# ACGME

## 1981 35 YEARS 2016

Accreditation Council for Graduate Medical Education

# 2016 ACGME ANNUAL EDUCATIONAL CONFERENCE

FEBRUARY 25-28, 2016

# FORGING AHEAD

Gaylord National Resort | National Harbor, Maryland

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2016 ACGME ANNUAL EDUCATIONAL
# CONFERENCE OVERVIEW

This year's ACGME Annual Educational Conference will return to the Gaylord National Resort and Convention Center in National Harbor, Maryland and will begin the celebration of the ACGME's 35th anniversary. A reception to welcome attendees as we kick off the opening of the Exhibit Hall and Poster Session will be held on Thursday, February 25 at 5:30 p.m. The conference runs until Sunday, February 28.

Conference registration opens in early November. To register for the conference, go to **www.acgme.org** and click on "2016 ACGME Annual Educational Conference." Only online registration is available; faxed or mail-in registrations will **not** be accepted. Registration for sessions is done on a first-come, first-served basis, so be sure to register early!

**On-site registration will be available for the Annual Educational Conference only;** online registration is required to attend all of the Thursday Pre-Conferences. **The registration deadline is January 29, 2016.**

**CME Information**
The Accreditation Council for Graduate Medical Education (ACGME) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The ACGME designates the "2016 ACGME Annual Educational Conference: Forging Ahead," as a live educational activity. AMA PRA Category 1 Credits™ will be included in the program book. Physicians should claim only the credits commensurate with the extent of their participation in the activity.

## CONFERENCE HIGHLIGHTS

- **Introductory Course for New Program Directors**

- **DIO 101: Basics of Institutional Accreditation**

- **DIO 102: Innovation in the Working and Learning Environment**

- **ACGME Pre-Conference for Osteopathic Programs and Institutions**

- **Coordinator Forum: Coordinator Awareness: Being Mindful of Learning Environment Challenges**

- **Opening Sessions on Physician Well-being, Milestones and CLER**

- **Educational Exhibit Hall**

- **Focused Mini-Courses**

# AGENDA

| WEDNESDAY, FEBRUARY 24 | | |
|---|---|---|
| 6:00 p.m. – 8:30 p.m. | **Conference Registration** | |

| THURSDAY, FEBRUARY 25 | | |
|---|---|---|
| 6:30 a.m. – 8:30 p.m. | **Conference Registration** | |
| 7:00 a.m. – 8:30 a.m. | **Continental Breakfast** | |
| 8:30 a.m. – 5:00 p.m. | **PC001** | *Introductory Course for New Program Directors* |
| 8:30 a.m. – 5:00 p.m. | **PC002** | *ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions* |
| 8:30 a.m. – 5:00 p.m. | **PC003** | *DIO 101: Basics of Institutional Accreditation* |
| | **PC004** | *DIO 102: Innovation in the Working and Learning Environment* |
| 8:30 a.m. – 5:00 p.m. | **PC005** | *Coordinator Forum - Coordinator Awareness: Being Mindful of Learning Environment Challenges\** |
| 5:00 p.m. – 6:00 p.m. | **SS001** | Sunset Session: Coordinator Networking Session\* |
| | **SS002** | Sunset Session: One of the first two Coordinator Forum Breakouts that closes out will be repeated in this time frame. Keep checking once registration opens.\* |
| | **SS003** | Sunset Session: One of the first two Coordinator Forum Breakouts that closes out will be repeated in this time frame. Keep checking once registration opens.\* |
| 5:30 p.m. – 8:30 p.m. | **Exhibits and Poster Welcoming Reception** | |

| FRIDAY, FEBRUARY 26 | | |
|---|---|---|
| 6:30 a.m. – 7:45 a.m. | **Continental Breakfast** | |
| 7:00 a.m. – 5:00 p.m. | **Conference Registration** | |
| 7:30 a.m. – 8:15 a.m. | **Welcome and Opening Remarks** | |
| | **Presentation of ACGME Awards** | |
| 8:15 a.m. – 9:45 a.m. | **CEO Address** | |
| 9:45 a.m. – 5:00 p.m. | **Walk-in Technical Support Sessions for ACGME Data Collection Systems\*** | |
| 9:45 a.m. – 10:30 a.m. | **Break** | |
| 10:30 a.m. – 12:00 p.m. | **SES001** | The Clinical Learning Environment—Overarching Themes from the First Round of CLER Visits |
| | **SES002** | Changing the Culture of Medicine: Promoting Resilience and Well Being |
| | **SES003** | Milestones 1.0: Looking Back, Moving Forward |
| 12:00 p.m. – 1:30 p.m. | **Lunch** | |
| 1:30 p.m. – 3:00 p.m. | **SES004** | Specialty Update: Internal Medicine |
| | **SES005** | Specialty Update: Pediatrics |
| | **SES006** | Specialty Update: Emergency Medicine |
| | **SES007** | Specialty Update: Psychiatry |
| | **SES008** | Specialty Update: Surgery |
| | **SES009** | Specialty Update: Neurological Surgery |
| | **SES010** | Specialty Update: Osteopathic Neuromusculoskeletal Medicine |
| | **SES011** | Specialty Update: Radiation Oncology |
| | **SES012** | Specialty Update: Ophthalmology |
| | **SES013** | Specialty Update: Family Medicine |
| | **SES014** | Institutional Review in the Next Accreditation System |
| | **SES015** | Oral Poster Presentations 1\* |

## FRIDAY, FEBRUARY 26

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|---|---|---|
| | **SES016** | Something Old, Something New: Using A System of Institutional Annual Program Reviews to Advance CLER Pathways to Excellence |
| | **SES017** | Using Online Case Simulations to Engage Learners and Assess Clinical Reasoning and Diagnostic Skills |
| | **SES018** | Pioneers of ACGME International Accreditation: Description, Roles, and Perceptions of Institutional Leaders and Clinician Educators |
| | **SES019** | Program Strengths and Areas for Improvement: Insights from Site Visit Reports and the ACGME Resident Survey in Five Surgical Specialties |
| | **SES020** | Approaches to Improving the Clinical Learning Environment:  Facilitated Poster Session #1 |
| | **SES021** | High Five It: Teaching Perspectives and Adult Learning Approaches to Medical Education *(limited to 140 participants)* |
| | **SES022** | Designing a Teaching Curriculum: Teaching Residents and Faculty To Teach *(limited to 140 participants)* |
| | **SES023** | Linking Feedback to Milestones for a More Robust Evaluation Process Supporting Your CCC *(limited to 140 participants)* |
| | **SES024** | Patient Handoffs: Monitoring, Feedback, and Evaluation Workshop *(limited to 140 participants)* |
| | **SES025** | High Value Care Curriculum - Make it Work for your Program *(limited to 140 participants)* |
| | **SES026** | Taking Off the Training Wheels: Refining Intern Education *(limited to 140 participants)* |
| | **SES027** | Oh, the Places You'll Go…With Effective Mentoring! *(limited to 140 participants)* |
| | **SES028** | Resident Wellness: Surprise… this Really Matters! How Can You Make it Important and Effective in Your Program? *(limited to 140 participants)* |
| **3:00 p.m. – 3:30 p.m.** | **BREAK** | |
| **3:30 p.m. –5:00 p.m.** | **SES029** | Specialty Update: Internal Medicine (Repeat of Session 004) |
| | **SES030** | Specialty Update: Physical Medicine & Rehabilitation |
| | **SES031** | Specialty Update: Diagnostic Radiology |
| | **SES032** | Specialty Update: Neurology |
| | **SES033** | Specialty Update: Plastic Surgery |
| | **SES034** | Specialty Update: Orthopaedic Surgery |
| | **SES035** | Specialty Update: Urology |
| | **SES036** | Specialty Update: Anesthesiology |
| | **SES037** | Specialty Update: Transitional Year |
| | **SES038** | Specialty Update: Dermatology |
| | **SES039** | Specialty Update: Osteopathic Recognition |
| | **SES040** | Oral Poster Presentations 2* |
| | **SES041** | Sponsoring Institution 2025: A Vision for the Future of GME Sponsorship |
| | **SES042** | So You're Saying There's a Chance? How to Successfully Revise and Resubmit Your Academic Writing in Medical Education |
| | **SES043** | Consortium as Sponsoring Institution: Lessons Learned |
| | **SES044** | How Growing Up Digital Impacts Learning for Graduate Medical Education |

## FRIDAY, FEBRUARY 26

|  |  |  |
|---|---|---|
|  | **SES045** | Work-Life Balance: Fostering Resilience and Avoiding Burnout |
|  | **SES046** | Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session #2 |
|  | **SES047** | Pearls of Wisdom: Information from Early Self-Studies Broadly Relevant to All Programs |
|  | **SES048** | Uniting GME Educators and Leaders to Address Healthcare Disparities *(limited to 140 participants)* |
|  | **SES049** | Promoting Diversity in the Pipeline of Physicians: Recruiting and Mentoring of Under-represented Minority (URM) Physicians *(limited to 140 participants)* |
|  | **SES050** | Critical Steps for Building a Competency and Performance-based Curriculum *(limited to 140 participants)* |
|  | **SES051** | Use of Electronic Subcompetency-based Formative Feedback in Resident Assessment Against the Milestones *(limited to 140 participants)* |
|  | **SES052** | How to use Milestones to Provide an Evidence-based Early Warning System for Identifying the Academically Vulnerable Resident *(limited to 140 participants)* |
|  | **SES053** | Following the Yellow Brick Road - Navigating the Transition from Osteopathic Accreditation to ACGME Accreditation *(limited to 140 participants)* |
|  | **SES054** | Population Health through Resident and Residency Engagement in Real Projects: Teaching Essential Skills for Tomorrow's Clinicians *(limited to 140 participants)* |
|  | **SES055** | Know Who You Are, Be Who You Are, Show Who You Are: Linking Specific Aims and Program Evaluation to the Development of a Marketable Residency Brand *(limited to 140 participants)* |
| **5:00 p.m. – 6:00 p.m.** | **SS056** | Sunset Session: Theater of War |
|  | **SS057** | Sunset Session: One of the first two sessions that closes out will be repeated in this time frame. Keep checking once registration opens. |
|  | **SS058** | Sunset Session: One of the first two sessions that closes out will be repeated in this time frame. Keep checking once registration opens. |

## SATURDAY, FEBRUARY 27

|  |  |  |
|---|---|---|
| **6:30 a.m. – 8:00 a.m.** | **Continental Breakfast** | |
| **7:00 a.m. – 3:00 p.m.** | **Conference Registration** | |
| **8:00 a.m. – 5:00 p.m.** | **Walk-in Technical Support Sessions for ACGME Data Collection Systems*** | |
| **7:00 a.m. – 10:00 a.m.** Mini-Courses *(limited to 80 participants)* | **SES059** | Building and Sustaining an Effective Program of Assessment in the Outcomes-based Era |
|  | **SES060** | Frequent, Small Evaluations and Self-reflection: Purposeful Milestones for Faculty and Residents |
|  | **SES061** | Advanced Communication Life Support (ACLS): Breathing Life Back Into Your Public Speaking Skills |
|  | **SES062** | Can You Hear Me Now? Best Practices for Learning and Teaching Feedback Techniques |
| **8:00 a.m. – 9:30 a.m.** | **SES063** | Coordinator Plenary: The Coordinator as a Leader* |
|  | **SES064** | The Program Self-Study and the Self-Study Pilot Visit: Early Pilot Findings and Practical Strategies for Programs |
|  | **SES065** | Accreditation Data Systems |

## SATURDAY, FEBRUARY 27

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|---|---|---|
| | SES066 | Town Hall – Hospital and Medical Accreditation |
| | SES067 | Town Hall – Surgical Accreditation |
| | SES068 | International Accreditation: Rewards and Challenges |
| | SES069 | Foundational Aspects of Patient Safety |
| | SES070 | Strategies to Incorporate Osteopathic Recognition |
| | SES071 | Enhancing Patient Safety and Quality Care with Clinical Nurse Specialists Preparing Residents for Specialty Rotations at their Primary Teaching Hospital *(limited to 140 participants)* |
| | SES072 | From Theory to Practice: Optimizing Learning and Formative Feedback in the Operation of a Clinical Competency Committee *(limited to 140 participants)* |
| | SES073 | GME Funding: Financial Implications of Curriculum Design *(limited to 140 participants)* |
| | SES074 | Interprofessional Teams: Tools for Engaging Residents and Fellows in Gaining the Required Attitudes and Skills *(limited to 140 participants)* |
| | SES075 | Beyond "Tell Me About Yourself?" – Using Multiple Mini Interviews to Overcome Interview and Selection Challenges *(limited to 140 participants)* |
| | SES076 | Enough is Enough: Managing Mistreatment in GME *(limited to 140 participants)* |
| | SES077 | Assessing Program Director Administrative and Leadership Effectiveness *(limited to 140 participants)* |
| | SES078 | Developing a Longitudinal Resident Team Led QI Program to Meet the CLER QI Focus with Institutional QI Collaboration *(limited to 140 participants)* |
| | SES079 | Work-Life Balance and Burnout in the Era of EMR: Data from the I-3 Collaborative *(limited to 140 participants)* |
| **9:30 a.m. – 10:00 a.m.** | **BREAK** | |
| **10:30 a.m. – 12:00 p.m.** | SES080 | Marvin R. Dunn Keynote Address |
| **12:00 p.m. – 1:30 p.m.** | **LUNCH** | |
| **1:30 p.m. - 4:30 p.m.** Mini-Courses *(limited to 80 participants)* | SES081 | Building and Sustaining an Effective Program of Assessment in the Outcomes-based Era |
| | SES082 | Professional Conduct:  Intersection of GME and Human Resources |
| | SES083 | The ACGME Self-Study: A Fantastic Opportunity for Stakeholder Engagement, Learning, and Program Growth |
| **1:30 p.m. – 3:00 p.m.** | SES084 | An Update from the Review Committee - International |
| | SES085 | Engaging Residents and Faculty in Meaningful Quality Improvement |
| | SES086 | Research Revolution: A Centralized Solution for Research Education and Support in Graduate Medical Education |
| | SES087 | GME at the Intersection of Mind, Brain and (Medical) Education |
| | SES088 | Aligning Graduate Medical Education with Hospital Quality & Safety:  Lessons Learned from Four Institutions Across the Country |
| | SES089 | The Patient Centered Medical Home: The Future |
| | SES090 | Reporting Your Assessment and Quality Improvement Activities as Scholarly Publications: Considerations and Practical Advice |

## SATURDAY, FEBRUARY 27

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|---|---|---|
| | **SES091** | Conversation and Assessment: A Discussion of Underlying Theory, Relevance, and Why Assessment Frameworks are Doomed to Fail without It *(limited to 140 participants)* |
| | **SES092** | Combating Burnout, Promoting Physician Well-being: Building Blocks for a Healthy Learning Environment in GME *(limited to 140 participants)* |
| | **SES093** | SWOT Your APE *(limited to 140 participants)* |
| | **SES094** | Incorporation of a Novel Interactive Mobile Device-based Curriculum to Enhance Trainee Education *(limited to 140 participants)* |
| | **SES095** | Milestones Meet Vygotsky: Utilizing Educational Learning Theory to Motivate Implementation of the Milestones *(limited to 140 participants)* |
| | **SES096** | Managing the Poorly Performing Resident *(limited to 140 participants)* |
| | **SES097** | Using Situational Judgment Tests to Develop and Assess Professionalism and Interpersonal Skills in Trainees and Applicants *(limited to 140 participants)* |
| | **SES098** | Get a CLEW: Using Clinical Learning Environment Walks (CLEW) to gain a 'CLER' Understanding to Optimize Resident Clinical Learning Environments *(limited to 140 participants)* |
| | **SES099** | Specialty Update: Nuclear Medicine |
| | **SES100** | Specialty Update: Colon and Rectal Surgery |
| | **SES101** | Specialty Update: Obstetrics and Gynecology |
| | **SES102** | Specialty  Update: Thoracic Surgery |
| | **SES103** | Specialty Update: Medical Genetics |
| | **SES104** | Specialty Update: Pathology |
| **3:00 p.m. – 3:30 p.m.** | **BREAK** | |
| **3:30 p.m. – 5:00 p.m.** | **SES105** | Specialty Update: Preventive Medicine |
| | **SES106** | Specialty Update: Allergy and Immunology |
| | **SES107** | Specialty Update: Otolaryngology |
| | **SES108** | Institutional Town Hall |
| | **SES109** | It's a Small World: International Themes in GME |
| | **SES110** | Program Directors and Coordinators Creating Effective Clinical Learning Environments |
| | **SES111** | GMEC Oversight: Annual Program Evaluation Peer Review Process |
| | **SES112** | Addressing CQI and Patient Safety through Resident-Pharmacist Collaboration |
| | **SES113** | Cognitive Strategies To Reduce Diagnostic Errors: Training the Trainers |
| | **SES114** | Advanced Feedback Techniques *(limited to 140 participants)* |
| | **SES115** | The Bull in the China Shop: Recognizing and Addressing Workplace Bullying *(limited to 140 participants)* |
| | **SES116** | Law, Ethics, and Truth: Caring for LGBT Patients: Introduction to a Module from the ADIEM LGBT Residency Curriculum *(limited to 140 participants)* |
| | **SES117** | Practical Approaches to Using Narrative for Assessment in the Health Professions *(limited to 140 participants)* |
| | **SES118** | Finding Your Best Resident: How to Interview for the Resident that will be a Successful Fit for your Program *(limited to 140 participants)* |
| | **SES119** | The Residency Improvement Cycle: Don't Wait for the ACGME Survey *(limited to 140 participants)* |

| SATURDAY, FEBRUARY 27 | | |
|---|---|---|
| | **SES120** | Leveraging the Potential of CCCs to Improve Milestone Reporting, Clinical Competence Assessment, and Promotional Decisions *(limited to 140 participants)* |
| | **SES121** | Make Every Minute Count Twice: Tips for Teaching in a Time-restricted Environment *(limited to 140 participants)* |
| | **SES122** | Teaching Resident Leadership: Cultivating Tomorrow's Leaders Today and Lesson Learned from the Frontline |
| | **SES123** | Strategies to Reduce Unconscious Bias in Medical Decision-making |
| **SUNDAY, FEBRUARY 28** | | |
| 7:00 a.m. – 8:15 a.m. | **Continental Breakfast** | |
| 8:30 a.m. – 10:00 a.m. | **SES124** | Residency Training in the United States: Past, Present, Future |
| 10:00 a.m. – 11:00 a.m. | **SES125** | Pursuing Excellence in Clinical Learning Environments |

# SESSION DESCRIPTIONS

## THURSDAY, FEBRUARY 25

**8:30 a.m. – 5:00 p.m.**

*Mary Lieh-Lai, MD; Louis Ling, MD; Rebecca Miller, MS; James Anderson, MD; James Arrighi, MD; Anthony Arnold, MD*

**PC001: Introductory Course for New Program Directors**

This course is designed for program directors new to the accreditation process. Sessions will include information about the ACGME and the Review Committees, ACGME data collection systems, and an overview of the review process. Unwritten, as well as written jobs of the program director will be covered. There will also be discussion about how to approach challenging issues that arise with programs and residents in administrative and educational roles. The course will include didactic presentations and small group breakout sessions with time for questions and perspectives from Review Committee Chairs who are current or former program directors. There will be a session at the end for individuals applying for initial ACGME accreditation of domestic programs.

