Recently Updated on 5/1/15

UB

University at Buffalo
Office of Graduate Medical Education

Accreditation Handbook

for
Program Directors
and
Administrators

Introduction

This Accreditation Handbook has been created to inform Program Directors and Administrators of UB-sponsored, ACGME-accredited residency and fellowship programs of important changes made by the UB Office of Graduate Medical Education to facilitate a successful transition to the ACGME's Next Accreditation System (NAS). The following pages contain important announcements, forms, resources to assist programs with interpretation of the ACGME's Institutional and Common Program requirements, and examples from our programs of documents representing best practices (as identified by GME office staff).

In addition to review of this handbook, it is imperative that programs also regularly consult the ACGME Institutional, Common, Specialty- and Subspecialty-Specific Program Requirements at http://acgme.org/acgmeweb/ and review content available through http://www.acgme-nas.org/ in order to achieve positive accreditation outcomes.

This handbook will be updated on the UB GME website at http://www.smbs.buffalo.edu/GME/ as new content is added. Program Directors and Administrators will also be informed of updates through the GME office's weekly, informational email (known by our programs as GMED).

If you have any questions related to the content of this handbook, please email Katherine (Katy) Cich, Assistant DIO and Director of Accreditation, at krcich@buffalo.edu or Lauren Garlapo, Accreditation Administrator, at ldgarlap@buffalo.edu.

Authors

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Job Descriptions

COMMON REQUIREMENTS FOR ALL GME PROGRAM DIRECTORS AT THE UNIVERSITY AT BUFFALO:
The Program Director must administer and maintain an educational environment conducive to educating residents/fellows in each of the ACGME competency areas and in conformance with University at Buffalo policies and procedures.

Selected duties may be delegated to faculty or training program administrators, however, the Program Director is responsible to the Designated Institutional Official, the Graduate Medical Education Committee, and to the ACGME's Residency Review Committee for the timely and accurate completion of all tasks and their quality. Program director duties include, but are not limited to:

Oversight of Education:
1) Oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
2) review, update, and revise didactic and clinical educational curricula as needed;
3) select and oversee work of associate program directors; evaluate their GME-related performance annually; enter evaluations in E*Value;
4) approve a local director at each participating site who is accountable for resident education; and must comply with UB GME protocol for approval of training sites;
5) approve the selection and, based on annual evaluations of faculty performance, the continuation of program faculty as appropriate; and maintain an accurate current list of core ("key") faculty for accreditation purposes (through the ACGME Accreditation Data System (ADS));
6) complete an annual program evaluation and document it annually in E*Value; establish and monitor action plans through completion;
7) adopt appropriate evaluation tools and ensure evaluations of residents by faculty are completed on a timely basis;
8) provide each resident with documented, semiannual, competency-based evaluation of performance, providing the evaluation both in-person and in E*Value; at the completion of the program, provide the residents with a final summative evaluation in E*Value that also documents the resident's performance during the final period of education, and verify that the resident has demonstrated sufficient competence to enter practice without direct supervision;

Participation in GME Governance:
1) Manage GME staff in the program office, including the Training Program Administrator; ensure protected time for Training Program Administrators to attend monthly GME/TPAC meetings
2) attend at least 75% of UB GME Program Directors Advisory Committee meetings;
3) participate in one or more UB GME Special Reviews of residency/fellowship program(s) and associated meetings as assigned by DIO;
4) serve as mentor for new program director(s);
5) comply with the University at Buffalo's written policies and procedures governing GME, including those specified in the Institutional Requirements; in particular, adhere to the terms of the academic action, grievance and due process procedures; notify the office of GME of any

academic actions pertaining to residents and collaborate with UB GME on development of corrective action plans;

Compliance with Regulatory Requirements affecting GME
1) Provide accurate information on resident schedules and rotations in support of GME reimbursement from Medicare, the Veterans Administration, and others. This is accomplished by ensuring correct and timely entry of schedules in E*Value/E*GME pertinent to quarterly rotation data submission;
2) ensure faculty document their supervision of residents/fellows, in accordance with regulatory bodies, in the medical record;
3) create resident schedules in compliance with duty hour regulations established by New York State Code 405 and ACGME;
4) ensure residents obtain identification numbers required for ordering tests, labs, and medications (e.g. NPI and HCS account for narcotic prescribing)

Maintenance of Accreditation:
1) Monitor resident supervision at all participating sites; ensure the supervision of residents through distribution of explicit written descriptions of supervisory lines of responsibility for the care of patients to all faculty and residents; provide residents with prompt, reliable systems for communicating and interacting with supervisory physicians;
2) establish and maintain a standing Clinical Competency Committee to assess resident achievement of milestones on a twice yearly basis, at minimum; maintain minutes of the meetings; enter milestone assessments in E*Value;
3) monitor resident record of all required index cases and/or procedures and ensure data is entered in ADS (if required by the ACGME) or E*Value; in accordance with guidelines established by specialty; adjust schedules or assignments as required to ensure residents achieve adequate case volumes; establish guidelines for procedural supervision that include assessing indications, contraindications, anatomical landmarks, technical skills, anticipating and managing complications, and obtaining informed consent;
4) complete summative competency-based assessment for graduating residents and submit "Final Verification of Training" form (available on GME website and in E*Value) to GME Office; respond promptly to inquiries for qualitative recommendations for graduates; consult with GME office in cases where there were performance concerns that were not resolved during training or delayed completion of training;
5) implement and monitor policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:
   (a) distribute these policies and procedures to the residents and faculty;
   (b) monitor resident duty hours in accordance with the determinations of the Duty Hours Subcommittee of the GMEC;
   (c) adjust schedules as necessary to mitigate excessive service demands and/or fatigue and ensure that the schedule in E*Value is updated; respond to requests for information regarding violations from the GMEC Duty Hour Subcommittee in a timely fashion; educate all residents and faculty about fatigue mitigation and fitness for duty;
   (d) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue;

6) monitor the need for and ensure the provision of back up support systems when resident patient care responsibilities are unusually difficult or prolonged;

7) ensure data is submitted and/or updated through E*Value on a timely basis, including but not limited to: program information, residents' demographics, schedules, duty hours, evaluations, procedures;

8) prepare and submit all information required and requested by the ACGME, including but not limited to annual updates to ADS, and ensure that the information submitted is accurate and complete;

9) abide by any and all program matching requirements of the NRMP and/or applicable matching programs;

