



University at Buffalo

Graduate Medical Education Program  
Coordinator's

Resource Guide

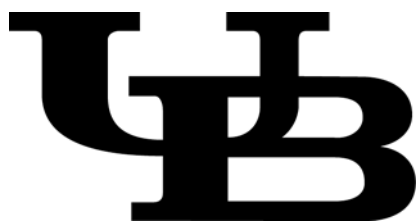
February 2008

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

# TABLE OF CONTENTS

- I. Accreditation Council for Graduate Medical Education (ACGME)
  - A. Accreditation and Review Committees
  - B. Site Visit
    - 1. Annual Program Review
    - 2. Internal Review
    - 3. Preparation of the Program Information Form (PIF / CAAR)
    - 4. Accreditation Data System (ADS)
- II. Recruitment
  - A. ERAS
  - B. NRMP
- III. Incoming Residents
  - A. Contracts
  - B. Resident Update System
  - C. Orientation and Incoming Resident Week (IRW)
- IV. Schedules and Work Hours
  - A. Rotation Schedules
  - B. Duty Hours / Call Schedules
    - 1. Mandatory Work Hours Survey
- V. End of Year Activities
  - A. Continuing Residents
  - B. Residents not returning to your program
    - 1. Transferring
    - 2. Non-Renewal or Terminated
    - 3. Graduating
  - C. Graduation
- VI. Clinical Specialty Boards
  - A. In-Training Examination
- VII. Conference and Teaching Rounds
  - A. Morbidity and Mortality
  - B. Basic Science Conference
  - C. Grand Rounds
  - D. Journal Club
  - E. Teaching Rounds
  - F. Additional Curriculum Topics
  - G. Master Sessions
- VIII. Evaluations
- IX. Change in Resident Status
  - A. Voluntary
  - B. Involuntary
    - 1. Remediation
    - 2. Probation
    - 3. Non-renewal of Contract
    - 4. Dismissal
- X. Other
  - A. Program Letters of Agreement
    - 1. Offsite and Non-Core
  - B. Alumni
  - C. Annual GME Coordinators Meeting
  - D. Associations
  - E. Change of Address
  - F. Committees
  - G. UB Resident Committee
  - H. Coordinator Certification
  - I. Medicare Audit
  - J. On-line Demographic Tracking
    - 1. AMA Freida/National GME Census
    - 2. GME Track Updates
    - 3. ADS
  - K. Resident Files
  - L. Resident Travel
  - M. Special Events
  - N. Subpoenas – Legal Papers
- XI. APPENDIX
  - A. Time Line
  - B. Lists – Satellite GME Offices
  - C. NRMP
  - D. ECFMG
  - E. Interview Session Information
  - F. Acronyms and Definitions
    - ACGME Glossary of Terms
    - General
  - G. ERAS
  - H. Organizational Charts
    - Impact on your program
    - GME Office
    - GMEC

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.



The UB Program Coordinator's Reference Guide is designed to be a resource for all coordinators. It is not a replacement for any guidelines, policies, or procedures set forth by the Graduate Medical Education (GME) office, your Program Director (PD), or the accrediting body for the resident training program. Most sections of the Guide contain an introduction, referral to the internet if applicable, suggested documentation for program/office files and some of the tasks the program coordinator (PC) might be responsible for.

It would be impossible to include all the information you need to know about residency programs in general, or UB programs in particular, since each program has its own unique features and methods of accomplishing the same tasks. Each PC may also have a different level of responsibility depending on their respective program. Over time, you will adapt the contents to fit your particular position and responsibilities. Add your own program materials, comments, ideas, or any other information you feel is important at the end of each section.

Being a successful residency program coordinator takes time, commitment, training, knowledge, skill development, and teamwork. You will learn something new every day. As program coordinators, the ability to lead, to be flexible, to continually adapt to change and to keep it all organized is essential to the success of your program.

Innovations in computer software, website, and communication technology have impacted the way we do our jobs. The Accreditation Council for Graduate Medical Education (ACGME) extensively uses the Accreditation Data System (ADS). It is also requiring more clinical specialties to use its Operative Log System. Many of the American Boards have also moved forward with a web-based system for tracking chief resident experiences as well as for submitting applications for examinations.

As more and more technology is introduced, and as processes change, you will be updating the enclosed information as necessary to maintain the most up-to-date Guide. It is hoped that all coordinators will continue to provide valuable insight and suggestions for additions and improvement to this Guide. Your input, knowledge, and expertise are valuable to the success of all program coordinators. Please contact Ruth Nawotniak at 859-7756 or [rhn@buffalo.edu](mailto:rhn@buffalo.edu) with your thoughts and ideas.

## I PROGRAM ACCREDITATION

**Most resident training programs sponsored by UB are accredited by the ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). Other programs may be accredited through the Council on Dental Accreditation (CODA) or the American Osteopathic Association (AOA). The information provided in this resource guide will refer to ACGME requirements. Programs accredited through another accrediting body should refer to the specific requirements of their accrediting body.**

### **ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME):**

**Address:** ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION  
515 N. State Street - Suite 2000  
Chicago, IL 60610  
Phone: (312) 464-4920, Fax: (312) 464-4098  
Web address: [www.acgme.org](http://www.acgme.org)

The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of postdoctoral medical training programs within the United States. The mission of the ACGME is to improve the quality of health care in the United States by ensuring and improving the quality of graduate medical education for physicians in training.

Accreditation is accomplished through a peer review process and is based upon established standards and guidelines. The ACGME's member organizations include: the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), American Hospital Association (AHA), the Association of American Medical Colleges (AAMC), and the Council of Medical Specialty Societies (CMSS).

### ***Suggested File Materials***

1. **ACGME Bulletin** - The ACGME Bulletin is published several times a year. The bulletin is distributed free of charge to individuals involved in graduate medical education by both website posting and postal mail. Your Program Director and/or the GME office receives the Bulletin. If you want to receive it, call the ACGME to have your name added to their distribution list.
2. **RC Newsletters** – Some of the Review Committees publish a periodic newsletter. Check the ACGME website to see if your clinical specialty has one.
3. **ACGME's Glossary of Terms** – Terminology of the ACGME and the Review Committees used in the program requirements. (APPENDIX )

#### **I.A Accreditation and Review Committees (RC) ([www.acgme.org](http://www.acgme.org))**

Accreditation represents a professional judgment about the quality of an educational program. Every specialty that has a certifying board approved by the American Board of Medical Specialties (ABMS) has an RC in the ACGME. Currently there are 26 specialty boards. The ACGME has 27 RCs, one for each of the 26 specialties and one for the special one-year transitional year general clinical programs. All RCs operate under the auspices of the ACGME and are responsible for determining whether a training program adheres to established educational standards. In 2005, an Institutional Review Committee (IRC) was established to review Graduate Medical Education and the Institution for substantial compliance with ACGME Institutional Requirements. Each RC is composed of volunteer physicians appointed by the ACGME's member organizations

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

and the appropriate medical specialty boards and organizations. The RC performs accreditation reviews of residency programs at intervals ranging from one to five years, depending on the degree to which a program is found to be in compliance with established guidelines. Failure to meet institutional or special requirements of the RC can result in areas of concern, citations, probation, or the loss of accreditation.

Each RC establishes special requirements for their clinical training programs including the responsibilities of the program director, faculty, the ratio of faculty to residents, the diversity of the patient population seen by residents, and the minimum requirements for the educational curriculum including scheduled rotations and continuity clinic experience. The RCs also require the sponsoring hospital(s) to meet certain standards for hospital accreditation and quality assurance such as providing resident supervision, monitoring fatigue, work hours, providing appropriate salaries, benefits, library services, working conditions, support staff, and ancillary support services such as laboratory facilities, radiology, and pathology.

### **I.B Site Visit**

A site visit is the periodic review of your program done by an ACGME designated reviewer for the purpose of accreditation. You are usually notified through a letter from the ACGME to your Program Director (PD) several months (110 days) before the actual assigned date. Within the next couple of months, this letter is often followed up by either a letter or a phone call from the site visitor confirming the date and including any other instructions that are particular to the site visitor.

When you receive your letter from the ACGME, send a copy to the DIO and contact the GME office.

There are three preparatory steps and events leading to the site visit:

1. Annual Program Review
2. Internal Review
3. Preparation of the Program Information Form (PIF)

#### **I.B. 1 Annual Program Review**

The ACGME requires that a program annually review its educational effectiveness in a systematic manner. Refer to your program requirements in which the annual program review process is described.

This is also a good time to review:

1. your RC guidelines to determine if your program needs to adjust for any changes in requirements and
2. the outcome measures for resident performance.

#### ***Things to consider for the annual review:***

1. Establish a date, time, location and participants. Old requirements said that residents must participate, the new ones (July 2007) don't, but it's a good idea to do so. In general, the ACGME likes to see resident participation in these types of activities.
2. Prepare an agenda to include review of required materials (ie. the evaluation process, forms, and results, goals and objectives, conferences and their content, quality of teaching rounds, in-service exam results, Board passage rates, research, procedural activity, faculty development, etc.) and any helpful

supplementary materials (your last internal review and RC letter, semi-annual Duty Hours Survey, and annual Graduation Survey results.) Work with your PD to design and implement a plan of action if deficiencies are found. This action plan must be approved by the faculty.

3. Maintain minutes and attendance sheets of the meetings noting any proposed changes for documentation at your next site visit.
4. Complete the UB summary sheet and submit it to the DIO in September of each year.

### **I. B. 2 Internal Review (Review Committee (RC) Mandate)**

The Internal Review is a self evaluation process undertaken by the GMEC to judge whether their ACGME accredited programs are in substantial compliance with their specific accreditation requirements. The Graduate Medical Education Committee (GMEC) is responsible for the development, implementation and oversight of this process which is required to take place midway between the previous and anticipated ACGME site visits.

A written report of the internal review is prepared by the chair of the internal review committee. This is presented to and reviewed by the GMEC as part of their oversight requirements. If a training program has areas of non-compliance, the GMEC recommends appropriate action.

ACGME accredited programs and subspecialties that have applied for and received RC approval for "inactive" status do not need internal reviews. However, an internal review must be conducted prior to requesting RC approval for reactivation.

With regard to the site visit, the program must present documentation that an internal review took place; however, the site visitor does not have access to the full Internal Review Report. Documentation to prove an internal review was conducted must include the date of the internal review, attendees and titles, and reviewers. In addition, the site visitor will want documentation showing when the review was on the agenda of the GMEC and whether any follow-up was required.

Refer to the UB GME website for more details on the internal review process.

**\*Please note that the Annual Review meeting does not meet the requirement for a mid-cycle internal review.**

#### ***Things to consider for the internal review:***

1. Work with the GME office to schedule the Internal Review with all the participants.
2. Gather the data needed in a timely manner for the internal review committee.
3. Keep copies of all internal reviews and reports from GMEC on file.

### **I.B.3. Preparation of the Program Information Form (PIF)**

**\*Please note - INTERNAL MEDICINE has the additional CAAR**

The ACGME considers the Program Information Form to be a "living document". As such, it should be reviewed and updated regularly throughout the accreditation cycle. It is suggested that you start preparing the PIF for your site visit at least one year prior to the approximate site visit date noted in your last accreditation letter. DO

NOT WAIT TO RECEIVE YOUR NOTIFICATION LETTER. This form is available to download from the ACGME website. The PIF also includes Parts 1 and 2 from ADS. (See section I.B.4). You and your PD will need to work together to gather and report all of the information requested in the PIF and/or CAAR.

Your level of involvement is determined by your PD and can range from total involvement and preparation of the document(s), to only managing the logistics of the process. The ACGME site visitor will contact the PD and/or PC approximately one month in advance of the scheduled site visit to obtain the schedule of meetings for the day and may request additional documentation. Preparation for the RC visit is a lengthy and involved process. Maintaining documents and information on a regular basis will simplify preparation for a site visit.

Please refer to the UB GME Website for more information on the PIF and CAAR.

The ACGME requires that the Designated Institutional Official (DIO) review and cosign all program information forms and any documents or correspondence submitted to the ACGME by program directors. Refer to the ***Policy for ACGME Correspondence*** to determine the documents/correspondence that must be cosigned by the DIO and for requirements for submission to the Office of GME.

***Suggested File Materials***

1. Most recent Program Accreditation Letter
2. Current RC Site Visit Notification Letter
3. Most recent Institutional ACGME Accreditation Letter
4. Most recent Internal Review and Report from GME
5. ACGME and RC Contact List
6. Copy of last PIF
7. Any responses to citations or areas of concern
8. All ACGME/RC correspondence relevant to your program since last site visit
9. Copies of all current Program Letters of Agreement

**I.B.4. Accreditation Data System (ADS) ([www.acgme.org](http://www.acgme.org))**

ADS is used in conjunction with preparing for your Site Visit. The information you provide in ADS populates Part I and parts of Part II of your PIF. Updates to this system are required annually. You will be notified by the ACGME when it is time to update your program's information. However, as ADS is accessible at all times, you can update as changes occur in your program. Being proactive about these updates will leave little to do in Part 1 of the PIF when a site visit is scheduled. Any questions regarding ADS can be emailed to [ADS@acgme.org](mailto:ADS@acgme.org).

***Things to consider when preparing the PIF:***

1. Know your update time-frame and mark your calendar well in advance.
2. Watch for the letter and/or e-mail notification from ADS notifying your program of the time-frame to review your information and verify.
3. Design a system to have all the information you will need easily available at the time of the update.
4. Keep the login ID and password written in an easily accessible place so it is readily available for you and your PD.
5. For those programs which are required to use the ACGME Operative Log System, ADS is used to update resident information.

6. Be sure to allow sufficient time to send your PIF to the Designated Institutional Official (DIO) for review and to make potential changes/updates (refer to the ACGME Correspondence Policy for guidance). The DIO must sign all submissions to the ACGME.

## **II. RECRUITMENT**

Be sure that your website is current and up-to-date and can provide prospective applicants with helpful information.

The recruitment process is one of the most important functions of the PC. The goal is to recruit the best possible candidates who will excel in your training program and become Board Certified physicians. Each program determines how many available positions they want to fill through the annual plan process conducted in conjunction with the Office of Graduate Medical Education. Some programs participate in the National Resident Matching Program (NRMP). The ACGME determines eligibility requirements for applicants. In addition, each program has certain program-specific criteria applicants must meet to be granted an interview. Positions can be very competitive.

Please access the UB GME website for a link to the NRMP website. The NRMP is a national management system which matches eligible applicants with available residency and/or fellowship positions.

### **II. A Electronic Residency Application Service (ERAS) ([www.aamc.org/eras](http://www.aamc.org/eras))**

Most programs now use the Electronic Residency Application Service (ERAS) from the Association of American Medical Colleges (AAMC) to process applicants to their programs. ERAS is a service that transmits residency applications and supporting documentation from applicants and medical schools to residency programs via the Internet. This documentation typically includes, a common application form, personal statement, a CV, medical school transcript, letters of recommendation, ECFMG and USMLE information, ERAS was designed to help programs manage the recruitment process. If your program agrees to use the NRMP to fill your positions with the Match, then you most likely have an agreement to use ERAS for your application process. ERAS is user friendly and has a helpdesk to answer any questions. (SEE APPENDIX)

#### ***Things to consider about ERAS and recruitment:***

1. Sign contract to use ERAS during the recruiting season.
2. Work with your PD to determine responsibility for other activities including involvement in pre-screening of applications, installation of the ERAS Program Director's Work Station (PDWS) for other users, and arrangements for social activities associated with recruitment.
3. Determine interview dates and times, faculty and residents who will interview, number of applicants to invite overall, number to interview each day, invitation process (e-mail, telephone call, written letter).
4. Download application materials.
5. Once candidates have been selected to interview send out invitations via e-mail, phone call, or letter.
6. Schedule candidates for interview days.
7. Organize the interview day.

### **II.B National Resident Matching Program (NRMP) ([www.nrmp.aamc.org](http://www.nrmp.aamc.org))**

See APPENDIX D.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

### III INCOMING RESIDENTS

All employment paperwork for new residents must be in the GME office at least 6 weeks prior to the resident's start date. This gives the GME office enough time to set up resident payroll, benefits, University appointment, and pre-residency training as well as insure that all required paperwork and training is in place prior to the resident start date. Be aware that paperwork received AFTER the date the GME office sets, may result in a delay in the resident start date and may cause the resident to be unable to receive their first paycheck on time.

All residents are required to submit evidence that they are legally able to work in the United States, have graduated from an approved medical and/or dental school, and to complete an on-line computer training **prior** to starting their resident training program.

#### III A Resident Contracts

All residents in ACGME accredited residency programs must be provided with a written contract. Residents cannot participate in their residency program if a contract has not been issued. The contract is an agreement in which residents accept the responsibilities of their position along with the proposed salary and agree to comply with all institutional policies. To be valid, the contract must be signed by the resident, the program director and the appropriate employer representative. Most UB residents are employed by University Medical Resident Services, P.C. A smaller number of residents are employed by University Dental Resident Services, P.C., Veteran's Administration Health Services of WNY, or Roswell Park Cancer Institute.

The ACGME specifies the content of the contract and requires each program to provide the resident with written policies concerning residents' responsibilities, curriculum, salary, benefits, vacation, sick leave, maternity/ paternity/adoption leave, sexual harassment, grievance procedures and moonlighting. Contracts may be mailed or hand delivered to residents. The GME office will provide contracts and answer specific questions regarding them.

#### ***Suggested file materials:***

- 1 Copy of resident contract for the academic year
- 2 Resident Rotation Schedule
- 3 Resident Curriculum
- 4 Resident Manual
- 5 Documents as required by the GME office

#### ***Things to consider about resident contracts:***

1. The GME Office will provide ACGME compliant contract format and appropriate institutional policies.
2. The PC will personalize the contracts and distribute/mail them to each incoming resident for signature.
3. Monitor the return of contracts and contact those residents who have not returned their copy.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

4. Once signed contracts are returned, obtain appropriate signatures. Place the contract in the appropriate resident's personnel file.
5. When a resident takes a leave from the program (medical or otherwise) that results in more time off than generally allowed by the RC in an average year, the resident's contract must be amended to reflect an extension of the program year as part of the resident reinstatement in the program. Contract extensions may not be deferred to the end of the resident training program or an additional Chief year.

