

USF PROGRAM ADMINISTRATOR HANDBOOK

2019-2020

UNIVERSITY OF SOUTH FLORIDA
GRADUATE MEDICAL EDUCATION

Revised May 2019

ACGME

The Accreditation Council for Graduate Medical Education (ACGME)

The Accreditation Council for Graduate Medical Education (ACGME) accredits Sponsoring Institutions and residency and fellowship programs, confers recognition on additional program formats or components, and dedicates resources to initiatives addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education. The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.

The ACGME is a separately incorporated, nongovernmental organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsors them and renders accreditation decisions based on compliance with these standards.

Its mission is to improve healthcare and population health by assessing and advancing the quality of resident physicians' education through accreditation.

The ACGME's member organizations are the American Board of Medical Specialties, American Hospital Association, American Medical Association, Association of American Medical Colleges, and the Council of Medical Specialty Societies. Member organizations each nominate four members to the Board of Directors, which also includes two resident members, three public directors, the chair of the Council of Review Committees, one to four at-large directors, and a non-voting federal representative.

For more information on how ACGME runs, you can review the ACGME Policies and Procedures document here: http://www.acgme.org/acgmeweb/Portals/0/PDFs/ab_ACGMEPoliciesProcedures.pdf.

Self-Study/ Self-Study Visit

Site Visit

The accreditation site visit is the on-site collection and aggregation of relevant data, which is put into a narrative, factual report used by the ACGME Review Committee to make accreditation decisions. ACGME site visits can either be a Full or Focused site visit. Programs usually get a minimum of 30 days noticed for announced site visits.

Sponsoring Institutions and programs should make sure that the information in the Accreditation Data System (ADS) are current. Information such as block diagram, clinical experience and educational work, faculty roster, overall evaluation methods, participating sites, program director CV and responses to citations should be updated prior to the site visit.

More information can be found on the ACGME website at <https://www.acgme.org/What-We-Do/Accreditation/Site-Visit/Site-Visit-FAQs/GraduateMedicalEducation/SiteVisitandFieldStaff/SiteVisitFAQ>

Next Accreditation System (NAS)

The ACGME NAS utilizes a continuous assessment model for programs and sponsoring institutions, consisting of annual program review and 10 year Site Visit preceded by a Self-

Study. Each Residency Review Committee conducts an annual evaluation of programs utilizing the following metrics:

- Faculty and resident scholarly activity – From WebADS
- Clinical experiences (e.g. case logs) – From WebADS
- Resources (including faculty qualifications, attrition, and clinical resources) – From WebADS
- Milestone reporting
- Resident and Faculty surveys
- Board pass rate – Specialty Boards send information directly to ACGME.
- Past citations – From WebADS

Following the RRC annual review, programs as well as the sponsoring institution will receive an annual notification letter with the following accreditation status options.

- Continued accreditation
- Continued Accreditation with warning
- Probationary accreditation
- Withdrawal of accreditation.
- Administrative withdrawal

Subspecialty programs are reviewed together with their respective core programs and may or may not receive an individual letter.

Annual WebADS Updates

Sometime between July and September, programs and the institution are asked to update the information in WebADS. Much of the annual review information comes directly from this update. When RRCs are reviewing WebAds updates, they want to know that programs are attentive to ACGME requirements, are cognizant of potential problems and, most importantly, are addressing them. If there are omissions, errors or inconsistencies RRCs will assume that the program is not paying attention. You will be asked to complete your update 2 weeks before the due date, to allow time for the Central GME to review. The following sections are particularly important:

Response to Citations - Citations are entered by WebADS. Please make use of this narrative to inform the RRC how you have addressed the citation(s) and how you are assessing the outcome of any steps taken. If you have citations, please also make sure that addressing them is reflected in your Annual Program Evaluation (APE) action plan for that year. This section should be clear and provide enough detail to let the RRC know what you are doing. Be specific and clear in describing the time course and status of any improvements or initiatives.

Physician Faculty Roster - the RRC utilizes this roster to see if your program has the requisite number of faculty with the appropriate qualifications. Make sure that the information you have regarding board certification status of faculty is current and accurate. If you have faculty who are not board-certified, outline their plan to become board certified. Pay close attention to the clinical site designation for your key faculty, and make sure you have faculty with a primary designation at all sites.

Faculty and Resident scholarly activity – all scholarly activity from the previous academic year should be included and reported in the update. Articles published in peer-reviewed journals are listed per author by their PMID. WebADS provides a guide to help you capture other recognized forms of scholarship such as grand rounds presentations, presentations at national meetings, etc. It's important to capture all of these.

Overall Evaluation Methods Section - In this section you are asked to report the percentage of the faculty who complete written evaluations of residents/fellows within 2 weeks following each rotation or educational experience. Make sure you can support this with data. If your percentage is less than 80%, you should be working on a plan to increase it and describe your plan for improving it in the narrative section.

Resident and Faculty Surveys – Please review these before doing your WebADS update. If there is even one item with a low rating or low % of compliance, please address it in the appropriate narrative section and explain how it was assessed/addressed by your program. It is important to remember that you may have received the surveys 3-8 months before doing the update and survey items with an easy fix may have escaped your memory, but the RRC reviews the surveys and WebADS update at the same time - the data is fresh to them.

Other Narratives- In addition to the response to citations section, there are two helpful narrative sections. The Major Changes and Other Updates section is a good place to proactively address any areas of concern from the resident or faculty surveys, case logs, etc. Again, anything that is important enough to mention here should be addressed in an APE goal. Even if the problems have not been completely solved, your RRC will take solace in knowing that you are on top of it. When issues are actively being addressed via APE, it also gives them a comfort level that programs are utilizing the APE as a quality improvement tool. The second helpful section asks the program to set priorities for learning environment and describe the steps you are taking to get there.

Case Logs - Many RRCs have procedural case minimums and specific graduation requirements. Trainees are expected to enter cases in the resident case log system throughout the year. The ACGME expects that programs are monitoring case logs in real time and will hold the program director responsible if residents are less than conscientious about recording. If your RRC has case requirements or minimums, WebADS provides you with reports on individual resident or resident class attainment, and where the program falls nationally. Please make use of these.

Block Diagrams – Programs are often asked to provide a block diagram of their curriculum. Many RRCs place a high level of importance on using the exact WebADS block diagram structure. When submitting any block diagrams to WebADS, please use the template provided (Sites-Block Diagram Upload-Block Diagram Instructions/Sample).

Site Visit and Self-Study

The self-study is an objective, comprehensive evaluation of the program with the aim of improving it. Your APEs in the years leading up to the self-study are seen as the foundation of program improvement. The self-study is seen as a longitudinal evaluation of the program and its learning environment, with an emphasis on program strengths and “self-identified” areas for improvement (“self-identified” is used to distinguish this dimension of the self-study from areas for improvement the Review Committee identifies during accreditation reviews). In addition, the program will be asked to explore its aims and conduct a SWOT analysis. The focus on aims and the program’s environmental context is to support improvement that goes beyond compliance with ACGME Requirements.

Your program will have about 9 months to complete the Self-Study and upload a summary of your process, aims and environment into WebADS. The summary does not include your self-identified strengths or weaknesses.