10) prepare and submit by the applicable deadline all information required and requested by the University at Buffalo Office of Graduate Medical Education in an accurate and complete manner;

11) participate in the annual budgeting resident allocation process; manage program operating budgets within established guidelines and in consultation with departmental academic and administrative leadership, and;

12) carry out budgeting and budget management processes in close consultation and collaboration with the Office of Graduate Medical Education;

13) obtain review and approval of the sponsoring institution's GMEC/DIO before submitting to the ACGME information or requests for the following:
   (a) all applications for ACGME accreditation of new programs;
   (b) changes in resident complement;
   (c) major changes in program structure or length of training;
   (d) progress reports requested by the Review Committee;
   (e) responses to all proposed adverse actions;
   (f) requests for increases or any change to resident duty hours;
   (g) voluntary withdrawals of ACGME-accredited programs;
   (h) requests for appeal of an adverse action;
   (i) appeal presentations to a Board of Appeal or the ACGME;
   (j) proposals to ACGME for approval of innovative educational approaches;

14) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
   (a) program citations, and/or
   (b) request for changes in the program that would have significant impact, including financial, on the program or institution;

15) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures.

Job Description

Position Title: Residency/Fellowship Training Program Administrator

Reports to: Residency/Fellowship Program Director

Revised Date: April 2014

Qualifications: Bachelor's Degree in relevant field or 3-5 years equivalent office administration and/or management experience in an academic or healthcare setting.

Position Overview: The Residency/Fellowship Training Program Administrator manages the day-to-day operations of the training program in collaboration with the program director, and is an essential member of the training program team. The training program administrator often serves as a liaison between the training program and the Office of Graduate Medical Education.

Competencies: The following competencies are critical to a Training Program Administrator's successful job performance:

Training Program Management, which includes the ability to appropriately and effectively manage accreditation issues, to promote the educational mission of the program, and foster the stability of the program;

Must demonstrate:

- Knowledge and/or understanding of Graduate Medical Education
- Superior organizational skills
- Ability to learn and thrive in a complex environment
- Ability to prioritize

Interpersonal and Communication Skills that result in effective information exchange between and among all members of the team;

Must demonstrate:

- Excellent verbal, written, and digital communication skills
- Collaborative spirit

Professionalism as manifested through a commitment to carrying out professional responsibilities and an adherence to ethical principles.

Must demonstrate:

- Compassion, integrity, and respect for others
- Responsiveness to program needs that supersedes self-interest
- Respect and confidentiality of residents' shared personal issues and evaluations
- Accountability to the program, institution, society and the profession
- Sensitivity and responsiveness to a diverse resident population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Quality Improvement that involves self-evaluation and demonstration of a commitment to improve performance;

Must demonstrate:

- Effective problem-solving and analytical skills
- Ability to work independently
- Ability to participate and contribute as a vital member of the team

Systems Management as manifested by actions that demonstrate an awareness of the larger context of Graduate Medical Education/healthcare systems and the ability to effectively access system resources to provide fundamental knowledge to the training program team and facilitate timely and accurate dissemination of information;

Must demonstrate:

- Integration and knowledge of multiple systems
- Expertise and attention to detail in all electronic systems utilized by the program
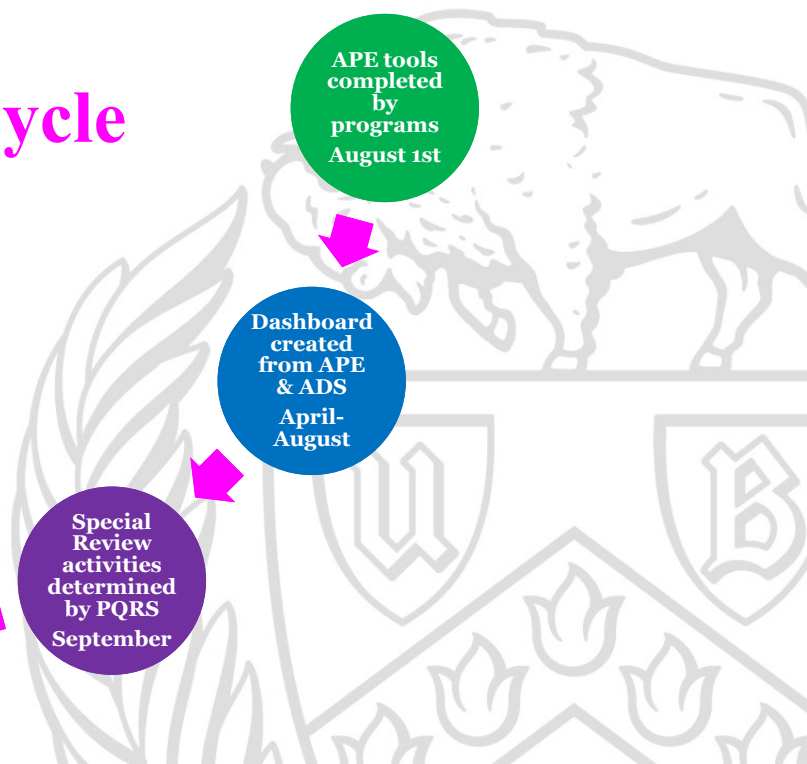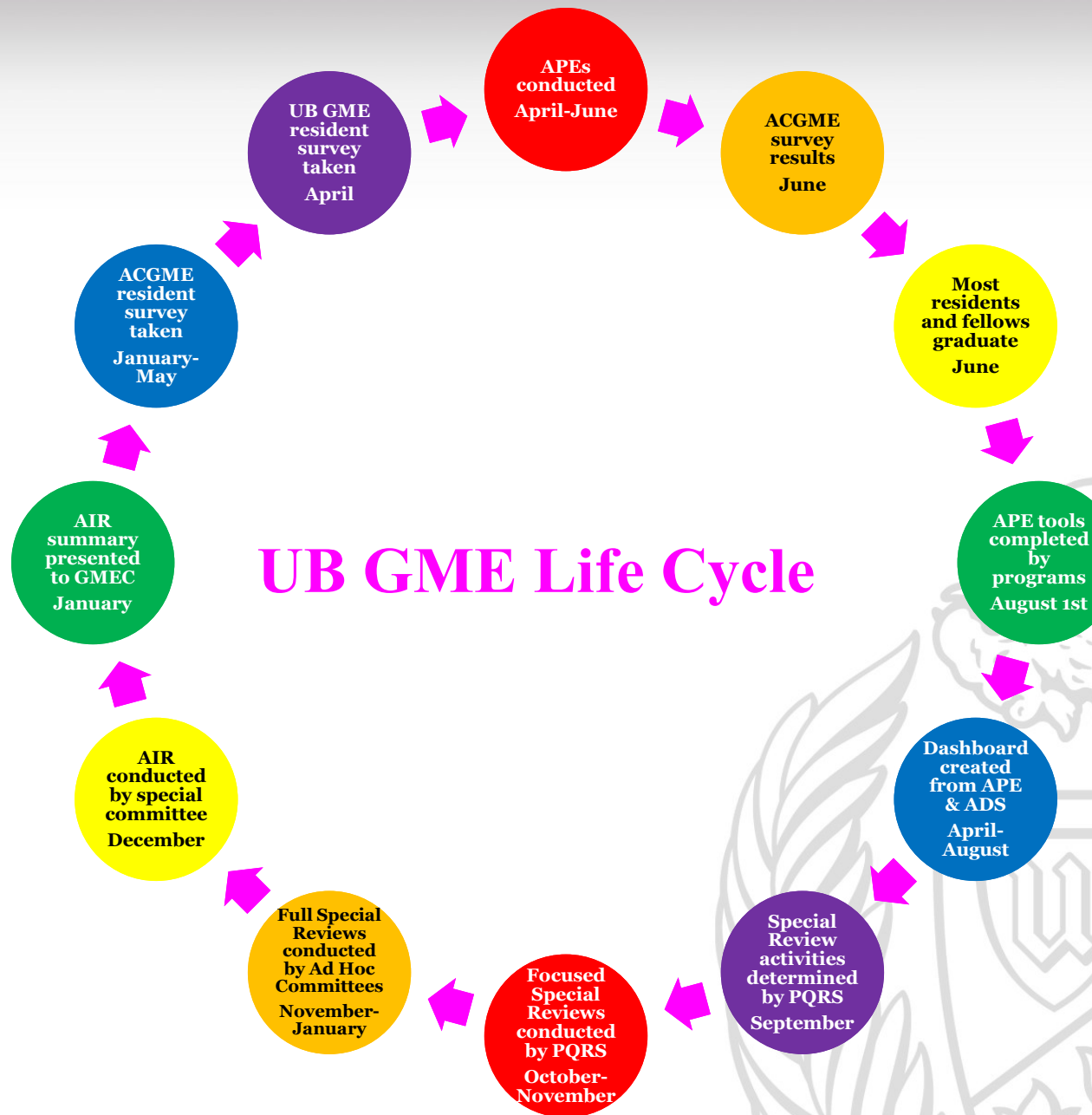
Job Duties:

