Keeping the Wheels Turning: Nuts and Bolts for Your GME Cycle

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Objectives

In this presentation, we will...

• Review the fundamentals of AOA standards for GME
• Discuss program oversight, inspections and corrective actions
• Travel through the annual cycle of GME tasks
• Consider challenging scenarios and how to address them
• Provide a high-level glimpse into ACGME processes
Part 1: The Basics
Topics for this section

• AOA structure and function
• Role of OPTIs
• Overview of accreditation standards via the Institutional Crosswalk
AOA Academic Structure

**BOE**
- Bureau of Osteopathic Education
- Reviews policies from subcommittees: COPT and CCME
- Reports from other Bureaus: OME, Hospitals, Specialty Societies, International

**COPT**
- Council on Postdoctoral Training
- Recommends policies to the BOE
- Receives reports from subcommittees (PTRC and COPTI) and specialty college

**PTRC**
- Program and Trainee Review Council *
- Approves GME programs
- Gives final approval for completion of training/board eligibility

**SPEC**
- Specialty College Evaluating Committees *
- Develops training standards
- Reviews program inspections, makes recommendations to PTRC for accreditation and on corrective action plans
- Approve new programs and trainee advancement/completion
Resources for DME’s

• [www.aodme.org](http://www.aodme.org)
  DME manual, discussion boards, sample documents, calendar

• [www.ahme.org](http://www.ahme.org)
  Guide to GME, discussion boards
OPTI’s and Base Institutions

- OPTI: sponsors AOA-approved programs (sponsorship agreement)
- Base institution: conducts OGME training
- Affiliated institutions: secondary training site(s)
- Base institution may be:
  - Accredited hospital
  - FQHC
  - Community teaching health center
  - Surgery center
  - COM
OPTI interactions with base institutions

- Visit each BI annually
- Assist programs in review and update of Opportunities webpage
- Provide a designated representative to participate in program inspections, internal reviews
- Track compliance with internal reviews, responses to site visits
- Approve corrective action plans and updates
- Approve BI’s core competency plan → written confirmation ✓
- Receive verification of successful completion of training
- Be advised of trainee/program changes
- Monitor duty hour policies and activities, ensure compliance
OPTI support for base institutions

- Require BI to establish policies and guidelines on research
- Provide funding for OPTI-wide or program specific research for its trainees and promote publication
- Demonstrate faculty members are credentialed or appointed at 1 or more COCA or LCME college
- Collaborate on faculty development for core faculty
- Designate faculty to integrate OPP into learning activities and patient care (OPTI and each BI)
AOA standards and documents

✔️ Bookmark these pages

www.osteopathic.org > Inside the AOA > Education > Postdoctoral Training
• Includes links to Basic Document, standards, crosswalks, forms, etc.

www.osteopathic.org > Inside the AOA > Accreditation > Postdoctoral Training
• Summaries of process steps and link to program site review info

www.osteopathic.org/inside-aoa/accreditation/postdoctoral-training-approval/program-site-reviews/Pages/default.aspx
• Institutional crosswalk
• Guidelines for program/institutional review and completion of crosswalks
• Pre-review forms to support crosswalk documentation (optional)
Institutional Crosswalk

• References sections IV through VIII in the Basic Documents for Institution must score 80% in each section:

• Outcome:
  – 80% and up: five year approval
  – Less than 80% in any section: 1 year to correct deficiencies
Institutional Crosswalk

<table>
<thead>
<tr>
<th>Standard</th>
<th>Suggested documentation</th>
<th>DME self-study</th>
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### IV. Institutional Requirements

#### A. Institutional Requirements: Sponsoring and Base Institutions (pg. 5 of AOA Basic Document)

**A.4.1** AOA-approved OGME programs shall function under the authority of an AOA-accredited sponsoring OPTI.
- **AOA Approval letter or sponsoring letter**
- **Institutional accreditation letter**

**A.4.2** Base institutions which conduct AOA approved training programs and issue trainee contracts may include:
- a. Hospitals accredited by a Medicare-approved accrediting body.
- b. Federally-qualified health centers.
- c. Community teaching health centers.
- d. Freestanding ambulatory accredited surgery centers.
- e. Colleges of osteopathic medicine.

**A.4.3** OPTI academic sponsors shall be responsible for monitoring OGME programs in its partner base institutions.
- a. Sponsorship shall require an OPTI affiliation/sponsor agreement indicating the responsibilities of the academic sponsor and the base institution.
- b. The academic sponsor must declare accountability for compliance of base institutions with AOA policies including contracts, AOA Match Program, quality performance, trainee evaluations, participation in on-site program reviews, corrective action plans, internal reviews and core competency compliance.
- c. The affiliation/sponsor agreement shall be a single agreement and available at all on-site reviews.