Your Site Visit will occur 12-18 months after the completion of your Self-Study. During those months, you are expected to conduct a plan of improvement for weaknesses identified in the self-Study (think educational PDSA) and submit a summary of these achievements just before the Site Visit.

The ACGME has placed added responsibility for oversight of subspecialty programs on the core program and sponsoring institution. The 10-year site visits for subspecialty programs will be coordinated with the visit of their respective core program. The self-study group for the core program should try to coordinate activities with the self-study groups for any dependent subspecialty programs, to take advantage of common dimensions, explore potential synergies, and reduce the burden that may be associated with conducting an independent self-assessment.

Programs may also have a focused site visit at the discretion of the RRC, to assess potential problems as adjudged by annual program review or evaluate a complaint about the program.

ALUMNI

The Program Administrator/Coordinator (PA) is responsible for managing graduate records for previous fellows and residents. Graduate records should be maintained in an organized fashion to make future credentialing requests as easy as possible. Prior to graduation, the PA should request forwarding contact information for graduates. The PA may be asked to manager their department/divisions alumni society. Tasks for the society may include mailings, event planning, etc. Alumni societies can be beneficial to current residents – if members of the society are required to pay dues, those funds can potentially be used to fund educational experiences for the residents that are outside of the GME scope.

AFFILIATE CONTACTS

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CLINICAL COMPETENCY COMMITTEE

A required body comprising three or more members of the active teaching faculty that is advisory to the program director and reviews the progress of all residents or fellows in the program. The CCC must have a written description of responsibilities. Please review your Program Requirements for further detailed information.

The CCC should:

Review all fellow evaluations semiannually, prepare and ensure the reporting of Milestone Evaluations to ACGME semiannually, advise the program director regarding resident/fellow progress, including promotion, remediation, and dismissal

COMMON ACRONYMS

ACLS

Advance Cardiac Life Support

ACGME

Accreditation Council for Graduate Medical Education

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.

ADS

Accreditation Data System

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.

AIR

Annual Institutional Review

APE

Annual Program Evaluation

BLS

Basic Life Support

CLER

Clinical Learning Environment Review

The ACGME 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.

CCC

Clinical Competence Committee

Each program must appoint a CCC to evaluate each resident's milestones semi-annually. Milestones must be reported semi-annually to the ACGME via ADS.

CME
Continuing Medical Education

CMS
Centers for Medicare and Medicaid Services

CV
Curriculum Vitae

DEA
Drug Enforcement Administration

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

ERAS
Electronic Residency Application Service

FRIEDA
Fellowship and Residency Electronic Interactive Database

GME
Graduate Medical Education

GMEC
Graduate Medical Education Committee

HIPAA
Health Insurance Portability and Accountability Act

IMG
International Medical Graduate
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.

IRC
Institutional Review Committee

IRIS
Intern and Resident Information System

TJC/JCAHO
Joint Commission

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

Accredits programs on 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.

NAS

Next Accreditation System

NRMP

National Resident Matching Program

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.

PALS

Pediatric Advanced Life Support

PD

Program Director

PEC

Program Evaluation Committee

The PEC must be composed of at least two program faculty members and at least one resident. Each program must develop a policy that outlines the responsibilities of the PEC.

PGY

Post Graduate Year

PIF

Program Information Form

PLA

Program Letter of Agreement

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.

RC

Review Committee

The Review Committee is a section of the ACGME that is responsible for the accreditation of a particular specialty or subspecialty and its member programs. Accreditation is given once it has been determined that a program is in compliance with the standards and guidelines set up in the ACGME program requirements.

RRC
Resident Review Committee

SV
Site visit

TAGME

Training Administrators of Graduate Medical Education Programs

The National Board of Certification for TAGME has been created to establish standards for the profession, to acknowledge the expertise needed to successfully manage graduate medical programs and to recognize those training program administrators who have achieved competence in all fields related to their profession.

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.

CONFERENCE ROOMS

TGH Conference Rooms

<i>Room</i>	<i>Style</i>	<i>Capacity</i>	<i>AV</i>	<i>Contact</i>	<i>Phone number</i>	<i>Department</i>
A135	Conference	10	Laptop Accessibility, Computer, LCD Flat Screen TV, Phone Line, Videoconference CODEC	Michael Parsons	4886	Patient Accounts
A242	Conference	8	Computer, Laptop Hookup, LCD Flat Screen TV, Phone Line	Theresa Hagerman	7353	Respiratory
A456	Conference	12	Laptop Hook-up, LCD Flat Screen TV, Phone Line,	Markelle Hunt	7252	Antepartum
A500	Conference	8		Deborah Lawrence	7640	Transplant
A555	Conference	12	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone Line	Deborah Lawrence	7640	Cardiac Telemetry
A642	Conference	6	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone Line	Susan Hackl	5468	Complex Medicine
A756	Conference	20	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone Line	Isabel Tolentino	7549	Joint Center

A856	Conference		Laptop Hook-up, LCD Flat Screen TV, Phone Line, Computer	Brenda Junco	7945	Transplant
A956	Classroom	10	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone Line	Isabel Tolentino	7549	Neuroscience
B103	Classroom	20	Ceiling Mounted Projector, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted)	Jennifer Wohl	7806	Organizational Development
B104	Classroom	65	Computer, DVD Player, Laptop Hook-up, Flat Screen Display, Microphone (Podium) Phone Line, Podium, Speakers (Ceiling Mounted) Video conference CODEC, Wireless Microphone	Jennifer Wohl	7806	Organizational Development
B107	Classroom	65	Ceiling Mounted Projector, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted) Video conference CODEC	Helen Memoli	259-0676	USF Residents
B218	Conference	20	Ceiling Mounted Projector, Computer, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Marion Chungo	4908	Laboratory Administration
B301	Boardroom / Classroom	45	Flat Screen Display, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted) Video conference CODEC, Wireless Microphone	Jennifer Wohl	7806	Organizational Development
Beta	Computer Laboratory	12	Ceiling Mounted Projector, Computer, Phone Line, Podium, Speakers (Ceiling Mounted), Podium	Jennifer Wohl	7806	Organizational Development
C550	Conference	10	Laptop Connectivity, Computer, Flat Screen Display	Candice Herman	3752	STICU
C576	Conference	10	Laptop Connectivity, Computer, Flat Screen Display	Rhonda Krawiec	7138	Cardiac ICU
C651	Conference	10	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone line	Teresa Bollent	7141	Burn Center
C752	Conference	10	Laptop Connectivity, Computer, DVD Player, LCD Flat Screen TV, Phone Line	Heather Bonham	5535	Surgical Oncology
C852	Conference	10	Laptop Connectivity, Computer, LCD Flat	Isabel Tolentino	7549	Trauma