### **III B. Resident Update System**

UB uses an on-line system for resident updates. The Resident Update System is used for the annual assignment of pay lines, diploma requests, and additions/terminations/promotions of residents.

The Resident Change in Status System is used for changes in resident status such as leaves of absence (including disability), dismissal of a resident, and all other changes in resident status other than annual changes. This system is also available through the Resident Update System.

Information regarding these systems is distributed at the Annual GME Coordinators Meeting in February. If you have any questions regarding this on-line system refer to the informational packet or contact the GME office.

### **III.C Resident Orientations and Incoming Resident Week (IRW)**

All residents new to University at Buffalo sponsored programs must attend a mandatory resident orientation prior to starting work. Generally, all PGY1 residents attend the Incoming Resident Week Orientation typically held at the end of June. Most residents above the PGY 1 level will attend a one-day orientation program on July 1<sup>st</sup>. New residents or fellows starting off-cycle must participate in a separate orientation arranged through the Office of Graduate Medical Education before starting training.

Most training programs will also have a program orientation, check with your PD regarding your program's orientation agenda. Hospitals may also require an orientation when the resident rotates in the hospital. Some of these orientation programs can contain certification courses such as ATLS, ACLS, BLS, and coursework such as skills labs.

## **IV SCHEDULES and WORK HOURS**

### **IV. A Rotation Schedule**

Before the residency year begins, rotation schedules are formed that include rotations and clinical experiences that are appropriate for each PGY year of the program. These experiences are assigned to residents within that PGY year and are projected for the entire academic year. Within these clinical experiences, the resident's call schedule must comply with New York State Department of Health regulations and 405 Code as well as ACGME work hour requirements.

Regardless of the method your program employs, the program coordinator needs to provide the appropriate paperwork and rotation evaluations to the resident and appropriate faculty, as well as assist the program director in tracking compliance with work hours and competencies.

Access the UB GME website for more information.

#### **IV. B Resident Duty Hours/Call Schedule**

Any department or program function that is required for resident participation must be counted in the duty hours. Any department or program function that can be construed as being required for resident participation must also be included in the duty hours. Call schedules need to be maintained to substantiate work hour compliance.

##### **IV B 1 Mandatory Work Hours Survey**

The Office of GME requires all residents to complete a work hours survey in October and in April. This is part of the oversight responsibilities required of hospitals as part of their NYS Department of Health compliance plan.

### **V. END OF YEAR ACTIVITIES**

#### **V. A. Continuing Residents**

End of the year activities for residents who are not in their final year, should consist of a review of compliance to curriculum and course requirements as well as a comprehensive review of any applicable procedural data.

The UB Office of GME and the ACGME require signed contracts for continuing residents. The contract template is available on the GME website (<http://wings.buffalo.edu/smb/GME/>). The PC will personalize the contracts and have the resident and PD sign and date. These continuing contracts must also be submitted to the Office of GME in early May. Check the packet of materials received at the Annual GME Program Coordinator meeting in February for the exact date.

#### **V B. Residents not returning to your program**

##### **V B 1 Transferring Residents**

Residents who are transferring from one UB sponsored training program to another must be terminated from one program and hired into the other through the Resident Update System. Residents who are transferring from a UB sponsored program to a non-UB sponsored program must be terminated in the Resident Update System.

In both cases, before accepting a resident who is transferring from another program, the PD must obtain written verification of previous educational experiences and a competency-based performance evaluation of the transferring resident. Review the ACGME Common Program Requirements and your Clinical Specialty Program Requirements.

##### **V B 2 Non-Renewed Residents or Terminated Residents**

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Residents not returning to your program, because they are not being renewed or because they have been terminated, must also be terminated using the Resident Update System.

### **V B. 3 Graduating Residents**

End of the year activities for the graduating residents must consist of an exit interview with the PD. At this time, the graduating resident should be provided with all completion of training documentation needed to verify their experience in the program. These include, but are not limited to, documentation of completion of program curriculum, course requirements and procedural acquisition. Diplomas for graduating residents must be requested through the Resident Update System.

The Office of GME and affiliated hospitals sponsor a Graduation Reception each year for graduating residents and their Program Directors and Coordinators.

#### ***Suggested File Materials:***

1. Signed proof of exit interview with PD
2. Address change
3. Secondary contact person

#### ***Things to consider regarding end of year activities:***

1. Help graduating residents with information regarding the next phase of their career. Some programs will help with licensing, some with credentialing requests. All programs will need to verify the resident's training to prospective health care agencies and licensing bureaus to which the resident will apply.
2. Some programs will give their departing residents the following information - a copy of their residency completion certificate, a notarized copy of their completion certificate, USMLE scores, copies of licenses and DEA, ATLS, BLS, ACLS, cards, procedural experience reports, and any other documentation needed by your clinical specialty to practice medicine or apply for a fellowship.
3. Review the ACGME for procedural activity if required.
4. Complete exit paperwork. Check with your PD and the Office of GME office to see what is required.
5. Provide resident with a copy of his training portfolio.
6. Schedule final interviews for chief residents with the PD.
7. Ensure final evaluation is placed in resident's file with a statement that the graduate is deemed competent to practice medicine in an independent setting. This is an ACGME requirement, and failure to include the required statement will likely result in a citation!

### **V C Graduation**

Graduation ceremonies differ from program to program.

#### ***Suggested File Materials:***

1. Graduation program
2. Graduation invitation
3. Graduation announcement
4. Awards and gifts list
5. Request for certificates

### ***Things to consider about graduation:***

1. Check with PD for traditions and program policies that may govern the event.
2. Make location, speaker, dinner, entertainment arrangements.
3. Notify the residents. Prepare guest list and send invitations.
4. Does your program have awards? Give gifts?
5. Request for graduation certificates is sent to the GME office. The list of names and appropriate dates of attendance are needed.
6. Prepare graduation Program.
7. Be aware that the Office of GME hosts a graduation party for all graduating residents. Program Directors and Coordinators are invited to attend and celebrate with residents from all programs.

## **VI. CLINICAL SPECIALTY BOARDS**

The PC should be aware of the requirements of their American Board and how they affect their training program, particularly time frames for length of training, leaves of absence, application submission. Put materials from your Board that are appropriate to your training program here in this handbook as well as website and contact information. Bookmark your Board's website on your computer for quick reference.

### **VI.A. In-Training Examination**

For those residency programs that use in-training examinations, use this section to include information regarding them. Contact information for ordering – time frames to work within – timing and scheduling of the in-training exam. You can also include the information you need to schedule and/or organize your in-training exam

#### ***Suggested File Materials:***

1. List of residents taking the exam by PGY year
2. Order form and payment options
3. Seating chart if required
4. Program ID number for residents rotating from other programs, if applicable
5. Instruction booklet

## **VII. CONFERENCES and TEACHING ROUNDS**

Many RCs require didactic teaching to meet the goals of each component of the residency training program. Check with your specialty program requirements. Regularly scheduled conferences are conducted to help residents improve their fund of knowledge; evaluate medical literature, research findings, and basic and clinical sciences. Requirements for resident attendance should be established, and resident and faculty attendance should be monitored and documented.

### **VII.A. Morbidity and Mortality (M&M).**

This conference reviews all complications and deaths with a systems or management learning objective for patient care and quality improvement. Some clinical specialty RC's require this conference. Presented case(s) are discussed and/or critiqued by faculty, residents, and fellows. A Risk Management representative may be present during this

conference. Some programs refer to this conference as an M & M conference, others may call it a weekly review of complications and deaths.

#### **VII.B. Basic Science Conference**

Basic Science conference is designed as a formal review of the basic and clinical sciences presented in a classroom setting that may also be required by your program. It should present a wide variety of topics, have faculty participation, and require attendance sheets.

#### **VII.C Grand Rounds**

Grand Rounds is a regularly organized clinical teaching activity that can consist of formal presentations by faculty, local community surgeons, residents, and/or fellows and visiting professors. Topics usually focus on the needs of the clinical specialty, but could also include other topics deemed necessary for resident learning. Grand Rounds is typically 1 hour and is usually held each week. Attendance records should be maintained.

#### **VII.D Journal Club**

Journal Club can be a regularly scheduled conference held to review evidence-based medicine and evaluate current medical literature and research findings. Journal Club presents an excellent forum in which to assign 2 or 3 residents to complete literature searches on a particular topic for review at the conference. Approval of resident selected articles should be obtained in advance from the PD or faculty member monitoring the session. Attendance records should be maintained.

#### **VII. E Teaching Rounds**

Teaching Rounds are performed on a services' patient list. These rounds are designed for the residents to present patients to the team, synthesize a plan of care, and evaluate past, present and future patient needs.

#### **VII. F Additional Curriculum Topics**

Depending on your program, other Core Conferences can be scheduled at selected times throughout the year. They can focus on a common curriculum for all disciplines and include non-clinical topics such as: patient safety, HIPAA Regulations, sexual harassment and substance abuse, professionalism, debt management, setting up a practice, medical ethics, evidence based medicine, career development, coding, quality assurance, risk management, health care financing, discharge planning, medical informatics, sleep deprivation.

#### **VII. G Master Sessions**

The Office of GME provides master sessions for residents that meet some of the competency requirements. There are 4 sessions per year that address the following topics: Research, Practice Based Learning & Improvement, Systems Based Practice, and Ethics. These master sessions are organized by the Office of GME to help programs meet their Core Curriculum requirements. Participating programs require their residents to attend each of the sessions once during their training.

Flyers include learning objectives to help facilitate integration with program educational efforts. Often, these sessions include small group teaching with program faculty and chief residents, to also encourage integration with program efforts. Programs can opt to waive their residents as a group or individually by completing a GME Waiver Form that describes how the program is providing this training to the resident(s).

## **VIII. EVALUATIONS ([www.acgme.org](http://www.acgme.org) – Outcome Project – Toolbox)**

Residency program evaluations are an essential tool for documenting the quality of the program, the residents' experience, and the faculty observations. All faculty evaluations of residents must be maintained in the residents file. All resident evaluations of faculty and rotations should be maintained in the coordinator's office. Required evaluations include:

1. the faculty's evaluation of the resident
2. the resident's evaluation of the faculty
3. the faculty and resident's evaluation of the program
4. the final evaluation by the program director (with required statement)

Although it is not required that residents evaluate their rotations, this is a valuable tool for use in program evaluation and management. The Outcome Project tab on the ACGME website will take you to a toolbox that lists and describes other evaluation tools. Most clinical specialty program requirements hold the PD responsible for developing and implementing formal mechanisms for evaluation.

Be sure to review the ACGME website and your clinical specialties requirements regarding required evaluations.

The GME office requires all residents to complete an Annual Program Evaluation, usually in April & May. This may meet your program requirement of having residents evaluate your program. The online GME Annual Program Evaluation includes the questions asked by the ACGME in the evaluation they require residents to complete every other year. This will hopefully familiarize residents with the questions, and allow programs to find and correct problems on an internal survey, eliminating them before they show up on the ACGME survey.

## **IX. CHANGE IN RESIDENT STATUS – VOLUNTARY AND INVOLUNTARY**

### **IX. A. Voluntary**

A resident may request a leave of absence, or a termination of his/her employment. The Senior Associate Dean for GME must be notified. The request must be documented online using the Resident Update System if the leave/termination will occur at the end of the program year, or the Resident Change in Status System if the leave/termination will occur mid-year. (See information distributed at the GME Annual Meeting)

### **IX. B. Involuntary**

A resident may require a change in status when the resident is unable to progress in the program. In all cases, documentation to support this status is needed, such as evaluations, counseling sessions, and plans of action. Consult the UB Policy and Procedure that cover these actions.

The Senior Associate Dean for GME must be notified. The resident contract must also be amended if the program year is to be extended.

#### **IX. B. 1. Remediation**

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Used when the resident is not successful in his/her progress and needs more time to address deficiencies. Check your program's policies. Documentation is needed to support this action. The decision to remediate a resident is usually made by the PD after receiving feedback from the faculty, the residency evaluation committee within the department, the academic chairman, and senior residents. A formal written document of the issues leading to the need for remediation is given to the resident. Remediation could include a change in the rotation schedule to allow more oversight and mentoring, a requirement to have a reading proctor, a requirement to take a formal educational course, or a requirement to repeat the entire year if the resident is not ready to progress to the next PGY experience.

The Senior Associate Dean for GME must be notified.

### **IX.B.2. Probation**

Usually used when a resident continues exhibiting inappropriate behavior or patient care issues beyond remediation. Because probation must be reported to all parties making inquiry regarding the resident's performance, it should only be used when no other action has effected a correction in the behavior.

The first step is a period of observation for a specified time or a strong letter of warning. In addition, a supplemental evaluation specific to the behavior under review could be given to the supervising faculty in addition to the standard monthly evaluation. In some instances, behavior can only be improved with a referral to your institutions EAP program.

If a resident is placed on probation, the notification document must specify (as per the Probation & Dismissal Policy) the length of the probation, specific learning objectives for the resident, resident responsibilities and duties during the probationary period, and the method for determining whether the resident may be removed from probation.. The resident must also receive a copy of the Grievance Procedures. The resident should be instructed to sign the document to acknowledge receipt of both the probation document and Grievance Policy. Faculty supervisors must provide residents with written feedback about their performance no less than monthly during probation.

The Senior Associate Dean for GME must be notified.

### **IX.B.3. Non-renewal of contract**

Not technically a change in status, but used to minimize the negative impact of a dismissal when the activities are not as egregious. The decision to not renew a resident's contract is made by the PD with feedback documentation of the issues and outcomes of attempted remediation plans of action. Decisions to not renew a contract must be communicated in writing four months prior to the end of the current contract. However, if the primary reason(s) for the non-renewal occur(s) within the four months prior to the end of the contract, the program must provide the resident with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the contract. The resident must be provided with a notification document and the Grievance Policy, and should be instructed to acknowledge receipt of both documents in writing.

The Senior Associate Dean for GME must be notified.

#### **IX.B.4. Dismissal**

Dismissal of a resident is a very serious action. Dismissal may be considered for residents who fail to be removed from probation or are judged to unsuccessfully complete a plan of correction for unsatisfactory evaluations. Prior to dismissing residents, programs must verify that the resident was notified in writing of their performance problems, given the opportunity to remediate their deficiencies, and provided feedback on their efforts except in the circumstances for automatic dismissal described in the Probation & Dismissal Policy. Proper documentation of a resident not achieving competency in the six general competencies and not meeting the goals and objectives of the training program must be recorded with care. The resident must be provided with a notification document and the Grievance Policy, and should be instructed to acknowledge receipt of both documents in writing.

The Senior Associate Dean for GME must be notified.

#### ***Suggested File Materials:***

1. Faculty Evaluations of Resident Performance including supplemental evaluations if used
2. Other performance evaluation tools such as peer or 360 as well as in-service examination results, Mock Oral examination results, etc.
3. Incident Reports

#### ***Things to consider about resident status:***

1. If the decision results in an extension of the resident's training, this could impact the resident complement. Any request for an extension longer than three months must be submitted to the DIO and the GMEC and, if approved, forwarded to the RC for their review. A letter will need to be written to the Executive Director of the RC explaining the justification for the extension. This must be countersigned by the DIO. The resident's contract must also be amended and submitted to the Office of GME.
2. Policies that should be provided to the resident might include a policy on evaluation and advancement, probation, remediation, and promotion.
3. Documentation must be in the resident's file to support decision. Resident file management is crucial. Poor documentation is the most common reason for a program decision to be overturned in a grievance hearing.

## **X OTHER**

### **X. A. PROGRAM LETTERS OF AGREEMENT (PLA)**

The ACGME requires that a PLA be in place between each training program and each participating institution which outlines the educational experience the resident is expected to have. The PLAs must be kept in the PC office and be available to site visitors. Visit the GME website for templates and instructions on accurate agreement completion.

#### **X A 1. Off-site and Non-Core Hospital Experience**

In some cases, programs use locations not within the hospital for teaching purposes. The participation of these locations in the training program must be

submitted to the DIO and GMEC for approval and must show documentation regarding the educational objectives of the rotation, Medicare reimbursements, expenses such as travel and housing, malpractice insurance coverage, and faculty in charge of education and oversight for the rotation (site supervisor). In addition, the off-site rotation must be approved by the host institution's program director and, in some instances, by their DIO and/or GMEC.

Refer to the information received at the GME Annual Meeting for off-site and non-core hospital rotations as well as the GME website – <http://www.smbuffalo.edu/GME> for the policy that governs off-site and non-core hospital experiences.

***Suggested file materials:***

1. Program Letters of Agreement with appropriate attachments
2. Request for off-site or non-core hospital experience and proof of approval.

**X. B. Alumni**

To maintain a programs history and to continue the programs traditions, some programs utilize a data source for tracking alumni.

***Things to Consider for Alumni:***

1. Check with your program or department to see if there is an alumni tracking mechanism in place.
2. Check with your program or department to see what communication mechanism is being used.
3. Create a communication mechanism if there isn't one in place.
4. Contribute to the communication mechanism if there is one already in place.

**X. C. Annual GME Program Coordinator Meeting**

The Annual GME Program Coordinator Meeting is mandatory for all PCs and is usually held in February. At this meeting, procedures, policies and processes for incoming residents are covered and end of year requirements for finishing residents are reviewed. Refer to the notebook PCs receive at this mandatory meeting for details.

**X. D. Associations**

Most PD's have an association which meets annually. Not all clinical specialties have a PC Association. Those that do are usually affiliated with their PD association and meet at the same time. Some of the PD and/or PC Associations communicate to their members through various methods including Webpage, Newsletter, and Listservs.

***Things to consider about associations:***

1. Ensure dues payments are processed.
2. Ensure registration for annual meeting.
3. Ensure travel accommodations, include hotel and transportation, are made.
4. Obtain information on annual meetings.

5. Add your association website link to your Favorites list and visit the sites often.

**X.D.1. Other Organizations Related to your Clinical Specialty**

List other organizations, websites and contact information that pertains to your clinical specialty.

**X. E. Change of Resident Address**

The Office of GME must be notified when a resident changes his/her address.

**X. F. Committees**

Different institutions have different types of committees established to meet the needs of graduate medical education. There should be at least one committee that includes faculty and residents to discuss and resolve resident concerns and issues.