**A.4.4** The base institution (sponsored institution conducting training) must provide administrative, financial, educational, technological and other support services for each educational program and provide resources to maintain quality training program(s) including faculty development, curriculum, evaluation methods, development and osteopathic principles and practice training.
- **Interview DME and Program Directors**
- **List of faculty development programs held**
- **Documentation of educational technology resources (e.g., simulation equipment etc.)**
Institutional Requirements
Overview of Standards/Crosswalk

- Section IV: Institutional Requirements
  - Sponsoring and base institution
  - Compliance with AOA policies
  - Requirements of affiliate institutions
  - Statement of commitment to OGME
  - Internal review process
  - Trainee selection
  - Work environment
  - Library and educational resources
  - Core competencies
  - House staff manual
Base Institutional Requirements (IV.A)

• Medicare accreditation
• Affiliation/sponsorship with an OPTI
• Written agreements with affiliated sites
• Educational infrastructure
• Organized medical staff and departments
• Participation in OPTI annual site visit
• Routing of corrective action plans through OPTI
Base Institutional Requirements (IV.A)

• Site review will look for:
  
  Hospital
  – Hospital letter of Medicare accreditation through HFAP, Joint Commission, etc.
  – List of affiliation agreements and dates
  – Medical staff org chart showing departments
  – Documentation of credentials of chairs of Pathology and Radiology
Base Institutional Requirements (IV.A)

- Site review will look for:
  
  Educational infrastructure:
  - Availability of technology (simulation, etc);
  - Evidence of faculty development
  - Resources for training in OPP: technology; faculty development; OPP OPT I
  - OPTI affiliation/sponsorship agreement (current and signed)
  - Evidence of OPTI annual site visit (minutes of MEC; letter or report from OPTI)
  - Correspondence showing corrective action plans sent to OPTI
Compliance with AOA policies (IV.B)

- Participate in onsite review (PTRC correspondence)
- Participate in an OPTI
- Participate in TIVRA
- Annual update of Opportunities website
- Participate in ERAS
- Participate in the AOA match
- Pay fees within 90 days of invoice
- Policies comply with AOA duty hours and moonlighting policy
TIVRA

• Trainee Information, Verification, and Registration Audit service
• Annual update by DME/IEO or OPTI
• Deadline is October 15
• Late fees $5000/institution or $1000/program
Off-cycle trainees and transfers

• Record in TIVRA and send written notification to:
  Trainee Services
  Department of Education
  142 E. Ontario Street, Chicago, IL 60611
  1-800-621-1773 ext. 8276
  traineeservices@osteopathic.org

• CC: OPTI, Specialty College
Opportunities

- [http://opportunities.osteopathic.org](http://opportunities.osteopathic.org)
- Annual update by DME or IEO
- 5 year rolling aggregate percentages board pass rate will be inserted automatically by AOA each year.
- Programs with 5 or more residents in the data field may request a waiver to have 3 year rolling aggregate percentage data presented instead.
- Opens March 1; deadline is June 30
- Late fees $5000/institution or $1000/program
Affiliated Sites (IV.C)

• Requirements for affiliates
  – Medicare accreditation
  – Affiliation agreement
  – Availability of data on scope/volume “in specific specialties”
  – CV for supervising faculty – board certified

• Affiliation agreement
  – Maintained and reviewed every 5 years – must have signature and date to signify review; must be updated “as necessary”
Statement of Institutional Commitment (IV.D)

- Letter signed by CEO and Medical Education Committee chair
- Updated if change in either position
- States commitment to providing education, financial and personnel support to OGME
Internal reviews

• The process
  – Establish your policies, procedures, documents (approved by MEC)
  – Review at midpoint between site visits
  – Written report presented to Education Committee

• The committee
  – Appointment process must be documented
  – Faculty and trainees from other programs
  – OPTI representative “when possible”
  – Other reviewers per Education Committee
Internal Review Process (IV.E)

• Site review will look for
  – Timing of reviews midway in accreditation cycle
  – Policies describing institutional process, approved by MEC
  – Appointment of review committee, including OPTI rep
  – Discussion of internal review within MEC minutes

• If dually-accredited: review of combined program acceptable if conducted within 12 months of middle of AOA accreditation cycle
Trainee eligibility, recruitment, selection (IV.F)

