EMARC

Emergency Medicine Association of Residency Coordinators

This manual is designed to help new program coordinators acclimate to the life managing an Emergency Medicine residency program. There is a timeline of general events to help you organize and prioritize your daily, weekly, and monthly projects. Feel free to use any of the tools contained in this document and edit so that they work and best meets your needs.

This manual is a continual work in progress!

Please email your comments, questions, concerns, or any important information you feel should be included to our EMARC Leadership:

EMARC Chair: Michele "Miki" Floring miki.adairrusso@gmail.com
EMARC Vice Chair: Sarah Fallon smfallon@medicine.wisc.edu
Outgoing EMARC Chair: Melanie Pigott pigott@musc.edu

Thanks & Enjoy!
Melanie Pigott, Medical University of South Carolina & Miki Floring, Maricopa Center (revised February 2020)
Annette Martinez-Lievanos & M. Mia Barrozo, Arrowhead Regional Medical Center (revised April 2018)
Miki Floring- Maricopa Medical Center & Jana Ricker- Maine Medical Center (January 2017)

Contents

Items throughout this manual in BLUE are links to websites, emails or sample documents.

Welcome to the Emergency Medicine Association of Residency Coordinators (EMARC)!

EMARC is an organization structured within the Council of Emergency Medicine Residency Directors (CORD), established to provide educational opportunities and professional development for residency coordinators.

We have a wonderful support group! Reach out any time you have questions.

Sign up for the EMARC Community:
The EMARC Community is located on the CORD Community site. https://community.cordem.org.
From the main page communities tab >> online communities >> then you can choose 'all communities' or 'my communities'. If you don't know your login or aren't yet signed up; send an email to tgreenwood@cordem.org and she'll get you set up.

Be sure to edit your profile & set preferences for notifications (real time or a daily digest). In the EMARC Community you can post messages on the page or send a direct email cordem-emarc@connectedcommunity.org and it will post.

New Program Coordinator Resources:
CORD Community site: https://community.cordem.org
From the main page communities tab >> communities of practice >> EMARC >> EMARC Resources
Here you'll find a PC manual, academic year timeline, FAQs, and other helpful items.

Join our Facebook page:
Emergency Medicine Association of Residency Coordinators (EMARC)

EMARC Mission Statement, Vision & History

Purpose

The Emergency Medicine Association of Residency Coordinators (EMARC) is a committee of the Council of Emergency Medicine Residency Directors (CORD), established to provide educational opportunities in the field of graduate medical education for residency and fellowship program administrators, to encourage excellence in the administration of emergency medicine residency and fellowship programs, and to provide a forum for professional growth and a means for exchange of information.

Vision Statement

Enhancing emergency medicine graduate medical education by sharing information and expertise.

Mission Statement

The Emergency Medicine Association of Residency Coordinators (EMARC) is dedicated to promoting and enhancing graduate medical education in the specialty of emergency medicine by providing a foundation as an educational resource, to foster the exchange of knowledge, skills and information for its members.

EMARC History

In the mid 1990's, a private company presented an educational workshop for EM Residency Coordinators. Two years later, EM Residency Coordinators (Shari Augustine, Donna Morgan, Marie Wegeman and Jackie Strange) that attended these workshops worked together to provide an educational format that was organized and operated by the EM Residency Coordinators.

These annual workshops were held in conjunction with the SAEM Annual Meeting to obtain the best exposure for attendance.

In 2001, it became evident to the participating EM Residency Coordinators that our informal group needed to become more structured. We needed a formal organization that would be governed and operated by the EM Residency Coordinators.

A volunteer committee of 6 residency coordinators was charged with investigating options for our group's structure and affiliation. The results of their efforts were shared with the residency coordinators at the 2002 annual workshop. Emergency Medicine Association of Residency Coordinators (EMARC) was born. The residency coordinators that attended this forum approved the mission statement and goals of EMARC and voted on the organizational structure and affiliation with the Council of Residency Directors (CORD). An Interim Executive Committee was formed to create EMARC's by-laws and to set terms for affiliation with CORD.

In 2003, the members of EMARC approved the By-laws and affiliation agreement with CORD and elected their first Executive Committee.

Founding Executive Committee members were:

Chairman: Anne Hoffmann- New York Presbyterian

Vice Chairman: Marie Wegeman- Louisiana State University

Secretary: Christine Rupkey- University of Michigan

Treasurer: Stephanie Morville – Johns Hopkins University

Members at Large:

Jane Kane – Maine Medical Center

Lisa Turner – University of Connecticut

Nina Van Cleave - University of Maryland

Pat Ciampa – Brigham and Women's

Cheryl Gallagher – Brigham and Women's

CORD EMARC Community

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If you have a question for the EMARC Chair/Vice-Chair, email:

- EMARC Chair, Michele "Miki" Floring miki.adairrusso@gmail.com
- EMARC Vice Chair: Sarah Fallon smfallon@medicine.wisc.edu

EMARC Program Coordinator Mentor Program

The EMARC Mentor Program is a way to buddy with another EM coordinator in a similar size program and/or in the same region as you. This is a wonderful opportunity for new and seasoned coordinators to have a dedicated person to contact with questions. Why recreate the wheel and struggle when we are all doing the same job?

Having a buddy also means you won't be alone at our annual conference! You and your mentor can make plans to get coffee, have a snack, or enjoy lunch together.

To submit a request for a mentor, please email Krista Morley (Krista.Morley@sluhn.org)

Mentor Requirements & Expectations
To serve as a mentor, a PC must:

- Have served as a Program Coordinator for >1 year.
- Be willing to commit to a mentee for 12 months, upon being paired.
- Be able to dedicate up to 7 hours over the course of 12 months.
- Demonstrate enthusiasm for graduate medical education and the PC role.
- Demonstrate consistent ability to meet GME & ACGME deadlines.
- Be knowledgeable and skilled at utilizing resources.