**X. G. UB Residents Committee**

This committee is made up of resident representation from each training program sponsored by the University. The UBRC is a forum for residents to communicate and exchange information on their educational and work environment, their programs, and other resident issues, as mandated by the ACGME. The representatives to this committee must be elected by their peers, not appointed.

**X. H. Coordinator Certification ([www.tagme.org](http://www.tagme.org))**

In 2003, the National Board for Certification of Training Administrators of Graduate Medical Education programs (TAGME) was formed. In 2006, certification is being offered for coordinators who meet the criteria. Please access the website for more information.

**X. I. Medicare Audit**

Part of the requirements for institutions who receive Medicare funding is to provide documentation regarding resident activities on a daily basis. This includes rotation locations, vacations, sick days, leaves of absence, research locations, etc. The Office of GME determines the format used by UB sponsored programs. Rotation Information Forms are submitted to the Office of GME quarterly. Questions regarding the Medicare Audit should be referred to the Office of GME.

**X. J. On-Line Demographic Tracking Processes**

**X. J. 1. AMA FRIEDA/National GME Census - ([www.ama.org](http://www.ama.org))**

The National GME Census is a resident database and tracking system to assist GME Administrators and Program Directors in the collection and management of GME data. Also referred to as GME Track, this database contains the National GME Census which is jointly conducted by the Association of American Medical Colleges and the American Medical Association.

Benefits of GME Track include:

1. Pre-loaded with information collected from existing sources at the AAMC and the AMA (ie. NRMP, ERAS), thereby greatly reducing the time and effort required for data entry.
2. Immediate and on-going access to biographical and training information.
3. Ability to view and print resident information and program rosters.
4. The information collected in GME Track is used for research and educational purposes such as:
5. Monitor career choices made by medical school graduates.
6. Analyze the impact of market forces on the GME System.
7. Develop undergrad public policy positions concerning the physician workforce.

#### **X. J. 2. GME Track Updates**

Each year the American Medical Association (AMA), the largest physician organization in the United States, conducts an extensive survey of graduate medical education programs and resident physicians. The information provided in this survey is important for Program Directors, resident physicians, medical students, hospitals, licensing boards, researchers, and policy makers. The program and resident/fellow update survey is conducted online. You and/or your Program Director will be notified of the time period that this update should occur. These dates are similar from year to year and can be found on the AAMC website. The information you provide is published in FREIDA online (Fellowship and Residency Electronic Interactive Database Access) and is made available through the AMA homepage at [www.ama-assn.org/freida](http://www.ama-assn.org/freida) and the Graduate Medical Education Directory, two popular sources of GME program information for medical students and resident physicians. The GME Track update usually starts in June.

Programs that have completed the ACGME ADS update have the ability to upload their resident data into GME Track.

Programs that have completed GME Track have the ability to download their first year residents/fellows data and upload into ADS.

GME Track now makes use of the AAMC Login, which allows users to create a user id/password combination for use with many AAMC applications. Currently GME Track and Find-A-Resident are utilizing the new login system and other AAMC applications will be implementing the new system gradually.

Medical schools will soon have access to GME Track to view and download their graduates' GME data.

For an additional fee, programs can opt to have an expanded listing about their program. Check with the GME office on this issue.

#### ***Things to consider about tracking processes:***

1. Mark your calendar for the end of May as a reminder that the survey will open soon.

2. Collaborate with your PD on any changes to the residency program.
3. Make changes to the survey and submit to the AAMC by requested deadline.

### **X. J. 3. ACGME Accreditation Data System (ADS)**

All actions regarding residents must be entered into the ACGME ADS, i.e. additions, deletions, research, transfer, etc. Also refer to Section IB4.

### **X. K. Resident Files**

Resident files must be established for the documentation of the resident's education for the length of time they are in the program. Typical file contents should include the application and supporting documentation, any required certification, personal data sheet, residency contract, documents supportive of the educational curriculum and the competencies, evaluations, final evaluation from the Program Director with certification statement affixed at the bottom. Other information may be tracked specific to UB and your program.

### **X. L. Resident Travel**

Rules for resident travel vary by program. Consult your Program Director, ACGME requirements, and your resident policies and procedures manual to learn more about travel documentation and requirements.

#### ***Things to consider regarding resident travel:***

Ensure that all funding is approved and the proper paperwork, such as, elective rotation goals and objectives, malpractice insurance, licensing, preceptor, institutional agreement, etc., are processed accordingly to allow resident to complete the proposed travel.

### **X. M. Special Events**

Special events can take place throughout the residency year and differ from program to program. They are an important factor in the overall effectiveness of the residency program and can be scheduled at your institution or off-campus. They can encompass a broad spectrum of activities including graduation, research days, a party or barbeque, sports events, picnics, holiday events, etc. Most programs hold a Welcome Party/Reception for the incoming residents in late June or early July.

### **X. N. Subpoenas – Legal Papers**

If you are authorized to receive legal papers on behalf of your resident or if your resident gives you legal papers that were served call the Office of GME IMMEDIATELY and let them know and follow up with a fax. A copy of the legal papers should also go to your PD.

## **APENDIX A**

### **ACADEMIC YEAR TIMELINE**

This section provides an example of how to organize your monthly tasks and activities. This calendar reflects most required activities. It can serve as a reference and/or reminder. Since the coordinator's responsibilities vary from program to program, please tailor the sample to your needs, including, but not limited to: review of work hours, evaluations, file reviews and evaluation sessions between the program director and resident, mock orals, education committee meetings, annual program review meetings. The ACGME often refers to the frequency of an activity, but rarely gives a specific time for that activity. You are **STRONGLY** encouraged to amend this list with the above activities as your program schedules them.

Some PCs have found that organizing their activities in a calendar format, electronically, on paper or on a whiteboard, helps them manage the complexities of their job. Whatever format you select, you will experience first hand the advantage of using this helpful tool.

### **JULY**

- July 1 Orientation (for residents/fellows at PGY 2 or higher)
- Move residents up in PGY in ACGME Resident Case Log System
- AMA/FREIDA update opens
- Send out evaluations for last rotations (early July)
- Start ADS update (residents, faculty, rotations, program information)
- Medicare Audit Reports due July 15<sup>th</sup> for April-May-June

### **AUGUST**

- ERAS software received. Install.

### **SEPTEMBER**

- ERAS post office opens 9/1 – start downloading and reviewing applications. Recommendation is daily.
- Be aware of your ADS update deadline
- Discuss upcoming interview season (dates, who will interview)
- Make arrangements for interviewing sessions – faculty, location, food, packets of information

### **OCTOBER**

- Medicare Audit reports due October 15<sup>th</sup> for July-August-September
- Continue reviewing ERAS applicants
- Check with PD on when to start sending out invitations to interview to candidates
- Semi-Annual Resident Work Hours Survey

### **NOVEMBER (interview season starts for most clinical specialties)**

- Download Dean's letters from ERAS (Nov 1)
- Send out interview invitations
- Send out interview confirmation e-mails
- Remind faculty and residents of interview dates
- Continue downloading and reviewing applications. Check with PD on when that process is completed.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## **DECEMBER**

- Continue downloading and reviewing applications. Check with PD on when that process is completed.
- Confirm NRMP quota

## **JANUARY**

- Medicare Audit Reports due January 15<sup>th</sup> for October-November-December
- Schedule Rank meeting
- Prepare candidate files for Rank meeting
- ERAS registration for next academic year

## **FEBRUARY**

- Submit ranking list to GME office. Check with them for deadline date.
- Discuss with PD how unfilled position would be filled if needed
- Annual GME Meeting – date and location TBA
- Review graduation arrangement needs – order gifts?

## **MARCH**

- Match Day and Scramble for most specialties– check NRMP website for exact dates.
- Send out welcome letter to incoming residents with employment package, including contracts
- Some programs send out post-match surveys
- Consider reviewing data on chief residents for compliance to requirements for graduation
- Register for ERAS for the next year.
- Request diplomas for graduating residents

## **APRIL**

- Medicare Audit reports due April 15 for January-February-March
- Follow up on incoming residents paperwork
- Start preliminary orientation schedule
- Start preliminary rotation schedule
- Review goals and objectives for next academic year
- Review and update resident manual
- Review and update department policies and procedures
- Schedule Annual Program Review, invite faculty, peer select residents
- Prepare graduation certificates
- Submit graduation certificates request to the GME office. If your program gives graduation gifts, order them.
- Schedule graduation dinner/party date, prepare invitation list, mail invitations, arrange menu
- Work on Visas (if applicable)
- Semi-annual Resident Work Hours Survey
- GME sponsored Annual Program Evaluation
- Chief Resident Orientation and Conference
- Scholarly Exchange Day

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## **MAY**

- Paperwork for incoming residents due in Office of GME . Deadline date is published by Office of GME
- Send out graduation ceremonies invitations
- Review chief resident documentation for compliance to graduation requirements
- Chief Resident Conference
- Remind chiefs of Board application deadline
- Firm up orientation schedule, participants, and room
- Finalize rotation schedule for next academic year
- Prepare to close out ERAS
- Annual Institutional Graduation Reception

## **JUNE**

- Graduation Ceremony
- Orientation
- Request forwarding addresses of graduating residents
- Schedule final chief evaluation

**APPENDIX B**

**SATELITE GRADUATE MEDICAL EDUCATION OFFICES**

| <b>Hospital</b> | <b>Room</b> | <b>Coordinator</b>  | <b>Program</b>  | <b>Phone</b>             | <b>Fax</b> |
|-----------------|-------------|---|---|--------------------------|------------|
| <b>BGH</b>      | B451        | Wendy Scales  | Colon-Rectal Surgery<br>Pathology<br>Urology<br>Vascular Surgery                | 859-3760                 | 859-4015   |
|                 | B453        | Jan Harslak PhD   | Adult Reconstructive<br>Surgery   | 859-3714                 | 859-4015   |
|                 | C374        | Ruth Nawotniak<br>MS, C-TAGME<br><br>Angela Wilson<br>(Sec'y) | General Surgery   | 859-7756<br><br>859-7755 | 859-1829   |
| <b>CHS</b>      |             | Sharon Sullivan   | Internal Medicine   | 862-1423                 | 862-1867   |
| <b>ECMC</b>     | G-1         | Sandra Gilliam  | Geriatric Psychiatry<br>Sleep Medicine  | 961-6955                 | 961-6960   |
|                 | G-1         | Noemi Voelker   | Endocrinology<br>Hematology<br>Infectious Disease<br>Nephrology<br>Rheumatology | 961-6956                 | 961-6960   |
| <b>WCHOB</b>    | 356         | Susan Rieck Sara<br>Hoffman                                   | Pediatric Surgery   | 878-7802<br>878-7137     | 888-3850   |
|                 | 356         | Carla Bateman   | Pediatric Nephrology<br>Radiology   | 878-7867                 | 878-7150   |
| <b>VAWNYHS</b>  | 803         | Sandra Gilliam<br><br>Patty Smith-Voss,<br>(Sec'y)            | IM Cardiology<br>IM Gastroenterology<br>IM Pulmonary Critical<br>Care           | 862-7841<br><br>862-8961 | 862-6783   |

February 2008

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## APPENDIX C            National Resident Matching Program - NRMP - [www.nrmp.org](http://www.nrmp.org).

The NRMP is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in graduate medical education (GME). Each year, the NRMP conducts a match that is designed to optimize the rank ordered choices of students and program directors. The NRMP is not an application service or a job placement service. Applicants must apply directly to residency programs in addition to registering for the Match. Most programs participate in the Electronic Residency Application Service (ERAS), which transmits residency applications to program directors via the Internet. Applicants and programs must register with both the NRMP and ERAS to participate in the Match.

When the NRMP opens, certify the number of positions your program will offer through the Match. Be sure to verify positions for special/preliminary residents as applicable to your program.

As of September, 2007, in addition to the Main Residency Match, the DIO of the sponsoring institution oversees all NRMP Subspecialty related activities.

### **Deadlines –**

- **Quota Change** – If you have changed the number of positions that you are offering through the match (if you have changed the number of positions in your program, either increased or decreased, if you have signed a contract with any candidate outside the match, etc), you must change your quota. The GME office will notify you of the deadline that quota changes must be in to them. This will be earlier from the deadline that is posted on the NRMP website. The GME office will physically make the change in the NRMP system. Notification of the change **MUST** come from the Program Director. Reasons for the change must be delineated.
- **Match List** – The GME office sets the deadline for submission of all match lists. There is a form available on the GME webpage ([www.wings.buffalo.edu/smb/GME](http://www.wings.buffalo.edu/smb/GME)) under the Program Directors and Coordinators section that you will use to submit your match list to the GME office. Be sure that you have included a sufficient number of candidates on your match list so that your program will fill. The GME office will physically enter the match list into the NRMP system.

### **Main Match Week – Main Match Week is usually the second week in March.**

- **Monday** – applicants are notified whether or not they matched, but not to which program they matched to, after noon.
- **Tuesday** – Programs who did not fill are notified a half hour prior to the candidates being able to obtain the information as to what programs did not fill. If your program did not fill, you will be inundated with applications from people who did not match. Be prepared. Have a system set up for screening applicants. Change your voicemail to instructions as to how you would like applicants to get their information to you. Programs that have unfilled categorical or preliminary positions available will be contacted either by phone, fax or e-mail by candidates seeking a position. An interview may be scheduled, or an offer may be made and accepted by phone followed up by a fax or e-mail copy of a Letter of Commitment or a Letter of Intent signed and dated by both parties. When the commitment letter is received the contract should be mailed within a few days.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

- Wednesday - The GME office will fax the list of who matched with your program over to you after noon. This list is confidential. It can not be shared with anyone outside the Program Office until Thursday afternoon. Contact can not be made with the candidates until after the official notification.
- Thursday – Match Day – Match results for applicants are posted to the Web site at 1pm eastern time.
- Friday – Programs send letters of appointment to matched applicants after this date. Prepare the packets of pre-employment paperwork and any other information that you want to include in the contract package ahead of this date. This will mean you only have to prepare your contracts and contract letters and your packages will be all ready to be mailed out.

## **Appointment Letters and Obligations**

After the general announcement of Match results on Match Day, letters of appointment should be sent to all matched applicants. Applicants and programs are bound by the match results. Under the [Match Participation Agreement](#) signed at the time of registration, the listing of an applicant by a program on its rank order list and the listing of a program by an applicant on his/her rank order list establishes a binding commitment to offer/accept an appointment if a match results. Such appointments are subject to the official requirements and other published policies of the organization in effect on the date the program submits its rank order list and are contingent on applicants meeting all of the eligibility requirements imposed by those policies. Failure to offer or accept a matched position is a material breach of the [Match Participation Agreement](#), and violators may be subject to penalties outlined in the Agreement and the NRMP's Violations Policy.

Applicants and programs may request a waiver of the match commitment if fulfillment of that commitment would cause serious hardship. Waivers must be requested from, and can be granted only by the NRMP. If the waiver is granted, an applicant may accept another position or participate in future NRMP matches, and programs may recruit for the vacant position. If the waiver is denied, the applicant and program are expected to honor the match commitment. Failure to do so is a material breach of the [Match Participation Agreement](#) and grounds for a violation investigation.

Access the NRMP website at [www.nrmp.org](http://www.nrmp.org) for the Main Match Schedule.

After the Match and Scramble, mail each incoming resident an employment packet including Information distributed to coordinators at the Annual GME meeting in February regarding Incoming Resident Week (IRW) Work with your PD to determine any additional information. Try to coordinate all the mailings into one.

### ***Things to consider about the match and scramble:***

1. PCs should be aware of special match situations such as couples matching, armed forces commitments, and visa requirements.
2. Print the Match schedule from the NRMP website
3. Contact the GME office regarding any foreign medical graduates you may have.
4. A timeline of recruitment needs is included in the academic calendar.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## APPENDIX D

### EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES (ECFMG) ([www.ecfmq.org](http://www.ecfmq.org))

The ECFMG is a private, non-profit organization that was established in 1956 to evaluate the qualifications of international medical graduates entering graduate medical education in the United States. International medical graduates (IMGs) are physicians who received their basic medical degree from medical schools outside the U.S. and Canada. ECFMG certifies the readiness of IMGs to enter programs of graduate medical education and training in the U.S. IMGs currently make up 25% of both physicians in training and practicing physicians in the U.S.

In 2006, ECFMG celebrated 50 years of promoting excellence in international medical education. In conjunction with its 50th anniversary, ECFMG introduced a redesigned logo. ECFMG states regarding the new logo: "Our new identifier continues to convey the global scope of our mission, while providing a contemporary image for the organization as it begins its second half-century. In early 2006, documents related to ECFMG Certification, including the Standard ECFMG Certificate, were redesigned to reflect ECFMG's new logo."

Another highlight of ECFMG's 50th anniversary was an invitational conference in July 2006. More than 200 experts in medical education and research representing 24 countries gathered to consider: Impact of International Medical Graduates on U.S. and Global Health Care.

ECFMG's role has grown to meet the needs of physicians, medical educators, licensing and credentialing agencies, and those involved in the evaluation and certification of health care professionals worldwide. ECFMG provides help to training programs and their IMG residents in the following vital areas:

USMLE Step 1 and Step 2 (CK and CS)  
ERAS Applications  
ECFMG Certification  
OASIS  
Exchange Visitor Sponsorship Program (J-1 Visas)

Attached are copies of "Frequently Asked Questions" and other information from ECFMG's website. Additional information on ECFMG's programs and services is available on its website at [www.ecfmq.org](http://www.ecfmq.org).

#### ***ECFMG Suggested File Materials***

1. A completed application form(s) with necessary signatures
2. A copy of the IMG's ECFMG certificate
3. Updated CV
4. Contract or letter of offer with specific start and end dates for one year. The applicant's title, PGY year, salary, name of training program, and the overall duration of the program must be also included.
5. If the training program is a Clinical Fellowship, a complete detailed description of the exact time period of the program as well as the ACGME identification number must be included.
6. If the IMG is from Canada, one passport size photo and a copy of the IMG's medical school diploma must be included.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

7. If the clinical training program is an unaccredited Clinical Fellowship, additional items will be required, please refer to the ECFMG website.

***Things to consider for foreign medical graduates:***

1. Copy of the DS-2019 should be kept in the resident's personal file.
2. Remind J-1 Visa holder well in advance that reapplication is required for continuation in the residency program.
3. Ensure appropriate file materials are completed and submitted in a timely fashion.

