

ACGME – Acronyms and Oversight

Acronyms:

- **ACGME** – Accreditation Council for Graduate Medical Education
- **DIO** – Designated Institutional Official
 - Responsible for overseeing and administering all of the institution's ACGME programs
- **GMEC** – Graduate Medical Education Committee
 - The local institutional committee of Program Directors, Coordinators, chaired by the DIO
- **NRMP** – National Resident Matching Program
 - Ranking of fellow candidates occurs through this program
- **CLER** – Clinical Learning Environment Review
 - ACGME led institutional assessment (see below)
- **CCC** – Clinical Competency Committee
 - Committee meeting twice annually to evaluate trainee milestone
- **PEC** – Program Evaluation Committee
 - Committee meeting annually to evaluate training program
- **AAMC** – American Association of Medical Colleges
- **ERAS** – Electronic Residency Application Service (managed through AAMC website)
 - This program has migrated its data to Thalamus, but still serves as the hub for fellowship applications to a program

Online Programs you need to have access to:

- ACGME-ADS
- ERAS – (you may not need this if your program coordinator can access and load into Thalamus)
- NRMP
- ITE exam
- ABAI – program director tab
- Thalamus

ACGME Programs you need to be aware of:

- ***CLER*** – provides institutions with insight on Patient Safety, Health Care Quality, Teaming, Supervision, Well-Being, and Professionalism.
 - These visits can be short notice (10 days) but assess the INSTITUTION, not and INDIVIDUAL PROGRAM
- ***10-year accreditation site visit for PROGRAMS***
 - As of 2023, these have been discontinued.
- ***10-Year accreditation site visit for INSTITUTIONS***
 - These still occur and follow the institutional self-study.
- ***PROGRAM Self Study***
 - The Self-Study is an objective, comprehensive evaluation of the residency or fellowship program, with the aim of improving it.

- Generally members of the CCC and PEC will make up the Self Study Group and critically evaluate areas of strength for improvement of the program
- ***INSTITUTIONAL Self Study***
 - The purpose of this Self Study Group is similar but applies to the institution. The DIO assembles a group of trainees and senior leaders and program directors/coordinators.
- ***Continued Accreditation Site Visit***
 - This may be requested by ACGME after review of ADS, Case logs etc.
 - As part of its ongoing commitment to program improvement, the ACGME will conduct site visits annually for approximately one to two percent of programs with the status of Continued Accreditation. Programs will be selected through a random sampling process.

Link:

https://www.acgme.org/globalassets/pdfs/faq/020_allergyimmunology_faqs.pdf

Common Program Requirements – High Points

PROGRAM REQUIREMENTS (current 7/2023)

Supporting Document – ACGME Program Requirements for Graduate Medical Education in Allergy and Immunology

- Every Program will have a PRIMARY SITE. Any additional sites will require a PLA (Program Letter of Agreement) updated every 10 years. Each site will need to have a faculty “Site Director.”
- Programs should in partnership with the sponsoring institution, retain and promote a diverse workforce.
- Resources the Program must provide
 - --adequate exam rooms, computers etc.
 - --access to food and a refrigerator while on duty
 - --access to a lactation room and refrigeration
 - --adequate exposure to adult and pediatric allergy/immunology patients
 - --security
 - --accommodations for disabilities
- Program Director Requirements
 - 1-6 fellows = 0.15FTE and 7-10 = 0.2 FTE minimum support
 - ADDITIONAL SUPPORT mandatory to either the PD or could go to other faculty support 0.05 or 1.0 per above fellow numbers.
- PD Qualifications
 - --3 or more years educational/administrative experience
 - --see PROGRAM REQUIREMENTS FOR detailed list of modelled attributes the PD should demonstrate

FACULTY

- Not all faculty are required to be allergists, but you must have at least one allergist/immunologist who is certified by American Board of Pediatrics and one who is certified by the American Board of Internal Medicine.

CORE FACULTY

- Must complete the ACGME survey each year.

PROGRAM COORDINATOR

- Required to have a program coordinator as a lead administrator, facilitator between ACGME and program.

- Minimum 0.3 FTE for 1-6 trainees, and 0.4FTE for 7-10 trainees.

