2026 AHME INSTITUTE

Poster Symposium 2026

Abstract Compendium

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April 29 – May 1, 2026

Association for Hospital Medical Education

Poster Symposium Committee

AHME Institute • Grand Sierra Resort • Reno, NV • April 29 – May 1, 2026

The AHME Poster Symposium showcases new concepts and practical approaches to medical education, providing educators with ideas they can use to advance their programs. The posters are selected and organized by the committee members below.

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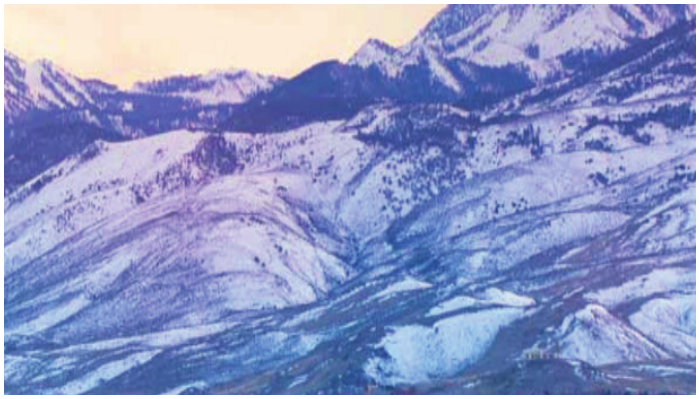

With Gratitude

The Committee extends its sincere thanks to Executive Director **Tia Drake** and AHME staff **Sandi Parsons** and **Aidan Sathoff** for their dedication and support in making the 2026 Poster Symposium possible.

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(001) Cross Country Collaboration: The Other CCC in Graduate Medical Education

Kristine E Marks, C-TAGME, Fellowship Program Coordinator - AHN Medical Education Consortium
Barbara Gohre, BSHA, CHPM, CLSSBB – GME Accreditation Manager and Program Manager, GI and ID Fellowships, Phoenix Children's; Kelly Conlon, MS, C-TAGME – Director, Medical Education, Northwell Health Eastern Region, Northwell Health; Anastasios Kapetanos, MD, FACP – Program Director, Internal Medicine, Allegheny Health Network Medical Education Consortium

Background

The ACGME emphasizes systems-based practice and professionalism as core competencies. Recent GME-only data demonstrate substantial coordinator well-being concerns: a national 2022 survey published in Academic Medicine reported 38.4% burnout, 23.9% moderate-to-severe depression, 30.4% moderate-to-severe anxiety, and 27.9% intent to leave within 12 months. Complementary residency-focused signals in 2024 (AMA aggregated report; BMC national survey) show resident burnout in the 34—42% range, reinforcing the need for institutional wellness strategies. CCC–an inter-institutional partnership formed via ACGME/AHME networking–produced peer-reviewed and conference outputs aligned with these needs.

Methods

Monthly virtual alignment meetings; complementary expertise across administration, curriculum, and accreditation; and ACGME-aligned project selection (ELS sessions, posters, manuscript). Outcomes were summarized via attendee feedback, downloads, and scholarly dissemination metrics.

Structured monthly virtual meetings were used to align goals and plan deliverables. Each meeting agenda mapped to ACGME competencies (systems-based practice; professionalism). Outputs were pursued through ACGME Annual Educational Conference and AHME Institute mechanisms, plus submission to GME journals.

Results

CCC generated 1 ACGME poster, 3 AHME posters, 2 ELS presentations, and 1 peer-reviewed manuscript (150 downloads in six months). We visualize coordinator well-being, subgroup differences, conference scholarship activity, and CCC outputs. We would be able to provide data graphs to reflect this.

Conclusion

CCC provides a replicable model for GME leaders to advance scholarship, administrative innovation, and wellness–aligned with current GME trends and priorities.

Discussion

The CCC model responds to verified coordinator and resident well-being signals with cross-institutional project design and dissemination. Coordinator subgroup differences highlight the importance of equity-informed supports. Conference metrics demonstrate that GME scholarship venues remain strong for administrative innovation and wellness dissemination.

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(002) Charting a New Course: Evaluating Resident and Fellow Abridge Usage and Perceptions Across Multiple GME Programs

Saron Mogos, C-TAGME, GME Specialist - Corewell Health - Grand Rapids

Candace Smith-King, MD – VP, Academic Affairs |DIO, Corewell Health in West Michigan; Grant Heller, PhD, BCB – Principal, Well-Being, Corewell Health in West Michigan; Kristin Jacob, MD – Medical Director, Corewell Health in West Michigan; Rachelle Pichot, Ph.D. – GME Research Advisor, Corewell Health in West Michigan; Justin Triemstra, MD – Director, Medical Education | ADIO, Corewell Health in West Michigan

Introduction

Graduate Medical Education (GME) programs require efficient documentation and active resident and fellow participation to ensure high-quality patient care and educational outcomes. The Abridge platform was introduced to streamline note generation and audio recording for residents and fellow physicians across multiple specialties. Understanding its usage and impact is crucial for optimizing training and workflow in clinical education settings.

The current study sought to address the persistent challenges residents and fellows face in clinical documentation, including significant time spent generating notes, difficulty balancing documentation with clinical workload, and other barriers such as fragmented workflows and cognitive burden. By evaluating the use and impact of the Abridge platform on residents and fellows, this study contributes to the growing literature on AI use in the medical field, specifically in the GME environment.

Methods

An Abridge pilot was offered to all 32 GME programs, with 19 programs electing to join, with one additional program joining partway through. Weekly usage data was collected over 12 weeks; tracking resident engagement, notes generated, and audio minutes recorded. Participation rates and specialty-specific trends were analyzed to assess adoption, barriers, and documentation efficiency. Pre- and post-Abridge data was collected on residents and fellows perceptions in the following areas: mental demand of note writing, hurried/rushed pace of note writing, effort required to write notes, burnout, ability to give patients undivided attention during encounter, hours writing notes per week outside of clinic, and confidence in the readability of notes for patients. Post-Abridge data was also collected on note quality, work satisfaction, likelihood to recommend, and helpfulness of Abridge in different clinical specialties.

Results

In total, 138 residents and fellows used Abridge, generating 4,166 notes and recording over 80,000 minutes of audio. Usage varied by specialty, with Internal Medicine and Pediatrics showing the highest engagement. Documentation efficiency improved, as evidenced by increased notes per resident and consistent audio recording. However, some programs showed minimal or no adoption, highlighting areas for targeted intervention.

Pre-Abridge survey response rate was 68% (140/206) and 45% post-Abridge was (98/220). Independent sample t-tests indicated a decrease in perceived mental demand of note writing with Abridge, $t(227) = 14.23$, $p < .001$, Cohen's $d = 3.42$, a decrease in the perception of feeling hurried/rushed when writing notes, $t(227) = 15.46$, $p < .001$, Cohen's $d = 3.72$, and a decrease in amount of effort required to write notes, $t(227) = 12.76$, $p < .001$, Cohen's $d = 3.75$. Residents and fellows reported that, with Abridge, they were able to give their patients more undivided attention during encounters, $t(224.16) = -9.15$, $p < .001$, Cohen's $d = 0.92$, spend less time writing notes outside of clinic, $t(225.07) = 5.42$, $p < .001$, Cohen's $d = 2.25$, and felt their notes were more understandable for their patients, $t(227) = -4.73$, $p < .001$, Cohen's $d = 0.92$. Although self-reported burnout did not differ significantly with Abridge use, $t(227) = 1.83$, $p = .068$, it did approach significance.

In the post-Abridge survey, residents and fellows indicated Abridge improved note quality, increased work satisfaction, and they would recommend Abridge. In terms of helpfulness, Abridge was rated best in outpatient primary care, outpatient subspecialty, and general inpatient floor settings.

Discussion

These findings demonstrate that residents and fellows engaging with Abridge perceive the tool to be helpful in many ways. Specialty-specific adoption patterns suggest the need for tailored implementation strategies. Overall, the use and impact of the Abridge platform seems to streamline notetaking, reduce time spent on documentation, and improve quality of patient encounters. These results support broader integration of digital documentation tools to improve workflow and educational

outcomes in clinical training environments.

(003) Countdown to Accreditation: A Six-Month Roadmap for Successful GME Site Visits

Kimberly A Silva, C-TAGME, Senior Manager, GME Accreditation & Operations - City of Hope National Medical Center

Araceli Jimenez, BS, C-TAGME – Institutional Coordinator, Graduate Medical Education, City of Hope National Medical Center; Megan Joanis, MPH, C-TAGME – Sr. Institutional Administrator, Graduate Medical Education, City of Hope National Medical Center; Ofelia Kiedpool, MSEd, C-TAGME – Training Program Administrator, GME - Pathology, City of Hope National Medical Center

Needs Assessment

Over the past five years, our institution has experienced significant growth in Graduate Medical Education (GME), adding four new ACGME-accredited programs and six non-ACGME fellowships. Accredited programs undergo rigorous ACGME site visits to ensure compliance and quality. With the rapid expansion of new programs, there was a critical need to prepare Program Directors, faculty, and trainees for initial site visits. A standardized process was created to guide programs through this preparation to address this gap and maintain compliance and quality standards. Due to the success of the process, this strategy was applied for all programs with anticipated site visits.

Innovation: Preparing for these visits requires a systematic, collaborative approach to minimize risk and enhance readiness. To make sure that our new and established programs are successful, the GME Accreditation and Operations team developed a structured timeline and process to streamline preparation for both institutional and program level document reviews. Once documents have been reviewed the team conducts mock site visits with identified participants. Feedback is given to the Program Director at the end of the session with recommendations.

Implementation

Created a comprehensive outline with time-based strategy to prepare for ACGME site visits that includes stakeholder engagement, documentation review, and mock site visit execution. A six-month preparation framework was implemented, involving the following key milestones:

6 Months Prior: Initial meeting with the Accreditation and Operations team, Program Director, and Training Program Administrator to review expectations, timeline and site visit documents checklist.

4 - 5 Months Prior: If site visit has been scheduled, confirm blackout dates with ACGME, schedule mock site visit dates, initiate bi-weekly meetings for checklist progress.

2 Months Prior: Receive or create official site visit date; finalize ADS and site visit packet.

1 Month Prior: Submit packet for Accreditation and Operations team final review. Distribute updated materials and approved packet to faculty and trainee, conduct faculty/trainee mock site visit prep sessions.

Mock site visits include structured interviews with Program Director, Training Program Administrators, faculty, trainees, and leadership, followed by a summary report of recommendations.

Outcomes

Conducted five (5) initial and continuing accreditation site visit preps. All programs achieved successful accreditation status. Feedback from all who participated felt it was a valuable activity. Implementation of this structured timeline improved the following:

Success: All programs achieved initial accreditation and or continued accreditation. Readiness: Programs completed ADS and documentation by deadlines. Program and participants felt prepared and ready for site visit. Engagement: Program Director, Training Program Administrator, faculty and trainees reported increased confidence for actual site visits. Efficiency: Reduced last-minute revisions and improved compliance with ACGME standards.

Reflection

A standardized, collaborative approach to site visit preparation enhances program readiness, reduces stress, and promotes continuous quality improvement for successful accreditation outcomes. This model can be adapted by other institutions to optimize GME accreditation processes. Recently the ACGME issued new protocols for program site visits, and we will be adapting our guidelines to the new protocols.

(004) Dive In: Transforming Intern Orientation Through Immersion

Nicole Hardeman, DO, DABOM, Associate Program Director- Family Medicine - Hamilton Medical Center
Tiffany Colón, N/A – GME Program Manager, Hamilton Medical Center

Problem Statement

New Family Medicine residents, whether transitioning directly from medical school or from international practice, require time to adapt to both residency training and employment within a new health system. PGY1 residents often begin clinical rotations on services not owned by the residency program, requiring simultaneous onboarding as both learners and employees. This dual adjustment has been noted by teaching faculty to negatively impact early learning and clinical confidence.

Innovation To address this challenge, our program implemented a dedicated July Immersion Month for all PGY1 Family Medicine residents, which replaced the traditional block schedule for the first four weeks of residency. This immersive orientation includes three weeks of inpatient service (two weeks of days and one week of nights) and one week of continuity clinic, all on program-run services.

Implementation

PGY1s are paired with a dedicated senior resident or chief resident who provides structured, program-specific guidance throughout the month. During this time, PGY1s shadow and gradually assume responsibility for patient care in inpatient and outpatient clinical settings. The immersion month includes protected time for question-and-answer sessions, hands-on learning, and direct teaching. PGY1s also have dedicated time to work closely with nursing and ancillary clinical staff to better understand team roles and clinical workflows in each care setting.

To support learning and confidence building, PGY1s are assigned a decreased patient census on each service line, allowing for direct patient care under close observation by the senior resident, with real-time feedback, mentorship, and skills coaching. This structure allows PGY1s to focus on mastering clinical workflows, documentation, communication, and expectations prior to transitioning to the standard residency schedule.

Outcomes

The Immersion Month allowed PGY1s to develop early proficiency in rounding structure, clinical documentation, oral presentations, and EMR navigation, including order set utilization. Following implementation, the number of evaluations citing PGY1s as "not meeting expectations" due to onboarding or acclimation issues decreased to zero. Faculty feedback and intern self-reporting indicated increased preparedness and confidence entering subsequent rotations. Additionally, the model facilitated early leadership development for PGY2 residents serving in supervisory roles.

Next Steps

Future directions include formalizing assessment metrics, longitudinally tracking intern performance and wellness, potential modification to include more continuity clinic time and exploring adaptability of this immersion model across other residency programs.

(005) Navigating the J-1 Administrative Task: A Multi-Institutional Guide for Informed Residency-to-Fellowship Visa Transitions

Abhishek Allam, MD, Fellow in Child & Adolescent Psychiatry - Zucker School of Medicine at Hofstra/ Northwell

Olive Sarubbi, BS – System Director for GME and UME, Academic Afaris, Tower heath; Miyu Kinoshita, MD – Resident in Anesthesiology, Anesthesiology, Tower Health

Needs Assessment/Problem Statement International Medical Graduates (IMGs) represent nearly 20% of fellowship matches. While clinical qualifications are paramount, the "administrative tax" - the complex, task-heavy documentation required for visa transitions - creates a significant burden for residents and GME staff. Many IMG residents lack a clear understanding of their options early in training, leading to uninformed decisions regarding J-1 versus H-1B pathways. This lack of a standardized roadmap often results in "administrative anxiety" for residents and a perceived "administrative risk" for fellowship programs. Consequently, programs may be hesitant to rank visa-seeking candidates due to fears of documentation delays or legal hurdles, potentially creating an inequitable recruitment environment.

Intervention/Innovation Description We propose the IMG Residency-to-Fellowship Transition Guide, a comprehensive navigation toolkit designed for early-residency intervention.

The Guide: A proactive resource providing a side-by-side comparison of visa pathways, emphasizing the benefits of J-1 continuity, such as streamlined sponsorship via Intealth and simplified SEVIS transfers.

The Timeline Flowchart: A visual, "backwards-designed" roadmap that synchronizes critical milestones between the resident, the "departing" residency GME office, and the "receiving" fellowship GME office.

Novelty: Unlike reactive troubleshooting, this innovation focuses on informed decision-making in the PGY-1 and PGY-2 years. By demystifying the process, it aims to normalize the J-1 transition as a routine administrative step rather than a barrier to fellowship entry.

Implementation

The toolkit will be piloted through a collaborative partnership between Tower Health and Northwell Health GME programs.

Rollout: The guide will be disseminated via GME leadership during career development symposia and integrated into program coordinator onboarding.

Foundation of Organizational Culture: This project leverages a culture of institutional stewardship and transparency. By fostering a "GME-to-GME" coordination model, the institutions aim to reduce the administrative friction between health systems, ensuring a seamless handover of sponsorship responsibilities and fostering institutional confidence in recruiting international talent.

Outcomes/Evaluation This project utilizes a multi-institutional, stakeholder-driven evaluation:

Informed Decision-Making: Pre- and post-intervention surveys will measure IMG residents' understanding of visa options and their confidence in the application process.

Program Confidence: We will survey Fellowship Program Directors and Coordinators to measure their "Perceived Ease of Recruitment" and willingness to consider J-1 candidates after utilizing the guide's standardized framework.

Process Metrics: We will track the lead time for DS-2019 issuance and the frequency of documentation errors and timeline delays during the March-June transition window.

Reflection/Next Steps Anticipated Challenges: The primary challenge is the variability of home-country Ministry of Health response times. Next Steps: We intend to refine the guide into a dynamic digital dashboard that can be updated as federal regulations evolve. Our ultimate goal is to provide a scalable, open-access framework that reduces the "visa penalty," eases the burden on GME administrators, and ensures that fellowship programs can confidently recruit the most qualified candidates based on clinical merit, regardless of visa status.

(006) Development of Professional Identity Using Self-Reflection and Narrative Writing

Toni J Liggins, MD, Associate Dean of Clinical Studies - St. George's University SOM

Professional identity is the outward display of a medical professional's feelings, beliefs, and experiences that influences how one behaves with patients, families, and team members. Unprofessional behaviors disrupt the clinical learning environment and can negatively impact patient care.

