The Otolaryngology – Head & Neck Surgery Residency Program Coordinator’s Handbook

Otolaryngology Program Coordinators Organization
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This handbook was developed to assist all coordinators in their duties and responsibilities. The contributors have tried to cover as many areas and items as possible with many duties broken down by month.

Please send comments and/or suggestions to Becky Smith at bjsmit@uky.edu
### Common Acronyms and Definitions

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<th>Description</th>
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<td>Association of Academic Departments in Otolaryngology</td>
<td><a href="http://www.suo-aado.org">www.suo-aado.org</a></td>
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<td>AAMC</td>
<td>Association of American Medical Colleges</td>
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<td>AAFPRS</td>
<td>American Academy of Facial Plastic and Reconstructive Surgery</td>
<td><a href="http://www.aafprs.org">www.aafprs.org</a></td>
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<td>AAOA</td>
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<td>AAO-HNS</td>
<td>American Academy of Otolaryngology – Head &amp; Neck Surgery</td>
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<td>ABOto</td>
<td>American Board of Otolaryngology</td>
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<td>ACGME</td>
<td>Accreditation Council for Graduate Medical Education</td>
<td><a href="http://www.acgme.org">www.acgme.org</a></td>
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<td>ACS</td>
<td>American College of Surgeons</td>
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<td>American Head &amp; Neck Society</td>
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<td>AMA</td>
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<td>ASPO</td>
<td>American Society of Pediatric Otolaryngology</td>
<td><a href="http://www.aps-spr.org">www.aps-spr.org</a></td>
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<td>COSM</td>
<td>Combined Otolaryngological Spring Meetings</td>
<td><a href="http://www.cosm.md">www.cosm.md</a></td>
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<td>DIO</td>
<td>Designated Institutional Official</td>
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<td>Electronic Residency Application Service</td>
<td><a href="http://www.aamc.org/services/eras/">www.aamc.org/services/eras/</a></td>
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<td>GME</td>
<td>Graduate Medical Education</td>
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<td>GMEC</td>
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<td>NAS</td>
<td>Next Accreditation System</td>
<td><a href="http://www.acgme-nas.org">www.acgme-nas.org</a></td>
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<tr>
<td>Abbreviation</td>
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<td>NBME</td>
<td>National Board of Medical Examiners</td>
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<td>NRMP</td>
<td>National Resident Matching Program</td>
<td><a href="http://www.nrmp.org">www.nrmp.org</a></td>
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<td>OPCO</td>
<td>Otolaryngology Program Coordinators Organization</td>
<td><a href="http://www.aboto.org/pc-opco.html">www.aboto.org/pc-opco.html</a></td>
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<td>OPDO</td>
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<td>PC</td>
<td>Program Coordinator</td>
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<td>PD</td>
<td>Program Director</td>
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<td>PGY</td>
<td>Post Graduate Year</td>
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<td>PLA</td>
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<td>RC</td>
<td>Review Committee (Formally RRC – Resident Review Committee)</td>
<td><a href="http://www.acgme.org">www.acgme.org</a></td>
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<td>SUO</td>
<td>Society of University Otolaryngologist</td>
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<td>TAGME</td>
<td>Training Administrators in Graduate Medical Education</td>
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<td>Triological Society</td>
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<td>USMLE</td>
<td>United States Medical Licensing Examination</td>
<td><a href="http://www.usmle.org">www.usmle.org</a></td>
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The National Resident Matching Program (NRMP) is a private, not-for-profit corporation that provides a uniform date of appointment to positions in graduate medical education (GME) in the United States. The NRMP is not an application processing service, job placement service, nor does it advise applicants in selecting specialties or programs. Rather, the NRMP is a matching service that provides a mechanism for matching applicants' preferences for residency positions with program directors' preferences for applicants according to the preferences expressed by both parties on their individualized rank order lists.

The NRMP is governed by its Board of Directors. Members are nominated for election from five medical/medical education organizations, one program director organization, and three medical student organizations. The nominating organizations include the American Board of Medical Specialties (ABMS), the American Medical Association (AMA), the Association of American Medical Colleges (AAMC), the American Hospital Association (AHA), the Council of Medical Specialty Societies (CMSS), the Organization of Program Director Associations (OPDA), the AAMC Organization of Student Representatives, the American Medical Student Association (AMSA), and the AMA Medical Student Section. The Board also selects one program director, three resident physicians, and one public member from at-large nominations.

Applicants participating in the Main Residency Match include U.S. medical school students as well as "independent" applicants. The Independent applicants include former graduates of U.S. medical schools, U.S. osteopathic students and graduates, Canadian students and graduates, and students and graduates of international medical schools. 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 must register with both NRMP and ERAS to participate in the services of each. Applicants also are responsible for ensuring that they meet all program prerequisites and institutional policies regarding eligibility for appointment to a residency position prior to ranking a program through the NRMP.

Each year the NRMP conducts a Main Residency Match that is designed to optimize the rank-ordered choices of applicants and program directors. The results of The Match are announced during the third week of March.

Beginning with the 2013 Main Residency Match, programs participating in The Match must register and attempt to fill all of their positions in The Match or another national matching plan. Thus, programs must place all of their positions in The Match or none of their positions in The Match. Because a "program" is defined by its ACGME number, all of the program's tracks (categorical, preliminary, advanced, and reserved) are included within the scope of the policy. This policy does not apply to fellowship programs.

There are three steps in a match: registration, ranking, and results. The entire match process is conducted through the secure, web-based NRMP Registration, Ranking and Results SM (R3 SM) system.
Registration

Each Match has a separate schedule. To learn when registration begins, go to the Schedule of Dates for all NRMP Matches. Otolaryngology programs fall under the Main Residency Match.

Institutions must first activate their institution and programs annually for the current Match process and agree to the Match Participation Agreement. Program directors must then register annually for the current Match by updating their profile information and must provide accurate information about the number and type of positions to be offered through the NRMP. Program directors must also agree to the Match Participation Agreement.

- Log in to the R3 system using your AAMC ID and pre-assigned password or your personal password selected during a previous Match.
- If you have a pre-assigned temporary password, enter a new password and answer the security questions.
- Electronically sign the NRMP Match Participation Agreement
- Update the Maintain Program Information screen with quota, reversions, and public contact information for the current Match.

