OVERVIEW

- What is the ACGME
- Review of Accreditation Calendar and each of its components
- Q&A
ACGME: WHAT IS IT?

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

http://www.acgme.org/

In Academic Year 2015-2016, there were approximately 10,000 ACGME-accredited residency and fellowship programs in 150 specialties and subspecialties at approximately 800 Sponsoring Institutions.

There were approximately 125,000 active full-time and part-time residents and fellows.

1 out of 7 active physicians in the US is a resident or fellow.
MANY SPECIALTIES- ONE STRUCTURE

- Common Process
- Common Policies
- Common Site Visits
- Common Standard with **Specialty Specific modifications**
ACGME Program Requirements for Graduate Medical Education in General Surgery

III.B. Number of Residents

The program’s educational resources must be adequate to support the number of residents appointed to the program. (Core)

III.B.1. The program director may not appoint more residents than approved by the Review Committee, unless otherwise stated in the specialty-specific requirements. (Core)

III.B.2. All resident positions must be approved in advance by the Review Committee. (Core)

III.B.3. Residency positions must be allocated to one of two groups: categorical or preliminary positions. (Detail)
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WHAT ARE CASE LOGS

• The Resident Case Log System is a web application within ADS where residents and fellows (in certain specialties) are required to log their clinical experiences on an individual case basis.

• Programs have access to the system and are able to review the information logged by their residents or fellows through the reporting and search tools.

• Data is grouped into specialty-specific categories by the Review Committees, and may be used as program performance indicators.
Program should develop tracking systems with sufficient detail to monitor compliance

Specialties Required to Use
ACGME Case Log Data Collection

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Case Logs Statistical Reports

The comprehensive Case Log Reports for your graduating residents for the specialties below are available to ACGME Accredited Data System (ADDS). These reports are in an Adobe Acrobat PDF format.

To access these reports:
1. Log in to ADDS
2. Go to "Residents"
3. Click "Graduate Residents Case Log Reports"
4. Choose "View" to go to National Report

Reportable specialties:
- Anesthesiology
- Surgery (General)
- Obstetrics and Gynecology
- Pathology
- Pediatrics
- Orthopedic Surgery
- Radiology
- Neurology
- Psychiatry
- Urology
- Dentistry

For more information, please visit the Accreditation Council for Graduate Medical Education (ACGME) website.
# Orthopaedic Surgery Minimum Report

ACGME Program - 2600000000

Primary Procedures  
Resident: Test, Resident  
As of 3/1/2017

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**ACCREDITATION CALENDAR**
## Program Annual Reporting - Overview

### Program Information
- You must have a primary teaching site.
- Update the Duty Hour/Learning Environment section.
- Update program address information.
- Update responses for all current citations.
- Update the major changes section.
- Update the Overall Evaluation Methods section.
- Enter a valid Program Director email.
- Update the Program Director certification information.
- Update the Sites tab and complete all missing data for each institution.
- Upload current block diagram.

### Resident Information
- Confirm all residents.
- Update scholarly activity for each resident.

### Faculty Information
- Enter profile information for all physician and non-physician faculty.
- Enter all required CV information for your physician faculty and ALL non-physician faculty (required by your specialty).
- Update scholarly activity for each physician faculty member.

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Any section with a yellow triangle symbol requires attention.

Any section with a green check is complete and does not require attention.

[Print Annual Update][Submit Annual Update]
CCC MEMBERS

• At minimum 3 members of program faculty
• Program Director may appoint more members to the committee
• Additional members must be
  – Physician faculty or other health professionals from same program or other program with substantial exposure to resident
  – Chief residents who have completed core residency program and are eligible for board certification
V.A.1.b) There must be a written description of the responsibilities of the Clinical Competency Committee. (Core)

V.A.1.b).(1) The Clinical Competency Committee should:

V.A.1.b).(1).(a) review all resident evaluations semi-annually; (Core)

V.A.1.b).(1).(b) prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to ACGME; and, (Core)

V.A.1.b).(1).(c) advise the program director regarding resident progress, including promotion, remediation, and dismissal. (Detail)
• How the CCC does its work can be decided by the Program Director
  – Subcommittees
  – Assigning residents to faculty members for pre-review
  – Pre-review work will vary
  – Scheduling and frequency of meetings
Milestone Evaluations are accessible during the reporting window in ADS under the Milestones tab.