Clinical educators often struggle with creating experiences for learners and trainees to develop, strengthen, and assess the professional behaviors ascribed to a physician. Teaching faculties are knowledgeable and comfortable with development and assessment of learners' and trainees' clinical skills and medical knowledge; however, they are often less knowledgeable and less effective with development and assessment of professionalism in the clinical learning environment. Demand on time often relegates professionalism to the back burner of undergraduate and graduate medical education. In the clinical setting, professionalism is often conveyed by role modeling and assessed by one's timeliness and record-keeping. Unfortunately, the remediation of unprofessional behavior may be delayed or even ignored unless it becomes egregious.

A review of medical education literature notes self-reflection and narrative writing exercises have been used effectively to address professional identity and behavior. Flexible brief exercises which develop one's ability to reflect on behavior and to develop an identity that is unique to the medical profession is well worth the investment of time. When utilized on a longitudinal basis, these exercises in the setting of a busy clinical learning environment can assist in the development of professional identity and the behaviors consistent with a physician. As opposed to addressing unprofessional behaviors after they occur, a longitudinal approach beginning early in the clinical setting will contribute to the development, strength, and assessment of professionalism. The aspirational goal is for learners and trainees to interact as a mature physician with patients, families, and team members even in the most dire circumstances.

(007) Hobbies/Interest and Well-being in Residency: An Exploratory Survey of Trainee Engagement

Denise Anderson, Training Program Administrator - Northwell Mather Hospital

Kristin Unterweiser, C-TAGME – Training Program Administrator, Northwell Mather Hospital; Nancy Nunez, C-TAGME – Training Program Manager, Internal Medicine, Northwell Mather Hospital; Karen Raguso, N/A – Training Program Administrator, Internal Medicine, Northwell Mather Hospital; Kimberly Wilson, C-TAGME – Training Program Manager, Diagnostic Radiology & Integrated Interventional Radiology, Northwell Mather Hospital; Bradley Minter, MD, FACP – Program Director, Transitional Year Residency Program, Northwell Mather Hospital; Robert Giacobbe, DO, FACP – Program Director, Internal Medicine Residency, Northwell Mather Hospital

Introduction

Given the demanding nature of residency training and the established importance of pursuing outside activities for overall well-being, this pilot survey was initiated to assess the extent to which trainees maintain and engage in hobbies and personal interests throughout their time in graduate medical education.

Methods

A 5-question anonymous survey was launched in late October 2024 to February 2025 to all 117 residents and fellows at our hospital - an academic community medical center.

Results

44% (51) Trainees responded 56% (66) Trainees did not respond

1. What PGY level are you? PGY-1 27.5% (14); PGY-2 29.5% (15); PGY-3 25.5% (13); PGY-4 5.9% (3); PGY-5 7.8% (4); PGY-6 3.9% (2).

2. What are your hobbies/interests in your current training program? Based on the survey responses, we identified 13 categories of hobbies/interests. The top 3 answers were fitness, sports and outdoor activities with clinical being the least.

3. Are you able to engage in your hobbies/interests? 73% (38 trainees) indicated they do engage in their hobbies/interests.
4. If you answered "No" to question 3, please explain why you cannot engage in your hobbies/interests. 27% (13 trainees) indicated they are not engaging in their hobbies/interests. Comments from this group of trainees include schedule, location, family commitments and cost were listed as why they were not engaging in their personal hobbies/interests.

5. Did you discover a new hobby/interest in your current training program? 74.51% indicates the trainees discovered a new hobby/interest in their current program.

Discussion

These findings suggest the majority of responding residents and fellows actively engage in personal hobbies/interests, demonstrating a capacity to integrate essential well-being activities amidst demanding residency/fellowship training. The high proportion of trainees reporting on the discovery of new hobbies/interests further indicates trainees' adaptive strategies in maintaining personal interests.

The cross section of trainees not engaging in hobbies/interests highlights an opportunity for the training programs to address these findings through further exploration and roundtable forums. Our mission is to identify the adaptive measures utilized by the majority of trainees who successfully balanced their work life and mitigated risk for burnout or reduced well-being.

(008) Cultivating Creativity and Connection: Impact of a Hospital Employee Art Exhibition on Resident Well-being

Denise Anderson, Training Program Administrator - Northwell Mather Hospital

Kristin Unterweiser, C-TAGME – Training Program Administrator, Northwell Mather Hospital; Bradley Minter, MD – Transitional Year Program Director, Graduate Medical Education, Northwell Health

Needs Assessment or Problem Statement: High-stress healthcare environments necessitate innovative approaches to foster resident well-being and interprofessional community. This initiative assessed the impact of an employee art exhibition as a novel intervention to address these needs within a hospital setting. A hospital-wide art exhibition provided a platform for residents, physicians, and staff to showcase artistic talents and promote connection.

Intervention or Innovation Description: Hospital employees were surveyed whether they would be interested in attending an employee art exhibition and if they were open to showcase their work in the exhibition. The survey revealed that 100% of the respondents indicated they would like to see an art exhibition at the hospital.

Implementation

Training Program Administrators sought assistance from Marketing to advertise and promote the event. A conference room was secured and transformed into a professional art exhibition. The space was conveniently located near the cafeteria and visible to all team members and visitors. Individualized QR codes were created and displayed on each piece of work for anonymous feedback.

Outcomes or Evaluation: The five-day exhibition featured 54 unique pieces from 13 diverse artists, including 5 physicians, 3 residents, representatives from Graduate Medical Education, Engineering, Dietary and Physical Therapy. A total of 39 anonymous comments from the QR codes were received and shared with the artists - all overwhelmingly positive, i.e., "I absolutely love it and think it is healthy for all of us to step away from sickness and daydream and enjoy even if for just a brief moment. Maybe reaching out to more departments would get more involved and touch more hearts."

Three follow-up questions were sent to the residents that submitted pieces in the show: Below is one response for each question by a resident:

1. What did participating in this exhibition mean to you personally? "It was a chance to slow down and share something creative in a chaotic environment. Bringing a bit of my outside world into the hospital was really meaningful."

2. What message do you hope your art shares? "Love and celebrate every moment of life."

3. How do initiatives like this contribute to the hospital community? "Initiatives like the Employee Art Exhibition play a meaningful role in fostering well-being and community within the hospital. On a personal level, it allowed me to reconnect with a creative side of myself that often takes a back seat to clinical responsibilities, especially as a resident physician. The process itself was mindful and meditative, giving me space to reflect on emotions and experiences and translate them into something tangible."

Reflections or Next Steps - Residents that participated noted subjective improvement in wellness and a sense of community at the hospital. The exhibition successfully enhanced well-being, fostered cross-departmental community, and humanized the hospital environment. This initiative offered a low-cost strategy for improving hospital culture, promoting work-life integration, and celebrating the diverse talents of healthcare professionals. Areas of improvement for any future events are more resident participation, additional advertising opportunities, extended dates for the exhibition, and larger/additional space. Establishing a committee to include one or more trainees for possible future exhibitions would be beneficial.

(009) Reframing the Administrator Role: A Systemwide Journal Club Model to Advance Scholarly Engagement in Graduate Medical Education

Kelly Conlon, MS, C-TAGME, Director, Medical Education - Northwell Health, Eastern Region

Needs Assessment

Training Program Administrators and Managers (TPAs/TPMs) play a central role in the educational, operational, and accreditation functions of Graduate Medical Education (GME) programs. Despite this responsibility, opportunities for TPAs/TPMs to engage in scholarly activity and academic dialogue comparable to those available to faculty and trainees remain limited. Traditional journal clubs and scholarly forums within medical education are predominantly clinician-focused, resulting in few avenues for administrators to develop skills in literature appraisal, facilitation, and scholarly presentation.

Within a large, multi-hospital academic health system, these challenges are compounded by geographic dispersion and role variability, which can limit consistent engagement and community-building among GME administrators. While lecture-based professional development opportunities exist, there remained a need for a scalable, inclusive model that specifically supports scholarly participation, literature appraisal, professional identity formation, and interdisciplinary dialogue for TPAs/TPMs across institutions.

Innovation Description

In response, a systemwide Training Program Administrator/Manager Journal Club was developed in collaboration with central academic leadership and a GME advisory body. This virtual journal club is open to TPAs/TPMs across all academic teaching hospitals within the health system.

A curated pool of peer-reviewed articles is assembled by GME leadership and reflects topics relevant to GME administration and medical education, including administrator well-being, diversity, equity, and inclusion, educational technology, professional development, and evolving learner needs. From this pool, the advisory body selects one article per session. A TPA/TPM volunteers to serve as a co-facilitator and partners with a faculty member or senior administrative leader with subject-matter expertise or professional interest aligned with the selected article.

Sessions are intentionally structured to mirror resident and faculty journal clubs, emphasizing critical appraisal of the literature, guided discussion, application to practice, and audience engagement rather than a lecture-based format.

Implementation

The journal club is conducted virtually to maximize accessibility across the health system. Participation has included TPAs/TPMs representing multiple academic teaching hospitals across a large, geographically distributed health system.

Volunteer TPA/TPM facilitators collaborate with their co-facilitators in advance to prepare for the session, fostering mentorship, scholarly dialogue, and confidence in facilitation and presentation. Non-TPA/TPM co-facilitators have included senior institutional leaders with expertise in areas such as GME well-being, faculty development, and inclusion.

Outcomes

Qualitative feedback from participants indicates that the journal club provides meaningful professional development by offering opportunities to engage with medical education literature in a structured, interactive setting. TPA/TPM facilitators report increased confidence in presenting and discussing scholarly work, as well as valuing collaboration with faculty and senior leaders in an academic forum.

Audience members note that the journal club differs from traditional lecture-based offerings by encouraging discussion, reflection, and application to GME practice. Consistent participation across multiple institutions suggests the model is feasible, valued, and responsive to the needs of GME administrators within a large academic health system.

Next Steps

This systemwide journal club represents a feasible and scalable approach to advancing scholarly engagement and professional identity development among GME administrators. By intentionally positioning TPAs/TPMs as facilitators and scholarly contributors, the model reframes administrators as educators and academic partners within medical education. Future directions include continued refinement of session topics, expansion of facilitator mentorship, and exploration of additional scholarly dissemination opportunities, including abstract and poster submissions led by TPAs/TPMs.

(010) It Takes a Village: A Peer-Supported, Just-in-Time Orientation Model for Training Program Administrators in Graduate Medical Education

Kelly Conlon, MS, C-TAGME, Director, Medical Education - Northwell Health, Eastern Region
Brittany Blake, C-TAGME – Training Program Administrator, Northwell Health; Cathryn Kourtis, N/A – Training Program Manager, Northwell Health; Bonnie Pagan, N/A – Senior Data Analyst, Northwell Health; Jillian Treadwell, MBA – Training Program Administrator, Northwell Health; Kimberly Wilson, C-TAGME – Training Program Manager, Northwell Health; Katrina Gabat, MHA, C-TAGME – Training Program Manager, Northwell Health; Michelle LaMonaca, N/A – Senior Training Program Administrator, Northwell Health; Kristin Unterweiser, C-TAGME – Training Program Administrator, Northwell Health

Needs Assessment

Training Program Administrators (TPAs) are essential to the operational, regulatory, and accreditation functions that support Graduate Medical Education (GME). However, onboarding structures for TPAs vary widely across the United States, and many new administrators - particularly those entering without prior GME experience - report early overwhelm, insufficient foundational knowledge, and limited access to peer support. National data demonstrate that TPAs who receive a combination of institutional and peer-based training demonstrate higher performance and greater readiness for accreditation processes compared to those receiving institutional training alone. Given the national variability in coordinator onboarding, there is a clear need for a structured, adaptable model that builds foundational competency, promotes peer connectivity, and reduces early cognitive overload. This project addresses this gap.

Intervention or Innovation Description A two-part TPA orientation model was developed to support early competence, reduce training fatigue, and promote cross-program collaboration. The model includes:

A comprehensive foundational guide, provided prior to the TPA's start date, introducing core GME concepts, accreditation timelines, institutional roles, duty hour expectations, commonly used systems, and major operational cycles.

An On-Demand Peer Training Catalog comprised of more than 30 brief modules delivered by experienced TPAs. Modules cover essential responsibilities such as Clinical Competency Committee (CCC) preparation, Program Evaluation Committee (PEC) processes, Annual Program Evaluation, duty hours oversight, evaluation administration, onboarding and offboarding workflows, trainee life-cycle processes, and recruitment tasks.

Unlike traditional front-loaded orientation models - where new TPAs receive a broad range of information during the first days or weeks - this model sequences instruction so new TPAs receive training immediately before each corresponding task. This just-in-time structure increases relevance, reduces cognitive overload, and ensures contextual understanding. The peer-led component also expands teaching opportunities for experienced TPAs and strengthens professional networks from the outset. The model is intentionally designed to be transferable across institutions of different sizes and structures.

Implementation

Implementation began in November 2025 and continues to expand. Upon hiring, new TPAs receive the foundational guide and meet with GME leadership to review expectations and outline their training roadmap. Peer facilitators volunteer to deliver sessions aligned to their strengths, which distributes instructional responsibilities and promotes shared leadership. Sessions are conducted virtually or in person and are supported with standardized templates, workflow examples, and process checklists. A structured onboarding checklist is used to track progress and identify areas for individualized reinforcement. Refinements to module content and sequencing are ongoing as the model evolves.

Evaluation

Although early in implementation, structured feedback from new TPAs and supervisors demonstrates meaningful positive effects. Early evaluation consisted of scheduled check-ins at 30, 60, and 90 days, review of task completion timelines, and informal debriefs with peer facilitators. New TPAs reported increased clarity about expectations, improved understanding of GME structures, and reduced feelings of overwhelm during their first 2-3 months. Many described the just-in-time format as improving accuracy and confidence in executing responsibilities such as evaluation distribution, duty-hour monitoring, onboarding workflows, and recruitment tasks. Supervisors observed fewer early-cycle process errors compared with previous onboarding approaches. Peer facilitators reported improved mastery of processes and valued the professional

development gained from teaching. These early findings align with national research demonstrating that combined institutional and peer-based training leads to better coordinator performance outcomes.

Next Steps

Future efforts will focus on developing formal evaluation metrics, collecting longitudinal data, expanding and refining the module catalog, and building a trainer-development component to support peer facilitators. Long-term goals include adapting the model for broader institutional use and exploring scalability across diverse GME environments. This initiative underscores that effective TPA preparation requires a structured, collaborative, and contextually timed approach - reinforcing that it truly takes a village to orient a program administrator.

(011) AI-Assistance in CCC Meetings: Enabling Coordinators to Help Faculty "Gather Their Thoughts"

Mariel Allor, C-TAGME, Program Coordinator II - Henry Ford Macomb

Needs Assessment

Clinical Competency Committee (CCC) meetings, mandated by the ACGME, require faculty and program staff to evaluate resident performance using milestones and core competencies. These meetings are often lengthy and technical. Program Coordinators must simultaneously take accurate minutes, track milestone ratings, and retrieve documents, which can lead to missed discussion points and delayed feedback. There is a need for a streamlined process to capture and summarize CCC discussions efficiently.

Innovation Description

This project introduced AI-based transcription tools and AI chatbots to assist Program Coordinators in recording and summarizing CCC meetings. Microsoft TeamsTM transcription was used to capture meeting content, and ChatGPT was used to generate concise summaries highlighting resident strengths, weaknesses, and areas for improvement. Human review ensured accuracy and compliance with confidentiality.

Implementation

CCC meetings were conducted virtually and recorded using Microsoft TeamsTM transcription. Transcripts were downloaded, edited to remove identifying information, and segmented for input into ChatGPT with a standardized summarization prompt. Generated summaries were reviewed and finalized by the Program Coordinator and Program Director before dissemination.

Outcome AI transcription tools produced imperfect transcripts, often with incomplete sentences. However, ChatGPT successfully turned key discussion points into clear, actionable summaries. This approach reduced the time burden on Program Coordinators, improved the timeliness of feedback to residents, and allowed coordinators to focus on other meeting tasks. Human oversight remained essential to ensure accuracy and maintain confidentiality.

Reflections and Next Steps AI tools demonstrated a strong potential to enhance efficiency in CCC meetings, but limitations such as transcription errors and the need for human review persist. Future steps include exploring improved transcription accuracy, developing standardized workflows for AI-assisted summarization, and ensuring adherence to institutional policies on AI use. Continued evaluation will focus on scalability and integration into routine GME processes.

