onboarding checklist.   Requested information must be promptly completed by the designated deadline.

GME checklist:
- Criminal background check release form
- Personal Data Form to include ECFMG certificate if applicable
- Copy of Social Security Card
- Review GME Handbook
- GME Photo Release
- Upload W4 Tax Form or Glacier Information if J1/J2/EAD visa holder
- Completion of Health, Dental, Life and Disability Insurance Applications
- I-9 Human Resource form and required documents
- Payroll Direct Deposit form
- National Provider Identifier (NPI) Number instructions and NI form
- Sick Bank Enrollment form
- Immunization Record
- Hospital required documents such as Ballad's EPIC confidentiality form
- Medical School Diploma
- OSHA Training
- IHI Modules
- ETSU Parking Sticker Information and Payroll Deduction form

As soon as possible each program will distribute department onboarding checklist to collect program specific documents and data. See example of possible documents below that will vary depending on the specific program requirements but will include:

Departmental Checklist:
- New Innovations Training
- ACLS/BLS/PALS/ATLS Training Verification
- Graduated Levels of Responsibility
- Visa Documents (if applicable)
- Applicable required VAMC documents
- Activate ETSU email account
- Lab coat order
- Local contact information
- Review Departmental Handbook
- Medical school transcript

Not all information (e.g. final transcript) will be available immediately but should be sent as soon as possible to avoid delays in start date. E-mail reminders will be sent to Program Coordinators to assist with any missing items from new hires.

All documents and information must be uploaded into New Innovation as soon as available.

*Please refer to Documentation Spreadsheet on the following page for more details regarding location and responsibilities for obtaining and uploading documents and data in New Innovations.

MODULE ENTRIES by Program/Resident	Program to UPLOAD into FILES & NOTES	GME FOLDERS/GME Responsibility to Move or Scan
Matched Residents→Upload matched ERAS	ERAS Application→First Tier **ERAS Application**	**From Onboarding Documents F&N/GME Folders:**
Immun Docs→**Immunizations** & Date of Flu	**DEPARTMENT FOLDERS:**	SS Card →**HR Documents (read/write Level 6 only)**
PALS, ACLS, etc. Cert→**Certifications** & Date	GLRs→**GLR** Folder for JC, HV, BR, & VA to access	Background Check Release Form→**HR Docs**
*SS# incoming from returned Contracts→	**Training Verification/Summary Letter & Docs**	W-4 Form→**HR Docs**
Demographics→**Sensitive Info**	Transfer Documentation→**Transfer Documents**	GME Personal Data Form→**HR Docs**
Test Scores→**Test Scores** Enter Scores + Docs	**Moonlighting Approval**→Date/Custom Data→F&N→	GME Policy Acknowledgement Form→**HR Docs**
Licenses→**Licenses** + Dates if applicable	**Moonlighting Ack Form**	Direct Deposit Form→**HR Docs**
Memberships→**Memberships**	Other Files at **Department discretion**, i.e.:	I-9, I-94 and Other Sensitive Info Docs→**HR Docs**
*ECFMG # & Date Entered + Cert→**ECFMG**	Awards/Forms/Correspondence, etc.	Glacier→**HR Docs**
Custom Data Fields for tracking training data	**Evaluations** (Paper Evals of Nurse, Patient, etc)	Insurance Applications→**GME Folder/Insur App**
Visa Status & Docs→**Visa** (share resp w/GME)	Temp Files Leave in **Onboarding or** move to a Dept File	**NPI #** Entered Into **Basic Information**
**Ask GME Office to 'Promote" + Check all	i.e. lab coat, hospital cert, dept specific incoming	**GME Folders accessible to Level 4 and 5:**
data fields for accuracy/completeness	documents, etc.	**Timesheets/Leave Requests**→Printed & Signed
		to GME Office by Monthly Deadline
		Sick Bank Forms→Printed & Signed to GME
Departing Res→Form & Badges to GME + Ck		**Departing** Data→Form & Badges to GME Office
Data into **Address & Practice Modules**		GME will scan form into **Checkout Docs**
GME will scan form into GME/**Checkout Docs**		Med School Diploma→**Education** w/Grad Date
		GME Responsibilities in Modules
		Fully Executed Contracts→**Contract Module**
		Visa→Checked in **Visa Module**-share responsibility w/prog
		E # Entered in **ID #** Module (Include E)

*GME may also enter from Onboarding - Background Check Release Form

New Hire Payroll Process

Review and approval of a completed criminal background check is a precondition to employment for new resident and fellow physicians. The new hire contracts will be fully executed (signed by the DIO) after the background check has been cleared and the ECFMG certificate and Visa (if applicable) have been received. Residents with fully executed contracts will be entered by the GME office into the ETSU Banner System which assigns their E number. The completed contract (Contract Module) and E number (ID number Module) will be placed into New Innovations by the GME office for program and resident use.

GME sends the following documents to Payroll to complete this process: contracts, W-4, and direct deposit.

Transfer and Non Entry Level Hires

The institution and its ACGME-accredited training programs are at risk for loss of accreditation if non-eligible residents are accepted into our training programs.

Per ACGME Common Program requirements, residents who apply for transfer from another GME program are subject to all elements in the policies addressing eligibility requirements and the selection process, as well as the additional requirements noted below.

Review and approval of a completed criminal background check is a precondition to employment for transfer resident and fellow physicians. GME will notify the departments when an approved background check has been received and they can then execute a contract. ***No contract should be generated until the background check has cleared, all ACGME required transfer documents received and GME approves proceeding with the hire.***

Before accepting a resident transfer from another training program, all program directors must obtain each of the following:

- Written or electronic verification of the prior educational experience
- Summative, competency-based performance evaluation of the transferring resident based on the Milestone assessments by the Clinical Competency Committee. Verification should also include evaluations, rotations completed, procedural/operative experience
- Obtain confirmation from respective ABMS certifying board to determine the amount of credit that will be granted from prior program if applicable

For any resident transferring from a QCOM training program to another program prior to completion of training, the QCOM program director must provide:

- Written or electronic verification of residency education
- Summative, competency-based performance evaluation for the resident.

A resident/fellow transferring out of a residency/fellowship program at Quillen College of Medicine must do the following:

- Notify their program director in a timely manner

- Must complete all program specific requirements (i.e. call, medical records, documents, etc.) and all specific exit requirements.
- Must meet with their program director to review and sign the final verification of training form.

Miscellaneous

Call Rooms

ACGME Institutional Requirement *II.F.3.b.* requires that "residents on call must be provided with adequate and appropriate sleeping quarters that are safe, quiet, and private." Each program is responsible for monitoring resident call rooms assigned for suitability and that meet ACGME standards. Each program should make sure that their residents know where their call room is located.

Computer Systems Access

The GME Office allocates time during orientation week for programs to schedule computer training at the major teaching facilities for the following systems for all residents and fellows including off-cycle hires:
- Orion at Johnson City Medical Center
- EPIC (Physician Appointment, Registration and Billing System) at HVMC & BRMC facilities
- Computerized Patient Record System (CPRS) and Physician Order Entry (POE) at the Veterans Administration Medical Center
- New Innovations
- Allscripts at ETSU Physicians & Associates outpatient clinics

The programs should also provide orientation to the resources and data bases available through the ETSU Medical Library.

Moonlighting

For the purposes of GME, moonlighting is *practicing medicine for pay outside the requirements of the training program*.
Please reference the Resident/Fellow Handbook for GME policy on moonlighting.
http://www.etsu.edu/com/gme/reshandbook.aspx
Moonlighting refers to voluntary, compensated medically related work undertaken by a resident outside the context of the residency program. Residents/fellows may not engage in moonlighting activities that interfere with the responsibilities to their program, especially in the context of work hour limitations. Program Directors may establish a "no moonlighting" policy based on academic, workload, and/or clinical experience and education considerations. PGY I residents and residents holding a J1 visa are not permitted to moonlight.

Residents may not engage in any outside employment or professional medical activity without first completing the QCOM Institutional Moonlighting Acknowledgement form (http://www.etsu.edu/com/gme/formslinks.aspx) and obtaining written approval of the program director. The Program Director is responsible for assuring there are no conflicts between their moonlighting schedule and requirements of the program. The program director is responsible for monitoring the health and program performance of the moonlighting resident and must take corrective action if these are adversely affected by the moonlighting activity. Additionally, the resident/fellow must enter moonlighting hours (both internal* and external) as part of his/her duty hour log in New Innovations. Time spent moonlighting must be counted

toward the 80-hour maximum weekly hour limit.

Program Directors reserve the right to deny moonlighting activity. Any resident/fellow failing to comply with moonlighting guidelines is subject to departmental disciplinary action.

Any resident/fellow engaged in moonlighting must be licensed for unsupervised medical practice in the state where the moonlighting occurs. It is the responsibility of the institution where moonlighting occurs to determine whether medical licensure is in place, whether adequate liability coverage is provided, and whether the resident has the appropriate training and skills to carry out assigned duties.

Professional liability insurance coverage provided by the QCOM DOES NOT extend to any medical practice or activities outside the medical education program of the University.

The QCOM does not encourage its residents/fellows to engage in outside employment. QCOM accepts no responsibility for the financial consequences to residents who engage in moonlighting if permission for that employment is withdrawn as a consequence of poor performance in the training program, conflict with work hour limitations, or for other cause.

Fatigue Mitigation

All residents, fellows and faculty should be educated to recognize the signs of fatigue and sleep deprivation.

For residents/fellows who are too fatigued to safely return home, options should be provided by the programs and the policy and process disseminated.

- GME has a contract with a local taxi company to provide safe transportation to and from the hospital. See the following link for more information: https://www.etsu.edu/com/gme/current_resources/safe-travels.php
- Call Room Space available on an as needed basis for an alternate option to residents who are too fatigued to safely return home.

NPI Numbers

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers.

The new residents will apply for their NPI number their selves (instructions provided in GME's onboarding checklist to incoming residents which provides detailed instructions and a New Innovations form for the resident to enter their NPI number). Residents/fellows should use their departments' address, example:
Business Mailing Address:
Carl A. Jones Hall, VA Building 1
Dogwood Avenue
Mountain Home, TN 37684
NOT their current address during the NPI application process to assure timely receipt of their number. Once obtained NPI numbers can be found by searching the NPI registry website at
https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do.

Pagers

Each department is responsible for acquiring, assigning and funding pagers for advancing and new residents (both residents and clinical fellows as applicable to your program. The numbers should be entered into New Innovations/Phone Numbers/Pager and template configured for text messaging. Your department may require you to provide a list to additional groups. Residents and fellows leaving the program should turn in their pagers to their departments.

Tennessee Medical License Exemption

Each program must apply for exemption from licensure or training licenses, as applicable to your program, for all new residents/fellows (as well as continuing and transfers) annually. Verification of exemption should be forwarded to the GME Office and maintained in each program.

All residents/fellows who apply for moonlighting *must* have a full Tennessee Medical License and provide the license number on the application for moonlighting. The license exemption will not apply to moonlighting.

Leave

A leave authorization form must be completed and approved for any type of leave. These must be completed in advance of the leave except for emergency sick leave. Leave request forms are maintained in the residency coordinators office in each program. A copy of approved leave must be attached to the timecard and sent for GME and Payroll use. Unused vacation and other leave time may not be accumulated to reduce the overall duration of residency expected by the board. Should any leave interfere with the ability of the physician to complete the requirements of their program as scheduled, such requirements must be completed after the projected completion date of their program.