			Screen TV, Phone line			
C953	Conference	20	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone line	Joann Leone	3573	Acute Care
D128	Conference	8	Computer, LDC Flat Screen TV, Phone Line	Eydie Sollenberger	4870	SDP / Purchasing
D252	Conference	8	Computer, LCD Flat Screen TV, Phone line	Debbie Lovas	4551	Medical ICU
D340	Conference	6	TV with Laptop Hookup	Julie Wilkinson	4552	Cardiac Surgery
E222	Conference	13	Flat Screen Display, Ceiling Mounted Projector, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted) Video conferencing CODEC	Nancy Thomas	4548	Human Resources
E410	Conference	6	Laptop Hook-up, LCD Flat Screen TV, Phone Line	Melissa Davis	3930	Clinical Resources
E424A	Conference	6	Computer, LCD Flat Screen TV, Phone line, Laptop Connectivity	Angie Davis	4282	Employee Health
F013B	Conference	10	Computer, Flat Screen Display, Laptop Connectivity, Video Conferencing CODEC	Pamela Depetro	7205	Facilities
F022D	Conference	10	Laptop Hookup, Flat Screen Display	Cindy Williams	3326	Facilities
F023J	Conference	15		Sherrie Centers	844-5499	EVS
F231	Conference	10	Flat Screen Display, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted) Video Conferencing CODEC	Patty Cox	7301	Pharmacy
F703	Conference	10	Laptop Hookup, Flat screen Display	Krystelle Sessler	660-2767	Transplant
G142	Conference	10	Computer, Laptop Hook-up, LCD Flat Screen TV, Phone Line	Bev Wall	7063	Pastoral Care
G303	Conference	15	Laptop Hookup, Computer, Flat Screen Display, Video Conferencing CODEC	Donna Arrieta	7307	Nsg Admin
G405	Conference	15	Computer, Flat Screen Display, Laptop Connectivity	Donna Arrieta	7307	Nsg Admin
G433	Classroom	20	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Ophelia Samuels	4248	Trauma Administration
G521	Conference	15	Ceiling Mounted Projector, Computer, DVD Player, Laptop	Joe Vise	7117	Women and Children

			Hook-up, LCD Flat Screen TV, Phone Line, Podium, Speakers (Ceiling Mounted), Microphone (Podium)			
G523	Conference	6	NO AV	Joe Vise	7117	Women & Children
H005	Classroom	20	Ceiling Mounted Projector, Podium, Computer, Laptop Hook-up, Phone Line, Speakers (Ceiling Mounted)	Jennifer Wohl	7806	Organizational Development
H005a	Classroom	12	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Jennifer Wohl	7806	Organizational Development
H007A		30	DVD Player, Phone Line, Podium, Speakers (Ceiling Mounted)	Tiara Martinez	3273	Nursing Administration
H007D		13	Ceiling Mounted Projector, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Tiara Martinez	3273	Nursing Administration
H018A	Conference	10	Laptop Hookup, Flat Screen Display, Video conferencing CODEC	Emma Wright	4702	Marketing
H028.01	Conference	10				Respiratory
H149	Conference	8	Flat Screen Display, Laptop Connectivity	Bridget Bean	3528	Foundation
H205	Conference	6	Laptop Hookup, Flat Screen Display, Computer	Lisa Manis or Denise Neumann	4376 or 4309	Short Stay
H403B	Conference	10	Laptop Hookup, LCD Flat Screen TV, Phone Line	Joe Vice	7117	NICU
HMT- 516	Conference	15		Eleanor De-Jesus	3971	Transplant
HMT-120	Conference	12	Flat Screen Display, Laptop hook-up, Phone Line, Speakers (Ceiling Mounted) Video Conference CODEC	Elizabeth Shumate	7218	CMO
HMT-230	Conference	8	Laptop Connectivity, Flat screen Display	Iracema DelRio	4692	Quality Improvement
HMT-536	Conference	50	Laptop Connectivity, Computer, Flat Screen Display	Eleanor De-Jesus	3971	Transplant
J154-D	Conference	6	Laptop Hookup, Flat Screen Display	Jesus Fuentes		Dietary
J348	Classroom	20	Flat Screen Display, Laptop Connectivity, computer, LCD Flat Screen TV, Phone Line,	Cindy Colley	4143	Radiology

			Speakers Ceiling Mounted, Videoconference CODEC			
K2057	Conference	8	Flat Screen Display, Laptop Connectivity, Phone Line, Speakers (Ceiling Mounted)	Rosa Pineda	7984	ED Emergency Department
K3601	Classroom	30	Flat Screen TV, Laptop Connectivity, Computer, DVD Player, Microphone (Podium), Phone Line, Podium, Speakers (Ceiling Mounted) Wireless Microphone	Cindy Colley	3293	Cardiac Cath/CV
K3619	Conference	8	Laptop Connectivity, Computer, LCD Flat Screen TV, Phone line	Cindy Colley	3293	Cardiac Cath/CV
K4008	Classroom	25	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Microphone (Podium), Phone Line, Podium, Speakers (Ceiling Mounted)	Marlena Del Rio	3143	Women & Children
K4135B	Classroom	25	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted), Videoconference CODEC	Joe Vise	7117	NICU
K5102	Conference	10	Laptop Connectivity, Ceiling Mounted Projector, Computer, Phone Line, Speakers (Ceiling Mounted)	Candice Edsall	3752	Trauma ICU
K5132	Conference	10	Ceiling Mounted Projector, Computer, Laptop Connectivity, LCD Flat Screen TV, Phone Line, Speakers (Ceiling Mounted)	Candice Edsall	3752	Trauma ICU
K6461	Conference	15	Laptop Connectivity, Computer, Flat Screen Display	Jason Erskine	4648	GE Center / Parathyroid
K6469	Conference	15	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Isabel Tolentino	7549	Special Surgery
MacInnes Auditorium	Auditorium	155	Ceiling Mounted Projector, Computer, DVD Player, Laptop	Cheryl Starling	7962	Education Media

			Hook-up, Podium, LCD Flat Screen TV, Phone Line, Speakers (Ceiling Mounted), Microphone (Podium) Video conference CODEC, Wireless microphone			
R200	Classroom	120	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, LCD Flat Screen TV, Phone Line, Podium, Speakers (Ceiling Mounted), Microphone (Podium)	Jennifer Wohl	7806	Organizational Development
R201	Classroom	60	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, LCD Flat Screen TV, Microphone (Podium), Phone Line, Podium, Speakers (Ceiling Mounted) Videoconference CODEC	Jennifer Wohl	7806	Organizational Development
R204	Conference	15	Ceiling Mounted Projector, Computer, DVD Player, Laptop Hook-up, Phone Line, Podium, Speakers (Ceiling Mounted)	Sharon Mclaughlin	7610	Rehab
R317	Conference	6	Laptop Connectivity, Projector, Computer	Natasha Williams	3987	Rehab
RO131	Conference	10	Laptop Connectivity, Flat Screen Display, Computer	Michael Parsons	4886	Radiation Oncology

CREDENTIALING

Credentialing is the process by which a hospital obtains and validates evidence of an applicant's medical education, training, and history in order to review and assess his or her professional qualifications for medical staff appointment. Credentials verification consists of determining whether a physician completed his or her residency and authenticating the dates of that residency. When an MSO (Medical Staffing Office) requests this information from a residency program, this can also be called primary source verification.