(012) Reinvigorating Your Wellbeing Program: Practical Strategies for Meeting the Muliti-dimensional Needs of Residents, Fellows and Faculty

Laci Zawilinski, PhD, Co-Director GME Wellbeing - Henry Ford Providence Hospital Southfield and Novi
Jessica Hauser-Harrington, PhD – Co-Director GME Wellbeing, GME, Henry Ford Providence Hospital;
Abdulghani Sankari, MD, PhD, FAASM, FCCP – Director of Medical Education (DME) Designated Institutional Official (DIO), GME, Henry Ford Providence Hospital

Problem Statement

Addressing physician wellbeing is imperative to sustaining a resilient and effective healthcare workforce and the Accreditation Council Graduate Medical Education (ACGME) has established requirements for incorporating wellbeing in graduate medical education programs. While many institutions have responded by investing in dedicated wellbeing leadership, programs may experience periods of transition as institutional needs, leadership roles, and workforce demands evolve. In Fall 2024, our hospital joined with another system and in Spring 2025, the previous team of co-directors, both senior psychiatrists in the system, retired. During this period, participation and visibility of the existing wellbeing programming had diminished, highlighting an opportunity to reassess program structure, scope, and alignment with current trainee needs and accreditation expectations. A new team of co-directors, PhD clinical psychologists with backgrounds working in Family Medicine residencies, took over.

Intervention Description

The initial priority was to build collaborative relationships with residency program leadership through face-to-face introductions and repeated exposure to services provided by the new Wellbeing Co-Directors. Meetings were offered virtually and in person. A needs assessment was sent to Program Directors (PDs), Associate Program Directors, and faculty to identify wellbeing and professional development educational needs. The new directors focused on intentional alignment of programming with ACGME milestones and requirements. Additionally, they sent departmental-level Mayo Wellbeing Index (WBI) results to PDs. Programming with less buy-in and/or less clear objectives was paused for future review (e.g., interdisciplinary Wellbeing Champions committee).

Implementation

Early programming offerings included in-person lectures given at resident and fellow orientations. Co-directors met with leadership from 8 of 22 training programs to share resources (e.g., availability for lectures, retreat programming, individual coaching, and wellbeing opt-out/in sessions) and to assess needs for current and future programming. Individual wellbeing opt-out meetings were offered to all programs. Results of the needs assessment revealed a desire for education on topics including fatigue management, grief, difficult conversations/communication skills, conflict resolution, and physician burnout.

Outcomes

As a result of our interventions, engagement with wellbeing programming and services increased. Regarding referrals for 1:1 visits with Co-Directors for coaching and/or resource connection, the number increased from two (July 2024-May 2025) to 15 (June 2025-January 2026). In addition, the number of programs participating in opt-out/opt-in sessions increased from two to three with the possibility of a fourth program. Interventions were presented for one departmental retreat, with requests for retreat programming from two other programs. As of January 2026, there have been 23 lectures/workshops provided by the new Co-Directors, with eight scheduled before the end of the 2025-2026 academic year. Out of 22 programs, 15 had at least 2 residents complete the WBI. The same number of programs are participating in Caregiver Rounds (n=3) for both time periods despite initial attempts to increase participation.

Reflections and Next Steps Feedback from programs that have interacted with the wellbeing team has been very positive, with continued engagement and new requests on-going. Future goals include creating a specialized curriculum for programs at higher risk for burnout (i.e., surgical specialties, critical care, OBGYN) as the most requested topics for lectures/workshops were physician burnout/stress management, physician grief, and delivering bad news. We will continue to encourage opt outs across all levels of trainees (some programs chose to target their interns only). Finally, recognizing that a culture of wellbeing involves all levels of physicians, we will develop curriculum targeting faculty needs.

(013) Planning With a Purpose: Leveraging Annual Frameworks to Keep Coordinators and Residents on Track

Chyanne Laldee, MPH, Program Coordinator - Henry Ford Health

Objective

The primary objective of this project is to: (1) Enhance program coordination by collaboratively creating a residency-specific annual framework tailored to each program's structure, timeline, and requirements. (2) Streamline administrative processes by using the framework to simplify and standardize tasks such as evaluations, interview scheduling, Accreditation Data System (ADS) maintenance, and Accreditation Council for Graduate Medical Education (ACGME) compliance. (3) Support coordinator wellness by reducing administrative stress and cognitive load, enabling proactive, efficient, and confident management of program operations.

Rationale

Program coordinators are essential to residency program success, yet responsibilities vary across programs, and deadlines are often complex and time sensitive. Without structured support, coordination becomes reactive, increasing stress and risking program compliance. A residency-specific annual framework provides a clear roadmap of responsibilities and deadlines, supporting anticipatory planning, improving workflow efficiency, and ensuring timely completion of administrative tasks. This approach strengthens coordinator effectiveness and wellness while supporting resident success and program outcomes.

Description: The framework organizes ACGME requirements, program-specific tasks, and key deadlines into a spreadsheet outline sectioned month-by-month. Designed to complement the ACGME Program Coordinator Handbook, it ensures all essential tasks are incorporated into the annual outline without being overlooked. Consolidating responsibilities into a single, comprehensive outline enables coordinators to anticipate deadlines, streamline tasks, and maintain consistency in program operations and resident progression throughout the year.

Results

Implementing the framework improved program coordination and confidence in meeting expectations. Mapping key tasks across the year supported proactive planning and timely communication with program leadership and GME, ensuring requirements were completed efficiently. Residents benefited from early guidance on expectations, certifications, and scheduling, while clinic and rotation timelines remained organized yet flexible. The shared framework also supports smoother transitions during program coordinator or leadership turnover.

Summary

The framework provides a structured approach for coordinators to manage residency operations efficiently, anticipate deadlines, support residents, and reduce administrative stress. It is adaptable, designed to evolve as new requirements arise, and serves as a foundation for continuous improvement. This approach enhanced program coordination, fostered resident success, ensured ACGME compliance, and shifted program management from reactive to strategic, demonstrating the value of anticipatory, organized frameworks in Graduate Medical Education.

(014) Handoffs are Hard: A Structured Review for New Program Directors to Make Transition Easier

Taylor Stanley, MBA, Accreditation Coordinator - Henry Ford Health

Leslie Pfeiffer, MHA – Director of Accreditation, Henry Ford Health; Sydney VanSlembrouck, N/A – Senior Accreditation Coordinator, Henry Ford Health

Needs Assessment / Problem Statement Program Director (PD) transitions often lead to gaps in documentation, inconsistent handoffs, and inaccurate or incomplete ACGME compliance elements. New PDs may inherit outdated materials or unclear expectations, placing programs at risk. A structured oversight process was needed to ensure readiness and requirement compliance during these leadership changes.

Intervention / Innovation Description To ensure consistent oversight of newly appointed Program Directors and maintain compliance with ACGME requirements, our institution established a formal New Program Director Review (NPDR). This review is conducted within one year of the PD transition and is co-facilitated by the GME office and the Designated Institutional Official (DIO), with participation from the program's PD and Coordinator (PC), a peer PD, and a peer PC. The program submits required documents in advance such as goals and objectives, conference schedule, evaluations, policies, block diagram, and ADS summary for review by the GME office and DIO. The peer PD and peer PC also evaluate specialty-specific requirements and ADS accuracy. After materials are reviewed, the GME office completes the NPDR template to document findings and identify areas of compliance or noncompliance. During the two-hour in-person NPDR, the team reviews documents, discusses opportunities for improvement, and provides specific action items to address any noncompliant elements. Recommendations are documented and presented to the Graduate Medical Education Committee (GMEC) for oversight. The NPDR provides an opportunity for the GME office and DIO to provide any additional support or resources to the Program Director and program to help ensure success.

Implementation

The NPDR was integrated into GME policy and procedure as a formal two-hour review session scheduled within the first year. Peer reviewers and GME support were placed into the review process to all for shared best practices and advice. This implementation emphasizes a supportive culture centered on effectiveness and improvement rather than retaliatory oversight. Programs are sent a required list of documents prior to the review for GME office pre-review. The NPDR uses a standard template of follow up recommendations, so it is consistent from review to review.

Outcomes / Evaluation The NPDR establishes a robust and comprehensive process for overseeing Program Director transitions and ensuring compliance with ACGME requirements. The impact of the review process has shown positive effects like significant improvements in program organization, documentation accuracy, and ACGME compliance. The programs who complete this review report a clearer understanding of institutional expectations and their specialty-specific requirements. Program Directors also report the benefits of a dedicated meeting with the DIO to discuss other challenges they may be facing in the role or within their department

Reflection / Next Steps Overall, the NPDR has proven to be a proactive and supportive mechanism for transitioning new PDs. The GMEC, DIO, and GME office can ensure programs remain compliant with ACGME requirements during leadership transitions while supporting consistent, high-quality training. Moving forward, the Institution will continue refining the NPDR process to enhance efficiency and support for programs as they adjust to new leadership. Other institutions can utilize the NPDR document list and review framework to adopt to their own program needs and applications.

(015) Maximizing Efficiency Between the Administrator and Trainee: From Initial Communication to Task Completion

Caitlin Taylor, C-TAGME, Program Manager - Florida State University at Sarasota Memorial Hospital

Needs Assessment / Problem Statement: Throughout the Graduate Medical Education annual cycle, there are numerous tasks that program administrators are required to have completed by trainees. Many of these tasks occur simultaneously and as a result can require multiple notifications to trainees. Outcomes are frequently delayed due to short notice of requests or confusion of expectations from the trainee when they have a high quantity of notifications. An increase in email fatigue leads to a decrease in responsiveness which correlates to a decrease in compliance.

Intervention / Innovation Description: Our program has implemented communication tools to aid in a higher increase of task compliance by trainees and to lower the need for multiple emails. The use of the hash tag (#) email system, in which the administrator highlights the purpose of the email in the subject line, allows the trainee to prioritize the need of each email. These consist of #READ, #FYI, #ACTION, #RESPOND. Additional tools include online forms systems (Cognito Forms, Formstack or Smartsheet) which create an online form and eliminate the need for individual PDF submissions. DocuSign allows trainees to complete individual documents from any desired device without the need to have a PDF editing software. Finally, the implementation of in-person sessions with trainees to allow time and guidance for completion also aids in timely responses which eliminates the burden of email fatigue for both trainees and administrators.

Implementation

Our program identified the season of spring "renewals" (medical license, ACLS/BLS recertification, lab coat and scrub orders, ECFMG permanent validation of training and visa submission) as a heavy burden of email and task fatigue for trainees. The program now begins renewal tasks in early February to allow a minimum of 6 weeks to complete prior to Match Day onboarding. Cognito Forms are utilized for the collection of updated contact information and selection of lab coat and scrub style requests and sizing. DocuSign Power Forms allow administrators to control which fields are used to ensure accurate completion for ACLS/BLS registration submissions, visa renewals and Board of Medicine applications. All online links are provided to trainees on a handout that includes due dates. Administrators meet with residents for a 30-60-minute session to provide the QR codes/links to trainees along with time to complete tasks and remain available to provide guidance. After the in-person session, a detailed recap is sent to trainees with separate emails going to those who attended and those who were absent. All trainees are informed of internal deadlines with follow-up expectations. For those who do not meet internal deadlines, targeted email and text follow-up is communicated with the individual in lieu of sending a group email.

Outcomes / Evaluation: Trainees have limited time to complete administrative tasks and rely on administrators to aid them in maintaining compliance. Targeted follow-up rewards trainees who complete tasks on time and increases accountability for those who are delinquent. Survey findings of trainee satisfaction indicate major consensus that these communication tools and processes highly diminish the burden of email fatigue and ensure timely completion of tasks, implying that they prefer communication that simplifies their understanding of expectations.

Reflections / Next Steps: With the knowledge that trainees are satisfied with these communication processes, administrators can utilize them for other "seasons" in the Graduate Medical Education annual cycle for tasks related to recruitment and onboarding. As trainees from next generations enter our programs, we will need to be open to generational advances and finding additional tools for communicating tasks to obtain high levels of satisfaction and further eliminate email fatigue. Expanded implementation at the institution level may be helpful to maintain consistent messaging.

(016) Graduate Medical Education Program Scorecard (GPS): A Centralized Dashboard for Continuous Improvement in Residency and Fellowship Programs

Kathleen Bauer, MEd, Program Manager IV - Cleveland Clinic
Krista Lombardo-Klefos, MBA – Senior Director I, Cleveland Clinic

Problem Statement

Graduate Medical Education (GME) programs face persistent challenges with fragmented data systems and limited tools for continuous program evaluation. Program leaders and GME offices lack a centralized platform to access comprehensive data across all programs, creating silos that impede informed decision-making. Existing dashboards are frequently hampered by resource-intensive development, lack of scalability, and insufficient stakeholder input, leading to missed opportunities for real-time benchmarking and targeted interventions. A user-centered, scalable solution that integrates multiple data sources into a unified view is critically needed to support continuous quality improvement and ensure accreditation compliance in GME.

Innovation Description

The GME Program Scorecard (GPS) was developed as a centralized, interactive dashboard that consolidates data from thirteen institutional sources. The GPS integrates key metrics such as board pass rates, recruitment data, work hour compliance, resident survey results, scholarly activity, and patient safety events into a single platform. Designed collaboratively with GME and program leaders, the GPS requires no new data entry, reducing administrative burden and increasing adoption. Built using freely available technology and internal resources, the GPS ensures scalability and sustainability.

Implementation

Development began with a stakeholder-informed needs assessment, followed by a survey of program directors to prioritize metrics. Seventeen metrics were selected for inclusion. The GPS prototype was constructed using a data visualization platform, integrating data via automated and manual feeds. Pilot testing with leadership teams from diverse specialties provided structured feedback, leading to refinements in usability, transparency, and navigation. To promote adoption and streamline usability, we created user tools and job aids that guided program leadership through system features and best practices. These resources complemented faculty development sessions, ensuring consistent implementation across programs. The GPS was deployed institution-wide alongside training and ongoing monitoring of usage. A global enterprise view allows leaders to review multiple programs simultaneously, fostering collaboration and sharing of best practices.

Evaluation

The GPS has increased transparency and accessibility of program performance data, enabling stakeholders to identify strengths and target areas for improvement. Compliance with accreditation standards has improved, and outcomes such as resident satisfaction, faculty engagement, and patient safety events are measured continuously. The DIO and GME offices actively use the GPS global enterprise component for comparison views, leveraging its ability to slice data by specialty and location. This functionality supports nuanced analysis, enabling leadership to benchmark programs and identify trends across diverse contexts. In the first twenty-two months, the GPS was accessed by 309 unique users (61.43% of total users with access), generating 3,933 total views. Enhancement ideas submitted by users are regularly assessed and incorporated, supporting a collaborative approach to continuous improvement. The GPS has been featured at regional educational meetings and adapted for broader institutional use.

Next Steps

User feedback continues to guide iterative enhancements to the GPS's design and functionality. Planned developments include incorporating additional data sources, expanding metrics for non-standard training programs, and strengthening benchmarking capabilities. Ongoing engagement with program leaders through surveys, focus groups, and usage analytics will shape these improvements, ensuring GPS remains a dynamic, high-value tool for continuous program improvement. This initiative exemplifies educational innovation driven by active collaboration and is well-positioned for broader dissemination and impact.

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(017) Building Better APES: A Guidebook for Clarity, Consistency, and Compliance

Jennifer Burich, MA, Institutional Coordinator/Program Manager - Cleveland Clinic
Judith French, PhD – Associate Professor of Surgery Cleveland Clinic Lerner College of Medicine of the Case Western Reserve University, Cleveland Clinic

Problem Statement

To meet institutional and accreditation requirements, all Graduate Medical Education (GME) clinical training programs (ACGME accredited and Non-Standard) at the Cleveland Clinic must complete an Annual Program Evaluation (APE). Although each program may approach preparation differently based on accreditation, size, structure, and available resources, the shared goal remains the same: to produce a comprehensive APE that accurately reflects the program's self-assessment, highlights strengths and opportunities, and supports a continuous improvement process. However, programs often face challenges locating necessary data, understanding performance expectations, and determining how best to use APE findings to drive action. A structured, accessible guidebook is needed to streamline this process and ensure consistency, clarity, and efficiency across programs.

Innovation Description

The APE document for ACGME Accredited and Non-Standard Programs differs, thus requiring two different APE Guidebooks. These guidebooks were designed to help programs: 1. Navigate the APE Process by providing step-by-step instructions to prepare, complete, and submit the annual APE, from data gathering to action planning; 2. Locate Key Data Across Resources through identifying where essential metrics, reports, and dashboards are housed and how to interpret them within the context of the APE; 3. Interpret and Respond to Performance Indicators by offering guidance on how to evaluate each performance item, articulate strengths and areas for improvement, and link findings to program goals; 4. Apply APE Insights Beyond the APE demonstrating how APE outcomes inform curriculum updates, accreditation readiness, stakeholder reporting, strategic planning, and ongoing quality improvement efforts.

Implementation

A working group was formed to explore opportunities for efficiency and develop supportive resources for the APE. The team reviewed existing templates and materials, engaged stakeholders to understand challenges, and mapped common data sources. Using this input, the group created a comprehensive APE Guidebook, for both ACGME and Non-Standard programs, designed to walk programs through the evaluation process, explain each performance item, and provide clear instructions for locating required data. The guidebooks also highlight how APE findings can be used to support broader continuous improvement activities. After development, the guidebooks were disseminated enterprise-wide.