Applicants must also register for the NRMP using the R3, agree to the Match Participation Agreement and pay a registration fee.

Program Quota Change Deadline

Applicants need to know how many positions are available in a program before they enter their rank order lists; therefore, the deadline for institutions/programs to change the number of its Match positions in R3 for the Main Residency Match is January 31.

Ranking

Applicants and programs submit their rank order lists directly on the NRMP web site. Applicants submit, in the applicant's order of preference, a list of the programs where they have interviewed. Each program also submits a list of applicants in its order of preference. Those lists are then compared against each other, incorporating a computerized matching algorithm program.

Due to the uniform date for decisions about residency selection for both applicants and programs, the NRMP Matches eliminate the pressure that applicants and programs might otherwise face in making decisions before all of their options are known. The Match Participation Agreement outlines the guidelines and procedures developed to accomplish this objective and should be reviewed carefully. The Match Participation Agreement does not preclude applicants and programs from expressing their interest in the other; however, neither programs nor applicants should consider these comments about interest as commitments. Neither party can solicit verbal or written statements implying a commitment prior to the Match. Applicants should not be asked the names or identities of other programs to which they have or may apply. “There is one cardinal rule for both programs and applicants: neither must ask the other prior to The Match to make a commitment as to how each will be ranked.”

“Moreover, it is a violation of the Match Participation Agreement for a program to request applicants to reveal ranking preferences or for either party to suggest or inform the other that placement on a rank order list is contingent upon submission of a verbal or written statement.
indicating ranking preferences. Statements implying a commitment should be avoided. Rank order lists take precedence over verbal commitments.”

Results

Results will be posted on Match Day at 1:00 p.m. eastern time on the NRMP Web site or can be obtained by contacting the NRMP office. Information includes:

- Applicants — Where they matched
- Programs — Who matched to the program

The NRMP Directory, available in the NRMP’s secure, web-based Registration, Ranking and ResultsSM (R3SM) system to all registered participants, lists all of the hospitals and programs currently enrolled in The Match.

Types of Positions Offered Through the Main Residency Match

- **Categorical (C) positions** are programs that expect applicants who enter in their first post-graduate year to continue until they have completed all of the training required for specialty certification, provided their performance is satisfactory.
- **Primary Care (M) positions** are categorical primary care or generalist positions offered in some Internal Medicine and Pediatric specialty programs.
- **Preliminary (P) positions** provide one or two years of prerequisite training for entry into an advanced positions in specialty programs that require one or more years of broad clinical training. Internal Medicine, Surgery, and Transitional programs commonly offer preliminary positions.
- **Advanced (A) positions** begin in the year after The Match and are in specialty programs that begin training after completion of one or more years of preliminary training. Applicants without prior graduate medical education can apply for these positions while also applying for preliminary positions that are compatible with their plans.
- **Physician (R) positions** are advanced positions in specialty programs that start in the year of The Match and are reserved for physicians who have already had some previous graduate medical education. Physician positions are not available to senior U.S. medical students.

Specialties Matching Service

The NRMP also conducts matches for fellowship positions in 38 subspecialties through its Specialties Matching Service. Those positions involve further training after completion of the initial residency program and lead to certification in a subspecialty (i.e., cardiology).

The fellowship Matches are conducted throughout the year. Please verify each fellowship's respective Schedule of Dates.

Please contact the NRMP at (202) 862-6077 or 1-866-617-5834 if you have questions about fellowship Matches.
Residents should look at the evaluation process as an aid to their work toward becoming a competent physician, and not as a punitive exercise.

Residents can approach faculty and their chief resident and request informal feedback on their performance at any time.

Operative experience – the type and number of cases each resident does as a primary surgeon or as an assistant – is logged by the resident via the ACGME website. Case logs are reviewed by the Program Director to assess parity of experience among junior and intermediate residents, and breadth and depth of cases for chief residents.

The evaluation process varies by program. Below are some examples.

1. Faculty Evaluations
2. Evaluation by the clinic nurses and head nurse of the otolaryngology ward
   a.
3. Videotape of patient interaction in clinic
4. Patient evaluations
   a. Each resident will be given patient evaluations that they are to distribute to patients of their choice during the year.
   b. Both clinic patients and inpatients may be asked.
   c. The resident will give the patient the form and the envelope, which is addressed to the Program Coordinator, and ask them to complete the form, put it in the envelope and return it to any hospital staff member who will put it in hospital mail.
   d. Summaries of these will be available to residents semi-annually.
5. Peer Evaluations
6. Medical Student Evaluations
7. Mock Oral Examinations
8. Observed Examination Evaluation
9. Grand Rounds Evaluations
10. Otolaryngology Training Examination (OTE) Scores
11. Home Study Scores
12. Praise / Concern cards
13. M&O Write up
14. Journal Entries
15. Quality Improvement Project

Residents receive formal feedback at least twice each year by the program director. This evaluation should include a summary of evaluations from all faculty members in the department, review of the operative log, and summaries of nurse, patient, and student evaluations. In addition, conference attendance should be reviewed as well as research and/or future career options.
ERAS Program Update and Registration

Each year in mid February you will receive an email from ERAS requesting that you update your program information and register for the upcoming season. This email will contain your program ID and a new password each year, as well as a link to login to the ERAS system.

If you have not received this email by the end of February or if you are a newly accredited program, you will need to contact the ERAS Help Desk at 202-828-0413 for assistance.

Programs must complete registration to receive ERAS news and updates as well as indicate their participation for the upcoming season.

Registration with ERAS allows residency and fellowship programs to:

- Indicate participation status;
- Identify the type(s) of training offered;
- Designate an ERAS program contact; and
- Update contact information.

**Note:** Be sure to include your program’s Web address in your listing to ensure that applicants have access to relevant information such as program accreditation, requirements, and deadlines.

Programs should register as soon as possible to ensure information is updated as applicants begin to conduct their research.
ACGME Resident/Fellow Survey

As part of its monitoring of residency and fellowship education, ACGME annually mandates that residents complete a survey about duty hours worked and their clinical and education experience. The online survey takes about 10 minutes. A 70% response rate is required for programs with 4 or more residents/fellows; programs with fewer than 4 residents should obtain a 100% response.

ACGME will email each program director and copy the program coordinator when the survey for your program has been scheduled. ACGME does not directly contact the residents or fellows; that is the program’s responsibility. Forwarding the email to the residents will provide them with detailed instructions on logging in and accessing the survey.

