

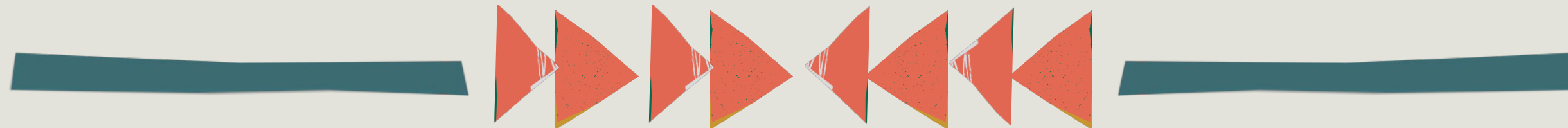


GRADUATE MEDICAL EDUCATION
a BIG picture
{woven by small details}

MY REALIZATION

THE ONLY TRUE
WISDOM IS IN KNOWING
YOU KNOW NOTHING.

-SOCRATES



APD PLA AEMA PGY-1
IME CMS IMG SI
AAFP AMA
HIT UME

AOBFP AHME NIPDD AACOM IC IME EMG POCUS RC-FM ABFM RRC AMA COM HPSA OMT AOA LOR HPSA PEC AOA NRMP
AACOM AAFF POCUS SIPGY-3 AAMC

ERAS TAGME POCUS FREIDA OMT STEM ABMS ECFMG AAMC Web-ADS RLS NRMP USMLE NIPDD NSAMA COMPLEX ACGME ERAS DO FMG RLS IC ERAS USMLE
AFMA CMS AAMC COM HPSA ABMS EMP HRS ACOFF ITE GME NRMP MD NIPDD DO AHME UME MAFP PGY-2 OMPW ABFM NSAMA COMPLEX HRS AAFP LOR RTT
RRPD DIO Web-ADS TAGME AFMRD PC HRS AOBEP PD LOA APD MAFP PGY-1 GMEC CCC ERAS DO FMG RLS IC ERAS USMLE
AMA NRMP MAFP PGY-2 OMPW ABFM NSAMA COMPLEX HRS AAFP LOR RTT

ITE Web-ADS UME USMLE PLA NI HRS PGY-3 LOA DO CCC APD DGME ABFM MD AFMRD RAD

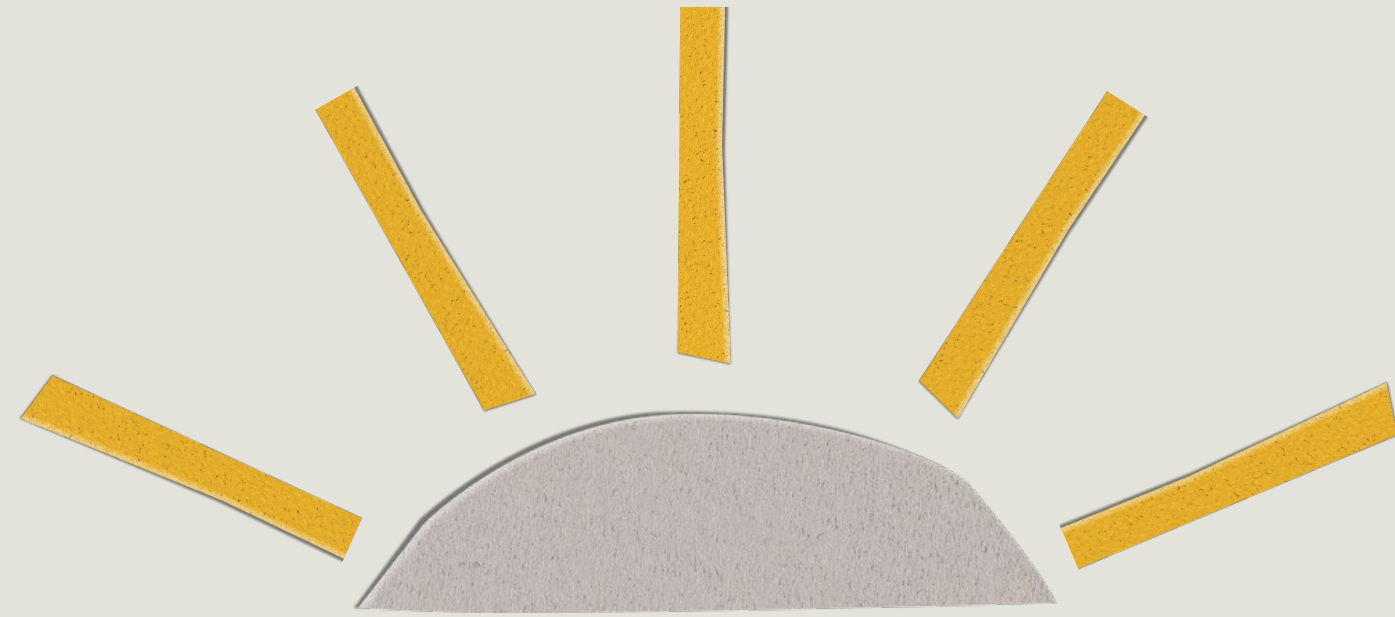
EDUCATIONAL OBJECTIVES



- Differentiate the Sponsoring Institution and the Residency Program.
- Establish what a resident is and the expectations of a resident.
- Describe the required leadership roles within an ACGME residency program.
- Differentiate the program and the clinic.
- Recognize key ACGME requirements of both the institution and program.