Annual Leave

All residents may receive up to 15 days annual leave per contract year. Unused vacation days may NOT be carried over from year to year. Residents are not paid for unused annual leave.

**Each residency training program must comply with varying RRC/Board leave policies. Therefore, timing and duration of all annual leave must be approved by that residency Program Director. If institutional policies, noted above, conflict with those of a particular RRC/Board, then the RRC/Board policies will take precedence.

Administrative Leave

Residents may receive two (2) days administrative leave during their first year depending on their Program's policy. Residents on tracks longer than one year may receive up to a total of five (5) days administrative leave to be taken anytime during their tenure with Program Director approval.

Educational Leave

Educational leave may be provided. A maximum of 5 days per contract year is allotted. The resident/fellow may petition their Program Director for an additional 5 days per contract year. The days do not carry over into a new contract year.

Examination Leave

Residents who are taking a required exam may take up to 2 days paid leave for the exam and up to 2 for travel with the approval of the program director. Documentation must be provided.

Family Leave (FMLA)

Residents are entitled to the provisions of the Family Medical Leave Act of 1993. This leave is without pay, but use of accrued sick and vacation leave may be used as part of the family leave.In order to be considered eligible under the FMLA guidelines, a resident must (1) have worked for the University for at least 12 months; and (2) have worked at least 1,250 hours during the year preceding the start of the leave.

Eligible residents may take Family and Medical Leave for the birth of a child and the care of such newborn child; for the placement of a child with the resident for adoption or foster care; for the care of the resident's spouse, child or parent who has a serious health condition; or for the resident's own serious health condition that prevents him/her from performing the essential functions of his/her position. Residents should be aware that this time will not be counted toward board eligibility. The Program Director and resident will be responsible for establishing a make-up schedule in compliance with the Board requirements of the particular specialty.

If a husband and wife are both residents and are eligible for Family and Medical Leave, the total number of work weeks of leave for birth, adoption, and foster care placement to which both are entitled is limited to 12 work weeks.

Maternity/Paternity Leave

Maternity leave is available to eligible residents for the birth or adoption of a child under the Family Medical Leave Act (FMLA) and the Tennessee Maternity Leave Act (TMLA).

This leave is without pay, but use of accrued sick and annual leave may be used as part of this leave.

Military Leave

All residents who are members of any reserve component of the armed forces of the United States or of the Tennessee National Guard may be entitled to leave of absence from their duties, without loss of time, pay, regular leave or vacation, impairment of efficiency rating, or any other rights or benefits to which otherwise entitled, for all periods of military service during which they are engaged in the performance of duty or training in the services of this State, or of the United States, under competent orders.

Each resident who is on military leave shall be paid his or her salary or compensation for a period, or periods, not exceeding fifteen (15) working days in any one (1) calendar year, plus such additional days as may result from any call to active State duty pursuant to T.C.A. section 58-1-106. The resident must furnish the University certification from competent military authority of the dates of active duty that was actually performed.

Sick Leave

Sick leave is provided at the rate of one (1) day per month, and may accumulate to a total of not more than sixty (60) days for continuous service. Accumulated sick leave is forfeited if University service is contractually interrupted. Sick leave can only be used for bona fide illness which prevents the performance of professional duties and cannot be used for vacation, educational leave, or other personal purposes. It is the responsibility of the resident to notify the Program Director of illness which prohibits his/her attending to assigned duties. The Program Director has the right to demand verification of any alleged illness by a licensed physician. Residents are not paid for unused sick leave.

Holidays

There are no official holidays for residents. Time off is scheduled at the discretion of the program. This time is reflected on timecards as "Not Scheduled for Duty" if applicable during the resident's rotation assignment.

Civil Leave

Residents shall be granted civil leave when, in obedience to a subpoena or direction by proper authority, the resident appears as witness for the federal government, the State of Tennessee, or a political subdivision of the State, or when it is necessary to attend any court in connection with official duties or serve on a jury in any state or federal court.

Resident Sick Leave Bank

The purpose of the ETSU RESIDENT SICK LEAVE BANK is to provide emergency paid sick leave to members of the residency programs who have suffered an unexpected personal illness, surgery, injury or disability with complications beyond their control and who have exhausted their personal sick leave. By definition, "unexpected personal illness", does not include recovery following childbirth. Unforeseen complications during pregnancy would be a qualifying event. Enrollment is offered to residents annually who can choose to enroll for the upcoming academic year.

Identification Badge

For incoming residents and fellows who start in July (on-cycle) the GME office will provide a list of all eligible residents/fellows to the ETSU ID Office who will be at the GME Orientation to make and distribute badges. Residents and fellows will have their hospital and VA badges made at the time of their orientation at JCMC, HVMC, BRM and the VAMC. Each program will make arrangements for off-cycle residents and fellows badges. Residents are required to wear these badges at all times in the hospitals and clinics, making sure that the picture, name and department can be seen at eye level. If the ETSU badge is lost, please call ID services (D.P. Culp Center, main ETSU undergraduate campus) at (423) 439-8316 for a replacement. There is a $10 charge to replace an ID badge. Badges are the property of ETSU and must be relinquished upon completion or termination from the residency program. Trainees will also receive a badge from the hospital systems where they train.

Delinquent Medical Records

Residents are expected to maintain all appropriate and reasonable medical records in a timely fashion. A resident who is identified as having delinquent medical records (any record considered delinquent by hospital bylaws) will be notified and given five (5) days to report to the hospital to complete the records. Any records not available to the resident at that time will become the responsibility of the attending physician of record. If the resident does not report within the five (5) day period, he/she will be subject to suspension. Each day of suspension will be counted as one day of annual leave; if there is no available annual leave, the resident will be placed on leave without pay. Extended lengths of suspension may require make-up duty, as outlined by the ACGME/RRC.

Closure/Reduction Policy

(Effective 7/1/2007, Revised/Approved 2/1/2018 by GMEC)

The College of Medicine Graduate Medical Education Program recognizes the need and benefits of graduate medical education and sponsors training programs which emphasize personal, clinical and professional development. The College of Medicine residency programs are conducted in substantial institutional and program requirements of the ACGME and its individual Residency Review Committees.

In the event the College of Medicine has to reduce the number of positions in or closes a residency training program or to close a program, the College of Medicine will notify the GMEC, DIO, and residents in training as soon as possible. If possible, reductions will be made over a period of time to allow all residents to complete training. In the event that an ACGME action or decreased financial or educational resources force the closure of a training program, the College of Medicine will allow the residents already in the program to complete their

education or assist them in locating another ACGME accredited program in which they can continue their education.

Criminal Background Check
(Reviewed/Approved 11/15/2012 by GMEC)
Quillen College of Medicine is committed to educating well-trained physicians who possess the traits of high moral character and standards. All prospective residents and fellows of Quillen who will have direct contact with patients must undergo a Criminal Background Check (CBC) as a condition for hire or matriculation.

Review and approval of a completed CBC is a precondition to employment for new resident and fellow physicians. Based on requirements mandated by the State of Tennessee (T.C.A. § 63-1-149), Quillen College of Medicine will not employee any resident or fellow who appears on any state's sexual offender registry, the national sex offender public registry website coordinated by the United States Department of Justice, any state adult abuse registry, or the Tennessee Department of Health's elder abuse registry. The CBC may also reveal information not contained in the above registries that could disqualify one from being considered for employment.

Quillen College of Medicine uses Truescreen, Inc., an outside vendor contracted with the Tennessee Board of Regents, for the CBCs of employee hires. The CBC will include a record of all arrests and convictions, including those that would lead to inclusion in the registry listings above. A list of the information checked and evaluated in the CBC may change from time to time.
After hiring, all residents and fellows are required to disclose within five (5) working days of their occurrence, any criminal charges or events. Failure of a resident or fellow to notify his/her program director of such events may result disciplinary action up to and including termination.

If the CBC evaluation identifies any issue that may preclude participation in activities where direct patient contact occurs, the case will be referred immediately to the Criminal Background Administrative Committee (CBAC) for evaluation. All post-hire employee reported events will also be referred to the CBAC. The CBAC is comprised of the Executive Associate Dean for Academic Affairs, Associate Dean for Graduate Medical Education, and the Associate Dean for Student Affairs. This committee is responsible for making recommendations to the Dean who retains the authority to make the decision in all such matters about hiring or employee disciplinary action.
The College reserves the right, at its sole discretion, to amend, replace, and/or terminate this policy at any time.

Click for Release authorization form

Non-Renewal of Resident Contract (Timely)
(Approved 7/12/2007; Revised/Approved 4/25/2013; Revised & Approved 12/4/2014 by GMEC)
Appointments are made on a year-to-year basis. Reappointment for subsequent years is dependent on the resident's satisfactory progress as monitored according to evaluation and promotion policies, the availability of training positions at the University, and funding. Should the University decide not to renew the appointment, the Physician will be notified by the program in as timely a manner as possible with the consent of the DIO.

Termination of a Resident
(Approved 7/12/2007; Reviewed/Approved 3/28/2013; Revised/Approved 12/7/2017 by GMEC)

Termination of a resident may occur based on either of two situations: 1) Unacceptable personal behavior serious enough to call for immediate temporary or permanent suspension. This action may be taken when the resident's performance endangers the health or safety of others, or, for any other reason is deemed unacceptable by the Program Director and/or the Dean; or; 2) Failure to meet academic standards despite a carefully planned remediation program.

Due Process

(Approved 7/12/2007 and Revised & Approved 3/28/2013)

This outline of Due Process is applicable to any resident who wishes to appeal an adverse decision by his/her program. Adverse actions include: non-renewal of contract; suspension from residency program; termination from residency program; imposition of formal disciplinary action (probation); or actions taken resulting from violation of residency policy or procedure which may delay promotion and/or extend the period of residency/fellowship training.

Residents/fellows shall abide by the rules and regulations set by the program directors, the hospitals and the Office of Graduate Medical Education. Failure of a resident/fellow to perform his/her duties or to abide by the College of Medicine's and the affiliated hospitals' rules and regulations shall be reported to his/her program director and/or departmental chair. The program shall then institute appropriate disciplinary action based upon its own discipline policy.

A resident/fellow who wishes to appeal an adverse decision by his/her program director or department chair may appeal the decision of the department and request a due process hearing before an ad hoc committee. The resident must provide a written request to the GME office for a due process hearing within 4 weeks of the adverse action taken. This committee shall consist of not less than five (5) faculty members and two (2) residents to be appointed by the Dean. The five faculty members will be from programs other than the resident/fellow's program and will have little or no personal involvement with the resident's instruction or evaluation. One of the two resident representatives will be selected by the Associate Dean for Graduate Medical Education from a list supplied by the resident making the appeal and the other selected by the Associate Dean for Graduate Medical Education from the Chief Residents' Committee, but this resident shall not be from the appellant's program. The Associate Dean for Graduate Medical Education will appoint a member of the GME faculty outside of the resident/fellow's discipline to be chair of the committee. In the event that the actions of the Associate Dean for Graduate Medical Education are a factor in the hearing, the Dean will appoint the chair. The committee shall convene a hearing at a date agreeable to all parties, but in no case more than four (4) weeks after receiving the written request for the appeal.

