

Guide SWOT, Surveys, and Other Feedback Combined, November 28, 2023

Blue font denotes responses mentioned multiple times.

What are the STRENGTHS of the *Guide* that give it an advantage over other resources (e.g. other books, websites, webinars)?

Strengths
<ul style="list-style-type: none"> • Expert authors: National Leaders; individuals who have experience • Everything in one location, focused on GME issues/concerns • Broad data on many areas of medical education; wealth of information • Long-standing history as a respected/accurate resource • Well-written • Variety of authors and topics • Written at an introductory level so the “language” of GME can be understood by all • Practical tools are included that can be implemented right away • Best practices approach - brings ACGME tenets down to practical usage in GME offices • Reader-friendly – easy to read and great font size

What are the current WEAKNESSES of the *Guide* that put the book at a disadvantage relative to other resources (e.g., books, websites, webinars)?

Weaknesses
<ul style="list-style-type: none"> • Rapid changes in GME makes Guide outdated quickly; Outdated; “Time locked” - Behind in switching to electronic/web-based, with ongoing updates - capsule in time but not a living document • Not enough visual; too much text • Limited best practice examples and templates • Lacks some current topics • Lacks a look at the horizon of GME • Lacks content that is more theoretical from authors with a lot of experience/expertise • Behind in switching to electronic/web-based, with ongoing updates • Needs more “basic premise” and fundamental skills that never go out of style • Too much copying of ACGME requirements. ACGME Requirements change too frequently to ensure the Guidebook reflects most recent Institutional and Common Program Requirement language. GEB members will need to continuously remind authors NOT to do this. • Missing a description of the value of the GME community – doesn’t need to be a large section just something that explains it. • The current Guidebook is not easy to find when doing an on-line search on purchasing platforms. Many other publications similar to the Guide are often listed first. • GME programs have great diversity: community vs major academic center; structure; regional and type of program...many chapters don’t adequately address the needs of these diverse audiences.

What are the external OPPORTUNITIES of which we could take advantage as we revise the *Guide*?

Opportunities
<ul style="list-style-type: none">• Web Appendix/protected site with downloadable content/templates; utilize more posted examples• Ongoing updating content, at least annually• Supplemental webinars that also refresh the content• Use the Guide as a content-driven conversation with AHME members• Increase revenue with a more visually appealing and diverse content• Extend awareness/readership to those outside of AHME• Add a section in each chapter with links to current sites, tools, people• Create more education opportunities linked to Guide content• Use search engine optimization to boost search results on the Guide to make it easier to find on Amazon and Barnes & Noble• More word of mouth about the excellence of the publication, particularly across different generations• Sharing as gifts to new GME personnel

What are the external THREATS that could decrease the value of the new version of the *Guide*?

Threats
<ul style="list-style-type: none">• Other entities that offer the same/similar content; competitors• Others have moved to online GME content with much less hard copy• Content offered free of charge by others• Outdated content sends readers to other sources• Breaks in links for any electronic component• Lack of personnel who will maintain an on-line resource. This didn't work in earlier on-line-only edition.

Overall

- Guide needs a complete overhaul; even if some content only needs minor tweaks
- Note the types of Institutions that the authors are from
- Keep in mind, some readers are college grads and new to Medical Education. Personally, I had an internship in Medical education and had a great foundation However, the previous edition sometimes felt like I should already be familiar with certain topics and references.
- Instead of removing topics, I would focus on updating outdated language and instead cutting down information on topics that may not be in the forefront of everyone's mind in this day.

- More graphics, flow charts, examples, Visually appealing content that engages the audience; Color
- Inspirational Quotes
- More Scholarly approach with data in chapters
- Author Contact Information (full details)
- More frequent publication to keep up with changes
- Provide free to AHME members
- Add Best Practices, Tools, Examples, Policies, Templates, Checklists, Links to best online resources
- **Online/other formats**
 - More content online in a way easy to access; Quick reference app; content that can be downloaded and annotated
 - Electronic updates: Keep Guide relevant Real-time
 - Create education videos
 - Create Audio Version
 - QR codes for supplemental materials; Add links or QR code to easily access a resource such as a table or template that can be used at my Institution or Program.
 - More accessible and easier to find
 - Include a hyperlink to the guide in email signature line, on home page, on event flyers, and/or have speakers reference the guide during their talk.
- This content is already included, but I would ask that the chapters on resident remediation, GME financing (including alternative funding streams, i.e. state or local partnerships, philanthropy, etc.), and the latest on VISAs be updated with the most current information. Those are the sections I find myself referring to most often.