Residents have five weeks to complete the survey. This is a firm deadline. ACGME will send one or two reminders to the PD and the PC including the percentage of residents in your program who have completed the survey. Either the PD or the PC should remind the residents of the upcoming deadline. As the deadline nears, you can monitor resident compliance (www.acgme.org Data Collection System – ADS – log in – Resident/Fellow Survey – Residents Not Completing Survey). This will list those residents who have not yet completed the survey.

A few weeks after the survey ends you will receive an email stating that the Resident Survey Aggregate Report is available through ADS. Summary data is available to the PD and the DIO. Site visitors and the RRC will also be able to access the summary data. Site visitors use this information as a focus during your site visit as they meet with the residents.

The ACGME website provides more information about the resident survey. Some of the information can be accessed by going to www.acgme.org – Data Collection Systems – Resident Survey. If you log in to ADS and go to Resident/Fellow Survey, you can click on FAQs and watch video tutorials. This is also how you access the aggregate report.

There are sample surveys available on the ACGME website. The wording of the questions on the survey can be confusing; the PD can clarify questions or terminology in a resident discussion. The PD should not try to influence the resident answers but encourage the residents to answer them honestly. If the residents do have issues or problems it would, however, be best if they would discuss them with the program director or chair prior to putting them on the survey.
The Otolaryngology Training Exam (OTE) is a multiple choice exam that evaluates a resident’s factual knowledge, interpretation skills and problem solving abilities. The OTE is administered by the American Board of Otolaryngology (ABO) and is usually the first Saturday in March. Questions are based on each specialty area including: allergy, fundamentals, head and neck, laryngology, otology, pediatrics, plastic and reconstructive, rhinology and sleep.

In the Fall (September or October), programs will be notified that registration is open for the upcoming exam. Programs will need to register your institution as a test site and the residents who will be taking the exam.

This particular exam is not designated as a program requirement, however is it strongly suggested. Policy V.A.1.f of the ACGME Otolaryngology program requirements states “Residents must participate in existing national examinations. Use of the annual Otolaryngology Training Examination is strongly suggested. An analysis of the results of these testing programs must be limited to guiding the faculty in assessing the strengths and weaknesses of the program and individual residents.”

In late May, individual examinee reports are available for download on the ABO web site. These should be used to access the knowledge of each resident.
ACGME Annual Meeting

The first weekend in March is usually the Annual ACGME meeting. The meeting typically runs Friday –Sunday and also has a Professional Development session for coordinators on the Thursday prior to the meeting. The development forum targets both new and experienced residency and fellowship program and/or institutional coordinators who assist the program director or DIO at their institution in the administration of the program. Registration and hotel information can be found on the ACGME website (www.acgme.org). The ACGME will send an email announcing the meeting as well as call for abstracts for presentation. This is a great opportunity to showcase a best practice and develop your public speaking skills.

This 3-day meeting is a great time to hear updates from the ACGME as well as to hear presenters from across the country on issues of accreditation that affect all programs. It is also a good time to meet up with fellow coordinators from your specialty as well as other specialties to exchange thoughts and ideas.

In addition, they offer a 1-day conference for coordinators with less than 2 years on the job at ACGME headquarters in Chicago. Dates for the Basics of Accreditation conferences can be found on the ACGME website.
April is a good time to begin your rotation schedule for the upcoming academic year. It is after the match and before you will begin planning end of year activities and orientation. If possible, try and use a template from past years and simply change the names. If you need to send your residents to outside institutions and/or departments, begin to get approvals even back in February so that you are free to plug in the rotations in April.

The rotations and their length should be discussed with your PD and based on ACGME requirements (H&N Surgery, Otology, Rhinology, Facial Plastics, Laryngology). The first year is composed of mostly rotations in general surgery and will require that you communicate with the GS coordinator to secure the months you need. Using colors to code residents in the schedule helps to determine if each resident has an assignment each month. Excel is a good way to manipulate the columns and rows without a great deal of difficulty. Assigning residents to an area by quarter allows for continuity within that specific area.
Credential PGY2s for Outreach Clinics / Hospitals.

May is a good time to begin working on credentialing your PGY2s if they rotate to clinics or other hospitals that are not part of your sponsoring institution. You will need to contact each institution for instructions on their resident credentialing processes. You will also need to make sure there are Program Letters of Agreement (PLA) between your sponsoring institution and the facility your resident is rotating. PLAs are an ACGME requirement.
C. Program Evaluation and Improvement
   
   1. The program must document formal, systematic evaluation of the curriculum at least annually. The program must monitor and track each of the following areas:
      a) resident performance;
      b) faculty development;
      c) graduate performance, including performance of program graduates on the certification examination; and,
      d) program quality. Specifically:
         (1) Residents and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually, and
         (2) The program must use the results of residents’ assessments of the program together with other program evaluation results to improve the program.
   
   2. If deficiencies are found, the program should prepare a written plan of action to document initiatives to improve performance in the areas listed in section V.C.1. The action plan should be reviewed and approved by the teaching faculty and documented in meeting minutes.

   All programs must conduct and document a formal, systematic evaluation of the curriculum and faculty at least annually. The annual program evaluation is in addition to the GMEC internal review. The results of the internal review may become a part of the annual program evaluation. The annual program review committee should include the program director, associate program director(s), the education program coordinator, faculty representatives, and trainee representative(s). Programs should establish a written plan for program evaluation and improvement to assure that a systematic evaluation takes place annually, that the results identify the program’s strengths and weaknesses and that needed improvements are made. The annual program evaluation is typically completed at the end of each academic year.

   At a minimum the program should monitor and document improvement efforts in each of the following areas but can do additional assessments as desired:
      • Resident and fellow performance such as results on in-training examinations and scholarly activities such as publications/presentations
      • Faculty development including activities directed toward developing the faculty members’ teaching abilities, professionalism, and abilities for incorporating practice based learning and improvement, systems based practice, and their interpersonal and communication skills. This data can be collected by a review of updated CVs or a separate survey.
      • Graduate performance on certifying examinations. Programs may also wish to survey graduates at incremental periods to inquire about current professional activities and perceptions on how well prepared they were upon completion of the training program.
Quality of the training program. Residents and faculty must have the opportunity to evaluate the program on an annual basis. These evaluations should include assessments of the planning/organization, support/delivery, and quality of patient care (inpatient/outpatient) rotations, the didactic components of the program, opportunities for trainee/faculty scholarship, effectiveness of leadership, research opportunities, and overall educational experience.