The term credentialing, however, refers to the overall process of gathering and verifying credentials information, reviewing that information, and making a decision to grant or deny medical staff membership. For example, medical staff offices are charged with verifying physician competency, which may include asking that physician's residency program for verification of competency, case logs, and procedures completed.

Hospitals usually want the program director to provide this information, but the task of gathering the requested information may fall to the program administrator.

1. The resident graduates from his or her program.
2. The resident seeks medical staff membership/clinical privileges in a hospital, surgery center, or clinic, OR a position with an organization that employs their practitioners.
3. The resident will need to obtain an application from human resources and/or the medical staff office (MSO) of the organization
4. The application will ask for education/training dates, which will need to be verified by a primary source (i.e. from the school/program)
5. The medical staff professional and/or human resources personnel will contact the school/medical center where the resident received their training via letter, e-mail, or fax to verify that the information on the application is accurate.
6. The residency/fellowship coordinator may or may not receive this request, as it would go to either the MSO or human resources department of the training organization. The MSO or coordinator would respond with a letter, e-mail, or fax citing dates of attendance and program completion. In many cases, the credentialing organization will request the program director to complete an evaluation form. The form will attest to the competency, knowledge, citizenship, and well-being of the resident while they were in the program.
7. The hiring organization uses this information to ensure that the provider under consideration is qualified for the position/privileges that the provider is requesting.

All credentialing for USF goes through the GME office first in order for the \$40 credentialing fee to be applied and then the program gets apportion of that fee for the program.

DUTY HOURS

All residents are required to log duty hours on an ongoing basis, and no less than monthly. Once all duty hours are recorded in New Innovations, the administrator will review and address any duty hour violations in an expedient manor. It is imperative that all moonlighting and vacation/leave are reported as the duty hours in New Innovations. Duty hours must be correctly entered by residents no later than the 5th of the month, and it is the responsibility of the coordinator to ensure this is completed. In the event that residents fail to enter any duty hours into New Innovations by the 5th of the month, programs will be fined \$200 per incident of failure to enter hours. In addition, this will be tracked and reported at the GMEC meeting. Entering duty hours correctly and in a timely fashion falls under professionalism in the ACGME six core competencies, and should be taken into consideration during the semiannual CCC meetings.

EDUCATION FUNDS

The Program Administrator is responsible for managing or assisting with the program's fiscal education budget. The PA should review the monthly financial reports that are provided by the GME office. The PA will process invoices and requests for program expenses. The PA, along

with the PD, will ensure that all expenses and requests comply with the GME education funds guideline.

It is suggested that the PA send out a “friendly reminder” email to all trainees at least once per year with a breakdown of the guidelines and expectations for funds.

It is suggested that the PA have a standard email that can be send to trainees when requesting conference funds in order to obtain all necessary information. Example below:

“In order to secure funds for your conference, please provide the following pieces. As a reminder, do NOT purchase or book anything until you have heard from me that your funds have been fully approved. Anything purchased prior to the preapproval may not be reimbursed.

- Copy of conference acceptance email
- Estimated Cost of registration (you will pay for the registration and submit for reimbursement)
- Estimated Cost of flights (we will send you the info to book your flights through the AAA system)
- Estimated Cost of hotel (you will book the hotel and will get reimbursed for the cost after the conference)
- Est. cost of transportation/travel/etc (you will pay these and be reimbursed after the conference - ubers, parking, etc)
- Poster printing costs (if applicable)”

EVALUATIONS

- New Innovations
 - Evaluations are located in New Innovations under the evaluations tab
 - You can manage your evaluations
- Managing Evaluations
 - Evaluations > Session Manager
- Running Evaluation Reports
 - Evaluations > Reports
 - You are able to monitor evaluations to track which are complete/incomplete.
- Types of Evaluations:
 - Rotation evaluations
 - Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or educational assignment.
 - You can set these up either manual or automatically. You can select automatic evaluation matching if that is a better option for your program. To set up evaluations you go to New Innovations > Evaluations > Session Manager > Select your desired rotation > Match Schedule > Interval (select desired rotation date)
 - Semi-annual evaluations

- These will need to be completed twice a year. Program Directors will need to meet with trainee to go over semi-annual evaluations, provide feedback, and receive signatures.
- New Innovations > Reviews > Select trainee
- Be sure to select “Capture Data Now” at the top right of the page. This will pull all data and information from New Innovations. Trainees will be evaluated of their milestone progress at the CCC meeting. This information should transfer into this document. After the meeting occurs and the trainee/PD have signed the review, upload this document into their file under the trainee’s folder at this location: New Innovations > Reviews > Select trainee.
- Program evaluation
 - Trainees and Faculty should submit a program evaluations once per year. This evaluation can be set up in new innovations.
 - ACGME will also send out a yearly program evaluation that will be completed in ACGME Webads.
- Summative evaluation
 - Once trainee has completed program, a summative evaluation should be completed. This evaluation

FREIDA

FREIDA is a database with over 9,000 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education, as well as over 100 combined specialty programs. Select Residency / Fellowship Training Program Search to search for programs by specialty, state, institution, and optional criteria. Additional information is available about affiliated training institutions. About FREIDA describes how programs can be saved in folders, where FREIDA gets its data, and Frequently Asked Questions. Select Training Statistics to find aggregate statistics on training programs in each specialty and subspecialty. Select Graduates' Career Plans to learn the career plans of recent graduates, as reported by their program directors. Program directors can modify their listing as part of Resources for Program Directors.

GENERAL ROLES & RESPONSIBILITIES

The roles and responsibilities vary greatly among programs. Some program administrators/coordinators have combined jobs that require them to perform different functions outside of the realm of the coordinator’s role, including department administrative functions, secretarial support, etc. Each training program is unique as it designs and implements a learning experience for residents. Program coordinators work closely with the program director and have an active role in the organization and management of day-to-day activities of the residency program. Below is an alphabetical list of the typical, general job responsibilities.

Accreditation

1. Familiarize yourself with current ACGME (Accreditation Council for Graduate Medical Education) and ABMS (American Board of Medical Specialties) requirements, and know where to find them.
2. Organize and maintain information needed to complete the ACGME Annual Program Update through ADS.
3. Familiarize yourself with the Clinical Learning Environment Review (CLER) program to know what is assessed during the visit.
4. Manage, prepare, and assist with self-study and site visits.

Administration

1. Manage the daily, monthly, and yearly operations of the program.
2. Coordinate specific activities related to the program (e.g., accreditation, credentialing, scheduling, recruitment, orientation, etc.), including timing, logistics, and participation.
3. Perform administrative duties such as updating resident policies, maintaining resident files, documenting conference attendance, monitoring resident work hours, tracking procedure logs, contracts, evaluations, and updating resident schedules and curriculum.
4. Act as liaison between department and graduate medical education office.

Budget

1. Manage and/or assist with the program's fiscal education budget.
2. Review monthly program financial reports.
3. Process invoices for resident/fellow & program expenses.

Credentialing

1. Collect credentialing data and maintain credentialing records, including forwarding appropriate requests to GME to collect fees and process.
2. Ensure residents keep up to date on various certification courses (i.e., ACLS&BLS, PALS, etc.).
3. Distribute certificates to residents for program completion.
4. Manage graduate records and prepare verification and credentialing documents for program alumni.