Committee witnesses will include those on a list provided by the resident/fellow to speak on his/her behalf. The committee will also request testimony from those in the program responsible for evaluations and decisions which led to an adverse action. The ad hoc committee may request from the department copies of all evaluations and documents leading to an adverse action. The resident making the appeal has the right to have an advocate present. The advocate cannot be an attorney. The resident has the right to hear all witnesses and to ask any questions under the direction of the chair of the ad hoc committee. An electronic recording of the proceedings may be made, but only for the purpose of producing a written transcript, at which time all recordings will be destroyed. This transcript and all other records related to the appeal will be available to the appellant upon request. The chair of the committee will not have a vote in the committee's decision, but will create and submit his/her recommendation along with the recommendations of the committee the committee's recommendation in a written report to the Dean. The report must include a numerical statement describing the

result of a vote taken on whether to recommend upholding (i.e., the appellant received adequate due process) or overturning the adverse action taken against the resident/fellow, and it may include a narrative of considerations the committee used in reaching that conclusion. In addition to the committee report, the Dean has access to the transcript of the hearing. The decision of the Dean is final.

Liability Coverage for Residents and Fellows

Professional Liability Insurance

As a resident physician with East Tennessee State University under the State of Tennessee the residents' professional liability coverage will be provided by the Tennessee Claims Commission Act (TCA 9-8.301 et sq.). The limits of liability are $300,000 per plaintiff/$1 million dollars per occurrence. State law provides that residents have absolute immunity from liability for acts or omissions within the scope of their employment, unless the acts or omissions are willful, malicious, criminal, or done for personal gain.

The immunity of residents under Tennessee law has no mandatory effect in the courts of other states. Residents who participate in rotations out of Tennessee must have additional malpractice. Residents must consult the residency coordinator when planning an out of state rotation.

If a resident should receive a summons and complaint naming them or East Tennessee State University as a defendant in a civil lawsuit arising out of their residency with the University, please contact the Office of Graduate Medical Education immediately. Do not discuss the suit with anyone other than the University attorney or the Attorney General's Office. Do not talk to the plaintiff or the plaintiff's attorney. Refer all requests for documents to the University attorney or the Office of Graduate Medical Education.

The coverage does not extend to any medical practice or activities outside the medical education program of the University (moonlighting). Claims made after termination of training will be covered if based on acts or omissions of the resident within the course and scope of their assignments during training, therefore residents will not need to purchase tail coverage.

Residents working at the VA are covered by the Federal Tort Claims Act during their rotation at the VA.

New Resident Orientation

The GME Office provides a New Resident and Fellow Orientation before the beginning of each new academic year. New GME-appointed residents are expected to attend orientation. Individual departments and hospitals also have orientation for new residents to cover program requirements, processes, applicable training and policies. GME new resident orientation will serve to welcome new residents, providing an overall introduction to ETSU's Quillen College of Medicine GME and specific training and information to cover the following topics:

- Residents as Teachers and Learners
- Professional Responsibility
- Resident Assistance Program (RAP)
- Student Financial Services

- HR Benefits
- HIPPA Compliance
- Sleep Deprivation and Fatigue Mitigation
- Diversity and Sexual Harassment
- ID Badge
- Composite Photo
- Patient Safety, Medical/Legal Liability
- OSHA and Infection Control
- Payroll (completion of necessary paperwork including the I-9, W-4, etc.)
- Parking stickers distributed

Residents who do not attend orientation are not eligible for orientation compensation.

New Innovations

New Innovations is the secure web-based database Residency Management System (RMS) which the programs have subscribed for use. Programs use this system to maintain all resident information. Please note the "Academic Year" is defined as July 1 - June 30. Residents and fellows must use New Innovations to enter clinical experience and education, procedures, log book entries, and complete confidential faculty, rotation, and program evaluations. The system has numerous additional modules and features which you should take advantage of in the maintenance of your program. These include, but are not limited to, duty hour reports, evaluations, procedure logging and reports, curriculum management, conference management, portfolio reviews, milestone tracking, and custom reporting.

New Innovations may be accessed at www.new-innov.com For training and technical assistance please contact Renee McNeely at (439-8293) or mcneely@etsu.edu in the GME office or contact New Innovations directly for general assistance at 330-899-9954. There are webinars and information in the Help Menu. The functions and reports available in New Innovations are extremely helpful when preparing documentation for a site visit or special review.

An individual Program should use this Residency Management Suite to assist with scheduling, onboarding, advancement, outboarding, case logging, evaluations, monitoring conference attendance, clinical experience and education and general personnel tracking. Departmental faculty should utilize New Innovations for evaluations and procedures.

- The IRIS (INTERN AND RESIDENT INFORMATION SYSTEM) MODULE allows GME and finance personnel to collect and export IRIS information for Medicare Cost Reports.
- Prepare and track Annual Program Evaluations, documentation, and results.
- Easily gather information from across the institution and conduct reporting for all departments.
- Gather data and produce semi-annual resident reviews.
- Customize reporting to address specific requests and provide relevant information.
- Collect data for Milestone reviews and reporting.
- Demographic centralization and customization helps manage multiple aspects of medical resident data.

More specific information regarding all that New Innovations offers can be found at the following link:

Federal Funding: Department of Finance and You:
How Program Coordinators play a role in funding of GME

CMS (Center for Medicare and Medicaid Services)

The Center for Medicare and Medicaid Services (CMS) is the means by which the hospital gets money to support the residency programs. CMS established an annual reporting process called the Intern Resident Information System (IRIS). IRIS must be used to collect Direct Medical Education funds (DME) and Indirect Medical Education funds (IME) funds.

All residents' time in the hospital is recorded in IRIS. Although resident rotation information is recorded by residencies based on an academic year, the IRIS report is submitted to Medicare based on the hospital's fiscal year. This is why it is so important that all rotation schedules, clinical experience and education and leave be maintained in New Innovations©. Programs must monitor all schedule and duty hour information for accuracy as this information is provided to hospitals for billing and IRIS purposes.

DME payments are made to cover Medicare's share of a hospital's overall cost to operate a resident training program. These costs include both direct expenses (e.g. resident compensation, teaching physician remuneration), plus hospital overhead to support resident training activities (e.g. administration, housekeeping, and information system costs).

IME payments from Medicare are intended to cover the "indirect" costs of GME. IME is calculated based on a complicated formula and is paid to teaching hospitals to recognize the higher operating costs that result from teaching activities.

Initial Residency Period

Medicare makes direct graduate medical education payments to hospitals that operate residency training program based on predetermined per resident amounts. Hospitals receive a full payment for residents who are with the initial residency period for their specialty—(the minimum number of years required to quality for board certification up to five years). Hospitals only receive 50% payment for those residents training past the initial period.
No off cycle positions should be offered without confirmation of available funding from the DIO.

New Innovations and IRIS (Intern and Resident Information System)

The IRIS module allows GME and finance personnel to gather and export IRIS information for their Medicare Cost Reports based on the demographic and rotation information contained in the entire institutional database. Any rotations/hours spent at another hospital cannot be reported by a sponsoring hospital for Medicare reimbursement nor can any "Research" rotation unless the research concerns only ONE patient.

In order for accurate IRIS reporting, the rotation/block schedules in New Innovations must be kept as up to date as possible. By early May a rough final current year schedule must be completed and by the end of May all schedules must be finalized for the current year. This information is critical for GME to meet the report needs of the sponsoring hospitals. In NI the PGY level and status are not synonymous for IRIS purposes. The PGY level should reflect the number of GME years of training.

Payroll Process for Advancing, Transferring and Terminating Residents and Fellows

Should a resident be placed on probation or suspended the department may choose to place them on leave with or without pay.

Programs must meet payroll deadlines as mandated by the GME office.
If residents are planning to take leave without pay at the completion of their residency the GME office must be notified **30 days** in advance.

Observerships/Externships

Quillen College of Medicine cannot sponsor observerships or externships for international medical school graduates. There are multiple reasons for this including the following: malpractice insurance would not be provided; the individuals would be ineligible for a training license or exemption from licensure; and there are HIPAA rules that make even shadowing experiences too difficult to allow.

Medical students enrolled in an LCME or AOA accredited school may apply for M4 electives at the link below. International medical *students* should apply through the School of Medicine Office of Students Records in the same manner as other visiting students.
http://www.etsu.edu/com/acadaffairs/visiting/default.aspx

Elective Away Rotations (Domestic and International)

The Office of Graduate Medical Education will consider Away Rotations for House Staff as approved by the Program Director as part of the educational training program. Advance planning is necessary for all the items that must be in place prior to an away rotation and Residents/Fellows should coordinate with the Program Director and Program Coordinator.
Please advise residents/fellows not to book airline flights or make other financial commitments related to away rotations until all items below are in place and confirmed. Please ensure that the resident/fellow has appropriate Medical Licensure for the location of the rotation before the rotation begins.

Domestic and International Elective Away Rotations require:
> Program Letter of Agreement drafted by program to be included with contract for signature by receiving institution.
> Professional Liability Coverage (with PD approval in the GME Away Rotation Management System Risk Management will receive email to approve which will confirm coverage for the away rotation.)
> Authorization for Travel (within department – GME does not need this)
> Fully Executed Contract (signed by both institutions) and Associate Dean Approval to be in place before travel arrangements are made.
> Final approval in GME Away Rotation Management System by Associate Dean/DIO for Graduate Medical Education.

Exit Process

Several weeks in advance of a resident's termination date, the GME Office sends an e-mail to the exiting resident and his/her Program Coordinator with information about the GME Off boarding Checklist. The steps including information for the exiting resident and also gathers information for the institution to process the exit. Exit information is very important to GME.

In the unusual circumstance where a member of the house staff leaves prior to the completion of training and does not go through the normal check-out process, the coordinator must inform the GME Office who will distribute an off boarding checklist to the off-cycle exiting resident.

The program will be required to verify the checkout requirements as listed in the GME Checkout Form (distributed in the Off boarding Checklist and can be found at http://www.etsu.edu/com/gme/formslinks.aspx
and collect the following items: ID Badges, Pager, keys and other items assigned by the Programs. Please return the completed GME Checkout Form to the GME Office as soon as possible.

Compliance Requirements for Resident/Fellows

The GME Office tracks compliance items for residents which are outlined in the Residents' Annual Contract. GME depends on your department and/or division to monitor additional requirements for compliance which GME does not track.

Program Letters of Agreement (PLA)

The State of Tennessee and East Tennessee State University require agreements to be in place for residents to train in clinical learning environment within the community. These agreements outline specific information including but not limited to HIPAA expectations and liability coverage by the Tennessee Claims Commission. Thus, major affiliation agreements are in place for the main health system partners in our area including the Veterans Affairs Medical Center and Ballad Health System. Those affiliation agreements contain the necessary state required language.

Separately, the ACGME requires programs to have a Program Letter of Agreement (PLA) that provides details on faculty, supervision, evaluation, educational content, length of assignment, and policy and procedures for each required assignment that occurs outside of an accredited program's sponsoring institution (Common Program Requirement I.B.). These documents are intended to protect the program's residents/fellows by ensuring an appropriate educational experience under adequate supervision. PLAs are intended to be brief, informal documents (approximately one-to-two pages in length) that as simply as possible:
   a) identify the faculty members who will assume both educational and supervisory responsibilities for residents/fellows;
   b) specify these faculty members' responsibilities for the teaching, supervision, and formal evaluation of residents/fellows;
   c) specify the duration and content of the educational experience; and,
   d) state the policies and procedures that will govern resident/fellow education during the assignment.