*Target Audience: Program Directors*

| Time | Session |
|------|---------|
| **8:30 a.m.** | Introduction – *Mary Lieh-Lai, MD* |
| **8:50 a.m.** | Structure of the ACGME – *Louis Ling, MD* |
| **9:20 a.m.** | Small Group Discussions: "Program Issues" – Six Cases |
| | Table Discussion |
| | Table Report-out/Discussion – *James Anderson, MD; James Arrighi, MD; Mary Lieh-Lai, MD; Louis Ling* |
| **10:25 a.m.** | Break |
| **10:35 a.m.** | Written Jobs of the Program Director: Common Program Requirements – *Mary Lieh-Lai, MD; Louis Ling, MD* |
| **11:35 a.m.** | Lunch |
| **11:50 a.m.** | Financial Aspects of Graduate Medical Education – *Louis Ling, MD* |
| **12:20 p.m.** | Accreditation Data Systems – *Rebecca Miller, MS* |
| **1:20 p.m.** | The New Accreditation System: Do's and Don'ts – *James Anderson, MD* |
| **1:40 p.m.** | Milestones, Clinical Competency Committee – *Anthony Arnold, MD* |
| **2:00 p.m.** | Program Evaluation Committee and the Annual Program Evaluation – *James Arrighi, MD* |
| **2:30 p.m.** | Break |
| **2:40 p.m.** | Small Group Discussion: "Resident Issues" – Six Cases |
| **2:45 p.m.** | Table discussion |
| **3:15 p.m.** | Table Report-out/Discussion – *James Anderson, MD; James Arrighi, MD; Mary Lieh-Lai, MD; Louis Ling, MD; Anthony Arnold, MD* |
| **3:45 p.m.** | Unwritten Jobs of the Program Director – *Mary Lieh-Lai, MD* |
| **4:15 p.m.** | Closing Comments – *Louis Ling, MD* |
| **4:20 p.m.** | Application for a New Program (DOMESTIC) – *Mary Lieh-Lai, MD; Louis Ling, MD* |
| **5:00 p.m.** | Adjourn |
| **5:30 p.m.** | Poster and Welcoming Reception |

## THURSDAY, FEBRUARY 25

**8:30 a.m. – 4:45 p.m.**

*Timothy Brigham, MDiv, PhD; Lorenzo Pence, DO, FACOFP; John Potts, MD; Rebecca Miller, MS; Ingrid Philibert, PhD, MBA; ACGME Executive Directors*

**PC002: ACGME Accreditation Pre-Conference for Osteopathic Programs and Institutions**

This course is intended for osteopathic program directors, DMEs, Chief Academic Officers, and others who wish to learn about ACGME accreditation for current AOA-approved programs. This course will cover "everything you need to know" about ACGME accreditation. It will discuss the timeline for ACGME accreditation of currently-AOA-approved programs, "pre-accreditation status," and a guide to completing the application for ACGME accreditation. Additional topics include the history and structure of the ACGME, the structure and function of Review Committees, a review of the Common Program Requirements, and an outline of the Next Accreditation System, including Milestones and the Clinical Learning Environment (CLER) Program. The format of the course will be didactic presentations and small-group breakout sessions, with ample time for questions.

*Target Audience: All involved in transitioning to a single GME accreditation system*

| | |
|---|---|
| **8:30 a.m.** | Introduction to the Day's Activities – *Timothy Brigham, MDiv, PhD* |
| **8:45 a.m.** | Structure and Function of the ACGME and its Review Committees – *Lorenzo Pence, DO, FACOFP; John Potts, MD* |
| **9:15 a.m.** | Applications for ACGME Accreditation – *Lorenzo Pence, DO, FACOFP; John Potts, MD* |
| **10:30 a.m.** | Break |
| **10:45 a.m.** | Osteopathic Recognition – *Lorenzo Pence, DO, FACOFP* |
| **11:00 a.m.** | The ACGME Accreditation Data System (ADS) for Applications and Programs with Pre-Accreditation Status – *Rebecca Miller, MS* |
| **11:45 a.m.** | The Application Site Visit: When? Who? What? How? – *Ingrid Philibert, PhD, MBA* |
| **12:15 p.m.** | Lunch |
| **1:15 p.m.** | Instructions for Breakout Sessions – *John Potts, MD* |
| **1:30 p.m.** | Breakout Sessions: Questions, Observations, Guidance and Other Conversations with ACGME Executive Directors for Each Specialty – *ACGME Executive Directors* |
| **3:30 p.m.** | Break |
| **3:45 p.m.** | Report of Insights from Breakout Sessions – *ACGME Executive Directors* |
| **4:30 p.m.** | Wrap-up – *John Potts, MD* |
| **4:45 p.m.** | Adjourn |
| **5:30 p.m.** | Poster and Welcoming Reception |

## THURSDAY, FEBRUARY 25

**8:00 a.m. – 1:15 p.m.**

*James R. Zaidan, MD, MBA; Paul Foster Johnson, MFA; Lawrence M. Opas, MD; Kevin B. Weiss, MD, MPH; Ronald G. Amedee, MD, FACS; Robin Wagner, RN, MHSA; Rita M. Patel, MD*

**PC003: DIO 101: The Basics of Institutional Accreditation**

The ACGME is pleased to offer this pre-conference course intended specifically for new designated institutional officials (DIOs). The half-day course will utilize didactic and small-group learning activities to familiarize participants with the roles and responsibilities of the DIO, especially as they relate to the management of institutional GME accreditation.

*Target Audience: New DIOs*

| | | |
|---|---|---|
| | **8:00 a.m.** | Welcome: The ACGME and the IRC – *Lawrence M. Opas, MD; Kevin B. Weiss, MD, MPH; Paul Foster Johnson, MFA* |
| | **8:30 a.m.** | Institutional Accreditation: What It Is and What It Is Not – *Lawrence M. Opas, MD; Paul Foster Johnson, MFA* |
| | **9:30 a.m.** | Characteristics of an Effective GMEC – *Ronald G. Amedee, MD, FACS* |
| | **10:00 a.m.** | Break |
| | **10:15 a.m.** | Clinical Learning Environment Review (CLER) – *Robin Wagner, RN, MHSA* |
| | **10:45 a.m.** | Building Community around the Sponsoring Institution – *James R. Zaidan, MD, MBA; Rita M. Patel, MD* |
| | **12:15 p.m.** | Lunch Session *(open to DIO 101 and 102 participants)* |
| | | Operational Speed Coaching |
| | | *In Collaboration with the Association of American Medical Colleges, Group on Resident Affairs* |
| | | This facilitated panel discussion will focus on GME financing and other operational issues. The panel will represent the spectrum of GME organizations, from Single-Program Sponsoring Institutions to large academic centers and integrated medical schools. Panelists will discuss their perspectives on a variety of topics related to the financing of GME activities. |
| | **1:15 p.m.** | Adjourn |

## THURSDAY, FEBRUARY 25

**12:15 p.m. – 5:30 p.m.**

*Lawrence M. Opas, MD; Kevin B. Weiss, MD, MPH; Susan Kirk, MD; Andrew M. Thomas, MD, MBA; Joseph Jaeger, DrPH; Miriam Bar-on, MD;* Donald W. Brady, MD; James R. Zaidan, MD, MBA

**PC004: DIO 102: Innovation in the Working and Learning Environment**

This pre-conference course, designed for both new and experienced designated institutional officials (DIOs), will emphasize the professional development of the DIO as an educational leader. In this half-day course, DIOs will learn to transform the Sponsoring Institution into a "learning organization" that fosters continuous improvement through systems thinking, strategic planning, and structured educational activities.

*Target Audience: New and Experienced DIOs*

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|---|---|
| **12:15 p.m.** | Lunch Session *(open to DIO 101 and 102 participants)* <br><br> Operational Speed Coaching <br><br> *In Collaboration with the Association of American Medical Colleges, Group on Resident Affairs* <br><br> This facilitated panel discussion will focus on GME financing and other operational issues. The panel will represent the spectrum of GME organizations, from Single-Program Sponsoring Institutions to large academic centers and integrated medical schools. Panelists will discuss their perspectives on a variety of topics related to the financing of GME activities. |
| **1:30 p.m.** | Strategic Planning in the Continuous Improvement Model – *Susan Kirk, MD* |
| **2:00 p.m.** | Aligning GME and Patient Safety/Quality Improvement Efforts – *Andrew M. Thomas, MD, MBA* |
| **2:45 p.m.** | Break |
| **3:00 p.m.** | Faculty Development in the Next Accreditation System – *Joseph Jaeger, DrPH; Miriam Bar-on, MD* |
| **3:30 p.m.** | "Managing Up" for the DIO – *Donald W. Brady, MD; James R. Zaidan, MD, MBA* |
| **4:15 p.m.** | Group Activity <br> This session will use participant contributions as the basis for group learning exercises. – *Lawrence M. Opas, MD* |
| **5:00 p.m.** | The DIO as Education Leader – *Kevin B. Weiss, MD, MPH* |
| **5:30 p.m.** | Adjourn |
| **5:30 p.m.** | Poster and Welcoming Reception |

## THURSDAY, FEBRUARY 25

| | | |
|---|---|---|
| **8:30 a.m. – 5:00 p.m.**<br><br>*Debra Dooley* | **PC005: Coordinator Forum: Coordinator Awareness: Being Mindful of Learning Environment Challenges*** | |

This year's Coordinator Forum: Coordinator Awareness: Being Mindful of Learning Environment Challenges, will feature a day-long series of sessions for new and experienced program coordinators. The forum will offer three plenary sessions for coordinators at all levels, and individual breakout sessions for both new and experienced coordinators. Submissions were solicited from the GME community to develop sessions on topics of interest specifically for coordinators.

Target Audience: Program Coordinators

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| **8:30 a.m.** | Welcome – *Debra Dooley* |
| **8:45 a.m.** | **Plenary 1**: Coordinator's Role in Integration of Safety and Quality – *Kevin Weiss, MD, MPH, MHSA* |
| **9:45 a.m.** | Break |
| **10:00 a.m.** | **BR01**: The Art of ADS: Put Your Program's Best Foot Forward – *Kathleen Quinn-Leering, PhD; Margaret Mulligan, PhD* |

The ACGME's Accreditation Data System (ADS) plays a critical role in the continuous accreditation process. Although the questions in ADS seem simple and straightforward, there is an art to accurately presenting your program's information! Complete ADS incorrectly and the consequences can be serious: a progress report, an unexpected site visit, or even an adverse accreditation decision. This session will highlight how ADS is used in the accreditation process, common ADS mistakes, and simple strategies coordinators can utilize to put their program's best foot forward. Engaging activities will be used to outline the essential steps to completing ADS correctly to demonstrate program compliance with ACGME requirements. Attendees will be given ADS tip sheets to use as references when they return to their institutions.

**BR02**: APE and the Self-Study: The 800-pound Gorillas that No One is Talking About – *Gladys Bueso; Lauren Menkes, LMSW, MPH; Jennifer Anglin-Cardone*

This interactive session will provide coordinators with knowledge and understanding of the Annual Program Evaluation (APE) and the 10-year self-study requirements. This session will help coordinators recognize their importance and role in this process. Best practices and tools will be shared so coordinators can better prepare in advance with data gathering throughout the year. Coordinators will be exposed to implementation plans from a large academic medical center and will be able to share ideas and concerns amongst their peers.

## THURSDAY, FEBRUARY 25

**BR03**: CLER and the Evolution of New Roles for Program Coordinators – *Janice Piazza, MSN, MBA*

The role of program coordinator, for many, provides little opportunity for further development or professional growth. Beyond development of a sound knowledge base of ACGME requirements, there are multiple opportunities presented by the Next Accreditation System and Clinical Learning Environment Review (CLER) requirements that position program coordinators to advance in their field and in their organization. A good understanding of leadership competencies, along with key skills in performance improvement methodologies and patient safety science can strategically position a program coordinator to grow professionally and within an organization. This session will provide basic principles for program coordinators to consider in their professional development, sample competency statements related to key elements of the CLER Pathways requirements, and sample job descriptions for consideration.

**BR04**: Program Coordinator's Magic Hat – *Rebecca Hayes*

The program coordinator plays a major role in scheduling the meetings, documentation, and presentation of materials required for his/her individual program. The program coordinator is also responsible for gathering and verifying information needed, as well as compiling a presentation that is smooth and easily followed by all in attendance. This session will focus on ways to assist coordinators in executing these tasks in the most effective and efficient means possible. We will share ideas and instruction on creating working timelines, and ways to use conversion software to create specialized program documents and develop communication tools that will keep the department informed in real time. This session will also provide a better understanding of frequently used acronyms within the program coordinator's world.

**BR05**: Cultural Competence in Medical Education – *Lindsey Goodnight; Angela Soto, MS*

An Institute of Medicine report published in July 2014 states that new physicians often lack training and experience in cultural competence. Surveys of residents suggest that trainees feel ill-prepared to provide culturally-competent care to diverse populations. According to literature, racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, even when access-related factors, such as insurance status and income, are controlled. What changes can we facilitate as coordinators/graduate medical education professionals to promote cultural competence in our programs?

**BR06**: Resident Dashboards: CCCing the Bigger Picture – *Kelly Spielmann, MS; Karen Friedman, MD*

In this seminar, the presenter(s) will discuss the assessment methods and metrics used to analyze resident performance data through the creation of a resident dashboard. The data that is collected bi-annually through the resident dashboard is used to augment Clinical Competency Committee meetings by providing its members with a comprehensive overview of both qualitative and quantitative measures of resident performance. The presenters will explain how these data can be used to streamline the process of reporting Milestones data to the ACGME. The presenters will use real examples to demonstrate this process and will encourage participation and questions from those in attendance.

## THURSDAY, FEBRUARY 25

**BR07**: Guardians of the Program: Using Emotional Intelligence to Unleash Your Inner SuperHERO – *Alexandra Watson; Shona Whitehead*

Residency coordinators fulfill an essential role within the residency program with wide and varied responsibilities. As this role continues to grow and evolve, coordinators must actively engage with a changing and diverse population of residents, faculty members, and staff members. Emotional intelligence can provide priceless tools to make the coordinator position effective and ultimately successful. This session is designed to introduce emotional intelligence in an interactive way. Working in groups, attendees will be presented with cases drawn from common and relatable issues universally faced by program coordinators. Attendees will work together to Harness their emotions, Establish their goals, Reconcile their differences, and Organize their responses using emotional intelligence. Each group will have the opportunity to demonstrate their new SuperHERO Power and present their "Aha!" moment to the rest of the room. At the conclusion of the session, attendees will take home a framework for emotional intelligence and how to apply that to the role of program coordinator.

**BR08**: Documenting the Program Coordinator's Brain: The Need for Continuity Binders – *Yvonne Ng, MSc; Michelle Teo*

Program coordinators are often seen as a one-stop knowledge center for their residency programs, and their role has gone beyond providing administrative support to program directors. As a result, when program coordinators change or take an unexpected long leave, the residency program sometimes risks being at a standstill. In the spirit of knowledge management and program continuity, in 2014, the graduate medical education office in the National Healthcare Group (NHG), Singapore, embarked on an institution-wide effort for all residency programs to develop their programs' continuity binders electronically. This session will discuss the development of the residency program continuity binders in NHG as a knowledge bank of program information, practices, and processes, as well as an easy reference for on-the-job training for new staff members.

**BR09**: A Minute to Mentor – *Kimberly Pandanell; Virginia Simmons*

Program coordinators want answers! The "Minute to Mentor" program offers program coordinators an opportunity to exchange ideas and knowledge with other new and seasoned program coordinators. This session will offer an overview of how the University of Texas Medical Branch, Office of Graduate Medical Education has implemented this program in a fun and rewarding way. Program coordinators will learn that their role is both mentor and mentee.

## THURSDAY, FEBRUARY 25

**BR10**: Unification: Opportunities for GME Administrators and Coordinators – *Kerrie Jordan, MS, C-TAGME; Jessica Chavez*

The ACGME agreement with the American Osteopathic Association (AOA) and the American Association of Colleges of Osteopathic Medicine (AACOM) has created opportunities for graduate medical education (GME) professionals who seek to advance their careers. It has been challenging as we anticipate new accreditation requirements, however, professionals have had a chance to be innovative. Administrators and coordinators learn new and revised accreditation requirements daily as we merge the osteopathic with the allopathic profession. Both DO and MD graduates will be held to the same accreditation standards, which means that GME professionals will also unify processes. Enhancing our careers gives us the ability to reduce duplication and concentrate on adjusting to the profession. This presentation will present a concise review of the future of GME professionals as it relates to the osteopathic profession. The presentation will address the opportunities created due to the unification of the AOA and ACGME. Presenters will share the best-practice strategies utilized for advancement, and facilitate discussion regarding potential challenges and professional development during this process.

**11:15 a.m.**     **BR11**: How to Create a Successful Game Plan for Annual Program Evaluations and Self-Studies – *Nancy Piro, PhD; Ann Dohn, MA*

In this session, participants will have the opportunity to explore and discuss the use of a new Annual Program Evaluation guidebook that focuses on the use of organizational tools and templates. The guidebook is designed to assist coordinators in the required pre-meeting information collection, meeting agenda design and facilitation, and post-meeting documentation for longitudinal data analyses. This includes the use of a new SWOT/Fishbone tool to assess the data in support of multi-year ACGME self-study cycles. Participants will learn how to use these tools that can be easily modified for individual programs, enabling consistent and ongoing tracking and reporting of data to the program director and the ACGME. In closing, participants will discuss and brainstorm solutions to possible barriers to implementation.