Schedule

1. Schedule activities such as master schedule of rotations, conferences, electives, vacations, individualized rotations, didactics, committee meetings, recruitment, events (i.e., orientation, graduation, in-training examinations), etc.
2. Coordinate schedule for medical student electives and visiting residents (if your program has this)
3. Prepare and/or distribute master rotation, call, and didactic schedules in cooperation with chief resident(s).

Recruitment

1. Plan, develop, and coordinate resident recruitment activities.
2. Review applications and inquiries to identify appropriate candidates for the training program in accordance with the established criteria (i.e., credentials, licensures, visas, screening, etc.).
3. Participate in the ranking process for residency candidates.
4. Gain knowledge of ERAS and NRMP programs.
5. Represent program at conferences and recruitment fairs to recruit candidates for residency program.
6. Contribute to the evaluation of candidates.

7. Complete annual surveys such as the National GME Census Survey through GME Track.

Resident Support

1. Assist with orientation of new residents.
2. Recognize and support resident contributions.
3. Serve as a role model for positive character traits that should be exemplified by residents.
4. The coordinator must be sensitive to race, ethnicity, and culture; be an active listener; and be fair and nonjudgmental.
5. Demonstrate tact and diplomacy when dealing with others and relaying confidential information.
6. The coordinator should be seen as an advocate to the residents.
7. Help build morale.

Notary Public - Optional

1. Not required, but very helpful in this role.

GME TRACK

The PA will receive notification from gmetrack@aamc.org when it is time to complete the annual updates GME track. There are two surveys that will need to be updated annually – the Resident Survey and National Census. These notifications are typically sent between June and August.

LICENSURE

The State of Florida requires that all practicing physicians hold a valid Florida medical trainee license in order to provide healthcare services. Resident physicians who are officially enrolled in an accredited post-graduate training program recognized by the State of Florida must hold either a valid full license or a valid training license. Residents without a training license or a full license in the State of Florida may not participate in patient care.

As part of the on-boarding process, Residents who wish to be licensed in the State of Florida are required to file a formal application with the State, pay a licensing fee (for full FL licensure), and have passed an appropriate certifying examination that includes the National Boards Part III, FLEX, or the USMLE Step 3 within ten years of application for licensure. The application for State licensure can be obtained from www.doh.state.fl.us/mqa. Application materials and specific information on application procedures are available from the USMLE website at www.usmle.org. Information is also available from the medical licensing authority in the jurisdiction where the examination is intended to be taken. USMLE Step 3 is administered by individual medical licensing authorities of the United States and its territories

The PAC will assist the GME office in ensuring that all incoming and current trainees have obtained the proper Florida medical license and apply for renewal. The GME will office will contact the trainee directly with the instructions for application.

LIST SERVES & SPECIALTY ORGANIZATIONS

PAs are encouraged to become active members of their specialty organizations. These organizations typically have coordinator email list serves where PAs can ask questions, share ideas, etc, that are invaluable. In addition, PAs are encouraged to attend their specialty meetings, along with the program director.

MEDICAL STUDENTS

PAs may also be responsible for the coordination of medical student rotations in their department. All new coordinators are asked to meet with the USF Health Registrar to receive proper training on managing medical student electives for USF and visiting students. Please contact Marrisona Cook at mcook@health.usf.edu

Before Each Rotation Period:

- Remind students to submit an electronic absence request form if they request an excused or unexcused absence via another method. Excused absences must be submitted 4 weeks in advance.
- Grant Canvas access to the coordinator (if applicable)
- Send rotation schedule to students for each period 2 weeks in advance
- Review the Canvas shell to ensure the content is appropriate (if applicable)
- Review the Canvas shell to verify all the correct students appear (if applicable)
- Review the rosters in Archivum to verify the correct students appear
- Regularly monitor drop/add in Archivum to take action on requests
- Notify affiliate sites one month in advance of any students who will be rotating
 - Moffitt Cancer Center – Lorie Jennings
 - James A. Haley VA Hospital – Erika Barr
 - Tampa General Hospital – Carmela Villanueva
- Other sites as used in the elective
- Setup E*Value timeframes (required for Acting Internships)
- Schedule evaluations of students by preceptors
- Schedule evaluations of preceptors by students
- Schedule evaluations of the clerkship by students

During Each Rotation Period:

- Adhere to “accommodations” memorandums if requested by a student for testing

After Rotation:

- Complete grades and final evaluations within 2 weeks
- Complete the Incomplete grade survey sent by the Registrar (if applicable)
- Submit your EVUs for the rotation in the spreadsheet Sarah Tanner provides

Annual Checklist:

- Identify a point of contact for the administration and for students
- Submit Electives Catalog edits each Fall
- Update syllabus with curriculum changes (required for Acting Internships)
- Update your elective in Canvas prior to the start of the academic year.

Archivum:

You will receive a task in Archivum and an email when a student submits a request. Courses to be added will always be reviewed before courses to be dropped. The task in Archivum will be clearly labeled as either “Drop” or “Add.”

Once you click on the link or task in Archivum, follow these steps:

- Decide whether or not you can accommodate the request. Look at this individually only from the perspective of the availability on your roster.
- You can click on the magnifying glass under Enrollments for [course] for more information. This is pulled from Banner. If you have a drop or add pending for another student, it will not be reflected until the request is finalized.
- Deny (on the left) or Approve (on the right). Please provide a comment if denying.

If you approve

- The request will continue to the next step and eventually to the Registrar’s Office.
- I will do a final review of graduation requirements before taking action.
- Once I take action, you will receive an email confirmation.

If you deny

- The student has an opportunity to resubmit, taking your comments into account
- The resubmission will be clearly marked
- **Contact Information:**

Item	Contact	Email	Phone
Academic Calendar	Shane Puckett	shanepuckett@health.usf.edu	396-9970
Rosters, U numbers, Emails	Marrissa Cook	mcook@health.usf.edu	974-0828
E*Value	Vacant		
SIM scheduling/CAMLS	Dawn Schocken	dschock1@health.usf.edu	974-8740
Exams	Kelly McCarthy	kemccart@health.usf.edu	974-2455
Room Reservations	Seema Martinez	smartin2@health.usf.edu	974-7294
Panopto	JC Fiester		
Canvas	Shane Puckett	shanepuckett@health.usf.edu	396-9970
EVUs	Sarah Tanner	Stanner2@health.usf.edu	974-2412

MONTHLY VERIFICATIONS

By the 10th of each month, the PA is required to submit schedule verifications to the GME office. The PA, PD and department designee must sign off these verifications on. It is expected that the PA and PD will review and update the resident/fellow rotations to ensure that each individual is

listed accurately for all days of the month, that a primary rotation is assigned (primary box is checked), and that assignments are correctly entered in the assignment schedule.

NEW INNOVATIONS

New Innovations is an electronic residency management system. USF GME invites trainers from New Innovations to hold an annual training session in May to allow time for general training and the inputting of schedules for the next academic year.