TRAINEES

- Termed “Residents” by ACGME despite being fellows.
- Must be IM or PEDS trained. May enter fellowship after 2 years of residency if in a research track.
- Must be from a US/Canadian training program or if International have a valid Educational Commission for Foreign medical Graduates certificate (ECFMG) or a license to practice in the US.
- Exceptions to the above rule may be made for exceptional candidates.
- Programs may only accept the number of trainees approved by the Review Committee.
- Changes to the above must be approved by ACGME.

CORE COMPETENCIES

- You need to understand these thoroughly! The document outlines these in detail. Evaluations and the milestones from the Clinical Competency Committee are organized around these.
 - --Professionalism
 - --Patient Care and Procedural Skills
 - --Medical Knowledge
 - --Practice Based Learning and Improvement
 - --Interpersonal and Communication Skills
 - --Systems-Based Practice

SPECIAL REQUIREMENTS

- Trainees must have experience in pain management if applicable for the specialty. (unlikely to be relevant for most A+I programs).
- There must be a structured curriculum for the core didactic topics. If your program were audited, how would you identify this curriculum?
- 50% must be in direct patient care (20% of this time must be pediatric, and 20% must be adult).
- 25% of the program should be devoted to scholarly activity/research.
- 25% of the program – other educational activities.
- A list of required educational exposure on page 26-27.

SCHOLARSHIP (FACULTY)

- Program must demonstrate scholarly activity (posters, articles, grand rounds etc.) (evaluated every 5 years by the Review Committee).
- Programs must demonstrate activity in at least 3 of 7 areas (Research, Grants, QI, Systemic reviews, curricula development, committee or editorial board, innovation in education).

SCHOLARSHIP (FELLOW)

- Research must be presented orally or in writing

EVALUATIONS

- Formative evaluation – monitoring learning and providing feedback.
- Summative evaluation – comparing the trainee to program requirements.
- Minimum time frame for evaluations is 3 months.
- PD or designee must meet with trainees semiannually to review specialty specific milestones and progress.
- All trainees require a Final Evaluation at the end of training which remains in permanent record.

CLINICAL COMPETENCY COMMITTEE

- Requirement for training and must include 3 faculty members, one of which is core faculty.
- CCC may include nurses or non-physicians.

FACULTY EVALUATION

- There must be a way to evaluate faculty performance.

PROGRAM EVALUATION COMMITTEE

- Must include at least 2 faculty members, at least one core faculty and at least one trainee.

ABAI PASS RATE

- In the past 3 years you must not be in the “bottom 5%” of all programs. Truthfully, for programs of 2 fellows per year, this means that in 3 years you will have 6 fellows and if 1 fellow fails, then you have only an 84% pass rate. It would be likely that if you had 2 fellows fail in this time period you would then be in the bottom 5% and merit scrutiny from ACGME.
- You must report annually the pass rate of fellows 7 years prior.

AREAS TO FOCUS ON OUTSIDE OF MEDICAL KNOWLEDGE

- Patient Safety (reporting, root cause analysis)
- Quality Metrics (Quality Improvement Projects)

SUPERVISION

- Direct Supervision. – Attending is physically present.

- Indirect Supervision – Attending is not physically present but is immediately available.
- Oversight – Attending is available to review case after care delivered.
- The program defines when each of the above is required. The program uses milestones to determine advancement through supervision stages.

PROFESSIONALISM

- This is outlined in the document and should be reviewed. This area is often an area of tension with trainees and can sometimes be harder to remediate.
- Programs need to model professionalism. If there are violations a clear reporting path must exist. ACGME will want to know exactly how trainees can report unprofessional conduct of faculty.

WELLBEING

- Area of high focus. Shared responsibility with institution and program.
- Must have opportunity to attend health care appointments including during work hours.
- Faculty training in burnout, depression, substance use.
- 24/7 access to mental health/counseling.

CLINICAL HOURS

- No more than 80 hours week/ averaged over 4-week period.
- Includes in house and educational activities AND moonlighting.
- 8 hours off between scheduled clinical work and education periods.
- 1 day in 7 free of clinical work and required education (averaged over 4 weeks).
- Cannot be on home call on free days.

