



University at Buffalo
The State University of New York

TRAINING PROGRAM ADMINISTRATOR PROCEDURE HANDBOOK

OFFICE OF GRADUATE MEDICAL EDUCATION
APRIL 2016

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We are very grateful for and appreciative of your collegial spirit!

Sharon Sullivan
GME Data Integration Manager &
Training Program Administrator Liaison
University at Buffalo
Office of Graduate Medical Education



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Office of Graduate Medical Education

Procedure for:	Recruitment
Purpose:	To obtain the best residents for the program
Timeline:	ALL YEAR with Interviews between October - February for main match programs. Fellowships may have different cycles.
Established Date:	March 8, 2016
Date of Revision:	
Website:	www.nrmp.aamc.org www.aamc.org/services/eras/programs www.aamc.org/services/gmetrack
Login:	
Password:	
Additional Information:	Numerous deadlines are associated with Recruitment - keep all information on the above websites up-to-date.

RECRUITMENT

Overview

The Recruitment Process is one of the most important functions of all Residency Programs. The goal is to recruit the best possible candidates who will excel in residency training and as practicing physicians. The Annual Plan through the Graduate Medical Education Office determines how many positions will be offered in the National Resident Matching Program® (NRMP) also known as The Match. The Accreditation Council of Graduate Medical Education establishes the maximum approved positions for the program (which may be higher than what is allowed through the Annual Plan). In addition, each program has certain criteria applicants must meet to be granted an interview. Positions can be very competitive. At this time, the majority of residency programs receive many more applications than there are positions available. The challenge for any program is determining which applicants to interview and rank for The Match (see explanation below). There are several organizations that are part of the recruitment process. They include:

a. **Accreditation Council of Graduate Medical Education (ACGME - www.acgme.org/acgmeweb)**

National Accreditation body for all Residency Training Programs. All requirements for residency training are established and monitored through this organization and programs must ensure that these requirements are being met. Programs must be accredited by the ACGME in order to participate in the National Resident Matching Program®.

b. **National Resident Matching Program (NRMP - www.nrmp.aamc.org) - “The Match”**

The National Resident Matching Program® is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME). Each year, the NRMP conducts The Match that is designed to optimize the rank ordered choices of students and program directors. In the third week of March, the results of The Match are announced.

The NRMP is not an application processing service; rather, it provides an impartial venue for matching applicants' and programs' preferences for each other. Programs should be aware of special match situations, e.g., couples matching.

Any program that participates in The Match must register and attempt to fill all of its positions through The Match. This does not apply to fellowship programs.

During Match Week, unmatched and partially matched applicants may participate in the Supplemental Offer and Acceptance Program (SOAP) to try to obtain an unfilled residency positions. Programs participating in SOAP MUST accept applications only through ERAS and MUST offer unfilled positions only through SOAP until 5:00 p.m. ET on Thursday of Match Week.

c. **Electronic Residency Application Service (ERAS - www.aamc.org/services/eras/programs)**

The Electronic Residency Application Service is provided through the Association of American Medical Colleges (AAMC). ERAS is a service that transmits residency applications, letters of recommendation, Dean's letters, transcripts, and other supporting credentials from applicants and medical schools to residency programs via the Internet. It was designed simply to assist you with managing your residency application process.

d. **Educational Commission for Foreign Medical Graduates (ECFMG - www.ecfm.org)**

Through its program of certification, ECFMG assesses the readiness of graduates of foreign medical schools to enter residency or fellowship programs in the United States that are accredited by the Accreditation Council for Graduate Medical Education (ACGME). Typically, before most training programs consider international graduates for any position, they require that international graduates either hold a valid ECFMG certificate or will be eligible to obtain one prior to the start of training. UB primary residencies only accept J-1 visas. However, some fellowships will sponsor H1-B visas. Information about the requirements of both types of visas may be found at

http://www.smbs.buffalo.edu/GME/Directors_Forms.php

e. **GME Track** (www.aamc.org/services/gmetrack)

GME Track is a resident database and tracking system. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges and the American Medical Association. The data entered in the Program Survey of the National GME Census are used to update FREIDA Online® (Fellowship and Residency Electronic Interactive Database Access - <http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page>). This is a service operated by the American Medical Association (AMA) providing a search engine to research and compare residency training program options.

f. **Residency Program Website** (UB - www.smbs.buffalo.edu/GME/Residents_Programs.php)

Sample Residency Recruitment Tasks

Tasks	Assigned To	When to Complete	✓ completed items
Decide on interview dates	Program Directors	September	
Book conference rooms for meetings and meals	TPA or Assistant TPA	September	
Notify faculty of dates and request interview availability	TPA or Assistant TPA	First week in October, then again in November and December	
Use ERAS to review applications	Program Directors	When ERAS opens in September	
Invite and confirm interview dates	TPA or Assistant TPA	As soon as possible in ERAS	
Send dinner details to candidates	TPA or Assistant TPA	Two weeks in advance of interview	
Hold recruitment meeting - discuss meals, materials, ideas and responsibilities	Faculty, Residents and TPA	August through October	
Review and update website	Faculty, Residents and TPA	July prior to start of interview season	
Contact hotel with dates for availability	TPA or Assistant TPA	Once dates are decided	
Contact restaurant venues to arrange candidate dinners; submit for payment	TPA or Assistant TPA	As needed	
Contact caterers to arrange candidate lunches according to schedule; submit for payment	TPA or Assistant TPA	As needed	
Candidate File Folder Agree on contents Including Interview Schedule for Candidate	TPA or Assistant TPA	Secure materials for information packets. Order Materials as necessary in August	

Create interview schedules and send to faculty with candidate applications	TPA or Assistant TPA	Prior to interview day	
Set up lunch according to schedule; break down	TPA or Assistant TPA	Each afternoon according to schedule	
Greet candidates	TPA or Assistant TPA or both	Each interview date	
Conduct hospital tour	Residents	According to schedule	
Farewell to candidates	TPA or Assistant TPA or both	Each interview date	

Be sure that your website is current and up-to-date and can provide prospective applicants with helpful information.

g. Residency Program Selection Committee

Meet regularly to establish criteria for eligibility, agree on parameters for interviewing and the interview day set-up, assess qualifications of candidates as they are interviewed, and to determine the rank order list to be finalized by the Program Director. Be sure applications are properly screened to avoid interviewing candidates who have exceeded the [12-week rule](#).

h. Interviewing Don'ts

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

Interviewers must NOT discuss or ask questions regarding:

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



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Procedure for:	Match Week through NRMP
Purpose:	Preparing for candidates that matched
Timeline:	Third week of March for Main Residency Match Varies for Fellowships - see NRMP website for details
Established Date	March 8, 2016
Revised Date	
Website:	www.nrmp.org
Login:	
Password:	
Additional Information:	

National Resident Matching Program (NRMP):

In July each year, every residency training program must determine if they will be “All In” or “All Out” of the NRMP. If your residency program elects to be “All In”, all candidates must be entered into your NRMP Rank Order List (ROL) and matched into your program through NRMP. You may NOT offer contracts to candidates outside of the Match. Some fellowships, dually-accredited programs and military appointees to civilian programs, do not have to adhere to the “All In” policy. Requests for exceptions must be submitted in writing to investigations@nrmp.org.

Access the NRMP website at www.nrmp.org for the Main Match Schedule.

Things to consider about the match and Supplemental Offer and Acceptance Program (SOAP):

- Training Program Administrators should be aware of special match situations such as couples’ match, armed forces commitments, and visa requirements.
- Print the Match schedule from the NRMP website
- Contact the GME office regarding any foreign medical graduates you may have.

Things to consider about the interview process:

- Have a system set up for screening applicants obtained through ERAS;
- Change voice mail and include instructions for applicants;

March:

Main Match Week - (usually the third week in March.) Be aware that communicating with applicants outside of the prescribed dates will result in a match violation which may have dire consequences for the program and institution.

Monday:

- Applicants: Learn if they matched in the R3 system and by email at 11:00 a.m. ET. SOAP begins and the “List of Unfilled Programs” is available for SOAP-eligible unmatched and partially matched applicants
- Programs: Learn if they filled in the R3 system and by email at 11:00 a.m. ET. SOAP begins for participating unfilled programs
- Schools: “Unmatched Applicants Report” is available at 10:30 a.m. ET (report embargoed until 11:00 a.m. ET)

Tuesday:

- Applicants and programs continue to communicate by program-initiated communication.
- 11:30 a.m. Programs: Begin creating SOAP preference lists in the R3 system. Note: Applicants do not submit a preference list for SOAP.

Wednesday:

- Programs: SOAP Round 1 11:55 a.m. Programs: Preference list certification deadline for Round 1 offers. 12:00 p.m.
 - Deadline to modify/certify Round 2 preference list if needed. 3:00 p.m.
- Applicants: Begin receiving electronic offers in R3. Applicants should not accept any offers until the R3 system indicates all offers have been generated. Note: Positions rejected by applicants will not be issued to other potential candidates until the start of the next offer round.
 - Begin receiving electronic offers in R3 system. 5:00 p.m.
 - Deadline to accept/reject Round 2 offers.
- Schools: View SOAP Schools Report (updated in real time) to track your students/graduates.

Thursday:

- Schools/Programs/Institutions: View Confidential Advance Data Tables. Schools: View confidential Match results reports and print Match notification letters. SOAP Round 3 Programs: Deadline to modify/certify Round 3 preference list if needed.
- Programs: Deadline to modify/certify Round 4 preference list if needed. View Confidential Roster of Matched Applicants report (also by email).
 - SOAP Round 5. Deadline to modify/certify Round 5 preference list if needed. May begin creating positions for partially-matched applicants. List of Unfilled Programs accessible from R3 system left menu bar and updated to include programs that did not participate in SOAP.
- Applicants: Begin receiving electronic offers in R3 system. 11:00 a.m. Deadline to accept/reject Round 3 offers.
 - SOAP Round 4. Begin receiving electronic offers in R3 system. Deadline to accept/reject Round 4 offers.
 - Begin receiving electronic offers in R3 system. Deadline to accept/reject Round 5 offers. SOAP ends
 - SOAP-ineligible applicants who are unmatched or partially matched can access List of Unfilled Programs. Applicants who are SOAP-eligible and unmatched or partially-matched may now contact programs not participating in SOAP. Programs: Unfilled programs can update the List of Unfilled Programs until May 1 as positions fill.

Friday:

- 1pm: Programs are finally able to release the list of Matched Applicants.

Contracts:

All contracts for incoming trainees must be requested through the Resident Update System (RUS). <https://resident.med.buffalo.edu/rus/>

Offer Letter Example:

April 1, 20xx

Dear Incoming Resident or Fellow (Name):

Welcome to the University at Buffalo XX Training Program. Please find attached employment packet with complete instructions on how to fill-out the documents and your contract. I have also included a self-addressed stamped envelope (or reply to this email- **NOTE! DO NOT EMAIL Social Security Card information**) to help expedite the return of these materials which are due back by **DATE (determined by GME)**. **NOTE: Your program may request incoming residents to respond earlier so that you are able to meet the GME deadline.**

In addition to this packet, I will also need copies of the following documents from you:

- Medical School Diploma
- USMLE Transcripts (Step 2 if it was not uploaded to ERAS)
- ECFMG Certificate (if applicable)
- Passport (if you have one)
- Driver's License
- Social Security Card (**DO NOT EMAIL!**)

If you have any questions or concerns regarding the above, please contact me and I will do everything I can to facilitate this process.

Sincerely,

New Resident/Fellow Checklist

Resident/Fellow Name: _____

UB Program Name: _____ PGY Level _____

Is this appointment for a Prelim Year? Yes No

If Yes, for what specialty? _____

ALL NEW RESIDENT/FELLOW PACKETS MUST INCLUDE THE FOLLOWING DOCUMENTATION:
PLEASE CHECK BOX NEXT TO EACH INCLUDED ITEM AND ARRANGE THEM IN ORDER SPECIFIED BELOW WITH THIS FORM ON TOP

INFORMATION TO BE SUBMITTED TO OGME:

Program GME

- Form I-9 – Section 1 COMPLETED by resident/fellow; Section 2 & 3 left blank
- I-9 Proof – Copy of documents as indicated on I-9 Form ONLY
 - Non-U.S. citizens must include DS-2019 or I-797, I-94 record, Passport as applicable
- Copy of Social Security Card
- Federal and State Income Tax forms COMPLETED and SIGNED by resident/fellow
- Medical School Diploma – with translation and translator certification, if not in English
- ECFMG Certificate – for ALL International Graduates
- Signed Medical School Release Form (U.S. Medical School graduates only)
- Completed UB, ERAS or PASS application
- Employment contract (& Wage Theft Form) signed by resident/fellow and Program Director
- Confirmation of Compliance with “12 Week Rule” – for IMGs only
- Direct Deposit Form (if applicable)

The documents listed above, where applicable, have been received and reviewed and copies are on file in the Office of Graduate Medical Education.

GME Human Resources

Date

INFORMATION TO BE ON FILE IN PROGRAM DIRECTOR'S OFFICE:

Medical/ Dental School Transcript Clinical Clerkships
Prior Post-Graduate Experience (if applicable) College Diploma/Transcript for MD Degree

The documents listed above, where applicable, have been received, and reviewed and copies are on file in my office.