PLAs are not necessary when a rotation/assignment occurs at a site under the governance of the program's sponsor or in an office of a physician who is a member of the sponsoring institution's teaching faculty/medical staff (ETSU employed faculty member).

Agreements should be updated whenever there are changes of program director or participating site director or to resident/fellow assignments, or when there are revisions to the items specified in Common Program Requirements I.B.1.a)-d).

PLAs must be renewed at least every five years.

Which PLA template to use? *(Templates are available from the office of GME and are posted on NI in the GME Forms & Information file)*

1. Rotation at VAMC – a PLA must be in place with a local director at the VA site who is accountable for the day-to-day activities of residents/fellows (Common Program Requirement II.A.4.b)). Use the **VA specific template** for this PLA.

2. Rotation at any facility with an ETSU employed faculty member – no PLA is required. This includes all MEAC and Family Medicine practice locations.

3. Rotation at any Ballad inpatient facility with volunteer or clinical faculty members (not ETSU employed) – a PLA must be in place with an identified local director. **Use the PLA template**.

4. Rotation with volunteer or clinical faculty members at another clinical training site – both a PLA and site agreement must be in place. Use the **PLA template** and the **Participating Site Agreement template**.

For any PLA, the participating site must be the specific location, for example Johnson City Medical Center should be used, not Ballad Health System.

Resident Handbook

Policies and Other Information Regarding Residents and Fellows

GME policies as well as some other information can be found in the Resident Handbook and are listed below.

http://www.etsu.edu/com/gme/reshandbook.aspx

Introduction
Statement of Nondiscrimination
Statement of Institutional Commitment to GME
Residency Programs Bristol Family Practice
Johnson City Family Practice
Kingsport Family Practice
Internal Medicine
Obstetrics and Gynecology
Anatomical and Clinical Pathology
Pediatrics
Psychiatry
General Surgery

House staff Benefits
Campus Recreation
Deferred Compensation Program
Group Insurance
Leave
Professional Liability Insurance
Resident Assistance Program "RAP"
Resident Sick Leave Bank
Tuition Reimbursement

Resident Policies

Accommodations for Disabilities
Alertness and Fatigue Mitigation
Authorship
Clinical Experience and Education
Delinquent Medical Records
Disaster
Discrimination & Harassment - Complaint & Investigation Procedure
Dress Code
Drug Free Campus
Eligibility & Selection
Ethical Guidelines and Vendors
Evaluations
GMEC Committee
GMEC Special Review
Health Insurance Portability and Accountability Acts of 1996 (HIPAA)
Identification, Intervention, Assistance & Resolution of Unsatisfactory Performance by a Resident
Leave Benefits
Medical Licenses and Exemptions
Moonlighting
Non-Renewal of Resident Contract
Observerships
Other Learners
Periodic Review of GME Policies
Professional Liability Medical Malpractice
Professionalism and Personal Responsibility
Promotion of Residents
Quality Improvement and Patient Safety
Reduction and Closure
Resident Initiated Grievances
Restrictive Covenants
Security Background Check
Sexual Harassment
Social Networking
Supervision of a Resident
Tobacco Free Campus
Transfer of Resident Policy, Process and Template
Transitions of Care
Visas and Foreign Medical Graduates
Well Being
Workers' Compensation

General Information

Bookstores
Completion of Residency Training
E-mail
Graduate Medical Education Committee
Identification Badges
Loan Deferments

Mandatory Deduction
Medical Library
Medical License and License Exemptions
National Provider Identifier (NPI) Number
Notary Public
Orientation
Payday
Safety and Health
Traffic and Parking Regulations
Work Related Injuries

Affiliate Hospitals
Bristol Regional Medical Center
Franklin Woods Community Hospital
Holston Valley Medical Center
Johnson City Medical Center
Veterans Affairs Medical Center
Woodridge Psychiatric Hospital

GME Special Reviews and Annual Program Evaluations

Special Reviews

The GMEC has established a process for conducting Special Review of programs. An individual program may be selected for Special Review based on underperformance, by request of its program director, or at the direction of the GMEC or DIO. Any program with an ACGME accreditation status of continued accreditation with warning or probationary accreditation will undergo Special Review.

Criteria used in identifying underperformance include but are not limited to:

1. Program Attrition
   a. Change in Program Director more often than once every two years
   b. Decrease in core faculty >10% each year for two years
   c. Residents/fellows withdrawing, transferring, or dismissed >10% for two consecutive years
2. Program Changes
   a. A major participating site has been added or removed
   b. Consistent incomplete resident/fellow complement for two years
   c. Major curricular changes
3. Scholarly Activity
   a. Identified inadequate scholarly activity for either core faculty or residents/fellows
4. Board Pass Rates
   a. Falling below the accepted specialty threshold over a three year period
5. Clinical Experience
   a. Any significant changes in adequacy of clinical or didactic experience
6. ACGME Surveys
   a. Poor response rate
   b. Resident/fellow or faculty overall evaluation of the program
   c. Problematic survey items

  d. Repeated survey items previously identified

7. ACGME Responsibilities

  a. Incomplete or inaccurate reporting of milestones or annual updates

  b. Inability to meet common and program specific requirements

  c. Inability to demonstrate success in the CLER focus areas

  d. Incomplete or inaccurate annual program evaluation reports

The DIO will convene a panel for each Special Review. The panel will consist of the DIO, the assistant deans in GME, the institutional coordinator in GME, and a team of participants from another program. Those individuals from another program will consist of a program director or associate program director, program coordinator, and resident/fellow member.

Based on the identified concern, the program being reviewed may be asked to submit documentation prior to the Special Review visit that will help the panel gain clarity. Information used in the review process shall include:

- The current ACGME Common, specialty/subspecialty-specific Program, and Institutional Requirements
- Letters of notification from the most recent ACGME review and any progress reports submitted to the RRC
- Reports from previous Special Reviews and old internal reviews
- Previous Annual Program Evaluations
- Results from ACGME Resident/Fellow and Faculty Surveys
- Other materials the panel considers necessary and appropriate.

The Special Review panel will conduct interviews with the Program Director, Program Coordinator, key faculty members, selected residents/fellows from each year of training, and other individuals deemed appropriate. The panel will submit a written report to the program leadership and GMEC with recommendations of the panel. The DIO and GMEC will work with the program director on making necessary improvements, continuing to monitor outcomes to ensure the program is meeting expectations.

Annual Program Evaluation

The ACGME requires programs to conduct a formal and structured evaluation of the curriculum at least annually. Details of this review are outlined in the ACGME Common Program Requirements.

The annual review must include consideration of whether the program's self-determined benchmarks have been met in the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and, program quality. Action plans must be created to address areas in which goals have not been achieved, and the faculty at large must approve the plans of action. Goals that emerge from the annual program review one year become benchmarks for the review next year, closing the loop and facilitating the longitudinal and continuous improvement of program quality.

Expansion and New Programs

Expansion Requests to Increase Size or Redistribute Residents and Fellows or Proposals for New Clinical Fellowship Programs

The expansion and proposal for new clinical fellowship programs and applications for non-ACGME accredited training program process is generally directed by Program Directors. Program Coordinators receive notification so they are in a position to assist with the process through their Program Director as requested. The DIO must review any requests from a financial standpoint and the request is discussed and decided.

GME-Coordinated Meetings

Graduate Medical Education Committee (GMEC)

The charge to the Committee will be to perform a periodic analysis of each residency training program and recommend appropriate corrective action where necessary and have the responsibility for the oversight and administration of the Graduate Medical Education programs. These analyses will be in compliance with ACGME Essentials to include the following:

a. official statement of the institutional commitment to graduate medical education;
b. written protocol for conducting required program internal reviews;
c. copies of agreements between sponsoring and all participating institutions for all graduate medical education programs;
d. resident contract that will provide a reference to all terms, conditions and benefits of employment as outlined by the ACGME;
e. review ACGME accreditation letters from the Residency Review Committee for each graduate medical education program;
f. and maintain a time table for conducting the required internal reviews of each program to address mechanisms to monitor and assist in the correction of program citations;
g. The Committee will keep appropriate, permanent records of all activities; provide institutional oversight for all policies promulgated by the ACGME, e.g., general competencies, resident clinical experience and education, etc.

The composition of the Committee will be the Executive Associate Dean for Clinical Affairs, the Assistant Dean for Graduate Medical Education, representatives of medical affairs from participating hospitals, one *peer selected* resident representative from each residency program, and other appropriate individuals involved in furthering graduate medical education as appointed by the Dean. The Executive Associate Dean for Clinical Affairs will Chair the Committee.

Resident Leadership Council

This Council shall be a unified representative body for all residents and fellows of East Tennessee State University, James H. Quillen College of Medicine. It shall be an interface between the residents and the administration and shall serve the following functions:

- Allow communication and information exchange with respect to learning and working environments across all GME programs.
- The Council shall report any/all recommendations to the Associate Dean for GME and the Graduate Medical Education Committee (GMEC).
- It shall convey any/all concerns of the residents/fellows.
- The Council shall have a voice in the development and revision of resident/fellow policies.
- It shall promote camaraderie and unity between residents/fellows of all disciplines.
- It shall encourage scholarly pursuits of residents/fellows.
- The Council shall keep appropriate and permanent documented minutes and records of all activities.

The structure of the Council shall be as follows:

2. All representatives shall serve a one-year term.
3. Two residents/fellows will represent each program; one a chief or senior resident, the second being a peer-selected PGY-2 or higher level.
4. The Council will select a chair, vice-chair, and secretary.
5. The Council will elect representatives for the following College of Medicine committees:
- Financial Aid & Scholarship Committee
- Women & Gender Issues
- Continuing Education Advisory Committee
- Other GMEC sub-committees which may be established.
6. Any resident/fellow has the opportunity to raise a concern to the Council.
7. The Council may convene with the DIO or other administrators at the beginning of each session, but the Council then has the opportunity to conduct discussions and deliberations without the DIO, faculty members, or other administrators present.
8. The Council shall meet not less than quarterly.

GME Policy Sub-Committee

Resident Sick Bank Committee

Program Coordinator Committee
These monthly meetings cover a variety of topics, chosen by the GME office and coordinators. All coordinators are invited.

Program Director Meetings
These meetings cover a variety of topics, chosen by the GME office and directors. All program directors are invited. These are held as needed.

Forms/Documents and Online Tools

GME Website

One of our goals is to make the GME website as helpful as possible to you.
The forms and documents available on the GME website are located at:
https://www.etsu.edu/com/gme/administration-resources.php

Please email mcneely@etsu.edu if you have suggestions.

Other Online Tools

- ACGME Accreditation Data System (ADS): https://www.acgme.org/ads/default.asp
- GME Track/FREIDA – AMA: https://services.aamc.org/gme/admin/login/index.cfm?fuseaction=login
- ERAS®: http://www.aamc.org/students/eras/

Accreditation Council for Graduate Medical Education (ACGME) [1]

Overview and Organization of ACGME

Mission and Scope

The Accreditation Council for Graduate Medical Education (ACGME) is a separately incorporated, non-governmental organization responsible for the accreditation of graduate medical education (GME) programs. To help you make sense of how ACGME runs, you can review the ACGME Policies and Procedures document here: http://www.acgme.org/acgmeweb/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf. It is not a document you will frequently use, but occasionally can be helpful for referencing accreditation procedures. The most helpful section is Accreditation Policies and Procedures and begins with section 15.00.