Expectations	Time investment/*timeline*
Complete program intake form: Initial meeting topic list	30 minutes *Upon signing up to participate as a mentor*
Schedule an initial virtual meeting with your mentee. Consider facetime/skype/etc Take you & your mentee's program intake forms and the initial meeting topic list along as resources.	30-60 minutes *Within 1 month of being paired with a mentee*

Introduce your mentee on the Facebook site or EMARC Community Come prepared with information about his/her educational and professional background, as well as 3 fun facts.	10 minutes prep, 2-minute presentation *Within 2 weeks of initial meeting*
Reach out to your mentee monthly (a quick phone call, email, or chat.) Make yourself available to answer questions and give advice on an as-needed basis.	5-20 minutes per month *Monthly*
If attending CORD, plan to connect with your mentee for coffee, a meal or a break time to check in.	15 minutes – 1 hour or longer 1x a year
Total	4 - 7 hours (over 12 months)

EMARC Program Coordinator Mentor Program Example: First Meeting Outline

These are suggestions to give your mentor/mentee pair a framework and some ideas.
Please feel free to adapt as needed!

Consider taking to the meeting:

<u>Mentor</u>   <u>Mentee</u>
CV/resume   CV/resume
ACGME Changes   Position description
Photos to share*   Photos to share*

*These could be from your recent ski trip or 5K, your adorable dog, your 1-year-old playing in his birthday cake – anything to get the conversation flowing.

- **General introduction**
  - Who you are
  - Professional background – education, work history, time at Institution
  - Personal info you feel comfortable sharing – hobbies, family life, where you grew up, etc.

- **Positions**
  - Describe your current role. Do you coordinate students, residents, fellows, all? How many trainees are in each program? What portion of your FTE is dedicated to GME? What other aspects does your role include?
  - Discuss overlaps in the mentor and mentee's positions. There may be other similarities besides GME, such as medical student clerkships, HR functions, or faculty admin support.

- **Expectations**
  - What made you want to be a mentor/mentee? What are you hoping to gain from this experience?
  - How often would you like to meet over facetime/skype/in person?

- How do you generally prefer to be contacted?

- **Mentee**: What questions, concerns, inexplicable acronyms, etc. have arisen so far in your position?

- **Mentor**: What do you remember about your first year as a PC? What do you wish you had known when you started? What did you find most helpful as you learned your role? What advice do you have for someone just starting out as a PC?

- **Seasonal Check-in**
  - What is currently going on in the PC world? Is it recruitment season? Time to do a WebADS update? Preparing for an annual program review? Need to order graduation certificates?
  - Consider looking through minutes from the most recent PC and/or GMEC meeting to guide this discussion and answer any questions that arise.

- **Next Steps**
  - Set up your next meeting, or phone/email check-in.

Acronyms & Important Websites

AAEM: American Academy of Emergency Medicine http://www.aaem.org/

AAMC: American Association of Medical Colleges https://www.aamc.org/

ABEM: American Board of Emergency Medicine https://www.abem.org/public/

ACEP: American College of Emergency Physicians https://www.acep.org/

ACGME: American Council on Graduate Medical Education
            http://www.acgme.org/Program-Directors-and-Coordinators/Overview

ACLS: Advanced Cardiac Life Support

AHME: Association for Hospital Medical Education http://www.ahme.org/

AMA: American Medical Association
            http://www.ama-assn.org/sub/accelerating-change/index.shtml

APD: Associate/Assistant Program Director

ATLS: Advanced Trauma Life Support

AWLS: Advanced Wilderness Life Support

AY: Academic Year

BLS: Basic Life Support

CCC: Clinical Competency Committee

CLER: Clinical Learning Environment Review

CME: Continuing Medical Education

CORD: Council of Emergency Residency Directors https://www.cordem.org/

CPC: Clinical Pathologic Case

CV: Curriculum Vitae (resume)

ECFMG: Education Commission for Foreign Medical Graduates http://www.ecfmg.org/

EMARC: Emergency Medicine Association of Residency Coordinators
                https://www.cordem.org/communities/communities-of-practice/emarc/

EMS: Emergency Medical Services

EMRA: Emergency Medicine Residency Association https://www.emra.org/

EPA: Entrustable Professional Activity

ERAS: Electronic Residency Application Services https://www.aamc.org/services/eras/programs/
                Help Desk: 202-828-0413 Monday-Friday 8am-6pm, ET

FCVS: Federation of State Medical Boards http://www.fsmb.org/licensure/fcvs/

FMG: Foreign Medical Graduate

GME: Graduate Medical Education

IMG: International Medical Graduate

NBME: National Board of Medical Examiners
                http://www.nbme.org/

NP: Nurse Practitioner

NRMP: National Residency Match Program https://r3.nrmp.org/viewSplashPage

PA: Physician Assistant

PALS: Pediatric Advanced Life Support

PDSA: Plan Do Study Act

PEC: Program Evaluation Committee

PGY: Post Graduate Year

PIF: Program Information Forms

PLA: Program Letter of Agreement

PMP: Prescription Monitoring Program

PRAT: Post Residency Assessment Taskforce (Annual Graduate and Employer Survey)

RRC: Residency Review Committee

SAEM: Society for Academic Emergency Medicine https://www.saem.org/

SDOT: Standardized Direct Observational Assessment Tool

SLOE: Standardized Letter of Evaluation
               https://www.cordem.org/resources/residency-management/sloe/

TAGME: Training Administrators of Graduate Medical Education http://tagme.org/

USMLE: United States Medical Licensing Examination http://www.usmle.org/

* *For a full list of acronyms, please refer to the Coordinator Resources Page*

LINKS TO SAMPLE DOCUMENTS

Applicant Itinerary: [Sample Applicant Schedule (Applicant Folder)](#)

CCC Milestone Assignment Form: [Sample Milestone Assignment Form](#)

CCC Milestone Chart: [Sample Milestone Chart](#)

CCC Resident Evaluation Form: [Sample Eval Form](#)

Daily Shift Evaluation: [Printable Daily Shift Eval](#) or [Electronic Daily Shift Eval](#)