Links:

<https://www.acgme.org/specialties/allergy-and-immunology/program-requirements-and-faqs-and-applications/>
https://www.acgme.org/globalassets/pdfs/faq/020_allergyimmunology_faqs.pdf

Institutional Requirements and Expectations

- The Program Director is required to have 0.15 -0.2 FTE support. The PD must demonstrate that 0.15-0.2 FTE is designated for Fellowship activities and not used for patient care.
- 0.15FTE for 1-6 Fellows, 0.20FTE for >6 fellows
- Additional support which can be applied to core faculty or the associate program director.
- 0.05FTE 1-6 fellows, 0.1FTE >6 fellows
- The Institution must provide programmatic support which must include a program coordinator. This position is prorated to the size of the program; thus one program coordinator might be assigned to more than one program

Links:

<https://www.acgme.org/specialties/allergy-and-immunology/program-requirements-and-faqs-and-applications/>

General Calendar Activities

- **July 1** – New Fellows Arrive
- **July 15** – Register new fellows on ABAI
- **August 1** – review applicants in Cortex and create interview list
- **August 15** – complete ACGME ADS Annual update
- **September 1** – Begin fellowship interviews
- **September 15** – verify correct number of rank spots in NRMP
- **September 30** – Review previous action plan from PEC meeting
- **October 30** – Submit rank list to NRMP
- **November 15** – Clinical Competency Committee
- **December 1** – Review milestones with Trainee
- **December 5** – submit milestones to ACGME-ADS
- **December 10-** update 6 month evaluation on ABAI
- **January 10** – Program Director Assembly Meeting!
- **February 15** – Review unaddressed Action items from PEC
- **May 1** – Clinical Competency Committee
- **May 5** – review milestones with trainee, submit to ACGME and ABAI.
 - Verify graduating fellows are completely signed off on ABAI for 6 month evals and procedures.
- **June 15** – Program Evaluation Committee meeting – create new action list

The above is a suggested timeline. Actual dates should be verified each year, but this will give you an idea of the general timeline for items.

Suggestion

- When starting out, meet with your coordinator to find out what items on this list they will be reminding you and staying on top of.
- Set calendar reminders for major activities

Overview of the Clinical Competency Committee

This committee meets at a minimum of twice per year and is instrumental in developing the milestone evaluation for each fellow. The meetings are generally in November and May of each year. This allows enough time to update the milestones into WebAds (Accreditation Data System) prior to the deadline. (There is a deadline).

Committee Membership

- The committee is generally made up of the program director, the associate program director and core faculty. Additional faculty members are encouraged as well as at least one non physician member (nurse for example).
- Although the Program Director may also be the Chairperson for the CCC as per the ABAI, many institutions recommend having someone other than the PD chair the CCC, as the intended purpose of the CCC is to advise the PD on trainee competencies. Thus, having the Associate Program Director or another Core Faculty be the CCC chairperson is a good alternative.
- There may be considerable variation in how the meeting is run. Some programs may decide together during the meeting the exact level for each of the milestones. Others may synthesize the discussion after the meeting. But each meeting should include a 360 degree evaluation of the fellow which should include patient surveys, ancillary staff input, rotation evaluations, procedure logs and any disciplinary action or complaints that might have come up since the previous meeting.
- After the Clinical Competency meeting, there are two important items that should take place. **First**, the new milestones need to be uploaded to WebAds. **Second**, the synthesis of the trainee progress with both opportunities for improvement and strengths should be communicated to the trainee.
- There will likely be considerable variation between institutions, but the documents and required elements for the meeting are generally provided by the Program Coordinator 1-2 weeks before the meeting.

Suggestions:

- Ask your program coordinator what they currently do to assist in organizing the CCC.
- Make sure you review the procedure log and read all evaluations prior to the meeting.
- Fellows should start their training at a low score on the milestones. This is expected. They should gradually progress through their training.
- Before the committee meets, discuss with the CCC chairman any specific items you feel needs to be addressed at the meeting.

Links:

<https://www.acgme.org/specialties/allergy-and-immunology/program-requirements-and-faqs-and-applications/>

<https://www.acgme.org/globalassets/pdfs/milestones/allergyandimmunologymilestones.pdf>

<https://www.acgme.org/milestones/resources/>

<https://www.acgme.org/globalassets/ACGMEClinicalCompetencyCommitteeGuidebook.pdf>

Core Faculty

- Each program must designate at least 2 core faculty members.
- Selected for broad knowledge and involvement in the program.
- May be selected for specific expertise (mentorship, didactics, etc.).
- Core faculty must complete the annual ACGME Faculty Survey.
- Core faculty must have 0.1 FTE designated for the training program.