The program must evaluate the performance of their faculty as related to the educational program at least annually. This evaluation must include the trainee’s written confidential evaluations of faculty completed at the end of each rotation and include a review of the faculty’s teaching abilities, commitment to education, clinical knowledge, professionalism, and scholarly activities. To maintain confidentially of these evaluations in small programs, the responses should be collected over a period of time such that the responses cannot be linked to specific residents.

Other resources to consider reviewing during the annual program evaluation could include the:

- program’s responses to any previous ACGME citations and/or internal review citations
- current status of recommendations outlined in previous annual program review’s action plan
- resident operative experience reports
- most recent ACGME Resident Survey
- trainee selection process
- program’s recruitment/retention statistics/diversity statistics
- criteria for advancement of residents
- quality improvement and patient safety initiatives involving trainees
- graduate career choices
- program’s overall educational goals, and
- ACGME program requirements

Following the formal review of the program, a written plan of action should be prepared to document initiatives to improve any deficiencies noted in the areas listed. The action plan should be reviewed by the teaching faculty and recorded in the minutes of the meeting.

Check with your GME office to make sure they do not already have a template for the items you need to cover during the annual review.
Orientation - PGY1

It is a good idea to do a formal orientation with your new PGY1’s. A suggested orientation group includes the Program Director, Program Coordinator and Chief Residents.

This meeting should cover:

1. Rotations
2. Duty Hour Requirements
3. Fatigue
4. Explanation of the ACGME Survey
5. Evaluations
6. Competencies
7. Policies and Procedures, (i.e. vacations, sick leave, holidays, evaluation, etc).
8. Procedure entry in the ACGME/ ADS
9. In-Service Exam

An example of documents included in the department orientation binder used by the Department of Otolaryngology-Head and Neck Surgery at the University of Kansas School of Medicine includes:

1. Department contact/phone list
2. Rotation Schedule
3. Goals and Objectives for each assigned rotation
4. A copy of the Duty Hour Requirements from the ACGME website
5. 28 day cycle for ease of calculating the 1/7 off
6. Department Vacation/Meeting Policy
7. PGY-1 Reading Requirements
8. Copy of the department’s Policy and Procedure manual
9. Portfolio Binder

The PGY1 resident needs to be assured that there will be no ramifications for questioning assigned responsibilities which result in a violation of duty hours or the 1/7. If the resident is not able to resolve these situations with his/her peers or faculty members, then the issue should be brought to the attention of the Program Director or Program Coordinator.
The American Board of Otolaryngology Resident Registry is where we log information for the American Board of Otolaryngology. Information pertaining to our residency program is found in their database. An email is sent from ABO indicating it is time to complete the annual update. As coordinators we are responsible for the basic demographics ie: name and address of program, name and phone numbers of program director and program coordinator as well as updates for current residents. The Program Director must evaluate each resident and indicate when the resident is deemed competent in certain procedures that are delineated as core surgical procedures by the ABO. The PD must also complete a summary statement for graduating chiefs.
ACGME WebADs Update
(Web-based Accreditation Data System)

WebADs is an online tool used by the ACGME for:
- tracking program accreditation information
- reporting a change in program director/department chair;
- requesting a change in approved resident complement;
- annual tracking of certain statistical information for each residency/fellowship program;
- supplying information on each resident/fellow enrolled in the training program.

It also serves as a repository for the:
- Resident Survey
- Site Visit Notification/Program Information Form preparation
- Faculty Roster
- Resident Case Log System

The ADS is located on the ACGME homepage (www.acgme.org) under the Data Collection Systems tab. The 10-digit program ID number and password is required for access to the program’s database on WebADs. The information collected by the WebADS is not shared but is kept confidential for ACGME purposes only. However, there is a feature on the WebADs website that allows programs to request their completed information in file format for internal use and/or for submission to other organizations such as to the AAMC GME Track.

All ACGME-accredited programs throughout the United States are required to submit WebADs updates on an annual basis. Each school/program is assigned a specific reporting time frame. The annual update includes numerous sections and the website provides a status update for each section on the main screen.
Home Study Course Registration

The American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS) offers a Home Study course that the residents can study and take an online exam on their own time, and submit by the due date. There are 8 sections, and 4 sections are completed each year.

The course materials are sent to the primary address on file, you can choose program or home address. The renewal invoices are sent out in July, to the address on file,. The program will receive a list of renewals due each year and residents can renew online. The subscription can be renewed for either one or two years, at your programs discretion.

Please note there is an early registration savings until the first part of August.
ACGME Resident Case Log Submission

The ACGME Residency Review Committee for Otolaryngology and the American Board of Otolaryngology require all residents to use the ACGME Case Log reporting system for documenting operative experience. (PGY-1 residents should enter only otolaryngology cases into the database). The RRC uses the Resident Case Log system to assess compliance with the program requirements that residents should have equivalent and adequate distribution of case categories and procedures.

Otolaryngology programs are required to submit a final summary operative report for each of their residents who completed training during the academic year. The deadline for submitting these reports for otolaryngology and otolaryngology subspecialty programs is September 1 (deadlines vary among specialties). The deadline is not negotiable since the ACGME uses the data to create a national database and statistics for review at the next RRC meeting.

The final operative report is created through the Year End Archive process within the Resident Case Log System. Detailed instructions for completing this process can be found at https://www.acgme.org/residentdatacollection/documentation/yearendinstructions.pdf

A hard copy of the operative report does not need to be submitted to the ACGME since completing this Year End Archive process will fulfill the requirement for a final summary report submission.

Graduating residents should be advised to save a copy of their “Full Detail Report” for future reference since that report will not be available once the ACGME archives the data. This report can be created under the Reports tab. Open the Full Detail Report, select the floppy disk icon from the menu on the left hand side of the screen and export the report to the Adobe PDF format.