NO

DISCLOSURES



Everything starts out small, it's how we
build from the ground up that matters.

- Unknown





WHAT IS A RESIDENT?

- A DO or MD that has graduated medical school
- “Apprenticeship” within a specific specialty
- They can provide direct patient care with supervision
- Often spend more time with the patient vs. senior physicians
- Most recent knowledge & training/enthusiastic
- Intern resident= PGY - 1 or first year
- They hold medical licenses, restricted in first year
- They do work long hours but with limits. Not intended to be used as replacements due to staff shortages
- Moms/Dads, Child, Brothers/Sisters



QUESTION # 1



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Is the DIO ultimately responsible for the success of the residency program?

Yes or No

WHO ARE THE LEADERS OF GME?



WHO ARE THE LEADERS OF GME?



DIO- DESIGNATED INSTITUTIONAL OFFICIAL

- Appointed by the Sponsoring Institution
- Does NOT have to be a physician and can be combined with another job title.
- Responsible for the oversight of Sponsoring Institution's (SI) GME programs
- Must have knowledge of the ACGME Institutional and Specialty specific requirements. Ensures compliance
- Collaborates with the GMEC, chair or voting member
- Responsible for the SI annual ACGME update & submission of program annual updates
- Responsible for annual executive summary of AIR presented to the governing body (hospital board) with Action Plan
- Leads involvement with NRMP, ERAS, & ACGME SI and CLER visits
- Approves and signs all Program Letters of Agreement (PLA) with participating sites

WHO ARE THE LEADERS OF GME?



IC- INSTITUTIONAL COORDINATOR OR ADMINISTRATOR

- Works in collaboration with and assists the DIO
- Participates in planning annual GME budget
- Manages and ensures annual WebAds
- Maintains accreditation records and communications
- Institutional update
- Ensures program's PLA's meet requirements and are up to date
- Ensures timely SI compliance with ACGME requests
- Monitors program compliance
- Ensures all GMEC responsibilities and requirements are addressed
- Assists with onboarding and recruiting
- Compiles information for Annual Institutional Review and monitors annual action plans

WHO ARE THE LEADERS OF GME?



PD- PROGRAM DIRECTOR

- Ultimately responsible for the success of the residency program with authority and accountability for the overall success of program
- Ensures knowledge & compliance with all ACGME requirements
- Must be appointed by GMEC with final approval from the ACGME review committee
- Must hold current certification & medical license in the specialty with 3 years education or administrative experience. May be a DO or MD
- Responsible for the program design, curriculum with goals and objectives, evaluation system, core faculty, schedules, and participating sites
- Must participate in ongoing clinical activity of his/her own patient panel
- Must submit accurate information to the ACGME, DIO, GMEC, ABFM, and other credentialing bodies
- Leads in scholarly activities and ensure faculty participation

WHO ARE THE LEADERS OF GME?

APD- ASSOCIATE PROGRAM DIRECTOR

- Assists the PD with various aspects of program administration and leadership
- Acts as interim during PD absence & groomed as future successor
- Reports to the PD for residency related duties
- Serves on various GME committees

CORE FACULTY

- Reports to the PD for residency related duties
- Precepts within the FMP, mentors residents, and participates with didactics
- Core faculty that are not family medicine physicians are permitted but they will NOT count toward the required number of core faculty. MD/DO certified in their specialty with a valid medical license

-NEW FAQs STATE -
A PROGRAM OF OUR
SIZE IS REQUIRED TO
HAVE **4** CORE FACULTY
NOT
INCLUDING THE PD

WHO ARE THE LEADERS OF GME?

PC- PROGRAM COORDINATOR OR ADMINISTRATOR

- Collaborates with the Program Director, assists in day-to-day program operations, part of leadership team
- Manages all resident program and personnel information
- Coordinates special events, interview season, onboarding, and orientation
- Participates in resident recruitment & assists with NRMP & ERAS interactions
- Participates on committees
- Monitors resident attendance, work hours, and procedures logs
- Up to date on all ACGME requirements & understands the accreditation process & compliance
- Participates in ongoing personal & professional development
- Plans & prepares many written reports & budgets. Ensures deadlines are met
- Liaison to other departments within the hospital

Potential Additional GME Personnel



Many Titles, depending on Institution/Program...

GME Director

Accreditation Manager/Specialist

Assistant Program Coordinator

Administrative Assistants



QUESTION #2



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According to the ACGME Family Medicine Residency Requirements, the FMP clinic MUST...