Suggestions:

- Use Core Faculty to supplement your weaknesses.
- Have Core Faculty assist with mentorship and feedback.
- Empower Core Faculty to lead specific programs (Quality Improvement, Board Review course, etc.).

Link:

<https://www.acgme.org/specialties/allergy-and-immunology/program-requirements-and-faqs-and-applications/>

WebAds – What You Need To Know

What is it?

- WebAds or the **Accreditation Data System** is a web-based program found on the ACGME website. It can be accessed with your own username and password. Your Allergy/Immunology program site will also be accessible to your Program Coordinator(s) and the Designated Institutional Officer (DIO).

What information should you know how to locate on WebAds?

- **Case Log System** – Fellows will update procedures and you can view their progress prior to milestone evaluations.
- **Messages** from ACGME regarding your program.
- **Survey Data** – Faculty and Fellow survey results can be viewed here.
- **Milestones** – previous milestone evaluations for each fellow can be reviewed.

What are you required to upload to WebAds?

- **Annual Update** - You are required to update your faculty and site information each year (Aug-Sept). Failure to do this can result in a citation.
- The **ACGME surveys** to core faculty and to fellows will come from this ACGME website.
- **Milestone evaluations** need to be uploaded every 6 months after the clinical competency committee meets.

Suggestion:

- Log in to WebAds once monthly
- Complete Annual Update every August
- Bring Fellow procedure log and previous milestone evaluations to your Clinical Competency Meeting
- <https://www.acgme.org/data-systems-technical-support/avoiding-common-errors-in-the-ads-annual-update/>

Links:

ACGME: <https://apps.acgme.org/connect/login?ReturnUrl=%252fconnect%252f>

Procedure Log

There is no longer a case log requirement for graduation.

The following are required procedures for which the minimum must be documented by graduation. Failure to record these or complete the required minimum will result in an ACGME inquiry and possibly a citation.

- Writing allergen immunotherapy prescriptions – 10
- Drug desensitization or incremental challenge – 10
- Immediate hypersensitivity skin testing – 30
- Write immunoglobulin prescription – 5
- Interpretation of pulmonary function testing – 30
- Food challenge testing – 5

Suggestions:

- Check in with the first-year fellows 6 weeks into training to verify they are entering properly.
- Set expectation that procedures are entered weekly.
- Encourage fellows to complete all procedures before the end of their first year.
- Programs may wish to encourage trainees to log procedures diligently ***even after*** the individual trainee meets the minimum required, as this can be reviewed by the ACGME during a site visit as an indirect measure of patient/procedural volumes.

Links:

ACGME Case Log System:

<https://apps.acgme.org/connect/login?ReturnUrl=%252fconnect%252f>

In-Training Exam (ITE)

The ITE is a test created by volunteer allergists and program directors. This test has no affiliation with the ABAI board exam. The ITE is designed to test learners on the list of topics related to the ABAI Blueprint.

<https://www.abai.org/Overview.asp>

- ITE takes place in May each year. Fellows must be registered in advance. The exam must take place over a prespecified 1–2-week window. The exam can be taken on any local computer. Programs have discretion to proctor the exam if they wish. The exam has a small fee.

Results

- 4-6 weeks after the exam is taken, the reports will be made available to the program director. These results can be VERY USEFUL to both the fellow and the program director.
- Fellows can see topics and even specific question topics that they got incorrect. The question has a reference for the fellow to review.
- The fellow can also see what general topics they performed better on, and which ones they performed worse.

The Program Director should use the ITE for at least two purposes.

- First, the ITE can identify programmatic weaknesses. If all fellows struggle in pediatric primary immunodeficiency, then consideration should be made to adjust curriculum to reflect that.
- Second, the Program Director can identify trainees that are considerably underperforming compared to their peers across the country.
- The program director and fellow should meet to discuss test taking strategies, alternative learning strategies and other interventions to help the fellow successfully pass the ABAI board exam.

Suggestions

- Give your program coordinator the log-in information for the ITE site.
- Program coordinator can coordinate test date with fellows, proctoring if required.
- Review the ITE performance in person with each fellow individually.