Coordinators should save a copy of the graduating residents’ Operative Experience Report as well as any other report before submitting the data to ACGME. Coordinators should also save a copy of the Key Indicator Report for each of the graduating residents. On the Year End tab, select the “Generate Completing Residents Key Indicator Report.”
Beginning September of each year, ERAS opens. In preparation for the new interview season, you will need to install the updated Program Director’s Workstation (PDWS) software. An email is sent indicating your QuickStart card is available from the ERAS Account Maintenance (EAM) Web site (https://services.aamc.org/eras/erasaccount). The QuickStart Card contains access codes and passwords that are required to download the PDWS software and install it on your system. You may want to speak with your IT staff for assistance with completing software installation.

Use the same login ID and password to log into EAM that you used when you registered for ERAS early in the year. Once you are logged into EAM, click on the "Print your QuickStart Card" link (in blue). If you do not have your login information, are unable to access EAM, or are experiencing any difficulties, contact the ERAS HelpDesk via email or calling (202) 828-0413.

Usually around the 2nd week of September the ERAS post office opens and you can start downloading applications.

It is also a good idea to archive your data from the previous year. ERAS provides instructions on how to do this. Again, you might want to have your IT department help with this process.
Interview Season
Recruitment and Selection of Residents

Most residents are selected through a formal matching process. The majority of residency applications are downloaded from the Electronic Residency Application Service (ERAS® - covered in subsequent section), a service of the Association of American Medical Colleges (AAMC).

ERAS® was created in 1995 to enhance the transition of medical students to residency by reducing the amount of time spent on the application process. ERAS® transmits a standardized application, letters of recommendation (LoRs), the Medical Student Performance Evaluation (MSPE), transcripts, USMLE scores, and other supporting credentials from applicants and designated dean’s offices to program directors. All transmissions are sent to and received from the ERAS® Post Office. Coordinators usually begin downloading applications and supporting documents on September 15.

Each program sets its own deadline for applications to be completed, but once complete, they are reviewed and selections are made for those applicants who are invited for an interview. The number of sessions and actual interview process is set by each program. Interviews are offered for predetermined interview sessions. These offers may be made by e-mail, regular mail or phone calls.

All applicants must be provided with a copy of the benefits information and a sample copy of a house staff contract for your institution.
Interesting Facts about the Residency Application Process – the applicant’s side

- The average applicant applies to 40 programs and interviews at an average of 10-15 programs.
- The average cost to each applicant to interview is approximately $5,000. Many applicants actually take out loans to complete this process.

The breakdown follows:

ERAS:
- $75 for the first 10 programs = $75
- $8 each for 11-20 programs = $80
- $15 each for 21-30 programs = $150
- $70 charge by USMLE to submit transcript, regardless of number
- Application fees = $305 for 40 programs
- USMLE fee = $70
- NRMP Registration Fee = $50 (early registration, $100 late)
- TOTAL App Fee = $425 (or $475 if late registration)

PLUS
Travel to 15 programs
Airfare
Hotels
Food
Ground transportation
The “short and sweet” on the Application/ERAS® process:

- Applicants receive an electronic token from their designated dean's office and use it to register with MyERAS.
- Applicants complete their MyERAS application, select programs, assign supporting documents, and transmit their application to programs.
- Schools receive notification of the completed application, and start transmitting supporting documents: transcripts, LoRs, photographs, MSPE.
- Examining boards receive and process requests for score reports.
- Programs contact the ERAS® PostOffice on a regular basis to download application materials.
The Applications

- Programs receive varying numbers of application submissions and there is diversification among programs in the way applicant files are reviewed and interviewees selected.
- Application size varies from 25-40 pages and consists of
  - ERAS Application
  - Personal Statement
  - CV
  - Medical School Transcript
  - USMLE Transcript
  - Minimum of 3 Letters of Recommendation
  - Medical Student Performance Evaluation from their Dean
- Applications also include any other material, i.e. publications, etc. that the student may want to send
- On average program interview 11-15 people for position available
- There are approximately 105 accredited Otolaryngology residencies in the U.S.

.....and, now, for the detail......

ERAS® - The Electronic Residency Application Service

The Association of American Medical Colleges (AAMC) developed ERAS®-the Electronic Residency Application Service to integrate the newest in electronic technologies with the traditional residency application process when the use of the computer and the internet were poised to become a practical means of communication for schools and hospitals. ERAS® simplifies the process for the applicants, schools, and residency programs by transmitting residency application materials and supporting credentials from medical schools to residency programs over the internet. Not all programs use ERAS®. Some programs take applications directly, or through the San Francisco Match. ERAS® began operating in 1995. Since its introduction, ERAS® has added additional specialties and accommodated more applicants.

How ERAS® Works

ERAS® consists of four components: MyERAS, the applicants’ web-based software; the Dean’s Office Workstation (DWS) for medical schools; the Program Directors Workstations (PDWS) for residency programs, and the ERAS® PostOffice (ERASPO). In ERAS®, applicants go to the web to complete a common application form, personal statement, and select which residency programs will receive their application using ERAS® software. All applicants applying to programs using ERAS® have access to the service through their designated Dean’s Office. Seniors and prior year graduates of U.S. medical schools, including osteopathic schools, apply through their student affairs or academic affairs office at their school of graduation. Students and graduates of foreign medical schools obtain ERAS® materials from and forward their supporting documents to the ECFMG. Students and graduates of Canadian medical schools forward ERAS® application material to the Canadian Resident Matching Service (CaRMS).

Once the applicant completes his/her application on the web, the appropriate Dean’s Office Workstation is notified. Student affairs staff then scan and attach the medical student performance evaluation (MSPE), and transcript. There is a LOR portal for letter writers to upload their letters directly to ERAS. Software at the DWS then encrypts the files for security and transmits them to the ERAS® PostOffice over the Internet using file transfer protocol.
At the PostOffice, applications are queued for download according to the applicant instructions. Documents are available to programs for downloading as they are received, except in the case of the MSPE, which are held at the PostOffice until October 1. For example, a program may receive an application and transcript first and download recommendation letters as they arrive later. Residency programs contact the PostOffice and get their mail using their ERAS® PDWS software. Files are automatically decrypted with applicant “files” created and collated by the software. Program directors and their staff can sort, review, evaluate, or print the applications received using criteria established by the program.

The National Board of Medical Examiners (NBME) participates in ERAS® by transmitting complete USMLE transcripts to programs as instructed by applicants. ECFMG sends the USMLE transcripts for IMGs (International Medical Graduate). In addition, for each IMG, ECFMG produces a report that documents the status of their ECFMG certification. This “Certification Status Report” is updated by ECFMG as new information is available through the year, for example verification of diploma or recording a passing score for a USMLE Step exam.