Website: <https://www.new-innov.com/pub/>

Help desk: 330-899-9954

Primarily used for:

- Schedules
 - Block & Assignment Schedules must be entered into the system. Depending on your program, you may be able to input this for the entire year and update monthly with any changes (i.e. adding or removing: vacation, sick or conference leave, clinics, exams, etc.)
- Goals & Objectives
- Evaluations
 - After reviewing your program requirements, ensure you set up sessions in New Innovations to reflect all required evaluations
- Conferences
- Duty Hours
 - Ensure that your residents are logging their duty hours monthly, at minimum. Also review for possible duty hour violations and correct on an as needed basis.
- Policies
 - The required policies to be uploaded into New Innovations include: Scope of Practice, Moonlighting, Transitions of Care & Clinical & Educational Work Hours
- Annual Program Evaluations
- Procedures & Privileging
- CCC Milestone Reviews
- Semiannual Reviews
- Personnel Records
- Checklists (primarily utilized by GME for onboarding and advancement)
- Reports (Including verification for Rotation Verification Reports)

After logging into New Innovations, click on the below link for further training and information on any topic: <https://gme-support.new-innov.com/support/solutions>

ONBOARDING & ORIENTATION

The GME office and all of the affiliates will have specific requirements for onboarding, including EMR trainings, certifications and orientation sessions. In addition, residents and fellows may have training sessions that are specific to their programs (simulations, didactics, etc). The Program Administrator will need to work closely with the incoming trainees and their program director to schedule sessions.

PROGRAM ADMINISTRATOR ADVISORY COUNCIL

The Program Administrator Advisory Council was established in 2018. The mission of the PAAC is to promote the growth and development of graduate medical education professionals, provide mentorship opportunities and the sharing of valued resources, as well as advocate for administrators within the institution and affiliates. Those interested in joining the PAAC should contact the council chair.

PROGRAM ADMINISTRATOR MEETINGS

Program administrator meetings are held once monthly with the GME staff. At these meetings, the GME office and affiliates provide PAs with any recent updates on policies, agreements, etc. During these meetings, PAs are encouraged to ask questions and discuss any global issues. Meetings are typically held at the USF 17 Davis building and are streamed to USF north campus and All Childrens Hospital. A call in number is provided for those not able to join in person. PACs are expected to attend all meetings.

PROGRAM EVALUATION COMMITTEE

A required body comprising of at least two program faculty members and at least one resident/fellow. The PEC must have a written description of responsibilities. The program director must appoint the Program Evaluation Committee (PEC). Please review your Program Requirements for further detailed information.

The PEC is required to meet annually, but recommended semiannually.

The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation (completed in New Innovations), monitoring each of the following areas:

- Resident/Fellow Performance
- Faculty Development
- Graduate Performance

- Program Quality
- Progress from the previous year's action plan.

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 teaching faculty and documented in meeting minutes.

PROGRAM LETTER OF AGREEMENTS

An agreement must be in place when a Resident in an Accreditation Council for Graduate Medical Education (ACGME)-accredited residency or fellowship program rotates to a domestic teaching location not affiliated/affiliated with the University of South Florida. The policy applies to all Residents, Program Directors, Program Coordinators, and GME Office Staff of ACGME-accredited residency and fellowship programs

- There must be a PLA in place in order for a resident/fellow to start rotating at any site. The PLA must:
 - Identify the faculty who will assume both educational and supervisory responsibilities for Residents/fellows at the off-site location;
 - Specify off-site faculty responsibilities for teaching, supervision, and formal evaluation of Residents/fellows
 - Specify the duration and content of the educational experience including curricular goals and objectives;
 - State the policies and procedures that will govern Resident/fellow education during the assignment;
 - Specify work environment and duty hour requirements;

Each program should have a PLA that is specific to the teaching, supervision and evaluations that are garnered specifically for the specialty. The PAC will need to work with the program director and site director to complete the form. Both will need to sign the PLA before submitting to GME. PLAs will need to be updated every 10 years – or when there is a change in program director or site director (*All Children's Hospital will continue to require new PLAs to be submitted every 5 years)

PROGRAM ADMINISTRATOR TIPS & TRICKS

SUGGESTED VENDORS

Catering & Food

- Publix (will set up a house account & credit card)
- Panera (will set up a house account)
- Sally O'Neals (will set up a house account)
- Wright's Gourmet (will set up a house account)
- Holy Hog BBQ (will set up a house account)

Jacksons (on site dinners)

Byblos (on site dinners)

Events

Snapshoot Photobooth - info@snapshootphotobooth.com

Rusty Pelican - dvalente@srcmail.com

The Floridan - events@floridanpalace.com

Goods

Browns Trophies - binc7@tampabay.rr.com

Debbie Ward (promotional materials) - Debbie.Ward@halo.com

QUALITY IMPROVEMENT & RESEARCH

Quality Improvement is a formal approach to the analysis of performance and systematic efforts to improve it. Scholarly activity entails contribution to knowledge available to the discipline of the specialty in training. To be recognized as scholarship, contributions must be shared with peers and subject to peer review.

All residents are required by ACGME to participate in both quality improvement and research throughout the course of their training. These projects should be tracked by the administrator throughout each academic year, reported to the Graduate Medical Education office as requested, and included for consideration during the semiannual CCC meetings. Education funds may be used to support the research activities of residents, and encourage them to present at local, regional and national conferences. Quality Improvement and research must also be reported in ACGME Web Ads for both fellows and faculty on an annual basis.

RECRUITMENT

Each program differs in their approach to recruitment. For most, recruitment is one of the most time-consuming and important aspects of the position. It will consume the majority of your time from September through March (for residencies) and August through December (for fellowships) that maintain a July-June academic year. The quality of the training program is dependent upon successful recruitment of residents. Eligibility and selection policies for selecting candidates are required as part of your recruitment policies and procedures. Each year, the process of filling open spots has become more and more competitive. At the end of the recruitment season, consider sending out a questionnaire to all of the candidates who were ranked (above your last filled position) but did not match at your institution. In this questionnaire, you should also ask the candidates what suggestions they have to improve your interview process and what the program can do to attract more students.

[Electronic Residency Application Service \(ERAS\)](#): The AAAMC’s electronic residency application service, ERAS, is a service that transmits letters of recommendation, medical student performance evaluations, medical school transcripts, USMLE transcripts, COMLEX transcripts, and other supporting credentials from applicants and their Designated Dean’s Office (DDO) to program directors. The four main components of ERAS include MyERAS, Dean’s Office Workstation (DWS), Program Director’s Workstation (PDWS), Letter of Recommendation Portal (LoRP) and ERAS PostOffice.

Most fellowship programs can begin reviewing applications through ERAS on July 15, and residency programs on September 15.

[National Resident Matching Program \(NRMP\)](#): Know the rules of the “Match,” and be prepared to answer questions from students and faculty. Remember, you cannot comment on how a candidate will be ranked with your program, nor can you ask the candidate how they will rank your program before the Match. When matching with an applicant, you are offering employment in your program contingent upon the applicant meeting your eligibility requirements. At the beginning of the recruitment season, go to the NRMP website and print off the list of NRMP dates so you know the deadlines for your programs.

[Educational Commission for Foreign Medical Graduates \(ECFMG\)](#): Obtain the information booklet from the ECFMG. In order for your state to license International Medical Graduates, they must first obtain an ECFMG certificate. Before you invite a candidate to an interview, make sure that they understand and meet the requirements of your eligibility and selection policy.