- Site review will look for
  - Roster of residents with COM
  - Policies on recruitment and selection
  - Evidence of participation in ERAS and AOAIRP
Work environment (IV.G)

- Call rooms with phone, restroom and computer access
- Access to nourishment during all shifts
- Security measures
- Medical records, including EHR
- Conference rooms
- Teaching aids
Work environment (IV.G)

• **Site review will include**
  – Input from residents
  – Inspection of call rooms, conference rooms
  – Review of policies on meals ***
  – Review of policies on medical records specifying house staff access/permissions ***
  – Discussion with head of Medical Records department
Medical library (IV.H)

- Electronic resources: databases, journals, textbooks, etc.
- May be met in conjunction with OPTI
- Relevant to GME programs and OPP/OMT
- Managed by health sciences librarian
- Accessible 24-7
- Annual report to the MEC

Site review will look for:
- Librarian credentials
- MEC minutes
- Library budgets for 3 year
Institutional Core Competency Plan

• Elements
  – Assignment of responsibilities for plan
  – Teaching and evaluation methods
  – Approach to remediation
  – see handout for complete list ✓

• Beyond the basics
  – Blueprint for meeting academic needs
  – Resources, including OPTI support
  – Funding
Core competencies (IV.I)

• Institution must ensure all programs define, teach and evaluate across the seven core competencies as described in the Institutional Core Competency Plan (ICCP) and evaluated via the Program Director’s Annual Report

• Site review will look for:
  – ICCP document and discussion in MEC minutes
  – OPTI approval of ICCP
  – Annual reports in resident files
  – Program director input on institutional support for ICCP
House staff manual: required policies

- Duty hours and moonlighting
- Supervision and evaluations
- Leave and vacation
- Recruitment and selection
- Advancement, dismissal
- Appeal and grievance/due process
- Financial/benefits
- Schedules – rotations, call

- Patient care and safety
- Hospital rules and regulations
- File retention
- Physician impairment
- Sexual harassment
- HIPAA/confidentiality
- Ethics/code of conduct
- Program closure/reduction
House staff manual

• Other recommended content
  – Lecture attendance
  – Participation in teaching
  – Verification of training
  – “Care and feeding” items
• Unify with employee policies
• Annual updates with _attestation_ ✓
House staff manual (IV.J)

- Patient care and safety information
- General hospital rules and regulations
- Financial arrangements including salary, housing, meals, uniforms, liability insurance, etc.
- Policies and procedures

Site review will look for:
- Inclusion of all policies
- Compatibility with individual program manuals
Institutional Requirements
Overview of Standards/Crosswalk

• Section V: Program Requirements
  – Program descriptions
  – General program requirements

• Section VI: Program Leadership
  – DME/IEO
  – Program directors
  – Faculty
  – Medical education committee
Residency program descriptions (V.A.1)

- Required elements
  - Mission statement: defines mission and purpose; commitment
  - Program goals/objectives: for course of training; linked to mission, evaluations, core competencies (milestones?)
  - Curriculum: rotations, didactics, evaluations
  - Rotation goals and objectives
  - Facilities: for all participating institutions
  - Faculty roster
  - Core Competency Plan
  - Sample trainee evaluation forms
  - Policies: work hours, leave, remediation
Osteopathic principles and practice (V.A.2)

• Incorporation of OPP
  – Osteopathic structural examination in H&P’s
  – Evaluation of OPP

• Site review will look for:
  – Description of how OSE is taught
  – H&P’s for evidence of OSE
  – Evaluation forms including OPP
  – Programs may have more specific requirements
General residency program requirements (V.F)

- Residents must complete COMLEX 3 prior to entry to OGME3
- Residents must participate in hospital committees
- Program budgets funds/time for resident to attend educational meetings as required
- Minimum of 3 funded sites per program
- Out-rotations: logs, evaluations incorporated in base site records
- Site review will look for:
  - COMLEX scores – report to OPTI should suffice
  - Committee attendance records
  - Funding policy
  - Policies on out-rotations
Program leadership: DME, IEO (VI.A,B)

• DME must be appointed by base institution and approved by Internship Evaluation Committee/PTRC
• IEO must be appointed by base institution
• Note: any change in DME/IEO must be reported to AOA within 30 days
DME qualifications per AOA include

- Graduate of a COCA-approved COM
- AOA Board certification - primary or obtained if ABMS certified
- Member in good standing of both the AOA and AODME
- Minimum three years practice experience
- Minimum three years experience as teaching faculty member
- Meet the continuing medical education requirements of the AOA
DME responsibilities per AOA include