To effectively
- Manage the operations of the office;
- Gather, maintain, analyze and report data to support accreditation requirements and demonstrate program compliance;
- Manage personnel matters associated with residents/fellows;
- Manage the recruitment process for all candidates/applicants in support of and in collaboration with program director;
- Contribute where necessary to ensure the smooth operation of the training program.

GME

Getting Started

Best Practices

UB GME Life Cycle

- APEs conducted April-June
- ACGME survey results June
- Most residents and fellows graduate June
- APE tools completed by programs August 1st
- Dashboard created from APE & ADS April-August
- Special Review activities determined by PQRS September
- Focused Special Reviews conducted by PQRS October-November
- Full Special Reviews conducted by Ad Hoc Committees November-January
- AIR conducted by special committee December
- AIR summary presented to GMEC January
- ACGME resident survey taken January-May
- UB GME resident survey taken April

ACGME

Homepage (important news):
http://www.acgme.org/acgmeweb/

> Visit often for important updates

Slide presentations for program director and faculty development:
http://www.acgme.org/acgmeweb/tabid/442/GraduateMedicalEducation/SlidePresentationsforFacultyDevelopment.aspx

Milestones (for required resident/fellow assessment):
http://www.acgme.org/acgmeweb/tabid/430/ProgramandInstitutionalAccreditation/NextAccreditationSystem/Milestones.aspx

Notable (best) practices:
http://www.acgme.org/acgmeweb/tabid/192/GraduateMedicalEducation/NotablePractices.aspx

Accreditation Data System (ADS):
http://www.acgme.org/acgmeweb/tabid/159/DataCollectionSystems/AccreditationDataSystem.aspx

> ADS; resident and faculty survey support:
> http://www.acgme.org/acgmeweb/tabid/162/DataCollectionSystems/ApplicationSupport.aspx

UB GME

Homepage:
http://www.smbs.buffalo.edu/GME/

> This is where the Accreditation Handbook is published

GME office staff contact info:
http://www.smbs.buffalo.edu/GME/About_Us.php

UB GME policies:
http://www.smbs.buffalo.edu/GME/Policies.php

Quick Start Guide For Programs
Application: Accreditation Data Systems (ADS)

ACGME

Profile Menu
View profile settings, change your password or contact ADS staff.

Overview Tab
Check this page to review any pending actions and important announcements.

Section Tabs
Available tabs on display may vary for each program.

Welcome, ACGME User
logout

| Overview | Program | Faculty | Residents | Sites | Summary | Case Logs | Reports |

4100100000 - GENERAL MEDICAL CENTER
Allergy - Chicago, IL

Annual Update — Attention Required

Date Required by: Dec 21, 2011

Program Information: Incomplete ⚠

Institution Information: Incomplete - 6 unconfirmed residents

Faculty Information: ✓

Overview Legend
⚠ Missing Data
✓ Section Complete

Annual Update Status
During your scheduled timeframe, this section will expand to display the details.

Annual Update Required
You may update anytime by selecting the **"View"** button

[View]

Section Complete
Green check mark icons display when all required questions contain a response. Please review that responses are current.

Surveys — 67% complete

Change Requests — Pending

Pending program Director Chang...

[View]

Pending Change Requests
View any new items to complete or check the status of a submitted request.

ADS Announcements

Case Logs — Status

Reference Materials
- Duty Hour FAQ ↗
- World Directory of Medical Schools ↗
- Glossary of Terms ↗
- Competency / Assessment Glossary ↗
- Resident/Fellow Survey FAQ ↗

Journal of GME
- Journal of GME ↗

Reference Panel
Access to tools and references related to the section tab you are viewing.

Detail Toggle
Expand to view details or instructions. Arrow down symbolizes expandable section, grayed out arrow disables any action since no information is present for the section, and arrow facing upwards allows you to collapse section.