All transmissions are sent to and received from the ERAS® PostOffice. Equivalent to having a post office box operated by the U.S. Postal Service, mail is delivered to the various mailboxes. Individual programs contact the ERAS® PostOffice to retrieve their mail. Each medical school and residency program determines schedules and procedures regarding the processing of application files and contacts the PostOffice. ERAS® is designed to be adaptable to each residency program and medical school. For programs, this flexibility includes a number of data management tools that can assist in the process, but do not lead the process. Successful use of ERAS® is dependent upon the applicants, medical schools, and residency programs fulfilling their roles in the process.

**ERAS® User Manuals and Website**
ERAS® software is designed to be easy to use, and most users agree. ERAS® has user manuals, online help and a tutorial to help new users get started. ERAS® has a website with up-to-date information at www.aamc.org/eras.

**Roles and Responsibilities of the ERAS® Players**
There are six major participants in the ERAS® process each with special roles. A clear understanding of the responsibilities of each participant will help when establishing guidelines and policies for using ERAS® at individual programs.

It is the applicant’s responsibility to contact each residency program for requirements, deadlines, and program information. Applicants obtain a token from their designated Dean’s office which allows them to access the MyERAS website and complete the application form. In addition, applicants are expected to request and assign all supporting documents before submitting their applications to programs. It is extremely important for the applicant to ensure that the application is complete, all deadlines are met, and fees paid. Finally, applicants should track the delivery of their documents and follow up, when necessary, with their Dean’s office and/or residency program.

Medical schools establish local policies and procedures for processing applications using ERAS®. It is the school’s responsibility to support applicants in the application process. Schools must download applicant files, and scan and attach documents to the applicant files. They then transmit the documents to the PostOffice. Schools provide official transcripts and authentic MSPEs via their ERAS® software. Schools do not verify the authenticity of letters of
recommendation they receive and transmit. As in the traditional paper system, it is the responsibility of the residency programs to review these letters. Finally, schools back up their data on a daily basis, and inform the AAMC of any problems.

**ECFMG** acts as the designated Dean’s office for all IMGs. ECFMG is responsible for transmitting USMLE transcripts to programs as instructed by applicants. They also transmit and update an official ECFMG Certification Status Report. ECFMG does not, however, authenticate transcripts, MSPEs, or letters of recommendation received by applicants. These documents are often sent to ECFMG from the applicants and are scanned by ECFMG as copies rather than original documents.

**NBME** is responsible for transmitting USMLE transcripts to programs as directed by applicants. When electronic copies are unavailable, NBME will send paper transcripts for NBME Part or NBME / USMLE Step combination tests. NBME also updates scores as requested by applicants.

**Residency programs** establish and maintain communications with the PostOffice. They also must provide the appropriate equipment to run ERAS®. Programs retrieve applications from the PostOffice. It is also their responsibility to communicate with applicants regarding processing files at their program. Residency programs must back up PDSW data for their security and inform AAMC of any problems.

**AAMC**’s role in ERAS® is to provide software, manuals and instructions to users. AAMC is tasked with providing technical and procedural support to schools and programs. Most importantly, AAMC ensures the reliability and security of file transfer of application material.

**International Medical Graduates**

All International Medical Graduates (IMG) must have a certificate from the Educational Commission for Foreign Medical Graduates (ECFMG) certifying that they are approved to pursue graduate medical education training in the United States. In order to achieve ECFMG certification, international graduates must submit their credentials to the ECFMG and pass competency tests in both English and clinical skills. IMGs must obtain their ERAS® application kits from the ECFMG, which will issue them only to qualified applicants. ECFMG sponsors J-1 visas for House Staff.

**Visa Options for International Medical Graduates (IMGs)**

An International Medical Graduate usually holds one of these types of visa (or visa status):

• **F-1 with OPT/EAD**
  This status is commonly seen with an IMG who completed medical school in the USA. After completion of medical school the IMG is entitled to one year of optional practical training (OPT) and begins the residency program with an employment authorization document (EAD) that allows employment for one year. A resident on F-1 status must change to either a J-1 or H-1B status to continue residency training past PGY-1.

• **H-1B (or E-3 for Australians)**
  The H-1B is an employment visa – house staff can be “employees.” This visa status is regulated by the Department of Homeland Security (US Citizenship and Immigration Services, Customs & Border Protection) and the Department of Labor (DOL). An H-1B can be used for up to six years so persons in longer programs may need to move to J-1 status or obtain Permanent
Residence. Every IMG that qualifies for H-1B status can also get a J-1 but every IMG that qualifies for J-1 status cannot get an H-1B.

• **J-1**
  Since the J-1 visa is preferred for house staff (no cost to the program) the process is outlined below:

  **GME Process for J-1 Visa**
  J-1 Visa Status is a temporary, non-immigrant visa for full-time educational training-not employment. The J-1 has a two-year home residency requirement with seven years maximum progressive training. There are three organizations and one federal agency involved in the J-1 visa process for IMG’s:
  • Department of State – administers the Exchange Visitor (EV) Program (which includes the J-1 medical training program).
  • Association of American Medical Colleges (AAMC) – Monitors and sets standards for medical education and administers the Electronic Residency Application Service (ERAS®)
  • National Residency Matching Program (NRMP) – administers the “Match”
  • Educational Commission for Foreign Medical Graduates (ECFMG) serves as the Responsible Officer (RO) for the EV Program and provides academic credentialing services and issues the DS-2019. ECFMG is also responsible for authorizing travel for the J-1 IMG and issuing the ECFMG certification.
  
  In order to be issued a DS-2019, an IMG must have ECFMG certification.
  
  ECFMG Exam and Certification requirements:
  • USMLE Step 1
  • USMLE Step 2 (CK – Clinical Knowledge)
  • USMLE Step 2 (CS – Clinical Skill)
  • Primary source verification of final medical diploma and transcripts
  • English test proficiency (except for graduates of Canadian medical schools)

  Each GME/Teaching Hospital has a designated Training Program Liaison (TPL) who works directly with ECFMG.