**BR12**: Coordinator Burnout: Exploring Signs, Coping Strategies, and Prevention Methods – *Carrie Saviano, C-TAGME; Ariana Lecaj, MHA*

Burnout is a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. Coordinator burnout is real. You do not have to poll a hundred coordinators to find out we have all faced this in our careers. With regulation changes, newer and more demanding online programs, and budget cuts in our institutions, program coordinators are being pulled in more directions than ever before. Come learn the signs of coordinator burnout, and explore coping strategies that work! Share your stories so we can learn together from our real-world experiences.

## THURSDAY, FEBRUARY 25

**BR13**: Navigating ACGME's Next Accreditation System - CCC and PEC – *Hayley Fisher; Patricia Reyes*

This session is intended for program coordinators, program directors, and others who wish to learn about the Next Accreditation System, with a focus on the Clinical Competency Committee (CCC) and Program Evaluation Committee (PEC). This session will cover the process of preparing for CCC and PEC meetings from beginning to end, and will explain the connection between these meetings and the ACGME self-study. A portfolio of tools will be offered to assist in streamlining the process and focus on those elements essential to conducting a successful CCC and PEC.

**BR14**: Taking Off the Training Wheels: Refining Intern Education – *Ricky McHugh; Michael Arnold, DO*

A rotation dedicated strictly to education during the internship year remains an untapped resource for most programs. What began as an experiment at the University of Florida has become a successful venture in not only redefining the potential of intern education, but in offering the coordinator an opportunity to broaden his/her skills as an educator. The presenters will discuss the benefits of protected education time during internship year, and share lessons learned in developing a novel curriculum that takes an innovative approach to optimizing the educational experience for interns' specific needs. This includes allowing dedicated time within an intern's subspecialty for fostering knowledge, creating enthusiasm, forging camaraderie with future colleagues, and sharing the presenters' experiences on implementing and honing the curriculum through this time period. The presenters have achieved significant gains through some of the following: 1) involvement of a multi-disciplinary team across specialties allowing for a more comprehensive approach; 2) opportunity for early and frequent feedback from interns and facilitators; 3) creation of goals and objectives for each session; and 4) increased interaction through the use of simulations and hands-on, small-group sessions. This session will equip participants to develop their own curricula to suit their own unique goals and objectives.

**BR15**: Session Cancelled

**BR16**: Program Partners: Directors and Coordinators as a Team – *Tracy Crosby, MEd; Lisa Courtney*

The program coordinator is a partner to many within a graduate medical education (GME) program. The most vital partnership, however, is with the program director. An effective program director/program coordinator team creates a successful program and leads to professional development for the coordinator. This session will help coordinators thrive as part of that team, while exploring career development within the world of GME.

## THURSDAY, FEBRUARY 25

**BR17**: Self-Study 101: We Did It (and So Can You)! – *Margaret Mulligan, PhD; Kathleen Quinn-Leering, PhD*

This session will help coordinators identify steps, procedures, and documents necessary to conduct a successful ACGME self-study based on the experiences of a Next Accreditation System Phase I core residency and three subspecialty programs. Attendees will gain an understanding of the purpose, process, and logistics behind the self-study and its relationship to the 10-year accreditation visit. A blend of didactic and interactive activities will be used to outline the purpose of each part of the self-study and to identify best practices. Presenters will share lessons learned from their own self-study experiences, share recommendations for overcoming the challenges, and identify opportunities to use the self-study process efficiently for meaningful program change. The session will provide tips, strategies, and resources coordinators can use and adapt for their own programs to ensure an organized and fruitful self-study process.

**BR18**: The Five W's of Servant Leadership and its Added Value to Graduate Medical Education – *Jean Ashley, MSBC, C-TAGME; Tanya Keenan, MA, C-TAGME*

As the complexity of graduate medical education (GME) training grows, it is critical for program administrators to assume a variety of roles within a program. Often, the most overlooked role is the one of a leader. Leadership is a necessary skill for a program administrator to navigate the GME landscape of the ACGME's Common and specialty-specific Program Requirements within the context of the Next Accreditation System and the medical specialty board requirements. The abundance of leadership material can be overwhelming. While we all possess traits from various types of leaders, successful program administrators are often those with the characteristics of Servant Leaders. To be a good leader, one must first be a good servant. It is our belief that Servant Leadership is the direction that today's program administrators must take.

**BR19**: Lessons Learned from the Self-Study Process: Pearls and Pitfalls – *Sylvia Zavatchen*

In an effort to clarify the new process of a program self-study, the presenters will discuss the lessons learned from a program with a primary residency of 32 residents and six fellowship programs. From receiving the notification letter from the ACGME to laying the foundation for the self-study update document, the presenters will discuss methods of implementing the eight steps suggested by the ACGME. With the program coordinator as project manager, the presenters will provide a toolbox for developing a timeline, a checklist, forming a self-study group, aggregating data, and interpreting stakeholder input - all with an eye toward writing a solid self-study document.

## THURSDAY, FEBRUARY 25

**BR20**: Dashboards, Trends, and Beyond - How to Manage Data in the Era of Continuous Accreditation – *Sue Middleton, MHA; Todd Kumm, MD*

The presenters will discuss the concepts of managing hundreds of data elements and how to make data selection and presentation meaningful to provide to a program director and/or the Graduate Medical Education Committee (GMEC). Participants will be provided with a dashboard template and, in small groups, will discuss what they consider to be the meaningful indicators and how to present those to a program director and/or the GMEC. The presentation will also provide timelines for data input, data sources, and data extraction.

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| **12:15 p.m.** | Networking Lunch |
| **1:00 p.m.** | **Plenary 2**: There is More to Me Than You Can See – *Donald Brady, MD* |
| **2:15 p.m.** | **BR21:** Critical Roles for Coordinators Related to the ACGME Program Self-Study – *Ingrid Philibert, PhD, MBA* |

This workshop offers pragmatic advice related to the role of residency coordinators in program evaluation and improvement as part of the ACGME Program Self-study.

**BR22**: "Judge Me by My Size, Do You?" – *Alyson Riddick, C-TAGME; Willie Braziel*

"Is my program or institution small?" "Am I as important as the larger programs or institutions?" "Surely, those 'issues' do not apply to me, as we are small!" Actually, programs and institutions may not be as they appear at first glance. This interactive session will provide an overview of how two institutions of varying sizes and programs are very similar. The presenters will compare and contrast how these programs look at processes, handle resident issues, provide self-regulation, and meet ACGME requirements. This session will demonstrate how small programs and large programs can network together to share best practices as they both can take information from each other and apply it to a program of any size.

**BR23**: The Perfect Storm - Building a Dream Team – *Ambrosya Amlong; Tonya Thomas*

Although many teams undergo staffing changes, some teams change at an extraordinary pace, creating the perfect storm or opportunity to build an educational dream team. Team dynamics will be explored as well as ways to accelerate the pace at which a team excels and becomes high functioning. Styles of leadership impact the growth cycle for team development, making it imperative to determine how to lead and manage a developing team. This session will focus on successful strategies in getting key stakeholder investment in team development, continuing education, and giving and receiving critical, meaningful feedback.

**BR24**: Conquering the Clock: Effective Time Management Solutions for Program Coordinators – *Victoria Shaffer*

The role of the program coordinator can feel overwhelming at times. In this session, the presenter will identify common program coordinator time consumers that contribute to coordinator stress and burnout. The discussion will focus on both time management and organizational strategies for program coordinators. An interactive exchange will allow participants to discuss best time management practices within their own institutions.

## THURSDAY, FEBRUARY 25

**BR25**: Equipping Program Coordinators for Tomorrow's Healthcare – *Michelle Teo; Yvonne Ng, MSc*

The program coordinator is an important member and one of the enablers of any effective, high-performing residency program. It is important to pay attention to their professional development to develop, motivate, and retain these productive, engaged program coordinators. National Health Group (NHG) residency designed various training and workplace-based learning opportunities for developing program coordinators. This session aims to to share the learning roadmap for program coordinators and to give participants a taste of training sessions, like conflict resolution and constructive feedback, in which program coordinators in NHG participate.

**BR26**: It Takes a Village: An Institutional Approach for Maintaining Momentum among Program Coordinators at a Large, Urban Safety Net Medical Center – *Becky O'Neal; Michelle Najera*

The 2015 ACGME Annual Conference, "Building Momentum," was the catalyst for the creation and implementation of an innovative coordinator forum called the Educational, Administrator, Leadership Advisory Council (EALAC) at a large, urban, safety net hospital in Los Angeles. Although "the roles of…coordinators are complex and combine administrative and educational tasks" little exists in the literature about "augmenting existing resources for coordinators to help maximize program development" (Cottrell, 2010). The council was assembled to create a community of senior coordinators with the experience to assist in the standardization of various policies and procedures, reduce redundancy, motivate and mentor colleagues and peers, share and acknowledge successes and challenges, promote wellness, provide opportunities for social networking, disseminate best practices and ease the way for new and junior coordinators. Since February, EALAC has convened several meetings to develop a common program coordinator job description for bargaining, appointed council leadership, conducted a needs assessment survey with an over 80% return rate (n=42), drafted and submitted this proposal, presented staff development/educational topics and obtained formal representation on the institutional GMEC. The goal of this council is to become an agent of positive change and maintain the momentum garnered from the 2015 ACGME Annual Educational Conference.

**BR27**: A Year in the Life of a Coordinator without Residents: Initial Accreditation, Program Design, and the Role of Coordinator – *Donna Brown, MSEd; Cheryl Johnson*

Participants will learn about experiences in opening four new residency programs in a large, physician-owned, private hospital with no previous graduate medical education (GME) experience. Developmental Milestones will be discussed, beginning with preparing the initial application, preparing for the initial site visit, participating in program design and framework, training GME-naive faculty members, and discussing program coordinator opportunities and responsibilities. The session will include facilitation of round-table discussions about challenges, training needs, and mentorship for coordinators taking on the development of a new program and the difference in skill sets of new coordinators training to work in existing programs. Data will be presented from feedback of the first interview season, new faculty insight, as well as performance data and feedback from the first class of matched interns.

## THURSDAY, FEBRUARY 25

**BR28**: Nuts and Bolts of Scholarly Activity Poster Creation – *Beth Payne, MAED, C-TAGME*

Academic medicine is a fiercely competitive environment with every individual hoping to be the first to create a best practice or discover a cure for an incurable disease. While the likelihood of being first is limited in today's world of fast moving technology and worldwide think tanks, there is still tremendous opportunity to develop novel applications of existing knowledge or better processes worthy of sharing. There is a misconception that scholarly posters refer only to reporting results of bench research or clinical trials. However in the educational realm, frequently, the improvement of curriculum, evaluation methods or internal processes can generate a well-received and valuable poster. Often, coordinators are a primary catalyst to improvements inside of programs, and therefore play a significant role in new process development, implementation and quality review. An educational poster can allow the dissemination of knowledge and sharing of best practices between programs, thereby advancing the field and improving educational outcomes. This session will review the elements and principles of poster creation and offer techniques on how to best highlight educational initiatives developed in training programs and institutions using proper formats and professional etiquette to optimize the opportunity to have new work disseminated.

**BR29**: Hitchhiker's Guide to Navigating and Guiding Fellowship and Job Applications for Residents – *Inez Hudlow; Craig Noronha, MD*

The fellowship and job application process causes stress for residents and the program office due to its complexity. There is an added level of stress related to the ambiguity that is involved in portions of the process, such as the letters of recommendation and communication standards. Matching into a fellowship program and starting a job in a primary care or hospitalist position is one of the major goals of trainees in internal medicine residencies. While developing the knowledge, skills, and attitudes needed to practice internal medicine independently, they must concurrently plan and work towards their future careers. The program office, including administrators and program directors, must balance the day-to-day requirements of running a residency program while also guiding and helping trainees toward their future career. This interactive workshop will review the fellowship and job search timelines, develop a framework for counseling residents about career opportunities, identify key factors of importance for fellowship directors, and provide a guide for how to write program letters of recommendation. There will be interactive small-group sessions focusing on overcoming common obstacles in the fellowship application process, case-based application for ranking residents, and a design of a career guidance program.

**BR30**: Leading the Charge to a Single Accreditation System: Advice for Coordinators from the ACGME Senior Leadership – *Lorenzo Pence, DO, FACOFP; John Potts, MD*

Dr. Lorenzo Pence and Dr. John Potts will discuss the practical aspects of transitioning from osteopathic to allopathic accreditation and the coordinator's role. Ample time will be left to answer questions from the audience.

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| **3:15 p.m.** | Break |

## THURSDAY, FEBRUARY 25

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| | **3:30 p.m.** | **Plenary 3**: Open Session with Senior Leadership – *Timothy Brigham, MDiv, PhD, Moderator* |
| | **4:45 p.m.** | Wrap-up – *Debra Dooley* |
| | **5:00 p.m.** | Adjourn |
| 5:00 p.m. – 6:00 p.m. | **SS001: Sunset Session: Coordinator Networking Session*** | |
| | You asked for it: an opportunity to network for coordinators at the conference! The session will be held from 5:00 p.m. - 6:00 p.m. Bring plenty of business cards! | |
| 5:00 p.m. – 6:00 p.m. | **SS002:** Sunset Session: One of the first two Coordinator Forum Breakouts that closes out will be repeated in this time frame. Keep checking once registration opens.* | |
| 5:00 p.m. – 6:00 p.m. | **SS003:** Sunset Session: One of the first two Coordinator Forum Breakouts that closes out will be repeated in this time frame. Keep checking once registration opens.* | |
| 5:30 p.m. – 8:30 p.m. | **Poster and Welcoming Reception** | |

## FRIDAY, FEBRUARY 26, 2016

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| 10:30 a.m. - 12:00 p.m. | **SES001: The Clinical Learning Environment-Overarching Themes from the First Round of CLER Visits** <br><br> *Rosemary Gibson, MSc; Diane M. Hartmann, MD; Kevin B. Weiss, MD, MPH; John Duval, MBA* <br><br> This session will discuss core themes noted in the report of findings from the first cycle of nearly 300 CLER site visits. We will highlight some of the progress made toward engaging resident and fellow physicians to improve patient safety, health care quality, and other focus areas. We will also engage attendees in a dialogue about a number of important opportunities to improve the clinical learning environments in which our residents and fellows are immersed as they progress through their graduate medical education. <br><br> *Target Audience: All involved in GME* |
| 10:30 a.m. - 12:00 p.m. | **SES002: Changing the Culture of Medicine: Promoting Resilience and Well Being** <br><br> *Moderator: Timothy Brigham, MDiv, PhD* <br><br> *Carol Bernstein, MD; Edwin Zalneraitis, MD; Timothy Daskivich, MD* <br><br> In recognition of the increased imperative to focus on improving physician well-being, the ACGME convened a conference, the first of its efforts specifically designed around this imperative, to determine how they, together with other organizations involved in the continuum of medical education, it can address these issues and enhance the learning environment for physicians in training and in practice.  An invitational symposium was held on November 17-18, 2015 in Chicago, and included representation from all areas of the GME community.  In this session, members from of the ACGME Board of Directors will discuss what was learned in the symposium as well as the next steps to be taken as determined at the ACGME Board of Directors meeting in February 2016.  There will be ample time for questions. <br><br> *Target Audience: All involved in GME* |
| 10:30 a.m. - 12:00 p.m. | **SES003: Milestones 1.0:  Looking Back, Moving Forward** <br><br> *Christopher Thomas, MD; Robert Ficalora MD, FACP; Eric Holmboe, MD, MACP, FRCP; Stanley J. Hamstra, PhD; Laura Edgar, EdD, CAE* <br><br> All residency and fellowship programs are now engaged in using and reporting the Milestones, with the majority of programs experiencing at least one full year of implementation. This session will explore early lessons learned from the first two years of implementation and the ACGME strategy for evaluating on the Milestones. The session will also include feedback from programs as part of the ACGME "listening tour," and physician educators in three specialties will share their local experience and reflections implementing the Milestones. Finally, the process for preparing for the eventual revisions of the Milestones in the future will be discussed, including an early look at a Milestones cross-walk among the core specialties. <br><br> *Target Audience: All involved in GME* |
| **Specialty Updates** | These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A. <br><br> *Target Audience: All involved in GME* |
| 1:30 p.m. - 3:00 p.m. | **SES004**: Specialty Update: Internal Medicine <br><br> *James Arrighi, MD; Jerry Vasilias, PhD* |
| 1:30 p.m. - 3:00 p.m. | **SES005**: Specialty Update: Pediatrics <br><br> *David Jaffe, MD; Caroline Fischer, MBA* |

## FRIDAY, FEBRUARY 26, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES006: Specialty Update: Emergency Medicine**<br>*Philip Shayne, MD, FACEP; Felicia Davis, MHA* |
| 1:30 p.m. - 3:00 p.m. | **SES007: Specialty Update: Psychiatry**<br>*George Keepers, MD; Louise King, MS* |
| 1:30 p.m. - 3:00 p.m. | **SES008: Specialty Update: Surgery**<br>*Steven Stain, MD; Donna Lamb, MBA* |
| 1:30 p.m. - 3:00 p.m. | **SES009: Specialty Update: Neurological Surgery**<br>*Kim Burchiel, MD; Pamela Derstine, PhD, MHPE* |
| 1:30 p.m. - 3:00 p.m. | **SES010: Specialty Update: Osteopathic Neuromusculoskeletal Medicine**<br>*Lisa DeStefano, DO; Tiffany Moss, MBA* |
| 1:30 p.m. - 3:00 p.m. | **SES011: Specialty Update: Radiation Oncology**<br>*Ann Spangler, MD, MS; Laura Edgar, EdD, CAE; Cheryl Gross, MA, CAE* |
| 1:30 p.m. - 3:00 p.m. | **SES012: Specialty Update: Ophthalmology**<br>*Anthony Arnold, MD; Mary Joyce Turner, RHIA, MJ* |
| 1:30 p.m. - 3:00 p.m. | **SES013: Specialty Update: Family Medicine**<br>*Peter Carek, MD, MS; Eileen Anthony, MJ* |
| 1:30 p.m. - 3:00 p.m. | **SES014: Institutional Review in the Next Accreditation System**<br>*Lawrence M. Opas, MD; James R. Zaidan, MD, MBA; Paul Foster Johnson, MFA; Kevin B. Weiss, MD, MPH*<br><br>This session will offer detailed information about the Institutional Review Committee's (IRC's) entry into the Next Accreditation System. The IRC Chair and Vice Chair will describe the Committee's annual review of Sponsoring Institutions, which will be aided by newly developed screening tools. The presentation will include a preview of the institutional self-study and 10-year accreditation site visit.<br><br>*Target Audience: DIOs, GMEC Members, GME Coordinators, GME Educators* |
| 1:30 p.m. - 3:00 p.m. | **SES015: Oral Poster Presentation 1***<br>*Lauren Wojnarowski, MA*<br><br>This session highlights posters judged as outstanding based on submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.<br><br>*Target Audience: All* |