Text to the left of toggle indicates the percent complete or current status of that specific section.

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Overview
- Complete Annual Update
- Review Pending Change Requests
- Monitoring Surveys or Milestones
- Review ADS announcements

Program
- Edit Program Profile
- View Accreditation Information
- Add/Edit Program Coordinator
- Access Duty Hours/Learning Environment
- Access Overall Evaluation Methods
- Access Major Changes
- Access Specialty Data (for EM & FM only)
- Access One-Year Fellowship Questions (if applicable)
- Create Change Request – New Program Director
- Create Change Request – Complement Change
- Create Change Request – Voluntary Withdrawal
- View Notification Letters
- Review scheduled events

Faculty
- Add/Edit/Sort Faculty
- Add/Edit Program Director's CV
- Add/Edit Case Log Attendings (if applicable)
- Add/Edit Scholarly Activity
- Review Faculty Ratio

Residents
- Add/Edit Residents
- Resident Quick Update
- Review Current Resident Aggregate
- Review Faculty Ratio
- Add/Edit Scholarly Activity*

Sites
- Block Diagram Upload
- Add/Edit/Reorder Participating sites

Summary (for continued accreditation)
- Edit Program Information
- Print Summary
- Edit Current Citation response/View citations
- Submit Site Visit Evaluation (if applicable)
- View Notification Letters

Updated Application (for initial accreditation)
- Edit Common Application
- Print Application
- View/Change Uploaded Documents
- Edit Current Citation response/View citations
- Submit Site Visit Evaluation (if applicable)
- View Notification Letters

Case Logs (if applicable)
- Access the Case Log System portal
- Add/Edit Case Log Attendings

Reports
- Print Survey aggregate reports
- Print Resident Detail Information
- Download an export file of program and resident data
- Review case log reports - national, aggregate program, and aggregate resident (if applicable)

Before contacting the ACGME with an accreditation related inquiry, please reach out to the GME office first. Katy and Lauren are available and reachable via email (krcich@buffalo.edu ldgarlap@buffalo.edu)

ACGME ADS does NOT archive data for your (or GME's) future access!

- Archive ANY data you submit to ACGME ADS
    - E*Value is available to archive data; the UB GME office strongly encourages programs to take advantage of this opportunity

Document everything!

- Maintain documents in a safe and secure manner; if you cannot present documentation, it is considered to not have occurred.

Mind the "3 second rule"

- When reviewing documents, the ACGME limits their search to 3 seconds; what cannot be found in that quick search is considered nonexistent.
    - Denote your documents with specific and clear headings
    - Indicate PGY-year(s) on competency-based educational goals and objectives
    - Maintain organized resident/fellow files
        - Employment information
            - ✓ Information sent to GME in incoming packet
            - ✓ Interview scoring/evaluations
            - ✓ Signed acknowledgment statement (found on http://www.smbs.buffalo.edu/GME/documents/Acknowledgement_Statement.pdf
        - Completion Certificates
            - ✓ Preliminary year completion certificate (if applicable)
            - ✓ Medical School diploma
            - ✓ PhD certificate (if applicable)
            - ✓ Undergraduate diploma
            - ✓ Infection Control certificate
        - Transfer Information (if applicable)
            - ✓ Must include competency-based performance evaluations provided to accepting institutions or from previous institution
        - Evaluations
            - ✓ Final (summative) evaluation documenting performance during the final period of education and verifying that the resident/fellow *"has demonstrated sufficient competence to enter practice without direct supervision"*
            - ✓ Semi-annual evaluations of performance with feedback
            - ✓ Evaluations of residents/fellows at the completion of each assignment

- ✓ Evaluations showing use of multiple evaluators (e.g. faculty, peers patients, self, and other professional staff)
- Case logs summary
- Procedure Credentialing
  - ✓ Procedure privilege report
- Examinations
  - ✓ ITE Scores/results
- Recommendation Letters
  - ✓ From the program to the fellowship (if applicable)
  - ✓ From the program to future employers
- Work Effort Product
  - ✓ Quality Improvement projects
    - ➢ Independent projects
    - ➢ Program-wide projects
    - ➢ Hospital-based projects
  - ✓ Presentations
    - ➢ National
    - ➢ Local
  - ✓ Chart Review

Program Letters of Agreement (PLAs)

Dear Program Directors and Administrators:

In light of the recently published ACGME Revised Institutional Requirements[1], we are making some changes to the processing of PLAs (Program Letters of Agreement). We have designed these changes to streamline the process for both programs and the GME office, hopefully avoiding duplication of effort. Please note the following major changes:

1. Dr. Berger's signature is no longer included on any PLAs.

   The GME office and GMEC will continue to monitor sites used for resident/fellow education through our Special Review process, among other mechanisms.

2. Programs will upload fully executed PLAs and required rotation goals and objectives directly to E*Value rather than submitting them to the GME office *(please see the following pages for instructions)*.
   GME staff are available and happy to assist programs with questions regarding goals and objectives. Please contact Katy Cich, Director of Accreditation at krcich@buffalo.edu or Lauren Garlapo, Accreditation Administrator at ldgarlap@buffalo.edu for assistance. While goals and objectives will no longer be submitted to our office as part of the PLA process, we are happy to review them if you would like our help!

3. All PLA templates now require programs to provide a brief rationale for providing educational assignment(s) at the site specified in the PLA. This question was added as one of several mechanisms to monitor sites used in resident/fellow education.
   Please contact Katy Cich at krcich@buffalo.edu or Lauren Garlapo at ldgarlap@buffalo.edu with any questions.

4. There are now separate PLA templates for Sisters of Charity Hospital and Mercy Hospital of Buffalo; both require Dr. Brian D'Arcy's signature *(please see the following pages for templates)*.

5. ~~Roswell Park Cancer Institute PLAs now require signatures from Drs. Victor Filadora and Donald Trump~~ ~~*(please see the following pages for the template)*~~.   Please use the general form for all RPCI rotations.

As we transition to the Next Accreditation System, please consider how you monitor the quality and safety of patient care in all sites to which your residents/fellows rotate. Your responses to this question will only increase in importance with the advent of ACGME CLER (Clinical Learning Environment Review) site visits.

All current PLAs uploaded to E*Value are still effective unless updated, changed or terminated by the program and participating site. There is no need to re-do current PLAs that contain accurate information!