Outcomes

Early feedback on the APE Guidebooks has been overwhelmingly positive, demonstrating its immediate value to clinical programs. Caregivers noted the guidebook's clarity and user-friendly structure, expressing enthusiasm for having a resource that simplifies a previously complex process. Its practicality was highlighted when a new team member, with no prior GME experience, successfully completed the APE process using only the guidebook, underscoring its accessibility and effectiveness. Programs also identified potential broader applications, suggesting the guidebooks could serve as a standardized review rubric to support consistency in evaluating APE submissions across the enterprise.

Next Steps

The development of the APE Guidebooks provides programs with clear direction on what to review, how to locate essential data, and how to leverage documented discussions to support broader compliance and accreditation efforts. This first iteration demonstrated that a guidebook serves as a strong foundational tool for enhancing consistency and strengthening review processes. To maximize its long-term impact, ongoing refinement and continued program education will be essential. Future work will focus on creating a standardized reviewer rubric and implementing frame-of-reference training, ensuring evaluators apply expectations consistently and with greater clarity across all programs.

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(018) Preparing Novice Learners for Clinical Documentation: Development and Evaluation of an EHR Training Module

Nadia Juzych, DSc, MS, Director of Research Programs - Southeast Michigan Center for Medical Education
Nelia Afonso, MD – Professor and Assistant Dean, Foundational Medical Studies, Oakland University William Beaumont School of Medicine; Erin Miller, MD – Director, Kado Family Clinical Skills Center, Wayne State University School of Medicine; Christopher Steffes, MD – Assistant Dean, Clinical Medical Education, Surgery, Wayne State University School of Medicine; Michael Geheb, MD – Executive Director, SEMCME; Leland Babitch, MD – President and CEO, Improve Health

Objective

To develop an educational curriculum for students that introduces best practices in accurate, appropriate, and judicious electronic health record documentation, supporting high-quality data capture and fostering sound documentation habits for future clinical practice.

Needs Assessment

Despite the widespread use of electronic health records and AAMC guidance for early integration of informatics-related tools into medical education, the majority of medical students begin clinical rotations with limited structured training in EHR use.

Innovation Description

We describe the development and evaluation of an electronic learning module that introduces medical students to EHR best practices.

Implementation

The intervention was delivered asynchronously to first-year medical students and integrated into pre-clerkship curriculum.

Evaluation

Pre- and post-module surveys were completed by 50 first-year medical students to assess outcomes and utility.

Reflections

Fifty first-year medical students completed the module and demonstrated significant improvements in knowledge related to clinical documentation and electronic health record use. Seven questions on knowledge improvement were evaluated using McNemar's Test on SPSS. Four of the questions showed statistically significant improvement at $P< 0.001$: 1. For an established patient which of the following can be copied from previous notes? 2. Regarding immunizations records, which of the following are the benefits of having an EHR? 3. During a routine follow-up visit with a patient, the patient asks about the results of a recent cholesterol test. Which is the best way to share this information with a patient? 4. What is the ideal placement of a computer screen during a patient encounter?

Qualitative analysis indicated that the content was both helpful and engaging. This module is well-suited for implementation at institutions seeking to integrate EHR training into the early learner curriculum. Its asynchronous, online format allows flexibility and broad accessibility. By utilizing a prototypical EHR platform, the module teaches transferable documentation skills applicable across diverse electronic systems. Early exposure to EHR education equips students to produce clearer, more accurate patient records, with potential downstream benefits for patient outcomes, provider efficiency, and clinician satisfaction.

Online Resource URL: https://ehr.semcme.org/modules/M1/story.html

(019) A Strategy to Increase Resident Utilization of Mental Health Services

Molly Hepke, MAT, Director of Education - Wayne State University-School of Medicine
Martha Jordan, MEd, MLIS – Administrative Director, GME, Wayne State University-School of Medicine; Heidi Kenaga, PhD – Research Coordinator, GME, Wayne State University-School of Medicine; Anne Messman, MD – Designated Institutional Official, GME, Wayne State University-School of Medicine

Needs Assessment or Problem Statement Residency is a rewarding yet challenging phase of a physician's career. Residents face demanding work environments, long hours, frequent exposure to illness and death, and limited time for personal relationships, all of which may negatively impact their mental health. Despite growing advocacy and awareness around these challenges, the Wayne State University Office of Graduate Medical Education (WSUGME) consistently noticed low utilization of counseling services. WSUGME partnered with Marvin Behavioral Health in 2021 to offer residents low-cost mental health services. As of 2024, only 73 out of 253 (24%) residents accessed services.

Despite the availability of affordable mental health resources, many struggling residents are reluctant to seek help. In response, WSUGME launched a targeted initiative to investigate and address barriers to care, as well as increase engagement with Marvin Behavioral Health Services.

Intervention or Innovation Description To better understand the reasons for the underutilization of Marvin's services, WSUGME surveyed residents through the 2024-2025 Internal GME Resident Survey. Among 122 respondents:

68% reported being informed about Marvin's counseling services 26% were unsure 6% reported not being informed about Marvin's counseling services

Regarding interest in the services: 10% expressed no interest 32% wanted more information 42% were aware but had not used the services

Discussion with GME leadership, Program Directors, and residents revealed resistance to seeking help due to concerns about potential repercussions on board certification, licensing, and future employment. While all parties acknowledged the value of Marvin's services, uncertainty remained on how to navigate these concerns.

WSUGME interventions sought to decrease concerns and increase Marvin Behavioral Health engagement by:

Implementing Marvin's opt-out Well-being Counseling program.

Educating residents on the impact of mental health service usage on licensure and credentialing via a three-part educational series

Implementation

In April 2025, WSUGME adopted an opt-out model for counseling services. Marvin offered three free counseling sessions to currently not-enrolled residents. Additionally, at the start of the academic year, WSUGME provided protected time for incoming residents to schedule a 30- or 60-minute check-in session.

WSUGME developed a three-part educational series on mental health and impairment to address concerns regarding the career impact of mental health service usage. The educational series included:

The Program Director of Michigan's Health Professional Recovery Program (HPRP) presented state protection for residents who seek help.

The Medical Director of HPRP emphasized the importance of early intervention, accountability, and patient safety, sharing a firsthand success story.

Two attorneys guided programs on how to respond to mental health-related questions in credentialing and verification forms.

Lastly, GME distributed board examination questions related to mental health to Program Directors for resident review.

Outcomes or Evaluation Initial data analysis revealed that simply offering services was insufficient to achieve the desired results. Resident mental health advocacy continues to grow, but ambiguity regarding career repercussions remains a significant deterrent; a more proactive and empowering approach is necessary. Continued monitoring is crucial for evaluating the effectiveness of WSUGME interventions and informing the development of further strategies.

Reflections or Next Steps Despite the availability of mental health resources, many residents remain hesitant to seek support due to concerns about professional consequences. By implementing an opt-out counseling model and providing targeted education to dispel misconceptions, WSUGME aims to prioritize resident well-being and encourage the use of mental health services. This research is ongoing. To evaluate the effectiveness of the intervention, WSUGME is monitoring counseling service usage and gathering feedback from residents.

(020) A Scholarly Desert in a Community Hospital: Creating a Sustainable Pathway for Academic Pursuit Among Graduate Medical Education Faculty (GME) and Teaching Hospitalists

Lynell S. Newmarch, MD, Designated APD - Health First

Problem Statement: Community hospitals increasingly establish residency programs, but typically lack the active scholarly activity, academic infrastructure, and mentorship pathways critical for ACGME-approved GME programs.

Innovation Description

Recognizing the limited scholarly activity within our GME faculty at our community hospital system, key stakeholders established a Scholarly Activity Workgroup to create a sustainable pathway, utilize best practices and provide mentorship opportunities for physicians and medical students setting the stage for future Internal Medicine (IM) and Family Medicine (FM) residency programs applying for ACGME accreditation.

Implementation

Key stakeholders, including GME faculty, GME program directors, hospital administration, legal, human resources, and teaching hospitalists, collaborated to form the Scholarly Activity Workgroup, designed to transition into a formal committee upon GME program launch. A pilot project with 13 osteopathic medical students was initiated.

The workgroup developed structured policies focusing on compliance, quality, and scalability. In collaboration with a medical school, the workgroup developed a comprehensive policy providing a roadmap for physicians to work with medical students. For the initial pilot and with approval from legal, the workgroup adopted the medical school patient consent form and is finalizing a patient consent approved by our institution that will be integrated into the electronic health record for easy accessibility.

Additionally, a scholarly activities focused mentorship program matched medical students with interested clinicians and GME faculty. Working with the medical staff office, the workgroup established the option of a view-only electronic health record access for students to conduct secure data collection. The students who have completed required training will conduct scholarly investigative work under the guidance of their mentor. The workgroup created standardized protocols for incorporating de-identified patient images into presentations using hospital-approved tools. The workgroup serves as the peer-review source for quality control prior to external submission.

Evaluation

Student engagement has been robust. Of thirteen students, ten have submitted or are submitting abstracts to conferences including Florida Osteopathic Medical Association (FOMA), Society of Hospital Medicine (SHM), Association of Military Osteopathic Physicians and Surgeons (AMOPS), and American College of Physicians (ACP) Florida Medical Student Chapter. Three received approvals for FOMA poster presentations; ten are submitting to Florida ACP and 1 student is submitting to AMOPS. Three students will conduct longitudinal retrospective chart reviews once they have electronic health record view-only access. One student has been invited to present her clinical vignette at Grand Rounds. Physician engagement has expanded to a total of ten physicians. Additionally, six of these physicians are serving in some capacity as mentors, providing shadowing opportunities, scholarly activity facilitation and professional guidance to medical students. A domino effect of collaboration with students and peer review is faculty development. This workgroup has offered opportunities for educational emails to be sent to the mentors on abstract writing and poster creation. Peer review will be counted as an opportunity for scholarly activity for GME faculty.

Next Steps

The workgroup will establish an Annual Interprofessional Scholarly Poster Competition fostering collaboration between the community hospital, medical school, and allied professionals. This event will allow the scholarly activity to be showcased, engage interprofessional partnerships and foster an environment of academia. The workgroup will implement a metrics dashboard to track scholarly activity among GME faculty.

This initiative demonstrates a viable roadmap for a transition from an academic desert to scholarly oasis, providing a template for community hospitals facing similar challenges and contributing to national discussions on sustaining academic engagement outside university medical centers and advancing community-based graduate medical education reform.

(021) Enhancing Institutional Oversight: Development and Early Outcomes of a Special Review Criteria Grid

Alexis J Hadaway, MPH, C-TAGME, Institutional Accreditation Manager - CMU Health
Mary Jo Wagner, MD – Chief Academic Officer, CMU Health

Needs Assessment

As part of the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements, the Graduate Medical Education Committee (GMEC) must demonstrate oversight of underperforming programs through a special review process. Special reviews are typically initiated in response to adverse accreditation statuses or low-scoring survey results. While the conduct of special reviews is required by the ACGME, no specific framework is provided to define how special reviews should be initiated or conducted. As a result, sponsoring institutions are responsible for developing criteria that appropriately identify and evaluate areas in need of improvement within their programs. At our institution, the development of a structured set of criteria capable of identifying early performance trends was seen as an opportunity to support proactive intervention, rather than reactive responses to accreditation concerns.

Innovation Description

A Special Review Criteria Grid was developed for each specialty to identify programs that may benefit from increased review and institutional support. The criteria grid incorporates the usual data sources aligned with ACGME Institutional and Program Requirements such as accreditation status and survey results. To be proactive about possible issues, we also included resident and faculty attrition, major changes in clinical experience, isolated vs systemic professionalism concerns, resource stability, recruitment outcomes, program director (PD) concerns, anonymous complaints, faculty evaluation completion rate and PD/coordinator compliance with administrative responsibilities. A point-based scoring model was incorporated for select high-risk indicators to promote consistency, objectivity, and transparency in the identification of programs eligible for special review.

Implementation

The Special Review Criteria Grid was developed through a collaborative effort between the Designated Institutional Official (DIO) and the GME Office. Data sources incorporated into the grid include resident and faculty survey results, WebADS submissions, Milestones reports, and internal tracking of attrition and program resources. Points are assigned by the DIO to each category based on program performance and discussed with each program director. Programs that reach a predetermined threshold are identified as candidates for special review and presented at GMEC for discussion. This process supports structured documentation, promotes transparency with program leadership, and informs the committee regarding the scope and focus of special review activities.

Outcomes / Evaluation Implementation of the Special Review Criteria Grid standardized the institutional approach to preemptive identification of programs at risk for underperformance. Early use demonstrated improved clarity in triggering special reviews, enhanced communication with program leadership, and more focused review processes aligned with identified risk areas. The grid supported earlier intervention for programs demonstrating concerning trends, facilitated data-informed discussions at the GMEC, and strengthened documentation of institutional oversight and accountability.

Reflections / Next Steps The development of a structured special review framework provided the GMEC with clear, objective criteria for determining when a program qualifies for a special review. The grid allows sufficient flexibility to account for specialty-specific and program-specific needs while maintaining institutional consistency. As program needs evolve, ongoing refinement of scoring thresholds, evaluation of special review outcomes, and continued proactive use of the grid are planned. Future efforts will focus on leveraging the special review process less as a corrective tool, but also as a mechanism to support continuous quality improvement across all GME programs.

(022) From Warning to Winning: How Focused Intervention Rescued an Anesthesiology Residency's Accreditation Status

Juliet Schaub, AS, C-TAGME, Medical Education Manager - McLaren Flint
Erin Reis, EdD, MBA, FACHE, C-TAGME – Associate DIO, McLaren Flint, McLaren Health Care Corporation

Problem Statement

McLaren Flint Anesthesiology Residency received adverse ACGME accreditation status to Initial Accreditation with Warning in September 2024, following its planned site visit in June 2024 for Continued Accreditation. Subsequently, ACGME's notification letter in October 2024 indicated 11 new citations, 3 AFIs, and a follow-up visit in September 2025.

Intervention

Upon receiving adverse status, GME Leadership (Associate DIO and GME Manager) met to develop a focused intervention plan, which included a Special Review by the Sponsoring Institution and a firm timeline that began immediately until Continued Accreditation was achieved.

After receiving the notification letter, GME Leadership reviewed the citations, identified immediate and high-prevailing issues, and investigated contributing factors. The investigation included a review of the program's 2024-2025 action plan from its 2023-2024 APE, June 2024 site visit feedback provided during the wrap-up session with Program Leadership (PD and Academic Program Administrator (APA), aka Program Coordinator), September 2024 ADS submission, block diagram, and didactics schedule. Quick fixes were made immediately, i.e., finalizing a formal arrangement with the anesthesia group practice for an APD, clean-up of incorrect information in ADS, and updated evaluation tools/policies to include recommended language for substantial compliance. High-prevailing issues included: strengthening PEC processes, redesigning protected-time didactics, prioritizing PD support and responsibilities, updating block rotations and resident-priority case assignments to reduce CRNA interference, increasing scholarly activity through a longitudinal curriculum and didactics, including ADS submission review by GME Leadership, and clarifying performance expectations.

Additionally, GME Leadership held separate notification meetings with key stakeholders (Program Leadership, anesthesiology group practice, residents, and institutional leaders) to explain the accreditation decision, implications, and expectations for involvement in immediate and continuous program improvement.

Following the Special Review in December 2024, the focused intervention plan was modified by GME and Program Leadership to address the remaining citations. It included SMART goals with clear oversight and metrics, incorporating findings from all conducted reviews, and sustainability framework that emphasized transparent communication and continuous process improvement engrained in the program's committees, meetings, curriculum, and evaluations; ongoing faculty development; consistent collaboration with anesthesia group practice leadership; and monitored activities occurring weekly to annually.

Extensive preparation until September 2025's site visit occurred with GME guidance, and the GME Manager was included in site visit sessions with Program Leadership. Lastly, September 2025 ADS submission underwent thorough review by both GME and Program Leadership of all sections, including citation responses and major changes informed by site visitor feedback from the recent visit.

Implementation

The focused intervention plan was implemented October 2024 to January 2026.

Outcomes

Protected-time didactics resulted in clear success by its third iteration based on continuous resident feedback both unsolicited and solicited via in-person or confidential methods. There was marked improvement in 2025 ACGME Resident & Faculty Surveys compared to prior years. During the September 2025 site visit wrap-up session, the site visitor noted visible and meaningful changes were made to address all citations and AFIs. Finally, the program achieved Continued Accreditation in December 2025. The formal letter of notification is expected in March 2026 to confirm more than half of the citations were resolved to achieve this new accreditation status.

Reflections

Rescue Mode = Warning. Thriving Mode = Winning. This focused intervention plan highlighted the importance of "thriving mode" to program success with the proactive vs. reactive mindset and adopting a culture of continuous improvement for sustainable growth and excellence being key. Improving engagement, collaboration, clarity, structure, and communication were not simply corrective measures but cultural foundations needing ongoing attention. Simply put, program accreditation health requires strong alignment with leadership, open communication, structured processes/reviews, and accountability along with maintaining vigilance even when accreditation is secure.