Recruitment Schedule Start Early: The program director should select a resident recruitment committee consisting of faculty who are willing to make the commitment of reviewing the ERAS files, interviewing applicants, and attending the recruitment meetings. Plan early by setting your interview dates, blocking faculty and resident/fellow schedules that will be interviewing or helping with tours, and scheduling rooms for interviews.

Recruitment Meetings: Your recruitment committee should meet at least twice. The first meeting should be at the beginning of the recruitment season to discuss evaluating applications, interview schedules, and strategies, if not already in place. The second meeting should take place at the end of the season to determine the Match list.

Interview Process Before Interview:

- Send out a confirmation email or letter (this can be done through ERAS)—include information about time and location of the interview, parking, hotels, airport shuttles, maps and a schedule for the interview day.
- Work with hotels to obtain a discounted rate and transportation to interview.
- Prepare an information packet for each interviewee—include rotation schedules and information about your city and university, research opportunities, Match commitment letter, and a summary of your program’s policies and procedures.
- Dinner with residents the night before (optional, and if budget permits).

Day of Interview:

- Set a start and end time, and try to stay on schedule.
- Schedule interview on lecture days—a lecture is a great way to start an interview day and to meet faculty and residents.
- Schedule a tour of the department and off-site facilities with one of your current residents.

- Schedule interviews with the Chair or Associate Chair, Program Director or Associate Director, and three to four faculty members—20-30 minutes for each interview.
- Lunch with the program—the residents/fellows should be from different PGY levels.
- Dinner with residents the night of (optional, and if budget permits).

Please Note: You cannot always fit in all the above on an interview day. Some programs provide breakfast or dinner with residents. Work with your program director to define a reasonable budget to accommodate the interview season. The goal is to give as much information as possible without completely overwhelming the interviewer. Have your residents/fellows involved in the recruitment process to answer applicant questions, give tours, and take candidate(s) to lunch/dinner.

After Interview (optional):

- Prepare form letters to thank candidates for visiting your program.
- The form letters should be from the chair's office, program director's office and/or the chief resident.
- Do not be over zealous by sending more than two letters to each person.

Program Coordinator's Role During Recruitment Season:

2. Register program in ERAS
3. Assist in forming recruitment committee of both faculty and residents.
4. Organize recruitment committee meetings.
5. Create schedule of interviewers, block their schedules, and reserve rooms.
6. Sign into the Web-based [PDWS](#) to review the resources and online tutorials to get started setting up your program.
7. Review applications from the ERAS Post Office on a regular basis, beginning the first day applications can be viewed
8. Review ERAS files online for completeness and competitiveness—make sure you are meeting eligibility and selection policy criteria.
9. Know your state's licensing requirements.
10. If an applicant is not eligible, do not extend an interview that will waste the applicant's time and money. Set up rank meeting.
11. Create schedule of applicants or use the Scheduler in ERAS.
12. Send decline emails to applicants who will not be extended an interview (this will save you time in replying to messages from applicants about the status of their application).
13. Send e-mails to applicants inviting them for interviews.
14. Send confirmation emails to applicants scheduled for an interview.
15. Organize interview day – the coordinator sets the tone of the day and helps to put candidates at ease by creating a welcoming atmosphere and well-organized interview.
16. Create name tags, order lunch, and make reservations at a local restaurant if you provide dinner the day of the interview or the evening prior.
17. Provide candidates with accurate information about salary, benefits, rotations, etc.
18. Send thank you letters.
19. Organize committee meeting to decide rank list.
20. If you need to change your quota (number of positions being offered), make sure you inform GME before your quota deadline.
21. Submit rank list to the NRMP website by the deadline.
22. Announce the results of the Match to residents and faculty.

23. Send an email to those you matched Congratulating them, and asking them to keep you informed of any address and email changes, especially those who matched in advanced positions.
24. Send anonymous post-recruitment questionnaires.
25. At the end of the recruitment season, export the ERAS applications

SCHOLARLY ACTIVITY

With the implementation of NAS, ACGME is focusing on quantitative data collection. Programs are now required to report scholarly activity on core faculty and residents during the Annual Program Update in ADS. The PAC will need to report the following scholarly activity each academic year:

Faculty Reporting:

- List up to 4 Pub Med ID's of articles published
- # of conference presentations
- # of other presentations
- # of Chapters/Textbooks
- # of Grant Leadership
- Y or N = Leadership or Peer-Review Role
- Y or N = Teaching Formal Courses

Resident Reporting:

- List up to 3 Pub Med ID's of articles published
- # of abstracts, posters, and presentations given at meetings
- # of Chapters/Textbooks
- Y or N = participation in funded/non-funded basic science or clinical outcomes research project
- Y or N = 30 minute lecture/presentation within program or institution

SPECIAL ACTIVITIES

PAs will often be responsible for planning special events for their department and program – including graduation, retreats, welcome parties, etc.

A TAR with USF GME is needed for any event when using GME funding. The amount must not exceed \$50 per person for the said event.

UMSA requires a Budget form. ***GME funding does not cover alcohol.*** If alcohol is incorporated at an event, an alcohol form must be completed at the event the must be signed off on by the department chair and Roberta Buford. Any Department event must be signed off on by your department chair and the CFO.

Most events will require that you do a contract with that vendor if it is off site, so please make sure that you have discussed this with your financial supervisor for any needed approvals.

We work with many vendors that will do on-site and offsite catering and a list is available for those affiliated vendors.

TIME OFF

- Tracking Time Off
 - Time will be tracked in New Innovations.
 - Schedule > Schedule Assignments
- Types of leave
 - Annual (Vacation) Leave: All trainees will receive a total of fifteen (15) weekdays of annual leave. (Vacation is pro-rated for trainees beginning mid-cycle).
 - Sick Leave: Trainees will receive a total of nine (9) days of sick leave at the beginning of each appointment year. (Sick Leave is pro-rated for trainees beginning mid-cycle).
 - Parental Leave: Residents will receive 10 workdays of compensated parental leave per the birth of each child. Time must be used within 90 days of the birth or adoption event.
 - Bereavement Leave: In the event of death in the immediate family, the resident may be granted three (3) days of bereavement leave in order to attend the funeral and assist in the estate settlement.
 - Leave of policy: Leave of Absence include military, parental, personal medical, and family medical leaves. Personal leaves of absence for other purpose may be granted at the discretion of the Program Director. Leaves of absence may extend the duration of training as specified by the American Board of Medical Specialties (ABMS). The Program Director retains final authority in determining whether individual trainees have met training criteria.
 - Leave of Absence form will need to be completed and approved. This can be found at <https://health.usf.edu/medicine/gme/forms-templates>.
 - More information can be found at <https://health.usf.edu/medicine/gme/policies>.
- Family Medical Leave Act (FMLA): allows employees to meet medical and family care needs while still maintaining job and economic security. This law provides up to 12 weeks or 480 hours of job-protected leave for certain family and medical reasons who have been employed at least 12 months by the university. FMLA does not entitle an employee to leave with pay. However, accrued and unused leave, such as annual, sick, or other compensatory leave, may be used to provide continuation of pay and benefits during an FMLA-designated leave. If an employee does not have accrued leave or the leave balances are depleted during the FMLA leave, the remainder of the FMLA-designated leave will be unpaid.
 - More information can be found at <https://www.usf.edu/hr/benefits/attendance-leave/fmla.aspx>