Program Director

Program

Date



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Office of Graduate Medical Education

Procedure for:	Orientation
Purpose:	On-board residents & fellows to training programs.
Timeline:	Incoming Residents' Week (IRW): <ul style="list-style-type: none">• For PGY1 residents• Week of the 3rd Monday in June July 1 st : For PGY2 and Fellows
Established Date	March 8, 2016
Revised Date	
Website:	RUS: https://resident.med.buffalo.edu/resweb/ (for contracts) E*Value: www.e-value.net (for tutorials)
Login:	
Password:	
Additional Information:	Numerous deadlines are associated with Orientation activities. Pay close attention to the weekly GME emails (GMED).

Resident Orientations and Incoming Resident Week (IRW) & July 1:

All residents new to University at Buffalo sponsored programs must attend a mandatory resident orientation prior to the start of their training program. All PGY1 residents attend the Incoming Resident Week Orientation held beginning the third Monday of June. Residents at the PGY2 and most fellows attend a one-day orientation program on July 1st. Check with GME Human Resources regarding program start date questions.

New residents or fellows starting off-cycle must participate in a separate orientation arranged through the Office of Graduate Medical Education before the start date of their training program. All residents must have a Health Physical Exam arranged through UB Resident Employee Health prior to start of work as a resident. Incoming residents and fellows should NOT receive a physical from their personal physician.

Program-Based Orientation:

Most training programs will also have a program orientation. Check with your Program Director regarding your program's orientation agenda in which you may play a large role in organizing. Some orientation programs must also allow time for residents to take advanced certification courses.

Hospital-Based Orientation:

Hospital Computer Systems and Required Training: Residents will be assigned to attend hospital-based orientation according to the location of their first rotation. Subsequent training for rotations to hospitals throughout the year must be arranged 30 days in advance of the upcoming rotation. Hospital contact information can be accessed on the GME Webpage under the 'Affiliated Hospitals' tab. On-boarding activities and requirements at each hospital may include:

- Patient Safety, Medical/Legal Liability
- OSHA and Infection Control
- Parking
- Rotation Check-In, I and information
- ID Badges

Office of Graduate Medical Education

Procedure for:	Updates in RUS (Resident Update System)
Purpose:	Request renewal contracts, enter new resident information (and request contracts), request certificates for graduating residents and notify GME HR of residents going out on disability.
Timeline:	
Established Date:	March 8, 2016
Date of Revision:	
Website:	https://resident.med.buffalo.edu/rus/
Login:	Program Specific
Password:	Program Specific
Additional Information:	Must use Internet Explorer

Logging In

- Link: <https://resident.med.buffalo.edu/rus/>
- Use Internet Explorer!
- If you can't remember your program logins, email Jen Whitlocke - jwhitloc@buffalo.edu.
- After you log in the first time, update your program's contact information

Primary Contact Name:	<input type="text"/>
Primary Contact Email:	<input type="text"/>
Secondary Contact Name:	<input type="text"/>
Secondary Contact Email:	<input type="text"/>
 edit contact info	<input type="text"/>

Requesting Renewal Contracts for Continuing Residents

- RUS will populate all of your current residents and list the following important information:
 - PGY level
 - Current PGY start/end dates
 - Visa status (if applicable)

TYPE	LAST	FIRST	START	END	PGY	STATUS	PROG	SALARY	HOSP	CURR_Visa
CUR	Doe	John	7/23/2014	7/22/2015	5	Active	SUR	\$.00	VA/UB	J-1

Will this resident be continuing in this program Yes No

- After each resident, you will click yes or no.
- If yes, ensure that next PGY start date and PGY level is correct. Choose the “UMRS” payline.

Will this resident be continuing in this program Yes No

Please complete the information for the resident:	Next PGY Start Date: 7/1/2015	PGY: 5	Payline: <input type="radio"/> UMRS(48)	Comments:
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- Complete for each resident that is continuing in the program. If the dates are not correct or there are other changes that need to be made, please contact me.
- Once you update all continuing residents, you must click “save” at the bottom.
- Jen Whitlocke will not receive an automatic notification when contracts are requested, so please send her an email to let her know. She will then approve the contracts and let Jason Crosby know to prepare the contracts. Once Jason has done so, you will receive an email notification that the contracts (and required New York State wage theft forms) are ready to be printed from RUS. They will be in PDF format.

Requesting Certificates for Graduating Residents

- After clicking no for not continuing, you will be asked to pick a reason from a drop down menu and confirm the end date.

Will this resident be continuing in this program Yes No

Please select a status for the resident:

- The majority of graduating residents will have the following status: Complete Training (Leaving UB). If you are unsure of what to pick, please contact Jen Whitlocke and you can discuss the situation.
- If the end date that is automatically populated is not correct, please contact Jen Whitlocke. If someone is graduating early or later than expected, the GME office will need to know the details and ensure the proper process is followed.
- You will want to confirm with your graduating residents how they would like their name presented on their diploma (i.e. middle name or initial) and that it is spelled and capitalized correctly.

Please select a status for the resident:	Complete Training (leaving UB)	Enter End Date:	7/22/2015
Please enter certificate information for the Resident:	Certificate of Residency in Surgery	Resident Name:	Doe, John
		Start Date:	7/23/2012
		End Date:	7/22/2015

- Complete this step for all graduating residents. Again, you must “click” on the bottom in order to submit your request.
- Once you have completed, please let Jennae Howard (jennaeho@buffalo.edu) know as she will prepare and send diploma proofs to you.

Requesting Contracts for New Residents

- If your program participates in the ERAS match, new resident information will be populated into RUS for you from the information we receive from ERAS. You will be notified when the information is in RUS and you will need to verify and save the new contract requests.
- If your program does not participate with ERAS or you need to manually enter a new resident, scroll to the bottom of the page past the list of residents, click on “Enter or Update a New Resident”.

[ENTER OR UPDATE A NEW RESIDENT](#)

- Complete all questions and click Save. If you are unsure of certain questions, please contact Jen Whitlocke. If you do not have the resident’s SSN at the time you are entering the information, you can leave it blank.

Main Log in Page: <https://resident.med.buffalo.edu/RUS/>



Change in Resident Status Page (where the blue link in the above screen shot takes you): <http://apps.med.buffalo.edu/change/>



- Again, notify Jen Whitlocke when all new contracts have been requested so she can approve and notify Jason.
- Once you receive both signatures from the trainee and program director, please send the original contract to Jen Whitlocke -829-5076 jwhitloc@buffalo.edu to obtain the final signature. She will then send a copy of the executed contract back to your office.

For Entering Changes to Work Status e.g. Disability

- Logging in: Link: <https://apps.med.buffalo.edu/change>
- Use Internet Explorer!
- If you can't remember your program logins, email Jen Whitlocke - jwhitloc@buffalo.edu.

You will be prompted to select a person, click on the person you need to change the status of.

The following Screen will appear and you can enter the information accordingly. Then click submit. If you have any questions you can contact Jen Whitlocke 829-5076 or email jwhitloc@buffalo.edu.

Do not use this form for information included on the on-line Resident Update System.

Resident Name: Doe, John

Program: Gynecology / Obstetrics - SCH

Pay Line: Sisters Hospital

Change Type:

- Start Disability Leave
- Return From Leave
- Resigned
- Terminated
- Completed Program
- Unpaid Leave
- Other

Effective Date of Change:	<input type="text"/>
Program Contact Person:	<input type="text"/>
Program Contact Email:	<input type="text"/>

Comments:



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Office of Graduate Medical Education

Procedures for:	Benefits and Leave
Purpose:	Information on resident benefits and procedures for work-related injuries and disability leaves
Established Date:	March 8, 2016
Revised Date:	
Timeline:	During orientation, open enrollment, and ongoing
Website:	Benefit & Leave Policy: http://www.smbs.buffalo.edu/GME/documents/EmployeeBenefitsLeavePolicy.pdf RUS (Change of Training Status): http://apps.med.buffalo.edu/change/
Login:	
Password:	
Additional Information:	GME Human Resources administers/oversees benefit and leave related issues.

Overview - Benefits & Leave

Residents/Fellows (“Residents”) are employed by University Medical Resident Services, PC (UMRS) or University Dental Resident Services, PC (UDRS). Residents are not employed by the University at Buffalo, practice plans, or the hospitals in which they work. Residents receive compensation according to the academic year’s resident salary schedule. Residents are provided with health and dental insurance at no cost. Additionally, residents receive short-term disability coverage, long term-disability coverage, life insurance, and several optional benefits which may be elected during new resident orientation or open enrollment (annually during the month of June). Additional resident benefits include workers’ compensation coverage, vacation and sick leave, holidays, bereavement, FMLA leave, paternity leave, a prescription stamp, lab coats, and select university

privileges. All benefits are subject to policy and eligibility requirements as determined by UMRS/UDRS and the GME office. The Resident Benefit and Leave Policy can be found here: <http://www.smb.suff.edu/GME/documents/EmployeeBenefitsLeavePolicy.pdf>

All questions regarding resident benefits should be directed to GME Human Resources at 716-829-2012.

Medical/Dental Benefits:

All residents employed by UMRS or UDRS are provided with health and dental insurance at no cost to the resident for single or family coverage. Coverage for health insurance is effective on the first day of employment. New residents enroll in the health insurance plans during regularly scheduled new resident orientations. Health insurance contracts are in effect from July 1 through June 30 of each year. Residents should contact GME Human Resources for information on benefit coverage and/or electing or making changes to their insurance coverage.

Vacation and Sick Time:

NOTE: If a Residency Review Committee (RRC) or Accreditation Board requires a minimum number of weeks of training per year in conflict with the UMRS/UDRS vacation policy, the policy shall automatically be amended to comply with the requirements of the RRC or Accreditation Board of the program in question.

Subject to the above condition, each resident is entitled to accrue up to twenty (20) days of vacation and twenty (20) days of sick time annually at the rate of 1 and 2/3 days per month. Unused vacation time may not be accumulated from year to year. However, sick time may be accumulated up to a maximum of one hundred twenty (120) days.

Disability Leaves

The Office of Graduate Medical Education Human Resources must be notified when a resident/fellow goes out on a disability leave. Leaves for pregnancy/childbirth are considered disability leaves. Additionally, the GME office should be notified of all FMLA, bereavement, paternity, and/or unpaid leave of absence requests. Leave notification should be made by submitting required leave information through RUS: <http://apps.med.buffalo.edu/change/>. [The Office of Graduate Medical Education will provide leave-related forms to the resident for completion. In some situations, the Program Director's written approval of a resident's leave request is required.](#)

NOTE: Accreditation Board or RRC requirements may necessitate an extension of the training period upon the residents' return to work in order for the resident to qualify for certification. If a leave will result in an extension of training, program directors must notify the resident in writing, with a copy to the Office of GME, outlining the educational ramifications of the leave. A revised

employment contract reflecting the necessary extension of the training must be executed upon the residents' return to employment. All contract extensions must be made in the training year in which the leave was taken.

Workers' Compensation:

UMRS and UDRS maintain workers' compensation insurance for the residents and fellows whom they employ. This insurance is for employees who are injured or become ill by cause of their jobs. Workers' compensation insurance provides for medical care and lost wages if an employee's ability to work is affected due to an on-the-job injury or illness.

Some of the most common on-the-job injuries sustained by UMRs/UDRS residents and fellows include:

- Needle sticks
- Scalpel cuts
- Blood or body fluid exposures
- Puncture wounds

When an on-the-job injury or illness occurs, it is important that the resident report to either the emergency room or employee health office at the hospital in which he/she is rotating to seek treatment and file an incident report. **Residents should not use their personal medical insurance coverage to pay for treatment/services.** Residents who receive medical bills related to a workers' compensation incident should contact the GME office. After the injured resident has received treatment and completed an incident report, the report will be forwarded to the Office of Graduate Medical Education, so that a workers' compensation claim can be filed on their behalf. The resident will then receive additional information regarding his claim from GME and from UMRs/UDRS' workers' compensation insurance carrier.