(023) Implementing a Scholarly Activity Navigator to Strengthen Scholarly Activity Engagement in Graduate Medical Education

Candace Whitfield, n/a, Clinical Research Navigator - McLaren Flint Hospital
Erin Reis, EdD, MBA, FACHE, C-TAGME – Associate Chief Academic Officer, Graduate Medical Education, McLaren Health Care

Problem Statement

Scholarly activity is a foundational component of training resident physicians, fellows, and faculty within Graduate Medical Education (GME) programs. At a Midwestern community-based teaching hospital, leadership identified ongoing challenges related to quality, consistency, and volume of scholarly work being produced. These concerns were frequently noted during ACGME surveys and echoed by program directors, faculty, and residents during the annual program evaluation process. Reported barriers included research readiness, lack of structured support, unclear processes, and inconsistent access to scholarly activity resources. These findings highlighted the need for a coordinated institutional approach to strengthen scholarly output and improve trainee preparedness.

Intervention

In response, the institution created a new role: Scholarly Activity Navigator. The navigator was tasked with serving as a centralized resource for residents, faculty, program leadership and GME leadership to streamline processes, deliver targeted training, and reduce barriers to scholarly work. Within the first 90 days, the navigator met with GME scholarly activity leadership, program directors, faculty, and corporate IRB staff to understand institutional workflows and gather insights into the challenges experienced by each group. This environmental scan informed the design of targeted interventions aligned with each program's needs.

Implementation

The navigator implemented a comprehensive set of supports to improve resident and faculty engagement in scholarly activity. Key components included:

Conducting structured consultations with faculty and program directors to understand program-specific challenges and align support strategies.

Holding resident-facing consultations to guide project development, troubleshoot barriers, and strengthen research readiness.

Collaborating with IRB staff to clarify processes and identify common obstacles in human subjects research.

Developing a shareable project tracker for residents and program leadership to monitor progress and responsibilities.

Creating workflow graphics and orientation materials to introduce new residents to scholarly activity expectations, timelines, and processes.

Designing and delivering a scholarly activity training series for first-year residents in the Anesthesia program.

Implementing a case report pre-competency evaluation in the Internal Medicine program at two training sites to assess baseline skills and inform future workshops.

Launching a case report "bootcamp" workshop to support residents preparing submissions for leadership review, conferences, and publication opportunities.

Providing supplemental training sessions for residents engaged in quality improvement (QI) projects and those preparing abstracts for conferences.

Developing a timeline for the Family Medicine residency program to guide project planning, QI work, and abstract development.

These activities created the foundation for a more coordinated and accessible scholarly activity infrastructure across GME programs.

Outcomes/Evaluation: Although early in its implementation, the navigator role has demonstrated measurable progress. From June-December, the navigator supported 20 scholarly projects and completed over 30 resident and faculty consultations. Residents have increased their engagement in case report and QI project development, and at least five

residents have successfully submitted and presented their work at conferences or in journals. Faculty reported improved clarity regarding processes and expectations, and program directors are integrating navigator developed tools into their workflows. Additional evaluation will be conducted at the end of the academic year to assess effectiveness, identify remaining gaps, and inform modifications.

Reflections/Next Steps: Next steps include expanding the scholarly activity supplemental training series to additional programs, standardizing resources across all GME programs, developing a centralized repository of tools and templates, and building longitudinal evaluation processes to track scholarly output over time. Additional opportunities include strengthening collaboration with faculty champions and the local research community, as well as expanding support for residents preparing poster and abstract submissions

(024) A Qualitative Study Exploring Clinical Educators' Perception of a Multidisciplinary Faculty Development Program

Kamilla Guinn, PhD, Senior Curriculum Developer - Houston Methodist

Introduction

This investigation examined the lived experiences of a multidisciplinary group of clinical educators who participated in a multidisciplinary, longitudinal faculty development (FD) program entitled Clinician Educator Pathway (CEP), at an independent academic medical center (IAMC). Educators in health professions education (HPE) settings often work in silos within their own departments or specialties. The goal was to collect qualitative data on the experience of learning in a multidisciplinary FD program.

The 9-month CEP program includes a 2-day intensive immersive session facilitated by a Stanford Faculty Development Center-trained Clinical Teaching Facilitator, participation in monthly educational sessions, completion of a capstone project, and a $1,000 stipend to aid in disseminating their educational scholarship. CEP is designed to enhance participants' versatility as teachers and provide a forum for collegial exchange. CEP is unique among other FD programs in that it welcomes educators from various fields within the health professions (e.g., medicine, nursing, pharmacy, physical and occupational therapy, etc.). In HPE settings, faculty development programs focusing on 'educator' skills are mostly 'mono-professional', meaning they are not typically designed for multidisciplinary audiences. This study offers insights that can inform the development and design of FD initiatives at other organizations.

The data used for this abstract were taken from the author's dissertation research.

Methods

The study received IRB approval. An interpretive hermeneutic phenomenological approach was used to gain a deeper understanding of the effect of a multidisciplinary FD program on eight (n=8) educators. The inclusion criteria for the participants included continued employment at the study site, continued engagement in the teaching of others, successful completion of the CEP program, and participants must be clinical practitioners (not a staff person). Data was collected using a one-time, semi-structured, face-to-face, audio & visual recorded interview consisting of open-ended questions regarding what it was like learning in a multidisciplinary learning environment. Data was analyzed using van Manen's Isolating Thematic Statements as operationalized by Ajjawi & Higgs. Analysis included multiple reviews of the transcripts, member checking, open-coding, memoing, and examining emerging themes.

Results

The major theme that emerged was "multidisciplinary educator community". The CEP program formalized experiential knowledge into structured, transferable practices and provided a shared professional language around education that helped participants communicate their needs and advocate for the support and resources needed to be effective educators. The subthemes included: perspective-taking & shared problems across professions, CEP as legitimation, and sense of belonging.

Discussion

The findings from this study underscore the pivotal role of social and relational dynamics in shaping faculty development initiatives in IAMC contexts. The CEP's intentionally inclusive and multidisciplinary design fosters diverse perspectives and prioritizes a collaborative, collegial atmosphere. These findings indicate that fostering cross-disciplinary relationships, providing collegial support, and cultivating a sense of community are critical components of successful FD programs.

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(025) Building Research Infrastructure for Medical Education at a Community Hospital: Strategies and Outcomes

Anurag Purushothaman, PhD, Educational Research Specialist - Houston Methodist Willowbrook Hospital Lauren Irwin, PhD – Educational Research Specialist, Office of Curriculum and Educational Development, Houston Methodist Academic Institute; Ebun Ebunlomo, PhD – Director, Office of Curriculum and Educational Development, Houston Methodist Academic Institute; Erica Stewart, M.Ed – Instructional Designer, Office of Curriculum and Educational Development, Houston Methodist Academic Institute; Kishore Balasubramanian, M.S. – Medical Student, Texas A&M College of Medicine; Sarah Hoopes, MD – Residency Program Director, Houston Methodist Willowbrook Hospital; Behrouz Zand, MD – Gynecologic Oncologist, Houston Methodist Willowbrook Hospital; Stephanie Bruce, MD – Gynecologist, Assistant Chief Quality Officer, Houston Methodist Willowbrook Hospital

Need Assessment/Problem Statement

Community hospitals play a vital role in medical education but often lack the infrastructure and centralized processes needed to support scholarly activity. Our community hospital became a medical student clinical training site in 2020. Following the transition of USMLE Step 1 to pass/fail, students increasingly sought research opportunities to differentiate themselves, a need further amplified by the launch of the hospital's first residency program in 2025. Early discussions among physicians interested in expanding research revealed shared challenges, including limited infrastructure and learner support. Feedback from medical students, residents and physicians identified difficulty accessing research resources and adequate support, limiting engagement in clinical and biomedical research and constraining scholarly productivity.

Intervention/Innovation Description: Building on early physician- and student-led discussions, we implemented a centralized research infrastructure to reduce barriers and promote scholarly engagement among medical students and residents in a community hospital setting. The initiative used a coordinated, systems-based approach integrating resources, mentorship, training, and oversight. Key components included: (1) development of a centralized research SharePoint hub providing streamlined access to research tools, templates, and institutional resources; (2) administration of a needs-assessment survey to identify barriers; (3) development of internal and external partnerships to support mentorship and project development; (4) delivery of targeted research training; and (5) formation of an early, informal advisory group to guide research infrastructure development.

Implementation

The initiative was implemented using a phased approach to ensure feasibility and sustainability. Initial efforts focused on developing the centralized research SharePoint hub as the primary access point for research activities. Needs-assessment findings guided prioritization of research resources, including expanded access to institutional library databases. Existing partnerships were strengthened, and new collaborations were established to support mentorship and provide clinical and technical expertise. A dedicated research specialist coordinated project development, monitored progress, and facilitated interdisciplinary collaboration. Targeted training opportunities were integrated to build research skills among medical students, residents, and physicians. An informal advisory group provided ongoing guidance, with periodic input from a broader interdisciplinary group.

Outcomes/Evaluation: Implementation of the centralized research infrastructure increased awareness and engagement in research among medical students/residents and physicians. Student feedback indicated that structured support from a dedicated research specialist and centralized access to resources reduced perceived barriers and improved confidence in navigating the research process. Physicians from 16 specialties, including those new to research, demonstrated interest in engaging in research and involving medical students/residents, and two research projects were initiated.

Within six months, 11 of 22 (50%) third-year medical students participated in research. The infrastructure also supported research engagement among all 21 (100 %) incoming medical students and all 5 (100%) PGY1 OBGYN residents. Early outcomes included increased student inquiries and mentor matching, fostering a culture of scholarship. Ongoing evaluation will assess long-term scholarly productivity.

Reflection/Next Steps The initiative increased research engagement among medical students and physicians. Key success factors include dedicated coordination by a research specialist, centralized access to resources, structured

mentorship, integration into the existing educational infrastructure, and support from system and local hospital executive leadership. Collaboration with established nursing research and education programs further strengthened implementation.

Early challenges included variability in physician mentorship availability and initial student unfamiliarity with research processes, which improved as centralized supports were established. Next steps will focus on expanding mentorship capacity, assessing student self-efficacy, and formalizing the multidisciplinary advisory group, including GME leadership to review progress and guide future directions. Ongoing refinement based on participant feedback is planned. Research opportunities will be incorporated into annual UME and GME orientations and shared with physicians. This model may be adapted by other community hospitals seeking to build sustainable research engagement within medical education.

(026) Integrating Wellness into the Daily Life of a Resident Physician: A Curriculum to Promote Sustainable Well-Being

Sarah I Sordo, MD, Core Faculty Transitional Year Program- Ambulatory - Capital Health System

Resident physicians face intense demands that contribute to burnout, poor self-care, and reduced empathy. Although wellness is recognized as a core component of graduate medical education, many programs lack structured practical tools for integration into daily clinical life.

Objectives

To design, implement and evaluate a structure wellness curriculum aligned with ACGME core competencies, targeting the physical, emotional and professional well-being of resident physicians.

Methods

A longitudinal, multimodal curriculum was developed incorporating five key domains: (1) Nutrition for performance, (2) Mind-Body techniques for stress management, (3) Personal goal setting and reflection, (4) Fitness integration into busy schedules, and (5) Burnout awareness and Prevention strategies. Delivery methods included experiential workshops, culinary medicine labs, guided movement sessions, and facilitated reflection groups. Pre- and post-curriculum surveys assessed changes in perceived stress, burnout (using the Maslach Burnout Inventory) and self-efficacy in wellness practices.

Results

Preliminary data showed improved wellness knowledge, increased self-reported mindfulness practices, and a reduction in emotional exhaustion scores over a 6-month period. Participants reported high satisfaction with the program's practicality and relevance.

Conclusions

This wellness curriculum demonstrates that integrated, actionable wellness education can be feasibly delivered in residency training. Aligning content with ACGME competencies while prioritizing relevance to residents live experience supports its adoption and sustainability.

(027) AI-Assisted Patient Simulation With Real-Time Feedback Improves PGY-1 Code Status Communication: A Randomized Controlled Trial

Karambir Khangoora, MD, Hospitalist, TY Program Core Faculty - Capital Health

Ekaterina Vypritskaya, MD – Program Director, Transitional Year Program, Capital Health; Atefeh Ghorbanzadeh, MD – PGY-2 IM Resident, Capital Health; Abdullah Demirkaya, MD – PGY-3 IM Resident, Capital Health; Ahmed Mustafa, MD – PGY-3 IM Resident, Capital Health; Rafael Amoro Sanchez, MD – PGY-3 IM resident, Capital Health; Daniel Goldsmith, MD – Internal Medicine Clinical Faculty, TY Program, Capital Health

Introduction

Code status discussions are frequent, high-stakes conversations that many trainees feel underprepared to lead. Traditional training approaches are resource-intensive and inconsistently available. AI-based patient simulation may provide scalable, on-demand deliberate practice, but randomized evidence for improving code status communication skills remains limited.

Methods

We conducted a randomized controlled trial at a community hospital residency program including PGY-1 internal medicine and transitional year residents. Participants were randomized 1:1 to an AI-simulation intervention (tutor mode with real-time structured feedback; three practice cases over one week) or control (standard educational reading materials). All participants completed two baseline and two post-intervention simulated code status/GOC scenarios using the same AI patient simulator. Conversations were recorded, de-identified, and scored by two blinded independent raters using a standardized 7-domain rubric (6-point scale per domain; total score range 7-42). Primary outcome was change in total rubric score from baseline to post-intervention. Secondary outcomes were changes in self-reported comfort, confidence, and preparedness (5-point Likert). Within-group changes were analyzed with paired t-tests; between-group comparisons used independent samples tests. Inter-rater reliability was assessed using ICC.

Results

Thirty-three residents consented; complete paired transcript data were available for 24 residents (control n=12; intervention n=12). Inter-rater reliability for the total rubric score was excellent (ICC=0.763). Baseline total scores did not differ significantly between groups (control mean 25.25 [SD 7.03] vs intervention 21.60 [SD 7.07], p=0.218). Total rubric scores increased in both groups, with statistically significant improvement in the intervention group (21.60 to 26.33; delta +4.73; p=0.010) and a smaller, non-significant improvement in the control group (25.25 to 27.66; delta +2.41; p=0.057). The between-group difference in change favored the intervention but was not statistically significant (mean difference +2.32; 95% CI -1.59 to 6.25; p=0.231). On surveys, confidence and preparedness improved significantly within both groups, while comfort did not; post-intervention survey scores did not differ between groups.

Discussion

In this pilot RCT, AI tutor-mode simulation with real-time feedback was associated with significant improvement in objectively scored code status/GOC communication performance. Improvement in the control group suggests a meaningful practice/testing effect from repeated simulated encounters and highlights the need for larger, adequately powered studies to clarify the incremental benefit of feedback beyond exposure and usual educational materials. AI-based simulation may be a scalable adjunct for early residency communication skills training, particularly in programs with limited access to standardized patients and faculty-intensive simulation.

(028) Enhancing GME Program Coordinator Compensation & Career Ladder: Aligning Talent with Institutional Growth

Steve McDonnell, C-TAGME, Residency Program Manager - Capital Health System

Background

Graduate Medical Education (GME) program coordinators are integral to accreditation compliance, resident/fellow support, and overall program success. Despite their critical role, compensation and career growth opportunities often lag behind the increasing complexity of responsibilities, contributing to burnout, turnover, and loss of institutional knowledge. Establishing equitable compensation and a defined career ladder may improve retention, engagement, and program quality.

Objectives

To propose a structured change to program coordinator compensation and career development at Capital Health Systems, aligning pay and advancement opportunities with role complexity and institutional impact.

Methods

Conducted holistic review of the current job description used to define the role of the program coordinator at the institutional level. Conducted salary benchmarking using local HR, AAMC, and AHME data to compare current compensation with regional/national averages. Analyzed the importance of the job title (program coordinator vs program administrator) with support from published letter from AAIM. Evaluated coordinator responsibilities across programs to define competency-based levels (Coordinator Administrator, Senior Administrator, Manager). Engaged GME leadership, program directors, HR, and finance to gather perspective on retention challenges and compensation gaps. Created a tiered career ladder with salary bands, role competencies, and professional development milestones.

Results/Outcomes/Improvements Identified an outdated job description that does not accurately define the responsibilities of the role. Identified compensation disparities of 15-25% compared to regional/national averages, noting that the structure in place at the institution requires more responsibility from the role the many regional counterparts. Identified the institution has a naming problem for the position noting that it no longer aligns with the wave of change happening nationwide. Turnover analysis noted that top reasons for leaving were pay, lack of advancement and increase in responsibilities. Proposed career ladder includes multiple levels with clearly defined expectations, training requirements and salary ranges.

Significance/Implications/Relevance This is not just a coordinator issue- it is a program stability issue. When coordinators leave, programs scramble, faculty pick up the slack, resident feel the impact and accreditation risk goes up. Implementing the right structure, we can strengthen our programs, improve coordinator retention, and ensure institutional success, protecting the quality, compliance and reputation of our GME programs. Adoption of this model supports institutional commitment to workforce development and ensures sustainable support for ACGME requirements.