VISAS

Types of Visas

- H1-B Visa
 - Employment visa - house staff can be "employees." This visa is regulated by the Department of Homeland Security and the Department of Labor. An H-1B can be used for up to six years. If a program is longer than 6 years, they may need to move to J-1 status or obtain Permanent Residence.
 - H1-B Visa's come with a cost to the department
- J-1 Visa
 - This is the preferred visa
 - Temporary, non-immigrant visa for full-time educational training.
 - Two year home residency requirement with seven years maximum progressive training.
 - In order to be issued a DS-2019 an International Medical Graduate (IMG) must have ECFMG certification. This includes USMLE Step 1, USMLE Step 2 (CK), USMLE Step 2 (CS), primary sources verification of final medical diploma and transcripts, and English test proficiency

Please note:

- J-1 renewal is required annually.
- ECFMG requires 4-6 weeks for processing

Contacts

- Jamie Tidwell, Graduate Medical Education - jamietidwell@health.usf.edu
- Marcia Taylor, Director of International Services - taylor@m@usf.edu

YEAR AT A GLANCE

Please note that each program may be slightly different with respect to work flow processes. This is not intended to be used as an all-inclusive list. This is a general timeline of the academic year and is to be checked against your actual program activities and deadlines specific to your stakeholders.

July

Orientation & Onboarding new residents/fellows (Affiliate Orientation & EMR training typically the couple weeks before)

ERAS opens for application review (fellowship)

GME Track Resident Survey (residency & fellowship)

August

Invite applicants for interviews (fellowship)

Annual ACGME ADS program update (residency & fellowship)

Board Updates (visit to find your respective Board's website and requirements)

September

NRMP registration (residency)

ERAS opens for application review (residency)

Interview applicants (fellowship)

October

Invite applicants for interviews (residency)
Interview applicants (residency & fellowship)
NRMP registration (fellowship)
NRMP quota deadline (fellowship)

November

CCC meeting (semiannual)
PEC Meeting
NRMP Match rank list due (fellowship)
Interview applicants (residency)

December

Interview applicants (residency)
ACGME Milestones Reporting (residency & fellowship)
NRMP Match results (fellowship)
Prep for In-Training Exams (residency & fellowships, if your program does this)
Semiannual Review with PD

January

NRMP quota deadline (residency)

February

ACGME Resident & Faculty Surveys (residency)
NRMP Match rank list due (residency)

March

ACGME Resident & Faculty Surveys (fellowship)
NRMP Match results (residency)

April

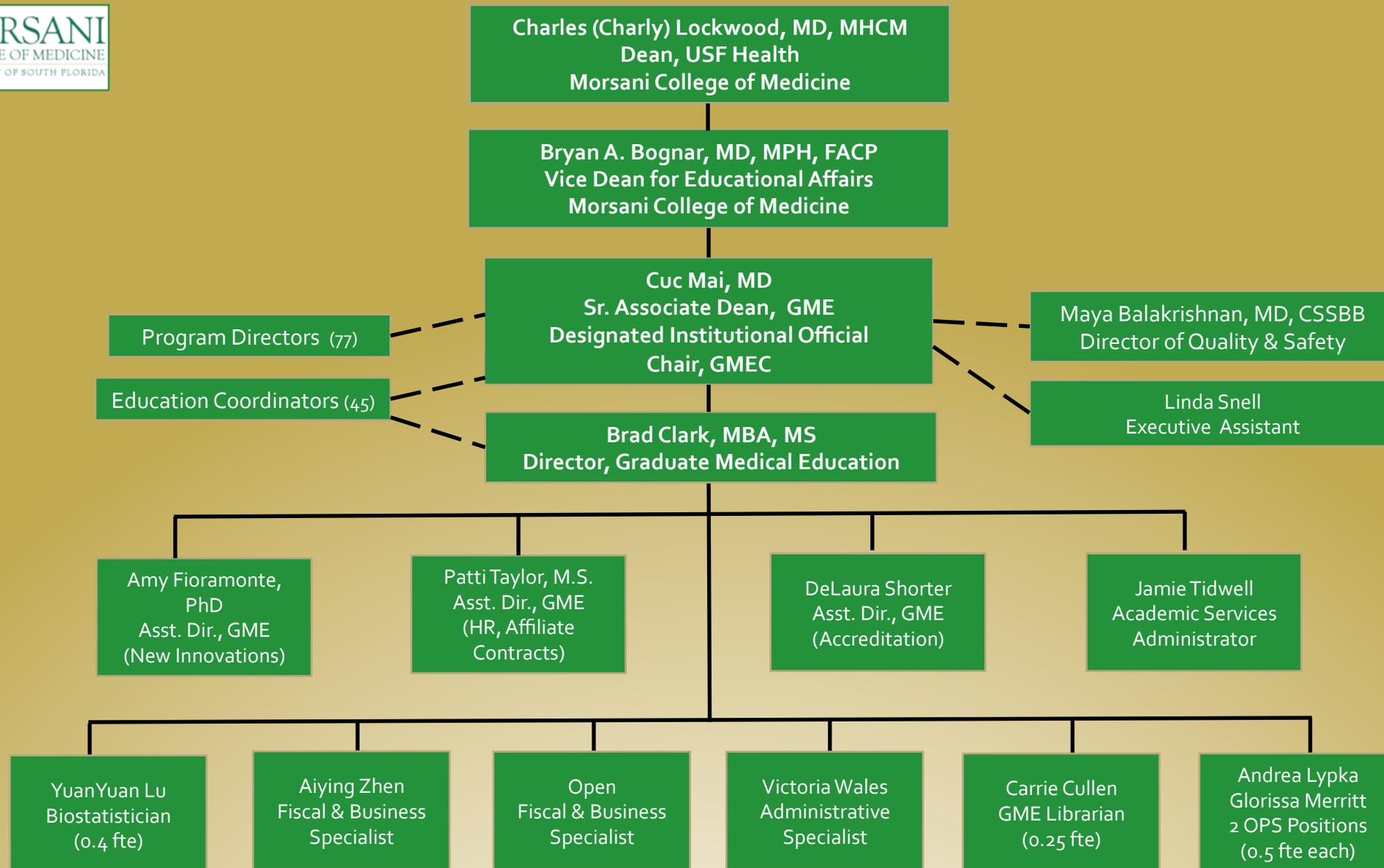
ERAS Program Registration (residency & fellowship)
GME House officer Contracts distributed

May

ACGME Milestones Reporting (residency & fellowship)
CCC meeting (semiannual)
GME Track Program Survey (residency & fellowship)
Input Schedules into New Innovations

June

PEC Meeting: finalize APE & Action Plan
Plan new resident/fellow orientation
Graduation
Orientation & Training for incoming residents/fellows
Semiannual Review with PD



Graduate Medical Education