Alphabet Soup - Common Acronyms/Abbreviations Used in GME

AAMC	Association of American Medical Colleges
ABMS	American Board of Medical Specialties
ACCME	Accreditation Council for Continuing Medical Education
ACGME	Accreditation Council for Graduate Medical Education
ADS	Accreditation Data System (within ACGME)
AHA	American Hospital Association
AHME	Association for Hospital Medical Education
AMA	American Medical Association
AMA-CME	American Medical Association - Council on Medical Education
AMG	American Medical Graduate
AOA	Alpha Omega Alpha
AOA	American Osteopathic Association
APE	Annual Program Evaluation
ATLS	Advanced Trauma Life Support
CBE	Competency-Based Education
CCC	Clinical Competency Committee
CLER	Clinical Learning Environment Review
CMS	Centers for Medicare and Medicaid Services
CODA	Council on Dental Accreditation
DHS	Duty Hour Subcommittee
DIO	Designated Institutional Official
DNV GL	Kaleida Health Accrediting Body. Merger between two entities: (Det Norske Veritas and Germanischer Lloyd)
E*GME	Reimbursement component to E*Value
E*Value	Web-based Residency Management System
ECFMG	Educational Commission for Foreign Medical Graduates
ERAS®	Electronic Residency Application Service
FCVS	Federation Credentials Verification Service
FMG	Foreign Medical Graduate
FREIDA	Fellowship and Residency Interactive Database Access (AMA)
FS	Accreditation Field Staff
FSMB	Federation of State Medical Boards
FTE	Full-Time Equivalent
GHHS	Gold Humanism Honor Society
GME	Graduate Medical Education
GMEC	Graduate Medical Education Committee
HIPAA	Health Insurance Portability and Accountability Act
IMG	International Medical Graduate
IRC	Institutional Review Committee
IRD	Institutional Review Document

JC (formerly JCAHO)	Joint Commission on Accreditation of Healthcare Organizations
LCME	Liaison Committee on Medical Education
NBME	National Board of Medical Examiners
NRMP	National Resident Matching Program
OAP	Outside Annual Plan
OGME	Office of Graduate Medical Education
PALS	Pediatric Advanced Life Support
PC	Program Coordinator
PD	Program Director
PDAC	Program Directors' Advisory Committee
PEC	Program Evaluation Committee
PGY	Post Graduate Year
PLA	Program Letter of Agreement
PQRS	Program Quality Review Subcommittee
R3®	The Registration, Ranking, and Results system
RC or RRC	Review Committee or Residency Review Committee
ROL	Rank Order List
RUS	Resident Update System
SOAP	Supplemental Offer and Acceptance Program
SV	Site Visitor
SSV	Specialist Site Visitor
TPA	Training Program Administrator
TPAC	Training Program Administrators' Committee
UBJSMBS	University at Buffalo Jacobs School of Medicine & Biomedical Sciences
USMLE	United States Medical Licensing Examination

Glossary of Terms

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

Academic Appointment

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

Association of American Medical Colleges (AAMC)

The AAMC is a not-for-profit association representing all 144 accredited U.S. and 17 accredited Canadian medical schools. The Electronic Residency Application Service (ERAS) was developed and is currently overseen by the AAMC.

Accreditation Council for Graduate Medical Education (ACGME)

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

ACLS

Advanced Cardiac Life Support

Activity

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

Accreditation

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

Accreditation Data System (ADS)

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

Alpha Omega Alpha

A national honor society for medical students, residents, physicians and scientists in the U.S. and Canada.

Annual Plan

The annual process through which Program Directors submit their change in program size or any new program requests for the upcoming academic year on a timetable provided by the Office of Graduate Medical Education (GME). GME works with programs and affiliated hospitals to determine pay line assignments, and the final annual plan is submitted to the GMEC for approval.

Annual Program Evaluation (APE): An ACGME required annual review and evaluation of a program's curriculum focusing on the following: resident performance; faculty development; graduate performance; program quality; and progress on the previous year's action plan(s).

Applicant

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

Assessment

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

ATLS

Advanced Trauma Life Support

BLS

Basic Life Support

Categorical Resident

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

Certification

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

Chief Resident

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

Citation

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

Clarifying Information

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

Clinical

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

Clinical Competency Committee

A required body comprised of three or more members of the active teaching faculty who are advisory to the program director and review the progress of all residents in the program on a biannual basis.

Clinical Learning Environment Review (CLER)

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

Clinical Responsibility/Workload Limits

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

Clinical Supervision

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

Combined Specialty Programs

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

Common Program Requirements

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

Competencies

Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs.

These include patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

Complement

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

Compliance

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

Conditional independence

Graded, progressive responsibility for patient care with defined oversight.

Confidential

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

Consortium

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

Continued Accreditation

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

Continuity clinic

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

Continuous time on duty

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

Core Program

See [Specialty Program](#).

Designated Institutional Official (DIO)

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

Didactic

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

Disaster

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

Duty Hours

Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities, such as

conferences. Duty hours do not include reading and preparation time spent away from the duty site. See this link for specifics: [UB GME Duty Hour Policy](#)

[ECFMG](#)

Educational Commission for Foreign Medical Graduates. Certification of ECFMG is the standard for evaluating the qualifications of international medical graduates (IMGs) before they enter U.S. graduate medical education. ECFMG certification is also a requirement for IMGs to register for Step 3 of the USMLE exam and to obtain an unrestricted medical license in the United States.

[ECFMG Number](#)

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

[Elective](#)

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

[ERAS®](#)

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

[Essential](#)

See [MUST](#).

[External moonlighting](#)

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

[Extraordinary Circumstances](#)

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

[Extreme Emergent Situation](#)

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

[Faculty](#)

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

[Fatigue management](#)

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

[Fellow](#)

A physician in a program of graduate medical education accredited by the ACGME who has completed the requirements for eligibility for first board certification in the specialty. The term "subspecialty residents" is also applied to such physicians. Other uses of the term "fellow" require modifiers for precision and clarity, e.g., research fellow.

[Fellowship](#)

See [SUBSPECIALTY PROGRAM](#).

Fifth Pathway

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

Fitness for duty

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

Focused Site Visit

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

Formative Evaluation

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

FREIDA

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

Full Site Visit

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

Graduate Medical Education (GME)

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

GME Track

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

Gold Humanism Honor Society

An honor society at the University at Buffalo Jacobs School of Medicine which honors students and physicians for their commitment to providing excellent, compassionate care as well as their dedication to patients and families.

Graduate Medical Education Committee (GMEC)

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

Graduate-Year Level

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

Grand Rounds

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

Home Call

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

In-House Call

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

Initial Accreditation

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

Innovation

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

Institutional Review

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

Integrated

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

Intern

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

Internal Moonlighting

Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.

Internal Review

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

International Medical Graduate (IMG)

A graduate from a medical school outside the United States and Canada (and not accredited by the Liaison Committee on Medical Education). IMGs may be citizens of the United States who chose to

be educated elsewhere or non-citizens who are admitted to the United States by US Immigration authorities. All IMGs should undertake residency education in the United States before they can obtain a license to practice medicine in the United States even if they were fully educated, licensed, and practicing in another country.

[In-Training Examination](#)

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

[Joint Commission \(TJC\)](#)

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

[LCME](#)

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

[Letter of Notification](#)

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

[Master Affiliation Agreement](#)

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

[Medical School Affiliation](#)

A formal relationship between a medical school and a sponsoring institution.

[Moonlighting](#)

See [EXTERNAL MOONLIGHTING](#) and [INTERNAL MOONLIGHTING](#).

[Must](#)

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

[National Resident Matching Program \(NRMP\)](#)

A private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education in the United States. Five organizations sponsor the NRMP: American Board of Medical Specialties, American Medical Association, Association of American Medical Colleges, American Hospital Association, and Council of Medical Specialty Societies. It is the most widely used matching program. There are other matches used by some programs such as the San Francisco Match or other specialty matches.

[Night Float](#)

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

[Night Shift](#)

Residents and/or fellows assigned to cover patients in the hospital overnight.

[Notable Practice](#)

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

One Day Off in Seven

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

Ownership of Institution

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

Pager Call

A call taken from outside the assigned site.

PALS

Pediatric Advanced Life Support.

PDSA (Plan-Do-Study-Act)

A four part method for discovering and correcting assignable causes to improve the quality of processes; the method may be applied to individual learning, courses, programs, institutions, and systems, in repeated cycles.

PLA

See PROGRAM LETTER OF AGREEMENT.

Pilot

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

Post Graduate Year (PGY)

See also Graduate-Year Level.

Preliminary Positions

Designated Positions

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

Non-Designated Positions

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

Primary Clinical Site

If the sponsoring institution is a hospital, it is by definition the principal or primary teaching hospital for the residency/fellowship program. If the sponsoring institution is a medical school, university, or consortium of hospitals, the hospital that is used most commonly in the residency/fellowship program is recognized as the primary clinical site.

Probationary Accreditation

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

Program

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

Program Director

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

Program Evaluation

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

Program Evaluation Committee (PEC)

A required body comprised of a minimum of two members of the active teaching faculty and one resident appointed by the Program Director which assists the Program Director with the Annual Program Evaluation.

Program Quality Review Subcommittee (PQRS)

A committee comprised of Program Directors, Training Program Administrators and trainees charged with reviewing ACGME compliance for all programs accredited by the University at Buffalo.

Progress Report

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

Program Letter of Agreement (PLA)

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

Program Merger

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

Program Year

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

R3®

The Registration, Ranking, and Results system is a web-based software application through which all NRMP Matches are managed.

Rank Order List (ROL)

The list that is inputted to the NRMP and contains all of the interviewed candidates that the program has determined are ideal candidates.

Required

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

Resident

A physician in an accredited graduate medical education program; known as interns, residents, and fellows.

Residency

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

Review Committee Executive Director

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

Review Committee, Residency Review Committee

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

Rotation

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

Resident Update System (RUS)

Contracts for all incoming trainees are requested through RUS.

Scheduled duty periods

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

Scholarly Activity

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

Shall

See MUST.

Should

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

Site

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

Major Participating Site

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

Participating Site

An organization providing educational experiences or educational assignments/rotations for residents/fellows. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a public health agency, an organized health care delivery system, a health maintenance organization (HMO), a medical examiner's office, a consortium or an educational foundation.

SOAP (Supplemental Offer and Acceptance Program)

Residents who did not match enter the SOAP program (formerly known as the "Scramble") where they are matched with programs that have unmatched positions.

Specialty Program

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

Sponsoring Institution

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

Strategic napping

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

Subspecialty Program

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

Dependent Subspecialty Program

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

Suggested

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

Summative Evaluation

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

Twelve-Week Rule: If an applicant to your program graduated from a non-LCME-accredited medical school located in one country but completed one or more clinical clerkships in a different country for a period of 12 weeks or greater, those clerkships must be certified. Access the list of approved medical schools at this link: [NYS 12-Week Rule](#)

[Training Program Administrator \(TPA\)](#)

The Training Program Administrator oversees the day-to-day operations of the training program in collaboration with the Program Director and in accordance with ACGME requirements.

[Training Program Administrator Committee \(TPAC\)](#)

A committee comprised of Training Program Administrators from all University at Buffalo-sponsored training programs. The committee meets four times per academic year to discuss important information and upcoming deadlines. In addition, TPAC offers opportunities for professional development, the sharing of best practices and peer-to-peer support and networking.

[Transfer resident](#)

Residents are considered as transfer residents under several conditions including: moving from one program to another within the same or different sponsoring institution; when entering a PGY 2 program requiring a preliminary year even if the resident was simultaneously accepted into the preliminary PGY1 program and the PGY2 program as part of the match (e.g., accepted to both programs right out of medical school). Before accepting a transfer resident, the program director of the 'receiving program' must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation from the current program director. The term 'transfer resident' and the responsibilities of the two program directors noted above *do not apply* to a resident who has *successfully completed* a residency and then is accepted into a subsequent residency or fellowship program.

[Transitional-Year Program](#)

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

[Transitions of care](#)

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

[Unannounced Site Visit](#)

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

[USMLE](#)

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

[Warning](#)

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

[Withdrawal of Accreditation](#)

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



University at Buffalo
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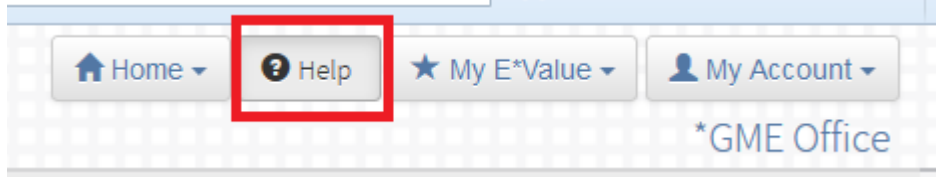
**TRAINING PROGRAM
ADMINISTRATOR
E*VALUE PROCEDURE HANDBOOK**

OFFICE OF GRADUATE MEDICAL EDUCATION
APRIL 2016



University at Buffalo
The State University of New York

Office of Graduate Medical Education

Procedure for:	E*Value Video Tutorials
Purpose:	Self-learning option for most administrative E*Value tasks
Procedure Start Date:	N/A
Date Due:	N/A
Website:	www.e-value.net http://help.e-value.net/adminHelp/index.cfm/tutorials/video-training-center/administrator-video-training-gme/
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Video Tutorials.docx
E*Value Tile Navigation:	 <p>Home Help My E*Value My Account</p> <p>*GME Office</p>

Office of Graduate Medical Education

Procedure for:	Managing GME Annual Surveys
Purpose:	Gather data from current residents & fellows through GME annual surveys (Satisfaction & Graduation)
Survey Period	April 1-30 each year
Date Due:	April 30
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Sullivan\EVALUE\GME & EValue\Surveys\2015-16\GME Year-End Survey Instructions - March 2016.doc
E*Value Tile Navigation:	Varies (Scheduling & Evaluations). See below for details.

Program administrators will assign the GME year-end surveys via E*Value for the 2015/16 academic year by April 1 to be completed by April 30, 2016.

Anonymity for these surveys is set at level “1”. At level “1”, everything except the name of the evaluator will be suppressed. There will be no link to the evaluation. Data will be available in aggregate only and only after four evaluations have been completed. Therefore, to process a report, small programs will need to push dates back far enough to capture at least four responses. Training Program Administrators will be responsible for monitoring compliance. All programs must achieve ≥ 70% compliance.

To view the blank survey instruments, navigate to:


Evaluations tile>Setup>Tools>View Evaluation Setup. Select each activity separately and click NEXT. Click the form number and click print at the top of the page if you want to print a blank copy of the survey.