Review Committees

The ACGME has 28 review committees (one for each of the 26 specialties, one for a special one-year transitional-year general clinical program, and one for institutional review). The function of a Review Committee is to set accreditation standards and to provide peer evaluation of specialty and subspecialty residency programs (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide peer evaluation of sponsoring institutions). The purpose of the evaluation is to assess whether the program or institution is in substantial compliance with the published set of ACGME educational standards, and to confer an accreditation status on programs and institutions. Each Review Committee is comprised of 6 to 15 volunteer physicians. Members of the Residency Review Committees (RRCs) are appointed by the AMA Council on Medical Education and the appropriate medical specialty boards and organizations.

Institutional Requirements

Institutions sponsoring residency programs are expected to adhere to a set of Institutional Requirements.

The Designated Institutional Official (DIO) and our Graduate Medical Education Committee (GMEC) are responsible for making sure QCOM meets these requirements, which are found here: http://www.acgme.org/acgmeweb/tabid/158/ProgramandInstitutionalAccreditation/Institutions/InstitutionalReview.aspx.

Clinical Learning Environment Review (CLER)

The ACGME has established the CLER program to assess the graduate medical education (GME) learning environment of each sponsoring institution and its participating sites. CLER emphasizes the responsibility of the sponsoring institution for the quality and safety of the environment for learning and patient care. ACGME will notify the sponsoring institution's DIO of the CLER Site Visit Team's arrival date and expected length of visit no less than 10 days prior to the visit. More information is found here: http://www.acgme.org/acgmeweb/tabid/436/ProgramandInstitutionalAccreditation/NextAccreditationSystem/ClinicalLearningEnvironmentReviewProgram.aspx.

Common Program Requirements

Common program requirements (CPR) are requirements that all programs, regardless of specialty, must meet. These requirements are likely incorporated into the same document as your specialty or subspecialty specific program requirements, but you can view them separately, along with some FAQs here: http://www.acgme.org/acgmeweb/tabid/429/ProgramandInstitutionalAccreditation/CommonProgramRequirements.aspx.

Program Evaluation Committee (PEC) and Annual Program Evaluation (APE)

One part of the common program requirements is having a Program Evaluation Committee (PEC) which is composed of at least two program faculty members and at least one resident, has a written description of its responsibilities, and participates actively in planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of curriculum goals and objectives; addressing areas of non-compliance with ACGME standards; and, reviewing the program annually using evaluations of faculty, residents, and others. Through the PEC, the program is responsible for rendering a written Annual Program Evaluation which should include:

- resident performance
- faculty development
- graduate performance
- program quality
- progress on previous year's action plan(s)

The PEC must prepare a written plan of action to document initiatives to improve performance in one or more of the areas listed above as well as delineate how they will be measured and monitored. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

Specialty and Subspecialty Specific Program Requirements

Programs must also demonstrate substantial compliance with requirements established by the Review Committee for their specialty to be accredited. Each Review Committee has specialty and subspecialty specific program requirements, which can be found by following the links for the appropriate committee names here: http://www.acgme.org/acgmeweb/tabid/83/ProgramandInstitutionalAccreditation.aspx. That will take you to your specialty's page which contains links to the specialty's program requirement and all subspecialties' program requirement. There are also FAQs, milestones, names and contact information for your RRC's staff and other resources.

Program Accreditation

ACGME extensively uses the Accreditation Data System (ADS) to manage accreditation data for all programs. Some of this data is publicly available on the public version of ADS (http://www.acgme.org/ads/Public), while detailed accreditation data is submitted, communicated, and stored behind password protection here: https://www.acgme.org/ads. Your Program Director can give to access by adding you to the program. Once he/she logs into ADS, he/she can go to the program leadership section under the profile tab and then click "Add Personnel".

Initial Accreditation

Once a new program has gone through the process for EXPANSION AND NEW PROGRAMS, or concurrently with that process, you might be assisting the new Program Director in applying for ACGME accreditation.

Application for Initial Accreditation

Instructions for applying for Initial Accreditation are here: http://www.acgme.org/acgmeweb/Portals/0/ApplicationInstructions.pdf. FAQs about new program applications are here: http://acgme.org/acgmeweb/Portals/0/PDFs/fs_faq.pdf. The application will be completed in the Accreditation Data System (ADS) and must be initiated by the DIO, but to prepare, you can view a Word version of the application by locating it on your specialty page. Further guidance for completing the application is available in ADS once the application is initiated. Before the Program Director submits (or has you submit) the application in ADS, it is recommended to print it and have others review for completion, accuracy, spelling errors, etc.
Please note that Initial Accreditation fees are the responsibility of the department. Afterwards, GME will pay the annual accreditation fee.

Site Visit

Most subspecialty programs do not require a site visit from ACGME as part of the application process, but if the new program is a core program (not a subspecialty) or if the program was previously accredited and is re-applying for accreditation, a full site visit will be required.
All programs, however, do require a full site visit at the conclusion of their two-year initial accreditation period.

Programs are given a minimum of 30 days of advance notice (by way of an e-mail and a simultaneously posted detailed site visit announcement letter in the program's folder in ADS). Programs should review the letter carefully; it will contain detailed instructions for how and when to update the information in ADS, and any specific instructions for the particular program. More information about site visits is found here: http://www.acgme.org/acgmeweb/tabid/228/GraduateMedicalEducation/SiteVisitandFieldStaff/SiteVisitFAQ. aspx.
The Designated Institutional Official (DIO) will want to review all information and documentation you are planning to submit for your site visit at least two weeks prior to the due date for submission to ACGME. The DIO will probably require revisions or have questions following the initial review. The DIO will let you know when your materials can be considered complete and ready for submission. Be sure to follow the ACGME submission instructions *exactly*.

Continued Accreditation

RRC Annual Data Review

All programs will be reviewed annually by the relevant Review Committee. The Review Committee will confer an accreditation decision of Continued Accreditation based on satisfactory ongoing performance of the program. When a program's performance is deemed unsatisfactory, or when performance parameters are unclear, the Review Committee may change the program's accreditation status or request a site visit and/or additional information prior to rendering a decision. The Residency Review Committee may use the following information to assess programs (not all are applicable to every program or every year):

- ADS annual update
- Resident Survey
- Faculty Survey
- Milestone data
- Certification examination performance
- Case Log data
- Hospital accreditation data
- Faculty and resident scholarly activity and productivity
- ACGME Complaints (Complaints submitted to ACGME by an individual or group regarding issues related to compliance with accreditation standards)
- Verified public information
- Historical accreditation decisions/citations
- Institutional quality and safety metrics
- Other
  Following the RRC's review, a Letter of Notification is issued to the program. The PD gets an e-mail that the letter has been posted to ADS. For help interpreting the letter see the Key to Standard Letter of Notification for Continued Accreditation here: http://www.acgme.org/acgmeweb/Portals/0/KeyStandard.pdf.

Accreditation Data System (ADS)

Accreditation Data System (ADS) is a web-based system that contains critical accreditation data for all sponsoring institutions and programs. ADS serves as an ongoing communication tool with programs and sponsoring institutions, as well as Residency Review Committee staff. ADS incorporates several ACGME applications and functions. Program Directors are responsible for annually verifying/updating critical accreditation program information (including case logs for some specialties) and keeping resident records current. Typically PDs will have their Program Coordinator verify and update ADS; the PD should then review

all information for accuracy and approval. Before the PD submits (or has you submit) an update in ADS, it is recommended to print and have others review for completion, accuracy, spelling errors, etc.
Aside from the annual update, any changes should be reflected in ADS as they occur. A best practice is to check ADS frequently to make sure it is always up to date. Link to ADS is here:
http://www.acgme.org/acgmeweb/tabid/159/DataCollectionSystems/AccreditationDataSystem.aspx

Expert Tip: Verifying Board Certification of Faculty
You can verify a physician's American Board of Medical Specialties (ABMS) certification by selecting the appropriate member board in the QUICK REFERENCE WEB LINKS. Once on the member board's website, look for a link that says something like "Check a Certification" or "Verify a Certification." If the member board does not have this option you can use ABMS's Certification Matters website, which requires a free registration: http://www.certificationmatters.org/. This can be a helpful tool in completing the Faculty portion of ADS.

Annual Resident/Fellow, and Faculty Surveys

The ACGME's Resident/Fellow and Faculty Surveys are used to monitor graduate medical clinical education and provide early warning of potential non-compliance with ACGME accreditation standards. All specialty and subspecialty programs (regardless of size) will be required to participate in these surveys each academic year between the months of January and June.

When programs meet the required compliance rates for each survey, reports are provided that aggregate their survey data to provide an anonymous and comparative look at how that program compares against national, institutional, and specialty averages.

Samples of these surveys are not available, but the questions will pertain to these general content areas: Clinical Education and Experience, Faculty, Evaluation, Education Content, Resources, Patient Safety, and Teamwork. More information (including question guides and FAQ s) and a link for residents/fellows and faculty to access the surveys is found here:

http://www.acgme.org/acgmeweb/tabid/97/DataCollectionSystems/ResidentFellowSurvey.aspx.

Milestones and the Clinical Competency Committee (CCC)

For accreditation purposes, the Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties.

More information is here:

http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx. Use the "CHOOSE YOUR SPECIALTY" drop down on the right to go to your specialty's page, which links to your specialty's milestones.

In order to evaluate resident and fellow progress within the milestones, each program uses a Clinical Competency Committee (CCC), comprising three or more members of the active teaching faculty. ACGME provides a CC Guidebook here:

http://www.acgme.org/acgmeweb/Portals/0/ACGMEClinicalCompetencyCommitteeGuidebook.pdf.

Case Logs

Your RRC may require your program's residents/fellows to use ACGME's Resident Case Log system to document experiences to meet minimum educational requirements as outlined in your Program Requirements. Other programs use the system, but are not required to do so. Review your Program Requirements to determine whether your program is required to use the system, or view a list of specialties that use Case Logs.

http://www.acgme.org/acgmeweb/tabid/380/DataCollectionSystems/ResidentCaseLogSystem/ListofSpecialtiesUsingCaseLogs.aspx.

The Case Log system login for residents/fellows is here:
http://www.acgme.org/acgmeweb/tabid/161/DataCollectionSystems/ResidentCaseLogSystem.aspx.

Types of Site Visits

All ACGME site visits are either **Focused** or **Full** site visits. Below is some information about these two types of site visits that occur for established programs. More information about site visits is found here: http://www.acgme.org/acgmeweb/tabid/228/GraduateMedicalEducation/SiteVisitandFieldStaff/SiteVisitFAQ.aspx.

Focused Site Visit
The ACGME uses **Focused** visits: (1) to conduct a timely, in-depth explorations of potential problems arising out of a Review Committee's review of annually-submitted accreditation data; and (2) to assess the merits of a complaint or for other circumstances as requested by a specific Review Committee.