(029) The AI-Enhanced CCC: Efficiency, Accuracy and Insight

Steve McDonnell, C-TAGME, Residency Program Manager - Capital Health System
Delaram Moazami, MD, FACP – Director, Medical Clinics; APD, Capital Health System; Rebecca Mullowney, C-TAGME – Residency Program Manager, Capital Health System

Background

As GME programs face increasing data complexity and reporting demands, CCCs are under pressure to make timely, evidence-based decisions about resident performance. This workshop explores how artificial intelligence (AI) and machine learning tools can be integrated into the CCC process to enhance decision-making, reduce administrative burden, and support more consistent, data-driven assessments. Participants will gain practical insights into the current and potential roles of AI in GME and CCC workflows, how to use AI tools to synthesize milestones data, evaluations, and narrative feedback. Strategies to maintain human oversight while leveraging AI-generated insights and real-world examples of AI implementation in CCC settings. Through interactive discussions and hands-on demonstrations, attendees will leave with actionable strategies for responsibly integrating AI in to their CCC processes - ensuring that educational judgment remains central while efficiency and accuracy are enhanced.

Objectives

Define the potential roles and limitations of artificial intelligence in the context of CCC meetings and residency evaluation. Demonstrate how AI can be used to synthesize narrative evaluations, milestone ratings and other performance data to support CCC discussions. Apply strategies to integrate AI-generated insights into CCC workflows while preserving the integrity of faculty-driven decision making. Evaluate ethical and legal considerations for AI in resident assessment.

Methods

AI platforms compile resident performance data from multiple sources. Machine learning models highlight longitudinal trends and outliers, facilitating early identification of struggling or excelling residents. AI generates draft milestone ratings and narrative summaries for committee review, preserving CCC oversight and judgment while reducing cognitive load. Meeting duration, number of residents reviewed per session, and faculty satisfaction surveys will be compared before and after AI implementation. Consistency of milestone scoring, clarity of CCC feedback, and resident perceptions of feedback utility will be assessed.

Results/Outcomes/Improvements We anticipate that AI-assisted CCC processes will, reduce meeting time by streamlining data review, improve inter-rater reliability of milestone scoring, enhance the clarity and actionability of narrative feedback provided to residents and increase faculty satisfaction with CCC workload and structure.

Significance/Implications/Relevance This will provide an introduction of AI as a practical, ethical, and scalable tool to support and enhance CCC workflows - a domain that has traditionally relied heavily on manual data review and subjective decision making. This proposal will outline how to get hands-on exposure to AI tools, real-use case demonstrations and strategies for low-barrier adoption, making it both forward thinking and immediately applicable. This will help to create a practical guide for piloting AI tools in a CCC setting, including, key questions to ask before implementation, integration strategies for low-, mid- and high-resource programs, timeline and checklists for implementation and metrics to assess success (ie, time saved, decision consistency, faculty satisfaction).

(030) Optimizing the Initial Six Months: Enhancing TY Resident Orientation and Reducing Burnout Through Resident-Led Initiatives

Shafaq E Bokhari, MD, Core Faculty - Capital Health System

Ekaterina Vypritskaya, MS – Program Director Transitional Year Residency Program, Capital Health System; Stephen McDonnell, C-TAGME – TY Program manager, Capital Health System; Danielle Martin, MBA, C-TAGME – TY program manager, Capital Health System

Problem Statement

In our ongoing effort to enhance the Transitional Year residency experience, we found the first six months of residency as a crucial period. This initial phase is essential for new residents to adjust to the system, gain core skills, and reduce feelings of overwhelm - promoting wellness and combating burnout. Since this is the pivotal transition where medical students become practicing doctors, we recognized that this period can be particularly challenging and needs targeted support.

Intervention

To address these challenges, we conducted a survey in May of 2025 among our graduating residents to gather insights on the orientation process and the initial period of educational adjustment. We discovered that the existing orientation, which was provided solely by hospital staff, felt suboptimal and overwhelming. Additionally, mandatory shadowing experiences were not universally effective.

Implementation

In response, we introduced several key changes. 1. We implemented a resident-led orientation segment during the first week, allowing graduating residents to guide the incoming class through the electronic medical record (EMR) system, rotation structures, and practical system tips.

2. We created a concise, resident-written manual covering rotation details, patient caps, and expectations.

3. In addition to existing IM didactic curriculum, we developed a more tailored didactic program, specifically for our TY interns, that included in-person, interactive sessions twice a week. These sessions focused on high-yield topics specifically suited for interns, covering areas of medical knowledge, system-based processes, quality improvement, social determinants of health, and clinical documentation. We also introduced a short series called "Emergency Medicine for Interns 101" and "Integrated a Wellness into Residency Life" series into the didactic schedule to ensure a well-rounded and engaging educational experience.

Outcomes

1. In our follow-up survey, conducted after six months of training, we gathered their assessments of satisfaction with the updated orientation and the initial educational adjustment period during the first six months. The feedback clearly showed that the residents-led sessions were the most well-received and useful part of the orientation. Residents expressed strong interest in increasing the number of these sessions and even volunteered to lead them for the next incoming class.

2. The response to the resident-written manual was equally positive, with every resident finding it very useful and continuing to reference it throughout the year.

3. Residents appreciated the new didactic sessions, especially processes of medication reconciliation and step by step approach of admission and discharge processes. They encouraged us to continue offering more case-based discussions with clinical pearls and a game-based approach to keep the learning process engaging and relevant. They also suggested sessions on common critical care topics led by Internal Medicine seniors during the first few months of the academic year.

The next steps. Based on positive feedback, we will schedule more resident-led sessions for the incoming class during the orientation period, including recurrent sessions of step-by-step admission tutorials and discharge process. We will also continue to have each new class update the resident-written manual annually to reflect on any changes. Additionally, we will keep enhancing our didactic curriculum with interactive and game-based sessions covering high-yield topics and RRT scenarios. We will arrange Internal Medicine seniors led Critical Care 101 sessions during the first six months of the academic year. We will monitor and analyze the process continuously to refine it and ensure that each new class feels supported and well prepared.

(031) From Learning to Leadership: Lessons from a Leadership Institute

Brigitte K Warren, C-TAGME, Program Coordinator Senior - University of Louisville: Department of Pediatrics

Buffy Sexton, MA – Department Coordinator III, Pediatrics, University of Louisville; Krystal Kaufman, MBA – Medical Residency Program Administrator II, Pediatrics, University of Louisville; Lindsey Jaggers, MS, C – Program Manager I, University of Louisville; Maya Lynum-Walker, PhD – Manager, Medical Residency Program, Medicine, University of Louisville; Wende Elkins, N/A – Medical Residency Program Coordinator IV, Cardiothoracic Surgery, University of Louisville; Jennifer Olges, MD, MPH FACP – Associate Professor, General Internal Medicine, University of Louisville; Murali Ankem, MD, MBA – Professor, University of Louisville

Problem Statement

Leadership development is essential at all levels of graduate medical education (GME); however, structured training opportunities remain inconsistent. Program coordinators -key strategic and operational partners - are often underrecognized as institutional leaders and lack formal pathways for growth. This limits their ability to influence educational outcomes, foster organizational culture, and mentor colleagues. Addressing this gap is vital to cultivating a resilient, innovative GME workforce that supports long-term institutional success.

Intervention

The Cardinal Leadership Institute (CLI), developed through the institutional Employee Success Center in partnership with the College of Education and Human Development, was leveraged as a structured leadership development pathway for GME program coordinators. Grounded in the principle that leadership is a learnable skill, CLI emphasizes intentional development through theory, practice, and reflection. The program's hallmark is its multidisciplinary design, bringing together participants from diverse roles and departments to foster shared perspectives, peer learning, and cross-institutional mentorship. This initiative aimed to elevate coordinators as essential leadership personnel, cultivate a peer-driven leadership network, and equip them with tools to mentor colleagues and trainees.

Implementation

Eligible GME coordinators with at least 18 months of experience, applied through the institutional Employee Success Center. Applications were reviewed to ensure eligibility and alignment with program requirements, ensuring a fair and transparent selection process. To eliminate financial barriers and promote equitable access, the GME Office covered all program-related fees for selected participants. Coordinators were encouraged to apply as part of a structured approach to developing leadership capacity, professional confidence, and strategic influence within the GME workforce.

Participants engaged in an 18-week, multi-session curriculum that included interactive workshops, group-based projects, leadership assessments, and reflective exercises. Program content focused on leadership fundamentals, change management, coaching and talent development, strategic planning, and organizational influence. Coordinators were encouraged to apply learned skills directly to real-world challenges within their GME programs and professional environments.

Outcomes

Participation in CLI strengthened coordinators' leadership competencies, confidence, and professional identity as leaders within academic medicine. Coordinators reported increased visibility, improved decision-making skills, and enhanced ability to collaborate across departments and institutions. The multidisciplinary structure fostered a strong peer network, promoting shared problem-solving, mentorship, and ongoing professional engagement. Early participation - within the first three years of a coordinator's role - is strongly encouraged to maximize impact on professional growth and institutional success. This growth empowers coordinators to better support trainees, mentor peers, and contribute strategically to institutional priorities, elevating their role from administrative support to integral leadership within GME.

Reflections

Formal leadership development for GME coordinators advances individual careers while strengthening institutional capacity to adapt and innovate. Future efforts will focus on expanding access to leadership programming, strengthening mentorship pathways, and sustaining peer networks beyond program completion. Recognizing and empowering coordinators as leaders enhances the collective ingenuity of academic medicine and supports a collaborative, resilient

GME community.

(032) Bridging Gaps in Preparedness for ACGME Institutional Accreditation Site Visits with Innovative Approaches and Strategies

Rania Hattab, MA., CHRL., C-TAGME, Accreditation Manager - University Of Louisville

Christine Castle-Greenwell, C-TAGME – Medical Residency Program Coordinator, Psychiatry, University of Louisville; Latosha Cowherd, C-TAGME – Program Coordinator & Supervisor, Medical Residency Program, Department of Pathology & Laboratory Medicine, University Of Louisville; Laura Hollifield, C-TAGME – Medical Residency Program Coordinator, Internal Medicine - Gastroenterology, University Of Louisville; Monica Sivori, B.Sc. – Medical Residency Program Coordinator, Department of Vascular Surgery, University Of Louisville

Background

Institutional Site Visits are high stakes events that evaluate the ability of Sponsoring Institutions to provide oversight and resources to graduate medical education. ACGME ensures the quality and integrity of Graduate Medical Education through structured program level reviews and site visits. When it comes to institutional level accreditation site visits, resources are more limited to aid in preparing for these site visits. That causes the institutions to face challenges when it comes to preparing for these site visits. To address the limited data available on best practices, common pitfalls, and lack of experience, this study will address a critical gap in resources and literature, by providing a frame work that institutions can use to prepare for and experience a successful ACGME institutional Site Visits.

Objectives

Identify innovative, systematic common practices and strategies that Sponsoring Institutions can use to prepare for institutional site visits. Develop recommendations and share reproducible tools and practices to ensure and improve institutional readiness for site visits.

Methods

Identifying gaps in institutional oversight, documentation and communication.

Introduce structured checklists, mock site visits, assignment dashboards for continuous monitoring.

Results/Outcomes/Improvements: Increased accuracy and completeness of documentation submitted for the site visit.

Mock site visit implemented by the GME office, lead by the DIO enhanced the stakeholders confidence as an effective preparedness tool.

Reduction in last-minute compliance deficiencies.

Positive feedback from site visitors regarding clarity and organization.

Finally, this model fostered institutional collaboration and shifted accreditation readiness from periodic event to a culture of continuous improvement.

Significance/Implications/Relevance: The significance of this poster will be underscoring that preparedness for ACGME institutional accreditation site visits can be transformed from reactive to proactive approach for continuous monitoring that will help institutions achieve successful site visit outcome and build sustainable systems of GME oversight. This poster could make an impact on strengthening institutional readiness processes, and provide more standardized preparation practices, that would enhance accreditation outcomes and support improvement for sponsoring institutions.

(033) MOSAIC Medical Opportunities for Students and Aspiring Inclusive Clinicians: Increasing Physician Representation at the Largest Municipal Hospital System in the U.S.

Albina Shkolnik, MJ, MPH, Senior Director of Enterprise Clinical Operations - NYC Health + Hospitals
Carle-Marie Memnon, DHA, FACHE, FACHDM – Assistant Vice President, Graduate Medical Education, NYC Health + Hospitals; Sewit Teckie, MD, MBA – Vice President, Enterprise Clinical Operations, NYC Health + Hospitals

Needs Assessment/Problem Statement The U.S. physician workforce does not always represent the diversity of patient populations served, particularly among Black, Hispanic, Native American, and Pacific Islander groups considered underrepresented in medicine (URiM). The physician pipeline faces significant gaps in URiM participation, despite evidence showing that a more inclusive workforce improves patient outcomes. At NYC Health + Hospitals (H+H), the nation's largest municipal healthcare system, we observed similar gaps. While 34% of patients identify as Black, only 14% of providers are Black; similarly, 30% of patients identify as Latinx, yet only 4% of providers are Latinx. These disparities highlight the need for programs that recruit, educate, and retain underrepresented talent, ensuring the workforce better reflects the communities it serves.

Intervention/Innovation Description In response, the MOSAIC Program was launched at H+H to create a comprehensive pipeline of URiM students from middle school through medical residency. Supported by philanthropic funds, MOSAIC provides mentorship, educational opportunities, and clinical experience to help URiM students succeed. A core component of MOSAIC is the Visiting Scholars Program (VSP), 4 to 6-week clinical rotations at H+H facilities with associated stipends and housing support. Through partnerships with organizations such as Mentoring in Medicine and East Side House, MOSAIC introduces students to healthcare careers, creating a recruitment pipeline into H+H's residency programs. This approach builds an inclusive workforce that reflects the communities H+H serves, improving healthcare outcomes.

Implementation

Launched in AY 2022-23, the MOSAIC Program aims to place 30 students annually in the VSP. The curriculum covers health equity topics including Health Inequities and Social Determinants of Health, providing students with a strong foundation in healthcare challenges. A robust support network promotes academic growth and connects students with H+H, positioning it as a future residency destination. Since its launch, the program has grown from 3 students in AY2022-23 to 21 in AY2025-26. Applicants come from top institutions nationwide, with placements across specialties at H+H hospitals. Each student receives a $2,000 stipend and an additional $2,000 housing stipend for out-of-state students. Outreach events have expanded the program's reach, attracting applicants committed to advancing health equity.

Outcomes/Evaluation To date, 55 students have completed clinical rotations through MOSAIC across specialties including Emergency Medicine, Internal Medicine, Psychiatry, Surgery, and more. The health equity curriculum has received overwhelmingly positive feedback, with many students reporting its influence on their clinical perspectives and career goals. Several students have been matched to H+H residency programs, demonstrating the program's success in creating a recruitment pipeline for underrepresented talent. A key lesson is the need to integrate social justice and equity into clinical training. Future evaluations will track residency placements, career progression, and the long-term impact of the health equity curriculum on students' clinical practices, ensuring the program's lasting impact on healthcare delivery and patient outcomes.

Reflection/Next Steps The MOSAIC Program has successfully recruited URiM students, increasing their interest in residency programs at H+H. The curriculum has strengthened their commitment to advocating for systemic change and reducing healthcare disparities, fostering the development of talent and enhancing patient trust, supporting H+H's mission of improving healthcare equity. Moving forward, we aim to consistently fill all 30 slots annually by expanding outreach and broadening the applicant pool. We will also enhance training and networking opportunities for students. Key priorities include increasing student engagement, optimizing funding, and improving educational events. These steps will ensure the program's continued success and reinforce H+H as a leader in health equity.

(034) Institution-Led Second-Look Events: A Collaborative Approach to Strengthen Recruitment in Hard-to-Fill Subspecialty Fellowship Programs

Abbigail L Joy, MSHA, Sr. Residency/Fellowship Program Coordinator - UT Health Houston
Rosa Aguirre, N/A – Fellowship Program Coordinator I, Pediatrics, UT Health Houston; Judith Cerino, N/A – Fellowship Coordinator II, Pediatrics, UT Health Houston; Monica Henry, B.S., C-TAGME – Director, Graduate Medical Education, GME, UT Health Houston; Brenda Moncivaiz, MBA – Program Manager & ACGME Institutional Coordinator, GME, UT Health Houston

Problem Statement

Over the past three recruitment cycles, several Pediatric and Internal Medicine subspecialty fellowship programs at UTHealth Houston experienced persistently low fill rates, reflecting national post-COVID trends. Limited staffing, budgets, and the inability to host individual second-look events disproportionately affected smaller programs. Consequently, applicants often encounter inconsistent experiences and limited exposure to the institution's educational culture, support systems, and long-term career opportunities. Program leadership and the DIO recognized the need for a coordinated, institution-wide strategy to provide equitable access to resources while reducing the burden on individual programs. The initiative drew on prior residency-level Second-Look events in Pediatrics and Internal Medicine, and the new GME Director brought direct experience organizing similar recruitment efforts.