- Coordination of training programs – and with OPTI
- Appointment and supervision of program directors
- Acting as IEO and Intern Program Director (if not assigned)
- Compliance with standards, evaluations, meetings
- Management of affiliation agreements
- Management of internal review process
- Preparation of Core Competency Plan
- Submission of Annual Report
- Participation in GME budget process
- Participation in Medical Education Committee (chair?)
- Attend AODME or AOA-OME annual meeting
Additional DME responsibilities

- Point person for ERAS, Match, TIVRA, Opportunities
- GME reimbursement: IRIS report; audit defense
- Schedules: rotations/call – compliance with academic requirements and duty hours
- Trouble shooting: resident performance issues and counseling; disputes; complaint investigations
- House staff selection process
- HR and corporate compliance: onboarding/exiting; policies
- Verification of training
- Students: rotations, supervision and evaluation, guidance
- Med Ed department management/supervision
DME documentation you need ✓

Site review will look for:

- Job description for DME outlining AOA roles (at minimum)
- Letter of appointment from institution
- Copy of approval of appointment by AOA Intern Evaluating Committee
- Designation of DME (or someone else) as IEO
- Designation of DME (or someone else) as internship program director (if applicable)
- Credentials (CV):
  - COM graduate
  - 3 years practice
  - Member AOA
  - board certification
  - 3 years teaching faculty
  - Member AODME
IEO responsibilities

Institutional Educational Officer

- May be the DME or ADME
- Must be a DO, MD, or have an advanced degree and experience in GME

Duties

- AOA point of contact
- Correspondence and data requests
Program directors (VI.C)

- Program director appointed by base institution and approved by specialty college/AOA
- Must receive job description and adequate institutional support
- Site review will look for:
  - Appointment letter from institution
  - Approval letter from AOA
  - Have CV’s available; submitted with pre-inspection documents
  - Job description with AOA required duties – see handout for list
  - Contract or signed agreement ***
Faculty (VI.D)

Site review will look for:

• Roster – also submitted with pre-inspection materials
• Include board certification status

Considerations:

• COM adjunct faculty appointment
• Definition of “core faculty” → OPTI requirements for
  – Faculty development
  – Assessment
Medical Education Committee (VI.E)

• Membership
  – DME
  – Internship and residency program directors
  – Hospital administrative representative
  – GME staff
  – Peer-nominated house staff representatives
  – Major affiliates

“We are looking for affiliates who play a major role in your residency program and are in the immediate vicinity. Generally this applies to consortia members or other partners who play a major role in resident education.”

• Must meet at least 10 times per year ☑
Medical Education Committee (VI.E)

Site review will look for:

- Minutes and attendance
- Correspondence between DME and major affiliates ***
- Internal review process
- Monitoring of duty hours
- Review of evaluations and program quality
Medical Education Committee functions

• Recurring duties
  – Quarterly review of trainee performance
  – Monitoring of duty hours and moonlighting
  – Maintain and improve quality

• Annual duties
  – Approval of ICCP
  – Review of annual report submitted by DME

• Periodic duties
  – Implement curriculum
  – Statement of institutional commitment
  – Review of grievances
  – Internal reviews
  – Approve affiliations
  – Approve policies
Annual report – AOA requirements

- To the medical staff, governing board, and OPTI
- Activities of the MEC and programs
  - Supervision, responsibilities, and evaluation of interns, residents, and fellows
  - Compliance with the duty hour standards
  - Internal review activities
  - Safety and quality of patient care provided by the interns and residents
  - Progress on the Core Competencies
Annual report – other elements to consider

- GME quality indicators
- Accreditation status
- Status of graduates
- Substantive program changes
- Recruitment statistics
- Educational methods
- Awards/recognitions
- GME finance
Institutional Requirements
Overview of Standards/Crosswalk

• Section VII: Trainee Requirements
  – Contracts
  – Financial support
  – Leaves of absence
  – Grievances and due process
  – Duty hours
  – Certificate of completion
Contracts and financial support (VII.A-B)

Site review will look for:
• Contracts include or reference all required elements (see handout)
• Statement of benefits
• Copies in file – fully executed
• Financial support from institution (no self funding)
• Professional liability insurance ***
Contracts

• Timing for matched candidates
  – To candidates within 10 business days of match results
  – Returned by candidate within 30 days of receipt
  – Failure to do so = breach
• Release from contracts
  – Written mutual release
  – Consequences for breach of contract
Contracts

• Contracts for advancing residents
  – No definitive requirement per Basic Standards
  – Institutional policy
  – Appropriate notification for non-renewal

• Contract extensions
  – up to 3 months for overlap of approved positions
  – Notify AOA, specialty college, OPTI for any extension beyond 20 days
Leaves of absence and vacation (VII.C)

- AOA requires
  - Minimum 10 days
  - Maximum 20 days
  - Extension of program beyond that - up to 3 months
  - AOA approval required for longer extensions

- Work with your HR and payroll departments on processing LOA/FMLA issues – short term disability, etc.