Links:

<https://www.aaaai.org/professional-education/fellows-in-training/in-training-exam-for-fellows-timeline>

<https://www.smttest.com/aaaaiicans/>

Interfacing with ABAI

All new fellows must be registered with ABAI. The ABAI requires social security numbers and the fellow to create a password, thus it is best to do this together with the fellow. The program director logs into ABAI and then clicks on the training program tab. Then click on “register a fellow.”

- Once the fellow is registered, the program director must update the milestone evaluation every 6 months. The best time to do this is after the CCC meeting.
- You will update the specific milestones in ACGME-ADS and then go to ABAI and update the milestone there.

Procedures:

- Once the fellow has completed the required number of procedures this can also be updated on the ABAI. The fellows are eligible to SIGN UP for the ABAI exam once their first 3 milestones have been achieved. They are not eligible to take the exam until the fourth milestone has been achieved, so don't forget before they graduate to update it!

Program Evaluation Committee

- This committee is required to meet annually by the ACGME. It is made up at a MINIMUM by **2 faculty members, at least one core faculty and at least one trainee**.
- This meeting does a 360 evaluation of the previous year and should touch on academic opportunities, research opportunities, board pass rates, wellness, and faculty evaluations.
- The committee should critically evaluate the curriculum for updates and changes that might be necessary.
- The committee will create an **Action Plan** of 3-5 items that will be enacted in the next 12 months to improve the training program.
- The Program Director will submit a **Summative Evaluation** of each fellow. This evaluation summarizes their academic and holistic progress over the previous 12 months and recommends advancement to the next year of training or that the fellow has met all milestones for graduation. The committee will then review these and formalize the advancement of eligible fellows.

Teaching Strategies

- Innovative teaching strategies are helpful to cement learning and improve knowledge retention.
- Most program directors enter their position with only superficial knowledge of how to teach. It is valuable to learn and implement novel strategies and also model these for co-faculty.

Here are some general concepts and resources to look into for those with further interest:

Learning Concept	Definition	Example
<i>Retrieval Practice</i>	Asking learners to recall/report/demonstrate material learned in a prior session	Instead of “recapping” key aspects of the previous lecture on antigen presentation, ask learners to describe two important learning points from the prior lecture
<i>Spaced Learning</i>	Shorter learning segments spaced over a longer interval. Spacing of information improves retention in contrast to cramming	Cover primary IEI and secondary immunodeficiencies (including the role of immunosuppressive medications), over the course of several weeks or months
<i>Interleaving</i>	Multiple different concepts are reviewed/learned intermixed instead of in a block.	Discuss B cell development, receptors and function during discussions of antibody development, VJ rearrangement and receptor signaling
<i>Elaboration</i>	Encouraging learners to explain and describe ideas in detail	Learners are asked to explain the differences between Type 1 and Type 2 responses
<i>Dual Coding</i>	Combining verbal information with visual elements for better understanding	Use diagrams and charts alongside explanations of T cell signaling to enhance comprehension.
<i>Concrete Examples</i>	Providing specific instances or cases to illustrate abstract concepts	In an immunology lecture, use applied examples such as specific diseases or vaccine development to illustrate principles.

<i>Metacognition</i>	Encouraging learners to reflect on and monitor their own thinking processes	Prompt learners to reflect on their thought processes, identifying strategies that help comprehension.
<i>Flipped Classroom</i>	Moving from lecture-based knowledge transfer to higher order discussions or interactive sessions during classroom time	Providing pre-reading on complement pathways followed by case-based problem solving of complement disorders in groups during learning sessions

*White A, Saff R, Scherzer R, and Khoury P. Beyond the textbook: The challenges of learning (and teaching) basic immunology in allergy-immunology teaching programs. *Ann Allergy Asthma Immunol* 2024

- Other books to review:

Powerful Teaching: Unleash the Science of Learning - Pooja K. Agarwal and Patrice M. Bain

Make it Stick: The Science of Successful Learning - Peter C. Brown, Henry L Roediger III and Mark A. McDaniel

Suggestions:

- Each year attempt to incorporate at least one new strategy and assess whether it adds value and the trainees find it useful

Parental Leave

The exact requirements for maternity/paternity leave during training are as follows:

ACGME

- requirement to provide 6 weeks of paid parental leave.