Any PLAs that have already been submitted to the GME office or are currently out for signature(s) using the old templates will be reviewed, signed by Dr. Berger and uploaded to E*Value by GME staff. We know how difficult it can be to get those signatures and don't want to create unnecessary work for you! If you have any PLAs pending, please **email** them to Katy at krcich@buffalo.edu. **Please do not create any new PLAs using the old templates** *(new templates are included in the following pages)*.

As always, we greatly appreciate your hard work and flexibility as we make the necessary changes to transition to the ACGME's Next Accreditation System!

Sincerely,

Katherine R. Cich, Assistant DIO and Director of Accreditation   Lauren Garlapo, Accreditation Administrator
krcich@buffalo.edu   ldgarlap@buffalo.edu
(716) 829-6133   (716) 829-6132
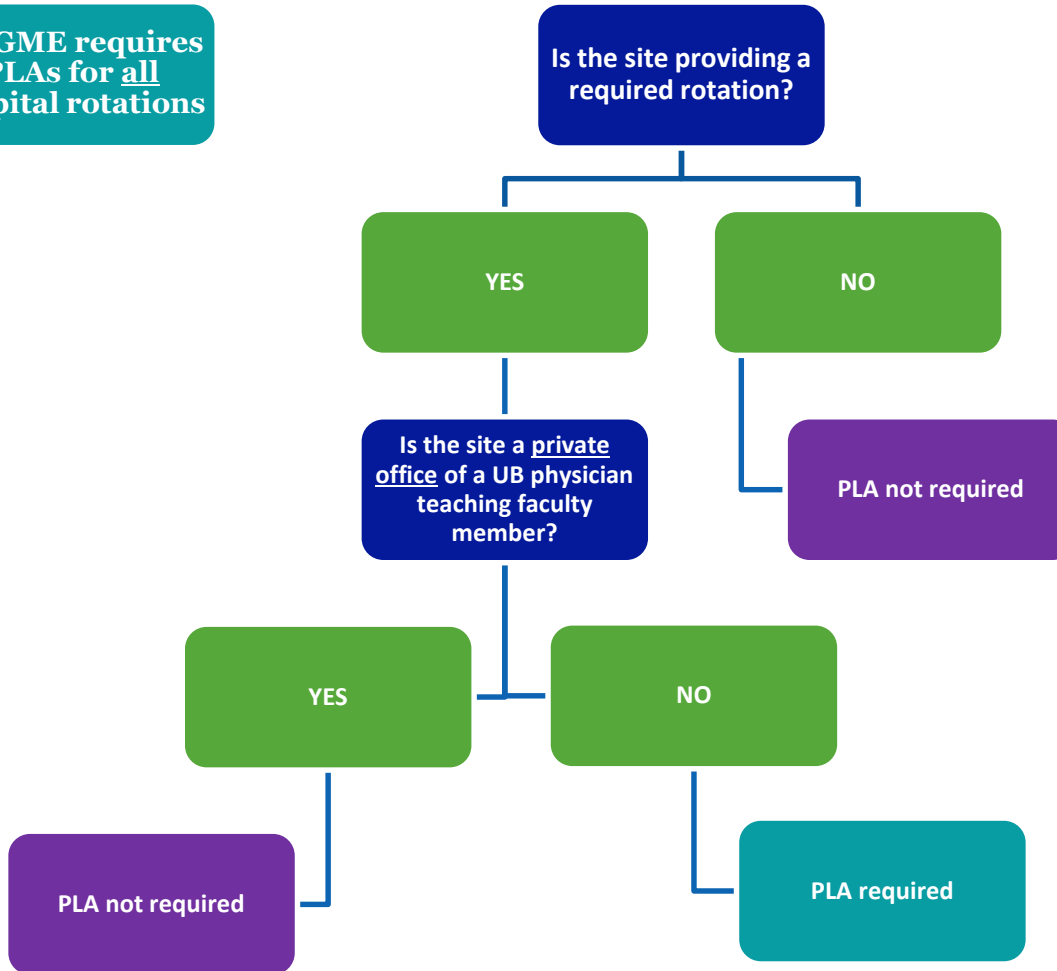
[1] http://acgme.org/acgmeweb/Portals/0/InstitutionalRequirements_07012014.pdf

University at Buffalo Graduate Medical Education
When are PLAs required[1]?

UB GME requires PLAs for _all_ hospital rotations

Is the site providing a required rotation?

- **YES**
  - **Is the site a _private office_ of a UB physician teaching faculty member?**
    - **YES**
      - PLA not required
    - **NO**
      - PLA required
- **NO**
  - PLA not required

[1] The graphic represents requirements delineated in the ACGME Common Program Requirements:
http://acgme.org/acgmeweb/Portals/0/PFAssets/ProgramRequirements/CPRs2013.pdf
and the ACGME FAQs Related to Master Affiliation Agreements and Program Letters of Agreement: http://bit.ly/1FLz2Aa

Please review your specialty or subspecialty-specific program requirements for further information

This document serves as an Agreement between:
University at Buffalo Residency/Fellowship Program:
and Participating Site:

Agreement effective date:
This Agreement is effective from the date above and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

1. **Persons Responsible for Education and Supervision**

   University at Buffalo Residency/Fellowship Program Director:
   Participating Site Director *(faculty member accountable for resident education and supervision at the Participating Site)*:

   The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. **Responsibilities**

   The faculty at the Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or educational assignment and document this evaluation at completion of the assignment.

3. **Content and Duration of the Educational Experiences**

   The content of the educational experiences has been developed according to ACGME common and specialty/subspecialty-specific program requirements.

   Competency-based, educational goals and objectives at each educational level for the assignment(s) specified in this agreement are attached to this document.

   In cooperation with the Program Director, the Site Director and the faculty at the Participating Site are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at the Participating Site. Residents must be permitted to attend mandatory educational experiences that are not located at the Participating Site such as, but not limited to, continuity clinics and didactic training.

   The duration(s) of the assignment(s) for each resident/fellow educational level assigned to the Participating Site is (are):

   Brief rationale for providing the assignment(s) at this particular site *(e.g. oncology program based at RPCI; only site where residents/fellows can gain experience in a particular procedure; etc.)*:

4. **Policies and Procedures that Govern Resident Education**

   Residents/fellows will be under the general direction of the University at Buffalo Graduate Medical Education Committee's policies governing resident education available at
   http://www.smbs.buffalo.edu/GME/Policies_Program_Administration_Policies.php and the Program's policies and procedures governing resident education.