Examples of Discriminatory Interview Questions: [Examples](#)

Exit Survey for Applicants: [Sample Exit Survey](#)

Interview Schedule: [Sample Interview Schedule - Faculty](#)

In-Training Exam Online Examination Responses: [Member Responses to Online Exam](#)

No Thank You Letter - Recruitment: [No Thanks Sample](#)

Nursing Evaluation of Resident Form: [Sample MSF Nursing Eval](#)

Orientation Schedule Template & Intern shadow shift schedule during their orientation month: [Sample Orientation Schedule](#) *This google sheet has tabs for the lectures, intern shadow shifts, things to cover and orientation month outline*

Patient Evaluation of Resident Form: [Sample Patient Eval](#)

Peer to Peer Eval Form: [Sample Peer to Peer Eval](#)

PRAT Consent Form: [PRAT Consent](#)

Procedure Evaluation Form: [Printable Procedure Eval Form](#) or [Electronic Procedure Eval](#)

Program Evaluation Committee Template: [PEC Template](#)

Recruitment Do's & Don'ts: [Do's & Don't for Interviewers](#)

Resident Travel Approval Request: [Sample Conference Request Form](#)

Resident Dashboard: [Sample Resident Dashboard](#)

Resident Summary Sheet: [Sample Summary Sheet](#)

SDOT with Milestones: [Sample SDOT](#)

Semi Annual Evaluation: [Sample Semi Annual Eval](#)

Summative Evaluation: [Sample Summative Eval](#) or [Sample Final Eval](#)

Wait List Letter: [Wait List](#)

Weekly Milestone Evaluation: [Sample Weekly Milestone Eval](#)

Sample documents can be download to Word, Excel or PDF. You are also able to make a copy to your drive that you can edit.

Timeline

Below is an example of an Emergency Medicine Residency Program Timeline. Some of the items may not pertain to your program. This is simply to give you an idea of the items that come up throughout the year. Feel free to tailor the timeline to fit the needs of your program.

Monthly

- ❑ Email conference group Didactic schedule
- ❑ Check duty hours
- ❑ Check procedure logs
- ❑ Check Rosh Review tests or CORD exams
- ❑ Check Patient Follow-Up logs (our residents have to log 3 patients each month they are in the ED)
- ❑ Review upcoming Elective, Teaching, Admin, & Other Off-service rotations
- ❑ Send out evaluations/ Rotation evals
- ❑ Calculate average # of patients per ED shift per PGY-2 & PGY-3 resident
- ❑ Journal Club articles go out
- ❑ End of month didactic feedback goes out to presenters
- ❑ SDOT assignments- send reminder emails
- ❑ Email reminder for those moonlighting to log their duty hours
- ❑ Education Committee meeting- reminder email for agenda topics

Semi-Annual Evals

- ❑ Checklist
- ❑ Milestones
- ❑ Self Evals
- ❑ Peer Evals
- ❑ Patient per ED shift goes out
- ❑ Faculty eval summary report with date ranges from last eval & milestones
- ❑ Procedure logs

July

- ❑ Update ABEM with new & current resident information
- ❑ Select date for graduation in June
- ❑ Select PGY-2 EMRA rep
- ❑ Send EM important dates to: Off-service chiefs/coordinators/PD's (In-Service Exam, Retreat, Graduation)
- ❑ ACEP- prepare for meeting in the Fall. Check into reserving a table for the Residency Recruitment Fair
- ❑ ACGME WebADS annual update comes out
- ❑ Compile and input information into AMA FREIDA, GME Track, ABEM annualsurvey, ACGME WebADS, EMRA, department website, SAEM

August

❑ Update program website

❑ ERAS opens 9/15! Get ready!

❑ Compile and input information into AMA FREIDA, GME Track, ABEM annualsurvey, ACGME WebADS, EMRA, MMC website, SAEM

September

❑ Fall Resident Wellness Retreat (Chief's organize)

❑ Annual Residency Photo

❑ 9/15 ERAS opens

❑ Create filters w/ PD

❑ Set timelines (invites, waitlist, decline, etc.)

❑ Review applicant evaluation form/scorecard

❑ Register with the NRMP- email comes out

❑ Get match history on all applicants that are not current medical students

❑ Will receive an email re: quota (# of spots available make sure yours iscorrect)

❑ Write down Important Dates to be aware of

❑ Deadline for Rank list

❑ Match week

❑ Match Day

❑ Recruitment Prep

❑ Set up reservations for interview season dinners

❑ Plan lunch for interview days

❑ Go through any handouts to applicants & update if needed

❑ Order name tags for applicants to wear during interviews

❑ Update letters sent to applicants

❑ Invitations

❑ Wait list

❑ Rejection

❑ Reminder for interview day

❑ Score sheet/score spreadsheet on ranking applicants

❑ CCC meeting & prep

❑ Resident Peer evals on PGY-3's get sent out prior to CCC meeting

❑ PGY-3 semi-annual reviews start after CCC meeting is held

❑ Self-evals & goals go out prior to CCC meeting

October

❑ ACEP

❑ Interview Season

❑ ACGME Survey goes out to Faculty & Residents

❑ Residents evaluate Faculty

❑ October 1st - Dean's letters released

November
- ❑ CCC meeting & Prep
- ❑ PGY-2 semi-annual reviews start after CCC meeting
- ❑ Resident Peer evals on PGY-2's get sent out prior to CCC meeting
- ❑ Self-evals & goals go out prior to CCC meeting
- ❑ Interview Season

December
- ❑ CCC meeting
- ❑ PGY-1 semi-annual reviews start after CCC meeting
- ❑ Resident Peer evals on PGY-1's get sent out prior to CCC meeting
- ❑ Self-evals & goals go out prior to CCC meeting
- ❑ Interview Season
- ❑ Send out regret to interview Letters
- ❑ PEC meeting
- ❑ ABEM starts emailing about registering residents for the In-Service Exam