As a note, some programs sponsor other types of visas such as the H1B visa. You should speak to the Office of GME about other types of visas not sponsored by the ECFMG. Please refer to the appendix for information on applying for Visas.

EDUCATIONAL COMMISSION FOR FOREIGN MEDICAL GRADUATES  
3624 Market Street  
Fourth Floor  
Philadelphia, PA 19104-2685  
Phone: (215)386-5900, Fax: (215)387-9963  
(Irene Anthony is the contact for New York State)

**APPLYING FOR VISAS - February 2007**

**J-1 VISA APPLICATION**

The J-1 Visa for medical residents is applied for from the Educational Commission for Foreign Medical Graduates (ECFMG) – Exchange Visitor Sponsorship Program (EVSP). The paperwork for the J-1 Visa is obtained from ECFMG's website (<http://www.ecfm.org/>). J-1 visas are good for one year only and must be renewed a year at a time.

**For Initial (new) J-1 Visa:**

After going to the ECFMG website, click on “EVSP – ECFMG J-1 Visa Sponsorship” (on the left side of the main page). This will bring up the next screen. When the next screen appears, click on “Application Materials for Initial Sponsorship”. This will open the section you need to print out forms, as well as inform you of how to address the envelope when submitting the application (either via US Mail or Courier Service).

If you have never done a J-1 Visa, print “Exchange Visitor Sponsorship Program Reference Guide” for your files.

Then click on “ACGME-Accredited Clinical Training Program”, near the bottom of the page, and then print out all the material (memo regarding the SEVIS fee, checklist for initial sponsorship, J-1 application, J-2 dependent application (used if necessary), guidelines for fellowship program description (only used for fellowships, not residencies) and then close that screen.

Regarding the separate \$100 SEVIS fee mentioned in the memo, this is apparently something that applicant must take care of directly, prior to his/her appearing for a visa interview or arriving at the US port of entry. [This is new since the last time I completed a new J-1 application.]

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

The department should complete those parts of the new J-1 application marked “to be completed by training program liaison” and then have the resident fill out and sign the section “to be completed by applicant physician” and also, if necessary, the “Application for J-2 Dependent Visa Sponsorship” (if he/she is applying for visa status for a spouse and/or child). The resident applicant must also supply, for himself (and also any J-2 dependent), copies of the required documents:

1. Statement of Need (from the central office of the Ministry of health in the applicant’s country of most recent legal permanent residence). If it is not in English, it must be accompanied by a certified translation.
2. Copy of current curriculum vitae [NOTE: ECMFG will question any gaps. Therefore, the applicant must cover all lapses of time where CV shown no training or education. Some suggestions are (1) time off for child care; (2) volunteer work, (3) time off to study for exams.]
3. Copy of passport name page for applicant and any J-2 dependents.
4. Copies of IAP-66 and/or DS-2019 if the applicant previously held J-1 visa status.
5. Proof of country of most recent legal permanent residence if this differs from country of citizenship.
6. Official documentation of funding source... if other than or in addition to hospital training stipend. [Since residents are usually only paid by the UMRS (ECMC, BGH, W/CHOB, etc.) or the hospital (VAMC), this should not apply in most all cases]

The resident must supply the check for the administrative fee (currently \$200), made payable to “ECFMG” (check should include his/her USMLE/ECFMG number).

Then the department attaches a copy of the resident’s contract (with all required signatures) or “Letter of Offer”, in lieu of contract. [Make sure that somewhere on the contract you list the PG level of the resident for that requested sponsorship continuation year. I usually put the PG level in parentheses after the salary amount. Another tip is to print clear labels with the applicant’s name and ECFMG/USMLE # and attach one to the upper right corner of each and every page of the application to aid ECFMG’s review of the application.]

If the applicant will be a fellow, and not a resident, the department would need to follow the “Guidelines for Fellowship Program Description” and provide that as well. [This is not required for medical residents, only fellows.]

Once paperwork is completed and all documents are attached, make a copy for your file and submit directly to the ECFMG-EVSP by whatever means you feel are required – US mail, Fed Ex, etc. [I always send US mail, “return receipt requested”].

This J-1 Visa application process should be started as soon as the match results come out as the process can take up to 4 months.

Each time you process a new application, be sure to check out the website and print new forms from there, as requirements and fees may change.

As with any Visa, the resident is required to notify the proper authorities every time they move and have a new address.

#### For a J-1 Visa Renewal:

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

After going to the ECFMG website, click on “EVSP – ECFMG J-1 Visa Sponsorship” (on the left side of the main page). This will bring up the next screen. When the next screen appears, click on “Application Materials for Continuation of Sponsorship” (for a renewal of an existing UB resident J-1 visa). This will open the section you need to print out forms, as well as inform you of how to address the envelope when submitting the application (either via US Mail or Courier Service).

If you have never done a J-1 Visa/renewal, print “Exchange Visitor Sponsorship Program Reference Guide” for your files.

Then click on “Continuation of Sponsorship in ACGME-Accredited Clinical Training Programs”, near the bottom of the page, and then print out all the material (checklist for continuation of sponsorship, application for continuation of J-1 sponsorship, application for J-2 dependent (used if necessary), I-644 supplementary statement form, & guidelines for fellowship program description (only used for fellowships, not residencies) and then close that screen.

The department should complete those parts of the new J-1 continuation application marked “to be completed by training program liaison” and then have the resident fill out and sign the section “to be completed by applicant physician” and also, if necessary, the “Application for J-2 Dependent Visa Sponsorship” (if he/she is applying for continuing J-2 status for a spouse and/or child). The resident applicant must also supply copies of the required documents:

1. “I-644 Supplementary Statement for Graduate Medical Trainees” form (applicant completes and signs part 1; department completes and signs part 2).
2. Copy of most recent form “I-94 Arrival/Departure Record”, front and back, documenting admission to the US in J-1 status valid for “duration of status – D/S”... [This is required for applicant and any J-2 dependents.]
3. Statement of Need (from the central office of the Ministry of health in the applicant’s country of most recent legal permanent residence). If it is not in English, it must be accompanied by a certified translation. [If the letter from the original application covers the full dates of the residency, then submit a copy of the letter, from the original application, with the continuation application. If the letter was written only for the initial year of the residency, the applicant must obtain a new letter, that encompasses the remainder of the residency, that will need to be attached to the continuation application.]

If applying for continuation of J-2 dependents: Copy(s) of name page(s) for each J-2 dependent’s passport. [Though it does not state this requirement on the continuation application checklist, it does state this requirement on the “Application for J-2 Dependent Visa Sponsorship” form.]

The resident must supply the check for the administrative fee (currently \$200), made payable to “ECFMG” (check should include his/her USMLE/ECFMG number).

Then the department attaches a copy of the resident’s contract amendment (with all required signatures). [Make sure that somewhere on the contract amendment you list the PG level of the resident for that requested sponsorship continuation year. I usually put the PG level in parentheses after the salary amount.]

If the applicant will be a fellow, and not a resident, the department would need to follow the “Guidelines for Fellowship Program Description” and provide that as well. [This is not required for medical residents, only fellows.]

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Once paperwork is completed and all documents are attached, make a copy for your file and submit directly to the ECFMG-EVSP by whatever means you feel are required – US mail, Fed Ex, etc. [I always send US mail, “return receipt requested”].

The J-1 Visa renewal process should be started a few months prior to the expiration of the current J-1 Visa, as a renewal usually takes 6-8 weeks but could take longer.

Each time you process a new continuation application, be sure to check out the website and print new forms from there, as requirements and fees may change.

As with any Visa, the resident is required to notify the proper authorities every time they move and have a new address.

## **H-1B VISA APPLICATION**

The H-1B Visa for medical residents is applied for from the University at Buffalo’s (International Student and Scholar Services (ISSS), through the UB Office of GME. The main paperwork for the H-1B Visa is obtained from ISSS website:

(<http://wings.buffalo.edu/academic/provost/intl/iss.html/index.html>), as well as the UB GME website (<http://wings.buffalo.edu/smb/GME/director.htm>).

The major requirement for a H-1B visa is that the applicant must have taken and passed USMLE Steps 1, 2, and 3. No exceptions.

H-1B Visas can be applied for an initial term of up to 3 years, with extension for up to another 3 years – and therefore can remain in H-1B status for up to a maximum of 6 years. However, if the applicant has previously held H-1B status at this or another institution, this will affect the limits of your department’s application/renewal, so be sure to read all the limitations.

The H-1B Visa “application year” runs from October 1st through the following September 30th, and applications for that “application year” can be submitted as early as April 1st. UB residency programs are no longer subject to cap limitations.. All UB residency programs may now accept candidates seeking H-1B visas, if they meet the requirements.

The cost of an H-1B visa is much more than that of a J-1 visa but does not carry the return-to-home requirement. The Visa is employer-specific. Therefore, if the resident is subject to a change in employer during the residency training, he/she may have to re-file under the new employer. [I recommend that if the resident will either be continuing in your department or be “preliminary” in your department but then continuing as a resident in another UB department, apply for the 3-year term up front so that the resident has 3 years to absorb the costs of the initial visa before he/she must absorb the cost of the renewal application fees.

### For Initial (new) H-1B Visa:

After going to the ISSS website, click on “H-1B” (on the left side of the main page). This will bring up the next screen. When the next screen appears, open and print all documents listed under choice #3 “H-1B Visa for Medical Residents”. Keep in mind that H-1B Visa “application year” runs from October to September and applications for that “application year” can be submitted as early as April 1st. Therefore, any initial (i.e. new) applications for residents starting

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

in July of an academic year need to be in prior to October (any time after April 1st) of the previous academic year. [The UB Office of GME should be able to give you a date of when you really need to have the completed application(s) in to them by.]

The department also, at this time, should visit the UB GME website (<http://wings.buffalo.edu/smb/GME/director.htm>) and print out their H-1B Visa Processing Request Form checklist for the currently requested fee amounts. [If the numbers differ from the ISSS amounts, you may want to contact GME to make sure that their form has the most accurate figures.]

The resident applicant must supply copies of the required documents:

Applicant should complete the “About the Medical Resident” and “Immigration History” sections of the H-1B Questionnaire for Medical Residents [Note: Department should have already filled out the “About the Position at UB” section of the form so that the dates/information are correct. When form is received back, program director then fills out and signs the “Departmental Certification” section of the form.]

1. Copy of applicant’s medical degree or medical license in the foreign country. If it is not in English, it must be accompanied by a certified translation.
2. Copies showing pass results of USMLE Steps 1, 2, and 3.
3. Copy of the ECFMG certificate documenting valid English exam certification of Pass results on ECFMG English exam (not required if the medical resident is a graduate of an accredited Canadian medical school).
4. Copy of the applicant’s current curriculum vitae.
5. Copy of the I-797 Approval Notice relating to the individual’s current H-1B status, if applicable.
6. Copies of following documents relating to the individual’s last entry into the US, if already in the US:
7. Copy of both sides of I-94 Arrival/Departure Record (small white card) stapled to the passport
8. Copy of biographic page of passport used to enter the US...
9. Copy of US Visa used to enter the United States (stamped page in passport)
10. Copy of valid US driver’s license (if available).

Copies of documents relating to the individual’s initial entry into the US, if already in the US:

1. If in F-1 status, copies of all I-20’s and proof of full-time student status... [see H-1B checklist for complete requirements]
2. If in F-2 status, copies of all F-2’s, I-20’s and proof ... [see H-1B checklist for complete requirements]
3. If in J-1 status, copies of all DS-2019’s and IAP-66’s and Waiver of the two-year home residency requirement, if applicable.
4. If in J-2 status, copies of all J-2’s, DS-2019’s and IAP-66’s [IAP-66’s will be in J-1’s name] and Waiver of the two-year home residency requirement, if applicable.
5. If in H-1B status, copy of form I-797 Approval Notice for the current employment.
6. If in H-4 status, copy of form I-797 Approval Notice for spouse or change of status to H-4.

If also filing for dependent(s) already in the US, the applicant must provide for those dependents:

1. Completed Questionnaire for H-4 Dependents.
2. Copy of current I-797 Approval Notice, evidencing H-4 status.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

3. Copy of both sides of the original I-94 Arrival/Departure Record (small white card) stapled to the passport
4. Copy of biographic page of passport used to enter the US...
5. Copy of US Visa used to enter the United States (stamped page in passport)
6. Copy of valid US driver's license (if available).

The applicant must also supply one check, to cover all requested fees, made payable to "U.M.R.S.". The university will use those funds toward application and legal fees as appropriate.

- Residents should review the GME website for current fees.

The total amount due is derived by adding up all the fees as listed on the UB GME Office's H-1B Visa Processing Request Form.

The department supplies a letter on the department's University letterhead in support of the H-1B petition, signed by the program director. (A sample letter, stating exactly what the letter should say, will be one of the documents you print out.)

Then the department attaches a copy of the resident's UMRS (not hospital) contract (with all required signatures). [The contract can cover up to 3 years. Tip #1: For the initial application, I suggest using a 3-year contract for H-1B residents. Tip #2: Make sure that somewhere on the contract you list the PG level of the resident for that requested sponsorship continuation year. I usually put the PG level in parentheses after the salary amount.]

The department attaches the UB GME Office's H-1B Visa Processing Request Form, as completed & signed by the program director.

Once paperwork is completed and all documents are attached, make a copy for your file and submit directly to the UB GME Office – NOT the ISSS office. [I always hand-deliver these to 117 Cary Hall.]

NOTE: During the whole application process, you may be contacted by ISSS with various questions or additional requirements. Also, they will send you copies of "Labor Condition Attestation" forms that are required to be posted in your department for 10 days and then the program director needs to sign a form (also provided by ISSS) stating that this has been done and return the forms to ISSS after the 10 days have elapsed (be sure to return the forms with a thumbtack hole in each as "proof" of posting).

As with any Visa, the resident is required to notify the proper authorities every time they move and have a new address.

#### For H-1B Visa Renewal:

For renewal of an H-1B Visa, follow the same basic directions as for the initial application – obtaining the forms as the same two websites; with the exception that for the renewals, I usually print out H-1B Status Extension Questionnaire from the ISSS Website, instead of H-1B Questionnaire for Medical Residents. Reminder: renewals do not fall under any cap but should still be done in a timely manner and allow several months for processing.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Have the applicant provide the same documents for himself/herself and any dependent(s), as you did on the initial application.

The only difference, really, is in the fees for a renewal vs. an initial application.

The applicant must also supply one check, to cover all requested fees, made payable to "U.M.R.S.". The university will then use that check to cut a university check to the Department of Homeland security to cover the filing fee(s) of the applicant and any dependent(s), and to cover the legal fee(s) of the applicant and any dependent(s).

- Mandatory Visa Filing Fee (currently \$190 to Homeland Security and \$750 attorney fee)
- Homeland Security filing fee for dependents (currently \$200)
- Attorney fee for each dependent (currently at \$200 each)

Total amount is derived by adding up all the fees as listed on the UB GME Office's H-1B Visa Processing Request Form.

The department supplies a letter on the department's University letterhead in support of the H-1B petition, signed by the program director. (A sample letter, stating exactly what the letter should say, will be one of the documents you print out.)

Then the department attaches a copy of the resident's UMRS (not hospital) contract amendment (with all required signatures). [Make sure that somewhere on the contract amendment you list the PG level of the resident for that requested sponsorship continuation year. I usually put the PG level in parentheses after the salary amount.]

The department attaches the UB GME Office's H-1B Visa Processing Request Form, as completed & signed by the program director.

Once paperwork is completed and all documents are attached, make a copy for your file and submit directly to the UB GME Office, Att. – NOT the ISSS office. [I always hand-deliver these to 117 Cary Hall.]

NOTE: During the whole application process, you may be contacted by ISSS with various questions or additional requirements. Also, they will send you copies of "Labor Condition Attestation" forms that are required to be posted in your department for 10 days and then the program director needs to sign a form (also provided by ISSS) stating that this has been done and return the forms to ISSS after the 10 days have elapsed (be sure to return the forms with a thumbtack hole in each as "proof" of posting).

As with any Visa, the resident is required to notify the proper authorities every time they move and have a new address.

## **SWITCHING FROM J-1 VISA TO H-1B VISA STATUS**

You may have an existing resident in your program that would like to obtain a J-1 waiver of the two-year home residency requirement and then switch to an H-1B visa that does not share the return-home requirement. You need to stress to the resident that he/she should not apply for the waiver until he/she has taken and passed Step 3 of USMLE's -- as this is a requirement of the H-1B Visa (passing scores on Steps 1, 2, & 3). If the resident is granted a J-1 waiver and takes and fails Step 3, and cannot pass it prior to the expiration of his/her current J-1 Visa

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

status, then he/she forfeits J-1 status at the end of his/her J-1 visa period. The rule is once a J-1 visa waiver is received, a resident forfeits J-1 status at the end of their current J-1 Visa period.

### Optional Practical Training (OPT)

OPT is available to F1 students pursuing health related graduate studies at a US university. The new resident applies for and receives the OPT card from the University where he/she is pursuing graduate studies. Encourage the resident to apply for and get you a copy of the OPT card as soon as possible. This will allow you to check the dates and conditions of the card. Most OPT cards for our new residents will be from June to June with “No Conditions”. In the meantime, all other procedures are exactly the same as for the “H-1B visa sponsorship”. The OPT card only allows the resident to start the program on time. The resident must change his/her work status to H-1B once that visa processing is complete. Therefore, care must still be taken to complete the process in a timely manner, even though UB “UMRS” residents no longer fall under the H-1B cap.

GLT/LPI (Rev. #2 2/06/07)

## **APPENDIX E            INTERVIEW SESSIONS - RESOURCES**

As of Fall 2006

Sue Shubert  
Senior Sales Manager – Holiday Inn Buffalo Hotel  
716-829-1417

For UB Medical Residency students we are offering a \$76 guest room rate plus tax. (based on single or double occupancy). The Holiday Inn Buffalo Hotel does include the following:

- Free Airport Transportation
- Free Shuttle to the Hospital
- Guest Rooms equipped with in-room coffee maker, hairdryer, iron and ironing board.
- Newspapers delivered daily to each guest room
- Free high Speed Internet throughout the hotel
- Fitness Center
- Outdoor pool

To make a reservation please call 716-886-2121 and ask for the "UB Medical" rate.