   Residents/fellows must also adhere to the policies and procedures of the Participating Site.

University at Buffalo   Participating Site

Program Director signature   Date   Site Director signature   Date

This document serves as an Agreement between:
University at Buffalo Residency/Fellowship Program:
and Participating Site: **Sisters of Charity Hospital**

Agreement effective date:
This Agreement is effective from the date above and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

1. **Persons Responsible for Education and Supervision**

   University at Buffalo Residency/Fellowship Program Director:
   Participating Site Director *(faculty member accountable for resident education and supervision at the Participating Site)*:

   The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. **Responsibilities**

   The faculty at the Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or educational assignment and document this evaluation at completion of the assignment.

3. **Content and Duration of the Educational Experiences**

   The content of the educational experiences has been developed according to ACGME common and specialty/subspecialty-specific program requirements.

   Competency-based, educational goals and objectives at each educational level for the assignment(s) specified in this agreement are attached to this document.

   In cooperation with the Program Director, the Site Director and the faculty at the Participating Site are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at the Participating Site. Residents must be permitted to attend mandatory educational experiences that are not located at the Participating Site such as, but not limited to, continuity clinics and didactic training.

   The duration(s) of the assignment(s) for each resident/fellow educational level assigned to the Participating Site is (are):

   Brief rationale for providing the assignment(s) at this particular site *(e.g. oncology program based at RPCI; only site where residents/fellows can gain experience in a particular procedure; etc.)*:

4. **Policies and Procedures that Govern Resident Education**

   Residents/fellows will be under the general direction of the University at Buffalo Graduate Medical Education Committee's policies governing resident education available at
   http://www.smbs.buffalo.edu/GME/Policies_Program_Administration_Policies.php and the Program's policies and procedures governing resident education.

   Residents/fellows must also adhere to the policies and procedures of the Participating Site.

University at Buffalo   Participating Site

Program Director signature   Date   Site Director signature   Date

Catholic Health System (Sisters of Charity Hospital)

Brian D'Arcy, M.D., Sr. Vice President of Medical Affairs   Date

This document serves as an Agreement between:
University at Buffalo Residency/Fellowship Program:
and Participating Site: **Mercy Hospital of Buffalo**

Agreement effective date:
This Agreement is effective from the date above and will remain in effect for five years, or until updated, changed or terminated by the Residency/Fellowship Program and Participating Site.

1. **Persons Responsible for Education and Supervision**

   University at Buffalo Residency/Fellowship Program Director:
   Participating Site Director *(faculty member accountable for resident education and supervision at the Participating Site)*:

   The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at the Participating Site.

2. **Responsibilities**

   The faculty at the Participating Site must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or educational assignment and document this evaluation at completion of the assignment.

3. **Content and Duration of the Educational Experiences**

   The content of the educational experiences has been developed according to ACGME common and specialty/subspecialty-specific program requirements.

   Competency-based, educational goals and objectives at each educational level for the assignment(s) specified in this agreement are attached to this document.

   In cooperation with the Program Director, the Site Director and the faculty at the Participating Site are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences at the Participating Site. Residents must be permitted to attend mandatory educational experiences that are not located at the Participating Site such as, but not limited to, continuity clinics and didactic training.

   The duration(s) of the assignment(s) for each resident/fellow educational level assigned to the Participating Site is (are):

   Brief rationale for providing the assignment(s) at this particular site *(e.g. oncology program based at RPCI; only site where residents/fellows can gain experience in a particular procedure; etc.)*:

4. **Policies and Procedures that Govern Resident Education**

   Residents/fellows will be under the general direction of the University at Buffalo Graduate Medical Education Committee's policies governing resident education available at
   http://www.smbs.buffalo.edu/GME/Policies_Program_Administration_Policies.php and the Program's policies and procedures governing resident education.

   Residents/fellows must also adhere to the policies and procedures of the Participating Site.

University at Buffalo   Participating Site

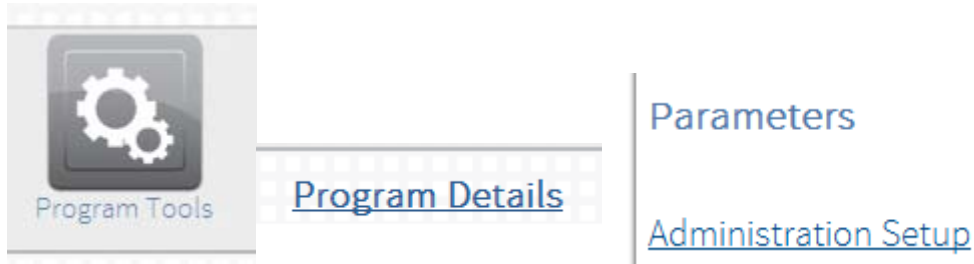Program Director signature   Date   Site Director signature   Date

Catholic Health System (Mercy Hospital of Buffalo)

Brian D'Arcy, M.D., Sr. Vice President of Medical Affairs   Date

Program Procedure for Upload of Program Letters of Agreement to E*Value

Navigate to:

The top of the screen captures information relative to accreditation status. Some of these fields may not be applicable in the Next Accreditation System. You may update information as it changes (i.e., Program Director name, etc).

Step 1: Scan Documents

Each scanned document must contain the following information:

> ➢ Entire signed agreement

> ➢ Goals and Objectives (Only if they are competency-based and by PGY year)

> ➢ Each PLA should be scanned and named with the following naming convention:

PROG ABBREVIATION – XXX HOSPITAL OR SITE – ROTATION NAME – EXP DATE.PDF

For Example: TEST – BGH – GI – Exp. 12-31-11.PDF

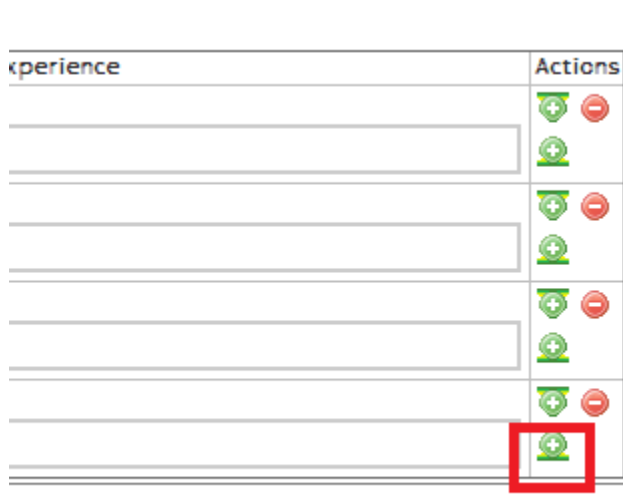**Step 2: Populate the PLA Table Grid**

All fields are required fields.