ABAI

- Absences more than a total of **two months** over 24 months during training must be made up. This is inclusive of vacation time.
 - *The definition of “2 months” is up to the discretion of the program director (60 days, 8 weeks, 2 months)*
 - An additional 2 weeks during training is authorized once for parental/caregiver leave.
 - *If the time extends beyond this, and training is not extended, the PD will need to write a letter to ABAI justifying this.*

<https://abai.org/forms/PolicyProc.pdf>

Suggestions

If a trainee asks about parental leave, consider the following:

1. Have them discuss local state and salary implications for leave (might be different than ABAI) with GME and Human Resources Team.
2. ACGME requires 6 weeks of paid parental leave
3. Review their desired time off and whether it will be less than the “2 months + 2 weeks” outlined by ABAI for total time away from training.
4. If time away is more than a TOTAL of 2 months + 2 weeks, then make a plan to extend training or possibly request waiver from ABAI.

Important: the benchmark is TOTAL TIME AWAY from training, not just the dedicated time for parental leave. 2 months + 2 weeks is the maximum allowed

Example 1:

1. Trainee A takes 4 weeks of vacation during the first year of training. During the second-year they desire to take 6 weeks of paternal leave and no further vacation time.
 - a. *This trainee could graduate on time because they had a total of 2 months + 2 weeks and the 2 weeks is for parental leave.*
2. Trainee B requests 3 months of parental leave during their first year of training.
 - a. *Without taking any other vacation time during the rest of their training, they would exceed the “Two months + 2 weeks” by 2 weeks. If they wanted to take an additional 2 weeks of vacation during their 2nd year of fellowship, then they would need to extend their training by 1 month (4 weeks).*

Changing the Size of Your Program

Every year you designate to NRMP how many candidates you will accept. This number has been authorized by the ACGME. Occasionally there are opportunities to take an additional fellow that might have outside funding. To achieve this, the following needs to take place:

1. Verify that you have adequate faculty and resources to train the additional fellow.
2. Request to your local GME committee (GMEC) for a temporary complement increase
3. Once the local GMEC approves, then the request is submitted through the ACGME-ADS with justification.
4. Once approved by ACGME, then the program director must update the number of applicants that can be accepted in the rank through NRMP.
5. After the match, the NRMP must be reduced back to the previous approved complement.

A permanent change in complement would follow this same procedure with the caveat that the local GME needs to verify funding to train this new position indefinitely.

Temporary Complement Increase:

- Occurs when an extension of education up to 90 days is necessary.
- Can be authorized by the Review Committee without requiring formal submission of a temporary complement increase request.

ERAS/Thalamus/Cortex

Fellow candidates apply through the ERAS program (Electronic Residency Application Service). Several years ago, the PD would go to the ERAS program and manually read through applications and generate an interview invite list off-line.

In 2023, for the first time ERAS fed the applicant data and all uploaded pdf's into a program called Thalamus. There are three components of Thalamus. The actual interviewing interface and interview ratings all take place within Thalamus. But prior to the interview, you will use a sister program called Cortex to sort through the applicant pool. Most programs will have >100 applicants for just 1-2 spots. Sorting through this list to highlight the applicants to interview is a strength of Cortex.

Filters

- This takes a bit of work on the front end, but you can create different filter sets. For example, you could create a filter that looks at those that are Gold Humanism who were chief residents and did not fail any of the STEP exams. There are numerous ways to filter on traits that could be important in helping you identify what is more important for your program.

Division Signals

- In Cortex, there is the option for a trainee to include a part of the country (Division) they hope to train. This is a signal to the program that they are intent on a specific geography. If an applicant spends their entire training on the east coast, a program director might not be confident that their application to a west coast program demonstrates a sincere desire to move. The signal allows the program to understand that the trainee is specifically motivated to be in that geography.
- Residency programs also allow GOLD or SILVER signals which signal a high level of interest in the specific program. This is not yet part of the Allergy/Immunology process but might be coming.

Holistic Evaluation of Candidates

- There is an option to NOT load specific information into Cortex, for example some programs do not upload photos into Cortex to decrease risk of bias.
- Some programs load different information for different reviewers. Selecting items other than board scores and training pedigree can be a healthy way to identify candidates worth an interview or an additional look.