- Site review will look for:
  - Policy in house staff manual with between 10 and 20 days off/year
Grievance, Complaints and Due process (VII.F)

• Conditions for academic and disciplinary actions
• Due process for adverse recommendations
  – Suspension
  – Probation
  – Termination
  – Non-advancement
  – Failure of clinical rotations ***
• Appeals mechanism
• Process for complaints and grievances
Duty hours and moonlighting (VII.G)

Site review will look for:
• Policy in house staff manual aligns with AOA standards
• MEC review of duty hours quarterly
• Oversight of duty hours exceptions ***
• Call schedules and resident input on hours
• Residency specific policies on obtaining relief (resident input) ***
• Sleep facilities (resident input)
• Moonlighting policy
• Evidence of approval for moonlighting *** (my suggestion)
Institutional oversight

- Evidence of review of resident duty hours by the education committee must occur quarterly.
- At the trainee’s request, the institution must provide comfortable sleep facilities when too fatigued at shift conclusion to drive safely home.
- Faculty education in recognition of early fatigue and sleep deprivation and be able to alter schedules and counsel residents as necessary while maintaining continuity of patient care.
Duty hour standards

- **Maximum 80 hours per week averaged over 4 weeks**
  - Includes in-house call and moonlighting
- **Maximum 24 consecutive hours**
  - Up to 4 hours for transfer of care, debriefing, didactics OGME2+
  - Requires notification of DME/RPD and oversight by MEC
  - No new patients or new clinical activity after 24 hours
  - For OGME1: “24 and out the door”
  - ACGME: PGY1 = 16 hour maximum
- **Maximum frequency every third night averaged over 4 weeks**
Off duty time

- 24 hours off in 7 days OR 48 hours off in 14 days
- Minimum time off following shift
  - 20-24 hours on ➔ minimum 12 hours off
  - 12-19 hours on ➔ minimum 10 hours off
- All off-duty time MUST be totally free from clinical, on-call and required educational activity
Emergency department shifts

• Maximum of 12 hour shifts
• Up to 30 minutes for transfer of care or educational activities
  – must be reported to DME/RPD with oversight by MEC
Moonlighting (VII.H)

• Prohibited during OGME1
• Must be included in duty hour totals
• Address professional liability coverage
• A privilege, not a right:
  – Written permission required
  – Consider re-assessing quarterly
  – Consider standardizing criteria
• Must not interfere with the resident’s academic/clinical performance.
• Failure to report/receive approval may be grounds for termination ***
Training Certificates (VII.I)

• Issued jointly by OPTI and institution
• What to include:
  – Successful fulfillment of program requirements
  – Base institution and OPTI
  – Completion date
  – AOA institution and program numbers
  – Program director
• Intern certificate for OGME-1P and OGME-1T
• Letter of completion for OGME1R
• Maintain copies in resident files ***
Verification of training

• Database
  – Program, dates
  – Prior programs/advanced standing
  – Completion
  – Issues: disciplinary action, etc.

• Policy – require a signed release

• Procedure
  – Who completes? What to include?
  – Fee
Institutional Requirements
Overview of Standards/Crosswalk

• Section VIII: Evaluations
  – Trainees
  – Programs and faculty
Evaluation of trainees (VIII.A)

• Evaluations related to educational objectives and core competencies
  – Completed by supervising physician for all rotations

• Program director:
  – Review performance with trainees and document quarterly
  – Complete PD Annual Evaluation Report or equivalent at end of each year
  – Complete Final Resident Assessment at end of training (aka “page 20”) or equivalent form from specialty college → must print for file and to submit copy to OPTI for all graduating residents ***

• Specialties with approved forms:
  – Internal Medicine
  – Surgery
  – Family Medicine
  – Emergency Medicine
  – Pediatrics
  – Orthopedic Surgery
Evaluation of trainees (VIII.A)

• DME/MEC:
  – Verify satisfactory performance OGME1’s quarterly
  – Verify resident performance twice a year (may include advancement recommendation)

• Site review will look for:
  – Forms that align with ICCP, objectives
  – Completed evaluations (in file or electronic)
  – Evidence of quarterly evals
  – MEC minutes
Evaluation of training programs/faculty (VIII.B)