January
- ❑ Schedule Chief Resident/PD Breakfast in February
- ❑ Selection for the next chief's (print the job description out for each PGY-2)
- ❑ Finish Interviews
- ❑ Create a PowerPoint for Match Meeting
- ❑ Final Rank meeting/finalize NRMP match list
- ❑ Submit Match List (Jan. 31)
- ❑ Prepare for SAEM conference (May) Check into reserving a table for the Residency Recruitment Fair

February
- ❑ Chief selection ballots go out to: nursing leadership, faculty, & residents
- ❑ Solicit residents for feedback for annual curriculum review in March
- ❑ Faculty evals of curriculum
- ❑ Annual Evaluations
- ❑ Faculty eval effectiveness of program (curriculum)
- ❑ Residents eval program
- ❑ In-Service Exam (last Wednesday of the month)
- ❑ No resident is scheduled to work the night of and the day of in-service.
- ❑ PA coverage & Off-services need to know and be reminded of this. No resident can work 11-7 or 10-6 shift. ED resident should be out at 10:00 pm, MUST leave by 11 pm.
- ❑ 225 multiple choice questions
- ❑ Approx. 4.5 hours to complete
- ❑ ABEM emails the exam registration link to the program, you must register your residents online now through ABEM

March
- ❑ CCC meeting & prep
- • PGY-2 semi-annual reviews start after CCC meeting
- • Resident Peer evals on PGY-2's get sent out prior to CCC meeting

- Self-evals & goals go out prior to CCC meeting

❑ CORD
❑ Begin the process of new residents
❑ Match Day!
❑ Curriculum Review Meeting (annually)
❑ Program Directors start working on block schedule
❑ blank didactic calendar needed to plan next academic year sessions/reserve conference room for next academic year didactics if needed
❑ Send out photos w/ contact info introducing matched applicants to department
❑ Mentors- email the names to faculty for volunteers
❑ Start checklist for incoming and outgoing residents
❑ Plan interview dates for next year
❑ Update Website- email interns/residents the bio questions, asking for any updates, changes, or pictures.
❑ Chief Resident/PD Breakfast mid-May current/incoming chief's
❑ Revise recruitment materials
❑ Update handbook- Manual ABEM reading list (LLSA) & CORD test (may need to email the administrator)
❑ Update EM pocket guide & EM US handbook
❑ Order graduation gifts
❑ Spring voting of graduation awards
❑ Need emails/address of graduating resident's parents

April
❑ CCC meeting & prep
❑ PGY-3 semi-annual reviews start after CCC meeting
❑ Resident Peer evals on PGY-3's get sent out prior to CCC meeting
❑ Self-evals go out prior to CCC meeting- grads do self eval w/ 5 yr goals
❑ In-Service results come back (resident scores, national scores, and curve)
❑ Graduation planning and finishing touches
❑ Awards
❑ Gifts
❑ NERD- residents can attend but must fund their own way
❑ ABEM certificate cycle comes out for grads 4/15 starts
❑ Resident evaluation of faculty

May

- ❑ CCC meeting
- ❑ PGY-1 semi-annual reviews start after CCC meeting
- ❑ Resident Peer evals on PGY-1's get sent out prior to CCC meeting
- ❑ Self-evals & goals go out prior to CCC meeting
- ❑ SAEM- residents table- need 1 resident and 1 faculty (banner, giveaways, interview packets (40 approx.), and t-shirts at table)
- ❑ Chief new/old breakfast
- ❑ PEC meeting

June

- ❑ Orientation- lunch with interns
- ❑ * check to see when (State/Region) ACEP summer gathering/meeting is. Try to have interns attend if possible.
- ❑ Meeting with EM Leadership:
- ❑ Toxicology Director
- ❑ ED Care Coordinator
- ❑ Research Director
- ❑ New Chiefs
- ❑ Medical Director
- ❑ EM Peds Director
- ❑ Communications & Quality
- ❑ Psychiatry ED Director
- ❑ EMS Director
- ❑ Chief
- ❑ RN Managers
- ❑ Coordinator
- ❑ Ultrasound Directors (US Bootcamp)
- ❑ PD/APD (3-4 hours)
- ❑ During Orientation week, need to sign up for shadowing in ED 3-hour shift in the department
- ❑ Need copy of Medical School diplomas
- ❑ Graduation Checklist
- ❑ Grads need to sign CORD post graduate survey form
- ❑ Welcome Picnic
- ❑ Exit paperwork
- ❑ Assist with training verification forms for current or past graduates
- ❑ Email moonlighting policy and form to PGY-2's & PGY-3's
- ❑ Contact hospital switchboard with new resident pagers & emails as well as graduate names.
- ❑ New Intern bio emails go out to faculty, nursing, etc.
- ❑ Graduation
- ❑ List of attendees
- ❑ Invitations
- ❑ Venue/location
- ❑ Decor
- ❑ Catering

- [ ] New interns invited
- [ ] Grad program on all tables
- [ ] Grad info (spouse, children, position) to PD as a reminder
- [ ] Table tent for graduates & families to reserve prime tables for them
- [ ] Awards table- clock behind each diploma **(empty diplomas)**
- [ ] PowerPoint of Grads

Roles/Responsibilities of the Program Coordinator

Responsible for administration of the residency program as outlined in the ACGME requirements and institutional graduate medical education guidelines.

Accreditation

- Process ACGME paperwork
- Update WebAds with resident information
- Coordinate preparations for self-study
- Coordinate preparations for site visit

Alumni

- Provide assistance with any additional information they need from

Residency Budget

- Maintains the residency budget
- Processes payment for all residency GME expenses
- Prepare check requests, travel authorizations, fund reimbursements and expense reports

Communication

- Maintains communication with residents to ensure compliance with policies and procedures
- Distributes resident rotation schedules to faculty, residents, off-service departments
- Responds to inquiries regarding residency program
- Prepares and distribute all post-graduation emergency medicine verifications
- Transcribes letters, reports and other written communication on behalf of PD
- Schedule meetings
- Handle confidential communication

Conferences

- Assist the Assoc. PD with the monthly didactic schedule
- Keep attendance for faculty & residents in software program
- Gather and track conference evaluations
- Journal Club – prepare and distribute
- Send out conference evaluations at the end of the month.