You can review submitted evaluations at any time under the Milestones tab.

Milestones must be entered for all active residents including those who left the program on or after September 1st (for Mid-year) and January 15th (for Year-end).
MILESTONES
REPORTS AND DOWNLOADS

Instructions

Select an Academic Year first, then a Milestone Evaluation Schedule Window you wish to review. Then click on the "Search" button. Individual trainee narratives and summary reports are posted shortly after the conclusion of each evaluation window. Milestone forms are always available for review using the "View Evaluation" button next to each trainee. After the close of each evaluation window, a raw data file containing each trainee’s Milestone evaluation data will be available to download.

MILESTONE REPORTS AND DOWNLOADS

Instructions

Below you will find a list of your current residents and, if available, the last milestone evaluation form completed by their most recent ACGME accredited core residency training program.

A report may not be available if the resident completed core residency training in a program not accredited by the ACGME, if the resident completed core residency training prior to the Milestones implementation, or if the resident’s previous training could not be matched to his/her record (based on Name, DOB, SSN, and Medical School or some combination of those elements) when he/she was entered into your program. For those residents below that do not have a milestone report on record, contact the specialty program director to obtain the summative report.

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Department Chair: Test  
Program Coordinator: Test  
Core Program: None

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<td>Initial (2)</td>
<td>Continued (1)</td>
<td>Continue d w/ no citations or AFI (0)</td>
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<td>ADS 13: ACGME Self Study Due Date</td>
<td>0-12month</td>
<td>13-24months</td>
<td>&gt;24months</td>
<td>n/a</td>
<td>11/1/16</td>
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<td>ADS 14: ACGME Review Visit</td>
<td>0-12month</td>
<td>13-24months</td>
<td>&gt;24months</td>
<td>n/a</td>
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<td>ADS 15: ACGME Citations</td>
<td>≥1</td>
<td>n/a</td>
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<td>ADS 16: ACGME Areas for Improvement</td>
<td>≥3</td>
<td>≥2</td>
<td>1 AFI; 0 AFI w/ ≥1 Citation</td>
<td>= 0 w/ no citations</td>
<td>✓</td>
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### Comments/Suggestions

**FY 2016**

### Recommendations

**FY 2016**

- No Recommendations  
- Detailed Program Review w/ Possible SPR  
- Special Program Review  
- Special Review w/ Internal Probation
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Key to Standard Notification Letter for Status of Continued Accreditation
(Text in italics provides explanations of the sections in the letter; non-italicized text is standard text of the letter)

Date

Program Director Name
Director, Residency Program
Program Name
Address Line 1
Address Line 2
City State Zip

Dear Dr. Program Director:

The Residency Review Committee for X, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Specialty

Name of Program
Sponsoring Institution
City, ST

Program 1000000000

Based on all of the information available to it at the time of its recent meeting, the Review Committee accredited the program as follows:
Subject: 17.00 The Accreditation Process
Section: 17.60 Continued Accreditation

In the accreditation process, 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.

17.61 Review of Annual Data

The Review Committee may use the following information to assess programs:

a. Continuous Data Collection/Review
   
   (1) ADS annual update
   (2) Resident Survey
   (3) Faculty Survey
   (4) Milestone data
   (5) Certification examination performance
   (6) Case Log data
   (7) Hospital accreditation data
   (8) Faculty and resident scholarly activity and productivity
   (9) Other
RESPONSE TO CITATIONS AND AREA FOR CONCERN

Program receives Citation/AFI

Program receives citation response form from GME w/ Action plan

Program receives feedback from GME Office on response to ACGME
CITATION AND AFI AY 17

- Institution Support
  - Responsibility of PD
  - Qualification of Faculty
  - Responsibility of Faculty

- The Education Program
  - Patient Care
  - Patient Care Experience
  - Procedural Experience
  - Service to Education
  - Imbalance
  - Scholarly Activities
  - Supervision
  - Duty Hours
  - Other:

- Evaluation
  - Evaluation of Resident
  - Evaluation of Program
  - Performance on Board

Total Citation and AFI 44

23%

25%

52%
# Accreditation Calendar

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• FAQs
• Survey Taker Content and Access Guides
• Link to Access Resident and Faculty Surveys
RESIDENT SURVEY
ADMINISTRATION

- Administered annually – Jan-April (5 week reporting windows)
- Requires accurate resident information in ADS
- Includes all active residents (resident=fellow)
- Requires 70% compliance - managed by YOU (program staff)
- Instructions must be emailed to your residents within ADS containing links and logins
- Residents assigned default username/password
  
  - a resident must choose a unique username/password upon first login
- Program staff will receive automated email and phone reminders
- Reports available 1st week of May
• Administered with Resident Survey – Jan-April (5 week reporting windows)
• Requires accurate faculty information in ADS
• All accredited programs and combined specialty programs with residents
• Requires 60% compliance - managed by YOU (program staff)
• Instructions must be emailed to your faculty within ADS containing links and logins
• Faculty assigned default username/password for each individual program
  - *a faculty must choose a unique username/password upon first login*
  - *faculty may be surveyed for more than one program*
• Program staff will receive automated email and phone reminders
• Reports available 1st week of May
RESPONSE NOTIFICATION

- Communicate directly with residents and faculty about survey involvement

- Emails sent by YOU using tool within ADS

- Email includes direct links and default survey login information, sent simply and securely from the servers
**Completed** – survey has been submitted

**Incomplete** – survey has not yet been saved or submitted

**Not Submitted** – default survey login has been changed, but survey has not yet been submitted

---

**Deadline:** February 19, 2017  
**Completion Rate:** 60.0% - [3 of 5]

All people listed below have been scheduled to complete this survey. Use this list to help administer the survey by sending emails to your individual survey takers, notifying/reminding them to complete the survey. These emails will contain a link to the survey and access to their login information. To send them, use the individual checkboxes (or the “check all” box at the top of the list next to the Resident header) and click the “Send Emails” button. Residents can also use the “Forgot Username/Password” feature on the survey login screen at any time during the window to access their survey login.

Survey takers identified below with a “Not Submitted” icon have selected a new login and already begun the survey, but have not yet completed it. Survey takers identified with a “Completed” icon have already completed this survey.

Click Here to View Example Email
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V.C. Program Evaluation and Improvement

V.C.1. The program director must appoint the Program Evaluation Committee (PEC). *(Core)*

V.C.1.a) The Program Evaluation Committee:

V.C.1.a).(1) must be composed of at least two program faculty members and should include at least one resident; *(Core)*

V.C.1.a).(2) must have a written description of its responsibilities; and, *(Core)*

V.C.1.a).(3) should participate actively in:

V.C.1.a).(3).(a) planning, developing, implementing, and evaluating educational activities of the program; *(Detail)*

V.C.1.a).(3).(b) reviewing and making recommendations for revision of competency-based curriculum goals and objectives; *(Detail)*

V.C.1.a).(3).(c) addressing areas of non-compliance with ACGME standards; and, *(Detail)*

V.C.1.a).(3).(d) reviewing the program annually using evaluations of faculty, residents, and others, as specified below. *(Detail)*
V.C.2. The program, through the PEC, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation. (Core)
The self-study is a longitudinal evaluation of the program and its learning environment, facilitated through sequential annual program evaluations that focus on the required components, with an emphasis on program strengths and “self-identified” areas for improvement.

Two concepts:
- an exploration of program aims; and
- an assessment of the program’s institutional, local and, as applicable, regional environment. Both are discussed in detail below.
OBJECTIVES

• Understand the correlation between ACGME, RRC, and Scholarly Activity
• Recognize the functionality of the Accreditation Data system in regards to Scholarly Activity
• Understand the components of Resident and Faculty Scholarly Activity and how it may expand in the future.
• Learn about programs and resources USF offers to Residents and Fellows to develop scholarly activity
• Learn how to best search for scholarly activity for annual update
Resident Scholarly activity is a requirement for mostly all program accredited by the Accreditation Council for Graduate Medical Education.