Donna Rizzo  
Sales Manager – Doubletree Club Hotel (High Street)  
716-845-2032

The Department of Surgery uses the Doubletree Club Hotel. They offer a university rate for the guest rooms, free airport shuttle to and from the hotel, coffee maker, hairdryer, iron and ironing board in guest rooms, newspaper delivery, free high speed internet in the rooms and fitness center. The Department also uses their meeting room and/or library for their informal get togethers with the candidates and residents.

Giorgio's Limousine Service  
683-7455

City tour transportation. Guides available.

## **APPENDIX F            ACRONYMS and DEFINITION OF TERMS**

|                               |   |
|-------------------------------|---|
| <b>Categorical</b>            | Position which provides the opportunity for completion of training required for specialty certification   |
| <b>Must, Essential, Shall</b> | Term used to indicate that something is required, mandatory, or done without fail. This term indicates absolute requirement   |
| <b>Should</b>                 | Term used to designate requirements that are so important that their absence must be justified  |
| <b>Clinical Supervision</b>   | A required faculty activity involving the oversight and direction of patient care activities that are provided by residents.  |
| <b>Suggested</b>              | Term used to indicate that something is strongly recommended rather than required. A program will not be cited for failing to do something that is described by this term.                    |
| <b>Internal Review</b>        | The formal process conducted by a sponsoring institution to assess the educational effectiveness of the sponsored residency programs  |
| <b>Scholarly Activity</b>     | Educational experiences that include active participation of the teaching staff in clinical discussions, rounds and conferences in a manner that promotes a spirit of inquiry and scholarship |
| <b>Accreditation Status</b>   | The result of an accreditation visit.   |
| <b>Site Visit</b>             | The process for accreditation that is accomplished through a peer review process, and is based upon established standards and guidelines  |
| <b>Competencies</b>           | Specific knowledge, skills, behaviors and attitudes and the appropriate educational experiences required of residents to complete GME programs  |

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

**APPENDIX F                      ACRONYMS -                      ALPHABET SOUP FOR COORDINATORS**

| <b>ACRONYM</b> | <b>FULL NAME</b>                                     | <b>PURPOSE</b>               | <b>FUNCTION</b>   | <b>CONTACT INFORMATION</b>  |
|----------------|--|------------------------------|---|---|
| AAMC           | Association of American Medical Colleges             | Professional/ Education      | Improvement of the nation's health through the strengthening the quality of medical education and training, to enhance the search for biomedical knowledge, to advance research in health sciences and to integrate education into the provision of effective health care.  | <a href="http://www.aamc.org/">http://www.aamc.org/</a><br>2450 N Street, NW<br>Washington, DC 20037-1126<br>Phone: (202) 828-0400<br>Fax: (202) 828-1125   |
| ABMS           | American Board of Medical Specialties                | Certifying/ Professional     | An organization of 24 approved medical specialty boards. ABMS coordinates the activities of its members boards and provides information to others concerning issues about specialization and certification of medical specialists.  | <a href="http://www.abms.org/">http://www.abms.org/</a><br>1007 Church Street, Suite 404<br>Evanston, IL 60201-5913<br>Phone Verification (866) ASK-ABMS<br>Phone: (847) 491-9091<br>Fax: (847) 328-3596  |
| ACGME          | Accreditation Council for Graduate Medical Education | Accrediting                  | Responsible for the accreditation of post MD medical training programs within the US, through a peer-review process and based upon established standards and guidelines.  | <a href="http://www.acgme.org">http://www.acgme.org</a><br>515 North State Street, Suite 2000<br>Chicago, IL 60610-4322<br>Phone: (312) 755-5000<br>Fax: (312) 755-7498                                   |
| AMA            | American Medical Association                         | Professional                 | National leader in promoting professionalism in medicine and setting standards for medical practice and ethics.   | <a href="http://www.ama-assn.org/">http://www.ama-assn.org/</a><br>515 N. State Street<br>Chicago, IL 60610<br>Phone: (800) 621-8335  |
| AOA            | Alpha Omega Alpha                                    | Honorary                     | National medical honor society.   | <a href="http://www.alphaomegalpha.org">http://www.alphaomegalpha.org</a><br>525 Middlefield Road, Suite 130<br>Menlo Park, CA 94025<br>Phone: (650) 329-0291<br>Fax: (650) 329-1618                      |
| CMS            | Center for Medicare and Medicaid Services            | Regulatory Government Agency | Federal agency responsible for administering the <a href="#">Medicare</a> , <a href="#">Medicaid</a> , <a href="#">SCHIP</a> (State Children's Health Insurance), <a href="#">HIPAA</a> (Health Insurance Portability and Accountability Act), <a href="#">CLIA</a> (Clinical Laboratory Improvement Amendments), and | <a href="http://www.cms.hhs.gov/medicaid/default.a">http://www.cms.hhs.gov/medicaid/default.a</a><br>7500 Security Boulevard<br>Baltimore, MD 21244<br>Toll-Free: (877) 267-2323<br>Local: (410) 786-3000 |

|                  |   |            |   |  |
|------------------|---|------------|---|--|
|                  |   |            | several other health-related programs.  | TTY Toll-Free: (866) 226-1819<br>TTY Local: (410) 786-0727   |
| COMLEX           |   | Certifying | In order to more accurately measure the knowledge required by today's physicians, the NBOME initiated the three-level Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA) to replace the former three-part NBOME examination series. The COMLEX is a three part exam. Each exam is administered over a two day period, and employs an osteopathic primary care approach to patient care fully integrated throughout the examination. | <a href="http://www.nbome.org/">http://www.nbome.org/</a><br>8765 West Higgins Road<br>Suite 200<br>Chicago, IL 60631<br>Phone: (773)714-0622<br>Fax: (773) 714-0631   |
| CSA              | Clinical Skills Assessment, part of USMLE Step 2  | Certifying | Prior to June 14, 2005, CSA was used to assess clinical skills and communication skills essential to diagnosing and treating patients, and communication with other health care professionals. Students from US and Canadian medical schools as well as international graduates will took the CSA.  | <a href="http://www.usmle.org">http://www.usmle.org</a><br>USMLE Secretariat<br>3750 Market Street<br>Philadelphia, PA 19104-3190<br>Phone: (215) 590-9700<br>Fax: (215) 590-9457                                    |
| CSE or Step 2 CS | Clinical Skills Examination, Part of USMLE Step 2 | Certifying | Replaced CSA, effective June 14, 2005. Replaces CSA (Clinical Skills Assessment) effective June 14, 2005. Used to assess clinical skills and communication skills essential to diagnosing and treating patients, and communication with other health care professionals. Students from US and Canadian medical schools as well as international graduates will take the CSE.  | <a href="http://www.usmle.org">http://www.usmle.org</a><br>USMLE Secretariat<br>3750 Market Street<br>Philadelphia, PA 19104-3190<br>Phone: (215) 590-9700<br>Fax: (215) 590-9457                                    |
| DEA              | Drug Enforcement Administration                   | Licensure  | Governmental agency responsible for providing licensure/certification to physicians for dispensing all controlled substances.   | <a href="http://www.usdoj.gov/dea/">http://www.usdoj.gov/dea/</a><br>Drug Enforcement Administration<br>Office of Diversion Control<br>2401 Jefferson Davis Highway<br>Alexandria, VA 22301<br>Phone: (800) 882-9539 |

|                      |  |             |   |  |
|----------------------|--|-------------|---|--|
| DIO                  | Designated Institutional Official                        | Oversight   | Individual who has the authority and responsibility for the oversight and administration of the GME programs.   | <a href="http://www.acgme.org">http://www.acgme.org</a><br>Suite 2000<br>515 North State Street<br>Chicago, IL 60610-4322<br>Phone: (312) 755-5000<br>Fax: (312) 755-7498  |
| ECFMG                | Educational Commission for Foreign Medical Graduates     | Certifying  | Assesses the readiness of international medical graduates to enter residency or fellowship programs in the US that are accredited by the ACGME.   | <a href="http://www.ecfm.org/">http://www.ecfm.org/</a><br>ECFMG<br>3624 Market Street<br>Philadelphia, PA 19104-2685 USA<br>Phone: (215) 386-5900<br>Fax: (215) 386-9196  |
| ERAS                 | Electronic Residency Application Service                 | Service     | On line application service used by medical graduates or medical students in their final year of medical school to apply for specialized graduate training in residency programs in the US.   | <a href="http://www.aamc.org/students/eras/start.htm">http://www.aamc.org/students/eras/start.htm</a><br>2450 N Street, NW<br>Washington, DC 20037-1126<br>Phone: (202) 828-0400<br>Fax: (202) 828-1125  |
| FCVS                 | Federation Credentials Verification Service              | Service     | Collects, verifies and maintains information and copies of documents and records that can be provided to professional licensing boards, hospitals and other entities when applying for licensure, staff membership, employment or other privileges.         | <a href="http://www.fsmb.org/fcvs_program/cvrhome">http://www.fsmb.org/fcvs_program/cvrhome</a><br>Federation of State Medical Boards of the United States, Inc.<br>PO Box 619850<br>Dallas, TX 75261-9850<br>Phone: (817) 868-4000<br>Fax: (817) 868-4099 |
| FREIDA or AMA FREIDA | Fellowship and Residency Electronic Interactive Database | Information | Database with over 7,800 graduate medical education programs accredited by the ACGME, containing information about residency and fellowship training programs, affiliated teaching institutions, training statistics and graduates career plans statistics. | <a href="http://www.ama-assn.org/ama/pub/category/2997.html">http://www.ama-assn.org/ama/pub/category/2997.html</a><br>American Medical Association<br>515 N. State Street<br>Chicago, IL 60610<br>Phone: (800) 621-8335                                   |

|       |   |                |   |   |
|-------|---|----------------|---|---|
| GME   | Graduate Medical Education                                    | Training       | Specialized training for physicians after medical school graduation.  | <a href="http://www.smbbs.buffalo.edu/GME.htm">http://www.smbbs.buffalo.edu/GME.htm</a><br>Graduate Medical Education<br>117 Cary Hall<br>University at Buffalo<br>School of Medicine and Biomedical Sciences<br>3435 Main Street<br>Buffalo, NY 14214-3013<br>Phone: (716) 829-2012<br>Fax: (716) 829-3999 |
| GMED  | Graduate Medical Education Directory                          | Resource Guide | Directory of graduate medical education programs. Published by the AMA. (The "Green Book.")<br><br>Can be purchased from the AMA website, under the "Bookstore" link, or major booksellers such as Amazon or Barnes and Noble   | <a href="http://www.ama-assn.org/">http://www.ama-assn.org/</a><br>GMed. Inc.<br>1960-7 North Commerce Parkway<br>Weston, FL 33326<br>Phone: (888) 577-8801   |
| HIPAA | Health Insurance Portability and Accountability Act of 1966   | Government     | Protects health insurance coverage for workers and their families when they change or lose their jobs. Established national standards for electronic health care transactions and addresses the security and private of health data.  | <a href="http://www.hipaa.org/">http://www.hipaa.org/</a>   |
| JCAHO | Joint Commission on Accreditation of Healthcare Organizations | Accreditation  | Independent non for profit organization that evaluates the quality and safety of care for more than 16,000 health care organizations. Evaluates the organization's performance in areas that affect care. On-site visits are done at least once every three years. Sets the standards by which health care quality is measured. | <a href="http://www.jcaho.org/">http://www.jcaho.org/</a><br>Joint Commission on Accreditation of Healthcare Organizations<br>601 13th Street, NW<br>Suite 1150N<br>Washington, DC 20005<br>Phone: (202) 783-6655<br>Fax: (202) 783-6888  |
| LCME  | Liaison Committee on Medical Education                        | Accrediting    | Nationally recognized authority for medical education programs leading to the M.D. degree in US and Canadian medical schools.   | <a href="http://www.lcme.org/">http://www.lcme.org/</a><br>Association of American Medical Colleges<br>2450 N Street, N.W.<br>Washington, DC 20037<br>Phone: (202) 828-0596   |

|       |  |                         |   |   |
|-------|--|-------------------------|---|---|
|       |  |                         |   | Fax: (202) 828-1125   |
| NBME  | National Board of Medical Examiners              | Certifying              | Independent, not-for-profit organization that provides high quality examinations for the health professions – accepted by medical licensing authorities as the standard to judge candidates for medical licensure   | <a href="http://www.nbme.org/">http://www.nbme.org/</a><br>National Board of Medical Examiners<br>3750 Market Street<br>Philadelphia, PA 19104-3102<br>Phone: (215) 590-9500<br>Examinee support services: (215) 590-9700<br>Fax: (215) 590-9457                          |
| NBOME | National Board of Osteopathic Medicine Examiners | Certifying              | The NBOME is the National Board of Osteopathic Medical Examiners. It's a nonprofit corporation dedicated to serving the public and state licensing agencies by administering examinations testing the medical knowledge of osteopathic medical students and interns. The NBOME was established in July 1934. Its website is at. | <a href="http://www.nbome.org">http://www.nbome.org</a><br>National Board of Osteopathic Medical Examiners, Inc.<br>8765 W. Higgins Rd Suite 200<br>Chicago, IL 60631-4174<br>Phone: (773) 714-0622<br>Fax: (773) 714-0631  |
| NPI   | National Provider Identifier                     |                         | 10 digit intelligence-free identifier (contains no information that would identify the provider or specialty) which will replace all health care provider numbers in use today in HIPAA standard transactions. The NPI will never change and will remain with the provider/physician regardless of job or location changes.     | <a href="http://www.nppes.cms.hhs.gov">http://www.nppes.cms.hhs.gov</a><br>NPI Enumerator<br>PO Box 6059,<br>Fargo, ND 58108-6059<br>Phone: (800) 465-3203  |
| NRMP  | National Resident Matching Program               | Service                 | Private, non-for-profit corporation established to provide a uniform date of appointment to positions in graduate medical education in the US. All US medical school graduates must register through NRMP for post graduate training.   | <a href="http://www.nrmp.org/">http://www.nrmp.org/</a><br>2450 N Street, NW<br>Washington, DC 20037-1127<br>Phone: (202) 828-0676<br>Phone Toll Free: (866)-617-5837<br>Fax: (202) 828-4797  |
| OPDA  | Organization of Program Director Associations    | Professional/ Education | Established to allow review and collaboration between disciplines on various GME topics.  | <a href="http://www.cmss.org/index.cfm?p=display&amp;mail=Organization%20of%20Program%20Directors">http://www.cmss.org/index.cfm?p=display&amp;mail=Organization%20of%20Program%20Directors</a><br>Council of Medical Specialty Societies<br>51 Sherwood Terrace, Suite M |

|       |   |  |   |  |
|-------|---|--|---|--|
|       |   |  |   | Lake Bluff, Illinois 60044-2232<br>Phone: (847) 295.3456<br>Fax: (847) 295.3759  |
| OSHA  | Occupational Safety and Health Administration         | Oversight                                | Governmental agency with mission to safe lives, prevent injuries and protect the health of America's workers, by establishing protective standards, enforcing standards and providing technical assistance and consultations to employers and employees.  | <a href="http://www.osha.gov/">http://www.osha.gov/</a><br>Regional Office:<br>201 Varick Street, Room 670<br>New York, New York 10014<br>Phone: (212) 337-2378<br>Fax: (212) 337-2371   |
| RRC   | Residency Review Committee                            | Accreditation                            | Under the policies and procedures of the ACGME, the RRC reviews residency programs to determine whether they are in substantial compliance with the Essentials of Accredited Residencies.   | <a href="http://www.acgme.org">http://www.acgme.org</a><br>515 North State Street, Suite 2000<br>Chicago, IL 60610-4322<br>PhoneⓈ 312) 755-5000<br>Fax: (312) 755-7498   |
| TAGME | Training Administrators of Graduate Medical Education | Certifying/<br>Education<br>Professional | To assure a comprehensive level of services, training, knowledge and leadership through certification for the administration of graduate medical education programs for physicians-in-training.   | <a href="http://www.tagme.org">http://www.tagme.org</a><br><a href="#">Ruth H. Nawotniak</a> , MS,<br>C-TAGME, President<br>General Surgery Residency Program<br>ECMC - 462 Grider Street<br>Buffalo, NY 14215<br>Phone: (716) 898-3808<br>Fax: (716) 898-5029 |
| USMLE | United States Medical Licensing Examination           | Certifying                               | Three step examination that assesses a physician's ability to apply knowledge, concepts and principles that are important in health and disease, and that constitute the basis of safe and effective patient care. Used by medical licensing authorities in the US for granting initial license to practice medicine. | <a href="http://www.usmle.org">http://www.usmle.org</a><br>USMLE Secretariat<br>3750 Market Street<br>Philadelphia, PA 19104-3190<br>Phone: (215) 590-9700<br>Fax: (215) 590-9457  |

## **APPENDIX G                    ELECTRONIC RESIDENT APPLICATION SERVICE (ERAS)**

The Electronic Resident Application Service, or ERAS, is “a service that transmits residency, fellowship and osteopathic internship applications, letters of recommendation, MSPEs, medical school transcripts, USMLE transcripts, COMLEX transcripts, and other supporting credentials from an applicant and their designated Dean's Office to program directors using the Internet.”

What that means for us as coordinators is that we have a database of residency applicant information that is easy to search through, is sharable and that allows for a paperless application process.