CORD

- Maintain CORD testing site
- Distribute monthly exams to resident and resident mentor
- Collect releases from graduates for PRAT

Courses

- Arrange PALS, ATLS, In-Service certification exam

Credentialing

- Assist the resident with all required paperwork thru this process
- Prepares and distributes all post-graduation emergency medicine verifications
- Manages software to produce residency applications (ERAS) and rank list (NRMP)
- Distribute information on candidates to faculty interviewers
- Distribute applicable information to all candidates
- Communicates with all applicants via ERAS throughout interview season.
- Notary Public

Graduation

- Organize the ceremony
- Invite attendees
- Organize awards
- Order diploma accessories
- Order plaques for award recipients
- Order invitations and distribute
- Ensure graduates have met all residency requirements prior to the end of June

Management

- Manages and coordinators the daily operations and logistics for the EM residency program
- Acts for and regularly makes decisions on behalf of PD, within prescribed limits of authority

Meetings

- Schedule meetings for Program Director
- Prepares agendas
- Prepare and maintain meeting minutes

Mentoring

- Mentor and support ED residents

Moonlighting

- Manage and maintain resident moonlighting time

Resident Management Services
(New Innovations/Medhub/ Evalue/ Etc)

- Responsible for managing whole program (Become a SUPERSTAR and proficient)
- Evaluations – by residents and faculty

- Schedules
- Procedure Log
- Duty hours
- Patient Care Follow-Ups
- Didactic calendar
- Block Schedule
- Archive information on graduates

Recruitment
- Manages extensive initial contacts via emails, telephone and written correspondence
- Invite and schedule applicants
- Communicate with letters of regret to applicants not selected to interview
- Serve as an information source for the program
- Develops and maintains any and all materials used by faculty during interview of candidate
- Manages review of residency applications
- Coordinates applicant interview day
- Plans and arranges interview social activities
- Tracks and maintains evaluation scores of interviewed applicants and prepare data for initial match rank list
- Coordinates and participates in resident ranking meeting
- Prepare and submit final ranking list to NRMP
- Verify statistics used for reporting to FREIDA

Residency Coordinator Group
- Participate and play an active role in EMARC and your GME office
- Make annual revisions, get published, distribute Residency Programs
- Serve as liaison with other departments and affiliated institutions
- Prepare and coordinate annual program evaluation to be conducted by residents & faculty
- Serve as liaison with departmental faculty on any resident issue
- Engage with GME at home institution to advocate for your residency program

Resident Evaluations
- Distribute, collect and tabulate all evaluations regarding residents, rotations and faculty – twice per year
- Prepares information for PD so he is ready to conduct the evaluation

Resident Folders
- Maintains personnel folders for all residents

Resident Orientation
- Coordinates general orientation of new residents

- Assists new residents with "settling in" to ensure smooth transition
- Coordinates IS assignments such as pagers and computer access.
- Attend GME orientation

Resident Rotations
- Coordinate rotations, including electives
- Prepare and distribute evaluations for each rotation

Resident Surveys
- Coordinates and does all annual surveys

Sick Time
- Manage and maintain resident sick time, vacation time, FMLA leave, etc.

Vacations
- Manages the resident vacation time to ensure policies are being followed according to Institution, Program, ACGME, & ABEM.

Website
- Revise and maintain residency information for residency recruitment
- Provide updates to GME office to do online changes

CCC (Clinical Competency Committee)

The CCC is a required body comprising three or more members of the program faculty. The program director may appoint additional members as deemed necessary. The additional members must be physician faculty members within your program, another institutional program, or other health professionals who have extensive contact and experience with the program's residents in patient care and other health care settings. A written description of the responsibilities of the CCC must be on file.

The CCC must review all resident evaluations semi-annually; prepare and ensure the reporting of Milestones evaluations of each resident semi-annually to the ACGME; and advise the program director regarding resident progress, including promotion, remediation, and dismissal.

Examples if items to provide the CCC:

- Daily shift cards
- Procedural and Clinical Competency Evaluations
- Procedure Logs
- Off-Service Evaluations

- Simulation Evaluation Forms
- Conference Attendance
- In-Training Exam Scores
- Reading Group Quizzes
- Duty Hour Logging Noncompliance Issues
- Professionalism Issues
- Chart Deficiencies
- Mock Orals Evaluation Forms
- PBLI Log Audits
- Lecture Evaluation Summaries
- Nursing Evaluations
- Patient Evaluations

PEC (Program Evaluation Committee)

The Program Evaluation Committee must be composed of at least two program faculty members and should include at least one resident. As with the CCC, there must be a written description of its responsibilities and should participate in planning, developing, implementing, and evaluating educational activities of the program; reviewing and making recommendations for revision of competency-based curriculum goals and objectives, addressing areas of
non-compliance with ACGME standards, and reviewing the program annually using evaluations of faculty, residents, and others.

The PEC must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written, annual program evaluation.

Intro to the American College of Graduate Medical Education (ACGME)

What They Do

The ACGME **accredits** Sponsoring Institutions and residency and fellowship programs, confers **recognition** on additional program formats or components, and dedicates resources to **initiatives** addressing areas of import in graduate medical education. The ACGME employs best practices, research, and advancements across the continuum of medical education to demonstrate its dedication to enhancing health care and graduate medical education. The ACGME is committed to improving the patient care delivered by resident and fellow physicians today, and in their future independent practice, and to doing so in clinical learning environments characterized by excellence in care, safety, and professionalism.