Innovation Description

The GME Office developed a centralized, institution-led Second-Look event for applicants who completed program interviews. This model replaces program-specific second-looks, providing unified, consistent experiences across specialties. The event included opening remarks from the DIO and presentations from key institutional offices, including the Office of Educational Programs (OEP), the Fellow and Resident Assistance Program (FRAP), the Employee Assistance Program (EAP), and the Center for Humanities and Ethics. This shared model reduced logistical burden, encouraged collaboration between Pediatrics and Internal Medicine, and standardized the key information that programs presented to applicants.

Implementation

Ten subspecialty programs participated, supported by GME for logistics, communications, catering, and space reservations. GME hosted the event at the Texas Medical Center Library, a resource-rich environment for trainees. A standardized itinerary gave applicants a consistent view of both institution-level and program-level perspectives. GME, program leaders, coordinators, current trainees, and institutional partners worked closely together to plan and execute the event. By scheduling the event after the institution's voluntary NRMP rank list certification deadline, organizers ensured neutrality and upheld ethical recruitment practices. Alumni who completed their training at the institution and later returned as faculty showcased long-term career pathways. Programs led small breakout sessions with faculty and fellows, followed by lunch and guided tours of the campus and clinical sites.

Outcomes

The Hard-to-Fill Specialties Second-Look Event offered previously interviewed candidates a slower-paced, personalized opportunity to engage with faculty and explore institutional resources beyond the formal interview process. Ten subspecialty programs in Pediatrics and Internal Medicine, four institutional offices, and the DIO participated, creating a collaborative environment that highlighted program culture and transparency. Early feedback from faculty and coordinators indicated that the event effectively showcased program values and clarified applicants' understanding of institutional culture, career development pathways, and available support systems. For the first time, offices such as EAP, OEP, and FRAP presented together, prompting plans to integrate their services into a centralized GME resource hub.

During the post-event debrief, participants identified opportunities for improvement, including earlier promotion through save-the-date notices, development of a brief candidate decision-making survey, expansion of resource presentations, and creation of a biannual Fellow Resources Day. Faculty reported gaining new insights into institutional resources that they plan to incorporate into standard interviews. The attending candidate found all resources helpful and recommended adding specific rotation site information to further enhance the event.

Next Steps

This event strengthened inter-program collaboration, improved transparency, and demonstrated institutional commitment to supporting applicants in hard-to-fill subspecialty fellowship programs. Leadership engagement and structured resource presentations had a strong impact, while challenges included limited program-specific interaction and compressed planning timelines. Future directions include earlier applicant outreach, increased fellow involvement, expanded resource showcases, and standardized feedback collection. The model is scalable, cost-effective, and replicable across specialties, offering a practical strategy for institutions addressing recruitment challenges.

(035) From Scratch to Standards: Our NST Site Visit Journey

Monica Henry, Director - UTHealth Houston
Pamela Promecene, MD, FACOG – Designated Institutional Official, Graduate Medical Education, UTHealth Houston; Monica Henry, BA, C-TAGME – GME Director, Graduate Medical Education, UTHealth Houston; Brenda Moncivaiz, MBA – GME Program Manager, Graduate Medical Education, UTHealth Houston

Needs Assessment/Problem Statement Recent changes in ACGME NST institutional recognition requirements prompted the need for standardized processes across all NST (existing and newly added) programs. Prior to this initiative, there was no uniform approach; programs lacked standardized evaluations, consistent duty hour tracking practices, and accurate representation of program and trainee information in NST WebADS. This created challenges in ensuring compliance for J-1 trainee onboarding in accordance with ACGME, Intealth, OIA standards, and site visit preparation.

Intervention/Innovation Description To address these gaps, the GME Office partnered with NST program leadership and OIA to establish a comprehensive framework for NST recognition alignment. A dedicated work group, including the DIO, GME Program Manager, and GME Training Specialist, conducted a needs assessment, identifying deficiencies in evaluations, duty hour tracking, and NST WebADS platform accuracy in relation to the current program structure and trainee status, as well as program understanding of institutional and ACGME NST expectations.

Implementation

Policy & Process Development: Standardized evaluations and duty hour compliance monitoring.

Evaluation Structure: 3-month milestone-based evaluations (linked to parent program milestones) Semi-annual summative evaluations (Pass/Fail) End-of-year evaluations (Pass/Fail)

Duty Hour Tracking: Standardized monitoring across all programs by requiring NST programs to follow ACGME rules and enter duty hours in Resident Management System (RMS). This ensures consistent compliance oversight, as NST programs previously lacked regular or GMEC-accessible tracking.

NST WebADS Portal Updates: Inactivated programs without trainees Collaborated with NST program leadership to revise program profiles, ensuring accuracy

Education & Training: Multiple sessions with program leadership Hands-on workshops and virtual training for accessibility

Tracking Systems: RMS for duty hours and evaluations NST WebADS for program and trainee data

Communication Strategy: Frequent program meetings and correspondence regarding ACGME NST requirements Ongoing support from GME Office (Training Specialist and GME Program Manager)

Outcomes / Evaluation Formal outcomes are pending the ACGME NST RRC site review in January. However, significant progress includes: Creation of monitoring procedures for evaluations, duty hours, and NST WebADS compliance Improved program understanding of NST recognition standards Adoption of best practices for standardization and continuous monitoring beyond the site visit

Lessons Learned

Frequent, clear communication reinforces compliance Hands-on training is essential for institutional standardization Early identification of gaps ensures timely remediation

Reflection/ Next Steps Ongoing monitoring of NST WebADS portal at the start of each academic year Evaluation reminders tied to ACGME milestone schedules Continued enforcement of duty hour tracking through RMS GME Office continuous monitoring of ACGME NST requirements

This initiative transformed a fragmented process into a unified, GME-driven, standardized framework, ensuring NST programs meet institutional and ACGME requirements. Demonstrating that institutional alignment reduces variability, strengthens institutional oversight, and supports ongoing accreditation and recognition maintenance. Our approach emphasizes collaboration, education, and continuous improvement laying the foundation for sustained compliance and quality in NST training. This model could provide a framework for other institutions with NST-recognized programs to monitor compliance with ACGME NST requirements by replicating or creating similar systems.

(036) Everyone Needs CANDY! A Peer-Led Support Model for GME Program Coordinators

Melodie Allison, BS, Sr. Residency Fellowship Program Coordinator - McGovern Medical School UTHealth at Houston
Judith Cerino, BA – Fellowship Program Coordinator II, Pediatrics, McGovern Medical School UTHealth at Houston

Needs Assessment or Problem Statement Prior to 2023, pediatric program coordinators at our institution navigated their roles with limited formal guidance or training. The introduction of the ACGME Program Coordinator Full-Time Equivalent (FTE) requirements, effective July 1, 2023, served as a catalyst for change by formally recognizing program coordinators as integral members of program leadership and validating the scope and complexity of their work. While this mandate created opportunities for professional recognition and career advancement, it also highlighted a critical need for structured support and shared learning to help coordinators meet expanding expectations with their evolving leadership role.

Intervention or Innovation Description Program coordinators launched CANDY Chats (Coordinators Assessing Needs and Development Year-round), a monthly peer-led initiative designed to foster mentorship, collaboration, and continuous learning. Rooted in a "coordinators helping coordinators" motto, each session blends practical guidance with lived experience while addressing both the how and the why of Graduate Medical Education (GME).

CANDY Chats provides a dedicated space for new and veteran coordinators for our seventeen training programs to grow professionally by sharing best practices, supporting well-being, and encouraging small-scale workflow improvements. The model intentionally promotes early integration of new coordinators, shared problem-solving, and career development discussions, while weaving in insights on ACGME accreditation standards and compliance. Together, these elements cultivate a knowledgeable, resilient, and connected coordinator community.

Implementation

The initiative began in August 2023 as "Chocolate Chat" and was rebranded in September 2023 as CANDY Chats. Program coordinators hold monthly one-hour sessions with an average attendance of 8-11 pediatric residency and fellowship program coordinators.

Sessions included presentations from institutional experts, such as the Department Chair and Vice Chair of Education, Graduate Medical Education Office staff, Employee Assistance Program, and the Office of International Affairs, followed by peer-led discussions to address real-time challenges. Program coordinators develop agendas based on identified needs, balancing immediate program demands with long-term skill-building. The group introduces new coordinators during sessions to promote early integration and community-building. An informal survey was distributed to all pediatric program coordinators to assess the perceived value and impact of CANDY Chats.

Outcomes or Evaluation Prior to the creation of CANDY Chats, pediatric program coordinators lacked a structured platform for collaboration and support. The survey received responses from 81% of coordinators (9 of 11). Of respondents, 89% reported attending regularly, and 100% reported feeling more connected to their peers.

Key outcomes included: 100% reported increased confidence in their coordinator role and responsibilities 100% reported improved collaboration and access to shared resources 89% reported enhanced well-being and reduced feelings of isolation 78% reported gaining mentorship and professional growth opportunities 67% reported increased confidence navigating institutional systems and locating information

Qualitative feedback reinforced these findings, with participants describing CANDY Chats as "essential to my success," "a unique and valuable resource," and "a place where I found my tribe."

Reflections or Next Steps The CANDY Chat model demonstrates that a peer-led, low-cost, and sustainable support initiative can strengthen coordinator confidence, collaboration, and well-being. By reinforcing coordinator skills and reducing burnout, this model supports program stability, compliance, and accreditation success while enhancing the resident and fellow experience.

The formal recognition of coordinator FTE by the ACGME underscores the importance of initiatives like CANDY Chats that support coordinators as program leaders. Programs can easily adapt this model, particularly in settings where formal coordinator training remains limited. Long-term, peer-led initiatives such as CANDY Chats can elevate the professional

identity of coordinators, support career advancement, and foster a culture of recognition and support aligned with national GME priorities. Future evaluation will explore the impact of CANDY Chats on coordinator retention and career development.

(037) Standardized Program Coordinator Structure: An Innovative Approach to Reducing Attrition and Promoting Professional Growth

Jamie Shomette, BA, GME Institutional Coordinator - UT Health San Antonio

Lori McKee, MBA – Director, Academic Programs, UT Health San Antonio; Wendy Malone, MA – GME Program Manager, UT Health San Antonio; Michelle Valdez, MA – Director of Accreditation, Compliance and Quality Improvement, UT Health San Antonio

Problem Statement

High attrition rates among Graduate Medical Education (GME) Program Coordinators (PCs) and inconsistencies in position descriptions, pay scales, and growth opportunities presented significant challenges for our institution. This lack of standardization led to inequitable pay, unclear career advancement pathways, and difficulty retaining qualified staff. Our institution identified the need for a structure to address these issues and improve workforce stability.

Intervention Description

We developed a tiered structure with four standardized PC roles: Program Coordinator (entry level), Program Coordinator Intermediate, Program Coordinator Senior, and GME Manager. This structure clarified position responsibilities, created a defined career progression pathway, and introduced standardized pay bands for each role to ensure equitable compensation. To encourage professional growth and competency, TAGME (Training Administrators of Graduate Medical Education) certification was required for promotion to the Senior PC level. Additionally, we removed the bachelor's degree requirement to broaden the applicant pool and focus on relevant skills and experience.

Implementation

The intervention was implemented in phases over one year, beginning with a comprehensive review of existing PC roles and pay scales. Stakeholders, including current PCs and GME leadership, provided input to ensure the new structure aligned with institutional needs and employee expectations. Position descriptions were standardized, pay bands were developed in collaboration with Human Resources, and TAGME certification support was offered to existing staff. Communication efforts included informational sessions, FAQs, and one-on-one meetings to address questions and concerns.

Outcomes

Within the first year of implementation, the average salary for PCs increased by $4,378, reflecting the institution's commitment to fair compensation. Attrition rates decreased significantly as employees expressed greater satisfaction with the clear career pathways and equitable pay structure. Additionally, the requirement for TAGME certification at the Senior PC level encouraged professional development, resulting in an increase in TAGME-certified staff. Employee feedback highlighted improved morale and a sense of value within the GME community.

Next Steps

Future efforts will focus on evaluating the long-term impact of this intervention on retention, employee satisfaction, and program performance. We plan to refine the structure based on ongoing feedback and explore additional professional development opportunities for PCs. Expanding the TAGME certification requirement to the Program Coordinator Senior level is under consideration to further enhance competency and leadership within the team. Additionally, we aim to share our success with other institutions to inspire similar initiatives across the GME community.

(038) Visualizing Success: A Dashboard for Proactive Accreditation Monitoring

Megan M Ping, MFA-IA, Snr Graduate Medical Education Institutional Coordinator - UT Southwestern

Needs Assessment

Sponsoring Institutions (SIs) must review the program's statuses and their citations. SIs are required to actively review the accreditation statuses of their programs, as stipulated in ACGME requirements 1.12.a. "ACGME accreditation and recognition statuses of the Sponsoring Institution and each of its ACGME-accredited programs" and 1.14.a.3. "each of its ACGME-accredited programs' ACGME accreditation information, including accreditation and recognition statuses and citations". The objective of this project was to provide a more efficient and reliable method to track these findings, moving beyond manual processes to identify institutional trends over a five-year period. This project demonstrates a data-driven approach to enhancing GME oversight by transforming complex accreditation data into an actionable resource.

Innovation Description

The objective of the project was to create an interactive dashboard to track the five-year trend of ACGME Letters of Notifications (LONs), Citations, and AFIs. The dashboard uses information found in the LONs to track the category, ACGME requirements, and finding source of the Citations and AFIs to visualize the data. This information is tracked from initial date of the Citations and AFIs, the continued status, and the resolved date. We developed and implemented a comprehensive Power BI dashboard to provide institutional oversight of GME program-level Letters of Notification (LONs). This solution transforms static compliance reports into a dynamic, interactive tool for GME leadership and program directors. It utilizes custom measures and calculated columns to provide granular detail and trend analysis over a five-year period.

Implementation

The dashboard's design enables users to actively monitor findings by visualizing the status of both Citations and AFIs, tracking their trends over time, and reviewing detailed information for each finding, including Subcategory, ACGME Requirement, Description, and Finding Source. Users can dynamically filter data by Department, Program Name, and Academic Year. By centralizing and visualizing this data, the dashboard directly facilitates the required accreditation monitoring and provides a critical tool for compiling institutional information for the Annual Institutional Review (AIR) report.

Outcomes

The results of the interactive dashboard replaces static reports with a dynamic, centralized tool. It provides our SI with a comprehensive and longitudinal view of all findings, enabling us to easily monitor program-level compliance. This dashboard is utilized for GMEC LON presentations and serves as a vital component for compiling data for the AIR report. Furthermore, the project establishes a foundational data baseline for future predictive analysis. This ACGME Five-Year LON Citation and AFI Trends dashboard empowers Sponsoring Institutions (SIs) to transition from a reactive to a proactive stance in managing their accreditation requirements and improving overall program performance.

Reflections and Next Steps This project provides a foundational data baseline for future predictive analysis and supports a proactive approach to accreditation monitoring and continuous program improvement. Furthermore, this initiative establishes a robust data baseline that can be leveraged in the future to identify indicators for predicting potential Citations and AFIs.

(039) Optimizing GME Oversight: Leveraging GMEC Subcommittees to Map Institutional Requirements

Megan M Ping, MFA-IA, Snr Graduate Medical Education Institutional Coordinator - UT Southwestern

Needs Assessment

Sponsoring Institutions must meet ACGME Institutional Requirements. The Institutional requirement 1.9. "Graduate Medical Education Council (GMEC)" addresses requirements that GMEC must meet ACGME IRs that outline the responsibilities of SIs to maintain oversight for accreditation, which includes the responsibilities of GMEC. 1.10. "Additional GMEC members and subcommittees: In order to carry out portions of the GMEC's responsibilities, additional GMEC membership may include others as determined by the GMEC", this indicates that GMEC may utilize subcommittees to carry out responsibilities. Sponsoring Institutions (SIs) face challenges in meeting and maintaining compliance with ACGME Institutional Requirements (IRs). This study addresses the complexities of Graduate Medical Education Committee (GMEC) oversight of Institutional Requirements (IRs).

Innovation Description

Many Sponsoring Institutions (SIs) utilize GMEC subcommittees to maintain compliance and oversight of ACGME IRs. The objective is to provide guidance on how Sponsoring Institutions can effectively leverage GMEC subcommittees, which are informed by the ACGME Institutional Requirements to improve oversight and ensure institutional compliance. Our SI implemented a strategy to clearly map out IRs to our subcommittees, even those that do not fall under 1.9. Graduate Medical Education Council (GMEC). We mapped out the IRs to each of our GMEC subcommittees including those that fall under the responsibility of GMEC and other IRs that include things such as the clinical learning environment, non-standard training programs, policies, resident forums, and well-being.

Implementation

We developed a framework to strategically plan GMEC meetings through a GMEC academic calendar and track IRs through a tracking log and GMEC minutes. Each GMEC Subcommittees' goals and objectives were aligned with IRs and each is able to plan out the academic year. Through this process we are able to effectively utilize GMEC subcommittees. These methods ensure comprehensive documentation of institutional compliance with accreditation standards.