Full Site Visit
The ACGME uses **Full** visits for established programs for one of three reasons: (1) to address broad concerns identified during the review of data submitted to the ACGME annually; (2) to assess the merits of a complaint or for other circumstances as requested by a specific Review Committee; and (3) to assess overall compliance and ongoing improvement in a program during the scheduled 10-year site visit.

10-year Self-Study and Site Visit
Every ten years of continuous accreditation, all programs are required to complete the self-study summary, 12 to 18 months before a site visit. The site visit announcement letter will contain specific instructions. To see the approximate date for your next 10-year self-study and site visit, you can look in ADS, or search for your program here (the public version of ADS): http://www.acgme.org/ads/public/. The approximate date will be listed under "Accreditation and General Information".

Documentation/Forms for ACGME Programs

Coordinators should be familiar with the documentation that is required for the program and each resident/fellow and work closely with the PD to ensure that all documentation is up to date and available as needed. Information that follows is a guideline and can be used as a basic structure on which to base your program documentation. Please reference the ACGME website for changes/updates, refer to your Program Requirements, and consult your PD.

- Overall educational goals for the program.
- Competency-based goals and objectives for each experience at each educational level.
- Policy on supervision of residents/fellows.
- Policy and procedure for resident/fellow learning and work environment.
- Moonlighting policy.
- Evaluations
  - Formative evaluations of residents (at completion of each rotation)
  - Evaluations showing multiple evaluators (faculty, peers, etc.)
  - Documentation of competency-based semi-annual evaluations with feedback
  - Final summative evaluation (graduating residents)
  - Annual written confidential evaluations of faculty by residents
  - Annual written confidential evaluations of program by residents
  - Annual written evaluations of program by faculty

- Documentation of program evaluation (i.e., minutes from meeting) and written improvement plan. Your program may refer to this as the Resident Education Committee.
- Documentation of resident/fellow Clinical Experience and Education.
- Resident/fellow files – current and most recent graduates. Resident files should contain the following information; however, the following is what is required by ACGME – you will also want to keep any personnel-related documentation in resident files as well.
  - Written evaluations from faculty and others
  - Periodic evaluations (every 6 months, at a minimum) by Program Director or designee or resident evaluation committee
  - Records of resident rotations and other training experience, including surgical and procedural training as applicable
  - Records of disciplinary actions, as pertinent
  - For residents engaged in moonlighting, a prospective, written statement from program director
  - Signed resident/fellow contract
  - Documentation of prerequisite education and/or training, ECFMG certificate if applicable
  - Resident diploma
  - Material required by ACGME institutional and specialty program requirements
  - Other content as determined by program director and/or sponsoring institution
- Files of residents/fellows transferred into program with documentation of previous experience and summative competency-based performance evaluations (if applicable)

Additional documentation we are required by the ACGME to keep:

- Case and procedure logs (per specialty program requirements)
- Documentation of presentations/education on fatigue and impaired physician

- Conference schedules
- Documentation of conference attendance
- Faculty and resident on-call schedules
- Due process/grievance policy
- Program-specific policy on eligibility/selection
- Program-specific policy on promotion
- Policy on non-teaching patients (per specialty program requirements)
- Lines of responsibility policy
- Documentation of active competency-based performance improvement
- Master Affiliation Agreements
- Current program letter(s) of agreement (PLA)
- Documentation of internal review
- Institutional policies
  - GME disaster policy
    - Conflict of interest policy/policy on vendor relationships
  - Policy of accommodation for residents with disabilities
- ACGME survey results and GME institutional survey results

Examples of additional necessary general information:

- Specialty-specific documentation
- Leave Requests
- Travel/Reimbursement Forms
- Advancement forms
- Payroll action forms (originals for new residents/turnarounds from GME on returning residents)
- Additional pay forms (bonus [orientation] pay for new residents)
- Exit Forms

New Innovations should be used to assist in the management of information. Documentation may also be maintained in resident/fellow files, binders, etc., based on the program preference.
Regarding program policies, it is recommended that a link to the Resident Manual be used to reference policies instead of including the actual policy text to avoid the need for updates each time the Resident Manual is revised.

ACGME Site Visit Preparation

Below is a list of possible documents a site visitor may want to look at during a site visit and may be helpful to review in advance of a site visit. Please note that this is *not* a complete listing of all items the site visitor may request to see! List will vary by the RRC and purpose of site visit.

- Policies
    - Supervision of residents (program and institution)
    - Policies and procedures for resident learning and work environment (Resident Health and Wellness) (program and institution)
    - Clinical Experience and Education Fatigue mitigation and stress
    - Moonlighting (program and institution)
    - Selection and promotion of residents (program and institution)
    - Program policy manual (can be online)
    - Institutional policy manual (House Staff Manual)
    - Formal Grievance Procedure (program and institution)
- Goals/Objectives
    - Program Educational Goals
    - Competency-based goals & objectives for each rotation at each level
- Program Letters of Agreement (PLAs)
- Resident Files
    - Documentation of Training for Transfer residents
    - Current residents and most recent program graduates (2 to 3 samples in upper years of program if a large program)
- Evaluations
    - For each rotation
    - Completed evaluations of residents from their files
    - Showing use of multiple evaluators, 360 (peers, faculty, patients, self, other professional staff)

- o Documentation of semiannual evaluations of performance with feedback
- o Final (summative) evaluations of residents documenting performance during the final period of education and verifying that the resident has demonstrated sufficient competence to enter practice without direct supervision
- o Completed annual written confidential evaluations of faculty by residents
- o Completed annual written confidential evaluations of program by the residents
- o Evaluations of rotations by residents
- o Completed annual written confidential evaluations of program by the faculty
- o Documentation of Annual Evaluation of Faculty by Program (PD or committee)
- o Documentation of program evaluation and written improvement plan
- Documentation of Clinical Experience and Education
- Completed procedure/case logs—how data accuracy is verified
- Didactic Conferences and Attendance
- Documentation of Institutional Quality Assurance Instruction
- Sample of Institutional House Staff Agreement (contract)
- Documentation of Informing Residents/Candidates of Program Length
- Minutes of Resident Advisory/Education Committee meetings and any additional faculty meetings including discussion of the program and training issues.

The site visitor might ask questions similar to the following:
1. What changes have been made in the program since the last site visit?
2. Are all of your faculty board certified in the specialty they teach in? If not, why not?
3. Do you feel as though you get the support you need from department?
4. Do the house staff have a designated office? Who do they share their office with?
5. Where did your fellows do residency training? Or where did your residents do their internship/go to medical school?
6. How often are the board exams administered for your specialty?
7. Do you have a set interval evaluation period?
8. Are your rotation evaluations in New Innovations?
9. What innovative projects are house staff involved in?
10. What are the goals and objectives for a research rotation (if there is one)?
11. Do your house staff publish a paper during their tenure?
12. Do your fellows and residents attend trainings and/or meetings?
13. Do other people rotate through the service that the house staff are on? How does this affect the house staff learning?
14. Tell me about the depth and breadth of cases the house staff see.
15. What are the house staff that leave the program doing?
16. What is your board pass rate?
17. Do you do 360 evaluations where various staff have the opportunity to evaluate the house staff?
18. Do your house staff moonlight?
19. What language is used in the final summative evaluation to express that the house staff is competent to practice independently?
20. Is there anything else that you would like to share or that you think I don't understand about your program?

Progress Documentation for Each Resident

Academic Progress Portfolios

- CHRONOLOGICAL PROGRESS DOCUMENTATION by PGY Level to include:
    - Mentor Reports
    - Learning Plans
    - Remediation Plans
    - Remediation Testing
    - Probation/Warning Letters
    - Counseling Notes
    - Semi-Annual PD Reports
- 360 EVALUATIONS to include:
    - Faculty of Resident by rotation
    - Nursing of Resident done quarterly
    - Patient of Resident done regularly during clinics
    - Peer evaluations done semi-annually
    - Self-evaluations done semi-annually
    - Student of Resident done at end of each block
    - Continuity Clinic evaluations done quarterly
- IN-SERVICE EXAMS to include
    - CREOG's Exam Results
    - USMLE Test Results
    - COMLEX Test Results
    - ABSITE Test Results
    - ITE Results (In-Training Exam)
- PROBLEMS to include
    - Evaluation low scores
    - Complaints
    - Incident reports
    - Deficiency reports
- SCHOLARLY ACTIVITY to include
    - Presentation documentation and evaluations
    - Research documentation
    - Conferences
    - Publications
- TESTING to include
    - Lecture Quizzes
    - o   Rotation Tests
    - LLL Tests
    - Simulation Evaluations
    - Misc. Testing
- CORE COMPETENCY DOCUMENTATION to include:
    - Documentation of completion of any core competency learning module
    - Print outs from E*Value by Core Competency showing progress throughout training
- STATISTICS DOCUMENTATION to include
    - Print outs from Op-Log

Skill Progress Portfolios
- FACS CARDS for each procedure type
- H&P CHART REVIEWS AND PROGRESS SUMMARIES
- GOALS AND OBJECTIVES from each rotation
- SURGICAL CURRICULUM Documentation

Administrative Portfolios
- APPLICATION (Original ERAS® App or VUMC application)
- PRE-REQUISITE EDUCATION/TRAINING (Med School Diploma, Residency Certificates)
- CERTIFICATIONS (ACLS/BLS/PALS Card, licensure, etc.)
- CONFIDENTIAL/LEGAL
- CONTRACTS & EMPLOYMENT INFO
- DUTY HOUR DOCUMENTATION

Administrative Documentation Binders
Some coordinators suggest having a binder for each Academic Year, for each category below, going back as far as the last site visit. Regardless of how your program documents these activities, ensure the records are maintained in a complete and accurate manner.