  There are three main types of J-1 Visa Applications.
  • Initial Application
  • Application for Continuation
  • Non-Standard Training Program Application
  All instructions are located on the ECFMG website: [www.ecfmg.org](http://www.ecfmg.org). The application process changed effective October 2011 to an on-line process which must be initiated by the TPL at the training institution.

  **Due Dates:**
  For On-Cycle Hires, notify your TPL of J-1 continuation or initial applications on a specified date in March of the hiring year. The USMLE/ECFMG ID number should be included in any correspondence as this will be required for the on-line process. Your TPL will initiate an appointment profile and “add applicant” to the on-line EVNet system created by ECFMG. The current or incoming resident/fellow will then receive an email from ECFMG with instructions to complete the application process. Supporting documentation must be submitted via mail or fax after the online process is completed by both parties as “one packet” so it is important that this process be coordinated with your TPL.
It is strongly recommended that the program generate an offer letter from the Program Director to the incoming house staff member to be signed by the applicant for acceptance and returned to the TPL. The letter must include specific start and end dates of the training year, Specialty and Sub-Specialty of the training program, training level (PGY Level) and stipend amount. This letter or the house staff agreement (contract) will be required before the on-line application can be initiated.

If the application is approved, ECFMG will issue Form DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status to the TPL. Your TPL will provide the original to the applicant with a copy to the GME file and a copy to the Program Coordinator for notification of the completed process and documentation for files.

**Please note:**
- J-1 renewal is required annually.
- ECFMG requires 4-6 weeks for processing.
- By March 24th (date for on-cycle hires) notify your TPL of any incoming or continuing housestaff who need an initial or continuation of J-1 sponsorship.
- When the J-1 Physician reports for training he/she must present the TPL with evidence of approved J-1 Visa Status in order to begin the training program. Documentation includes J-1 Visa Stamp in Passport, J-1 D/D (Duration of Status) on I-94 Arrival/Departure Record. TPL Reports Arrival/Delay to ECFMG within 30 days.

**GME Must Report Any Changes to ECFMG**
Any of the following changes must be reported to ECFMG by the TPL so it is imperative that you make sure your GME/TPL stays informed.
- Remediation
- Leave of absence
- Licensure delay
- Proposed Off-Site Rotations
- Proposed early advancements
- Resignations
- Contract Terminations
- Legal Concerns, Allegations, Internal Hearings, etc
- Travel

**Other Visa Options**
Other visa status possible, but far less prevalent, include L-2, E-3D J-2, pending PR with AD, etc.

**The Match**
For most coordinators, “The Match” means the National Residency Matching Program (NRMP). (Other programs may come through something called The San Francisco Match, or might select their applicants apart from any match.) The NRMP is a private, not-for-profit corporation established in 1952 to provide a uniform date of appointment to positions in GME.

Five organizations sponsor the NRMP: the American Board of Medical Specialties (ABMS), the American Hospital Association (AHA), the Association of American Medical Colleges.
(AAMC), the American Medical Association (AMA), and the Council of Medical Specialty Societies (CMSS).

Each year the NRMP conducts a match that is designed to optimize the rank ordered choices of students and training programs. In the third week of March, the results of the Match are announced. The NRMP is not a centralized application service for GME programs and cannot advise applicants in selecting specialties or programs. The NRMP is simply a mechanism for the matching of applicants to programs according to the preferences expressed by both parties. Programs accredited by the ACGME are eligible for participation in the NRMP. Institutions wishing to offer residency positions in the Match must register their program annually. As a result of participation in the NRMP, hospitals enrolling programs in the NRMP agree to select senior student applicants in U.S. allopathic medical schools only through the Match in accordance with the policies established by the NRMP. Positions may be offered through the Match to physician graduates of U.S. and Canadian schools of allopathic medicine, U.S. schools of osteopathic medicine, and schools of medicine located outside the U.S. and Canada who meet eligibility requirements set forth by the NRMP.

An annual schedule of dates is Available online on the NRMP’s website. Notice of any changes to the schedule is posted to the NRMP web site (www.nrmp.org). Adherence to these dates is essential. Materials must be received by the NRMP by the published deadlines. The listing of an applicant by a program on its Rank Order List [ROL] or of a program by an applicant on the individual’s Rank Order List establishes a commitment to offer or to accept an appointment when a match results. Under certain conditions, applicants may withdraw from the NRMP, provided such withdrawal occurs prior to the Rank Order list submission deadline. Applicants who have accepted a residency position through any previous match or outside the NRMP Match must withdraw from the NRMP; or if the position secured is for an advanced program. The applicant can only rank first year preliminary or transitional programs.

Programs may withdraw, or may withdraw positions, from the NRMP, provided such withdrawal occurs prior to the date established by the NRMP, and published as the final date for changes in programs and/or available positions for the NRMP. The registration fee paid by applicants and the GME office is nonrefundable.

To learn about the match algorithm, please see http://www.nrmp.org/fellow/algorithm.html

**NRMP Main Match Schedule [for 2013]** (to ensure schedule accuracy, please go to http://www.nrmp.org/res_match/yearly.html)