## FRIDAY, FEBRUARY 26, 2016

**1:30 p.m. - 3:00 p.m.**

**SES016: Something Old, Something New: Using a System of Institutional Annual Program Reviews to Advance CLER Pathways to Excellence**

*Alexander Niven, MD; Matthew Short, MD*

Madigan Army Medical Center has employed an institutional system of annual program reviews (APRs) for the past three years to ensure close oversight over program activities during the transition to the ACGME's Next Accreditation System (NAS). Although APRs are not an institutional requirement under the NAS, we have developed a systematic template that has served as an invaluable source of detailed program information to better inform our Annual Institutional Review (AIR). Over the past two years, we have incorporated specific CLER focus areas into this template, which has facilitated a coordinated dialogue with program directors on the CLER Pathways to Excellence and program efforts in areas identified by our GMEC as areas of institutional emphasis. This session will review the current process of institutional educational oversight and administration, and discuss how an APR system can facilitate, inform this process, and advance CLER initiatives by providing a structured dialogue between institutional officials and program directors.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators*

**1:30 p.m. - 3:00 p.m.**

**SES017: Using Online Case Simulations to Engage Learners and Assess Clinical Reasoning and Diagnostic Skills**

*Shantanu Nundy, MD*

Assessing learners' clinical reasoning and diagnostic skills remains challenging yet critical for the practice of medicine. Oral board exams are the gold standard because they assess a learner's stepwise reasoning through a case, but they are time-consuming and expensive. As medicine moves to competency-based assessment, new tools that can be readily deployed and scaled are urgently needed. Online case simulations are an exciting platform because they are scalable and highly engaging. We will review our experience using online case simulations with medical students, residents, and attendings; and demonstrate their use in competency-based assessment. Participants will have an opportunity to reflect on how to best assess competencies using online case simulations, present the data for educators and learners, and use the data to tailor educational programming and implement online case simulations in their home institutions.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

## FRIDAY, FEBRUARY 26, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES018**: **Pioneers of ACGME International Accreditation: Description, Roles, and Perceptions of Institutional Leaders and Clinician Educators**

*Sophia Archuleta, MD; Dora Stadler, MD, FACP; Halah Ibrahim, MD, MEHP; Joseph Cofrancesco Jr., MD, MPH*

Graduate medical education (GME) is responding to calls for reform by adopting competency-based frameworks and, in some countries, by rapidly implementing external accreditation systems. In 2009, the Accreditation Council for Graduate Medical Education International (ACGME-I) began accrediting institutions outside the United States. The presenters conducted two cross-sectional surveys of all ACGME-I-accredited institutions' leaders and clinician educators (CEs) from June 2013 to June 2014. This session will explore their findings, including reported challenges and perceptions of institutional leaders and CEs regarding the impact of accreditation. The speakers will also discuss perceptions regarding CEs' preparedness, value, and rewards for their educational work, as well as factors contributing to job satisfaction and retention. This session may be useful to faculty members and leaders working in institutions and countries considering similar GME reform.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators, International Attendees* |
| 1:30 p.m. - 3:00 p.m. | **SES019: Program Strengths and Areas for Improvements: Insights from Site Visit Reports and the ACGME Resident Survey in Five Surgical Specialties**

*Donna Caniano, MD, FACS, FAAP*

In this session, participants will learn how residents in five surgical specialties consider aspects of their programs as either strengths or areas for improvement. We will present findings on the alignment between residents and faculty members in their views of program strengths and areas for improvement. Residents' responses to selected questions on the annual ACGME Resident Survey will be explored in relationship to their considerations as program strengths or areas for improvement. We will discuss how stakeholder perceptions of program strengths and areas for improvement impact the Next Accreditation System (NAS).

*Target Audience: Program Directors, Faculty, Residents in Surgical Programs, Surgical Educators* |
| 1:30 p.m. - 3:00 p.m. | **SES020: Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session #1**

*Robin Dibner, MD, FACP*

In response to the feedback received during the first cycle of CLER site visits, some Sponsoring Institutions have developed new processes and programs to improve their clinical learning environment. A selective poster viewing session followed by a series of short oral presentations will allow institutions to share their work to advance the clinical learning environment and progress along the CLER Pathways to Excellence.

*Target Audience: DIOs, Program Directors, Educators, Residents* |

## FRIDAY, FEBRUARY 26, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES021: High Five It: Teaching Perspectives and Adult Learning Approaches to Medical Education**<br><br>*Kadriye Lewis, EdD; Cheryll Sibley-Albold, PhD*<br><br>Adult learning has been a buzz word in the medical education circle in the last few decades. However, given the many criticisms of conventional views of adult learning theory, adult learners, and emerging changes in medicine, medical educators need to rethink the concept of teaching adults from the five perspectives on teaching: transmission, apprenticeship, developmental, nurturing, and social reform. Our learners—medical students and residents in training—are adults. By the time we as medical educators begin the educational process with them, they have already been in the business of learning for close to 20 years. They have progressed through many stages of learning how to learn, and have developed a pattern of learning that will continue throughout their lifetimes. Teaching adults is a complex, challenging, and often uncertain process. It requires continual inquiry and revisiting of our teaching methods. There is no one recipe for how best to teach our adult learners. This session will introduce the Teaching Perspectives Inventory (TPI) model that covers five common perspectives on teaching adults. The session will share various pedagogies that align with TPI. Motivations, learning needs, and practical strategies for innovative instructional design for adult learners will be addressed.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES022: Designing a Teaching Curriculum: Teaching Residents and Faculty To Teach**<br><br>*Gretchen Diemer, MD; Dimitrios Papanagnou, MD*<br><br>Regardless of specialty training, a significant portion of residents' responsibilities involves teaching and evaluating medical students and interns. Few residents, however, have had formalized training in educational theory. In the face of LCME (ED-24) and ACGME Program Requirement (IV.A.5.c)), programs must be able to deliver instructional programs to their housestaff on effective teaching principles. These educational programs can be delivered to core faculty members to enhance their approaches to education. This interactive session will provide an overview of the core educational skills residents and faculty members will need to succeed as teachers. These will include: principles of adult learning theory; effective feedback and evaluation skills; appropriate coaching methods during procedural instruction; and education around clinical decision-making. The presenters will review these skills and facilitate a forum where participants will share and collaboratively design methods and curricular elements to develop instructional sessions for their residents and faculty.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |

## FRIDAY, FEBRUARY 26, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES023: Linking Feedback to Milestones for a More Robust Evaluation Process Supporting Your CCC** |

*Sean LaVine, MD; John Raimo, MD*

Undoubtedly in every program, problem situations with residents frequently arise. These issues with residents often come to the attention of a program through feedback from a variety of sources, including nurses, peers, consultants, administrators, patients, and families. This feedback generally occurs outside of the realm of formal end-of-rotation evaluations and is often presented first to your chief residents. Tying this unsolicited feedback to formal resident evaluations and Milestones is often challenging. We have developed a formal system to utilize collateral information surrounding these situations and document the information obtained in a way that allows it to be linked to the 22 reportable Milestones. This qualitative assessment supplements the traditional quantitative end-of-rotation evaluation, thereby providing supportive information for decisions regarding remediation that are Milestones-based. Finally, this 360-degree unsolicited feedback can be incorporated into today's Clinical Competency Committee (CCC) to allow a more global assessment of resident performance.

*Target Audience: Program Directors*

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| 1:30 p.m. - 3:00 p.m. | **SES024: Patient Handoffs: Monitoring, Feedback, and Evaluation Workshop** |

*Lee Ann Riesenberg, PhD, RN, CMQ; Meghan Lane-Fall, MD, MSHP*

Residency program directors and graduate medical education leaders have been charged with the monitoring, feedback, and evaluation of resident handoffs. Unfortunately, many educators lack the tools to accomplish this task. Systematic review of the literature reveals a number of tools that may be employed in assessing resident handoffs, but these tools have different strengths and weaknesses. Additionally, these tools may need to be adapted to suit the needs of individual residency programs. During this session, participants will review the differences between monitoring, feedback, and evaluation as they relate to resident handoffs, and will work with published tools to adapt them to their own educational environment. Participants will leave the workshop with tools that enable them to assess resident handoffs and with an annotated bibliography of the medical literature that describes the contributions of published reports relating to the assessment of handoffs.

*Target Audience: DIOs, Program Directors, GME Educators, Faculty*

## FRIDAY, FEBRUARY 26, 2016

| 1:30 p.m. - 3:00 p.m. | **SES025: High Value Care Curriculum - Make it Work for Your Program** |

*Suzanne Woods, MD; Carolyn Avery, MD*

Health care expenditures are rising at unsustainable levels. The U.S. spends $700 billion annually on diagnostics and therapeutics that do not improve health outcomes and, if eliminated, would not adversely affect quality of care. With growing recognition of the need for physicians to practice higher value care, medical societies now promote the reduction of unnecessary spending. We have developed and implemented an interactive curriculum on high value care (HVC). This session will define HVC and introduce key concepts. It includes lecture intermixed with audience response questions for an interactive session. Learners will engage in small group exercises and discuss common scenarios that highlight areas of misuse and overuse that lead to health care waste. Participants will use these cases to promote the use of evidence-based medicine guidelines to support clinical decision-making and work to articulate strategies for bringing HVC into daily practice and into care discussions with patients. There will be a demonstration of the seven module series we have developed to educate students, residents, fellows, and faculty members about HVC. This curriculum has been adapted to pediatrics, medicine, family medicine, obstetrics and gynecology, surgery, and other specialties. Participants will discuss ideas on how to distribute this HVC curriculum, which aims to reduce unnecessary health care costs while still providing high quality care for patients. QI projects that result from this educational series will be shared. Participants will receive a list of HVC resources.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

| 1:30 p.m. - 3:00 p.m. | **SES026: Taking Off the Training Wheels: Refining Intern Education** |

*Michael Arnold, DO; Ricky McHugh*

In this session we plan to discuss the benefits of having a dedicated education month during the internship year and to share the lessons learned in the development of a novel curriculum geared towards interns. The challenge of the transitional internship track provides a unique opportunity for the development of an innovative and dynamic approach to give interns a standardized and optimized educational experience designed specifically for their needs and to allow for dedicated time within their subspecialty to foster knowledge, create enthusiasm, and forge camaraderie with their future colleagues. This project has been a continually evolving and improving process over the past three years, resulting in significant changes since its inception. We will share our experiences on implementing and honing in on the curriculum through this time period. We have achieved significant gains by some of the following processes: 1) the involvement of a multi-disciplinary team across specialties to allow for a more comprehensive approach; 2) the opportunity for early and frequent feedback from both interns and facilitators; 3) the listing of goals and objectives for each session; and 4) increasing the amount of interaction through the use of simulations and hands-on, small group sessions. Ideally, this session will equip participants to develop their own curricula that will suit their own unique goals and objectives.

*Target Audience: Program Directors, GME Educators*

## FRIDAY, FEBRUARY 26, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES027: Oh, the Places You'll Go…with Effective Mentoring!**<br><br>*Thomas Caruso, MD, MEHP; Ann Dohn, MA; Nancy Piro, PhD*<br><br>In this session, participants will have the opportunity to discuss the benefits of mentoring to trainees, faculty members, and their institutions. Participants will explore the most common systematic missteps that lead to failed mentor relationships. An evidence-based toolkit will be presented with best practices from Stanford that highlights opportunities and achievements. In closing, we will discuss methods for measuring success across institutions.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES028: Resident Wellness: Surprise… this Really Matters! How Can You Make it Important and Effective in Your Program?**<br><br>*Robyn Blair, MD; Susan Guralnick, MD*<br><br>Resident well-being is often overlooked or treated as a weird and distant relative when competing with more obviously needed domains of medical knowledge, patient care, and patient safety. Even when the need is recognized, it can be challenging to fit into a program's educational plan, or identify faculty members to teach and support it. Nevertheless, it's critical to address such topics as resident burnout, stress, mental health issues, resilience, and work-life balance. Wellness programs do not just improve resident health and morale, they improve physician performance. This session will encourage and assist programs in bringing wellness out of the closet. Whether starting a new or improving a struggling wellness curriculum, you should participate. Facilitators will review evidence of the remarkable impact of enhancing wellness, and highlight several approaches to wellness education and activities for easy integration into any program. In small groups, participants will create a framework for initiating or enhancing their own wellness curriculum and develop an implementation action plan. In an interactive format, we will brainstorm new ideas, and solicit and discuss successes, failures, and barriers. Participants will leave with tools to implement readily in home institutions, well-being curriculum educational topics, useful references, innovative ideas, and enthusiasm for resident wellness education.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| **Specialty Updates** | These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.<br><br>*Target Audience: All involved in GME* |
| 3:30 p.m. - 5:00 p.m. | **SES029:** Specialty Update: Internal Medicine (Repeat of Session 004)<br><br>*James Arrighi, MD; Jerry Vasilias, PhD* |
| 3:30 p.m. - 5:00 p.m. | **SES030:** Specialty Update: Physical Medicine & Rehabilitation<br><br>*Gerard Francisco, MD, FAAPMR; Caroline Fischer, MBA* |
| 3:30 p.m. - 5:00 p.m. | **SES031:** Specialty Update: Diagnostic Radiology<br><br>*James Anderson, MD; Felicia Davis, MHA* |
| 3:30 p.m. - 5:00 p.m. | **SES032:** Specialty Update: Neurology<br><br>*Steven Lewis, MD; Louise King, MS* |
| 3:30 p.m. - 5:00 p.m. | **SES033:** Specialty Update: Plastic Surgery<br><br>*Donald Mackay, MD; Donna Lamb, MBA* |

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES034: Specialty Update: Orthopaedic Surgery**<br>*Terry Light, MD; Pamela Derstine, PhD, MHPE* |
| 3:30 p.m. - 5:00 p.m. | **SES035: Specialty Update: Urology**<br>*Mary Joyce Turner, RHIA, MJ* |
| 3:30 p.m. - 5:00 p.m. | **SES036: Specialty Update: Anesthesiology**<br>*Robert R. Gaiser, MSEd; Anne Gravel Sullivan, PhD* |
| 3:30 p.m. - 5:00 p.m. | **SES037: Specialty Update: Transitional Year**<br>*Susan Guralnick, MD; Anne Gravel Sullivan, PhD; Cheryl Gross, MA, CAE* |
| 3:30 p.m. - 5:00 p.m. | **SES038: Specialty Update: Dermatology**<br>*Mary Stone, MD; Eileen Anthony, MJ* |
| 3:30 p.m. - 5:00 p.m. | **SES039: Update: Osteopathic Recognition**<br>*Robert Cain, DO; Tiffany Moss, MBA* |
| 3:30 p.m. - 5:00 p.m. | **SES040: Oral Poster Presentation 2\***<br>*Lauren Wojnarowski, MA*<br><br>This session highlights posters judged as outstanding based on submitted abstracts. It provides the opportunity for professionals who share similar interests to meet and network through discussion of each presentation.<br><br>*Target Audience: All* |
| 3:30 p.m. - 5:00 p.m. | **SES041: Sponsoring Institution 2025: A Vision for the Future GME Sponsorship**<br>*Lawrence M. Opas, MD; John F. Duval, MBA; Kevin B. Weiss, MD, MPH*<br><br>Sponsoring Institution 2025 is a new ACGME initiative that seeks to redefine the structure and function of the accredited institutional sponsor of residency and fellowship programs. The findings of this project—which will draw upon feedback gathered from the GME community—will inform future revisions to the institutional accreditation process while guiding GME sponsors in setting and prioritizing improvement goals. In appreciation of the diverse environments where residents and fellows learn, this initiative will account for the needs of institutions of all sizes and types. To this end, this session invites the participation of all who have an interest in shaping the future of GME.<br><br>*Target Audience: DIOs, GMEC Members, Program Directors, Coordinators, Educators, Nursing Officers, Chief Executive Officers, Chief Medical Officers* |

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES042: So You're Saying There's a Chance? How to Successfully Revise and Resubmit Your Academic Writing in Medical Education** |

*Anthony Artino, PhD; Rebecca Blanchard, PhD*

With more outlets than ever for publishing in medical education, the literature should be filled with scholarly writing from talented graduate medical education (GME) educators. Despite the plethora of outlets for academic writing, many medical educators never submit successfully for publication in peer-reviewed journals. Furthermore, when GME educators finally do get close to publication, they often are derailed at the finish line. They are unable to adequately address comments and suggested revisions from reviewers and editors. In this interactive session, we explore the barriers to academic writing, and offer several practical strategies for overcoming these obstacles. We then discuss the top reasons why medical education manuscripts get rejected by journal editors, and provide the audience with an insider's look at the peer-review process from the perspective of a deputy editor. Next, participants are given the chance to review actual reviewer comments and decide how best to respond. Finally, we end the session with a discussion of three principles and 12 tips for how GME educators can successfully revise and resubmit their manuscripts for publication in peer-reviewed journals. Throughout the session, we provide authentic examples culled from both the literature and our experiences as authors, reviewers, and editors of journal articles in medical education.