There is currently no uniform definition used by all Residency Review Committees (RRCs).
Common Program Requirements

IV.B. Residents’ Scholarly Activities

IV.B.1. The curriculum must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Residents should participate in scholarly activity. (Core)

[As further specified by the Review Committee]

IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. (Detail)

Common Program Requirements 1 year Fellowships

IV.B. Fellows’ Scholarly Activities

[As further specified by the Review Committee]
Surgical Critical Care
None

Allergy and Immunology

**IV.B. Residents' Scholarly Activities**

**IV.B.1.** The curriculum must advance residents’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. *(Core)*

**IV.B.2. Residents should participate in scholarly activity.** *(Core)*

**IV.B.2.a)** Residents must have training in critical thinking skills and research design (e.g., lectures, journal club, etc.). *(Core)*

**IV.B.2.b)** During their training, all residents must engage in a scholarly project under faculty supervision. *(Core)*

**IV.B.2.b)(1)** This may take the form of laboratory research, or clinical research, or the analysis of disease processes, imaging techniques, or practice management issues. *(Detail)*

**IV.B.2.b)(2)** The results of such projects must be published or presented at institutional, local, regional, or national meetings, and included in the resident’s learning portfolio. *(Outcome)*

**IV.B.2.b)(3)** The program must specify how each project will be evaluated. *(Detail)*

**IV.B.3. The sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities.** *(Detail)*
Maternal-Fetal Medicine

IV.B. Fellows’ Scholarly Activities

IV.B.1. The curriculum must advance fellows’ knowledge of the basic principles of research, including how research is conducted, evaluated, explained to patients, and applied to patient care. (Core)

IV.B.2. Fellows should participate in scholarly activity. (Core)

IV.B.2.a) The goals and objectives of research rotations must be reviewed by a fellow with his/her research mentor. (Core)

IV.B.2.b) A fellow’s research curriculum must include:

IV.B.2.b.(1) biostatistics, epidemiology, research design, and research methods, including basic science techniques; (Core)

IV.B.2.b.(2) opportunities for structured basic, translational, and/or clinical research; (Core)

IV.B.2.b.(3) enhancement of the fellow’s understanding of the latest scientific techniques and encouragement of interaction with other scientists; (Core)

IV.B.2.b.(4) the opportunity for the fellow to present his/her academic contributions to the maternal-fetal medicine community; and, (Core)

IV.B.2.b.(5) preparation of the fellow to obtain research funding and academic positions. (Core)

IV.B.2.c) Scholarly Paper (Thesis)

The program must ensure that each fellow completes a thesis and defends it during his/her fellowship program. (Core)

IV.B.2.c.(1) A copy of the manuscript and the thesis defense documentation must be available upon request. (Core)

IV.B.2.c.(2) Under the direction of a faculty mentor, each fellow must complete a comprehensive written scholarly paper (thesis) during the program that demonstrates the following: (Core)

IV.B.2.c.(2.a) utilization of advanced research methodology and techniques, including research design and quantitative analysis; (Core)

IV.B.2.c.(2.b) collection and statistical analysis of information obtained from a structured basic, translational, and/or clinical research setting; and, (Core)

IV.B.2.c.(2.c) synthesis of the scientific literature, hypothesis testing, and description of findings and results. (Core)

IV.B.2.d) Prior to completion of the fellowship, each fellow must have:

IV.B.2.d.(1) a completed thesis of such quality as to allow him/her admittance to the American Board of Obstetrics and Gynecology or American Osteopathic Association Subspecialty Oral Examination for Maternal-Fetal Medicine; (Core)
II.B.5.a) The faculty must regularly participate in organized clinical discussions, rounds, journal clubs, and conferences. (Detail)

II.B.5.b) Some members of the faculty should also demonstrate scholarship by one or more of the following:

II.B.5.b).(1) peer-reviewed funding; (Detail)

II.B.5.b).(2) publication of original research or review articles in peer reviewed journals, or chapters in textbooks; (Detail)