- A. organize patients in panels and practice team-based care.**
- B. appoint an advisory committee made up of diverse community leaders and patients.**
- C. participate in ongoing performance improvement and demonstrate use of outcome data**



PROGRAM

Administration

Didactics/Education

Rotations/Schedules

Recruiting

Interviews/Match

Onboarding

Orientation

New Innovations/ Data

ACGME updates & visits

Reimbursements

(CMS/M'Caid)

CLINIC

Continuity(FMP)

Patient Care/Panels

Clinic Preceptors

Interprofessional/Team

based care

Clinic staff

Clinic manager

Required hrs. & vol.

Reimbursements

(through billing provider)

THE PROGRAM
and
THE RESIDENCY CLINIC

Two sides of the house
under one roof

ACGME REQUIREMENTS

INSTITUTIONAL

COMMON

SPECIALTY
SPECIFIC

INSTITUTIONAL

- Develop a GME Mission
- Form a GMEC that actively has oversight to ensure SI accreditation
- Ensure adequate financial support of program and residents. Also ensure professional & educational resources, professional development, clinical space, & supplies
- Never use residents to cover staff shortages
- Promote positive learning & working environment
- Promote and ensure scholarly activity
- Ensure access to reporting tools, equality, quality improvement, effective transitions of care, and supervision
- Oversee professionalism, work hours, & fatigue mitigation
- Ensure well being, access to food, sleep/call rooms, lactation areas, & secure space to lock personal belongings
- Ensure required paid medical leave is available
- Ensure resident contract meets all required points

PROGRAM

- Program Letters of Agreements/ 10 years
- Must have a site director at FMP & training sites
- No more than one hour travel to participating site without accommodations
- Ensure adequate supervision, direct and indirect
- Must follow eligibility policy. Cannot appoint more residents than approved by ACGME
- Resident to preceptor ratio not to exceed 4:1
- Residents should provide care for patients in the FMP at minimum 40 weeks/year
- Must ensure competency-based goals & objective for each rotation
- Must provide resident with individualized learning plan
- Provide broad range of didactic activities
- Ensure observation and evaluation. Provide to CCC
- Appoint a PEC, APE annually
- Ensure patient safety and establish reporting methods for events
- Ensure transitions in patient care and continuity

PROGRAM

- FMP must have a mission statement, advisory committee, patients organized in panels for team-based care, adequate space, EHR, & telehealth
- FMP must participate in PI & demonstrate required outcome data with review at least semi-annually
- Patient population must be a broad diverse range
- Must have a family medicine physician faculty providing adult inpatient care
- Must provide exposure to long term care (NH) occurring over a minimum of 24 months
- Residents must be allowed to attend medical appointments
- Promote well-being. Ensure 80-hour work rule
- Monitor for burnout
- Ensure 8 hours off between clinical work and education periods.
- Ensure at minimum at least 1 day in 7 free
- Ensure no one is working more than 24 hours straight

QUESTION #3



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A Family Medicine Resident must have exposure and training to a variety of medical specialties.

True or False

FMP: 1,000 continuity clinic hours (must include 10% each: peds-under 18; adult-over 65)

- At least 30% continuity at the end of the PGY-2 (for patient sided and resident sided)
- At least 40% continuity at the end of the PGY-3 (for patient sided and resident sided)

Inpatient Care: 600 hours/6 months AND 750 encounters. Experience should include care of patients through hospitalization and transition of care to outpatient follow up.

Critical Care: Must participate in care.

Geriatrics: 100 hours/1month AND 125 encounters.

Care of Acutely Ill Children: 100 hours/1 month (min 50 encounters each in inpatient & ED)
Must have experience with well and ill newborns.

Out pt. Children: 200 hours/2 months (to include well, acute, & chronic)

Women's Health: 100 hours/1 month

Maternity Care: 200 hours/2 months AND minimum 20 vaginal DELIVERIES. (Foundational)
400 hours/4 months AND 80 deliveries (Maternity Care Track)

Emergency: 100 hours AND at least 125 adult encounters

*EFFECTIVE July 1, 2024



Surgery: Experience should include pre-op assessment, post-op care, and identifying the need for surgery.

Ortho/Sports Medicine: Experience w/MSK prob, including: ortho & rheum, structured sports med experience, & common outpt MSK procedures.

Dermatology: Must have an experience and training in common dermatology procedures.



Behavioral Health: Experience in diagnosis & management of mental illness with experience including cognitive behavioral therapy, motivational interviewing, addiction, & psychopharmacology.

Pop Health/Community Medicine: Structured experience to address population health and must including an experience in underserved clinical care.

Subspecialty Curriculum: must address gaps in clinical experience & occur throughout training program.

Health System Mgmt.: Experience to prepare residents to be leaders in their own future clinics.

Diagnostic Imaging: Experience in Interpretation Pertinent to FM. Should have experience using POCUS in clinical care.

Electives: 6 months

2 Scholarly Activities, 1 being Quality Improvement (QI)

*EFFECTIVE July 1, 2024



THANK YOU