The process begins at the ERAS website, located at:

<http://www.aamc.org/audienceeras.htm>

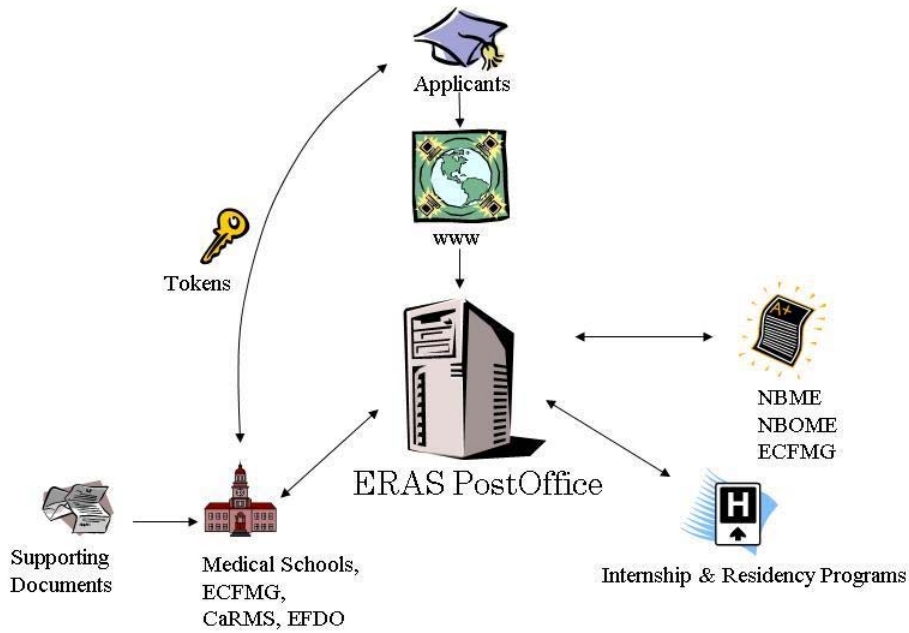
ERAS is comprised of four main components:

1. Program Director's Workstation (PDWS). This is ERAS software used by program staff to receive, sort, review, evaluate, and rank applications. This is the component we as coordinators utilize.
2. The MyERAS Web site. This is where applicants complete their application and personal statement, select programs to apply to, and assign documents to be received by those programs.
3. The Dean's Office Workstation (DWS). This is ERAS software used by staff at an applicant's designated Dean's Office. From this software they create the ERAS Token that applicants use to access MyERAS. They also use this system to scan and attach supporting documents to an application, such as a photograph, medical school transcript, MSPE, and letters of recommendation.
4. The ERAS PostOffice. This is a central bank of computers which transfers the applications. You can monitor the activity of your files in the ERAS PostOffice on the Applicant Data Tracking System (ADTS).

How does ERAS work?

- Applicants receive an electronic Token from their assigned Dean's office, and use it to access the MyERAS Web site.
- Applicants complete their ERAS application, select programs, assign supporting documents, and transmit their application to programs.
- Schools receive notification of completed application, and start transmitting supporting documents: transcripts, letters of recommendation, photos, MSPEs.
- Examining boards receive and process requests for score reports.
- Programs contact the ERAS PostOffice on a daily basis to download application materials.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.



### Putting ERAS In To Practice

Okay, now that you know how ERAS works, it's time to set it up in your office. The process begins with your registration for ERAS for the upcoming year between January 1st and April 30th. Visit [www.aamc.org/audienceeras.htm](http://www.aamc.org/audienceeras.htm) and click on Account Maintenance:



## ERAS - The Electronic Residency Application Service

ERAS® — The Electronic Residency Application Service — is a service that transmits residency applications, letters of recommendation, MSPEs, transcripts, and other supporting credentials from applicants and medical schools to fellowship, osteopathic internship and residency programs using the Internet.

**MyERAS**  
Applicant work area for creating applications

**ERAS**  
Account Maintenance  
Program registration and update

- Residency Applicants
- Osteopathic Internship Applicants
- Fellowship Applicants
- Medical School Staff
- Program Staff

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

You will need your login and password (use the Forgot Password link if you do not know them):



The screenshot shows the ERAS Account Maintenance login page. At the top, there is a purple header with the text "Electronic Residency Application Service" and the ERAS and AAMC logos. Below the header, the title "ERAS Account Maintenance" is displayed. On the left, there is a photograph of a hand pointing at a laptop keyboard. To the right of the photo are two input fields: "Login ID:" with the value "chldbfpd" and a note "( 8 characters)", and "Password:" with the value "\*\*\*\*\*". Below these fields are two buttons: "Login" and "Forgot Password".

After entering your password, you'll be asked to designate a Program Contact to whom correspondence will be sent (this should, of course, be you):



The screenshot shows the ERAS Account Maintenance contact information page. At the top, there is a purple header with the text "Electronic Residency Application Service" and the ERAS and AAMC logos. Below the header, the title "ERAS Account Maintenance" is displayed. Below the title, there is a bolded instruction: "This information will *only* be used by eras staff to contact you if needed." Below this instruction are three input fields: "Full Name:" with the value "Corey J Pietrzak", "E-mail Address:" with the value "cpietrzak@upa.chob.edu", and "Contact Phone:" with the value "(716) 878-7355". Each field has an asterisk to its right. Below the input fields is a "next" button.

\* indicates a required field.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

You may then review your Program Information and make any necessary changes:

Electronic Residency  
Application Service  
**ERAS** **AAMC**

---

**ERAS Account Maintenance**

|                         |                           |                         |                        |                        |
|-------------------------|---------------------------|-------------------------|------------------------|------------------------|
| <b>Account overview</b> | <b>ERAS participation</b> | <b>Training offered</b> | <b>Program listing</b> | <b>Program contact</b> |
|-------------------------|---------------------------|-------------------------|------------------------|------------------------|

**Program:** SUNY at Buffalo Program in Pediatrics  
**ACGME ID:** 3203521140  
Pediatrics  **Send me info about training**

**Participation Status: Participating** **Print Page**

-Print out your QuickStart Card-

**Program Director:** Lorna K. Fitzpatrick, M.D.  
**Program listing:**  
SUNY at Buffalo Program in Pediatrics  
*Department of Pediatrics*  
Children's Hospital of Buffalo  
219 Bryant Street  
Buffalo, NY  
14222

**Phone:** (716) 878-7355 **ext:**  
**Fax:** (716) 878-7185  
**E-mail:** cfarley@upa.chob.edu  
**Web site:** <http://www.smbs.buffalo.edu/peds/>

**Program Contact:**  
Corey Pietrzak  
The Women & Children's Hospital of Buffalo  
219 Bryant Street  
Buffalo, NY  
14222  
**Phone 1:** (716) 878-7355 **ext:**  
**Fax:** (716) 878-7185  
**E-mail:** cpietrzak@upa.chob.edu

**Training:**

- ◆ Categorical

Approximately 30 days in advance of the ERAS Post Office opening, you will be sent a Quick Start Card listing the necessary usernames and passwords to download and install the Program Director's Workstation (PDWS), along with a hard copy of the Instruction Manual, which is designed to be placed in a 3-hole binder. You can recycle last year's manual when you receive the new one.

Between receipt of the Quick Start packet and September 1st (July 15th if you have a July Application Cycle), you will need to download and install the current PDWS from the ERAS website.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

- ERAS Programs Home
- About ERAS
- ERAS Policies
- Registration & Program Updates
- Participating Specialties & Programs
- Timeline
- Training
- Software Downloads (Password Protected)
- Technical Support
- Statistics
- Contact Us

## ERAS Programs Site

**About ERAS**  
 What is ERAS; Components of ERAS; How ERAS works; ERAS highlights; ERAS costs; Next steps to prepare for ERAS; Resources including Applicant Information Sheet and Common Application Form worksheet, etc.

**Policies**  
 Description of ERAS Data Policy, ERAS Integrity Promotion Program, and ERAS Investigations Policy.

**Registration & Program Updates**  
 ERAS Registration FAQs; ERAS Account Maintenance for registration and program updates.

**Participating Specialties and Programs**  
 List of specialties and programs that are currently participating in ERAS

**Timelines**  
 An at-a-glance summary of activities for [fellowship](#), [osteopathic internship](#) and [residency](#) programs

**Training**  
 Information about ERAS 2007 instructor based PDWS training and PowerPoint tours of the PDWS software

**Software Downloads**  
 PDWS software and technical documentation downloads

**Technical Support**  
 Step-by-step instructions for the technical support of the Program Director's Workstation Software (PDWS); PDWS Archive Procedures; Maintenance Hours, etc.

**Statistics**  
 Specialty specific statistics and cross specialty data since ERAS 2001.

**Contact Us**  
 How to contact ERAS HelpDesk.

**What's New & Upcoming**

ERAS Fellowships welcomes four new specialties for ERAS 2007. [More >>](#)

[More ERAS News & Upcoming Events](#)

[ERAS 2006 PDWS Archive Procedures \(PDF, 3 pages - 127 KB\)](#)

[Download ERAS 2007 PDWS software](#)

**Related Links**

- [ABMS](#)
- [ACGME](#)
- [AOA](#)
- [ECFMG](#)
- [FindAResident](#)
- [FREIDA](#)
- [FSMB](#)
- [NRMP](#)
- [Urology Match \(AUA\)](#)

## ERAS Programs Site

**About ERAS**  
 What is ERAS; Components of ERAS; How ERAS works; ERAS highlights; ERAS costs; Next steps to prepare for ERAS; Resources including Applicant Information Sheet and Common Application Form worksheet, etc.

**Policies**  
 Description of

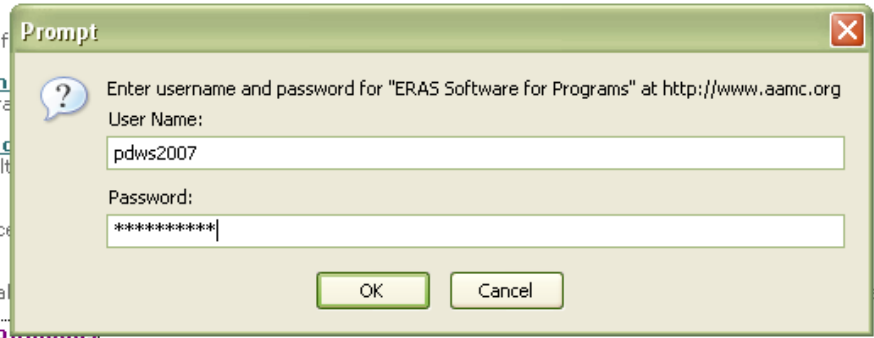
**Registration**  
 ERAS Registrat

**Participating**  
 List of specialt

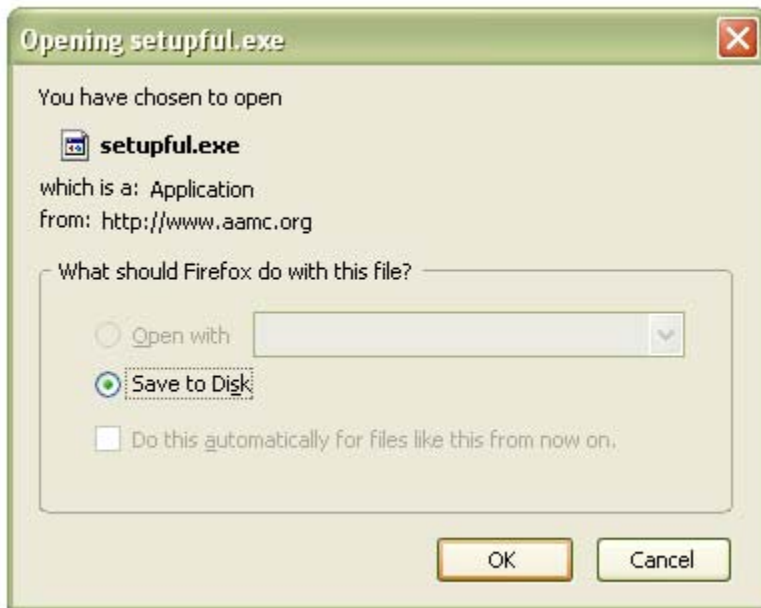
**Timelines**  
 An at-a-glance

**Training**  
 Information al

**Software Downloads**  
 PDWS software and technical documentation downloads



This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.



If the computers in your department are networked, it's best to install a "home" or "master" copy of ERAS on a computer that only office staff and department faculty will have access to; that only you as Program Coordinator should use ERAS on in your capacity as ERAS Administrator. This computer will act as a server for ERAS to your Division, via which you'll be able to access your ERAS data from any other computer on your network. ERAS use is safeguarded by a required username/password, and you are able to create usernames/passwords when logged in as "Admin" (the default administrative name) via the Tools menu. A user will need Full Access in order to make notes, check off boxes, and create filters. There are lesser permissions if you wish to designate someone to search for and print applications.

There are several benefits to a "server" setup:

You are all looking at the same version of data, and will have access to one another's most current notes. Two people can even view the same data at the same time.

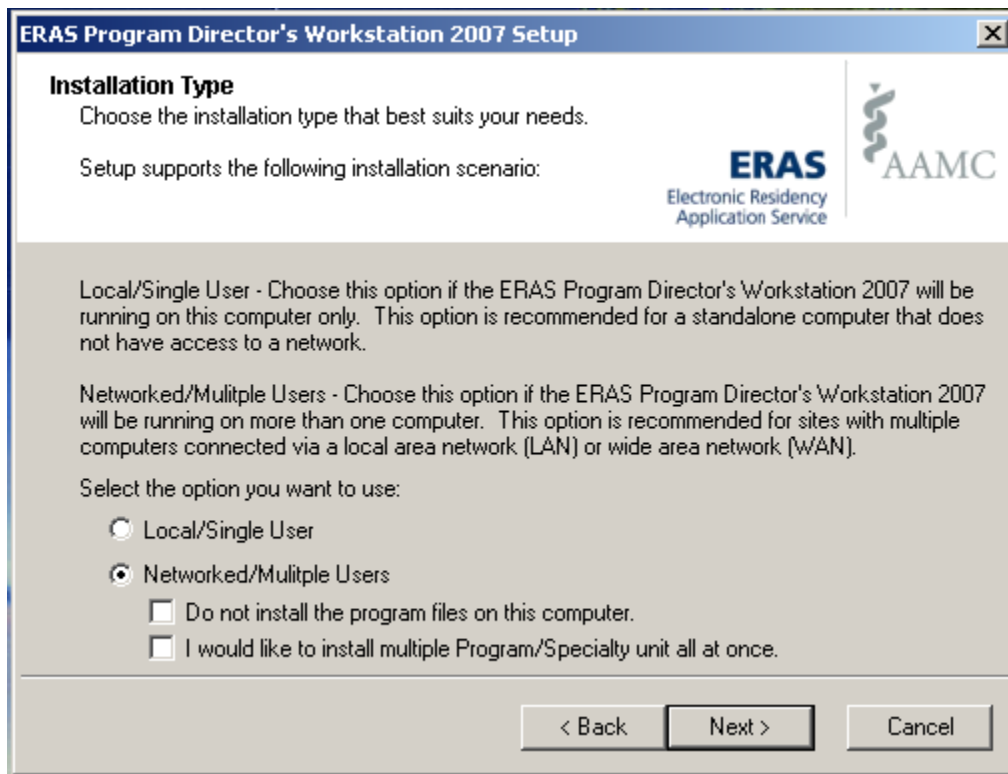
You can allow your faculty to check off on the various decisions they have made regarding a given candidate.

If only one computer can send/receive, everyone's copies of downloaded material will be synchronized.

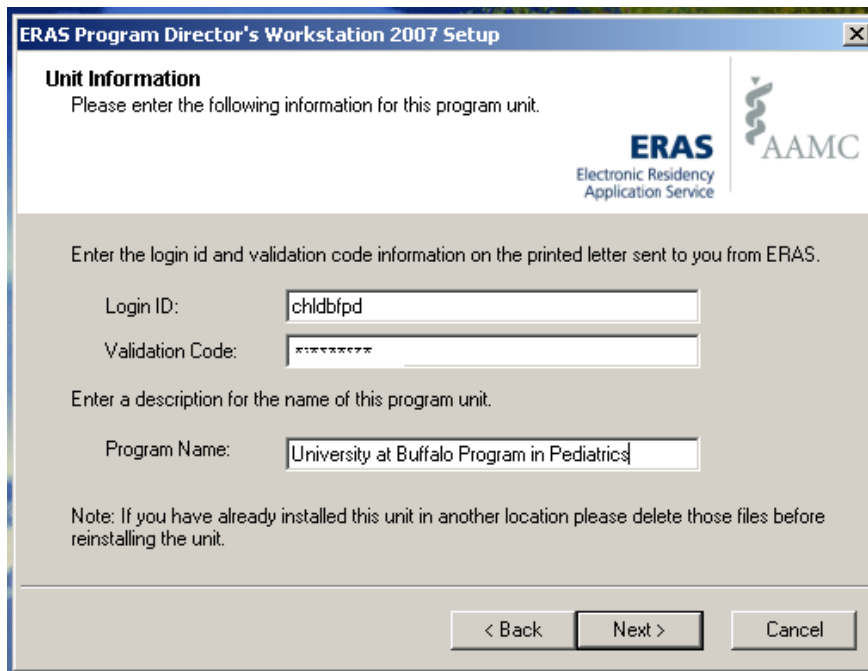
With daily downloads, all information is assured to remain current.

To accomplish this, save the downloaded file to your desktop. Double-click the "setupful" icon to begin installation. Agree to the terms, and when you reach the Installation Type, choose Networked/Multiple Users.