II.B.5.b).(3) publication or presentation of case reports or clinical series at local, regional, or national professional and scientific society meetings; or, (Detail)

II.B.5.b).(4) participation in national committees or educational organizations. (Detail)

II.B.5.c) Faculty should encourage and support residents in scholarly activities. (Core)

II.B.6.d) All core physician faculty members must be involved in scholarly activity. (Core)

II.B.6.d).(1) At minimum, each individual core physician faculty member must produce at least one piece of scholarly activity per year (averaged over the past five years). (Detail)

II.B.6.d).(1).(a) At minimum, this must include one scientific peer-reviewed publication for every five core physician faculty members per year (averaged over the previous five-year period). (Detail)

2. **Abstracts/Presentations/Posters** - Number of abstracts, posters, and presentations given at international, national, or regional meetings.

3. **Other Presentations and Publications** - Number of other presentations given (grand rounds, invited professorships), published works in non-peer review publications and peer-reviewed publications not recognized by NLM.

4. **Chapters** - Number of chapters or textbooks published.

5. **Grants** - Number of grants for which faculty member had leadership role (Principal Investigator (PI), Co-PI, or site director).
6. **Leadership Role** - An active leadership role (such as serving on committees or governing boards) in national medical organizations, or serving as editorial board member or regular reviewer for a peer-reviewed journal.

7. **Quality Improvement (QI) Leadership** - Leadership of a program/institutional QI project with assessment/reporting of outcomes, or supervising and mentoring residents’/fellows’ quality improvement projects and initiatives.

8. **Education Leadership/Materials** - Teaching responsibility for a seminar or conference series, or course coordination (such as development and/or arrangement of materials, assessment of participants’ performance) for didactic training within the sponsoring institution or program, or the larger education community through distance learning or review of educational materials for a peer-reviewed resource such as MedEdPortal (https://www.mededportal.org/). Formal scholarly work to improve the discipline of teaching. Not a single presentation or lecture.
### Template for Faculty Scholarly Activity

That occurred during the *previous academic year between 7/1/2015-6/30/2016*

<table>
<thead>
<tr>
<th>Faculty Scholarly Activity Definitions</th>
<th>Pub Med IDs (assigned by PubMed) for articles published in the previous academic year. List up to 4. Pub Med ID (PMID) is a unique number assigned to each PubMed record. This is generally an 8 character numeric number The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.</th>
<th>Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year.</th>
<th>Number of other presentations given (grand rounds, invited professorships), materials developed (such as computer-based modules), or work presented in non-peer review publications in the previous academic year. Articles without PMCs should be counted in this section. This will include publication which are peer reviewed but not recognized by the National Library of Medicine.</th>
<th>Number of chapters or textbooks published in the previous academic year.</th>
<th>Number of grants for which faculty member had a leadership role (PI, Co-PI, or site director) in the previous academic year.</th>
<th>Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as reviewer or editorial board member for a peer-reviewed journal in the previous academic year.</th>
<th>In the previous academic year, held responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.</th>
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<tr>
<td>Faculty Member PMID 1 PMID 2 PMID 3 PMID 4 Conference Presentations (#) Other Presentations (#) Chapters / Textbooks (#) Grant Leadership (#) Leadership or Poor-Review Role (Y/N) Teaching Formal Courses (Y/N)</td>
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Articles without PMID numbers can be counted as ‘Other Presentations’. This includes publications which are peer reviewed but not recognized by the National Library of Medicine.
Grants for which faculty member had a leadership role
- Principal investigator
- co-principal investigator
- site director

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<td>Grant Leadership (#)</td>
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Faculty Advisor
Research Coordinator
Research Assistant
Residency Training in Primary Care, Principal Investigator, 3 year grant (7/1/05-6/30/08), HRSA, Bureau of Health Professions, Grant # D58HP05137, effort: 10%, total award $571,776.
Had an active leadership role (such as serving on committees or governing boards) in national medical organizations or served as a reviewer or editorial board member for a peer-reviewed journal.
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<th>Teaching Formal Courses (Y/N)</th>
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<td>This is not a single presentation or lecture.</td>
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In the previous academic year, held teaching responsibility for seminars, conference series, or course coordination (such as arrangement of presentations and speakers, organization of materials, assessment of participants' performance) for any didactic training within the sponsoring institution or program. This includes training modules for medical students, residents, fellows and other health professionals. This does not include single presentations such as individual lectures or conferences.
Publications Recognized by the National Library of Medicine (NLM)