Evaluation Type	GRADUATE SURVEY	PROGRAM
Activity		
*GME Office: GME Resident & Fellow Graduation Survey	202164	N/A
*GME Office: GME Resident & Fellow Satisfaction Survey	N/A	188047

Follow the instructions below to schedule the survey to your trainees and contact the GME Data Integration Manager with any additional questions you may have.

1. Assigning the Resident & Fellow Graduation Survey within E*Value:

Form **#202164** is linked to the GME Resident & Fellow Graduation Survey activity in each program. Evaluations should be scheduled to generate by **April 1, 2016**. Follow these instructions to assign the evaluation to your trainees:

- a. Create a time frame for this purpose, using start date as 4/1/16 and end date as 4/30/16. Select 4/1/16 as the evaluation generation date and a date prior to 4/1/16 for the document notification date;
- b. **OR** use a PAST time frame so that you can immediately assign the surveys or you can wait until they generate automatically at midnight of the day you assign them.
- c. Go to the **Schedules tile>Schedule Assignments>Activity-Based Scheduling>Add/Edit Schedules**
- d. In the filter, choose the time frame you created or a past time frame you wish to use;
- e. Activity = GME Resident & Fellow Graduation Survey. Click View Schedule.
- f. Click into the Activity of GME Resident & Fellow Graduation Survey. Add the names of your **graduating trainees (NOTE: This should NOT include graduates from a preliminary track as their education will be continuing)**. The evaluation action is DOES EVALUATIONS. Add the schedule entry. All names will appear in the yellow box below.
- g. Close the window. Click the Show Evaluations Icon under the time frame column . All scheduling should appear in green and should generate at midnight on April 1, 2016 or at midnight of the day you schedule it if using a past time frame. If you see any red entries, that indicates an error and you should call me immediately.
- h. Scheduling is now completed.

2. Assigning the Resident & Fellow Satisfaction Survey within E*Value:

- a. Follow the same instructions as in #1 above. Form number is **#188047**
- b. Choose time frame = SAME AS ABOVE
- c. Activity = GME Resident & Fellow Satisfaction Survey.
- d. Add the names of **all your current trainees**. All residents/fellows **MUST** be assigned the year-end survey with the evaluation action of “DOES EVALUATIONS”.
- e. Check the Show Evaluations link to ensure correct scheduling.

Frequently Asked Questions:

1. What happens if my trainee suspends the survey?

Residents/fellows should not be allowed to suspend the survey. If this happens, go to the **Evaluations tile>Manage>Completed Evaluations>Adjustments>Suspended** and reopen it for them. It will appear in their pending queue again.

2. How will my resident/fellow know they have an evaluation to complete?

They will complete this survey the same way they complete all their evaluations:

- They will receive an emailed evaluation notice from E*Value;
- They will click the encrypted link in the evaluation notice which will take them to their pending queue. If they have several pending evaluations that were scheduled prior to the annual surveys, they will need to complete the pending evaluations in the list first. The others will say “queued”;
- Click “Edit Evaluation” to complete the survey; they can Save For Later, if necessary and then click Submit when completed;
- Done!

3. What is the compliance threshold?

>70% compliance is required.

4. How do I monitor survey compliance?

Please Note: Small programs will not be able to monitor compliance due to the anonymity level set in those programs for this evaluation type. Please contact the GME Data Integration Manager for the status of your program.

There are three ways to monitor compliance:

I. Contact Users>Evaluation Reminders

- This will send an email to ALL pending evaluators in one activity
- Select the activity (GME Resident & Fellow Satisfaction Survey OR GME Resident & Fellow Satisfaction Survey)
- Select the time frame
- Rank = All Ranks
- All of the recipients to receive the email will appear in the box to the right of the screen
- Create text for the email and click “Send Emails”

II. Evaluations tile>Trainee Reports>Completed Evaluations & Compliance>Completion Compliance

- If a Role Selection page appears, select Compliance Administrator. If that role is not available, select Administrator

- Select the appropriate date range
- Compliance Rate = **LESS THAN OR EQUAL TO 99%** (to see the compliance rate for trainees who have pending evaluations). If you choose 100% compliance, you will only see those residents/fellows who completed the survey. It will not display any other data.
- Select the activity - (either GME Resident & Fellow Satisfaction Survey or GME Resident & Fellow Graduation Survey).
- Format Option = HTML or Excel;
- NEXT. You should follow up weekly on those who have not completed the evaluation and send them reminders directly from the report that processes (Click To Post Office when processing to the browser. This will send an email to everyone in the report that has evaluations pending. Be sure to use $\leq 99\%$ as the threshold).

III. **Evaluations tile>Trainee Reports>Completed Evaluations & Compliance>By A User**

- Select appropriate date range
- Select the appropriate activity
- Evaluations: Choose ALL (This will show you both completed and pending evaluations for the surveys)
- NEXT

5. If my program has 4 or more trainees, how can I process a report?

An aggregate performance report can be accessed under **the Evaluations tile>Activity Reports>Performance Overview>Aggregate Performance.**

Choose the appropriate date range

- Select the appropriate activity
 - o GME Resident & Fellow Satisfaction Survey OR
 - o GME Resident & Fellow Graduation Survey
- NEXT
- Click to have the report emailed to you in a .pdf format
- Click to see Activity Comments and request the emailed report of that as well

Office of Graduate Medical Education

Procedure for:	Transfer of Data From ERAS to E*Value
Purpose:	Create new users in an automated fashion
Procedure Start Date:	Match Day - 1pm
Date Due:	7 Days Later
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Sullivan\EVALUE\ERAS Import\2016 ERAS\2016 - How to Process Data Transfer from ERAS to EValue.docx
E*Value Tile Navigation:	

1. For programs utilizing ERAS, follow this two-step procedure:

How to Process Data Transfer from ERAS to E*Value

In 2015, AAMC and E*Value partnered to create a smooth interface for the transfer of the biographic data of your matched applicants. At that time, UB GME authorized AAMC to transfer data to E*Value and that authorization is still valid.

Friday, March 18th is Match Day!

There are **three** ways to enter data into E*Value. After 2pm on **Friday, March 18, 2016**, please follow the instructions and screen shots below as they apply to your program. All data for new trainees must be in E*Value by **Monday, March 28, 2016**:

1. In the PDWS, mark each matched applicant as “Will Start”;
2. In E*Value, navigate to Profile Manager>Profiles>Profile Data and History>ERAS Import;

Follow these screen shots or access [this link](#) on the E*Value Help page.

How to use the ERAS Import tool in E*Value

1. Select the “Profile Manager” tile in the toolbar, then “Profiles” in the Profile Manager submenu



2. Click “ERAS Import” in the Profile Data and History section
3. Click “Start new import”

ERAS Import

Start new import

Start New File Import

Import Label

Next Close

4. Add an Import Label and click “Next”

ERAS Import File Setup

Select the program to which profiles should be imported.

Please select

Select the Rank of the users to be imported.

Please select

Select the expected start date of the users to be imported.

07-01-2015



Select any people groups for the users to be imported. (optional)

Select options

Get ERAS Profiles

Retrieve Profiles

5. ERAS Import File Setup:
 - a. (If multiple programs) Select the program to which profiles should be imported
 - b. Select the Rank of users to import (PGY level)
 - c. Select the expected start date of the users to be imported (June 20, 2016 or July 1, 2016)
 - d. Select any people groups for the users to be imported (optional - no need to select)
 - e. Click “Retrieve Profiles”

6. Click the hyperlink to review the retrieved ERAS profiles.

ERAS Import File Setup

Select the program to which profiles should be imported.

Select the Rank of the users to be imported.

Select the expected start date of the users to be imported.



Select any people groups for the users to be imported. (optional)

Get ERAS Profiles

View the retrieved ERAS profiles: [ERAS Profiles 03-11-2015](#)

7. A pop-up window will appear titled “Data Import File”. The names and emails of each person will appear based on the filter options that were selected


Data Import File

Name	Email

Note: If the names you were searching for weren’t retrieved, contact Sharon Sullivan (sms64@buffalo.edu) for assistance.

8. If all names within the retrieved ERAS profiles are correct, click “Commit Data to E*Value”





Note: You will be sent to ERAS Import screen upon committing the data. From there, you can see the details of your import and its current status. Existing imports with an “In Progress” import status contain data that has been uploaded but has not yet been finalized for import, while the data in “Completed” imports has already been committed to E*Value

Click the  icon in the Action column under Existing Imports to edit an unfinished import. When your import is completed, you may review the profiles at Profile Manager > Profiles > Users At-a-Glance. Filter for the rank, role, and status (“Pre-Active”) of all your incoming residents, and

ERAS Import

Start new import

Existing Imports

Import ID	Import Label	Import Type	ERAS File	Start Date	Complete Date	Imported By	Import Status	Action
2747	ERAS Testing	ERAS Import	ERAS FILE	03/10/2015		Advanced Informatics	In Progress	
2789	Import	ERAS Import	ERAS Profiles 03-17-2015	03/17/2015		Advanced Informatics	Queued For Processing	
2790	Import	ERAS Import		03/17/2015		Advanced Informatics	In Progress	 

click "next" to see a list of profiles.

New and Existing Profiles

In instances where an incoming trainee already had a profile in E*Value, the system will automatically take their existing profile and their new imported profile and the two profiles will be “Linked for login convenience.” The auto-linking will only occur when there is an identical match on 3 of 5 select, unique fields within their user profiles (First Name, Last Name, Email address, USMLE ID, and NBOME ID). E*Value staff will be monitoring a log of auto-linked users and will reach out to your program to determine if the user accounts should be merged or not.

- For programs that have matched with current trainees or attending physicians within the University at Buffalo, link the user to your program as follows:

- Trainees to programs could be current resident or fellows, former residents who may have graduated in the past but may still be in the system, or attending physicians who will act as trainees and will be completing a fellowship;
- Contrary to previous communication, **we DO want to create a duplicate**. The records in the School of Medicine contain very little information. So by creating a duplicate and going through a merge process, all data will be combined;
- Search for the user within the institution;
- Click “Return Inactive Users”
- In the “Last names starting with...” enter the last name and click Filter
- Click View/Edit User
- In the gray Status/Rank box, Status = **Pre-Active** and the rank that the user will be in July
- Click SAVE
- The user is now ready to use for scheduling purposes in your program and the status of their profile will be activated on their contract start date
- If there has not been any break in training, these trainees will NOT need to attend UB GME Orientation. Contact the GME office with questions.

Biographic Data

Fill list from...
 Your Program
 Your Program
 Your Institution

Return Inactive Users...

Last names starting with... Filter

Any name containing... Filter

(Select a User) View/Edit User Add New User

* Status: Active
 * Current Rank: PGY2
 Status = Pre-Active
 Rank = PGY level user will be in July

Last Update Date: Not Available
 Last Updated By: Not Available

3. Applicant was signed out of match, did not go through the NRMP match or applicant was matched in the prior year and data was not available in ERAS:


- First, search the institution for the user
- If not found, Click “Add New User”
- Add the user in Pre-Active Status and the rank they will be in July as in #2 above

- Add as much information from the application to the record as possible. Don't forget to piece together Training & Education information starting with Medical School graduation



University at Buffalo
The State University of New York

Office of Graduate Medical Education

Procedure for:	Administrative Orientation Tutorial Follow-Up
Purpose:	To follow-up on the compliance/archive of assigned requirements for incoming residents & fellows.
Procedure Start Date:	April 1, 2016
Date Due:	May 13, 2016
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Sullivan\EVALUE\IRW Tutorial\2016 Tutorial\GME Resident Tutorial - Admin Instructions - April 2016.docx
E*Value Tile Navigation:	

**University at Buffalo Office of Graduate Medical Education
Incoming Resident Week Tutorial
FAQ & Administrator Instructions
Spring 2016**

The GME resident & fellow orientation tutorial is being assigned once again through E*Value this year. The activity called **UB Resident & Fellow Orientation Requirements and form # 216646** has been linked to each of your programs.

By keeping the scheduling within your own E*Value programs, the data will remain easily accessible to you for compliance and reporting purposes. A copy of the form is attached at the end of these instructions for your information.

GME staff is responsible for scheduling the tutorial modules to your incoming class. Anonymity has been set such that data will be accessible to all programs for compliance and reporting purposes, regardless of the size of your program.

1. How will GME know who needs to complete the tutorial in my program?

	Evaluation Type
Activity	IRW SURVEY
*GME Office: UB Resident & Fellow Orientation Requirements	216646

Program Administrators added users to E*Value in one of three ways:

- a. Through the ERAS to EValue transfer/Import Tool;
- b. Linked current trainee from a UB program into the new program;
- c. Manually added the user due to ERAS data not being available, program not participating in NRMP, etc.

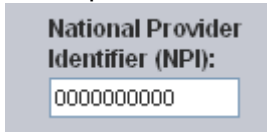
Users with a pre-active status will be assigned the tutorial unless they are current UB trainees and are not required to attend orientation.



2. What is the time frame for completion of the tutorial?

Tutorials are due on **Friday, May 13, 2016.**

4. What are my responsibilities to follow-up on the tutorial and how can I do this in the most efficient way?

Refer to the table below and the column noted “Administrator Responsibility”. The column in red “Helpful Hints for Residents” should be referred to if your residents or fellows have questions.