*Target Audience: Program Directors, Coordinators, GME Educators, Faculty*

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| 3:30 p.m. - 5:00 p.m. | **SES044: How Growing Up Digital Impacts Learning for Graduate Medical Education** |

*Curtis Whitehair, MD*

As we move into the Next Accreditation System (NAS), we are challenged with providing outcomes, yet we continue to teach and develop graduate medical education programs as we have in the past. The learners of today are different. They have grown up in a digital world. Their brains have been wired differently. We will not be able to embrace the innovative challenges of the NAS if we do not understand how to teach the residents of today. Much has been learned about them over the last decade as they moved from K-12 through undergraduate school, but these new learners have now reached medical school and residency training. This presentation will focus on understanding the changes in learning of today's generation so that educators can start to appreciate the impact this may have on their teaching style, pedagogy, and curricula of the future.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

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| 3:30 p.m. - 5:00 p.m. | **SES045: Work-Life Balance: Fostering Resilience and Avoiding Burnout** |

*Michelle Lall, MD, MHS; James Takayesu, MD*

Burnout is common among physicians, both residents and faculty members. When transitioning into an academic career, young faculty members may suffer from uncertainty in establishing a work-life balance that will be sustainable for the long haul. Faced with meeting new clinical and academic requirements, young faculty members may easily overextend themselves, potentiating early career burnout. In this didactic session, we plan for a guided open discussion regarding burnout, resilience, and strategies to prevent burnout and foster resilience in early academic careers. We will also discuss shift work and its impact on work-life balance and physician wellness. Many medical subspecialties now employ shift work of some type in their practice model.

*Target Audience: Program Directors, GME Educators, Faculty*

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES046: Approaches to Improving the Clinical Learning Environment: Facilitated Poster Session #2**<br><br>*Robin Dibner, MD, FACP*<br><br>In response to the feedback received during the first cycle of CLER site visits, some Sponsoring Institutions have developed new processes and programs to improve their clinical learning environment. A selective poster viewing session followed by a series of short oral presentations will allow institutions to share their work to advance the clinical learning environment and progress along the CLER Pathways to Excellence<br><br>*Target Audience: DIOs, Program Directors, Educators, Residents* |
| 3:30 p.m. - 5:00 p.m. | **SES047: Pearls of Wisdom: Information from Early Self-Studies Broadly Relevant to All Programs**<br><br>*Ingrid Philibert, PhD, MBA;  John Frohna, MD, MPH; William Robertson, MD, MBA*<br><br>The more than 90 program self-study pilot visits conducted in 2015 yielded some insights that are broadly relevant to all accredited programs. This session will offer new information about program improvement, program context, and, in aggregate, the state of graduate medical education gleaned from these site pilot visits, as well as from the review of early self-study documents. This information will be useful for program leaders, regardless of whether their self-study is next year or not scheduled for nearly another decade.<br><br>*Target audience: Program Directors, Coordinators, DIOs, GME Educators* |
| 3:30 p.m. - 5:00 p.m. | **SES048: Uniting GME Educators and Leaders to Address Healthcare Disparities**<br><br>*Miriam Bar-on, MD; Joseph Jaeger, DrPH, MPH*<br><br>Health care disparities have been identified as a critical aspect of health care quality, and are included as part of the ACGME Clinical Learning Environment Review (CLER) program. Addressing health care disparities is a universal challenge requiring the collaboration of graduate medical education (GME) educators and leaders. Using CLER data and insights, institutional community health needs assessments (CHNAs), and successful examples, participants will be able to begin the process of faculty and resident/fellow engagement in clinical site initiatives to address health care disparities. Lectures and small group work will allow for the outlining of educational experiences for trainees and the identification of potential next steps, including listing available resources.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators* |

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES049: Promoting Diversity in the Pipeline of Physicians: Recruiting and Mentoring of Under-represented Minority (URM) Physicians** |

*Alda Maria Gonzaga, MD; Shanta Zimmer, MD*

Health disparities exist in every area of medicine. Many of these disparities are related to race and ethnicity, and one way to address these disparities is through a more diverse physician workforce. Graduate medical education (GME) programs must strive to admit, train, and graduate physicians capable of providing high-quality and culturally-responsive care to all patients. One facet of accomplishing this goal is the diversity and inclusion of trainees from all backgrounds within our training programs. Features of this workshop that are innovative or focus on newly identified or rapidly changing challenges to GME include emphasis on recruitment strategies, specifically the emphasis on holistic review, and strategies to mentor URM trainees to maximize their success. Building on the session presented in 2015, a focus will be on strategies to mentor and retain talented URM trainees. In addition to the importance of addressing disparities in health, a diverse trainee population impacts the environment of GME. The Next Accreditation System includes Milestones which focus on a resident's ability to deliver culturally-responsive health care by respecting and modifying care plans to accommodate patients' cultural differences, and effectively communicating with people of diverse backgrounds. Diversity and inclusion of trainees from all backgrounds within our residency programs increases opportunities for residents to learn from each other beyond learning from their patients and the residency curriculum. Participants will leave with a detailed toolkit of strategies for: attracting URM applicants; appropriately and fairly reviewing their applications materials; and fully supporting their professional development and success through mentorship activities. This toolkit will include a worksheet for evaluating applications and a slide set to be used for faculty development around recruitment and retention of URM candidates.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty*

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| 3:30 p.m. - 5:00 p.m. | **SES050: Critical Steps for Building a Competency and Performance-based Curriculum** |

*Doug Blowey, MD; Kadriye Lewis, EdD*

The last two decades have witnessed the expansion of competency-based medical education at most stages of medical training, from curriculum development to assessment of outcomes. Compared with the traditional approach, the competency-based medical education allows us to define a set of skills or competencies based on societal and patient needs, in areas such as medical knowledge, clinical reasoning, patient care, and communication approaches. However, most faculty members struggle with designing and organizing medical curricula in a competency- and performance-based teachable sequence. Furthermore, they are challenged with the daily implementation of competency- and performance-based models to screen or assess academic difficulties of medical learners and to identify next steps for remediation. Curriculum development is a scholarly process and requires careful planning, preparation, and a long-term commitment. This session will cover different types of curricula and provide a model for how to more systematically define, revise, or design competency-based performance curricula. The session will also introduce how to map and align curricula to ensure quality and rigor, including how collaborative technologies (e.g., Wikis, Coursesite.com) can facilitate a curriculum development/revision process. Participants will leave the workshop with improved knowledge, skills, and tools that they can take back into their institutions and pass on to others.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES051: Use of Electronic Subcompetency-based Formative Feedback in Resident Assessment Against the Milestones**<br><br>*Timothy Graham, MD; Chad Braun, MD*<br><br>The launch of the Next Accreditation System (NAS) and the Milestones has provided programs with new challenges and opportunities for growth with regard to resident assessment and faculty development. Direct observation and formative feedback have increasingly become the cornerstones of resident assessment as educators are asked to attest to the attainment of discrete behaviors, some of which would not traditionally specifically be considered. The keys to success with direct observation and formative feedback is the use of the proper assessment tools and faculty development. This session will provide resources that can be adapted to any program, regardless of specialty, and models for faculty development around the use of these tools and the provision of high-quality formative feedback based on direct observation.<br><br>*Target Audience: Program Directors, Coordinators, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES052: How to Use Milestones to Provide an Evidence-based Early Warning System for Identifying the Academically Vulnerable Resident**<br><br>*Ann Dohn, MA; Nancy Piro, PhD*<br><br>In this session, participants will have the opportunity to explore and discuss the use of Milestone data for the early identification of academically challenged trainees. Speakers will share results of a national survey of DIOs and program directors on 1) the changing incidence of residents presenting with academic/clinical deficiencies, and 2) the effectiveness of using Milestone data for the early identification of specific problems. Participants will gain knowledge of educational tools that can be easily modified for their programs, enabling consistent and ongoing tracking and facilitation of collaborative discussions and remediation planning. The session will also use group brainstorming and participation to identify various strategies for educational and professional remediation applicable to participants' home institutions. At the end of the session, attendees will have an electronic resource toolkit to take back to their home institutions.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES053: Following the Yellow Brick Road - Navigating the Transition from Osteopathic Accreditation to ACGME Accreditation**<br><br>*Tochi Iroku-Malize, MD, MPH, MBA; Tara Zahtila, DO*<br><br>The decision to create a single accreditation system for graduate medical education left a number of those involved in the process a bit apprehensive. Regardless of one's position on the spectrum of involvement, be it as part of solely osteopathic programs, dually-accredited programs, or parallel osteopathic and allopathic programs, there are a lot of lessons to be learned in the transition process. The presenters will detail how they created a gap analysis and involved stakeholders to begin the process. Participants will leave with their own template for doing the same at their institution.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## FRIDAY, FEBRUARY 26, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES054: Population Health through Resident and Residency Engagement in Real Projects: Teaching Essential Skills for Tomorrow's Clinicians** |

*Kathryn Andolsek, MD, MPH; Brian Castrucci, MA*

The Institute of Medicine cautions: "Traditional separation between primary healthcare providers and public health professionals is impeding greater success in …ensuring the health of populations(1)." The Accountable Care Act (ACA) expedites the importance of bridging that divide. The ACGME requires elements of population health (PH) training through the Common Program Requirements expecting residents to demonstrate "sensitivity/responsiveness to a diverse population" and "incorporate …cost awareness/ risk-benefit analysis in…population-based care." The Clinical Learning Environment Review (CLER) program emphasizes additional components (e.g., Disparities, Care Transitions). Many graduate medical education (GME) programs and Sponsoring Institutions remain unaware of opportunities to integrate residents into authentic PH initiatives. Residents lose an opportunity to actively collaborate with key partners, innovatively addressing social determinants of health and participating in likely future practice environments. They miss practicing skills of community engagement, advocacy, leadership, and analysis. Initiatives are handicapped when GME's energy and expertise are excluded. Exposure allows initiatives to imprint residents and in turn, be shaped by them. Participants will analyze case studies using "stages of integrated PH improvement" from "The Practical Playbook," an initiative of the DeBeaumont Foundation, Duke Department of CFM and CDC. Cases are derived from "The Build Health Challenge" (2), SIM (3) initiatives, and Accountable Care Communities. Participants will plan how to link PH educational needs to authentic projects through learner engagement. (1) Institute of Medicine, Primary Care and Public Health: Exploring Integration to Improve Population Health. Washington, DC; National Academies Press; 2012 (2) Build (BOLD. UPSTREAM. INTEGRATED. LOCAL. DATA-DRIVEN) Health is a partnership of the De Beaumont Foundation with the Advisory Board Company, the Kresge Foundation, the Robert Wood Johnson Foundation and the Colorado Health Foundation to facilitate collaboration among health systems, community organizations, health departments and others (such as GME!) that impact a community's health. http://www.buildhealthchallenge.org/about/ (3) SIM (State Innovation Model) Initiatives http://innovation.cms.gov/initiatives/state-innovations/

*Target Audience: DIOs, Program Directors, GME Educators, Faculty*

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| 3:30 p.m. - 5:00 p.m. | **SES055: Know Who You Are, Be Who You Are, Show Who You Are: Linking Specific Aims and Program Evaluation to the Development of a Marketable Residency Brand** |

*Michael Gisondi, MD; Jeremy Branzetti, MD*

This workshop will demonstrate a framework for aligning a residency program's core identity, specific aims and curricula, and assessment tools into a unique strategy for program evaluation. Building on principles of branding from the corporate world, learners will first identify their "brand" through a guided, iterative interaction session. Participants will then be introduced to a process for generating program-specific aims, with time set aside to draft at least one. Finally, the presenters will discuss strategies for measuring key program outcomes that meaningfully reflect stated aims. The session will conclude with a discussion of residency brand development and marketing strategies built upon stated program aims and corresponding program metrics.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

## FRIDAY, FEBRUARY 26, 2016

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| 5:00 p.m. - 6:00 p.m. | **SS056: Sunset Session - Theater of War** |

*Lyuba Konopasek, MD; Bryan Doerries*

Theater of War is an innovative public health project that presents dramatic readings of ancient Greek plays in professional settings to open up powerful dialogue about difficult subjects and to promote health-seeking behavior. By presenting scenes from Sophocles' *Ajax*—a 2,500 year-old play about the suicide of a great, respected warrior— Theater of War will aim to create a safe space for open, candid dialogue and reflection about the unique challenges and stressors faced by medical residents and the lasting impact of physician suicides upon individuals, institutions, and communities.

Over the past five years, Theater of War has presented more than 300 performances in medical and military communities all over the world. Using Sophocles' play to forge a common vocabulary for openly discussing suicide, the factors leading up to it, and its consequences, Theater of War fosters understanding, compassion, a renewed sense of community, and positive action.

This one-hour interactive session will begin with a reading of *Ajax* and be followed by a moderated discussion. The presenter will first engage a panel of three physicians who will offer their individual perspectives on leading and healing in the aftermath of a physician colleague's death by suicide. The presenter will then prompt the audience to join the discussion with a series of questions encouraging reflection on physician mental health and well-being and action in their own communities.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty Members, Administrators, Residents, Fellows*

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| 5:00 p.m. - 6:00 p.m. | **SS057: Sunset Session:** One of the first two sessions that closes out will be repeated in this time frame.  Keep checking once registration opens. |
| 5:00 p.m. - 6:00 p.m. | **SS058: Sunset Session:** One of the first two sessions that closes out will be repeated in this time frame.  Keep checking once registration opens. |

## SATURDAY, FEBRUARY 27, 2016

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| 7:00 a.m. - 10:00 a.m. | **SES059: Building and Sustaining an Effective Program of Assessment in the Outcomes-based Era**<br><br>*Eric Holmboe, MD, MACP, FRCP; Andem Ekpenyong, MD; Jason R. Frank, MD, MA (Ed.), FRCPC*<br><br>No single assessment tool or method is sufficient to determine a learner's developmental progression. In the outcomes-based medical education era, training programs need programs of assessment. Faculty and other members of the health care team struggle to use assessment tools effectively and meaningfully, and are often unclear of the purpose of the assessment or how to use the assessment for feedback. Better approaches to work-based assessments that must be incorporated into programs of assessment that support clinical competency committees and group judgment are needed. This workshop is designed for program directors, associate program directors, Clinical Competency Committee (CCC) chairs and members, educators, and anyone with a key role in assessment.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty Members, Administrators* |
| 7:00 a.m. - 10:00 a.m. | **SES060: Frequent, Small Evaluations and Self-reflection: Purposeful Milestones for Faculty and Residents**<br><br>*Leanne Chrisman-Khawam, MD*<br><br>The Milestones evaluation process has presented programs with a Herculean task and opportunity to improve residency feedback, monitoring, and educational systems. However without specific guidance on how to achieve these changes, it can be a daunting experience to implement them. One residency utilizing an evaluation software has created evaluations that correspond to the subcompetencies, and addresses one subcompetency a week throughout the training with some "basic" subcompetencies being monitored longitudinally as internal reliability markers. The results have included specific information about residents, more obvious deficits in the program, and a bell-shaped curve of each resident, as well as between residents. Additionally, more specific feedback is now offered to residents which is compared to their self-reflections on a quarterly basis. The structure and format of this evaluation overhaul will be highlighted, including the training and involvement of residents and faculty members in the creation and roll-out phase. The planning phase, missteps, and results will be shared with participants, as well as discussion of individual difficulties and help to move individuals forward in their competency-based evaluation. The move to competency-based evaluations offers an opportunity for re-design of evaluations and strategies. This seminar will examine the process utilized by one family medicine residency, from inception to evaluation creation to rollout and faculty training, as well as 12 months of data, including self-evaluations, comparison of objective Likert-scaled measures to the self-evaluations, advisor reviewed self-Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis by residents, and program averages.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty* |

## SATURDAY, FEBRUARY 27, 2016

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| 7:00 a.m. - 10:00 a.m. | **SES061: Advanced Communication Life Support (ACLS): Breathing Life Back Into Your Public Speaking Skills**<br><br>*Jason Homme, MD; Kevin Dufendach, MD*<br><br>Great public speakers aren't born… they're made! The skills critical to effective public speaking can be learned, and practice results in improvement. Interpersonal and Communication Skills is a core ACGME competency. Everyone involved in graduate medical education will be called upon to give formal presentations but few receive specific training to aid in improvement. Effective public speaking addresses the needs of the audience, has defined learning objectives, is organized around those objectives, and engages the audience. A well-crafted and skillfully-delivered presentation can improve the retention of information and result in improved knowledge, skills, attitudes, and behaviors. This interactive mini-course is aimed at helping participants resuscitate their public speaking skills and learn ways to help others improve. Small and large group activities focus on developing a personal toolkit, including exercises on writing learning objectives, formatting presentations (including options beyond just PowerPoint), developing captivating titles, key presentation tips, and providing and receiving feedback. Participants will view video clips and slide examples, and apply feedback, and some may have the option of presenting in front of the group in order to receive constructive feedback. All will receive resources to use as part of their ongoing efforts to resuscitate the art of effective public speaking.<br><br>*Target Audience: Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 7:00 a.m. - 10:00 a.m. | **SES062: Can You Hear Me Now? Best Practices for Learning and Teaching Feedback Techniques**<br><br>*Beth Payne, MAED, C-TAGME; Michelle Arandes, MD, FAAP*<br><br>Evaluation of performance has always been an essential part of training, but with generational change upon us, two-way, open communication and actionable feedback is ever more crucial to meeting the needs of the young trainee. The implementation of the Milestones offers much needed support for training programs to track behavioral outcomes of trainees, but observation of progress is simply not enough. As programs grapple with the most effective way to deliver both formal and informal feedback, we struggle with gaps in perception and skills between the learner and the teacher. There is a well-documented benefit of timely feedback as a core principle of adult learning, but many educators are ill-equipped, lacking specific development of this critical skill, leading to frustration for all involved. In order for measurable, positive change to take place and be recognized by the learner, it is imperative that feedback be offered not only as part of daily practice, but in multiple venues, such as around shift change (handover) and rounds, during conferences, and in on-the-spot opportunities. It also requires a better understanding of the challenges of receiving feedback so that we can anticipate and overcome those barriers in ourselves and our learners. To ensure quality in consistent delivery, we must create mechanisms to support and develop the skills necessary in our educators and learners in giving and receiving feedback. This highly interactive session will delve into practical principles of feedback, explore barriers to implementation of feedback opportunities, and tools to teach those around us these necessary skills in both verbal and written contexts. We will provide opportunity to explore a set of tools to support immediate implementation or integration of feedback delivery professional development into your program's culture.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 8:00 a.m. - 9:30 a.m. | **SES063: Coordinator Plenary: The Coordinator as a Leader\*** <br><br> *Timothy Brigham, MDiv, PhD* <br><br> This session will explore the role of the program coordinator as a leader in the training program.  Basic leadership principles will be discussed in a highly interactive session. <br><br> *Target Audience: Coordinators* |
| 8:00 a.m. - 9:30 a.m. | **SES064: The Program Self-Study and the Self-Study Pilot Visit: Early Pilot Findings and Practical Strategies for Programs** <br><br> *Ingrid Philibert, PhD, MBA; Susan Guralnick, MD; Barbara Bush, MD* <br><br> This workshop will summarize early results from the self-study pilot visits and provide practical guidance for preparing for the self-study for programs with a self-study and a 10-year accreditation site visit in the next two to three years. <br><br> *Target Audience: Program Directors, Coordinators, DIOs, GME Office Staff* |
| 8:00 a.m. - 9:30 a.m. | **SES065: Accreditation Data Systems** <br><br> *Rebecca Miller, MS* <br><br> This session will be a refresher on the major ACGME data acquisition tools and their use in accreditation. These systems include ADS, Case Logs, ACGME Surveys, and the Resident Milestone Evaluations. A general review of system requirements, basic functionality, and newly implemented features will be explained. Time is allotted to address specific questions from the audience. <br><br> *Target Audience: DIOs, Program Directors, Coordinators* |
| 8:00 a.m. - 9:30 a.m. | **SES066: Town Hall - Hospital and Medical Accreditation** <br><br> *Mary Lieh-Lai, MD, FAAP, FCCP; Louis Ling, MD* <br><br> This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialties, and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice Presidents for Hospital-based and Medical Accreditation, with all of the ACGME hospital-based and medical specialty Review Committee Executive Directors present, the session will be highly interactive and geared to the needs of the audience. <br><br> *Target Audience: DIOs, Program Directors, Coordinators, GME Educators* |
| 8:00 a.m. - 9:30 a.m. | **SES067: Town Hall - Surgical Accreditation** <br><br> *John Potts, MD* <br><br> This session will provide an open forum for attendees to receive updated information regarding the latest accreditation news in their specialties, and give them the opportunity to ask accreditation-related questions. Led by the ACGME Senior Vice President, Surgical Accreditation, with all of the ACGME surgical specialty Review Committee Executive Directors present, the session will be highly interactive and geared to the needs of the audience. <br><br> *Target Audience: DIOs, Program Directors, Coordinators, GME Educators* |
| 8:00 a.m. - 9:30 a.m. | **SES068: International Accreditation: Rewards and Challenges** <br><br> *Susan Day, MD; Shirley Ooi, MBBS; Neela Lamki, MD, FRCPC, FACR, FRCP* <br><br> This session will share experiences of international medical educators representing programs accredited by ACGME-I.  After a brief overview of goals and objectives, international educators will lead discussions for each of the following categories: DIOs; Program Directors; Faculty (with emphasis on GMEC functions). <br><br> *Target Audience: International Attendees* |