1. A template called **Program Letters of Agreement** was created. Click the green + icon to add rows to the grid. The following information is to be recorded:

   ➢ Field 1:   **PLA Status:** Enter Current or Expired.

   ➢ Field 2:   **PLA Expiration Date:** Enter the expiration date of the PLA.

   ➢ Field 3:   **PLA Document:** Upload the scanned document here.

   ➢ Field 4:   **PLA Supervisor:** Enter the supervisor's name in this format: **LAST, FIRST**

   ➢ Field 5:   **PLA Site/Hospital:** Select the hospital from the drop-down list.

   ➢ Field 6:   **PLA Site/Other:** If the site is not a hospital, enter the name of the site here or N/A. This is a free text field. In order for the data to be reported correctly, you must enter information here in a standard fashion. It would be a good idea to turn on your browser's auto-complete feature on so that you can use the same naming convention each time for these sites.

   ➢ Field 7:   **G&O Competency Based and by PGY Year?** Select Yes or No from the drop-down box. A YES means that BOTH conditions have been met.

   ➢ Field 8:   **Rotation Name:** Free text field to type the name of the learning experience. Enter the information here in a standard fashion.

   ➢ Field 9:   **Duration of Experience:** Free text field to add the duration of the learning experience.

   ➢ *DON'T FORGET!!* You must be sure to click the **Update** button at the bottom of the grid in order to save the data to your program. This must be done after each row has been populated.

   ➢ Do NOT delete the previous PLA as it may be needed for historical information.

➢ Click the Green + icon at the end of the row to add another row to the grid and repeat the process.

Step 3: Reporting the data

 "List Programs" or "List Programs in Excel" link to process a report of all the data. A report processed to Excel can be sorted as desired.

PLA Status	**PLA Expiration Date**	PLA Document	PLA Supervisor	PLA Site/Hospital	PLA Site/Other	Con Ba b
Current	02/12/2012	PLA_BETWEEN_TEST_PROGRAM_AND_XXX_OFFSITE.doc	Attending, John	Buffalo General Hospital	N/A	YES
Current	12/31/2011	PLA-TEST-Dr._Smith-exp_12-31-11.doc	Smith, Patricia	Roswell Park Cancer Institute	N/A	YES

Step 4: How to check on expired PLAs: At the beginning of the month, process the list of PLAs to the browser and search for dates (CTRL/F) to see PLAs expiring that month. The process should be started at least 3 months in advance to renew PLAs.

Fellows should contact Sherri L. Hill at (585) 922-5387 or sherri.hill@viahealth.org prior to this rotation.

The primary goal *of this required one month rotation is to expose the Hematology fellows to a well-established non-malignant Hematology clinical program. The fellows will learn about comprehensive hemophilia care, disorders of hemostasis/thrombosis, disorders of iron metabolism and will participate in clinical research. In addition, fellows will receive didactic presentations on Hemophilia, coagulation disorders, thrombosis, and iron metabolism. They will be directed to recent literature relevant to the clinical material they are exposed to and will be encouraged to commit their own management plan to clinical situations encountered. They will participate in the monthly journal club conducted at the Cancer/Blood Center and the monthly coagulation case conference. Fellows with a research interest in clinical benign hematology will be offered a more in-depth experience with an attending who will serve as mentor and encourage them to lead a small project that is mutually selected.*

For logistical reasons, rotations are preferentially scheduled in the non-winter months, and local housing in the Rochester area is provided. Fellows are also not required to attend their longitudinal continuity clinic in Buffalo during this rotation. Individuals unable to attend this rotation for logistical/other reasons should discuss possible alternatives with the Program Director.

Methods of Evaluation:
The Fellowship Director will submit to the supervising Rochester general Hospital faculty the standard clinical evaluation form of the American Board of Internal Medicine. In turn, fellows after each rotation will evaluate the rotation and their supervising faculty member/s and be encouraged to critique how effectively the learning objectives of the rotation have been achieved

The progressive learning objectives are designed to identify those components of the ACGME core competencies which we as a training program feel are essential components to the educational experience of our trainees. The learning objectives expand upon the core competencies and further define those skills, attitudes and behaviors which each trainee must master after two years of training in our program. A description of the ACGME Outcomes Project and definitions of the core competencies are included in this document.

Each skill, behavior or attitude is listed within the appropriate competency. The rubric used to identify progression is listed under the year level (1ˢᵗ or 2ⁿᵈ year of fellowship) and definitions of the rubric term are listed below.

The progressive learning objectives are designed to be a reference for trainees and faculty; for evaluation of resident performance; improvement of evaluation tools; and to guide curriculum development.

Definitions:

Developing: A skill, behavior or attitude which we expect the trainee to focus on incorporating into their daily care of patients. Faculty and second year fellows should provide feedback and guidance to first year fellows as they develop these skills. First year fellows should transition from developing to Developing-Competent over the course of the first year. Failure to proceed appropriately through the year can result in an unsatisfactory evaluation, delay of promotion or failure to be promoted.

Developing-Competent: Established skills, attitudes and behaviors which the trainee incorporates into their daily practice. The ability to teach and role model these skills to residents and students. The fellow continues to incorporate additional levels of complexity to achieve proficient status by his second year of fellowship.

Proficient: Use of a skill, attitude or behavior at a level of complexity that allows the fellows to function autonomously or with very little faculty supervision. Implies a readiness to practice that skill, behavior or attitude at an attending level.

The trainees are able to reflect upon their performance in these areas and make appropriate adjustments to improve the quality of their practice.

Essential: A skill, behavior or attitude that must be part of the fellows' daily practice regardless of their personal circumstance. The absence of this skill, behavior or attitude may require remediation.

Expected: A skill, behavior or attitude which should be present in the daily practice of the fellows. As they gain more experience, this skill, behavior or attitude should develop as an essential component of their practice.