- ANNUAL PROGRAM EVALUATION AND REVIEW to include
  - All documentation presented and reviewed at the Annual Program Evaluation Review
  - Agendas
  - Minutes including attendees
  - Review/report of yearly residents goals and objectives, curriculum issues, examination status, case logs, etc.
  - Supporting documentation of issues discussed and materials provided
- CLINICAL EXPERIENCE AND EDUCATION to include
  - Monthly print outs documenting that WORK hours were checked and are compliant
- EDUCATION COMMITTEE MEETINGS to include
  - Agendas
  - Minutes including attendees
  - Report of ongoing resident education issues, objectives, and curriculum
  - Supporting documentation of issues discussed and materials provided
- FACULTY MEETINGS (if applicable) to include
  - Minutes of monthly faculty meetings, with Education/Resident issues highlighted for documenting that all required residency items are discussed with the faculty, yearly
- GME MEETINGS to include
  - Minutes and hand-outs from institutional GME Meetings (Coordinator Meetings, PD Meetings, GMEC, etc.)
- GRAND ROUNDS /TEACHING ROUNDS to include
  - Attendance list/Sign-In Sheets
  - Flyer containing topic and presenter info
  - Summary of completed evaluation forms
- JOURNAL CLUB/RESEARCH FORUM to include
  - Attendance list/Sign-In Sheets
  - Flyer/Pamphlet containing topic and presenter info
  - Copy of article and/or Power Point print-out

- o   Completed Evaluation Forms
- DIDACTICS/LECTURES to include
  - o   Attendance list/Sign-In Sheets
  - o   Lecture Schedule
- PRE-OP CONFERENCE
  - o   Sign-In Sheets
  - o   Copy of Case Reports presented
- RESIDENCY MANUAL to include
  - o   All residency policies
  - o   Curriculum
- RESIDENT MEETINGS (if applicable) to include
  - o   Agendas for monthly meetings
  - o   Minutes for monthly meetings
  - o   Supporting documentation from monthly meetings
- PREVIOUS SITE VISITS to include
  - o   PIF
  - o   Letters of Accreditation from each site visit
  - o   Citation Response letters
  - o   Supporting documentation for information in the PIF (stats, etc.)
- STATISTIC ENTRY (if applicable)
  - o   Copies from OP-Log Weekly that documents who was/wasn't compliant with timely entry

Common Acronyms/Abbreviations Used in GME

AAMC	Association of American Medical Colleges
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
ADS	Accreditation Data System
AHA	American Hospital Association
AMA	American Medical Association
AMA-CME	American Medical Association – Council on Medical Education
CAAR	Computer Assisted Accreditation Review
CBE	Competency-Based Education
CCC	Clinical Competency Committee
CLER	Clinical Learning Environment Review
CMS	Centers for Medicare and Medicaid Services
CMSS	Council of Medical Specialty Societies
CRCC	Council of Review Committee Chairs
CRCR	Council of Review Committee Residents
DIO	Designated Institutional Official
ECFMG	Educational Commission for Foreign Medical Graduates
ERAS®	Electronic Residency Application Service
FREIDA	Fellowship and Residency Interactive Database (AMA)
FS	Accreditation Field Staff
FSMB	Federation of State Medical Boards
GME	Graduate Medical Education
HIPAA	Health Insurance Portability and Accountability Act
IRC	Institutional Review Committee
IRD	Institutional Review Document

JC (formerly JCAHO)	Joint Commission on Accreditation of Healthcare Organizations
LCME	Liaison Committee on Medical Education
NBME	National Board of Medical Examiners
NRMP	National Resident Matching Program
PC	Program Coordinator
PD	Program Director
PGY	Post Graduate Year
PLA	Program Letter of Agreement
RC or RRC	Review Committee or Residency Review Committee
RQ	Resident Questionnaire (used in Internal Medicine)
SV	Site Visitor
SSV	Specialist Site Visitor
TYRC	Transitional Year Review Committee
USMLE	United States Medical Licensing Examination

Glossary of Terms

The majority of this glossary is taken from ACGME's Glossary of Terms found here:
http://www.acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/ab_ACGMEglossary.pdf.
Reference the Glossary at the above web address for the most up to date information.

Academic Appointment

An appointment to a faculty category (e.g. professor, Associate Professor, Adjunct Clinical Instructor, etc.) of a degree-granting (e.g. BS, BA, MA, MD, DO, PhD, etc.) school, college, or university.

Accreditation Council for Graduate Medical Education (ACGME)

The ACGME is responsible for the accreditation of post-graduate medical training programs within the United States. Accreditation is accomplished through a peer review process, and is based upon established standards and guidelines.

ACLS

Advanced Cardiac Life Support

Accreditation

A voluntary process of evaluation and review based on published standards and following a prescribed process, performed by a non-governmental agency of peers.

Accreditation Data System (ADS)

The Web ADS is an online service of ACGME that allows authorized program directors of accredited graduated medical education programs to input limited amounts of Program Information data to servers maintained by the ACGME or on its behalf.

Applicant

An M.D. or D.O. invited to interview with a GME program.

Assessment

An ongoing process of gathering and interpreting information about a learner's knowledge, skills, and/or behavior.

At-Home Call

Same as Pager Call. A call taken from outside the assigned site. Time in the hospital, exclusive of travel time, counts against the 80 hour per week limit but does not restart the clock for time off between scheduled in-house duty periods. At-Home Call may not be scheduled on the resident's one free day per week (averaged over four weeks).

BLS

Basic Life Support

Categorical Resident

Also see "Graduate Year 1". A resident who enters a program with the objective of completing the entire program.

Certification

A process to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality care in a particular specialty.

Chief Resident
Typically, a position in the final year of the residency (e.g., surgery) or in the year after the residency is completed (e.g., internal medicine and pediatrics).

Citation
A finding of a Review Committee that a program or an institution is failing to comply substantially with a particular accreditation standard or ACGME policy or procedure.

Clarifying Information
A Review Committee may request clarifying information that specifies information to be provided, including a due date for the clarifying information.

Clinical
Refers to the practice of medicine in which physicians assess patients (in person or virtually) or populations in
order to diagnose, treat, and prevent disease using their expert judgment. It also refers to physicians who contribute to the care of patients by providing clinical decision support and information systems, laboratory, imaging, or related studies.

Clinical Competency Committee
A required body comprising three or more members of the active teaching faculty who is advisory to the program director and reviews the progress of all residents in the program.

Clinical Experience and Education
Clinical experience and education is defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as conferences. Clinical Experience and education does not include reading and preparation time spent away from the duty site.

Clinical Learning Environment Review (CLER)
The ACGME Clinical Learning Environment Review (CLER) provides the profession and the public a broad view of sponsoring institution's initiatives to enhance the safety of the learning environment and to determine how residents are engaged in the patient safety and quality improvement activities.

Clinical Responsibility/Workload Limits
Reasonable maximum levels of assigned work for residents/fellows consistent with ensuring both patient safety and a quality educational experience. Such workloads, and their levels of intensity, are specialty-specific and must be thoroughly examined by the RRCs before inclusion in their respective program requirements.

Clinical Supervision
A required faculty activity involving the oversight and direction of patient care activities that are provided by residents/fellows.

Combined Specialty Programs
Programs recognized by two or more separate specialty boards to provide GME in a particular combined specialty. Each combined specialty program is made up of two or three programs, accredited separately by the ACGME at the same institution.

Common Program Requirements
The set of ACGME requirements that apply to all specialties and subspecialties.

Competencies
Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.
These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice

Complement
The maximum number of residents or fellows approved by a Residency Review Committee per year and/or per program based upon availability of adequate resources.

Compliance
A program's or institution's adherence to a set of prescribed requirements.

Conditional independence
Graded, progressive responsibility for patient care with defined oversight.

Confidential
Information intended to be disclosed only to an authorized person; that an evaluation is deemed confidential does not imply that the source of the evaluation is anonymous.

Consortium
An association of two or more organizations, hospitals, or institutions that have come together to pursue common objectives (e.g., GME).

Continued Accreditation
A status of "Continued Accreditation" is conferred when a Review Committee determines that a program or sponsoring institution has demonstrated substantial compliance with the requirements.

Continuity clinic
Setting for a longitudinal experience in which residents develop a continuous, long-term therapeutic relationship with a panel of patients.

Continuous time on duty
The period that a resident or fellow is in the hospital (or other clinical care setting) continuously, counting the resident's (or fellow's) regular scheduled day, time on call, and the hours a resident (or fellow) remains on duty after the end of the on-call period to transfer the care of patients and for didactic activities.

Core Program See SPECIALTY PROGRAM.

Designated Institutional Official (DIO)
The individual in a sponsoring institution who has the authority and responsibility for all of the ACGME-accredited GME programs.

Didactic
A kind of systematic instruction by means of planned learning experiences, such as conferences or grand rounds.

Disaster
An event or set of events causing significant alteration to the residency/fellowship experience at one or more residency/fellowship programs.

ECFMG
Educational Commission for Foreign Medical Graduates

ECFMG Number
The identification number assigned by the Educational Commission for Foreign Medical Graduates (ECFMG) to each international medical graduate physician who receives a certification from ECFMG.

Elective
An educational experience approved for inclusion in the program curriculum and selected by the resident in consultation with the program director.

ERAS®
Electronic Residency Application Service. ERAS® is most commonly used by medical graduates or medical students in their final year of medical school to apply for specialized graduate training in ACGME-accredited residency programs in the US. Many residency and fellowship programs require applicants to apply through ERAS®. ERAS® was developed by the AAMC. It transmits residency applications, letters of recommendation, medical student performance evaluations (MSPE, formerly dean's letters), transcripts, and other supporting documents to residency program directors via the Internet. ERAS® is also available to IMGs through the ECFMG.

Essential
See Must.

External moonlighting
Voluntary, compensated, medically-related work performed outside the institution where the resident is in training or at any of its related participating sites.

Extraordinary Circumstances
A circumstance that significantly alters the ability of a sponsor and its programs to support resident education.

Extreme Emergent Situation
A local event (such as a hospital-declared disaster for an epidemic) that affect resident education or the work environment but does not rise to the level of an extraordinary circumstance as defined in the ACGME Policies and Procedures,
Section 20.00.

Faculty
Any individuals who have received a formal assignment to teach resident/fellow physicians. At some sites appointment to the medical staff of the hospital constitutes appointment to the faculty.

Fatigue management
Recognition by either a resident or supervisor of a level of resident fatigue that may adversely affect patient safety and enactment of appropriate countermeasures to mitigate the fatigue.

Fellow
A physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. The term "subspecialty residents" is

also applied to such physicians. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

Fellowship See SUBSPECIALTY PROGRAM.

Fifth Pathway

One of several ways that individuals who obtain their undergraduate medical education abroad can enter GME in the United States. The fifth pathway is a period of supervised clinical training for students who obtained their premedical education in the United States, received undergraduate medical training abroad, and passed Step 1 of the United States Medical Licensing Examination. After these students successfully complete a year of clinical training sponsored by an LCME-accredited US medical school and pass USMLE Step 2, they become eligible for an ACGME-accredited residency as an international medical graduate.

Fitness for duty

Mentally and physically able to effectively perform required duties and promote patient safety.

Focused Site Visit

A focused site visit assesses selected aspects of a program or sponsoring institution identified by a Review Committee (see ACGME Policies and Procedures, Section 17.30).

Formative Evaluation

Assessment of a resident/fellow with the primary purpose of providing feedback for improvement as well as to reinforce skills and behaviors that meet established criteria and standards without passing a judgment in the form of a permanently recorded grade or score.

FREIDA

Fellowship Residency Electronic Interactive Database. The Graduate Medical Education Directory (also called the Green Book) and FREIDA Online are resources created by the AMA to assist students in finding a residency program. FREIDA Online is a database with over 7,800 graduate medical education programs accredited by the ACGME as well as over 200 combined specialty programs.

Full Site Visit

A full site visit addresses and assesses compliance with all applicable standards and encompasses all aspects of a program or sponsoring institution (see ACGME Policies and Procedures, Section 17.30).

Graduate Medical Education (GME)

The period of didactic and clinical education in a medical specialty which follows the completion of a recognized undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty, also referred to as residency education. The term "graduate medical education' also applies to the period of didactic and clinical education in a medical subspecialty which follows the completion of education in a recognized medical specialty and which prepares physicians for the independent practice of medicine in that subspecialty.

GME Track

GME Track is a resident database and tracking system created in 2000 by the AAMC and the AMA. Its purpose is to assist GME administrators and program directors in the collection and management of GME data.

Graduate Medical Education Committee (GMEC)

The Graduate Medical Education Committee shall review from an institutional perspective the implementation at East Tennessee State University of the required "Institutional Requirements" of the ACGME. The Committee shall advise and monitor the Office of Graduate Medical Education and the Medical School of pertinent issues related to house staff (resident and clinical fellow) programs of the institution. The Sponsoring Institution must have a GMEC that has the responsibility for monitoring and advising on all aspects of residency education.