## SATURDAY, FEBRUARY 27, 2016

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| 8:00 a.m. - 9:30 a.m. | **SES069: Foundational Aspects of Patient Safety**<br><br>*Robin Newton, MD, FACP, CSSBB (ASQ); James P. Bagian, MD, PE*<br><br>This session is co-developed with the National Patient Safety Foundation, drawing from its recently published report about best practices for root cause analysis. This session will assist attendees in identifying the critical elements of an effective patient safety program. Concepts of what to report, why to report, how to use risk-based prioritization techniques, how to identify root cause and contributing factors of safety vulnerabilities, and how to develop and implement effective and sustainable corrective actions will be reviewed. Using case studies and interactive techniques, participants will gain experience in using tools that facilitate patient safety analysis and action.<br><br>*Target Audience: DIOs, GMEC Members, Program Directors, Educators, Residents, Nursing Officers, Chief Medical Officers* |
| 8:00 a.m. - 9:30 a.m. | **SES070: Strategies to Incorporate Osteopathic Recognition**<br><br>*Joyce E. Jadwin, PsyD; Troy Hampton, DO*<br><br>As a cornerstone of training, osteopathic medicine is woven through didactics, inpatient and outpatient experiences, and other educational activities at Fairfield Medical Center and Southern Ohio Medical Center, two hospitals within the Ohio University's Heritage College of Osteopathic Medicine consortium. This session will focus on how these programs will approach achieving Osteopathic Recognition through collaborative training between specialty areas, feedback from trainees related to the learning environment, and direct patient care.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators* |
| 8:00 a.m. - 9:30 a.m. | **SES071: Enhancing Patient Safety and Quality Care with Clinical Nurse Specialists Preparing Residents for Specialty Rotations at Their Primary Teaching Hospital**<br><br>*Agatha Parks-Savage, EdD; Naomi Benjamin, RN, MSN, CNS, CCNS*<br><br>This session will focus on the efforts between our residency training programs and their primary teaching hospital to integrate nursing staff into the resident and fellows' orientation to their specialty rotations. The first phase involved a meeting with the SNGH Clinical Nurse Specialists' (CNS) group to decide on the best delivery of this orientation program to the residents. The second phase involved having the CNSs frame the content to be included in the resident/fellows' orientation. The third phase involved the CNSs creating the voiceover PowerPoint presentations for each specialty rotation, and the then transforming the presentation into video web links. The fourth phase involved integrating the web links into New Innovations for access by the residents/fellows to complete before their assigned rotation experience. The co-presenters will share the specific activities that took place to create the online orientation modules authored by the CNSs for the residents and fellows. The templates used to create the orientation programs will be shared and the video web links will be broadcast to the audience to share ideas of how this can be transferred to their institutions. The results of the pre-/post-tests will be discussed.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |

| SATURDAY, FEBRUARY 27, 2016 |
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| 8:00 a.m. - 9:30 a.m. | **SES072: From Theory to Practice: Optimizing Learning and Formative Feedback in the Operation of a Clinical Competency Committee**<br><br>*Richard Alweis, MD; Anthony Donato, MD, MHPE*<br><br>Robust assessment systems must be designed to optimize learning "assessment for learning" while providing useful information to allow a program to make summative decisions regarding the competence of its learners. Systems must be fair and transparent to residents, faculty members, and society as a whole who have entrusted programs to make these decisions. The aggregation of multiple low-stakes, often narrative data points (direct observation, multi-source feedback, simulation performance, end-of-rotation surveys, and portfolio reflections) requires expert assimilation by those who can parse out signal from noise, can interpret individual assessments in light of their environment, and can identify important next steps for learners. Using an "adversarial" judicial model, our organization uses the Clinical Competency Committee (CCC) to hear arguments regarding the assessment of competence from one CCC member who has assimilated a resident's performance while hearing counter-arguments from the resident's faculty mentor, who is a non-voting member in that decision. That mentor then serves as the conduit to bring a formative message back to the resident and help them craft action plans for their next steps forward on the path to competence.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |
| 8:00 a.m. - 9:30 a.m. | **SES073: GME Funding: Financial Implications of Curriculum Design**<br><br>*Mary Jo Wagner, MD; Douglas McGee, DO*<br><br>Physicians and administrators involved in graduate medical education (GME) do not often understand the intricacies of the federal government funding and local finances which support residency programs. This session will simplify the complex system of GME funding and clarify how educational curricular decisions can affect the bottom line. Participants will have an opportunity to review typical program budgets to help justify their cost and prepare for future financial challenges.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 8:00 a.m. - 9:30 a.m. | **SES074: Interprofessional Teams: Tools for Engaging Residents and Fellows in Gaining the Required Attitudes and Skills**<br><br>*Julie Nyquist, PhD; Lisa Willett, MD, MACM*<br><br>Interprofessional (IP) teams are essential for effective patient care. Effective teamwork is associated with better patient outcomes, including readmissions and length of stay. Effective teamwork requires specific cognitive, technical, and effective competence, yet these skills are not being taught consistently in medical schools or residency programs. The ACGME Milestones include IP team communication as an essential skill for medical residents. Thus, residency programs must teach skills for IP team communication and leadership, as well as assess resident performance. For faculty leaders this means that they must be prepared to help learners gain these skills. That is the focus of this session. It is intended for participants to take the techniques demonstrated and resources provided and use them in their home programs and institutions to teach team skills to groups of learners (ideally including multiple professions) at the student, resident, fellow, staff, and/or faculty levels.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 8:00 a.m. - 9:30 a.m. | **SES075: Beyond "Tell Me About Yourself?" – Using Multiple Mini Interviews to Overcome Interview and Selection Challenges** <br><br> *Mona Hanna-Attisha, MD, MPH; Crystal Cederna-Meko, PsyD* <br><br> Multiple Mini Interviews (MMI) deviates from traditional interviews by using a series of short stations consisting of standardized questions, activities, or scenarios to rate candidates on pre-specified characteristics. Applicants complete the MMI process in relatively less time than standard interview formats, allowing for more applicants per interview day and fewer interview days. Relative to traditional interviews, MMI provides more effective measurement of non-technical, non-cognitive applicant characteristics valued by programs and the Milestones alike (e.g., empathy, professionalism, teamwork). Consequently, when combined with information garnered from the application process (e.g., United States Medical Licensing Examination (USMLE) scores, letters of recommendation, transcripts, curriculum vitae), MMI data better informs rank-order decisions. Participants will receive a brief introduction to MMI that includes a review of relevant literature and its implementation within two pediatric residency programs. Facilitators will then actively guide participants in selecting critical applicant characteristics for MMI measurement and creating an MMI station activity. Application of MMI data into rank order decisions will be reviewed. Common faculty concerns will then be elicited with recommended strategies for initial and ongoing faculty development provided. The session will wrap-up with a summary of MMI implementation pearls and pitfalls, followed by collaborative generation of next steps for MMI implementation. <br><br> *Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 8:00 a.m. - 9:30 a.m. | **SES076: Enough is Enough: Managing Mistreatment in GME** <br><br> *Jane Gagliardi, MD, MHS; Catherine Kuhn, MD* <br><br> Graduate medical education (GME) trainees perform in a high-pressure, stressful clinical environment, and while duty hour regulations and more defined expectations for trainees regarding service vs. education have addressed many of these challenges, a significant ongoing concern is the issue of learner mistreatment. Despite increased attention to the problem of learner mistreatment both locally and nationally among GME and health system leaders, the problem persists and is widespread. Mistreatment of trainees leads to a toxic learning environment which in turn impacts physician resilience and well-being, with a well-documented downstream negative effect on patient care. As trainees are mistreated, learning is hindered by the negative role modeling of supervisors, and the behavior is often perpetuated. To address this issue, our Office of GME developed an online site for anonymous reporting of trainee mistreatment, a policy on the appropriate treatment of learners, and a committee comprising trainees, program directors, GME and Health System leaders to manage reports of mistreatment. Through participation in this session, participants will share strategies to address learner mistreatment and develop approaches for apply these principles locally. <br><br> *Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 8:00 a.m. - 9:30 a.m. | **SES077: Assessing Program Director Administrative and Leadership Effectiveness**<br><br>*Steven Rose, MD; Julie Doherty, MBA*<br><br>An effective program director is an important element of a successful residency/fellowship program. Attend this session to learn how a large Sponsoring Institution implemented a program director assessment tool to monitor the effectiveness of program directors as educational administrators and leaders. Presenters will discuss development of the assessment tool, the process used to ensure trainee confidentiality, and a methodology for sharing feedback with program directors. In addition, learn how the Sponsoring Institution utilizes program director assessment results in its special review protocol, how program director mentoring is initiated, and how program director assessment is informing a project to create a program director development curriculum.<br><br>*Target Audience: DIOs, Program Directors, Administrators* |
| 8:00 a.m. - 9:30 a.m. | **SES078: Developing a Longitudinal Resident Team Led QI Program to Meet the CLER QI Focus with Institutional QI Collaboration**<br><br>*Mariellen Lane, MD; Amanda Carmel, MD*<br><br>Quality Improvement (QI), including how Sponsoring Institutions engage residents in the use of data to improve systems of care, reduce health care disparities, and improve patient outcomes is one of the focus areas of the Clinical Learning Environment Review (CLER) program. Residency programs must not only teach quality improvement principles but integrate trainees into hospital operational improvement work. A primarily experiential learning curriculum provides real-life QI experiences, led and driven by resident teams, which utilize the strategic value and strategic role of residents in leading QI efforts. This session will review collaborative models for resident engagement in QI, and enable participants to explore implementation of a resident team-led longitudinal QI program into their curriculum. Participants will identify potential resident projects that align with hospital quality and safety goals; draft a key driver diagram; and apply a project feasibility tool to assess the ability to implement, measure, sustain, and spread their QI projects. Successful strategies to engage residents in QI programs will be reviewed. Participants will explore how to collaborate with and engage QI leadership in resident QI work through alignment with institutional priorities.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 8:00 a.m. - 9:30 a.m. | **SES079: Work-Life Balance and Burnout in the Era of EMR: Data from the I-3 Collaborative**<br><br>*Mark Robinson, MD; Sandy Robertson, PharmD*<br><br>Physician burnout is a serious problem facing the American health care system. Following an electronic medical record conversion, our family medicine faculty members and residents reported increased after hours work and symptoms suggesting burnout. An anonymous survey confirmed these concerns. Presentation of the survey data at the April 2014 I-3 Collaborative meeting resonated with others who reported similar concerns about burnout and the effect of their EMR on work-life balance. This led to a survey of the I-3 Collaborative regarding symptoms of burnout, EMR effect on work-life balance, and strategies to promote wellness. These data are ground breaking for academic medicine, and will be the focal point of this session. A total of 654 faculty members and residents from 22 residency programs using seven different EMRs answered the survey. Forty-seven percent reported satisfaction with their work-life balance, while 35% were unsatisfied. Overall, 84% reported that their EMR has negatively affected their work-life balance with no significant differences between seven different EMRs. Respondents reported exercise as the most common personal wellness strategy while very few could identify an institutional strategy. Session participants will be asked to respond to our data and share strategies they utilize to maintain the joy of practice in the EMR era.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 10:30 a.m. - 12:00 p.m. | **SES080: Marvin R. Dunn Keynote Address**<br><br>*George E. Thibault, MD*<br><br>*Target Audience: All* |
| 1:30 p.m. - 4:30 p.m. | **SES081: Building and Sustaining an Effective Program of Assessment in the Outcomes-based Era**<br><br>*Eric Holmboe, MD, MACP, FRCP; Andem Ekpenyong, MD; Jason R. Frank, MD, MA (Ed.), FRCPC*<br><br>No single assessment tool or method is sufficient to determine a learner's developmental progression. In the outcomes-based medical education era, training programs need programs of assessment. Faculty and other members of the health care team struggle to use assessment tools effectively and meaningfully, and are often unclear of the purpose of the assessment or how to use the assessment for feedback. Better approaches are needed for work-based assessments that must be incorporated into programs of assessment that support clinical competency committees and group judgment. This workshop is designed for program directors, associate program directors, Clinical Competency Committee (CCC) chairs and members, educators, and anyone with a key role in assessment.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty Members, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 1:30 p.m. - 4:30 p.m. | **SES082: Professional Conduct: Intersection of GME and Human Resources**<br><br>*Anna M Roman, PhD, MPA; Rita M Patel, MD*<br><br>A trainee's inappropriate use of social media. Disruptive and insensitive behavior while on duty. Abuse of Leave of Absence policies. Concerns regarding fitness for duty. Program and institutional leaders are often faced with making difficult and challenging decisions on what actions to take after a trainee has demonstrated unprofessional conduct. Navigating institutional Human Resources policies and processes, while maintaining compliance with ACGME requirements, can be challenging. Through a series of case studies, participants will consider various strategies for handling professionalism issues during training. These include: working with the employee assistance program; conducting collaborative investigations; working effectively with the legal team; and implementing a last chance employment agreement.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 4:30 p.m. | **SES083: The ACGME Self-Study: A Fantastic Opportunity for Stakeholder Engagement, Learning, and Program Growth**<br><br>*Susan Guralnick, MD; Stanislaw Klek, MD; Jaime Yedowitz-Freeman, MD*<br><br>In 2013, programs entered the Next Accreditation System (NAS). This system differs significantly from the previous accreditation process, and some aspects are being redesigned on an almost daily basis. The NAS is a learning process for all: residents, fellows, program leadership, and even the accrediting body. As such, there is a limited amount of guidance provided for programs as they enter each phase of the process. This presents an exciting opportunity to create and innovate. The ACGME has made it clear that the NAS is about quality improvement rather than "gotcha." The self-study is the newest chapter in the NAS story. Programs due for a site visit must first perform this intensive self-evaluation. The big questions are: "How do we even start?" "What is the format?" "Where is the structure?" "What are the rules?" The session presenters asked themselves these questions when they found themselves among the "lucky winners" granted the honor of participating in the first round of self-studies. The primary goal of this session is to enable participants to see the self-study as an opportunity. Along with a brief presentation of their highly successful experience, the presenters will engage participants in exploring the self-study as a foundation for stakeholder engagement, learning, and program growth.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES084: An Update from the Review Committee – International**<br><br>*Lori Lewis, EdD, RD; Mary Leih-Lai MD; FAAP, FCCP; Sally Chich Wei Ho, MD, MBBS, MMEd; Halah Ibrahim, MD, MEHP*<br><br>International attendees will meet with international physicians who serve on the Review Committee International as well as with ACGME-I staff.  An overview of Review Committee process will be followed by discussion highlighting frequent challenges faced by programs. A review of recent changes in requirements will conclude the program.<br><br>*Target Audience: International Attendees* |