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<th>PMID Overlap</th>
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<tbody>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Faculty Only</td>
<td>113,645</td>
</tr>
<tr>
<td>Graduates Only</td>
<td>8,252</td>
</tr>
<tr>
<td>Both</td>
<td>6,830</td>
</tr>
<tr>
<td>Total</td>
<td>128,727</td>
</tr>
</tbody>
</table>
ACGME RECOGNIZED SCHOLARLY ACTIVITY FOR RESIDENTS AND PROPOSED ADDITIONS

1. **Publications** – Publications recognized by the National Library of Medicine - Pub Med IDs – up to 3.

2. **Abstracts/Presentations/Posters** - Number of abstracts, posters, and presentations given at international, national, or regional meetings.

3. **Other Publications** - Number of published works in non-peer review publications and peer-reviewed publications not recognized by NLM.

4. **Chapters** - Number of chapters or textbooks published.

5. **Research** – Participation in funded or non-funded basic science or clinical outcome research project

6. **Teaching/Education** - Lecture or teaching presentation (such as grand rounds or case presentations) of at least 30 minutes duration at the sponsoring institution or program, and development and/or peer review of educational materials.

Philibert, I Miller, R. (2017). Leveraging all the options for faculty and resident scholarly activities re-defining the ACGME Scholarly Activities rubric SES112 [PowerPoint slides]. Retrieved from https://quickstart.quickmobile.com/document/render/13184/1/SES112/3c7c1ca83db1b7bbdb1f165112974c4
Template for **Resident Scholarly Activity** that occurred during the *previous academic year between 7/1/2015-6/30/2016*.

**Resident Scholarly Activity**

<table>
<thead>
<tr>
<th>Resident Name</th>
<th>PMID 1</th>
<th>PMID 2</th>
<th>PMID 3</th>
<th>Conference Presentations (#)</th>
<th>Chapters / Textbooks (#)</th>
<th>Participated in research (Y/N)</th>
<th>Teaching / Presentations (Y/N)</th>
</tr>
</thead>
</table>

Definition:
- **PubMed IDs** (assigned by PubMed) for articles published in the previous academic year. List up to 3. PubMed ID (PMID) is an unique number assigned to each PubMed record. This is generally an 8 character numeric number. The PubMed Central reference number (PMCID) is different from the PubMed reference number (PMID). PubMed Central is an index of full-text papers, while PubMed is an index of abstracts.

Number of abstracts, posters, and presentations given at international, national, or regional meetings in the previous academic year.

Number of chapters or textbooks published in the previous academic year.

Participated in funded or non-funded basic science or clinical outcomes research project in the previous academic year.

Lecture, or presentation (such as grand rounds or case presentations) of at least 30 minute duration within the sponsoring institution or program in the previous academic year.

*Same for Faculty Scholarly Activity*
Abstracts/Posters/Presentations given at:
- International
- National
- Regional meetings

Articles without PMID numbers could be counted as ‘Conference Presentations’ only if the article was presented at an international, national, or regional meeting.
### Chapters in Textbooks Published

<table>
<thead>
<tr>
<th>Previous Academic Year</th>
<th>Number of Chapters or Textbooks Published</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chapters / Textbooks (#)
<table>
<thead>
<tr>
<th>Academic Year Between</th>
<th>Participated in funded or non-funded basic science or clinical outcomes research project in the previous academic year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is</td>
<td>Participated in research (Y/N)</td>
</tr>
</tbody>
</table>
Lecture or teaching presentation of at least 30 minutes duration at the sponsoring institution or program, such as:

- Grand rounds
- didactics
- board review
- or case presentations
TOOLS FOR SUCCESS

- PubMed
- Library
- New Innovations