Accreditation

- Revise: Everything policy or ACGME-requirement related, as most of this is outdated
- GME accreditation: Oversight of Non-standard Training (NST) Programs, and Oversight of other Non-ACGME programs and those accredited by other oversight bodies (CAST, UCNS etc.).
- Dealing with ACGME Complaint Site Visits
- Institutional AIMS/Self-studies etc. SI 2025/NCICLE.
- Note: Could include relevant content on NAS and Single accreditation in an ACGME Accreditation Brief summary
- Visual Pathway to Accreditation
- Highlight the differences in allopathic residency versus an osteopathic residency site.
- Virtual versus in person and program versus institutional. There are problem focused site visits, data driven site visits, regular 10 year site visits, self-studies for institutions, on hold for programs.
- ACGME Accreditation: Structure SI, CPR, Program Specifics, who is responsible for each layer, ADS annual review, major changes
- Non-standard programs will be having site visits ultimately.

Clinical Learning Environment (CLE) and CLER

- DEI part of CLER

- More on Patient Safety Programs
- Suggested opportunities to address CLER focus areas.
- Perhaps a chapter on CLER site visits, how to prepare and how to operationalize change.
- More details about CLER areas just recently added. Non-standard program accreditation a chapter discussing necessary policies that are needed for accreditation and tips on update process
- Roles of GME staff during CLER site visit, what needs to be done and who should do the tasks
- Could talk about the way protocols go, how to find past reports, pathways documents, CLER evaluation committee, how CLER relates to accreditation etc.

Operations and Management

- GME Infrastructure: GME Office support (staffing needs, Assoc. DIOs, IT Support, accreditation coordinator support)
- GME Operations/Management: C-suite and GME strategic planning
- Collecting data to support institutional AIMS
- Institutional Coordinator needs to be added as a role/responsibilities
- Planning for a site visit.
- Common Academic Timeline
- Create both a calendar/timeline organized by month AND have a brief summary of ACGME—what do they do and what are the responsibilities during the year, when due (Kavya Candagaddala)—cheat sheets for Coordinators
- Calendar for PDs requirements: *high-level academic year sequence of accreditation requirements as they relate to Coordinator/Manager/Administrator/Director*. Two of Carol Denise Thompson’s colleagues are a process map for GME Office Life Cycle, which will include detailing the high-level accreditation life cycle. They are interested in collaborating
- More focus on Coordinators and PD/PC relationship
- Sections on APE, AIR, ADS, Resident/Faculty Survey
- Special reviews
- Create a section on common issues programs face
- Program coordinator chapter
- Essential activities and roles in the GME Office
- Special Review
- Institutional Oversight of Annual Program Evaluations
- Self-Study and Site Visit preparation best practices
- GMEC Meetings, minutes, required items, how to show follow up
- Annual Institutional Review (AIR)
- Action plans (can apply to both AIR, APE and Special review as well as accreditation decisions, etc..) Both how to track and program and institutional level.
- Sample forms and policies used in programs.
- Dealing with difficult or non-compliant PDs.
- Include scenarios followed by detailed instructions with next steps.
- Acronym Cheat Sheet (Ex: APE = Annual Program Evaluation)

- Acronyms/abbreviations, with the words they represent AND a description of each that would help put each in context (Kavya Candagaddala)
- Cover Roles in the GME office as well as the Program (staff, Coordinator, Administrator, Manager), ie, Institutional and Program Coordinator
- The importance of having a career ladder for GME staff/job satisfaction/best practice
- GME Professionals Day
- Dashboard
- GME Leadership Competencies (possible authors: Maggie Hadinger and Ylanda Gomez presented 2023 Institute and Maggie presented AAMC webinar; Jac Levesque, AEd on group revising; Karen Broquet AAMC Webinar)
- GME support for the Program Coordinators; level of support needed to empower PC
- Building an effective GME Team: Institutional and Program Coordinator, as well as MD and Non-MD professional support needed for GME team based effectiveness
- Institutional Events such as resident scholarly activities, research day/competitions, case report days, grant support
- Keep GME 101 items, but enhance them (i.e., academic timeline/Common Academic Calendar)
- Institutional oversight of the Annual Institutional Review (AIR)/Annual Program Evaluation (APE)
- Institutional oversight of the GME enterprise: Steven J. Cico, MD, Med (Assoc. Dean/DIO) presented at Academy
- Electronic Residency Management Systems, Social Media, Licensing/Credentialing, Duty hours, record retention Chapters, get Program Coordinator perspective as well as central GME perspective
- Creating a Process for Training your Program Administrator
- Developing a GME Program Administrators Handbook
- Importance of learning your system and the GME chain of command; communication and who to go to in specific scenarios.
- ACGME Faculty and Resident Surveys
- “Stepping Forward: Empowering Coordinators to enhance their professional presence” presented at Academy by Melissa Hildebrand and Lauren Petty; Also, Natasha Brocks, C-TAGME, could be a contributor on this topic “Program Coordinators = Leaders not Secretaries”
- Add updated Salary information

Recruiting, Onboarding, Off-boarding, Retention

- Updated approaches / best practices for virtual recruiting. Best practices / responses re diversity, equity, and inclusion.
- Add Recruitment and Retention
- DEI education
- Resident Off-boarding
- ERAS changes
- Recruitment/Retention
- DEI
- Virtual Interviews