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

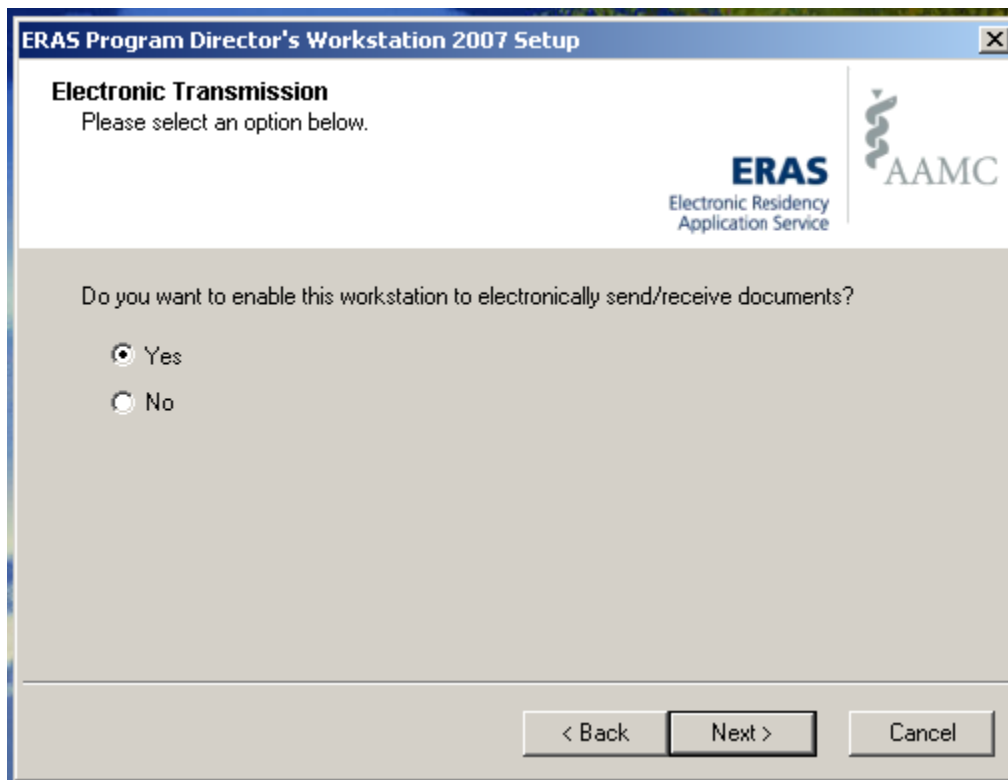


Your Login ID and validation code are available on your Quick Start Card:



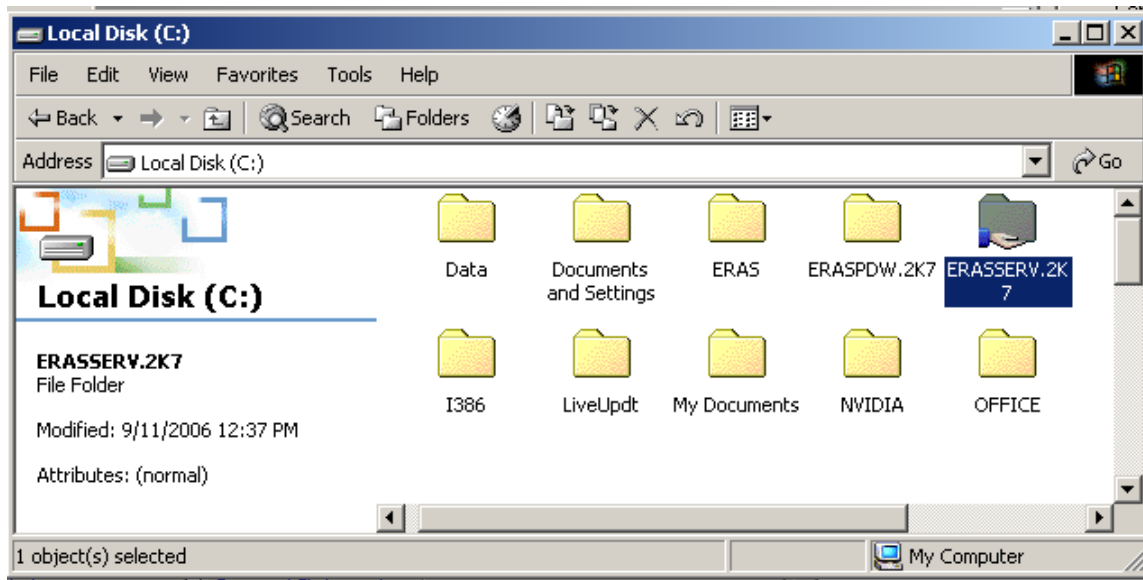
This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

When installing, if asked whether you want to enable the workstation to electronically send/receive documents, choose Yes:



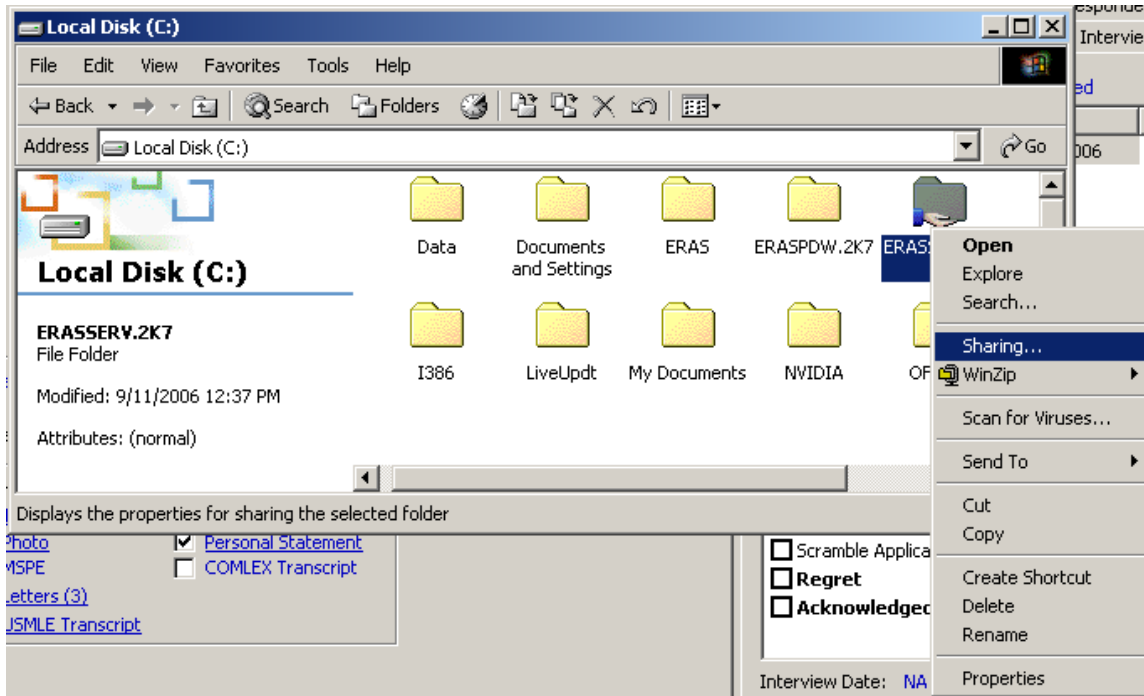
The benefit in choosing Yes for only one main workstation is that it will bottleneck any transmissions sent, so that if you realize you wanted to revise a given correspondence, or don't want to send it at all, you have the safeguard of being able to edit it in or delete it from your outgoing queue, as it won't be sent until you next contact the ERAS Post Office, regardless of which user sent it. It also prevents anyone from updating the database in the middle of you looking at or working on a filtered set of data.

Once your installation is complete, you'll need to share the folder C:\ERASSERV.2Kx (where x is the current year you are taking applications for, this is the folder's default name in a Typical ERAS install) by Right-Clicking the folder:

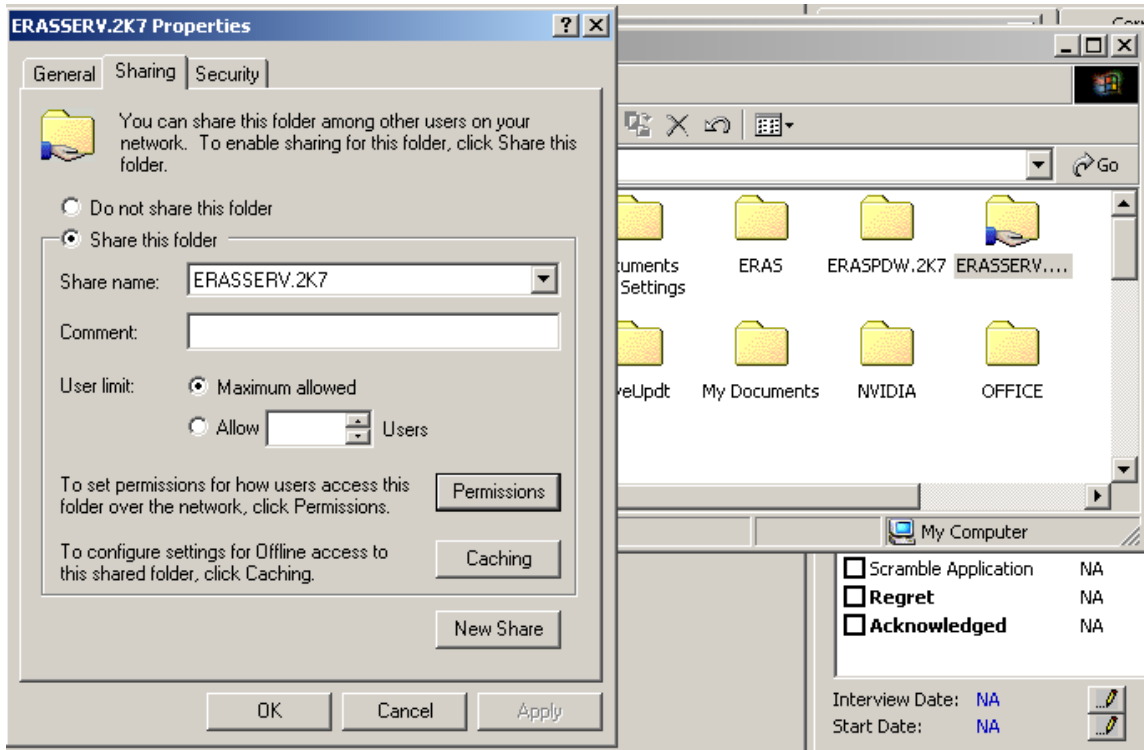


This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Then choosing “Sharing” from the right-click menu:

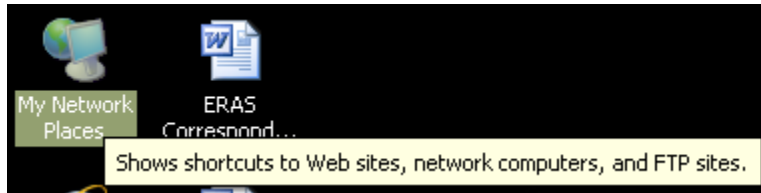


Be sure “Share this folder” is selected, set the User limit to Maximum allowed, and Select “OK.”

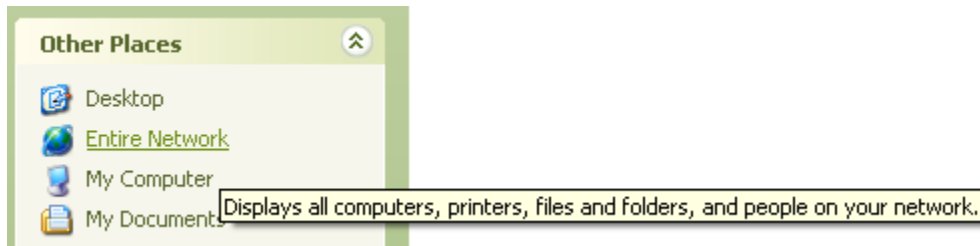


This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

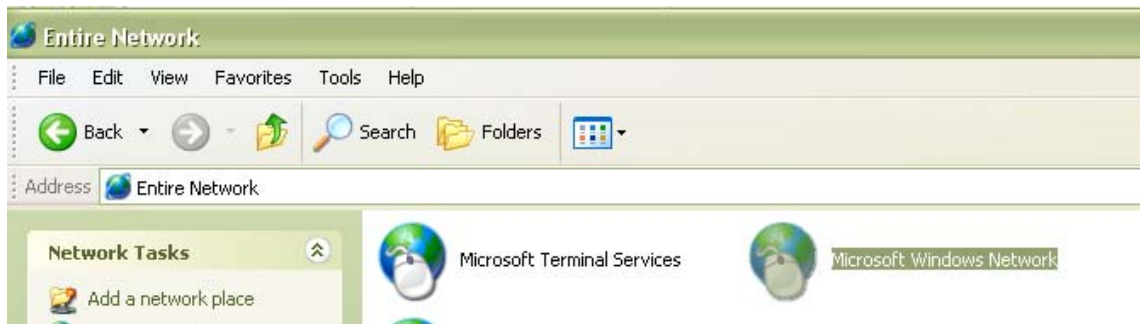
Finally, you will need to install ERAS on the computers of those people who will use it. You may need your network administrator's help to determine the name of the computer your "home" copy is stored on. First open My Network Places/Network Neighborhood (different depending on your version of Windows):



Choose Entire Network:



Next choose Microsoft Windows Network:

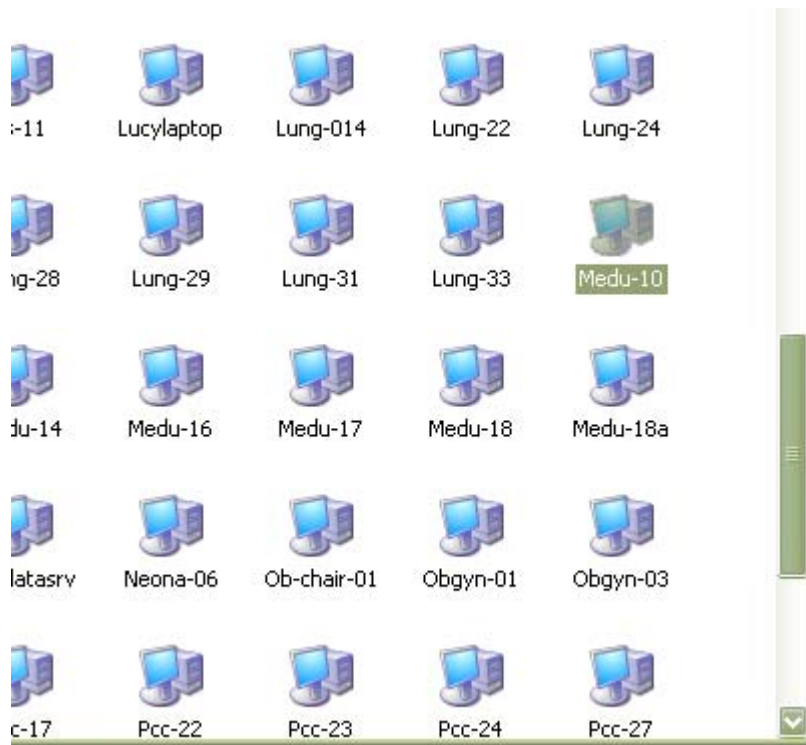


And next choose the appropriate server (this should have the same name as the server name when you first log in to Windows):

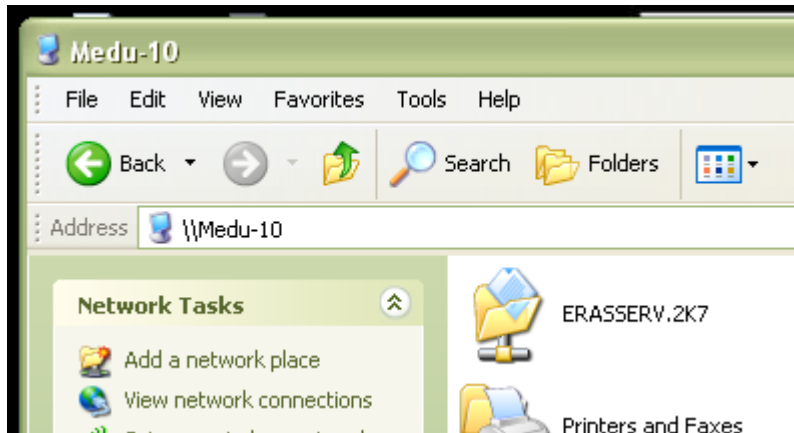


This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Now you get to figure out which computer is the one you've installed your home copy of ERAS on (again, don't be afraid to ask your friendly network technician for help):



And once you've located ERASSERV.2Kx:



This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Right-click the directory, and choose Map Network Drive:

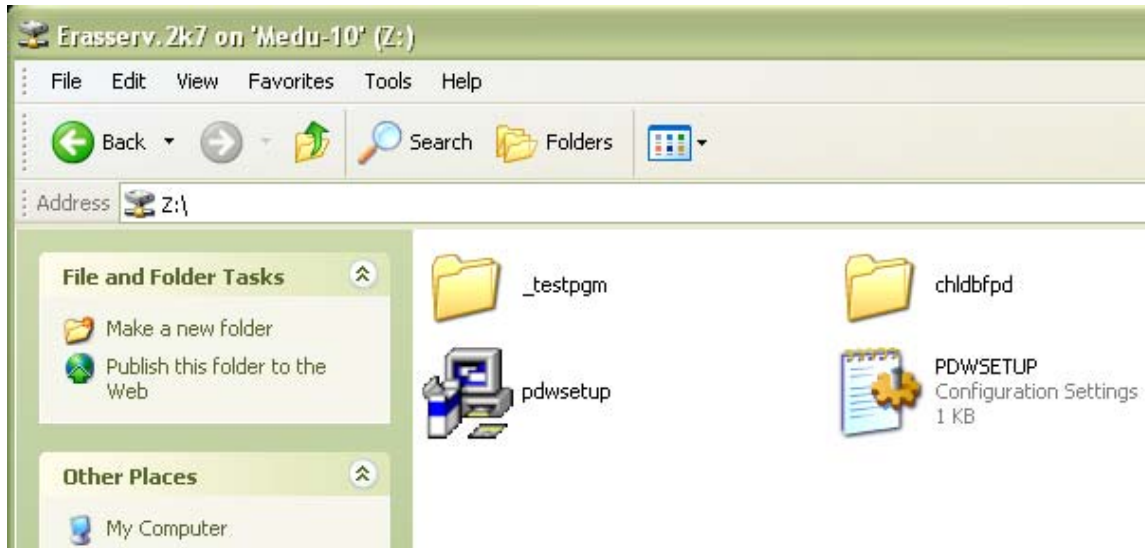


You should name this Drive Z, and be sure to check the box next to Reconnect at logon. You can then choose Finish, and the directory will have an assigned drive letter:

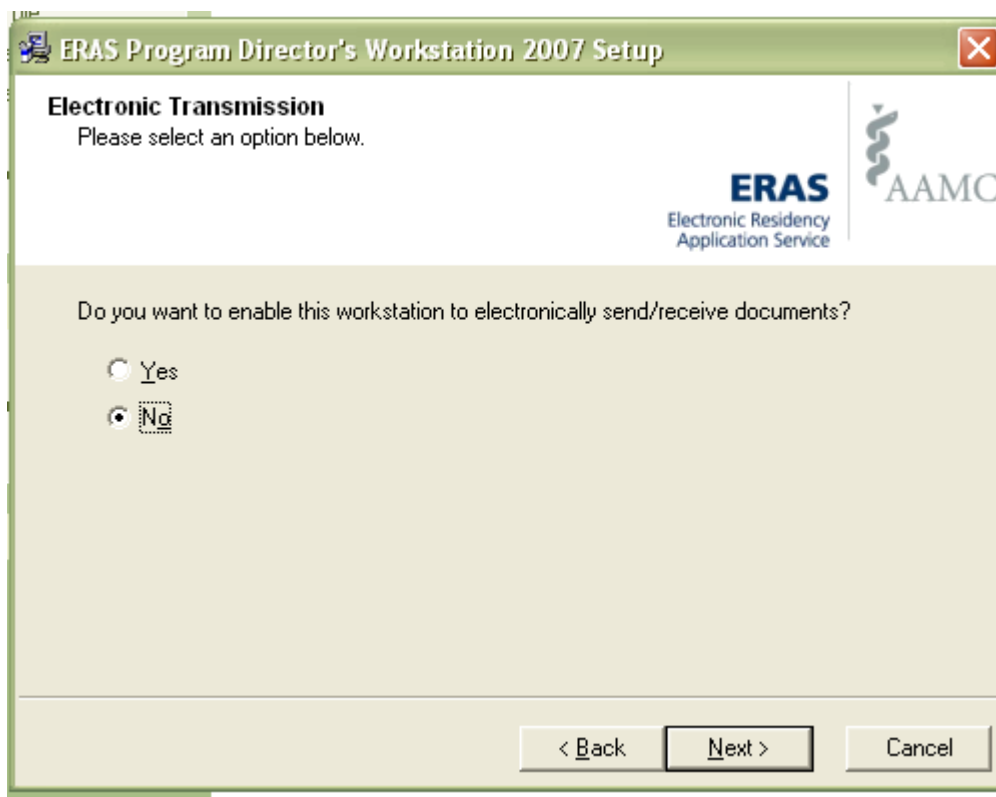


This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

A window containing that directory's files will then open:



You can now run pdwsetup from the Z: Drive window in the same manner you ran "setupful" from your desktop to install PDWS. This time you won't be asked to choose an Installation Type, however be sure to say No when asked if you want the workstation to electronically send/receive documents:



And voila, you've completed installing ERAS on a networked computer!