Accreditation

The ACGME is a private, 501(c)(3), not-for-profit organization that sets standards for US graduate medical education (residency and fellowship) programs and the institutions that sponsors them, and renders accreditation decisions based on compliance with these standards. In academic year 2015-2016, there were approximately 800 ACGME-accredited institutions sponsoring approximately 10,000 residency and fellowship programs in 150 specialties and subspecialties. Accreditation is achieved through a voluntary process of evaluation and review based on published accreditation standards. ACGME accreditation provides assurance that a Sponsoring Institution or program meets the quality standards (Institutional and Program Requirements) of the spe cialty or subspecialty practice(s) for which it prepares its graduates.

ACGME accreditation is overseen by a Review Committee made up of volunteer specialty experts from the field that set accreditation standards and provide peer evaluation of Sponsoring Institutions and specialty and subspecialty residency and fellowship programs.

==Any coordinators with questions about ACGME specific requirements, forms - don't hesitate to reach out on the EMARC Community.==

EM Procedure Requirements

Adult Medical Resuscitation: 45	Dislocation Reduction: 10
Adult Trauma Resuscitation: 35	Intubations: 35
ED Bedside Ultrasound: 150	Lumbar Puncture: 15
Cardiac Pacing: 6	Pediatric Medical Resuscitation: 15
Central Venous Access: 20	Pediatric Trauma Resuscitation: 10
Chest Tubes: 10	Pericardiocentesis: 3
Procedural Sedation: 15	Vaginal Delivery: 10
Cricothyrotomy: 3	

Data Collection Systems (WebAds)

Log into the Accreditation Data System

The ACGME Data Collection Systems comprise the Accreditation Data System (ADS), which includes the Case Log System, and the Resident/Fellow and Faculty Surveys.

ADS is a web-based software system that contains critical accreditation data for all Sponsoring Institutions and programs. It is a tool to collect and organize information for accreditation purposes and serves as a means of communication between the ACGME and Sponsoring Institutions and programs. It is also used internally by the Department of Field Activities and the staff of the Review Committees in conducting accreditation activities. ADS incorporates several applications and functions, including the Annual Update, Milestones, Case Logs, and the application for accreditation.

The Department of Field Activities uses ADS for site visit scheduling and housing site visit reports for submission to the Review Committees, and programs use ADS to evaluate site visitors. The Clinical Learning Environment Review (CLER) Program uses ADS to schedule CLER visits and manage additional details of the CLER process.

The Resident/Fellow and Faculty Surveys are managed in a separate system in order to protect and preserve anonymity and confidentiality. Conducted annually, the surveys poll program residents/fellows and faculty members to collect critical evaluations of components of their programs to assist in their review for the purposes of accreditation. The Surveys are only accessible by those participating during specific windows during the academic year. These participation windows are communicated directly to institutions and programs via email. All accredited programs are required to meet a minimum level of participation compliance with the ACGME Surveys.

The majority of data is available only to individuals with login credentials. Public-facing data is available here. Logins are provided to designated institutional officials (DIOs), program directors, program coordinators, residents and fellows, and faculty members participating in surveys. Users have access to the following systems:

Sample Forms: WebAds Tracking Sheet

Program Director: ADS, including Case Logs for viewing reports DIO: ADS,
including Case Logs for viewing reports Residents/Fellows: Case Logs and
ACGME Surveys
Faculty Members: ACGME Surveys Others: Search Programs and Institutions

ACGME Staff Contact List:

Executive Director Felicia Davis, MHA
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Associate Executive Director Kate Hatlak, MsED
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Helpful Links to ACGME:

Program Director & Program Coordinator Section: PD & PC Overview

Emergency Medicine Section: EM Overview

Common Program Requirements: Common Prog Requirements

Emergency Medicine Milestones: EM Milestones

Program Requirements & FAQs: EM Program Requirements

ACGME Web ADS: WebADS

American Board of Emergency Medicine (ABEM) What is ABEM?

The American Board of Emergency Medicine (ABEM) is one of 24 medical specialty certification boards recognized by the American Board of Medical Specialties. ABEM certified emergency physicians who meet its educational, professional standing, and examination standards. ABEM certification is sought and earned by emergency physicians on a voluntary basis; ABEM is not a membership association.

ABEM Mission

The ABEM mission is to ensure the highest standards in the specialty of Emergency Medicine.

ABEM's purposes are:

- To improve the quality of emergency medical care
- To establish and maintain high standards of excellence in Emergency Medicine and subspecialties
- To enhance medical education in the specialty of Emergency Medicine and related subspecialties
- To evaluate physicians and promote professional development through initial and continuous certification in Emergency Medicine and its subspecialties
- To certify physicians who have demonstrated special knowledge and skills in Emergency Medicine and its subspecialties
- To enhance the value of certification for ABEM diplomates
- To serve the public and medical profession by reporting the certification status of the diplomates of the American Board of Emergency Medicine

* ABEM holds the interests of patients and their families in the highest standing, particularly with regard to the provision of the safest and highest-quality emergency care. ABEM addresses its commitment to patients by supporting the physicians who provide care to the acutely ill and injured, and by working to transform the specialty of Emergency Medicine.

In-training Examination Overview

ABEM develops and administers an In-training Examination (ITE). It is offered annually on the last Wednesday in February to all ACGME-accredited and RCPSC-accredited Emergency Medicine residency programs for a small fee. Programs are not required to participate in this examination.

The examination targets the expected knowledge base and experience of an EM3 resident. Unlike other ABEM examinations, the ITE does not have a passing score. It is a standardized examination that residents and program faculty can use to judge an individual resident's progress toward successful ABEM certification. There is a strong relationship between the ITE and Qualifying Examination scores. Physicians with higher ITE scores have a higher likelihood of passing the Qualifying Examination and those with lower scores have a lower likelihood of passing the Qualifying Examination.

The examination is not designed for program evaluation, and the results should not be used to compare programs or residents across programs.

ITE Requirements and Process

The purpose of the American Board of Emergency Medicine (ABEM) In-training Examination (ITE) is to provide one piece of information to Emergency Medicine (EM) residents, and their faculty, to supplement other evaluation information that may be used to determine the residents' degree of preparedness for taking the ABEM Qualifying Examination.