- Evaluation by trainee for each rotation → reviewed by program director
- Program director to review each rotation to ensure goals are met and workload not excessive
- MEC evaluation of intern training program quarterly
- **Site review will look for:**
  - Completed evaluations and evidence of review *****
  - Interventions based on feedback
  - Reports to departments
Part 2: GME Routine Maintenance
Academic files

- COM diploma/final transcript
- Certificates from prior training programs
- Licensure
- Gap form or equivalent explanation
- Visa documentation if applicable
- Contracts
- Evaluations
- Logs
- Annual reports
- Scientific papers
- Certificate of completion
Academic files

- What NOT to include:
  - Resident’s protected health information
  - Substance abuse information
  - Discoverable information - peer review
  - HR/Employee issues
  - Anything you would not want the general public – or the resident - to see
Academic files

- Protect yourself
  - Keep record of verification you provide
  - Keep files secured – contains patient PHI
  - Maintain control over files – can let resident, others review but define parameters
  - Document discussions and actions in a confidential file
“Gap” form

- GME reimbursement
- Between COM graduation and start of OGME1
- Between subsequent years of training
- Key is documentation of activity – not part of a GME program
Appointment and advancement policies

- Recruiting and selection
- Criteria for advancing to next level
- Time frames for offering contracts and for notification of non-advancement and non-renewal
- Completion of COMLEX 3
  - Submit request to NBOME
  - Report to OPTI by May 1
  - OGME-3 contract must contain language "contingent upon passing COMLEX 3"
Program closure/reduction policy

- Immediate notification of AOA, OPTI
- Attempt to allow current house staff to complete or provide severance pay (2 months)
- OPTI to help place residents
HIPAA and confidentiality

• Comply with institutional policies
• Considerations in GME
  – Logs
  – Educational conferences
  – Research
  – Electronic access
  – Electronic storage devices
  – Out-rotations
  – Shadowers
  – e-PHI and Meaningful Use ***
Other institutional policies

- Computer security
- Employee health/infection control
- Risk management
- Employee standards
- Vendor relationships ***
- Grant applications
- Prescribing guidelines/use of hospital DEA
- Research/IRB
Resident Benefits

• Healthcare, disability, professional liability
• Enrollment and changes (birth of a child, etc)
• Benefits and the IRS - Potential taxable income
  – Educational stipends
  – Meals on premises for employer’s convenience (de minimis)
    • Does not count if resident can “cash out” meal allowance
  – When in doubt – consult your finance department and/or legal counsel
Visas

• Common options
  – J-1
  – H-1B

• AAMC position statement
  The AAMC believes that H-1B visas are an inappropriate method for foreign physicians to enter graduate medical education programs in the United States and prefers that foreign physicians use J-1 visa, which specifically accounts for this type of situation and is designed for educational purposes.
Facilities

• Sleep space
• On call room with phone, bathroom, computer and reference access
• Security in call space, parking, etc.
• Conference space and technologies
CMS audit readiness

- Source of truth
- Rotation nomenclature
- Rotation goals and objectives
- Process for non-patient care time
- Affiliation agreements
  - Non-hospital site rotations to be claimed
    - Solo practitioner exemption
    - Calculation methodology for payments to faculty
  - Other hospitals
  - Hospital systems
Current AOA inspection process

• Institutional and program crosswalks and multiday site visits

• Steps
  – Notification of review date
  – Confirmation of review date plus agenda templates
  – Documentation to OPTI/AOA coordinator
  – 2 weeks prior:
    • finalize agendas with AOA
    • Submit list of participants with titles
    • Directions and institution point of contact
Site Visit

Logistics
• Separate conference room for each program reviewed on same day
• Access to electronic records and documents

Materials
• Documentation for all crosswalk items
• Resident files – access to storage area
• Electronic repositories – New Innovations, intranet, etc
• Medical records ***
  – In-patient: Last 20 patients
  – Continuity clinic: clinic schedule for last 30 days
After the site visit

- No exit conference
- Online post-review survey to DME/RPD
- Review → AOA → SPEC or Institution/Intership Evaluating Committee → recommendations to PTRC
- Timing of response: from PTRC to institution within 15 days

Site review in | Continuing approval considered at PTRC in
---|---
Feb-April | July
May-August | November
Sept-Jan | April
Program continuing approval

Scoring system derived from crosswalk

- 71-100% fixed 5 year accreditation
- 0-70% 1 year probation status
- All cited deficiencies require submission of corrective action plan (see next slide) and evidence of implementation