## SATURDAY, FEBRUARY 27, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES085: Engaging Residents and Faculty in Meaningful Quality Improvement**<br><br>*Karyn D. Baum, MD, MSEd; Baretta Casey, MD, MPH, FAAFP; Don Goldman, MD*<br><br>This session is developed in collaboration with the Association of American Medical Colleges Te4Q Initiative and the Institute for Healthcare Improvement (IHI) to provide insight on how participants in these programs have created impactful change within their clinical learning environments. Attendees will engage in a learning experience demonstrating tools and techniques that enhance teaching of quality improvement (QI) concepts and resident projects.<br><br>*Target Audience: DIOs, Program Directors, Educators, Residents, Nursing Officers, Chief Medical Officers* |
| 1:30 p.m. - 3:00 p.m. | **SES086: Research Revolution: A Centralized Solution for Research Education and Support in Graduate Medical Education**<br><br>*Mariah Rudd; David Turner, MD, FCCM, FCCP*<br><br>Research is essential to the evolution of best practices in patient care and is an important educational element for graduate medical education (GME) learners. Research education and experience varies in depth and breadth across training programs. Education in the area of research and scholarship often does not receive the necessary emphasis compared to clinical and other programmatic requirements. However, for both academicians and clinical practitioners, understanding basic research principles is essential. To provide consistent research education and support, our GME Office developed a multifaceted collaboration with our institutional Department of Clinical Research (DOCR). The first tier provides research support for GME program directors and trainees to develop innovative education initiatives into successfully implemented and published research projects. The second layer was an institutional research education program for trainees. GME and DOCR identified research principles, developed delivery methods, created and utilized evaluation tools for quality improvement, and incorporated participant tracking for data collection and analysis. The goal is to provide a strong foundation in clinical research that will be valuable for research, clinical, or administrative careers. During this workshop participants will begin conducting a needs assessment of their program or institution, discuss research curriculum development, and review principles critical to successful development and implementation of a standardized approach to research education and support.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |
| 1:30 p.m. - 3:00 p.m. | **SES087: GME at the Intersection of Mind, Brain and (Medical) Education**<br><br>*Curtis Whitehair, MD; Lorraine Fugazzi, MBA, MEd*<br><br>Mind, Brain and Education (MBE) is an emerging science with the goal of facilitating the advancement of teaching methods through the reinterpretation of findings in neuroscience, psychology, and education. This lecture will examine experiential learning theory ideally used in GME, and will provide evidence of neuroanatomy that moves it from theory toward fact. It will explore how learning in residency training may be enhanced with the improvement of teaching by faculty members with an understanding of MBE principles. The lecture will help participants recognize learning preference of learners and how to help supplement a resident's learning. It will discuss the role of emotion and cognitive overload with evidence of how the brain uses some of its earliest forms of survival to support or hinder learning.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |

| SATURDAY, FEBRUARY 27, 2016 | |
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| 1:30 p.m. - 3:00 p.m. | **SES088: Aligning Graduate Medical Education with Hospital Quality & Safety: Lessons Learned from Four Institutions Across the Country**<br><br>*Darlene Tad-y, MD; Vineet Arora, MD, MAPP; Jennifer Myers, MD; Glenn Rosenbluth, MD*<br><br>Engaging residents and fellows in quality improvement and patient safety (QI/PS) is not only a training requirement, but also necessary to achieve excellence in clinical quality outcomes for patients. In order to achieve this goal, leaders of graduate medical education (GME) and hospital quality and safety will need to collaborate in new and innovative ways. Four directors of GME QI/PS programs at the institutional level will discuss their unique roles and novel approaches to incorporating residents into clinical quality and safety work at their medical centers. The University of Chicago will share the creation of a new GME boot camp aligned with hospital quality/safety goals, including a transitions of care simulation and an experiential patient safety "room of horrors." The University of Pennsylvania will share its work in inculcating a culture of safety and safety event reporting health system-wide, as well as in identifying and training quality and safety educators in each department. The University of Colorado will highlight how a systems-based Morbidity and Mortality with residents can drive quality improvement work. The University of San Francisco will share experience engaging residents and fellows in quality improvement work through incentive programs focused on both institutional goals and program-/specialty-specific goals.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES089: The Patient-Centered Medical Home: The Future**<br><br>*Paul Grundy, MD, MPH, FACOEM, FACPM*<br><br>This session will look at the patient-centered medical home (PCMH) as the foundation to a patient-driven, team-based approach that delivers efficient, comprehensive, and continuous care with active communication and coordination of services for care that is ultimately more accountable. The PCMH emphasizes care coordination and communication helping to transform primary care in a way that supports patient's needs and desires relative to their care experience. Research has shown that PCMHs are saving money by reducing hospital and ED visits, reducing health disparities, and improving patient outcomes. In a PCMH, the primary care healer leads an organization that delivers clinician-led care with comprehensive, accessible, holistic, coordinated, evidence-based coordination and management. This model is at the forefront of many important reforms in health care delivery. In April 2015, the President signed the Medicare Access and CHIP Reauthorization Act of 2015 (HR 2, also known as MACRA) into law. Among its components, MACRA establishes a pathway for physicians to participate in alternative payment models, including the PCMH. The VA and the US military are also using the PCMH model.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES090: Reporting Your Assessment and Quality Improvement Activities as Scholarly Publications: Considerations and Practical Advice**<br><br>*Ingrid Philibert, PhD, MBA; Kathryn Andolsek, MD MPH; Gail Sullivan, MD, MPH*<br><br>This workshop will offer guidance on how program activities can be written up as scholarly publications for broader dissemination. Participants will work in small groups to 1) create an outline for how to prepare information from local assessment and quality improvement activities for scholarly publishing, and 2) discuss and incorporate practical tips for writing up assessment and improvement process and results for publication in a scholarly journal.<br><br>*Target Audience: GME Faculty, GME Educators, Residents, Fellows* |

## SATURDAY, FEBRUARY 27, 2016

| 1:30 p.m. - 3:00 p.m. | **SES091: Conversation and Assessment: A Discussion of Underlying Theory, Relevance, and Why Assessment Frameworks are Doomed to Fail without It** |
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*Paul Hemmer, MD, MPH; Louis Pangaro, MD*

Milestones and Entrustable Professional Activities in medical education programs are attempts at implementing frameworks to help faculty members and trainees develop a "shared mental model of success." Such frameworks do not engage individuals in the complex task of developing a shared mental model, and new or more elaborate forms are not the answer. We need to move from the monologue of evaluation forms to a dialogue with faculty members and trainees. Conversation is the critical element to successful implementation of any program of assessment, and without conversation, any framework is doomed to fail. In this workshop, we will discuss the theoretical underpinnings of conversation, with an emphasis on Gordon Pask's Conversation Theory. While developed for the field of cybernetics, this theory has direct application to our daily work in the assessment of trainees. We will review the concepts of Conversation Theory, including the types of conversations that occur (natural language, object languages, and metalanguages), and the core aspect that conversation is essential in order to reach "an agreement over an understanding." We will use examples of conversation in medical education, reviewing how conversation is essential to enhancing assessment and use of a shared mental model.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty*

**1:30 p.m. - 3:00 p.m.**

**SES092: Combating Burnout, Promoting Physician Well-being: Building Blocks for a Healthy Learning Environment in GME**

*Lyuba Konopasek, MD; Carol Bernstein, MD*

Physician stress, burnout, and depression are serious problems across the continuum of medical education. The prevalence of death by suicide among physicians is significantly higher than in the general population. It is critical that we think strategically about how to promote physician well-being and address mental health issues in training programs. In this highly interactive session, after a brief introduction on the topics of burnout, resilience, and identifying residents at risk, participants will work in small groups to identify stressors and potential solutions to addressing these issues in their own environments. Following this small group exercise, each table will report out to the large group with the intent of developing an initial registry of ideas and concepts that could be shared across programs. Next, participants will be introduced to a structured tool to help them complete an initial needs assessment in order to facilitate the development of new initiatives to address resident well-being in their own institutions. The final small group activity will focus on identifying curricular innovations, coaching and mentoring strategies, and faculty development activities in these areas. The session will conclude with a large group activity to share action plans.

*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators*

## SATURDAY, FEBRUARY 27, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES093: SWOT Your APE**<br><br>*Diana McNeill, MD, FACP; Rhea Fortune*<br><br>The Annual Program Evaluation (APE) through Program Evaluation Committees (PECs) has become a well-established and standard process for all ACGME-accredited programs. As program evaluation and the Next Accreditation System (NAS) evolve, it is crucial to systematically assess the Annual Program Evaluation process. Performing a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis is one method of assessment that may provide beneficial information to institutions and programs to drive change and process improvement. This workshop will review a well-established Annual Program Evaluation process at our institution. We will demonstrate how we used a SWOT analysis for an Annual Program Evaluation process change, and how this SWOT analysis can be used to inform faculty development activities, identify best practices, and be included as part of the Annual Institutional Review. This SWOT analysis also led to an improved program mentorship from graduate medical education (GME), better time management of the Annual Program Evaluation process, and enhanced collaboration between programs and central GME. Through this workshop, participants will discuss the process of performing an Annual Program Evaluation and SWOT analysis. They will also gain experience working with challenging Annual Program Evaluation scenarios and perform a SWOT analysis on their own Annual Program Evaluation process.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES094: Incorporation of a Novel Interactive Mobile Device-based Curriculum to Enhance Trainee Education**<br><br>*Megha Prasad, MD; Tom Waterbury, MD*<br><br>Post-graduate medical education remains a high priority at the societal level and paradoxically continues to present challenges to educators. Many of these challenges have evolved as a result of changes in work-hour regulations. The rapid advancement of medical knowledge, coupled with decreased time with medical trainees, makes post-graduate medical education a formidable undertaking. As medical educators attempt to balance meeting work-hour regulations and providing optimal medical education, development of a novel, dynamic, and engaging curriculum may be an effective solution. The presenters will share a needs-driven inpatient cardiology curriculum designed for internal medicine residents, incorporating concepts of adult learning and adult learning theories to develop an interactive tablet-based curriculum.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 1:30 p.m. - 3:00 p.m. | **SES095: Milestones Meet Vygotsky: Utilizing Educational Learning Theory to Motivate Implementation of the Milestones**<br><br>*Rebecca McAlister, MD*<br><br>With Milestones implementation now underway in all specialties, the greatest threat to reaching fulfillment of the educational benefit of true outcome assessment is complacency. We have met the functional challenges of setting up Clinical Competency Committees and managing data flow; many have introduced a flurry of new evaluation tools. However faculty members need to be motivated to change over to outcomes-based assessment and not sink back into checking all "outstanding." We will borrow from motivation theory, education theory, and just a dash of Buddhist philosophy to craft a sustainable shift in faculty enthusiasm for using Milestones for teaching and evaluation.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |

## SATURDAY, FEBRUARY 27, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES096: Managing the Poorly Performing Resident**<br><br>*John Patrick Co, MD, MPH; Eric Nadel, MD*<br><br>This session will address the fundamentals of managing poorly performing residents. It will include discussion of the importance of early identification, proper documentation, development of a remediation plan, and dismissing a resident not suited to complete the program. It will include small groups reviewing real cases, with time for discussion.<br><br>*Target Audience: Program Directors, Coordinators* |
| 1:30 p.m. - 3:00 p.m. | **SES097: Using Situational Judgment Tests to Develop and Assess Professionalism and Interpersonal Skills in Trainees and Applicants**<br><br>*Michael Cullen, PhD; Brittany Marcus-Blank*<br><br>Situational Judgment Tests (SJTs) present individuals with a set of either written or video-based scenarios, accompanied by a set of alternative courses of action, from which an individual is asked to make choices. SJTs have been growing in popularity in organizational settings as a means to assess and develop interpersonal-related competencies such as teamwork and communication skills. Large-scale studies have demonstrated that SJTs are useful predictors of performance in a variety of settings, and that they are well-received by respondents. Despite these advantages, SJTs have been used infrequently in medical contexts in the United States. However, they are used frequently in the medical school selection process in Europe. In this session, we provide an introduction to SJTs as an assessment tool for both developing professionalism and interpersonal skills in current trainees and also for selecting applicants to residency programs. Participants will learn how to create and content validate a simple SJT item and use the results from SJT scores to either provide developmental feedback to trainees or select applicants to residency programs.<br><br>*Target Audience: Program Directors, Coordinators, GME Educators, Faculty* |
| 1:30 p.m. - 3:00 p.m. | **SES098: Get a CLEW: Using Clinical Learning Environment Walks (CLEW) to gain a 'CLER' Understanding to Optimize Resident Clinical Learning Environments**<br><br>*Woodson Jones, MD; Stephen Maturo, MD*<br><br>Executive or leadership rounding is well described in the safety literature as an effective means to communicate the importance of the hospital's improvement agenda, gain a clearer understanding of safety issues, and build rapport with frontline caregivers. Clinical Learning Environment Walks (CLEW) build upon this concept, focusing on the six Clinical Learning Environment Review (CLER) focus areas to assess and optimize residents' clinical learning environment at a microsystems level. We will share our clues to a successful CLEW program, delineate from executive rounds, provide a CLEW template, share limitations, and report the impact to date. Finally, through both small and large group interactions, we will work through how participants might best implement a CLEW program at their institutions.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Administrators* |
| **Specialty Updates** | These sessions include an update on recent Review Committee and ACGME activities, and will provide information as it relates to the individual specialty's adaptation to the Next Accreditation System. There will be ample time for Q&A.<br><br>*Target Audience: All involved in GME* |
| 1:30 p.m. - 3:00 p.m. | **SES099**: Specialty Update: Nuclear Medicine<br><br>*Jon Baldwin, DO, MBS; Felicia Davis, MHA* |
| 1:30 p.m. - 3:00 p.m. | **SES100**: Specialty Update: Colon and Rectal Surgery<br><br>*Anthony Senagore, MD, MBA, MS, FACS; Pamela Derstine, PhD, MHPE* |

## SATURDAY, FEBRUARY 27, 2016

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| 1:30 p.m. - 3:00 p.m. | **SES101: Specialty Update: Obstetrics and Gynecology**<br><br>*Jessica Bienstock, MD, MPH; Mary Joyce Turner, RHIA, MJ* |
| 1:30 p.m. - 3:00 p.m. | **SES102: Specialty Update: Thoracic Surgery**<br><br>*Walter Merrill, MD; Donna Lamb, MBA; John Potts, MD* |
| 1:30 p.m. - 3:00 p.m. | **SES103: Specialty Update: Medical Genetics**<br><br>*V Reid Sutton, MD; Laura Edgar, EdD, CAE* |
| 1:30 p.m. - 3:00 p.m. | **SES104: Specialty Update: Pathology**<br><br>*James R. Stubbs, MD, MGP; Cheryl Gross, MA, CAE* |
| 3:30 p.m. - 5:00 p.m. | **SES105: Specialty Update: Preventive Medicine**<br><br>*Beth Baker, MD, MPH; Lorraine Lewis, EdD, RD* |
| 3:30 p.m. - 5:00 p.m. | **SES106: Specialty Update: Allergy and Immunology**<br><br>*William Dolen, MD; Louise King, MS;* |
| 3:30 p.m. - 5:00 p.m. | **SES107: Specialty Update: Otolaryngology**<br><br>*Sukgi Choi, MD; Pamela Derstine, PhD, MHPE* |
| 3:30 p.m. - 5:00 p.m. | **SES108: Institutional Section: Town Hall**<br><br>*Kevin B. Weiss, MD, MPH, MHSA*<br><br>This session will provide an open forum for attendees to ask questions related to the ACGME's Institutional Section, which includes Institutional Accreditation and the Clinical Learning Environment Review (CLER) Program. Discussion will be led by Kevin B. Weiss, MD, MPH, senior vice president of the Section, along with the Institutional Review and CLER Committees' leadership and staff. The session will be highly interactive with an open microphone for questions from participants.<br><br>*Target Audience: DIOs, GMEC Members, GME Office Staff, and Educators* |
| 3:30 p.m. - 5:00 p.m. | **SES109: It's a Small World: International Themes in GME**<br><br>*Susan Day, MD; Christopher Thomas, MD; Salah el Zeineldine, MD; Janis Tupesis, MD*<br><br>How can GME programs educate physicians for the global practice of medicine? AEC attendees will learn the educational basis for establishing international exchanges. Eligibility for US residency and fellowship programs will be explored, as well as regulations governing certification and licensure. Finally, participants will learn about ACGME-International (ACGME-I) accreditation and how the process of ACGME-I accreditation compares to that of ACGME accreditation.<br><br>*Target Audience: All* |
| 3:30 p.m. - 5:00 p.m. | **SES110: Program Directors and Coordinators Creating Effective Clinical Learning Environments**<br><br>*Thomas Vandermeer, MD; Sherry Bastien; Betsy Wedemeyer, MD*<br><br>This session is developed in collaboration with the CMSS's Organization of Program Directors Association (OPDA) to share program director and coordinator perspectives on clinical learning environments. Participants will gain insights about strategies for leveraging the CLER Program to create greater synergies between the GME and institutional quality and safety priorities. The speakers will provide lessons learned, including strategies for collaborative learning across departments and disciplines.<br><br>*Target Audience: Program Directors, Coordinators, Educators, Residents* |

## SATURDAY, FEBRUARY 27, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES111: GMEC Oversight: Annual Program Evaluation Peer Review Process**<br><br>*Andrew Yacht, MD; Venice VanHuse, MPA*<br><br>The ACGME requires a Sponsoring Institution's Graduate Medical Education Committee (GMEC) to provide oversight of the quality of its training programs. In this session, the presenters will utilize multiple examples to discuss their institution's approach toward the Annual Program Evaluation process, providing effective oversight of over 100 training programs. Through the use of a modified existing electronic template, program directors and coordinators enter important program data that are then evaluated by assigned colleague peer reviewers utilizing established thresholds and criteria. Through this process, program directors and coordinators remain highly engaged in performance improvement for their own programs, as well as those of their colleagues. This peer-reviewed evaluation and oversight process may be adapted by institutions of all sizes. The presenters will discuss the challenges and successes faced in developing their own oversight model and invite participants to share their own experiences.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 3:30 p.m. - 5:00 p.m. | **SES112: Addressing CQI and Patient Safety through Resident-Pharmacist Collaboration**<br><br>*David Kountz, MD, MBA; Janine Louie, PharmD*<br><br>Demonstrating a culture of and commitment to continuous quality improvement and patient safety can be challenging. We have piloted placing a pharmacist in the Emergency Department (ED) to work with the internal medicine residents to address medication reconciliation. This setting is challenging for residents to obtain accurate home medication lists – information in the computer system from a prior admission or ED visit can be fraught with errors. Time residents spend updating the list takes them away from the bedside, slows the admissions process, and is a resident and patient dissatisfier. The addition of a clinical pharmacist in the ED setting resulted in improved medication histories and a streamlined admission process and improved patient safety. A pharmacist-driven medication reconciliation process is one strategy that allows for residents to spend increased time performing patient-focused activities. The presenters will review medication reconciliation; how the interdisciplinary team worked together; and data demonstrating the effectiveness of the intervention.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES113: Cognitive Strategies To Reduce Diagnostic Errors: Training the Trainers**<br><br>*Lisa Howley, PhD; Michael Gibbs, MD*<br><br>Medical errors are ubiquitous in the practice of medicine. The 1999 Institute of Medicine Report estimated that approximately 100,000 deaths occur in U.S. hospitals each year as a result of medical errors that are often preventable. While in the past medical errors were often covered up or suppressed, contemporary culture encourages the open discussion of errors, with the aim of improving patient care and clinical outcomes. An important component of this culture must involve educational strategies that equip our next generation of clinicians with the cognitive tools to understand how and why decisions are made in medicine, and to develop strategies to recognize when errors are likely to occur. This session will be organized to summarize the current state of diagnostic errors, review research, relevant ACGME Milestones, and educational strategies to reduce errors across specialties. The presenters will provide concise background information (goals #1 and #2) and then use a real-life case study format to exemplify cognitive biases and error prevention (goals #3 and #4). Additional case studies will then be provided with active audience participation encouraged and facilitated. This will challenge the participants to apply the knowledge learned in teaching residents and fellows how to recognize and avoid diagnostic errors. By the end of the session, participants will be equipped with a better understanding of the cognition of medical decision-making, command of cognitive bias nomenclature, and a portfolio of strategies or tools to teach these principles to their own learners.<br><br>*Target Audience: Program Directors, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES114: Advanced Feedback Techniques**<br><br>*Kent DeZee, MD, MPH; Elexis McBee, DO, MPH*<br><br>Feedback is an essential skill for medical educators. However, there is no uniformly accepted approach to giving feedback. In this session, attendees will learn, and have the opportunity to practice, a technique of giving feedback that easily incorporates many of the recommended aspects of feedback, including tailoring the feedback to the learner's readiness to change. Previous session attendees have successfully incorporated these skills into their teaching the very next day.<br><br>*Target Audience: DIOs, Program Directors, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES115: The Bull in the China Shop: Recognizing and Addressing Workplace Bullying**<br><br>*Miriam Bar-on, MD; Sandhya Wahi-Gururaj, MD, MPH; Aditi Singh, MD*<br><br>According to a white paper by the American College of Physician Executives and QuantiaMD, more than 70% of physicians observed disruptive physician behavior such as bullying at least once per month in their organization. Such unprofessional behaviors adversely impact patient safety and the wellness of all members of the team. Organizations must strive for a cultural change to reduce bullying and other disruptive behaviors. This session will focus on recognizing and addressing these issues in the workplace.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SATURDAY, FEBRUARY 27, 2016