The ABEM ITE is available to:
- Physicians enrolled in EM residency programs that are accredited by the ACGME or Royal College of Physicians and Surgeons of Canada (RCPSC).
- Physicians enrolled in ABEM approved EM/FM, EM/IM, EM/IM/CCM, and EM/Peds combined training programs
- Physicians who have advance-matched into such a program
- See the Policy on ITE Accessibility for more information.

ABEM ITE exam dates and fees can be found on the following link: ITE Exam Dates & Fees

For residents and advance-matched physicians of newly accredited ACGME programs, the ACGME accreditation decision must be made on or before November 1 of the year prior to the examination administration in order to be eligible to take the ITE.

ABEM mails ITE registration information to all residency programs in early December, prior to the administration each year. Participating residency programs pay the established examination fee for each resident registered to take the ITE in their program. ABEM does not communicate directly with residents in this process.

Programs that participate in an ITE administration will receive detailed examination results for all of their enrolled residents who took the examination.

The 2017 ITE delivery format will be online. Each program is asked to review the minimum system requirements before determining that their site is not adequately prepared to deliver an online administration. A program that does not meet the online minimum system requirements must opt-out in writing and may use the paper format. Please note, full implementation of an

online testing format, with no paper option, will begin with the 2018 ITE administration. Additional information can be found in the FAQs. Please email training@abem.org or call 517.332.4800 ext. 388 with any questions.

Emergency Medicine Initial Certification

Certification by the American Board of Emergency Medicine (ABEM) is an important accomplishment for most emergency physicians. Certification demonstrates the physician's expertise in Emergency Medicine and is needed to practice in many hospitals. Read the Credentialing Requirements for Initial Certification. ABEM strives to ensure that its certification processes are fair, valid, and reliable. See the ABEM Policy on Bias.

There are three steps for physicians to achieve certification in Emergency Medicine after completing residency training:

- Step 1: Apply for certification and receive ABEM approval as meeting credentialing requirements for certification in Emergency Medicine.

- Step 2: Pass the ABEM Qualifying Examination.

- Step 3: Pass the ABEM Oral Certification Examination.

The ABEM initial certification process is now time-limited, and physicians are designated as "ABEM Board Eligible" during that time. See the ABEM Board Eligibility section below.

ABEM issues certificates and designates physicians who complete the certification process as diplomates of the American Board of Emergency Medicine. All ABEM diplomates participate in the ABEM Maintenance of Certification program (ABEM MOC) to maintain their certification.

ABEM Board Eligibility

Physicians must be ABEM board eligible to seek initial certification in Emergency Medicine. See the full description of ABEM Board Eligibility and related procedures.

Initial Certification Policies and Procedures

ABEM policies provide the basis for certification practices that lead to certification. See the full list of Initial Certification policies.

Electronic Residency Application Service (ERAS®) About ERAS®

The Electronic Residency Application Service (ERAS®) streamlines the residency application process for applicants, their Designated Dean's Offices, Letter of Recommendation (LoR) authors and program directors. By providing applicants the ability to build and deliver their application and supporting materials individually or as a package to programs, ERAS provides a centralized, but flexible solution to the residency application and documents distribution process.

ERAS Applications

ERAS includes four individual, but connected, applications developed to serve the needs of each user group involved in the application process and provide impartial, confidential transmission of applications to programs:

- **My ERAS** for applicants, in which students complete their applications, select programs, assign supporting documents, and submit their materials to their selected programs
- **Dean's Office WorkStation (DWS)** for Designated Dean's Offices to upload medical school transcripts and medical school performance evaluations (MSPEs) in support of applications submitted through MyERAS
- **Letter of Recommendation Portal (LoRP)** for LoR authors to submit letters in support applications submitted through MyERAS
- **Program Director's WorkStation (PDWS)** for training programs to receive and review the applications and supporting documents

How Does ERAS Work?

- Applicants receive a token from their Designated Dean's Office and use it to register with MyERAS.
- Applicants complete their MyERAS application, select programs, assign supporting documents, and apply to programs.
- Applicant's Designated Dean's Office and LoR authors upload supporting documents.
- Examining boards receive and process requests for transcripts.
- Programs receive application materials through the PDWS.

ERAS HelpDesk

Programs: 202-828-0413

LoRP: 202-862-6298

Monday - Friday

8 a.m. - 6 p.m. EST

@ERASinfo ⤴

NRMP

THE MAIN RESIDENCY MATCH®

PURPOSE

The purpose of the *Main Residency Match* is to provide a uniform time for both applicants and programs to make their training selections without pressure. Through the *Main Residency Match*, applicants may be "matched" to programs using the certified rank order lists (ROL) of the applicants and program directors, or they may obtain one of the available unfilled positions during the Match Week Supplemental Offer and Acceptance Program®. The *Main Residency Match* is managed through the *NRMP*'s Registration, Ranking, and Results® (R3®) system.

PROGRAMS THAT PARTICIPATE IN THE *MAIN RESIDENCY MATCH*

- Categorical-C: programs that begin in the PGY-1 year and provide the full training required for specialty board certification.
- Primary-M: categorical programs in primary care medicine and primary care pediatrics that begin in the PGY-1 year and provide the full training requiredfor specialty board certification.
- Advanced-A: programs that begin in the PGY-2 year after a year ofprerequisite training.
- Preliminary-P: one-year programs that begin in the PGY-1 year andprovide prerequisite training for advanced programs.
- Physician-R: programs that are reserved for physicians who have had priorgraduate medical education. Reserved programs offer PGY-2 positions that begin in the year of the Match and thus are not available to senior medical students.

Some specialties may offer both categorical and advanced type positions. Examples are Dermatology, Anesthesiology, Neurology, Physical Medicine and Rehabilitation, and Diagnostic Radiology.

Primary components of the Match include registration, creating and certifying a rank order list, and accessing Match results and reports. Because each task is completed using our secure and confidential Registration, Ranking, and Results® (R3®) system, the toolkit is built around the three "Rs" to ensure institutional officials and program directors have the information and materials needed to successfully complete each task.