Links:

<https://thalamusgme.com/>

Setup filters in Cortex: <https://www.loom.com/share/b22eb1c4aad04759a76598d29f19842e>

ERAS PDWS: <https://pdws.aamc.org/pdws-web/#/>

Scholarly Work/Research Activities

Most Allergy/Immunology fellowships devote a large block of one year to research. This generally make it easy to meet the requirements for scholarly work. ACGME asks for evidence of this in the Annual Update. This update occurs each August and asks for scholarly work for the fellows who just graduate as well as your new 2nd year fellows.

- You must include the PMID of any publications, and then the number of poster/meeting presentations for each fellow in the past 12 months.
- You must also update similar information for all faculty. This includes the PMID of recent publications, but also numbers of presentations at meetings, participation on committees, grant leadership, QI activities and more.

Suggestions

- Ask your faculty annually for an updated CV to assist in this.
- Ask your fellows to keep a CV constantly updated with all presentations. This will make your life a lot easier as you will need to get this information from them many times during the year.

Links:

ACGME WEBADS: https://apps.acgme.org/connect/login?ReturnUrl=%252fconnect%252fhttps://www.acgme.org/globalassets/pdfs/specialty-specific-requirement-topics/dio-scholarly_activity_resident-fellow.pdf

Surveys/Feedback

ACGME will send out two different surveys annually. One survey to trainees and another to faculty.

- 70% completion rate is required for both groups.
- Reports will be generated when there are 4 or more people scheduled to participate.
- Programs with fewer than 4 trainees will **not** receive reports but may occasionally receive aggregate reports encompassing several years.
- The survey results can be reviewed on the ACGME WebAds site.

Non-ACGME surveys

- Many programs use internal surveys to assess burnout and wellness.
- Annual Resident/Fellow forums are a requirement from ACGME and may be useful to obtain additional feedback from an institutional level.
- Surveys can be a useful tool to gather information, but as most A/I programs are small, feedback on sensitive items where true anonymity is unlikely can be challenging.

Feedback

- **Trainees** receive written feedback from faculty through rotation assessments.
- **Trainees** may also receive feedback from their co-fellows, patient surveys, and ancillary staff.
- **Faculty** receive feedback from the trainees in the form of the ACGME survey and may receive via MyEvaluations or similar programs.
- *Ad hoc* anonymous surveys may be useful to garner opinions about specific programmatic aspects, perception of teaching techniques, or the general health and wellness of the program.

Suggestions

- If your program is >4 trainees, use the ACGME surveys. These compare to national averages and can help you identify potential problems.
- Some institutions also distribute wellness surveys to all trainees. Find out what your fellows are already receiving so you do not duplicate and create survey fatigue.

Wellness and Burnout

Evaluating for wellness and addressing burnout is challenging as a program director. Fellows may not be comfortable sharing burnout concerns or may not even recognize it in themselves. Thus, it is critical to set up effective ways to monitor. This is most important for the wellness of the trainees but is also a topic that is scrutinized by the ACGME.

Ombudsman

- Every trainee at every program should know who their ombudsman is. This is an individual that by design is outside of the training hierarchy. They are not involved in the GMEC and do not report to the DIO. Their purpose is to be a safety valve if a trainee does not feel comfortable bringing something to the PD, APD or DIO.

Surveys

- There are local surveys that many programs use to identify the rate of burnout in a program. These can get a sense of the “temperature” of a program. High rates of burnout should lead to changes in program structure.
- The ACGME survey to trainees also incorporates questions related to wellness and burnout. Reports are compared to national means and can also identify if your program needs more attention in this area.

Mentors

- Some programs have trainees select mentors that they meet with intermittently.
- These mentors might function not just as academic mentors, but also as life mentors sharing how to be a parent and an allergist, how to navigate early signs of burnout as a faculty etc.

Program Director/APD meetings

- These scheduled check-ins should not just discuss academic and research topics, but also address wellness.

Wellness committees

- Many local institutions have wellness events and programs designed to foster community outside of work. Due to the nature that many allergy fellows do not function regularly with inpatient teams, there is a risk of feeling disconnected, especially in a small program.

Suggestions

- Never assume that your fellows are not struggling. Lead by example. Be vulnerable.