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| 3:30 p.m. - 5:00 p.m. | **SES116: Law, Ethics, and Truth: Caring for LGBT Patients: Introduction to a Module from the ADIEM LGBT Residency Curriculum**<br><br>*Joel Moll, MD; Paul Krieger, MD*<br><br>Recent research demonstrates a need and desire by residency program directors for Lesbian, Gay, Bisexual, and Transgender (LGBT) health care residency education. The LGBT subcommittee of the Society of Academic Emergency Medicine, Academy of Diversity and Inclusion, in Emergency Medicine has developed a module-based curriculum for use in residency education by emergency medicine residency programs. After a brief introduction and overview of the curriculum components, an individual module that focuses on legal and ethical challenges in the physician-patient relationship for LGBT patients will be explored in depth. The group will divide into small discussion groups to consider case-based situations that will facilitate discussion of the dilemma, management, and resources available to successfully navigate. At the conclusion of the session, a debriefing will bring the groups back together to summarize challenges, solutions, and future needs.<br><br>*Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 3:30 p.m. - 5:00 p.m. | **SES117: Practical Approaches to Using Narrative for Assessment in the Health Professions**<br><br>*Paul Hemmer, MD, MPH; Lindsey Lane, BM, BCh*<br><br>The medical education community is recognizing the need for increased use of narrative data for workplace-based assessment. Such qualitative information is essential to understanding trainee progress, identifying strengths and weaknesses, providing meaningful feedback that is grounded in observations from actual work, and allowing faculty to express their judgments. Faculty need methods and approaches that foster and value their words yet address the complexity and dynamic of workplace-based assessment. Program directors need practical processes to manage large amounts of narrative, synthesize it, and relate it to assessment frameworks for making decisions about learner progress and reporting to regulatory bodies. In this session, we will provide an overview of the importance and relevance of narrative assessment, briefly review relevant literature, and spend the majority of the workshop collectively addressing enhancing narrative assessment through small and large group exercises and discussion.<br><br>*Target Audience: Program Directors, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES118: Finding Your Best Resident: How to Interview for the Resident that will be a Successful Fit for your Program**<br><br>*Tina Choudhri, MD; Michael Gisondi, MD*<br><br>Traditional measures of medical knowledge (i.e., United States Medical Licensing Examination (USMLE) grades) have not been shown to directly correlate with success in residency, nor does the traditional unstructured interview. This session will describe how to use current business interview principles that have shown to correlate with finding the candidate who is the best 'fit' for each individualized program, in addition to providing a taxonomy on how to tailor structured interview techniques to the specific aims of your program to aid in obtaining a better match.<br><br>*Target Audience: Program Directors, GME Educators* |

## SATURDAY, FEBRUARY 27, 2016

| 3:30 p.m. - 5:00 p.m. | **SES119: The Residency Improvement Cycle: Don't Wait for the ACGME Survey** |
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*Eric Warm, MD; Mathis Bradley, MD*

The ACGME states that the annual Resident/Fellow and Faculty Surveys are used to monitor graduate medical clinical education and provide early warning of potential non-compliance with ACGME accreditation standards. The surveys are given from mid-January through early June, with the results distributed back to programs after this time period. In the spirit of improvement, this timing is not ideal for several reasons. First, by the time results are released, many of the trainees who contributed to the data leave the program through graduation or, in the case of preliminary residents, by moving to core programs. Program directors therefore have very little time to engage these trainees in conversations and projects that can lead to positive change. Secondly, program schedules, rotations, and experiences must be planned far in advance, so if problems are identified in June, major changes often cannot be undertaken for another year (during which another survey may identify altogether different issues). The end result can be delay of improvement, or organizational inertia associated with disengaged housestaff. During this educational session we will describe a successful process of gathering internal data early in the academic year that mirrors and augments the annual ACGME surveys. We will demonstrate how we vet and develop improvement projects based on this data, and describe how to engage residents, rising chief residents, and faculty members in leading change teams. We will share an example of an educational dashboard that can be used to measure progress towards goals, and show how to utilize the ACGME surveys as a measurement of improvement outcomes rather than just a list of problems to solve. Finally, we will share the results of these efforts within our residency program.

*Target Audience: DIOs, Program Directors, GME Educators, Faculty, Administrators*

| 3:30 p.m. - 5:00 p.m. | **SES120: Leveraging the Potential of CCCs to Improve Milestone Reporting, Clinical Competence Assessment, and Promotional Decisions** |
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*Kathryn Andolsek, MD, MPH; Jamie Padmore, MSc*

Effective Clinical Competency Committees (CCCs) are a major component in the graduate medical education community's move to competency-based education. High functioning CCCs result from faculty development of team members, a shared mental model, and clarity of program processes. The work and output of CCCs not only inform decisions regarding individual resident performance, but can also be powerful tools in improving teaching, assessment, and the program's core curriculum. This session will include individual and small group activities in assessing the current performance of CCCs, and a presentation of knowledge obtained from pertinent literature and scholarly sources. Participants will share successful strategies in optimizing the performance of their CCCs and anticipating predictable issues.

*Target Audience: DIOs, Program Directors, Faculty*

## SATURDAY, FEBRUARY 27, 2016

| 3:30 p.m. - 5:00 p.m. | **SES121: Make Every Minute Count Twice: Tips for Teaching in a Time-restricted Environment** |
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| | *Julie Nyquist, PhD; Kenneth Saffier, MD* |
| | Throughout academic medicine, clinical faculty members are under increasing pressure from multiple directions: patient care, supervision of residents, teaching of medical students, administrative tasks, etc. Residents are under pressure from duty hours restrictions and from balancing clinical duties with academic duties and with external responsibilities. In this environment, teaching must be smart and efficient in both clinical and classroom settings. This session will provide six tips to get the most out of classroom and clinical learning experiences. Our aim is to inspire participants to see these time challenges as an opportunity for creativity by providing the tools needed to launch the process. Each tip will be described and tied to key learning principles. Opportunities to practice utilizing the tips will be provided. Participants will also receive a handout that summarizes the tips and suggestions for usage. |
| | *Target Audience: DIOs, Program Directors, GME Educators, Faculty* |
| 3:30 p.m. - 5:00 p.m. | **SES122: Teaching Resident Leadership:  Cultivating Tomorrow's Leaders Today and Lesson Learned from the Frontline** |
| | *Robert Doughty, MD; Linda Famiglio, MD, FAAP; Anthony J. Rucci, PhD; James R. Zaidan, MD, MBA; Dinchen Jardine, MD; Ricardo Correa, MD; Jared Harwood, MD* |
| | As physicians we are asked to practice medicine within multi-disciplinary teams. The need for physician leadership continues to expand, yet residents rarely receive explicit training or assessment when it comes to developing and demonstrating leadership skills. Opportunities for growth in this area currently are generally not coordinated among programs within the same institution, and vary greatly. Given that leadership skills are cultivated over time, we propose that the training pipeline should start much earlier than it currently does. In many programs, leadership skills training is limited to chief residents or residents involved in organized medicine. There is a need to cultivate leadership skills earlier in the residency process.This panel is designed to elicit real-life experiences and lessons learned from the panelists to create discussion among the broader graduate medical education community, and ultimately assist program directors and designated institutional officials (DIOs) to effectively teach their residents leadership skills. We aim to stimulate conversation and research/evaluation in this area, as well as to provide specific strategies to program directors and DIOs so they can apply this to their own programs. |
| | *Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |
| 3:30 p.m. - 5:00 p.m. | **SES123: Strategies to Reduce Unconscious Bias in Medical Decision-making** |
| | *Anurag Gupta, MPhil, JD; Vasudha Gupta, MCP* |
| | The National Academy of Sciences estimates that health disparities create over $309 billion in excess costs each year. Research continues to show that minority patients receive lower-quality health care, are subject to less desirable procedures, are routinely undertreated for pain, and receive significantly less preventive care. The Institute of Medicine has attributed implicit or unconscious bias among physicians as a notable cause of such disparities. Thus, it is critical to acknowledge the existence of unconscious bias, understand how it originates, and learn evidence-based strategies to reduce its impact in medical decision-making. |
| | *Target Audience: DIOs, Program Directors, Coordinators, GME Educators, Faculty, Administrators* |

## SUNDAY, FEBRUARY 28, 2016

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| **8:30 a.m. - 10:00 a.m.** | **SES124: Residency Training in the United States: Past, Present, Future** |
| | *Kenneth Ludmerer, MD, MACP* |
| | During the first half of the session, the speaker will discuss the evolution and current status of the residency system for training doctors in the United States. Emphasis will be placed on the underlying educational principles, moral values, cultural context, and internal and external tensions of the system. The second half of the session will consist of an interactive town hall discussion. Audience members will be invited to ask questions or make comments on any aspect of residency training in particular, or on medical education more generally. |
| | *Target Audience: All* |
| **10:00 a.m. - 11:00 a.m.** | **SES125: Pursuing Excellence in Clinical Learning Environments** |
| | *Kevin B. Weiss, MD, MPH, MHSA; James Bagian, MD; George E. Thibault, MD* |
| | *Target Audience: All GME Educators* |

## 2016 ACGME ANNUAL EDUCATIONAL
# CONFERENCE LOCATION

### ABOUT THE GAYLORD NATIONAL RESORT AND CONVENTION CENTER

The 2016 ACGME Annual Educational Conference will be held at the Gaylord National Resort and Convention Center located at 201 Waterfront St., National Harbor, MD 20745. The Gaylord National offers first-class dining, an award winning spa and salon, and beautiful views both inside and out, including a 19-story glass atrium overlooking the Potomac River.

The Gaylord National is just a 15-minute drive from the Reagan National Airport and a 45-minute drive from both Dulles and the Baltimore Washington International Airports. The Gaylord National provides transportation services to the airport. Please call their Transportation Desk at 301.965.2081 or visit the Gaylord Transportation Information.

Click here for maps and additional transportation information.

### HOTEL RESERVATIONS

The ACGME has secured the following discounted room rates:

$239.00 Single/Double/Triple/Quad, currently subject to an 18% daily tax rate. There is a daily resort fee of $15.00 added to the guest room rate (this fee covers Internet access, Fitness Center access, an in-room beverage, and local and toll free phone calls up to 20 minutes). Children under 12 may stay in the parent's room for no additional charge.

Reservation Cancellation Deadline: Attendees may cancel their reservation three days before arrival without penalty.

These rates are available until Friday, January 15, 2016 *or until the room block has been filled, whichever comes first*. After Friday, January 15, 2016 or if the room block is filled, the ACGME can no longer guarantee rates and availability. We advise attendees to make their reservations as soon as possible to ensure availability and the discounted rate.

When making their hotel reservations, attendees must identify that they are attending the "ACGME 2016 Conference" to receive the special discounted conference rate.

The ACGME works hard to ensure the conference rate is competitive. Your stay helps the ACGME meet our obligation to the hotel, allowing us to keep registration rates low. Not meeting this obligation means the ACGME may be assessed a financial penalty which would jeopardize our ability to provide quality conference opportunities in the future.

### RESERVATION METHOD

Visit ACGME 2016 Housing to make your hotel reservation online, or call the Reservation Center at 301.965.4000 or 877.491.0468.

### HOTEL RESERVATION QUESTIONS

Please contact the Gaylord National directly with any reservation questions: 301.965.4000 or 877.491.0468.

E-mail additional questions to acgme.housing@gomeeting.com.

## 2016 ACGME ANNUAL EDUCATIONAL
# REGISTRATION OPTIONS

There are seven registration options available to online-registered conference attendees:

- **Pre-Conference and Educational Conference Attendee:**
  This is our most popular registration option, and includes both the Pre-Conference on Thursday and the Educational Conference on Friday, Saturday, and Sunday. Breakfast and lunch are covered in the registration fee.

- **DIO 101 OR 102 Pre-Conference Course and Educational Conference Attendee:**
  This registration option includes either the DIO 101 or DIO 102 Pre-Conference course on Thursday, or the Educational Conference on Friday, Saturday, and Sunday. Breakfast and lunch are covered in the registration fee.

- **DIO 101 AND 102 Pre-Conference Course and Educational Conference Attendee:**
  This registration option includes both the DIO 101 and DIO 102 Pre-Conference courses on Thursday, and the Educational Conference on Friday, Saturday and Sunday. Breakfast and lunch are covered in the registration fee.

- **Educational Conference Attendee:**
  This registration option includes only the Educational Conference on Friday, Saturday, and Sunday. Breakfast and lunch are covered in the registration fee.

- **Pre-Conference Only Attendee:**
  This registration option includes only the Pre-Conference courses on Thursday: Introductory Course for New Program Directors, ACGME Accreditation Pre-Conference for Osteopathic Program and Institutions, Coordinator Forum: Completing Your Own Self-Study. Breakfast and lunch are covered in the registration fee.

- **DIO 101 OR 102 Pre-Conference Course Only:**
  This registration option includes only the DIO 101 or the DIO 102 Pre-Conference course on Thursday. Breakfast and lunch are covered in the registration fee.

- **DIO 101 AND 102 Pre-Conference Course Only:**
  This registration includes both the DIO 101 and DIO 102 Pre-Conference courses on Thursday only. Breakfast and lunch are covered in the registration fee.

### CONFERENCE SESSIONS

All conference attendees must choose sessions to attend at the time of online registration. It is very important that attendees carefully select and review their session selections to ensure registration for desired sessions. Waitlists for full sessions will not be offered. Once a session has reached capacity, no more attendees will be allowed to register.

### PROGRAM COORDINATORS

Program coordinators attending the Pre-Conference Coordinator Forum course on Thursday, February 25, 2016 must select three break-out sessions to attend in conjunction with the Coordinator Forum while pre-registering online. Carefully review the break-out sessions listed in the Coordinator Forum agenda before making selections. It is recommend that program coordinators attend the Educational Conference on Friday, Saturday, and Sunday in addition to the Pre-Conference Coordinator Forum.

### DESIGNATED INSTITUTIONAL OFFICIALS (DIOs)

The ACGME will offer two half-day DIO Pre-Conference Courses on Thursday, February 25, 2016. DIO 101: The Basics of Institutional Accreditation is intended specifically for new DIOs. DIO 102: Innovation in the Working and Learning Environment is designed for both new and experienced DIOs.

*Online Registration will be available through Friday, January 29, 2016.*

**REGISTRATION FEES**

| Early Bird registration fees are available until January 5, 2016 | |
|---|---|
| Pre-Conference and Educational Conference | $995 |
| DIO 101 OR 102 Pre-Conference Course and Educational Conference Attendee | $895 |
| DIO 101 AND 102 Pre-Conference Course and Educational Conference Attendee | $995 |
| Educational Conference | $845 |
| Pre-Conference Only | $345 |
| DIO 101 OR 102 Pre-Conference Course Only | $175 |
| DIO 101 AND 102 Pre-Conference Course Only | $350 |

| Standard registration fees apply after January 5, 2016 | |
|---|---|
| Pre-Conference and Educational Conference | $1195 |
| DIO 101 OR 102 Pre-Conference Course and Educational Conference Attendee | $1095 |
| DIO 101 AND 102 Pre-Conference Course and Educational Conference Attendee | $1195 |
| Educational Conference | $995 |
| Pre-Conference Only | $395 |
| DIO 101 OR 102 Pre-Conference Course Only | $200 |
| DIO 101 AND 102 Pre-Conference Course Only | $400 |

**ON-SITE REGISTRATION**

Conference attendees who are not able to register online will be able to register on-site in the Conference Registration Area. On-site registration will only be available for the Educational Conference.

On-site registration will only be available for the Educational Conference. **The Pre-Conferences are not available for on-site registration**. Breakfast and lunch are covered in the registration fee of $1045**.**

**CREDIT CARD PAYMENTS**
**Credit card payments are preferred**. We accept Visa, MasterCard, American Express, and Discover.

**IF PAYING BY CHECK**
Select the check payment option while registering online. All check payments are due by Monday, February 1, 2016 or the registration will be canceled. Make checks payable to "ACGME" and mail to the attention of:

**Andrea Rio, Registration Specialist**
**ACGME**
**515 North State Street**
**Suite 2000**
**Chicago, IL 60654**

**Note**: If an attendee does not cancel but does not attend, he/she is still responsible for payment.

**CANCELATION AND REFUND POLICY**
Attendees who need to cancel their registration must do so in writing by e-mailing Andrea Rio: ario@acgme.org. A full refund will be given through December 18, 2015. For cancelations made between December 19, 2015-February 12, 2016, an administrative fee of $125 will be charged. No refunds will be given after February 12, 2016.

**SUBSTITUTIONS**
Substitutions and transfers may be made until the close of registration on Friday, January 29, 2016.