- “Game, Set, MATCH: Strategically navigating interview season for the Win” presented at Academy by Susan Tovar and Hallie Twomey as possible contributors
- Interviews: resources, such as interview score sheets (Kavya Candagaddala)
- Recruitment should include something on virtual interviewing as well as in person and second visits as well as expectations of NRMP.
- In-Person (on-site) Applicant Visits
- MATCH: USMLE/COMLEX Pass/Fail
- Get input from Central GME and Program Administrators on these chapters

Wellbeing/Wellness, etc

- Well-being (House staff, PDs/PCs, DIOs, etc.)/Wellness
- Wellbeing and Wellness Programs (resident/house staff, PDs/PCs, DIO, and staff)
- Burnout (resident, staff, faculty)
- Wellbeing/wellness shifting to increasing satisfaction for GME staff (presentation at Academy by Stuart Slavin, MD, MEd, ACGME)
- Suicide Awareness/Prevention
- Wellness of program administrators.

Financial

- How to increase Cap space such as election to rural designation and Rural Training Tracts
- Managing department budgets
- CMS rules for closing programs

Legal

- More on Legal issues in Medical Education
- Ethical Considerations of Remediating the Struggling Medical Learner, Jeannette Guerrasio, MD
- Unionizing–Navigating the legal issues
- OPT, J-1 physicians Exchange Visitor Sponsorship Program vs. H-1B visa

Curriculum and Evaluation

- Appreciative Inquiry
- Improve section on Remediation of medical learner, suggestions for documentation.
- Resident/fellow as teacher
- Faculty Development curriculum
- Individualized learning plans (ACGME CPR, most programs don't do this well)
- Specific Topics: Nutrition/Lifestyle education Climate and health
- Would add more curricular topics relating to public health issues and newer ACGME mandates
- Chapter 15: Evaluation of Clinical Competency (Holmboe and Hawkins)
- Chapter 12: Nonacademic Assistance Programs: Medical leave portion needs work!
- Technology in education (online curriculum)
- AI in Medical Education
- Publishing (Simon Collingwood Kitto, Editor JCEHP is interested)

- DEI education
- Add Milestones 2.0 (implementation and assessment of evaluation system, EPAs)
- Effective use of PECs for APE action plans
- Scholarly Activities tracking forms for residents/faculty (Kavya Candagaddala)
- Shirley Kalwaney, MD, FACP suggested a chapter on nutrition education and/or climate and health; she teaches nutrition and works with an ACP colleague in NJ who is a climate expert.

Other Learners

- Transition from UME to GME to Attending
- Graduate Allied Health Education (Oversight of non-physician education); varying accreditation requirements/expectations; APPs, other learners
- Oversight of Non-accredited programs and Graduate Allied Health Education programs (like psychology/dental). Many GME offices are tasked with oversight of these, but they are not given the resources and tools to implement effective oversight practices.
- Strengthening GME relationship with Residents/Fellows/Medical Students (involvement ideas, wellness ideas, etc).
- Fellowships, accredited and non-accredited.
- GME and Management/Oversight of Non-physician programs, such as Graduate Allied Health Education. Varying accreditation requirements/expectations. Dr. Bonjour and Michelle Valdez would like to write this chapter...previous Annual Conference speakers.
- Ensuring a clinical learning environment that is inclusive to all learners.
- Oversight of Non-standard programs; Should have its own chapter and include references from other chapters where it is mentioned.
- EPAs, UME language, SubI and AI

CPD

- Mentorship (PD, Faculty, Coordinator, DIO, Institutional Coordinator, etc.)
- Faculty Development: expand to include PD and PC development
- CPD: Coordinator, Manager, and Beyond (Trajectory of CPD for staff);Perhaps have examples from several diff. institutions
- TAGME and other certifications/career ladder
- Mentorship (PD, Faculty, Coordinator, DIO, Institutional Coordinator, etc.)
- Formal Faculty Development for the PD/PC
- Clinician Educator Competencies
- Succession planning Tips for beginners

PEC/CCC

- CCC training for new members, developing CCC policies
- FD for CCC could be its own chapter along with milestones.
- PEC/APE (Department/Program perspective as well as Institutional perspective); also include the Program Coordinator role in PEC/APE
- Clinical Competency Committee (CCC); managing the CCC; also Program Coordinator role in CCC
- CCC content needs to be all together rather than in multiple chapters.

- CCC and Milestones
- Clarify the role of the Program Coordinator in supporting the PEC/APE and CCC, etc.—
- PEC Overview and best practices

What content should be removed?

- Depending on Supreme Court actions, emphasis on DEI??
- [Electronic Medical Record](#)
- [Single Accreditation system](#)
- [Institutional agreements](#)
- The Next Accreditation System (NAS)
- Chapter 41: Maintenance of Licensure