Activity	Requirement	Helpful Hints for Residents:	Administrator Responsibilities
UB Resident & Fellow Orientation Requirements	Question 1/Item 1: Video welcome from Dr. Roseanne C. Berger, Senior Associate Dean for GME.	Enjoy!	Enter the proper certification expiration date into the custom fields on the Miscellaneous Tab of the user's profile: <ul style="list-style-type: none"> • BLS • ACLS • ATLS • NRLS • PALS
	Question 1/Item 2: Biographic Information & Certification Requirements	Gather all your certification information first.	None
	Question 1/Item 3: National Provider Identifier (NPI)	Follow the step-by-step process and make a note of your NPI. Send to your Training Program Administrator immediately upon receipt.	Collect NPI number from resident /fellow and enter into E*Value on the Biographical Data tab of the user's profile immediately upon receipt of the number. Updates will be provided to the hospitals on a weekly basis. Navigate to the Profile Manager tile>Profiles>Profile Data and History>Bio Data. Search for the user from the institution, click return inactive users and put the last name in the filter. Click the filter button and click View/Edit User. The NPI field is on the biographic data (first tab) of the user's profile.  National Provider Identifier (NPI): <input type="text" value="0000000000"/>
UB Resident & Fellow Orientation Requirements	Question 1/Item 4: Health Information Packet	<ol style="list-style-type: none"> 1. DO NOT get a physical from your personal physician 2. Print out the entire form SINGLE-SIDED, complete pages 1-7 and bring entire 9-page packet with you to orientation 3. Provide immunization form ONLY to your private medical doctor for completion. Titers must be provided for all immunizations received to date. If titers are not available, they will be 	Communicate that they should NOT provide this information to the program or GME. They must print documents (one-sided) and bring to the first day of orientation.

		obtained at your orientation physical.	
Question 1/Item 5: Policy Review		Familiarize yourself with all University at Buffalo / GME policies.	None
Question 1/Item 6: Respirator Mask Fit Testing & Training		You will be fit for a respirator mask during orientation. Familiarize yourself with the types of masks. Males should come to Thursday of orientation week clean-shaven to avoid having to be fit with the larger, more cumbersome PAPR hood.	None
Question 1/Item 7: Sharps Instruction		You will receive sharps practice at orientation.	None
Question 1/Item 8: CHECKS		For Residents & Fellows who care for a Pediatric population ONLY. All others may omit.	None
Question 1/Item 9: Infection Control Certification	<ol style="list-style-type: none"> 1. Provide copy of your certification to program 2. Upload a scanned copy in Question #2 below for archival purposes. 3. NOTE: If you graduated from an accredited New York State medical school, you are not required to provide proof of IC certification. It was obtained within your medical school curriculum and considered valid. 	<p>Collect the Infection Control Certificate from the resident/fellow. Navigate to the Miscellaneous Tab of the user's profile. Arrow down under the heading, "Certification". Enter the certification date and expiration date fields by clicking on the calendar icon. Enter the appropriate date. Don't forget to save the record. Auto reminders will be set up to remind the individual trainee 90, 60 and 30 days prior to certification expiration.</p> <p><u>NOTE: Graduates from New York State schools are exempt from this requirement. Enter the trainee's graduation date in this field.</u></p> <div style="border: 1px solid gray; padding: 5px; background-color: #e0e0e0;"> <p>Infection Control Certification Date</p> <input type="text"/>  </div> <div style="border: 1px solid gray; padding: 5px; background-color: #e0e0e0;"> <p>Infection Control Expiration Date</p> <input type="text"/>  </div>	
Question 1/Item 10: ELM Web-Based Risk Management and Patient Safety Education	<p>Complete the specific modules that are required for either Residents <u>OR</u> Fellows. Residents AND Fellows select the <i>University at Buffalo - Residency Program</i> in the group selection field.</p>	<p>Administrators must check to ensure that the proper modules are successfully completed These are the required modules:</p> <p>New residents (PGY1 and PGY2) should complete:</p> <ul style="list-style-type: none"> • Ensuring Patient Safety and SatisfactionI • Chain of Command • Cultural Competency 	

			<ul style="list-style-type: none"> Fatigue Management for the Resident Physician Sexual Harassment in the Healthcare Setting <p>Incoming fellows (PGY-4 and above) should complete:</p> <ul style="list-style-type: none"> Communication: Disclosure of Adverse Outcomes Coordination of Care II Cultural Competency Supervision of Residents and Assistants Fatigue Management for the Resident Physician
Question 1/Item 11: Opioid education	Complete each NIH module and send the completion certificate to your training program administrator.	Collect completion certificates from these two NIH modules:	<ul style="list-style-type: none"> Safe Prescribing for Pain Managing Patients Who Abuse Prescription Drugs
Question 2: Infection Control Confirmation	If you so choose, you may upload a scanned copy of your Infection Control certification for archival purposes. However, this is <u>not</u> required.	None	
Question 3: Photo Release	Agreement on this photo release will permit UB photography to take your photo. Indicate your consent or disagreement.	None	
Questions 4 and 5: Men's <u>OR</u> Women's Lab Coat Order	<ol style="list-style-type: none"> Refer to Lab Coat Sizing Chart Place order for either Men's or Women's lab coat ONLY. Do not provide answers to both questions 4 and 5. 	None	

5. What happens if my trainee suspends the orientation tutorial module?

Residents/fellows should not be allowed to suspend this evaluation. If this happens, go to **the Evaluations tile>Manage>Completed Evaluations>Adjustments>Suspended queue** and reopen it for them. It will appear in their pending queue again. Contact GME (Sharon Sullivan) if there is a problem.

6. How will my resident/fellow know they have a tutorial module to complete?

All incoming residents have received a welcome email from GME. The email will contain information about the forthcoming tutorial as well as a **HELP!** manual. The **HELP!** Manual is also

accessible from within the tutorial as a download. Trainees will complete this module the same way they complete all their evaluations:

- They will receive one automated email evaluation notice from E*Value;
- They just need to click into one of the evaluation notices and the pending evaluation will be listed;
- Click “Edit Evaluation” to complete the module; they can Save For Later, if necessary and then click Submit when completed;
- Done!

7. What is the compliance threshold?

100% compliance is required for all trainees and for all modules. Attendance at IRW, July 1 or August 1 depends upon successful completion of the tutorial.

8. How do I monitor survey compliance?

There are two ways to monitor compliance:

- ❖ Go to the **Evaluations tile>Trainee Reports>Completed Evaluations & Compliance>Completion Compliance**. *Please note:* The status in the E*Value reports indicating “Complete” means that the trainee has accessed the tutorial module and submitted it. It does not necessarily mean successful completion of the specific requirement if they are directed to an outside website (ELM). For example, the program administrator will need to log into ELM Exchange in order to see that the trainee successfully completed the modules there. Please reference program administrator responsibilities above.
- If a Role Selection page appears, select Compliance Administrator
- Select the appropriate date range
- Compliance Rate = **LESS THAN OR EQUAL TO 100%** (to see the compliance rate for all trainees). If you choose 100% compliance, you will only see those residents/fellows who completed the tutorial. It will not display any other data.
- Role = Trainee
- Change “Active” to “Pre-Active” Users
- Format Option = HTML
- NEXT. You should follow up weekly on those who have not completed the surveys and send them reminders directly from the report that processes (*Click To Post Office*). Tutorials are due by **May 13, 2016**.
- ❖ **Evaluations tile>Trainee Reports>Completed Evaluations & Compliance>About Trainees**

- Select appropriate date range and appropriate activity group
- Change “Active” to “Pre-Active Users”
- Evaluations: Choose ALL (This will show you both completed and pending evaluations for the surveys)
- NEXT

❖ **Evaluations>Manage>Completed Evaluations>Enter Eval Answers & Grades**

- Since the tutorial is in one module this year, this made it a more efficient process for the incoming resident or fellow, but made it a little more difficult to manage compliance. By viewing the evaluation, you can monitor the progress within the module
- Change the user status to “Pre-Active” and click NEXT
- Click “Edit Evaluation” to get into the form to see where they left off

9. How will I know that certifications for my trainees are set to expire?

- Auto reminders will be set up from the GME office and will remind individual trainees 90, 60 and 30 days prior to certification expiration;
- Email Administrators within each program cannot (at this time) receive these reminders;
- The best way to determine certification expiration dates will be process a download from Profile Manager>Profiles>Reports>Profile Data Download into an excel format;
- A request to E*Value for improvement to functionality has been made to allow email administrators to be copied on these reminder emails.

See below for the blank tutorial form. If you have any questions regarding your responsibilities with regard to tutorial follow-up, please do not hesitate to contact me.

This is the 2016 version of the Orientation Requirements Module assigned to all incoming residents & fellows:

Welcome to the University at Buffalo!

We look forward to working with you and getting to know you over the next year and hope that your training in Buffalo will be a very rewarding experience.

- The modules below are orientation requirements that must be fulfilled prior to attending orientation;
- You may click SAVE FOR LATER below and return as time allows;
- Do not use Internet Explorer. Preferred Browsers are Google Chrome, Mozilla Firefox or Safari;
- Click SUBMIT at the bottom when all requirements have been addressed;
- Access the HELP! manual [HERE](#). This will provide you with screen shots and additional information if you have questions;
- Or you may contact your training program administrator for further assistance.

On behalf of the Staff of the Office of Graduate Medical Education, thank you for choosing the University at Buffalo for your post-graduate training! We look forward to meeting you!

(Question 1 of 5 - Mandatory)

Resident Orientation: 6/20 - 6/24/16

PGY2, Off-Sync and Fellow Orientation: 7/1/16

Orientation Requirements to be completed by Friday, May 13, 2016.

I have addressed this requirement or it was not applicable to my specialty.

Welcome to UB Residency & Fellowship!



Dr. Roseanne C. Berger, Senior Associate Dean for GME has a brief [welcome message](#) for you!

Biographic Information:

- Click this link: [Biographic Database](#)
- Complete the required information and click **SAVE**.
- Contact Jen Whitlocke with questions (jwhitloc@buffalo.edu)

National Provider Identifier (NPI)

All incoming residents and fellows **MUST** obtain an NPI. This is extremely important as this number provides access to information systems in our partner hospitals. **Failure to obtain an NPI number may delay the start of your training and is necessary to fulfill expected responsibilities.**

Deadline: May 13, 2016

Please Note: It may take up to 10 days to receive your NPI by email after online application.

Instructions:

- If you have a Social Security Number - click this link for the instructions to apply online: [Have SSN - Apply Online](#)
- If you do not have a Social Security Number - click this link for the paper application to complete and mail: [Do Not Have SSN - Paper Application](#)
- Provide your NPI to your program administrator upon receipt;
- For those who were able to apply online, enter your NPI into the interface found in Question 4 below.

Health Information Packet:

-Download this form, print it out **single-sided**, complete pages 1-7 of the health assessment form and **bring the entire 9-page form with you** to the first day of orientation:





[Health Assessment Form](#)

-Download this form, print it out and take it to your personal physician, have them complete the information (including titers)and **bring it with you** on your first day of orientation:

[Immunization Document](#)

Policy Review:

Employee agrees to comply with all applicable Employer, UB GME and affiliated teaching hospital ("Hospital") policies throughout the term of employment. Review policies at this link: [GME Policies](#)

<p>Respirator Mask Fit Testing & Training:</p> <p>During orientation, you will be scheduled for respirator instruction and testing. Males who present for fit testing during orientation should come clean-shaven on Thursday of orientation week and on July 1. If you are not clean-shaven, you may be requested to fit test with the PAPR hood.</p> <p>In preparation, review the presentation below:</p> <p><u>Respirator Protection Instruction</u></p>	
<p>Sharps Instruction:</p> <p>You will be receiving Sharps practice during orientation week. Review the documentation below in preparation for this session:</p> <p><u>Needlestick Injury Prevention</u></p>	
<p>CHECKS: (Children's Hospital Ensuring Comfort and Kids Safety) Pediatric Medication Safety</p> <p>If you have matched into a training program that will work with the pediatric patient population, this module will be required.</p> <p>Access the <u>CHECKS</u> link.</p> <ul style="list-style-type: none"> • The password is bisons (lower case). • Review the information and take the test. • A score of 100% is required. • Print out the certification for your files. 	
<p>Infection Control Certification</p> <p>All incoming residents must provide evidence that they have been educated in infection control protocol. Check with your program to determine reimbursement and for additional online resources. (Graduates from New York State Medical Schools are exempt from this requirement as it is included with your curriculum). Suggested Resources: <u>Access Continuing Education</u> <u>Laboratory Consultation Services</u></p> <ul style="list-style-type: none"> • Print or save the completion certificate; • Keep a copy for yourself and provide a copy to your program administrator for your resident file; • Upload a copy to Question #2 of this tutorial for future access; • <u>Important Infection Control Information</u> 	

ELM - Web-Based Risk Management Training and Patient Safety Education

UB GME has partnered with the ELM Risk & Safety Institute to provide new and current residents with access to self-study modules designed to address educational and legal issues that often impact resident & fellow clinical practice. New residents and fellows are required to complete the modules listed below, and should follow the steps outlined to register with ELM and access the modules:

To register and access ELM modules:

1. Access the website at this link: [ELM Exchange](#)
2. Login as a "New User" on the left hand side of the screen.
3. Select "University at Buffalo GME Program" from the dropdown box and click the "Submit" button
4. Complete the short registration form. The login you create will be used for future course requirements. Make a note of it.
5. Select your PG Year.
6. From the "Welcome" page, access your courses by clicking on the "My Courses" link on the upper right corner of the page, or the "Go to My Courses" green button on the bottom right corner. Courses can then be completed at any time and stopped/started as your schedule allows.