REGISTRATION

Application Review & Scheduling

Most programs participating in the Main Residency Match use the Electronic Residency Application Service (ERAS®) offered by the Association of American Medical Colleges®. ERAS is a separate organization and thus requires a separate registration. Remember to **use the Applicant Match History** in the Registration, Ranking, and Results (R3) system to determine whether applicants have Match commitments or are eligible for appointment before

offering them interviews. The Applicant Match History also will indicate whether an applicant has a waiver or an active sanction. Current medical students do not need to be screened since they have no prior Match history.

- ERAS for Programs
- Data Reports and Constituent Surveys

Institution Activation, Match Registration, and Program Updates

NRMP registration for the Main Residency Match opens on September 15. **Institutional officials MUST activate the institution and participating programs before program directors and coordinators can update any information.** Once activated, program directors and coordinators should read and electronically affix their password to the Match Participation Agreement and complete the registration portion of the **program checklist**. Under the All In Policy, programs that elect to participate in the Match must register and attempt to fill all positions through the Main Residency Match or another national matching plan.

Please note that institutional officials, program directors, and program coordinators must use their own accounts to access the R3 system. Sharing login information and using of someone else's account to access the R3 system is a breach of the Match Participation Agreement and could result in penalties

- R3 System Overview
- Participant Roles and Responsibilities
- How to Register for a Match
- Create Joint A/P Program Tracks
- How to Create Reversions
- Match Fees
- Match Participation Agreements
- All In Policy

Interviews

Interviews typically begin in October and continue through January. NRMP policy requires applicants and programs to provide complete, timely, and accurate information during the application, interview, and matching processes. **Institutional officials and program directors are responsible for ensuring all staff involved in the interview and matching processes understand and adhere to the terms of the Match Participation Agreement.**

- Communication Code of Conduct
- Statement on Professionalism
- Information Programs Must Share With Interviewees
- FAQs on New Communication Policy

RANKING

Quota Changes, SOAP Participation, and Program Withdrawal

On January 15, programs can begin entering their rank order lists and setting their Match Week Supplemental Offer and Acceptance Program® (SOAP®) participation status in the R3 system. Program quotas (the number of positions offered in the Match), SOAP participation status, and program withdrawals must be finalized by **11:59 p.m. ET on January 31**. All changes must be approved by the institutional official by that time. Please note that programs cannot certify their rank order lists until changes have been approved.

Programs that choose not to participate in SOAP will not be able to fill any positions until after SOAP concludes on Thursday, March 17, at 11:00 a.m. ET.

Quotas will be changed after the January 31 deadline *only in cases of extreme emergency*, such as loss of funding or loss of accreditation, or if the ACGME approves an increase in resident complement. Requests for those exceptions must be made in writing by the institutional official and sent to the attention of the NRMP President and CEO by email at **support@nrmp.org**.

Programs accredited by BOTH the American Osteopathic Association® (AOA®) and the Accreditation Council for Graduate Medical Education (ACGME®) and jointly enrolled in the AOA and NRMP Matches that wish to increase their quotas because of unfilled positions in the AOA Match must email their requests to **support@nrmp.org no later than 5:00 p.m. ET on February 13.**

- How to set SOAP Participation
- Main Residency Match Calendar for Institutions/Programs

Rank Order Lists

Ranking opens in the R3 system on January 15 and closes on February 26, 2020, the Rank Order List Deadline. **By 9:00 p.m. ET on February 26, 2020**, a program's <u>certified</u> rank order list **MUST** be in the R3 system for it to be used when the matching algorithm is processed.
February 26 also is the deadline for creating reversions and for institutional officials to approve them. A program director cannot certify the rank order list if the program has change approvals pending; accordingly, institutional officials are encouraged not to wait until the last minute to complete these steps.

- <u>Create and Certify a Rank Order List</u>

Match Week Preparation

Between the Rank Order List Deadline and Match Week, the NRMP takes a number of steps to ensure the accuracy of Match results. Ahead of Match Week, program directors should update the program contact information in the R3 system and review the Match Week schedule and Supplemental Offer and Acceptance Program® (SOAP®) resources in case their programs do not fill. Institutional officials should update their institution's billing contact information to ensure the institution receives the Match invoice and does not incur late fees.

- What Happens Between Rank Order List Deadline and Match Day
- Match Week/SOAP Schedule
- How SOAP Works

Match Week

Dates listed below can change yearly so be sure to check Match Calendars for current dates

Match Week begins on Monday, March 16, 2020, when programs learn if they filled. For unfilled programs, SOAP also begins if they are participating. Programs receive their *Confidential Roster of Matched Applicants* on Thursday, March 16, and other Match reports are posted in the R3 system on **Match Day, Friday, March 20, 2020**. Join the celebration by sharing on social media a photo of your team or new class of residents using #Match2020.

- Upload celebratory messages and photos to NRMP's Facebook page
- Tweet celebratory messages and photos to #Match2020 and @TheNRMP

Waiver Requests

If for any reason an applicant or program cannot or will not honor a binding match commitment, a waiver must be obtained from the NRMP. Applicants and program directors are not authorized to release each other from a binding commitment. Neither can programs discuss, interview for, or offer a position to an applicant until the NRMP has granted a waiver.

- Waivers

Printing Reports Before the Match Closes

The Main Residency Match will close in the R3 system at 11:59 p.m. ET on June 30, after which Match reports no longer will be available. NRMP recommends that program directors and institutional officials **print and archive Match reports** so they can be used for Medicare cost reports, institutional and program accreditation, and other purposes. Reports should be stored in a location that can be accessed easily by others in the event a staff transition occurs. NRMP charges $200 per report for Matches closed in the R3 system, and only *Match Results by Ranked Applicants* and *Characteristics of Matched Applicants* reports will be available.

- Request a historical report

GENERAL RESOURCES

- The Match, A to Z
- NRMP "Transition to Residency" Stakeholder Conference