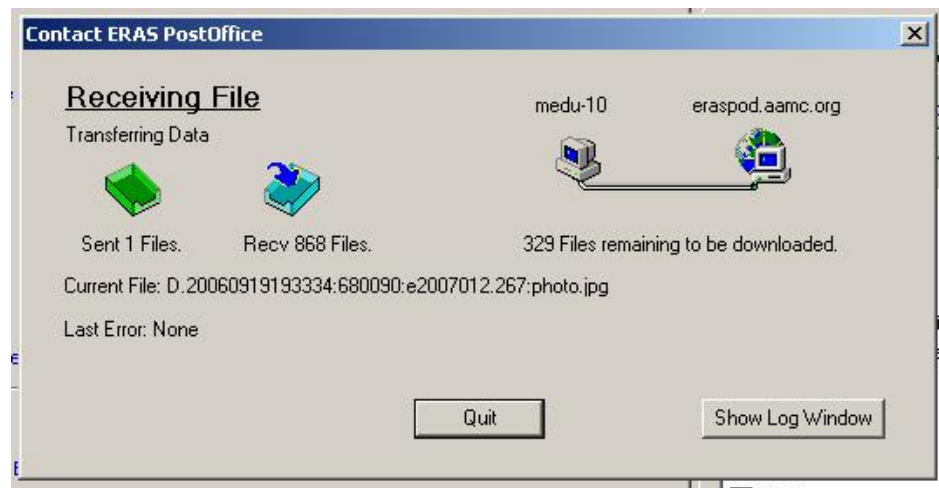
This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## Updating the Database

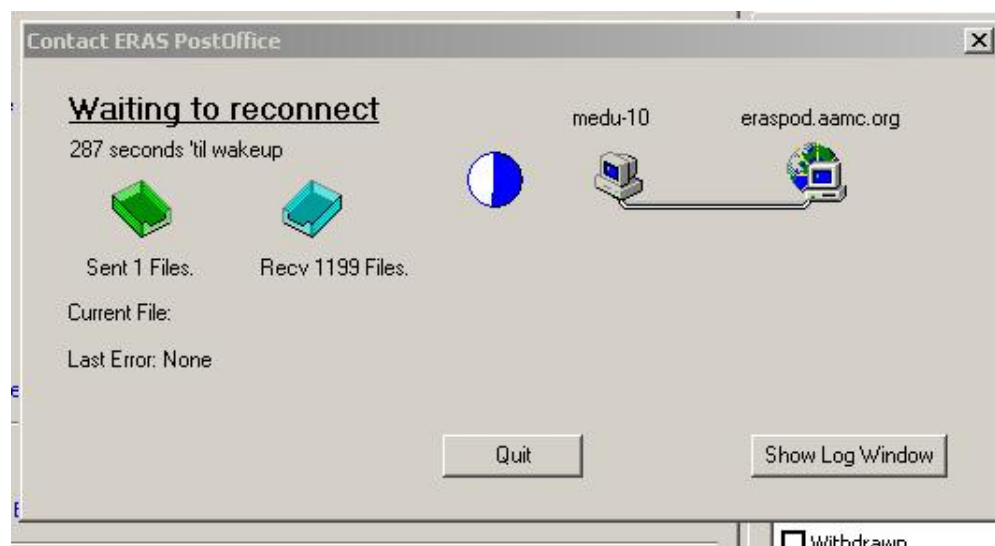
Updating your database with newly submitted applications and documents, along with sending out your outgoing correspondence is simple: you only need to click "Contact ERAS PostOffice" in the top menu:



During transfer:

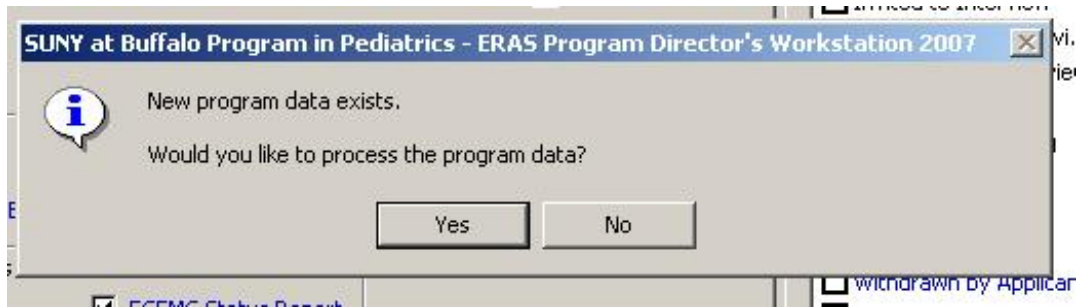


Transfer is complete:

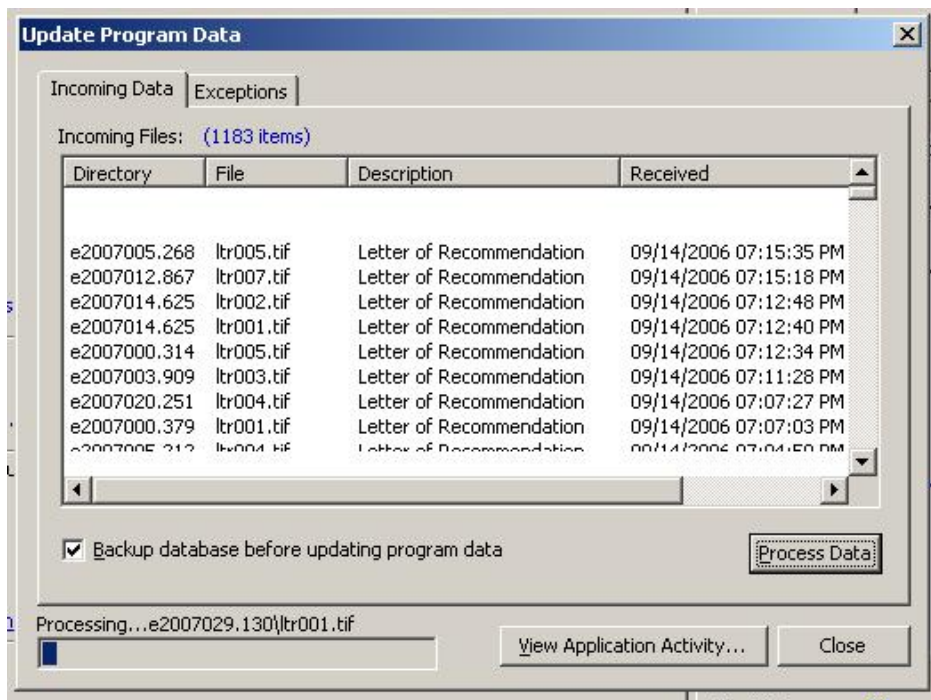


This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

Once it has completed downloading, you may choose Quit to stop the transmission cycle. If you take no action, the program will wait 10 minutes, then attempt to send/receive again. Allowing this to run constantly would make the idea of a bottleneck less effective. After selecting Quit, ERAS will ask you if you wish to process the Data:



Choose Yes, then select the Process Data button on the Update Program Data screen:



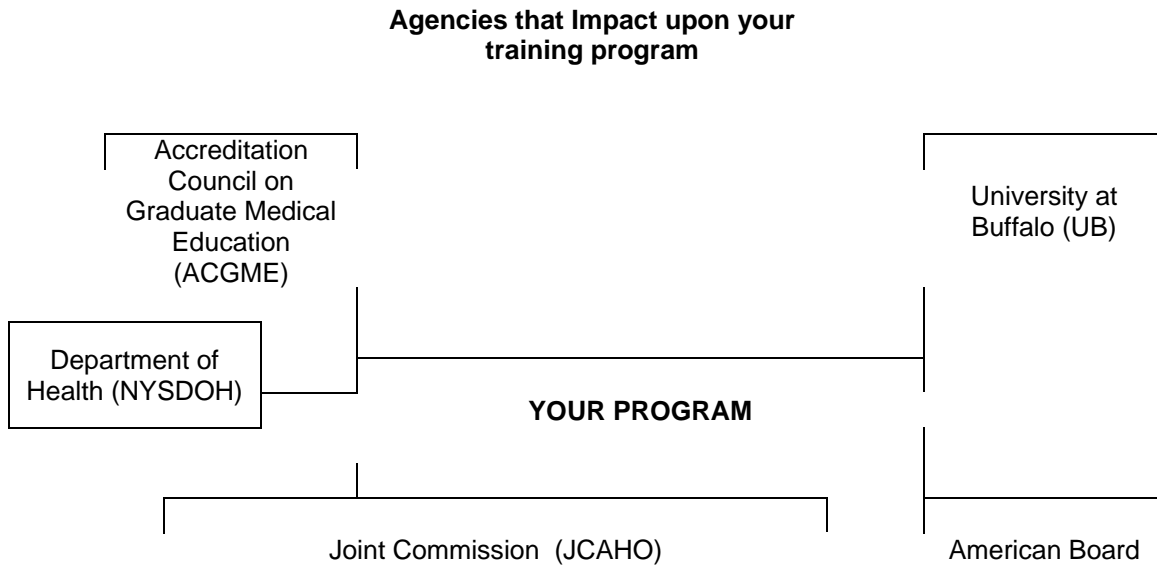
Your data is now up-to-date, and any pending correspondence will have been sent out. You have the option of selecting View Application Activity to see what data was received. The Exceptions tab will list any failed downloads, which ERAS Post Office will report and attempting to download again the next time you contact the Post Office.

That's it, now all you need to do is seek out some quality applicants!

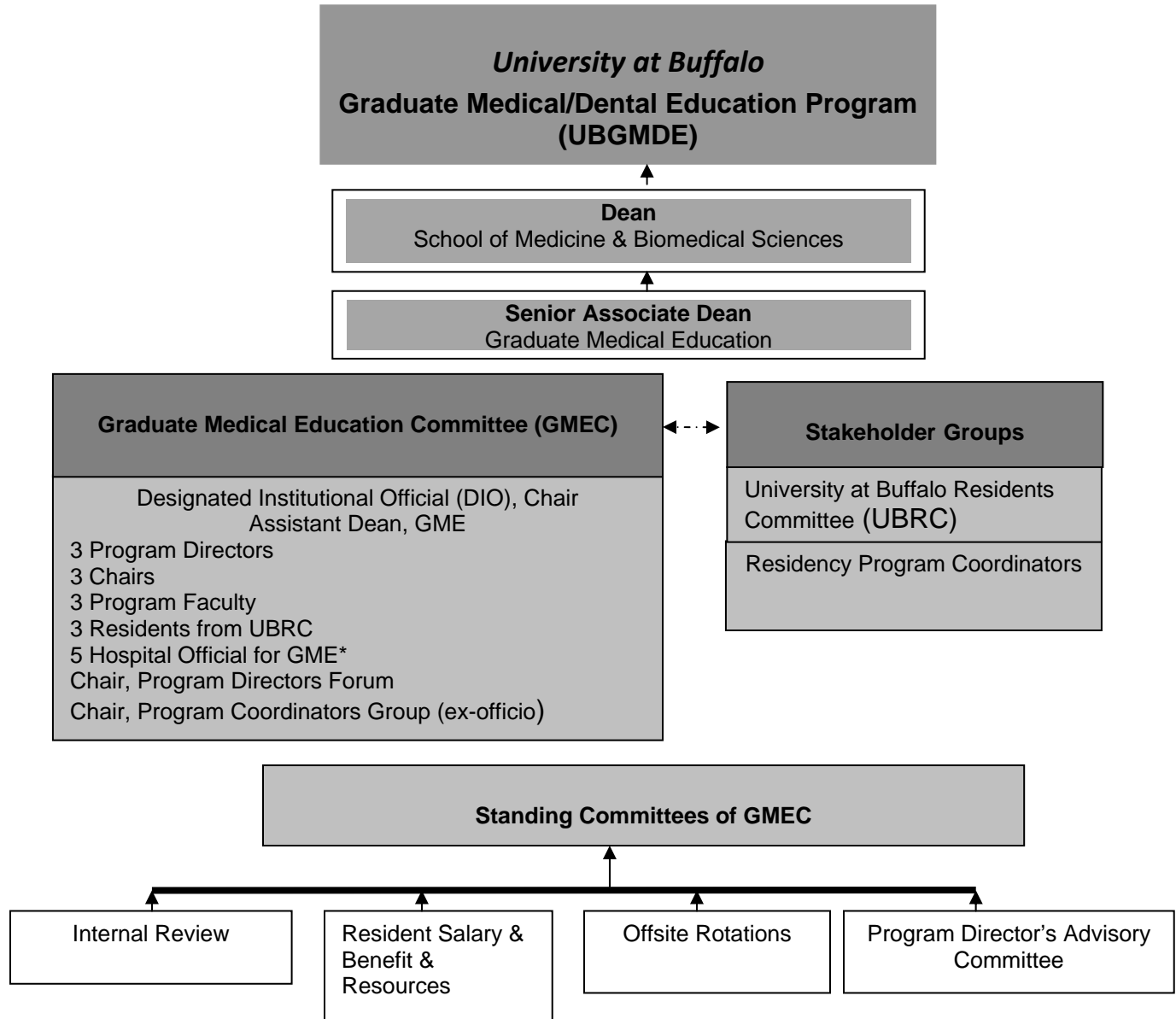
This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

**APPENDIX H ORGANIZATIONAL CHARTS**

**Agencies that Impact on your training program**



This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.



**\* Affiliated Hospitals**  
**1 Kaleida 1 Catholic Health System**

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.

## Office of Graduate Medical Education

**Roseanne C. Berger, M.D.**

*Sr. Associate Dean*

829-6126 [bergerrc@buffalo.edu](mailto:bergerrc@buffalo.edu)

- Donna Cummiskey** 829-6128 [dmc23@buffalo.edu](mailto:dmc23@buffalo.edu)  
*Director, GME Resource Management*
- o Resident employment (contracts, visas, benefits, etc); Medicare audit; malpractice; off-sites; resident on-line tutorials
- **Jason Crosby** 829-2166 [jscrosby@buffalo.edu](mailto:jscrosby@buffalo.edu)  
*Senior Programmer Analyst*
- o GME Computer Support, Resident on-line tutorials, surveys
- **Kathleen Harrison** 829-6130 [kc34@buffalo.edu](mailto:kc34@buffalo.edu)  
*Administrator, Residency Electronic Management Systems*
- o Resident benefits, E-Valu
- **Nancy DeCecco** 829-6134 [ndececco@buffalo.edu](mailto:ndececco@buffalo.edu)  
*Secretary to Donna Cummiskey*
- o GME Track, NRMP, new resident paperwork
- **Dan Schupp** 829-6135 [djschupp@buffalo.edu](mailto:djschupp@buffalo.edu)  
*Data Entry/Medicare Rotations*
- o Medicare rotation information
- **Katy Cich** 829-6133 [krcich@buffalo.edu](mailto:krcich@buffalo.edu)  
*Finance Assistant*
- o Resident and malpractice verifications
- Valerie Kennedy** 829-6125 [vmk@buffalo.edu](mailto:vmk@buffalo.edu)  
*Executive Administrator*
- o NRMP, IRW, PLAs, GMEC, central coordinator liaison
- **Patricia Krupp** 829-6132 [krupp@buffalo.edu](mailto:krupp@buffalo.edu)  
*Internal Review Coordinator/WebAds Manager*
- o PIFs, Internal Reviews, WebADs
- **Diane Yagger** 829-6126 [dlyagger@buffalo.edu](mailto:dlyagger@buffalo.edu)  
*Executive Secretary to Dr. Berger*
- o IRW registration, GME Webpage, Frawley Award, UB Match Party
- Susan Orrange, Ed.M.** 829-6129 [sorange@buffalo.edu](mailto:sorange@buffalo.edu)  
*Director, GME Programming & Services*
- o Core Curriculum, UBRC, GME Education programs
- **Judith Wedekind** 829-6131 [wedekind@buffalo.edu](mailto:wedekind@buffalo.edu)  
*GME Programming Assistant/GME Support and Event Coordinator*
- o Secretary to Susan Orrange
- Janet Harszлак, Ph.D.** 859-3714 [comjanet@buffalo.edu](mailto:comjanet@buffalo.edu)  
*Grievance Administrative Consultant*

This guide was developed by and for University at Buffalo Program Coordinators. It is intended to be used in conjunction with published accreditation guidelines and UB GME Office Policies and Procedures and is not intended to be a substitute for these documents.