New residents (PGY1 and PGY2) should complete:

- Ensuring Patient Safety and Satisfaction I
- Chain of Command
- Cultural Competency
- Fatigue Management for the Resident Physician
- Sexual Harassment in the Healthcare Setting

Incoming fellows (PGY-4 and above) should complete:

- Communication: Disclosure of Adverse Outcomes
- Coordination of Care II
- Cultural Competency
- Supervision of Residents and Assistants
- Fatigue Management for the Resident Physician

OPIOID EDUCATION

Opioid abuse is prevalent in the Western New York patient population that will be in your care. Access these modules (approx. 15 minutes each). Provide the completion certificate to your program administrator (.pdf format or paper copies).

1. [Safe Prescribing for Pain](#)
2. [Managing Patients Who Abuse Prescription Drugs](#)

Infection Control Confirmation

If you desire, you may scan and upload a copy of your Infection Control certification to archive for future

(Question 2 of 5)



PHOTO RELEASE:

At orientation, you will have your **official photograph** taken for the University at Buffalo.

The photograph will be posted on the medical school's website and will be available to you and the school for other uses during

To ensure a smooth picture-taking process, remember to do the following:

- **Hair:** Groom for the photo **ahead of time**; do not wait until you are in front of the camera.
- **Glasses:** If you do not wish to be photographed wearing glasses, please remove them.
- **Purse/Bags:** Set these down; do not hold these when being photographed.
- **Clothing:** Be aware that this is your official photograph and groom accordingly (button shirts and r with a UB lab coat to wear for your picture.

I hereby authorize the release and use of my photograph. By submitting this form, I understand that my photograph might be used in various departments for various media & informational purposes.

I further authorize UB JSMBS to share photographs of me taken during my residency/fellowship training in a University at Buffalo.

I agree that any images shared by UB JSMBS become the property of the recipient Affiliated Hospital.

I waive any claim of liability against UB JSMBS and the recipient Affiliated Hospital arising out of the use of my image.

I acknowledge that I will receive no compensation for giving this consent and release, I am over the age of 18, and I have read

List of UB-Affiliated Hospitals:

- Buffalo General Medical Center/Gates Vascular Institute
- Erie County Medical Center Corporation
- Mercy Hospital of Buffalo
- Millard Fillmore Suburban Hospital
- Olean General Hospital
- Roswell Park Cancer Institute
- Sisters of Charity Hospital
- VA Medical Center
- Women & Children's Hospital of Buffalo

(Question 3 of 5 - Mandatory)

- I authorize the release and use of my photograph subject to the conditions above
- I do not authorize the release and use of my photograph subject to the conditions above

Men's Lab Coat Order:

Click here for sizing chart: [Lab Coat Sizing Chart](#)

Men's - Select the appropriate size from the list below. Two lab coats will be ordered for you:

- 34-Men's
- 36-Men's
- 38-Men's
- 40-Men's
- 42-Men's
- 44-Men's
- 46-Men's
- 48-Men's
- 50-Men's
- 52-Men's
- 54-Men's
- 56-Men's
- 58-Men's



Women's Lab Coat Order:

Click here for sizing chart: [Lab Coat Sizing Chart](#)

Women's - Select the appropriate size from the list below. Two lab coats will be ordered for you:

- 6-Women's
- 8-Women's
- 10-Women's
- 12-Women's
- 14-Women's
- 16-Women's
- 18-Women's
- 20-Women's
- 42-Women's
- 44-Women's
- 46-Women's
- 48-Women's

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.

 University at Buffalo <i>The State University of New York</i>	
Office of Graduate Medical Education	
Procedure for:	Maintaining the E*Value Home Page
Purpose:	Update information posted to the home page within the E*Value home program
Procedure Start Date:	Review monthly
Date Due:	July 1 st each year
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Maintaining the EValue Home Page.docx
E*Value Tile Navigation:	

The E*Value home page is a perfect place to post information that your residents & fellows are always asking you for! However, it is a challenge to remember to keep it updated and relevant. There’s nothing worse than going to access information that is old or no longer applicable to your program. A suggestion is to create a reminder in your calendar to review the information periodically (monthly? quarterly?), remove outdated information and replace with updates. At a minimum, the home page must be reviewed at least annually by July 1st.

v [\[edit\]](#) | [\[delete\]](#).
[...Add Item](#)

- Edit or delete current items by clicking the [\[edit\]](#) [\[delete\]](#) options

- Move sections up or down using the up or down carets [^]
- Add items below the heading (as many as are needed)

In E*Value, access [this page](#) for help.

How to Submit an Outside the Annual Plan (OAP) Request

The screenshot shows the University at Buffalo logo and the text "University at Buffalo The State University of New York | REACHING OTHERS". Below this is the "Office of Graduate Medical Education" logo and title. The main content is a table with the following information:

Procedure for:	How To Submit an Outside the Annual Plan Request
Purpose:	Step by step instruction to guide program staff in the proper procedure to submit a request for a rotation that is not included in the program's annual plan.
Procedure Start Date:	As needed
Date Due:	Prior to GMEC Meeting (3 rd Tuesday of each month)
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\EValue - OAP Submission.pptx
E*Value Tile Navigation:	

OAP FLOW CHART



What determines the need for an OAP Request? Why do we need to complete?

- Any rotation(s) outside of your Annual Plan paying hospitals
- To maximize hospital Medicare reimbursement for all OAP rotations
- To ensure all residents have malpractice coverage at all sites they rotate to

Program Request Procedure:

1. Contact Dan Schupp (djschupp@buffalo.edu or 829-6135) to discuss your request;
2. Complete and submit the form in E*Value to include:
 - In depth rationale for request (Question 13 in E*Value)
 - Program Director Attestation

Approval Procedure:

1. Requests presented to the GMEC for review by the entire committee (including hospital CMO's) and voted by all GMEC members. All aspects of rotation are considered (ex. Medicare reimbursement, FTE Loss, Visa implications and malpractice coverage)
2. Dan will email Program Director/TPA if approval or denial was granted for the rotation

Final Steps:

1. Residents may begin rotations once GME has notified program
2. OAPs are effective for a period of 5 years, GME will review on a rolling basis

E*Value OAP Request Procedure

In your E*Value program, the setup is as follows:

- Activity Evaluation - Form 130316
- Evaluation type = Outside Annual Plan (OAP) Request
- Activity = GME Outside Annual Plan (OAP) Request
- Rank rules are set for the form to be assigned to the Program Director

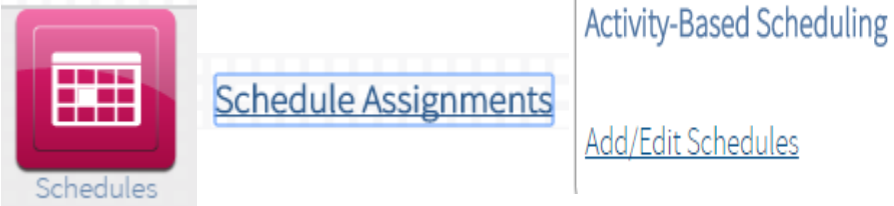
Under the Schedules tile>Schedule Assignments>Add/Edit Schedules

- Select an appropriate time frame in the recent past so that the evaluation can either generate at midnight or immediately;
- Select the Activity = GME Outside Annual Plan (OAP) Request
- Click View Schedule
- Add the program director's name into the schedule as DOES evaluations
- If you wish to access the form on behalf of the PD you can access it under:
Evaluation Tile>Manage>Enter Eval Answers/Grades to complete

The Program Attestation must be scanned and uploaded to the form before submission as well. The form can be accessed and printed from this link:

http://www.smbs.buffalo.edu/GME/documents/OAP_PD_attestation.pdf

Office of Graduate Medical Education

Procedure for:	Documentation of Milestone Reporting to ACGME in E*Value
Purpose:	To record final determination of resident milestones discussed at the CCC meeting.
Procedure Start Date:	Following completion of CCC meeting and reporting to ACGME
Date Due:	Semi-Annual (December/ June)
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Documenting Milestone Reporting to ACGME.docx
E*Value Tile Navigation:	

Documentation of Milestone Reporting to ACGME: Programs are required to submit resident milestone progress to ACGME on a semi-annual basis. In addition, it is a best practice to record those same scores submitted to ACGME into E*Value. This is helpful information to have available at the next CCC meeting.

Each program should have an activity already set up called “ACGME Milestone Evaluation”. There are also reports that represent longitudinal progress that can also be provided to the CCC Members. If your program does not have this activity or needs assistance with the longitudinal report, contact the GME E*Value Data Integration Manager.


The evaluations should be assigned in add/edit schedules within a semi-annual time frame. Enter users as follows:

- Program Director = Does Evaluations
- Trainee = Is Evaluated

The evaluations will then be assigned to the program director. The TPA should reproduce the information that was discussed at the semi-annual CCC meeting and then submitted to ACGME into this evaluation form at this navigation: Evaluations>Manage>Completed Evaluations>Enter Eval Answers/Grades.

When processing milestone summary reports, you can process a separate report for the data submitted to ACGME by filtering for only the ACGME Milestone Evaluation activity.

Office of Graduate Medical Education

Procedure for:	Populating Training & Education Tab
Purpose:	Complete training history is needed for E*GME finance module and IRIS reporting, ensuring that there are no gaps in training since Medical School.
Procedure Start Date:	April - as soon as incoming class has been imported to E*Value
Date Due:	June 30
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Training & Education Tab.docx
E*Value Tile Navigation:	

Training & Education Tab: Training and Education contains fields that are required for use with the E*GME finance feature. This information is used for Medicare reimbursement and must be populated for all active trainees only.

The first piece of information required is to record the time spent since the beginning of medical school ***WITHOUT GAPS!***



CREATE NEW RECORD

From - To: 1 to (Leave the 'To' date blank if you would like the entry to go from the start date to the present)

Training Location: SD 2 (select a filter to shorten the list)

Specialty: {select a Specialty} 3

Employer: {Select from above to filter this list} 4

Employer: {select Employer} 5

Training Level: NA 6

Notes: 7

Save This Row 8

1. Begin by entering the start date and end date for this experience.

Please note that all Medicare-eligible time must be entered so that there is a separate row for each year.

Select from the drop down box whether this was time spent in Medical School, Other Time Away, Dental School, Osteopathic School, Podiatry School or Residency Program

- a. The following drop down box will fill based on the selection from the top drop down.
 - b. Selecting Medical School, Dental School, Osteopathic School or Podiatry School will fill the list with the appropriate schools within the United States. There is one listing in each list for foreign schools.
 - c. Selecting Other Time Away will fill the list with the following options: Armed Forces, Leave of Absence, Maternity, Not Assigned, Other Time Away and Peace Corps.
 - d. If you select Residency Program you will be asked to specify a particular state.
2. Once a state is selected, the next drop down will ask for the specialty.
 3. Once the specialty is selected, you can select the institution (UB).
 4. Indicate the trainee's employer for this experience. Select SUNY Buffalo.
 5. Next select the trainee's current rank (PGY level). This only applies to residency and fellowship programs. Medical School and Other Time Away entries should have NA in this field.
 6. A notes field is provided for you to enter in additional information, such as the name of the Foreign Medical School that would not appear on the list.
 7. Rows of training should be inputted through the end of the current academic year only as the promote feature will automatically add the next row of training.
 8. NOTE: Information on the Training & Education tab can only be entered or edited from the trainee's home program.

Click the Check for Errors link to see if you need to fill in any gaps in training.

CV Audit


[Expand All / Collapse All](#)

Resident Issues

 Medical School is missing

[Check for errors](#)
| Time % | Action |

Office of Graduate Medical Education

Procedure for:	Requesting Home Program Changes
Purpose:	To change the home program of trainees when they move from a UB residency program to a UB fellowship. It is important that trainees have the correct home program (the program that they matched into).
Procedure Start Date:	July (after promotions have taken place)
Date Due:	August
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Requesting Home Program Changes.docx
E*Value Tile Navigation:	 <p> Profile Manager Profiles Biographic Data Profile Data and History </p>

After activations/promotions have taken place in your E*Value program, the home program change needs to be requested for trainees who have moved to another program. See screen shots below:
ADMINISTRATOR IN NEW PROGRAM CLICK ON THE HOME PROGRAM LINK AND REQUEST THE PROGRAM CHANGE:

Fill list from... Return Inactive Users... Last names starting with...

[Biographic Information](#) | [Roles, Groups, and Specialties](#) | [Training and Education](#) | [Exam](#)

Viewing Information for Mary Tester:

[Manage C](#)

Home Program:
[SUNY Buf Internal Medicine Catholic Health Systems](#)

Legal First Name: Legal Middle Name: Legal Last Name: Previous La

Current Home Program: University at Buffalo *GME Office

Please complete an email to request the change of the home program to your program:

To:

Email Subject:

Body:

ADMINISTRATOR IN THE CURRENT HOME PROGRAM CLICK THE HOME PROGRAM LINK TO CHANGE THE PROGRAM AND CLICK "CHANGE HOME PROGRAM".