- Make sure there are several faculty in the program that fellows would feel comfortable discussing a struggle with. Don't assume that you are viewed as equally approachable to all of them.
- Make sure all fellows understand the structure within the institutions to promote wellness.
- Reinforce (and know) the availability of your local 24/7 support team for burnout/wellness issues.

Professional Development

- Faculty need to demonstrate progression as educators. It is not enough to just be a good clinician or researcher. All programs must create programs and opportunities for faculty growth.
- There are a wide array of successful examples that have been used in the past.
- Many institutions incorporate some professional development in scheduled didactics which are available to all faculty at an institution.

Suggestions

Within the first few years of program leadership try to incorporate some of these development activities

- Seminars on methods of teaching to enhance retention
- Education on how to deliver feedback
- Developing skills in mentoring
- Dealing with struggling trainee

Links:

<https://www.acgme.org/meetings-and-educational-activities/courses-and-workshops/improving-assessment-using-direct-observation-toolkit/>

<https://dl.acgme.org/pages/acgme-faculty-development-toolkit-improving-assessment-using-direct-observation>

Examples of Resources:

<https://dl.acgme.org/courses/acgme-remediation-toolkit>

<https://www.amanet.org/training-topics/>

<https://www.uab.edu/medicine/dom/education/meded-moments>

Preparing a Well-Rounded Fellow

PD's should consider offering opportunities outside of the traditional academic and research programs. There are topics that are of intense interest to graduating fellows that might not be included in your training program.

- Curriculum vitae - Provide opportunities for CV critique/building.
- Interviewing – Offer practice job interviews with the trainee.
- Finance – Consider having fellows meet with a financial advisor, preferably one that works with physicians and understands medical debt.
- Job Hunt – Offer opportunity to touch base with recent graduates about the pitfalls of the job search, differences between academic, multispecialty, private practice and corporate practices.
- Contract Negotiation – Consider having some attorney resources to help with contract reading. Previous fellows are also a good source of information on how they dealt with this issue.

Quality Improvement/Patient Safety

- All fellows should have meaningful participation in a quality improvement project and experience with a patient safety activity. This can take the form of participating in a root cause analysis.
- Fellows should experience the reporting of a safety event and see it modeled by faculty.

Leadership/Committee

- ACGME requires participation in an institutional committee during training. This could include the P&T committee, a research focused committee, bioethics, wellness for some examples.

Clinical and Academic Weaknesses

- Every program will have weaknesses in certain areas. Adult focused programs will likely not be strong in pediatric primary immunodeficiencies. Many programs may have limited exposure to hereditary angioedema, drug desensitization, periodic fevers, and others.
- There are several strategies that should be considered to shore up these areas.
 - Collaborate with local training programs which might have a specialty focused clinic in an area your program has weakness.
 - Have dedicated didactics or case-based learning related to these topics.
 - Send fellows to conferences which focus in a weak area (Clinical Immunology Society, American Initiative in Mast Cell Disorders, AAAAI Patch Test conference etc.).
 - Utilized online lectures (COLA series, VuMedi, AAAAI or ACAAI virtual lectures).

Links:

<https://www.youtube.com/user/ACAAICOLA>

<https://education.aaaai.org/>

<https://education.aaaai.org/courses>

How to Develop and Grow as a Program Director

- **AAAAI** – the Program Director Assembly is the best avenue for involvement. The PDA meets annually in early January for a one-day meeting. Topics include learning strategies, review of previous match data, opportunities for small group discussions. Additionally, at AAAAI there is usually a ½ to full day devoted to Program Directors.
- **ACAAI** – There is a Program Director Committee at the ACAAI. This committee discusses creating opportunities for fellows and has liaison with the FIT committee.
- **ACGME** – The ACGME has an annual meeting that can be valuable. As it encompasses all training programs, there is an opportunity to get new ideas, see how large and small programs across the country deal with specific challenges.
 - All new PD/APDs should attend the ACGME annual meeting for orientation and education regarding the PD role.
- **Listserv** – All program directors are part of an email chain. This is an opportunity to quickly get the opinion of a large group of PDs. If you have a question about something, it is likely that several others have a similar question and that someone else has the answer!

Links:

AAAAI PDA page: <https://www.aaaai.org/professional-education/program-directors>

AAAAI PDA Toolbox: <https://education.aaaai.org/tpdtoolbox/group/program-directors-assembly-toolbox>