Outcomes

GMEC oversight of IRs improved immensely after implementing the GMEC mapping process. GMEC Subcommittees had clearer expectations, which led to more efficient meetings and outcomes. This subsequently let to better GMEC discussions and better IR tracking from the SI.

Reflections

Sponsoring Institutions (SIs) face challenges in meeting and maintaining compliance with ACGME Institutional Requirements (IRs). This study describes a strategy for leveraging Graduate Medical Education Committee (GMEC) subcommittees to optimize oversight of these requirements. By systematically mapping all IRs to specific GMEC subcommittees, we created a clear framework for delegation, responsibility, and tracking. Our findings demonstrate that this approach ensures comprehensive documentation and institutional compliance with accreditation standards, providing a valuable model for other SIs seeking to enhance GME oversight.

(040) Leveraging AI to Enhance GME Program Administration: Introducing the 'PC Pal'

Megan M Ping, MFA-IA, Snr Graduate Medical Education Institutional Coordinator - UT Southwestern

Needs Assessment

The Graduate Medical Education (GME) office of Sponsoring Institutions (SIs) have the responsibility of oversight of all the GME programs, which includes providing guidance from both an institutional level and ACGME requirements. SIs are responsible for overseeing GME programs and providing guidance on ACGME, board specialty, and institutional requirements. The manual process of answering frequent questions creates a significant administrative burden on the GME office. This repetitive nature can detract from time and resources needed for accreditation tasks, quality improvement initiatives, and program oversight, posing a challenge to the GME office's ability to effectively fulfill its core responsibilities. Sponsoring Institutions face administrative burden in providing GME guidance, which can detract from accreditation and oversight duties.

Innovation Description

This project aims to optimize GME administrative efficiency by creating an AI chatbot to serve as a centralized, searchable resource for ACGME requirements, board specialties, and institutional policies. We developed an AI chatbot, the "PC Pal," as an internal tool to streamline GME administrative operations. The bot was designed to serve as a customer service agent, providing immediate and reliable answers to programs and GME staff. The PC Pal's knowledge base was built by integrating a diverse set of GME-related resources, including all institutional GME policies, procedures, and program information, as well as ACGME Institutional Requirements, Common Program Requirements, program-specific requirements, Non-Standard Training, and board specialty policies.

Implementation

The system is programmed to instantly crawl and absorb new information from these sources, ensuring its guidance is always current. To refine its accuracy, the PC Pal's knowledge is continuously tested through a process of question-and-answer and targeted feedback. To ensure effective use, the bot is trained to ask clarifying questions in complex inquiries. All chat interactions are monitored to identify gaps in the bot's knowledge, and if the system cannot provide an answer, users are advised to reach out to the GME office directly. This internal system is designed to redirect a significant volume of routine questions, allowing GME office staff to focus on oversight and strategic initiatives. The bot's knowledge base was built by integrating and continuously absorbing information from all ACGME, board specialty, and institutional policies.

Outcomes

Initial findings from the bot's training and validation phase demonstrate its effectiveness as a GME information resource. The system successfully provided accurate responses and direct links to source documents for a wide range of questions related to ACGME requirements, board specialties, and institutional policies. Initial findings demonstrate its effectiveness in providing accurate information and direct links to source documents.

Reflections and Next Steps The results from this ongoing phase will provide valuable data on the bot's effectiveness in reducing administrative burden and its ability to serve as a reliable information source for the GME community. Reflections from the initial training phase indicate that the bot has been more successful at learning and retrieving internal institutional information compared to the complex nuances of ACGME requirements. These results will provide valuable data on the bot's ability to streamline administrative processes and serve as a reliable information source for the GME community.

(041) Training Tuesdays: Using Microlearning to Drive Professional Growth and Team Success in Graduate Medical Education

Teresa Villagomez, MA, Program Coordinator - GME - UTRGV School of Medicine

Fatimah Bello, MD, MPH – Associate Dean of GME/ DIO, GME, UTRGV School of Medicine; Cynthia Aragon, BA – Administrative Assistant II, GME, UTRGV School of Medicine; Chelsea Chang, MD – Chair Department of Primary & Community Care, GME, UTRGV School of Medicine; Sonia Padilla, MPH – GME Program Manager, GME, UTRGV School of Medicine; Amy Stout, MA – GME Dir Accreditation & Program Development, GME, UTRGV School of Medicine

Problem Statement

Academic environments face constant shifts in technology, requirements, and policies, demanding innovative approaches to support continuous staff learning. Graduate Medical Education program staff specifically need frequent updates to ensure alignment with accrediting bodies, hospitals, state/government agencies, and to implement best practices.

Research shows microlearning to be effective in health profession students with benefits included increased self-efficacy, retention of knowledge and increased confidence. Microlearning has also been presented as a strategy for ongoing professional development tool in work-based learning.

Innovation Description

The Graduate Medical Education (GME) office at our institution developed and implemented Training Tuesdays, a virtual microlearning series designed to foster continuous professional development and operational excellence among program coordinators and educational leaders. This weekly 30-minute series integrates targeted microlearning, collaborative planning, and just-in-time training to address evolving accreditation standards, institutional priorities, and performance metrics.

Topics include curriculum reform, duty hour compliance, and recruitment readiness, with actionable strategies shared by our GME Office. Coordinators have adopted structured planning tools, such as visual calendars, color-coded task lists, and shared templates, to enhance time management and reduce administrative burden.

Implementation

These sessions have been implemented from December 2024 to present, exceeding a 12 month period. Sessions include 6-9 program coordinators and implement the educational method of small group discussion which has the advantage of active learning and addresses misconceptions. General format is 10-15 minutes of content review or role-modeling a skill, followed by 10-15 minutes discussion or Q&A, for a total 30-minute Teams call.

Outcomes

By systematically aligning weekly training with institutional goals and accreditation requirements, Training Tuesdays have demonstrated measurable impact on coordinator performance, program compliance, and educational quality. Over the tracked period, programs that participated in structured, collaborative professional development showed reductions in missing logs and violations, with several sites achieving sustained documentation gains and rapid recoveries after compliance spikes. For example, out of seven programs, four showed significant progress: two reduced missing logs to zero by year-end, while the other two achieved notable drops in violations following targeted interventions.

These practices have directly supported improved documentation accuracy, timely reporting to external agencies (e.g., VA, HHS), and readiness for ACGME site visits.

Training Tuesdays has cultivated a culture of peer learning and mutual support, with participants exchanging best practices for onboarding, remediation documentation, and website optimization for recruitment. The initiative has also aligned with broader strategic goals, including the GMEC Action Plan and AIR priorities, by embedding faculty development and interprofessional collaboration into its agenda.

Reflections

Beyond operational efficiency, Training Tuesday fostered a sense of community and shared purpose among coordinators, reinforcing a culture of continuous improvement. The model's success in both compliance metrics and team cohesion suggests it is well-suited for broader adoption by organizations aiming to elevate both performance and engagement through intentional, goal-aligned training.

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(042) Residency Program Management: Interim Program Support, Program Coordinator Mentoring

Claudia M. Wilhelm, MS, BA, BSN, RN, Director, Graduate Medical Education - West Virginia University
Barb Kirby, BS, C-TAGME – Senior Residency Program Administrator, Graduate Medical Education, West Virginia University

Purpose and objective of the Interim Program Support initiative:

For Program Coordinator vacancies: Assigning an interim Program Coordinator to a program provides seamless administrative support for the Program Director, residency program, and residents.

The interim Program Coordinator is immediately available to address administrative needs and ensure compliance with accreditation standards and institutional policies.

The outgoing Program Coordinator will complete a detailed Knowledge Transfer Form (KTF). The KTF form captures information specific to the program, a review of upcoming Graduate Medical Education (GME) events, and the status of GME events in progress.

For new programs: Assigning an interim Program Coordinator supports the Program Director and residency program until a Program Coordinator is hired.

The interim Program Coordinator will complete a KTF and highlight upcoming Graduate Medical Education (GME) events, and the status of GME events in progress.

Purpose and objective of the Program Coordinator Mentoring program: Implemented in January 2022, the structured Graduate Medical Education (GME) Program Coordinator mentoring program provides mentoring to new hires for a minimum of 12-months because the Program Coordinator role is multifaceted and complex.

The Program Coordinator mentoring program focuses on the cycle of GME events.

Program Coordinator mentoring is individualized to meet a Program Coordinator's learning style.

The Program Coordinator mentoring program: Provides detailed information and resources.

Includes 1:1 and group learning opportunities.

Promotes independent learning and helps learners develop and improve critical thinking skills.

Throughout their mentoring journey, Program Coordinators regularly meet 1:1 with their mentor, they have group learning sessions that include their mentor, GME colleagues and GME stakeholders, and they participate ad hoc in online chat sessions hosted by their mentor.

The Program Coordinator mentoring program helps to develop confidence and eventual autonomy, it sets the stage for ongoing professional growth and development, it results in the successful management of GME's cycle of events and multiple administrative tasks, and it results in improved readiness for site visits and program portfolio and resident portfolio audits.

(043) Starting On the Right Foot: Institutional Education for New Program Coordinators & Program Directors

Kelley Whitehurst, MAEd, Program Manager, GME Education - ECU Health Medical Center
Rachel Tutterow, MBA – Program Manager, GME, ECU Health Medical Center; Alyson Riddick, MHA, C-TAGME – Associate Designated Institutional Official, ECU Health Medical Center; Cassandra Bradby, MD – Assistant Dean for GME & Program Director, Emergency Medicine Residency, ECU Health Medical Center & The Brody School of Medicine at East Carolina University; Mary Catherine Turner, MD, FACP, FAAP – DIO & Associate Dean for Graduate Medical Education, ECU Health Medical Center & The Brody School of Medicine at East Carolina University

Problem Statement

Residency and fellowship program coordinator and program director are unique roles, requiring education specific to the Graduate Medical Education (GME) learning environment and the institution. Program coordinators are primarily trained "on the job", while program directors often rely on education from specialty societies or their prior experience as a trainee. For both roles, this education varies greatly dependent on available resources and expertise within the program. Given this variability, the Office of GME determined that an intentional, formal orientation process was necessary to provide consistent foundational knowledge, build relationships, and support the wellbeing of its new program coordinators and program directors.

Intervention

The Office of GME developed intentional, standardized education for its new program coordinators and program directors, with aligned content that corresponds with GME activities throughout the academic year.

Implementation

The Office of GME leadership explored the needs of its newest program coordinators and directors by conducting a general assessment of knowledge gaps and available resources. Once identified, Office of GME leadership searched for resources available through national organizations and explored orientation programs offered by other academic institutions. Collectively, this information was used to determine "buckets" of educational content to be delivered. For new program directors, quarterly Program Director Boot Camp sessions were developed focusing on upcoming GME activities in the academic year. A seasoned program director was invited to attend each session, fostering collaboration and the sharing of best practices across programs. For new program coordinators, a targeted plan for orientation and ongoing training was devised which included the creation of a new coordinator reference manual. The content for the program director and program coordinator sessions was aligned so that both groups would be learning similar content relevant to GME responsibilities for the time of year.

Outcomes

Office of GME leadership operationalized intentional, standardized education for its new program coordinators in November 2022 and for its new program directors in October 2024. As of November 2025, 25 new program coordinators have received education through program coordinator orientation and ongoing training, while 11 new program directors have participated in the Program Director Boot Camp sessions.

Next Steps

The Office of GME is modifying the New Program Director Boot Camp schedule to offer bimonthly sessions that are shorter in duration and allow for more in-depth discussion of topics. In addition, seasoned program directors requested to attend the New Program Director Boot Camp sessions as ongoing education and so they are now invited to attend these sessions as they like. New Program Coordinator Orientation has been revised to incorporate additional Office of GME personnel who share detailed content based on their roles. For both educational programs, the development of institution-specific resources and reference guides in support of the educational objectives is ongoing.

(044) Applying Newly Learned Concepts through Scenario-Based Learning

Miriam Bar-on, MD, AVP for Graduate Medical Education and DIO - Jefferson Health Medical Education Morgan Labs, MHA – Accreditation Manager, Academic Affairs, Jefferson Health Medical Education; Emily Grossman, MHA – Assistant Director, Academic Affairs, Jefferson Health Medical Education

Needs assessment or Problem Statement: Coordinator professional development is essential for training new coordinators and maintenance of skills for those with experience. However, presentation of information and/or concepts without the opportunity to immediately put them into practice, potentially leads to forgetting the information when the need to apply it arises.

Intervention or Innovation Description: The Coordinators' Curriculum is a mainstay of professional development at Jefferson Einstein for the GME professional staff. These sessions offer training on coordinator responsibilities related to ACGME accreditation, recruitment, New Innovations, GME finance, Visa's, day to day skills, and many transactional tasks inherent to the position. All coordinators and GME staff are invited to biweekly sessions focusing on essential and seasonally based topics. As part of the planning process, the assistant director connects with the DIO and accreditation manager on essential accreditation topics to be presented for that quarter. The accreditation manager, the assistant director, and DIO will then brainstorm a way to both engage participants in the process as well as reinforce concepts being presented. The conclusion was to employ scenarios at the end of the accreditation presentations for the coordinators to immediately apply the information discussed to situations they were likely to encounter. To make the learning opportunity more collaborative, we divided the attendees into small groups with a mixture of coordinator level of experience. Each group was given a scenario and 10 minutes to solve it. The large group reconvened, and representatives from all the small groups presented their scenario and solutions/actions. Input from all groups was requested and lively discussions ensued. As a point of reference, the scenarios were created based on situations that have previously occurred at the institution or in individual programs, but deidentified. Everyone was encouraged to speak and ask questions.

Implementation

The scenario-based learning was implemented selectively throughout the academic year for accreditation topics within the Coordinators' Curriculum. Sessions that particularly lent themselves to this methodology included, but were not limited to Clinical Competency Committee, Program Evaluation Committee, as well as Remediation and Probation.

Outcomes or Evaluations: Feedback from participants was extremely positive from multiple perspectives. New coordinators found the sessions practical and applying the concepts helpful to better understand the variety of situations that could occur around one topic. They also appreciated the mentoring and advice from those more senior to them. The experienced coordinators focused on two aspects of the session - their opportunity to share their knowledge and skills as well as to provide mentorship to those junior to them.

Reflections or Next Steps: Using scenarios provided leadership the opportunity to observe coordinator problem solving and thought processes in real time although it was in simulated setting. In addition, this methodology permitted a glimpse into the potential teaching and mentorship relationships between coordinators with experience and those new to the organization as it relates to ACGME accreditation. As this methodology takes hold, leadership anticipates expanding the use of scenarios to other aspects of the Coordinators' Curriculum.

(045) Who's my doctor? A teaching clinic's journey to continuity

Mary Louise LeGuyader, MD, Physician - Edwards Internal Medicine Clinic
Nathan Allred, MD – Attending Physician, Intermountain Health; Deborah Furman, MD – Resident Physician, Intermountain Health; Bobbi Johnson, MHA – Clinic Manager, Intermountain Health

Background

Seeing a provider longitudinally is central to building a therapeutic relationship in primary care. In our IM residency clinic, this is challenging due to residents' intermittent schedules, limiting availability for acute or frequent visits. Literature suggests continuity in resident clinics is 8-18% lower than non-teaching clinics, contributing to poor patient and provider experience and lower care quality. These challenges are common across U.S. primary care residencies.

Patient surveys at our IM Outpatient Clinic revealed frustration with seeing different providers each visit. Resident surveys indicated that lack of continuity hindered learning and relationship-building. We identified two major contributing factors: inconsistent resident schedules and EMR limitations in assigning residents as primary care providers. A multi-intervention strategy was developed to address these barriers.

Methods

We formed a stakeholder work group to address the two main barriers: (1) inconsistent resident availability and (2) difficulty identifying residents as PCPs in the EMR. Members included the clinic manager, RN coordinator, medical director, GME program director, and a resident physician.

Interventions: (1) Workflow for office staff to assign resident PCPs in the EMR at first or next visit. (2) Scheduling workflow to prioritize follow-ups with assigned resident PCPs. (3) Educational flyer for patients explaining the resident role and continuity efforts.

We tracked continuity by comparing the listed PCP in the EMR with the provider seen. Monthly monitoring was supplemented by a full analysis at 12 months. Outcome metrics included: (1) follow-up visit continuity and (2) all visit type continuity. We also monitored patient experience using likelihood to recommend (LTR) scores.

Results

Pre-implementation (1,435 visits, June-Dec 2023): Follow-up continuity: 58%. All visit type continuity: 41%. LTR score 84%. Post-implementation (2,302 visits, Jan-Nov 2024): Follow-up continuity: 85.5% All visit types continuity: 62%. LTR score 89%. Overall, continuity improved by 27% for follow-ups and 21% for all visits. LTR scores rose by 5%.

Conclusion

Our interventions offer an innovative approach to improving continuity in a resident teaching clinic by implementing support staff workflows and patient education. Educating staff and patients about the resident PCP role and addressing EMR barriers led to significant improvements in continuity and patient experience. Our patient-education strategy is unique within GME literature and our health system. Enhancing continuity improves the experience for both patients and providers.