Home Program

Home Program:

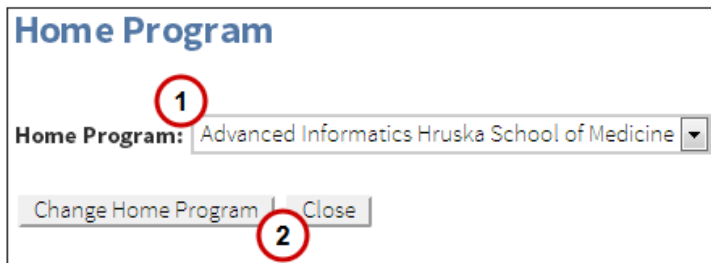
This user is linked to the following programs:
University at Buffalo *GME Office (PGY2 - Active)
University at Buffalo TEST PROGRAM (PGY2 - Pre Activation)

This is from the E*Value Online Help Menu:

Home Program

Users may be linked to multiple programs. Defining the correct home program for a user is essential to creating accurate reports and editing certain user data, such as training history. In the example shown above, user Kim Montgomery - a Booth University user - may rotate to OB, Pediatrics and Family Medicine. Regardless of where Ms. Montgomery rotates, her home program remains Booth University. A user's home program is listed at the top of each page of the user profile. Home program can be changed only by a user's home program Administrator.

To change a user's home program, click on the program listed. A dialogue box will open with the following:



Home Program

Home Program: Advanced Informatics Hruska School of Medicine ▼

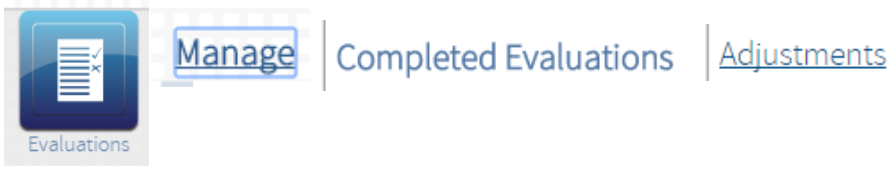
Change Home Program | Close

1. **Home Program:** Select the program to be used as the home program from the select box drop-down.
2. Click the **Change Home Program** to finalize the change.



University at Buffalo
The State University of New York

Office of Graduate Medical Education

Procedure for:	Removing Suspended Evaluations
Purpose:	Users suspend evaluations assigned in error or if insufficient contact with the subject prevents them from providing appropriate feedback.
Procedure Start Date:	When suspensions occur
Date Due:	Remove from evaluators' pending queues on a monthly basis.
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Removing Suspended Evals.docx
E*Value Tile Navigation:	

Removing Suspended Evaluations: This is all part of “E*Value Housekeeping”: As evaluators suspend evaluations due to being assigned in error or if they had limited contact with the trainee and feel they cannot evaluate them properly, there is an option for the evaluator to suspend the evaluation.


When an evaluation has been suspended, the E*Value email administrator receives an email regarding the suspension.

Your next steps are:

1. Investigate the reason for suspension
2. Re-assign the evaluation if necessary. Was this assigned in error? Whom should be re-assigned to complete the evaluation? Did the evaluator suspend it in error? If so, re-open it from the navigation noted in the table above. Put the name of the evaluator in the “Filter by User Last Name” field and click the “Filter” button. Roll down on your right hand scroll bar to the suspended queue and click on the proper evaluation to “Reassign With Notice” or “Reassign Without Notice”. Don’t forget to click Submit at the bottom.
3. **MOST IMPORTANTLY**- Once you have made the determination that the suspension was proper, you must delete the suspended evaluation from Adjustments (the same navigation as noted above). You will click to remove the evaluation (instead of reassigning it). Using this feature requires you to address one evaluator at a time;
4. You can also remove suspended evaluations en masse from Evaluations>Manage>Aged Evaluations>View/Delete Aged Evaluations. Select the appropriate date range and filter down to activity and evaluation types. Select suspended evaluations in the Evaluation Status filter. Be **EXTREMELY** careful to note your date range. Once evaluations are deleted from the system, **they are removed forever and will need to be manually re-assigned if the deletion was in error.**

If you do not remove the suspended evaluations, they still appear as a list in the evaluator’s queue towards the top of the screen and the user must scroll down to get to the more recently-assigned evaluations. In order to make the evaluation process as efficient as possible for UB faculty and trainees, it is important to take the time to review and delete suspended evaluations

Office of Graduate Medical Education

Procedure for:	How to Add Users
Purpose:	All users in the E*Value program must have a biographic profile. Use this procedure to pull in current users from the UB institution, or add new users.
Procedure Start Date:	As needed
Date Due:	n/a
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - How to Add Users.docx
E*Value Tile Navigation:	 <p>The screenshot shows a navigation interface with a purple 'Profile Manager' icon on the left. To its right are three blue navigation tiles: 'Profiles', 'Profile Data and History', and 'Biographic Data'.</p>

1. Search for their names in the institution and click return inactive users. Put their last name into the blank box and click the filter button. If there is a similar name in UB, it will populate the drop down box below. Click View/Edit user if the name appears.
2. Scroll down on the right hand scroll bar to the area of the gray box. To link that person to your program, simply give them the status of either Active (or Pre-Active if they are incoming) and the appropriate rank (PGY level/Attending Physician/Health Professional, etc). Save the record. See screen shots below.
3. If they are not already linked to our institution, add them by clicking “Add New User”. You must have a first name, last name, status, rank and email address in order to add a user.

Profile Manager Schedules E*game Evaluations Examinations Session Confer

Profiles Permissions Immuns & Certs MyFolio Share Information Prom

Fill list from... Return Inactive Users... Last names starting with... Any name containing...

Your Institution test Filter

View/Edit User Add New User

Biographic Information Viewing Inform

Home Program: SUNY Buf Internal Me

Legal First Name: Leg

Title:

Tester, Mary

View/Edit User Add New User

Training and Education Exam Scores Cor

Manage Custom Fields

Previous Last Name(s):

Preferred Last Name: Tester

Credenti PGY 2

Home Program: SUNY Buf Internal Medicine Catholic Health Systems

Legal First Name: Legal Middle Name: Legal Last Name: Previous Last Name(s):

Title: Preferred First Name: Preferred Last Name: Credentials: PGY 2

Login: mlfester46 Password: User ID: 200790 External ID: National Provider Identifier (NPI): 0000000000 Employee ID:

SSN Prefix: U (USA) SSN: 000-00-0000 Race: [Select] Gender: M F Inbound Rotator: From Another Program

Birthdate: Birth Place: Citizenship Country:

Visa Status: Active Expired N/A Visa Type: N/A Visa Exp Date:

Picture File Name: E-Mail Address:

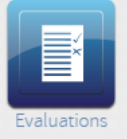
Status: SUNY Buf Psychiatry: Active PGY1

SUNY Buf TEST PROGRAM: Active PGY2



University at Buffalo
The State University of New York

Office of Graduate Medical Education

Procedure for:	Deleting Aged Evaluations
Purpose:	Permanently remove evaluations from the system that will not be completed from the past academic year.
Procedure Start Date:	Review in August each year and remove from the previous academic year.
Date Due:	n/a
Website:	www.e-value.net
Additional Information:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Aged Evaluations.docx
Navigation:	 Manage Aged Evaluations View/Delete Aged Evaluations

Deleting Aged Evaluations: Do you have evaluations that were not completed from past academic years? If so, you can make the decision to remove these from the system so your reports and evaluators' queues can be cleaned up.

Note: **Once you have deleted them, they are removed from the system permanently.**

Navigate to: Evaluations>Manage>Aged Evaluations>View/Delete Aged Evaluations

Aged Evaluations

Select evals by:

Last Name: {Active Users}

Could users have been inactivated?
Pay attention to this filter.

Evaluators: {All 8494 Users}

Find evaluations associated with time frames between:

Start Date: 07/01/2013 End Date: 06/30/2014

What date range?

Time Frame: {All Time Frames}

Activity Group: {All Activity Groups}

Activity Filter: {Active Activities}

Activity: {All Activities}

It's a good idea to try to narrow down to an activity and evaluation type, if possible.

Evaluation Type: All Evaluation Types

Evaluation Status: All evaluations not completed

Note: Evaluations that are "not completed" include forms pending Review/Release, as well as those that have been suspended or put on hold.

Automatically select all results for deletion? Yes No:

Office of Graduate Medical Education

Procedure for:	Academic Year Best Practices in E*Value
Purpose:	To ensure that all E*Value features are managed in an efficient manner to optimize system performance.
Procedure Start Date:	Between April and July of each academic year
Date Due:	August 1
Website:	www.e-value.net
GME File Location:	S:\GME\PUBLIC\Procedure Manual\Sullivan\Evalue\Instructions for Admins\Evalue - Academic Year Best Practices.docx
E*Value Tile Navigation:	Varies



End of Year Checklist

- Assign annual surveys
- Compliance: All pending evaluations, surveys, tutorials
- Clean Up: Suspended and aged evaluations
- Prepare summative evaluations for graduating trainees
- Annual Program Evaluation (meeting and submission of APE by deadline)



Beginning of Year Checklist

- Maintain/create groups: People, Activity, Question

- | | |
|--|---|
| | <ul style="list-style-type: none">• Review and confirm: Default educators, advisors, directors |
| | <ul style="list-style-type: none">• Review of current users: Ensure proper ranks |
| | <ul style="list-style-type: none">• Activity maintenance: Contact Dan Schupp for reimbursement setup |
| | <ul style="list-style-type: none">• Review curriculum documents: (Goals & objectives) and link to proper activities |

If you need assistance:

- E*Value Help Menu
 - Video tutorials for most features
- TPA Handbook - Appendix
 - E*Value Procedures
 - Striving for Excellence Presentations & Timeline
- Sharon Sullivan - sms64@buffalo.edu

UB Program Administrator Responsibility Time Line

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
JULY	Program Orientation for Resident and Fellows	Review department/division orientation agenda to identify speakers, necessary handouts (goals/objectives, rotation schedules, program or institutional policies manual etc.), required testing (drug/background check etc), necessary training (ACLS, PALS, BLS, HIPAA compliance).	Set up department orientation	
	GME Track Resident Update (opens mid-July)	<p>GME Track is used to collect statistical data from medical institutions for research and educational purposes. Programs and institutions will be asked to report data on accredited and non-accredited programs annually.</p> <p>1. First-year resident data can be downloaded and imported into ACGME</p>		Go to www.aamc.org under services, GME Track

		<p>WebADS or other computer tracking systems.</p> <p>Programs can also download ACGME WebADS data and import program data into GME Track to avoid duplicating survey information later in the academic year.</p>		
	Beginning of Training Year	<p>Orientation-Hospital, GME office, order business cards, lab coats, etc. Make sure all databases are updated.</p> <p>Distribute updated Residency Handbook.</p>	Start working on databases in April.	
	ERAS: Applications Received for July Cycle Fellowship Programs (opens July 15 th)	<p>Review Applications (Download from ERAS)</p> <p>Schedule Interview Dates</p> <p>Invite Applicants to Interview</p>		<p>www.aamc.org</p> <p>Go to Services, My ERAS (PDWS)</p>
	ABIM FasTrack Update for Internal Medicine and Subspecialties (opens late July)	<p>The American Board of Internal Medicine requires annual evaluations to be submitted for all ABIM certified and ACGME accredited programs.</p>		<p>http://www.abim.org/program-directors-administrators/fastrack.aspx</p>
	Annual Plan	<p>Annual Plan requests solicited from the University at Buffalo for the following academic year (due late July).</p>		
	Other- Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
AUGUST	NRMP Main Match Opens (Late August/Early September)	<p>Review Match Agreement for compliance details.</p> <ol style="list-style-type: none"> 1. Consider program responsibilities for Match compliance to avoid potential Match violations. 2. Review applicant responsibilities for Match compliance. 3. The ACGME Institutional requirements "strongly suggests" sponsoring institutions and all of its programs participate in an organized matching program such as the NRMP. 4. NRMP Match violations are reported to the IRC, RRC, and the applicants' medical school. 5. Programs with match violations will be flagged in the NRMP system for a 		NRMP website: www.nrmp.org

	specified period of time, and could have an impact on recruitment efforts for qualified applicants.		
ERAS: PDWS Available for September Cycle Residency Programs	Electronic Residency Application Services (ERAS) developed by AAMC to facilitate applications to residency/fellowship programs.		http://www.aamc.org Under Services My ERAS (PDWS)
GME Track Resident Update closes (late September)			
Scholarly Activities	Manage Journal Club, M&M conf., Research Conf., Case Conferences		
ACGME Annual Program Updates Begin	<ol style="list-style-type: none"> 1. Complete any remaining data not previously updated in WebADS. 2. Review raw duty hour data to assure accurate reporting of duty hours. 3. Annual updates must be submitted to GME two weeks prior to the ACGME deadline. This allows for the review of submissions by the GME Accreditation team 		Data collection system https://www.acgme.org

		(an AIR action plan).		
	Other = Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
SEPTEMBER	Recruitment: ERAS Applications Available for September Cycle Residency Programs (September 15 th)	Review Applications (Download from ERAS) Schedule Interview Dates Invite Applicants to Interview		
	Prepare for Fellowship Interview Season	<p>Fellow Appointments:</p> <p>Set up interview dates Invitations for interviews Selection committee meet to plan interviewing season Remind coworkers and other hospital personnel that resident recruitment season is beginning.</p> <p>Other things to consider: Eligibility for appointment: visa issues, number of residents, resident transfer requirements, Appointment of Fellows and Other Learner</p>		
	Submission of NRMP Match Quotas	<ol style="list-style-type: none"> 1. Quota changes must have the approval of Designated Institutional Official (DIO). 2. It is important to ensure that the number of matched applicants through the NRMP do not create overages in the total resident complement 		NRMP website: www.nrmp.org