Institutional accreditation requires 80% in each section
Corrective Action Plans: Process

- Program receives notice from PTRC
- Program prepares CAP and submits to OPTI (45 days)
- OPTI reviews CAP, forwards to AOA /SPEC (30 days)
- SPEC approves/denies (45 days)
- Plan approved by PTRC; notifies program
- Program submits evidence to OPTI (6-9 months)
Corrective Action Plan: Outcomes

Data from Pierson, A. Citation and correction of deficiencies in osteopathic graduate medical education programs: opportunities for improvement. JAOA. 20214;114(4):290-294
data from Pierson, A. Citation and correction of deficiencies in osteopathic graduate medical education programs: opportunities for improvement. JAOA. 20214;114(4):290-294
Be inspection ready!

- Annual update of program description, core competencies, crosswalk
- Academic files up to date
- Affiliation agreements
- Documentation of duty hours
- Education committee activities
- Review of Basic Documents and program status on a regular basis
- Prepare and store pre-review documents electronically
# Institutional Review
## Pre-Review Documents

<table>
<thead>
<tr>
<th>Document</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Save all documents as individual pdf files with names as shown.</td>
<td>• Submit to OPTI 4 weeks prior to site visit – upload to FileWorks</td>
</tr>
<tr>
<td>Crosswalk</td>
<td>Complete (compile supporting documentation)</td>
</tr>
<tr>
<td>Acknowledgement form</td>
<td>Signed by DME</td>
</tr>
<tr>
<td>Resident list *</td>
<td>Name, program, OGME level and photo</td>
</tr>
<tr>
<td>Staff list</td>
<td>Name, title, photo preferred – DME, RPD, GME staff</td>
</tr>
<tr>
<td>Organization chart</td>
<td>Shows relationship of DME, med ed and exec team</td>
</tr>
<tr>
<td>DME CV</td>
<td>Make sure has dates of internship, residency, board cert</td>
</tr>
<tr>
<td>Faculty list</td>
<td>Core faculty with board cert and FTE status</td>
</tr>
<tr>
<td>Rotation schedule</td>
<td>Dates, location, supervisor; key for abbreviations</td>
</tr>
<tr>
<td>Rotations - outside</td>
<td>List with rotation name, duration, site name &amp; address</td>
</tr>
<tr>
<td>Information form</td>
<td>Completed – hospital, affiliates, volume, etc.</td>
</tr>
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<td>Acknowledgement form</td>
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<tr>
<td>Resident list</td>
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<tr>
<td>RPD CV</td>
<td>Make sure has dates of internship, residency, board cert</td>
</tr>
<tr>
<td>DME CV</td>
<td>Make sure has dates of internship, residency, board cert</td>
</tr>
<tr>
<td>Faculty list</td>
<td>Core faculty with board cert and <strong>FTE status</strong> – optional form available online</td>
</tr>
<tr>
<td>Rotation schedule</td>
<td>Dates, location, supervisor; key for abbreviations</td>
</tr>
<tr>
<td>Rotations - outside</td>
<td>List with rotation name, duration, site name &amp; address - plus whether required – optional form available online</td>
</tr>
</tbody>
</table>
### Program Review

#### Pre-Review Documents, part 2

<table>
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</table>
| • Save all documents as individual pdf files with names as shown.  
• Submit to OPTI 4 weeks prior to site visit – upload to FileWorks |                                                                                                                                              |
| Didactic Curriculum       | Form available online optional – describes name, frequency and duration of activities. DO NOT provide sample schedule or list of topics       |
| Scholarly Activity        | Optional form available online – list each current trainee and their activities by type, title and completion date                              |
| Evaluation Forms          | Samples of forms used                                                                                                                      |
| Goals and Objectives      | For each rotation                                                                                                                          |
| Core Competency Plan      | Current approved version                                                                                                                   |
| Work hour policy          | Current policy                                                                                                                             |
| Remediation policy        | Current policy                                                                                                                             |
Part 3: The Med Ed Yearly Cycle
Topics for this section

- The GME perpetual calendar
- Recruitment and selection
- ERAS and the Match(es)
- Contracts
- Advancement
- Graduation
The GME Perpetual Calendar: Key dates and deadlines

• Basic Documents, pp. 97-99

  JULY 15: ERAS opens for osteopathic programs
  AUGUST 15: TIVRA opens
  OCTOBER 15: TIVRA closes
  DECEMBER 31: Annual report due to OPTI
  JANUARY: NMS ROLIC opens/closes for entry of rankings
  FEBRUARY: AOAIRP Match results (second Monday)
  MARCH 31: AOA program fees due
  APRIL: ERAS registration and fees; AODME annual meeting
  MAY 1: Deadline to notify OPTI of COMLEX 3 status of OGME2 trainees
  JUNE 30: Deadline to update Opportunities
Applicant selection and onboarding