Graduate-Year Level

Refers to a resident's current year of accredited GME. This designation may or may not correspond to the resident's particular year in a program. For example, a resident in pediatric cardiology could be in the first program year of the pediatric cardiology program but in his/her fourth graduate year of GME (including the 3 prior years of pediatrics.) Also referred to as 'post graduate year' or 'PGY".

Grand Rounds

A formal meeting at which physicians discuss the clinical case of one or more patients. Grand rounds originated as part of residency training wherein new information was taught and clinical reasoning skills were enhanced. Grand rounds today are an integral component of medical education. They present clinical problems in medicine by focusing on current or interesting cases.

In-House Call

Work hours beyond the normal work day when residents are required to be immediately available in the assigned institution.

Initial Accreditation

A status of "Initial Accreditation" is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

Innovation

Experimentation initiated at the program level which may involve an individual program, a group of residents (e.g., PGY1 residents) or an individual resident (e.g., chief resident).

Institutional Review

The process undertaken by the ACGME to determine whether a sponsoring institution offering GME programs is in substantial compliance with the Institutional Requirements.

Integrated

A site may be considered integrated when the program director a) appoints the members of the faculty and is involved in the appointment of the chief of service at the integrated site, b) determines all rotations and assignments of residents, and c) is responsible for the overall conduct of the educational program in the integrated site. There must be a written agreement between the sponsoring institution and the integrated site stating that these provisions are in effect. This definition does not apply to all specialties. (See specific Program Requirements)

Intern

Historically, a designation for individuals in the first year of GME. This term is no longer used by the ACGME

Internal Review
A self-evaluation process undertaken by GMEC to judge whether each program is in substantial compliance with accreditation requirements.

International Medical Graduate (IMG)
A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities. All IMGs should undertake residency education in the United States before they can obtain a license to practice medicine in the United States even if they were fully educated, licensed, and practicing in another country

In-Training Examination
Formative examinations developed to evaluate resident/fellow progress in meeting the educational objectives of a residency/fellowship program. These examinations may be offered by certification boards or specialty societies.

Joint Commission (TJC)
Joint Commission, formally known as the Joint Commission on Accreditation of Healthcare Organizations or
JCAHO, which evaluates and accredits health care organizations in the United States.

LCME
Liaison Committee on Medical Education, which accredits programs of medical education leading to the M.D. in the United States and in collaboration with the Committee on Accreditation of Canadian Medical Schools (CACMS), in Canada.

Letter of Notification
The official communication from a Review Committee that states the action taken by the Review Committee.

Master Affiliation Agreement
A written document that addresses GME responsibilities between a sponsoring institution and a major participating site.

Medical School Affiliation
A formal relationship between a medical school and a sponsoring institution.

Moonlighting
Refers to a service performed by a resident in the capacity of an independent physician outside the scope of their training program. Moonlighting hours MUST be counted toward the 80 hour duty hour limit.

Must
A term used to identify a requirement which is mandatory or done without fail. This term indicates an absolute requirement.

National Resident Matching Program (NRMP)
A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies. It is the most widely

used matching program. There are other matches used by some programs such as the San Francisco Match or other specialty matches.

Night Float
Rotation or educational experience designed to either eliminate in-house call or to assist other residents during the night. Residents assigned to night float are assigned on-site duty during evening/night shifts and are responsible for admitting or cross-covering patients until morning and do not have daytime assignments. Rotation must have an educational focus.

Notable Practice
A process or practice that a Review Committee or other ACGME committee deems worthy of notice. Notable practices are shared through the ACGME web site or other ACGME publications to provide programs and institutions with additional resources for resident education. Notable practices do *not* create additional requirements for programs or institutions.

One Day Off
One (1) continuous 24-hour period free from all administrative, clinical and educational activities.

Ownership of Institution
Refers to the governance, control, or type of ownership of the institution.

Pager Call
A call taken from outside the assigned site.

PALS
Pediatric Advanced Life Support.

PDSA (Plan-Do-Study-Act)
A four part method for discovering and correcting assignable causes to improve the quality of processes; the method may be applied to individual learning, courses, programs, institutions, and systems, in repeated cycles.

PLA
See PROGRAM LETTER OF AGREEMENT.

Pilot
An ACGME-approved project, which is initiated by the Review Committee and involves several residency/fellowship programs that elect to participate.

Preliminary Positions
Designated Positions
Positions for residents who have already been accepted into another specialty, but who are completing prerequisites for that specialty (see Program Requirements for Surgery).

Non-Designated Positions
Positions for residents who at the time of admission to a program have not been accepted into any specialty (see Program Requirements for Surgery).

Primary Clinical Site
If the sponsoring institution is a hospital, it is by definition the principal or primary teaching hospital for the residency/fellowship program. If the sponsoring institution is a medical school, university, or

consortium of hospitals, the hospital that is used most commonly in the residency/fellowship program is recognized as the primary clinical site.

Probationary Accreditation
An accreditation status that is conferred when the Review Committee determines that a program or sponsoring institution that has failed to demonstrate substantial compliance with the requirements.

Program
A structured educational experience in graduate medical education designed to conform to the Program Requirements of a particular specialty/subspecialty, the satisfactory completion of which may result in eligibility for board certification.

Program Director
The one physician designated with authority and accountability for the operation of the residency/fellowship program.

Program Evaluation
Systematic collection and analysis of information related to the design, implementation, and outcomes of a resident education program, for the purpose of monitoring and improving the quality and effectiveness of the program.

Progress Report
A Review Committee may request a progress report that specifies information to be provided, including a due date for the report. The progress report must be reviewed by the sponsoring institution's Graduate Medical Education Committee, and must be signed by the designated institutional official prior to submission to the Review Committee.

Program Letter of Agreement (PLA)
A written document that addresses GME responsibilities between an individual accredited program and a site other than the sponsoring institution at which residents receive a required part of their education.

Program Merger
Two or more programs that combine to create a single program. One program may maintain continued accreditation while accreditation is voluntarily withdrawn from the other program or programs. Alternatively, both programs may be withdrawn and a new program may be established.

Program Year
Refers to the current year of education within a specific program; this designation may or may not correspond to the resident's graduate year level.

Required
Educational experiences within a residency/fellowship program designated for completion by all residents/fellows.

Resident
A physician in an accredited graduate medical education program, including interns, residents, and fellows.

Residency
A program accredited to provide a structured educational experience designed to conform to the Program Requirements of a particular specialty.

Review Committee Executive Director

Appointed by the ACGME Chief Executive Officer, is a chief staff person for a Review Committee and is responsible for all administrative matters of the Review Committee.

Review Committee, Residency Review Committee
The function of a Review Committee is to set accreditation standards and to provide a peer evaluation of residency programs and fellowships (or, in the case of the Institutional Review Committee, to set accreditation standards and to provide a peer evaluation of sponsoring institutions).

Rotation
An educational experience of planned activities in selected settings, over a specific time period, developed to meet goals and objectives of the program.

Scheduled duty periods
Assigned duty within the institution encompassing hours which may be within the normal work day, beyond the normal work day, or a combination of both.

Scholarly Activity
An opportunity for residents/fellows and faculty to participate in research, as well as organized clinical discussions, rounds, journal clubs, and conferences. In addition, some members of the faculty should also demonstrate scholarship through one or more of the following: peer-reviewed funding; publication of original research or review articles in peer-reviewed journals or chapters in textbooks; publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or participation in national committees or educational organizations. (See Common Program Requirements)

Shall
See MUST.

Should
A term used to designate requirements so important that their absence must be justified. A program or institution may be cited for failing to comply with a requirement that includes the term 'should'.

Site
An organization providing educational experiences or educational assignments/rotations for residents/fellows.

Major Participating Site
A Review Committee-approved site to which all residents in at least one program rotate for a required educational experience, and for which a master affiliation agreement must be in place. To be designated as a major participating site in a two-year program, all residents must spend at least four months in a single required rotation or a combination of required rotations across both years of the program. In programs of three years or longer, all residents must spend at least six months in a single required rotation or a combination of required rotations across all years of the program. The term "major participating site" does not apply to sites providing required rotations in one year programs. (see MASTER AFFILIATION AGREEMENT)

Participating Site
An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a

public health agency, an organized health care delivery system, a health maintenance organization (HMO), a medical examiner's office, a consortium or an educational foundation.

Specialty Program
A structured educational experience in a field of medical practice following completion of medical school and, in some cases, prerequisite basic clinical education designed to conform to the Program Requirements of a particular specialty; also known as 'core' programs.

Sponsoring Institution
The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of GME. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, an educational foundation). [Clarification: When the sponsoring institution is a non-rotation site the major associated hospital is the participating rotation site. Additionally, for multiple ambulatory medical sites under separate ownership from the sponsoring institution one central or corporate site (and address) must represent the satellite clinics (that are located within 10 miles of the main site).]

Strategic napping
Short sleep periods, taken as a component of fatigue management, which can mitigate the adverse effects of sleep loss.

Subspecialty Program
A structured educational experience following completion of a prerequisite specialty program in GME designed to conform to the Program Requirements of a particular subspecialty.

Dependent Subspecialty Program
A program that is required to function in conjunction with an accredited specialty/core program, usually reviewed conjointly with the specialty program, usually sponsored by the same sponsoring institution, and geographically proximate. The continued accreditation of the subspecialty program is dependent on the specialty program maintaining its accreditation.

Suggested
A term along with its companion "strongly suggested," used to indicate that something is distinctly urged rather than required. An institution or program will not be cited for failing to do something that is suggested or strongly suggested.

Summative Evaluation
Assessment with the primary purpose of establishing whether or not performance measured at a single defined point in time meets established performance standards, permanently recorded in the form of a grade or score.

Transfer resident
Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical

school). Before accepting a transfer resident, the program director of the 'receiving program' must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term 'transfer resident' and the responsibilities of the two program directors noted above *do not apply* to a resident who has *successfully completed* a residency and then is accepted into a subsequent residency or fellowship program.

Transitional-Year Program
A one-year educational experience in GME, which is structured to provide a program of multiple clinical disciplines; its design to facilitate the choice of and/or preparation for a specialty. The transitional year is not a complete graduate education program in preparation for the practice of medicine.

Transitions of care
The relaying of complete and accurate patient information between individuals or teams in transferring responsibility for patient care in the healthcare setting.

Unannounced Site Visit
A site visit that is unannounced due to the urgency of an issue(s) that needs immediate review. A program may receive up to three weeks' notice of unannounced site visits.

USMLE
United States Medical licensing Exam. USMLE is a three-part exam taken by allopathic medical students and residents. Each part of the USMLE is called a Step. Step 1 is usually taken at the end of the second year of medical school. Step 2 is usually taken prior to graduation from US medical schools. Step 2 has two parts: a clinical knowledge (CK) exam and a clinical skills assessment (CSA or CS). Step 3 is usually taken during or after the first year of residency training.

Warning
If a program or sponsoring institution does not demonstrate substantial compliance, a Review Committee may warn a program or sponsoring institution if it determines areas of non-compliance may jeopardize its accreditation status.

Withdrawal of Accreditation
A Review Committee determines that a program or sponsoring institution has failed to demonstrate substantial compliance with the requirements.