<table>
<thead>
<tr>
<th>April</th>
<th>Agreement materials are sent to medical schools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>May</td>
<td>Agreement materials are sent to hospitals.</td>
</tr>
<tr>
<td>June</td>
<td>Agreement materials are available for Independent Applicants.</td>
</tr>
<tr>
<td>July</td>
<td>NRMP should receive <em>U.S. Student Agreements</em> and <em>Institution Agreements</em>.</td>
</tr>
<tr>
<td>September</td>
<td>Registration opens at 12:00 noon Eastern time for applicants, institutional officials, program directors and medical school officials.</td>
</tr>
<tr>
<td>November 30</td>
<td><strong>Applicant early registration deadline</strong></td>
</tr>
<tr>
<td></td>
<td>Note: Applicants may register for $50 until 11:59 p.m. Eastern time. Applicants who register after November 30 must pay an additional $50 late registration fee ($100 total fee) until February 20, 2013, when registration closes.</td>
</tr>
<tr>
<td>Date</td>
<td>Event Description</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>January 15</td>
<td><strong>Rank order list entry begins:</strong> Applicants and programs may start entering their rank order lists at 12:00 noon Eastern time.</td>
</tr>
<tr>
<td>January 31</td>
<td><strong>Quota change deadline:</strong> Programs must submit final information on quotas and withdrawals by 11:59 p.m. Eastern time.</td>
</tr>
</tbody>
</table>
| February 20| **Deadline for registration and ROL certification deadline:** Applicants and programs must certify their rank order lists before 9:00 p.m. Eastern time. Staff will be available to answer your questions during the final deadline hours. CERTIFIED applicant and program rank order lists and any other information pertinent to the Match must be entered in the R3 System by this date and time.  
**Withdraw deadline:** Independent applicants who have accepted a position through another national matching plan or by agreement outside the Matching Program must withdraw before 9:00 p.m. Eastern time. |
| March 11   |  
- Applicant matched and unmatched information posted to the Web site at 12:00 noon Eastern time.  
- Filled and unfilled results for individual programs posted to the Web site at 12:00 noon Eastern time.  
- Locations of all unfilled positions are released at 12:00 noon Eastern time only to participants eligible for the Supplemental Offer and Acceptance Program (SOAP). |
| March 12   | Programs with unfilled positions may start entering their Supplemental Offer and Acceptance Program (SOAP) preference lists at 11:30 a.m. Eastern time. |
| March 13   | Programs with unfilled positions must finalize their first-round Supplemental Offer and Acceptance Program (SOAP) preference lists by 11:55 a.m. Eastern time.  
Supplemental Offer and Acceptance Program (SOAP) offer rounds begin at 12:00 noon Eastern time. |
| March 15   | **Match Day!** Match results for applicants are posted to Web site at 1:00 p.m. Eastern time.  
Supplemental Offer and Acceptance Program (SOAP) concludes at 5:00 p.m. Eastern time. |
| March 16   | Hospitals begin sending letters of appointment to matched applicants after this date. |

**Supplemental Offer and Acceptance Program (SOAP)**  
**Note:** SOAP-eligible unmatched applicants shall initiate contact with the directors of unfilled programs only through ERAS®. Other individuals or entities shall not initiate contact on behalf of any SOAP-eligible unmatched applicant prior to contact from directors of unfilled programs. Such contact is a violation of the **Match Participation Agreement.** Contact between programs and matched applicants prior to the general announcement of 2013 Match results at 1:00 p.m. Eastern time Friday, March 15, 2013 also is a violation of the Match Participation Agreement.

**Applicant Record Retention**  
Please check with your sponsoring institution regarding their record retention policy.
Free Journal Subscriptions

ANNALS OF OTOLOGY, RHINOLOGY & LARYNGOLOGY – Annals Publishing Company will notify your program director about its complimentary resident journal program.

The year subscription to Annals of Otolaryngology is available free to all otolaryngology residents and postgraduate fellows. The subscription runs January through December.

You need to email circulation@annals.com the following information on each of your residents/fellows you would like to enroll in the program: complete name, home address (no institution or lab address will be acceptable), date of graduation, and email address. If you prefer, you may fax the requested information to (314)367-4988. A deadline will be given; it is usually the end of October.

THE LARYNGOSCOPE
The Laryngoscope is the official journal of the Triological Society and is offered free to all resident members. Residents have no membership dues for the society but residents must re-apply each year to renew their memberships.
OPCO Annual Meeting

The SUO-AADO meets on a Friday-Sunday in November. The OPDO meets on Friday and the OPCO meets on Saturday. The SUO-AADO meet on Friday, Saturday and Sunday. It is important for coordinators to attend the OPDO session as the program directors frequently discuss issues that pertain to program issues that coordinators can and do have input on. The OPCO meets on Saturday and brings in speakers from the ACGME-RC, NRMP, ERAS, and the ABOto. In addition, coordinators present on topics of interest to all and hold an open forum for questions and exchange of hot topics and/or best practices. The is an extremely beneficial weekend packed full of learning opportunities with time for socializing at night with other coordinators since it’s always nice to put a face with a name. The networking is invaluable. Be sure to bring your business card to exchange.
GME Track Program in for FREIDA

This is not a requirement for accreditation.
Check with your GME office for your institution’s policy on participation.

http://www.ama-assn.org/ama/pub/education-careers/graduate-medical-education/freida-online.page

FREIDA is a database of ACGME accredited programs and combined specialty programs.

Residents and Fellows can search this database for programs by specialty, state, institution and other optional criteria.

The data obtained is collected by the American Medical Association and the Association of American Medical Colleges via the annual National GME Census.

GME Track® is a resident database and tracking system to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC and AMA’s prior GME surveys.

May of each year The National GME Census is completed by residency program directors and institutional officials. The Census is comprised of two components: The Resident and Program surveys. The Program Survey collects detailed information about each residency program and is used to update **FREIDA Online™. The Resident survey collects training status and biographical information on each resident and fellow, which is used for a variety of purposes. As program coordinator you will receive an email stating it is time for your annual update.
To begin the process, you will need to go to the AAMC website, https://www.aamc.org

Once on the AAMC home page click on “SERVICES”

Scroll down to

“GME Track®”
GME Track® is a resident database and tracking system that assists GME administrators and program directors in the collection and management of GME data.”

Click on the GME Track® heading
Now click on “Sign in to GME Track”

This is the page you will use to sign in. Your user ID is your ACGME program number. If you don’t know your password, you will need to check with your Program Director. If you still are not able to locate the password, you will need to click on “forgot my password” and a new password will be sent to either to the email address which has previously been submitted as the contact email. This could either be the Program Director or Program Coordinator’s.
After you have logged in, the GME Track home page will appear.

Now you are ready to start your updates…
Click on National GME Census tab
Begin the update by clicking on “RESIDENT UPDATE” in line 1. You will need to click on the “printer” icon at the far right of each name and update all biographical information, making sure that you promote or complete each resident. Also on this screen you will add your new residents who have begun their Otolaryngology training.
After all residents have been added or updated you MUST APPROVE RESIDENT SURVEY.

You will then be prompted to “GO TO PROGRAM SURVEY”

Click on the purple “GO TO PROGRAM SURVEY” bar

You will now need to verify and update your program information.

When you have completed all sections, you will click on the “SAVE AND GO TO COMPLETED PAGE” at the bottom of page 9
You are now ready to complete the program survey, click “Approve Program Survey”

**FREIDA Online® is a database with nearly 9,000 graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education, as well as over 200 combined specialty programs.**

Program data for FREIDA Online are collected by the American Medical Association and the Association of American Medical Colleges via an annual survey called the National GME Census.