Competency	Skill, Behavior or Attitude	1st year	2nd year
Patient Care	1) Learn a rational consultative approach to common benign hematology problems	Developing-Competent	Proficient
Medical Knowledge	2) Learn the approach to diagnosis and management of coagulation disorders	Developing-Competent	Proficient
	3) Learn the approach to the management of transfusion medicine	Developing-Competent	Proficient
	4) Learn the appropriate use of advanced coagulation testing and the interpretation of test results from a Special Coagulation Laboratory	Developing-Competent	Proficient
	5) Exposure to a comprehensive multi-disciplinary model for the treatment of hemophilia and Von Willebrand's disease	Developing-Competent	Proficient
	6) Learn rational approach to the diagnosis and management of disorders of iron metabolism	Developing-Competent	Proficient
	7) Exposure and opportunity to participate in research activities related to the above areas	Developing-Competent	Proficient
Systems Based Practice	8) Exposure to and learn how health care is administered in a non-tertiary cancer center setting with on-site care of most common malignancies.	Developing-Competent	Proficient
Practice Based Learning and Improvement	Self-evaluation of performance		
	a. Searches, retrieves, and interprets peer-reviewed medical literature relevant to hematologic diseases	Developing-Competent	Proficient
	b. Applies study and case report conclusions to the care of individual patients	Developing-Competent	Proficient
	Reflective learning		
	c. Communicates learned concepts to peers	Developing-Competent	Proficient
	d. Incorporates feedback into improvement of clinical activity	Developing-Competent	Proficient
Interpersonal and Communication Skills	Clearly describes risks and benefits of therapeutic interventions and procedures	Developing-Competent	Proficient
	Uses interpreters and allied health professionals appropriately	Developing-Competent	Proficient
	Demonstrates the ability to effectively teach patients	Developing-Competent	Proficient
	Effectively interacts and communicates with patients and other fellows, residents, students, staff at RGH	Developing-Competent	Proficient
Professionalism	Patient primacy. Demonstrates understanding of the importance of patient primacy by:		
	a. Placing the interest of the patient above their own interest	Essential	Essential
	b. Providing autonomy to his or her patients to decide upon treatment once all treatment options and risks have been outlined for them	Essential	Essential
	c. Providing and obtaining key elements of informed consent in an understandable manner for therapeutic interventions and clinical research endeavors	Essential	Essential
	d. Giving equitable care to all patients	Essential	Essential
	e. Treating all patients with respect regardless of race, gender, and socioeconomic background	Essential	Essential
	Physician accountability and responsibility, including:		
	a. Following through on duties and clinical tasks	Essential	Essential
	b. Demonstrating timeliness in required activities, in completing medical records and in responding to patient and colleague calls	Essential	Essential
	c. Exhibiting regular attendance and active participation in divisional and departmental training activities and scholarly endeavors	Essential	Essential
	d. Striving for excellence in care and/or scholarly activities as a hematologist	Essential	Essential
	e. Working to maintain personal physical and emotional health and demonstrates an understanding of and ability to recognize physician impairment in self and colleagues	Essential	Essential

	Humanistic qualities and altruism		
	a. Exhibits empathy and compassion in physician/patient interactions	Essential	Essential
	b. Is sensitive to patient needs for comfort and encouragement	Essential	Essential
	c. Is courteous and respectful of interactions with patients, staff, and colleagues	Essential	Essential
	d. Maintains the welfare of his or her patients as his or her primary professional concern	Essential	Essential
	Ethical behavior, including being trustworthy and cognizant of conflicts of interest. Integrity as a physician and consultant hematologist pervades all of the components of professionalism.		
	a. Demonstrates integrity in reporting back key clinical findings to supervising physicians	Essential	Essential
	b. Is trustworthy in following through on clinical questions, laboratory results, and other patient care responsibilities	Essential	Essential
	c. Recognizes and addresses actual and potential conflicts of interest including pharmaceutical industry involvement in his or her medical education and program and guarding against this influencing his or her current and future prescribing habits	Essential	Essential

School of Medicine and Biomedical Sciences
Department of Gynecology-Obstetrics

As in the Resident Manual:

I. MISSION STATEMENT

Our mission is the education and training of medical students, residents and fellows. This will be done in a setting of academic stimulation, clinical excellence, research and community service.   Our aim and obligation is to create an atmosphere where trainees can develop, mature and achieve their full potential. To meet this, the Department will stimulate and facilitate the professional development and academic achievement of its faculty. Furthermore, we will be open and innovative in response to the changes that society is placing on the health care system. These efforts are directed towards achieving our goal of preparing trainees for their careers as physicians and leaders of our profession.

III. INTRODUCTION and Overall Educational Goals

The Department of Gynecology-Obstetrics is dedicated to the development and administration of a residency program which ensures a structured educational atmosphere providing an opportunity for you to assume increasing responsibilities yet assuring appropriate supervision, formal instruction, critical evaluation and counseling. The program contains a significant service component, but is designed to emphasize our educational responsibilities and thus avoid functioning primarily as a hospital service. The policies contained in this manual have been developed in an effort to enhance this premise. They provide for graduated responsibility while supplying a series of checks and balances that will augment your educational experience and insure optimal patient care. (Appendix 1 – General Information)

It is also the goal of this program to address the moral and ethical issues faced by the physician and other health care participants. The whole issue of "conscience" is one of great importance to any program when the group has shared responsibilities. The qualities of reliability, morality, humility, self-discipline, tolerance and honesty will be judged and evaluated by your patients, your colleagues and your faculty. You will be asked during your training to perform tasks and assume responsibilities that may only seem marginally related to enhancing your professional stature. We, as members of society and a member of the health care team, will at times find it necessary to subjugate

our own personal desires and aspirations and accommodate to the greater need of the society or group.

Therefore, it is the goal of the program to provide an atmosphere where you, the resident, will:

1.   Be exposed to current developments in primary health care for
            women and medical and surgical management of
            reproductive-related disorders and diseases;
2.   Acquire a capacity for critical evaluation of information as well as
            developing logical deductive processes for problem
            solving;
3.   Gain an understanding of the importance of both moral and
            intellectual integrity in the practice of Obstetrics and
            Gynecology;
4.   Acquire a consciousness of the ethical dimensions involved in our
            specialty and medicine in general;
5.   Develop a sense of responsibility toward the community and
            profession.

Furthermore, the Department will:

1.   Promote inquisitiveness, which will be supportive of research as a
            means of advancing new frontiers of
      Knowledge, in addition to developing habits for lifelong
            continuing medical education;
2.   Foster the recognition of individual limitations and the need for a
            team approach and timely consultation;
3.   Instill a compassion and respect toward all patients; and
4.   Establish an awareness of the legal and fiscal aspects of practice.