- Recruiting and selecting candidates
- ERAS
- The Match
- Contracts
- Orientation
ERAS:
Electronic Residency Application Service

• Use of ERAS is required by AOA for OGME1 positions
• Timeline
  – Registration: February – April ✓
  – MyERAS opens to applicants: July 1
  – ERAS opens to DO programs: July 15
ERAS tools

- New: web-based platform for 2015
  [www.aamc.org/services/eras/365708/web-based.html](www.aamc.org/services/eras/365708/web-based.html)
- Local data – customize fields
- ERAS Data Filter (under Tools)
  - SSN, gender, ethnicity, photo, birthdate, etc.
- Application filters and sorts
- Applicant scoring
Interviews

- Format: standard questions or not?
- What’s OK to ask?
  - Institution policy
  - Employment law
Interview questions not to ask!

- Anything **not directly related to ability to perform the job**: age, marital status, children, religious affiliation, medical history, etc.
  - “Are you sure you can handle residency at your age?”
  - “Do you plan to start a family during internship?”
  - “Does your religion allow you to work on Sunday (or Saturday)?”
Interview questions

- Alternative: state the requirement then ask **ALL** applicants if they are able to perform.
- Requires all interviewers to be on board with a standard format.
  - “Residents are on their feet for long hours. Are you able to do that with or without reasonable accommodation?”
  - “Shifts on weekends are required as part of this program. Will you be able to work that schedule, with or without difficulty?”
Communication with candidates

• Per AOA, candidates and programs
  – May express interest
  – May indicate general ranking status (very likely, likely, not likely)
  – May not ask for or imply need for commitments
  – May not pressure for ranking status
Communication with candidates

• Caveats
  – Applies to everyone associated with the program (e.g. residents)
  – AOA email and telephone hotline for violations
  – Penalty: Institutions may be sanctioned by the AOA and prohibited from recruiting in the subsequent Match
The Match

• Administered by National Matching Services

• Timeline
  – Program registration: August-September
  – Program listings: November
  – ROLIC open: January
  – Match results: February
    • Contracts to candidates within 10 days
    • Returned to program within 30 days
  – NRMP and SOAP: March – “black out” period for osteopathic programs to communicate with candidates
The Match

• Caveats
  – Who to rank and how many?
  – Reverting positions

• Data on Match results
  – NMS website: www.natmatch.com
  – AOA website: www.osteopathic.org

• AOA Post Match: www.aoapostmatch.osteopathic.org
Preparing for orientation

• In advance of orientation
  – Contract
  – Licensure application
  – Demographic information
  – Rotation planning/electives
  – Required documents for file
  – Information on area – housing, etc.
  – Benefits information and enrollment
  – Institutional forms
  – Orientation schedule
Licensure and verification

- Allow for sufficient time
- Primary sources verification
- Criminal background checks
- OIG checks: [www.oig.hhs.gov](http://www.oig.hhs.gov) > select Exclusions Database
At or before orientation

• Get your documents!
  – Med school diploma, transcripts
  – Gap form (*** update at end of training)
  – I-9 form
  – Payroll forms
  – Copies of Social Security card, photo id, BLS/ ACLS certification, etc.
  – IS security agreements
The orientation program – required elements

- Overview of P&P
- Information to include per AOA
  - Administrative and professional organization of the program
  - Duties, professional ethics and conduct toward other members of the health care team
  - Nursing
  - Social Services, Risk Management, Quality assessment
  - Lab, Pharmacy, Dietary/Nutrition
  - Medical records
- Orientation survey
The orientation program – other content

- Operationalize house staff duties and responsibilities
- Chain of command
- Patient care guidelines and policies
- Clinical review
- EMR training
- Skills
  - H&P
  - Communication and handoffs
  - Procedures
Advancement

- Recommendations by program director to DME/MEC
- If at risk, initiate appropriate performance improvement plan and follow due process
- Verify completion of COMLEX 3 for OGME-2 trainees; send report to OPTI
- Prepare contract packets
We made it to June!

For all
• File audits
• Resident reports and program director evaluations

For graduates
• Final Assessment (copy to OPTI)
• End of training/last day attestation – items to return
• Updated gap form
• HR/payroll
• IS security
• Releasing the diploma
Thank you!

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