		<p>approved by the RRC for an individual training program and the UB GME Annual Plan position approvals.</p> <p>3. The program accreditation letter will outline the total number of house staff a program can train in a given academic year. Overages require approvals by the GMEC/DIO and the RRC.</p>		<p>Guide to Common Program Requirements section II.A.4n2, pg 8. (www.acgme.org)</p>
	ABIM FasTrack Update Due (late September)			
	Other—Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
OCTOBER	Prepare for Residency Interview season	<p>Resident Appointments:</p> <p>Set up interview dates Invitations for interviews Selection committee meet to plan interviewing season Remind coworkers and other hospital personnel that resident recruitment season is beginning.</p> <p>Other things to consider: Eligibility for appointment: visa issues, number of residents, resident transfer requirements, Appointment of Fellows and Other Learner</p>		<p>Program Director Guide to the Common Requirements section III. A-D; page 21</p> <p>Program Directors Guide to the Common Program Requirements Page 20, Section III.A-D.</p> <p>Some Specialty Specific RRC Requirements on Eligibility may also apply</p>
	Complete Resident Application Review-	<p>Interview seasons may vary in length depending on the number of applicants planned for interviews, and the number of training slots a program hopes to fill.</p> <p>Dean’s Letter (Residency Applicants) Nov. 1</p> <p>Interviews/Scheduling</p> <p>Book Hotel rooms, escorting</p> <p>Rank order list due for Fellowship Programs (mid-November)</p>	<p>AAMC- Roadmap to Residency</p> <p>https://services.aamc.org/publications</p>	Complete Resident Application Review

	Quarterly Rotation Review Evaluation with Program Director	Print Evaluation from , ACGME logs for review		
	Residents/Fellows	Ensure that residents and fellows are compliant with facility flu shot protocols.		
	Social Activities	Attend quarterly Training Program Administrator (TPAC) meeting.		
	Other- Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
	ERAS: PDWS Available for December Cycle Fellowship Programs			
NOVEMBER	Semi-Annual Reviews	<ol style="list-style-type: none"> 1. Formative evaluations from previous months should be used to provide feedback to residents on their performance. 2. Semi-annual reviews should also include a review of case logs/patient logs, if required by the RRC or Board, and a review of the resident's participation at required conferences within the training program. 3. Plans for remediation for academic deficiencies should be discussed at this time for any resident of concern. 4. Remediation plans should include specific achievement goals, a timeframe for 		<p>Program Directors Guide to Common Program Requirements Page 47-52, Section V.A.1 a - c.</p> <p>Also review programs specific requirements on resident evaluations and feedback to determine other components required by the RRC for review during semi-annual evaluation of the residents' performance.</p>

		<p>achievement, and consequences if goals are not achieved.</p> <p>5. Documentation of the semi-annual review must be in and also printed for CCC Meeting in December.</p>		
	Other—Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
DECEMBER	Residency Interviews (first 2-3 weeks, times vary)	Schedule applicants Obtain scores/feedback from interviewers NRMP match quota deadline Set up breakfast, lunches for applicants		
	Schedule Clinical Competency Committee Meeting	Schedule semi-annual meeting. Print out milestone evaluations, 360 evaluations and ACGME case logs for review.	Need to report Milestones semi-annually to ACGME and also put in E*Value after CCC Meeting	
	NRMP Match - Fellowship	Match results for July cycle fellowship programs are available (early December). Notify Program faculty of matched candidates. Send congratulatory/welcome e-mails to matched candidates.		
	Social Activities	Attend quarterly Training Program Administrator (TPAC) meeting.		
	Other—Program Specific			

<p>JANUARY</p>	<p>ACGME Anonymous Resident Surveys Begin (January - May)</p> <p>ACGME Annual Faculty Survey. This survey will mirror the resident survey window and requires 60% compliance rate to access results.</p>	<p>The Program Director and Coordinator will be notified by the ACGME of the timeframe of the survey.</p> <ol style="list-style-type: none"> 1. The ACGME Anonymous Resident Survey will be used throughout the accreditation cycle, and specifically during the RRC site visit to document compliance for work hours. 2. Review the survey questions with residents to assure their understanding/interpretation of survey questions before the survey opens. 3. Assure all contact information in WebADS is correct for all active residents. 4. All programs must achieve 70% response rate, or the program will be deemed noncompliant with this process and will 		<p>See Resident Survey Sample ACGME website www.acgme.org "resident survey sample".</p> <p>Programs with 4 or less residents will receive an aggregate report after 3 years of data is obtained.</p> <p>Review prior surveys in WebADS to document recurrent areas of noncompliance</p>
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		<p>not receive results.</p> <p>5. Review survey results with faculty and residents to document resolution of identified areas of noncompliance ($\leq 85\%$).</p> <p>6. Include a discussion of the survey results in the annual program evaluation committee meeting and SMART action plans responding to deficiencies.</p>		
	Interview Process Continues	<p>Follow-up letters to applicants</p> <p>Obtain scores/feedback from interviewers</p> <p>NRMP match quota deadline</p>		
	Recruitment	<p>Preparation of Files (ERAS) for Selection committee -Fellowships</p> <p>Begin Rank List</p> <p>Preparation-Residency Programs</p>		
	NRMP Match - Urology	<p>Urology Match results available.</p>		
	Graduation Planning	<p>Graduation Diplomas</p> <p>Prepare for Awards and certificates</p>		

	Program Maintenance	Visa continuation for current fellows Visa paperwork for new fellows Budget for next Academic year		
	Other—Program Specific	CREOG Exams		

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
FEBRUARY	Assist PD with match list - Residencies	Numerous phone calls from applicants Enter NRMP match list/Verify Match list		
	Program Maintenance	Process continuing residents appointments: Report contract non-renewal decisions to GME Order Certificates for graduating residents Written notification for non-renewal to residents advising of nonrenewal and grievance process		See Institutional Requirements Section II.D4d 1 -4
	Scheduling	Work on block templates for next academic year		
	Appointment Process - Fellowship Programs	Notify all incoming fellows of UB and program-specific onboarding requirements and request necessary documentation.		
	In Service Exam	Dates vary, Schedule room, Proctor exam		
	Other—Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
MARCH	NRMP Main Match Results - Residency (3rd Thursday in March) Varies for different programs	Let Faculty/department know who matched Send out congratulation email to matched candidates		
	Appointment Process - Residency Programs	Review VISA requirements for IMG accepted in program		Educational Commission for Foreign Medical Graduates www.ecfm.org
	Notify GME Human Resources Office of Extensions of Training, Terminations	GME Office must confirm appropriate due process for grievances, if the resident disagrees with the decision. GME must also update employment system(s) for certificates of graduation, salary support and other patient care access badges	RUS update status of existing residents/fellows and add new residents/fellows	See Institutional Requirements Section II.D4d 1 -4
	GME Mandatory Meeting	Attend Mandatory TPA GME Orientation Mtg.		
	Work with GME Human Resources Office RE: New Employee Paperwork (Due late April or sooner if possible)	Send copies of ERAS applications plus checklist documents for VISA extensions/applications located on UB GME website to HR		See Institutional Requirements Section II.D4d 1 -4

	<p>Program Maintenance</p>	<p>Program Letter of Agreement (PLA) between the program and each participating site [renewed at least every five years] Major changes to participating sites (length of the rotation) may require GMEC/DIO and RRC Approval. The addition or deletion of a participating site must be reported in WebADS. RRC Program Specific Requirements on additional areas to include in PLAs will be verified during internal and external site reviews. Copies of PLAs will be needed for internal and external reviews.</p>		<p>Section 1.B, pg. 5-7 of the Program Directors Guide to the Common Requirements.</p> <p>Also review Program Specific Requirements for RRC expectations for participating training sites.</p>
	<p>Evaluation: Faculty Evaluation/Faculty Development</p>	<p>Evaluate residents performance Faculty evaluation of program Review curriculum-Annual Program Improvement Meeting. Discuss how to improve the program.</p>	<p>Need to input into E*value</p>	<p>V.B., pg. 57 Program Directors Guide to the Common Program Requirements</p>

	Graduation Preparation	Graduating resident gift Prepare departure check list		
	Other—Program Specific	Rad. Onc.-In training exam- 1 st Thur. of March, schedule a room and proctor exam. Varies for other specialties		

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
APRIL	Review and Update Resident and Fellow Handbooks	Educational Program: Curriculum Component		IV.A. 1-4, pg. 26-30 Program Directors Guide to the Common Program Requirement
	Update Orientation Materials	Update Goals and Objectives, Policies and Procedures and other orientation documents; update didactic program. Overall Educational goals; competency based goals and objectives for each assignment Didactic sessions; delineation of resident responsibilities		Program directors Guide to the Common Requirements section IV.A.1-4, page 25
	<p>GME Annual Program Evaluation[^], Graduation Survey* and Faculty evaluation by Residents/Fellows (Survey period April 1-30).</p> <p>[^]Referred to as GME Resident & Fellow Satisfaction Survey</p> <p>*GME Resident & Fellow Graduation Survey.</p>	Residents must be allowed, at least annually to confidentially evaluate faculty on their teaching abilities, clinical knowledge, and commitment to the educational program, professionalism and scholarly activities. The evaluation form should avoid identifying rotation names, PGY levels or specific months to assure greater confidentiality. The program director should utilize this data to determine continued		II.A 4d and V.B 1-4, pg. 55-56 Program Directors Guide to the Common Program Requirements

		participation of faculty in the educational program. Documentation of confidential written evaluations of the program and faculty will be required for internal and external site reviews.		
	Graduation Preparation (Ongoing)	Order gifts Plan Graduation Ceremony, Party (If applicable) Review case logs Awards		
	Program Maintenance	Contract renewals for continuing residents/fellows Verify Web ADS for Resident Survey Release ERAS Registration Prepare Year-End Evaluations All continuing and graduating residents must complete annual health assessment/ppd/fit test	Requirements at hospital employee health no later than June 1 st . Notification comes to residents Employee Health Office through E*Value e-mails	
	Prepare incoming residents/fellows for tutorials from the E*Value Administrator	Email incoming fellows/residents to expect tutorials and they must be completed by June 1st		Tutorials include NPI numbers and infection control certificates
	Incoming Resident Preparation	Work on Dept. Orientation Send paperwork to GME office		

		Add to ACGME WebADS Make sure new resident is in (ERAS upload)		
	Other—Program Specific			

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
MAY	Resident Process for next academic year	American Board Radiology Resident Update Work on Rotation schedule for next academic year. Enter in E*Value and set up rotation evaluations in E*Value Update information on all residents in RUS Contracts- Signed and returned to GME office Start working on Orientation schedule Add New Residents to WebADS-ACGME, RUS and E*Value Monitor New Resident progress on mandatory GME orientation tutorial due June 1st		
	Semi-Annual Reviews	<ol style="list-style-type: none"> 1 Formative evaluations from previous months should be used to provide feedback to residents on their performance. 2 Semi-annual reviews should also include a review of case logs/patient logs, if required by the RRC or Board, and a review of the resident's 		<p>Program Directors Guide to Common Program Requirements Page 47-52, Section V.A.1 a - c.</p> <p>Also review programs specific requirements on resident evaluations and feedback to determine other components required by the RRC for review during semi-annual</p>

		<p>participation at required conferences within the training program.</p> <p>³ Plans for remediation for academic deficiencies should be discussed at this time for any resident of concern.</p> <p>⁴ Remediation plans should include specific achievement goals, a timeframe for achievement, and consequences if goals are not achieved.</p> <p>⁵ Documentation of the semi-annual review must be in</p> <p>⁶ This documentation will be needed for internal and external site reviews.</p>		<p>evaluation of the resident's performance.</p>
	<p>Final Evaluations for Graduating Residents (Summative Evaluation)</p>	<p>The final evaluation must specifically verify that "the resident has demonstrated sufficient competence to enter practice without direct supervision". This statement will be verified by internal and</p>		<p>Section V.A2a-b, pg. 53 Program Directors Guide to the Common Program Requirements</p>

		external site visitors via the graduate files.		
	Review Committee Requirements	Quality Improvement Projects Completed Case Logs completed Schedule Program Evaluation Committee Meeting (PEC) - Documentation of meeting with attendance and minutes Written Plan for Program Improvements for Upcoming Year		
	Other—Program Specific	Schedule Annual Resident Picture		

Target Month	Program Administrator Responsibility	Purpose and Goals	Program Tasks	Reference Sources
JUNE	Annual Program Evaluation Meeting (APE) (April -June)	Program Director and TPA collect data from surveys and improvement meeting and enters data on APE form in E*Value. E*Value tool is due by August 1 st .		Documents are used for internal reviews/audits and most importantly for continued accreditation.
	Graduating Resident	Schedule and complete summative evaluation with Program Director Complete check list -collect all keys, badge, etc. Close out in ACGME and		
	Scheduling (due in by July 1 st)	Ensure that the upcoming academic year schedule has been completed and entered into		
	Orientation	Finalize all orientation schedules and materials for both UB and program orientation.		