

Record Retention, Completion of Training and Graduation

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No disclosures

poor

/pōor,pôr/

adjective

1. When you have too much month at the end of your money.



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Record Retention



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What needs to be kept??



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ACGME Requires:

- Written evaluations (ours are in NI)
- Semiannual evaluations (ours are in NI)
- Summative evaluations (diplomas are housed with our GME)
- Rotation schedules
- Procedure logs
- Records of any disciplinary actions taken
- Moonlighting permission forms (MAR)



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CMS/Medicare requires:

- Rotation schedules
- Proof of prior training (medical school & residency)
- Contracts with training dates (maintained by GME)
- Leave of absence dates
- ECMFG certificates
- Visa information



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Certifying Boards require:

- Verification of prior training (GME)
- Procedure logs (in NI)
- Rotation schedules
- Leave time



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Other things to consider....

- Applications to fellowship program
- Candidate evaluation forms
- Rank order list(s)
- Notes regarding ranking
- Applicant acknowledgement forms



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2018-2019 Resident/Fellow Applicant Acknowledgement

This signed acknowledgement is a confirmation that during my interview(s) with Creighton University Medical Center, I received a copy of the following items:

- **2017-2018 House Staff Contract with Exhibits A & B**
 - Exhibit A: Professional Liability Insurance
 - Exhibit B: Compact & Commitments
- **2017-2018 House Staff Salary**
- **Benefits Plan Summary for 2017**
- **2017 Supplemental Benefit Overview**
- **Policies**
 - Institutional Policy for Resident Eligibility, Selection, Evaluation and Advancement
 - Resident Due Process and Grievance Policy
 - Clinical and Education Work Hours Policy
 - Moonlighting included in Clinical and Education Work Hours Policy
 - Visa Policy
- **Acknowledgement**

Applicant's Signature

Program Name

Applicant's Printed Name

Program Signature Date

Interview Date



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GRADUATE MEDICAL EDUCATION ELIGIBILITY STATUS ACADEMIC YEAR _____

Dear applicant:

Please complete this form so that the program can assess your eligibility to receive training at Creighton University. H-1B Visa is not currently available for the Graduate Medical Education Programs.

1. Are you currently legally authorized to work in the United States?
(Please circle one)

YES NO

2. Will you need J-1 Visa sponsorship for employment?
(Please circle one)

YES

If the answer to question two is "yes," please complete the following questions.

2a. What is your current status (e.g. B-1, F-1, H-1B, J-1, etc)?

2b. How long have you been on your current Visa status?

My signature below confirms that the information provided above is correct and accurate.

Name of Applicant: _____
(Please print name)

Applicant Signature: _____ Date: _____

RETURN TO PROGRAM DIRECTOR



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Star

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Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter practice without direct supervision.

Yes No N/A

(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)

Did the program endorse this trainee as meeting the qualifications necessary for admission to

The information provided on this form is based on review of available training records and evaluations.

Signature: [Click here to enter text.](#)

Printed Name: [Click here to enter text.](#)

GME Title: [Click here to enter text.](#)

Phone Number: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Date Form Completed: [Click here to enter text.](#)

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association Medical Staff Services (NAMSS), and Organization of Program Directors Association (OPDA) have collaborated to create a standardized "Verification of Graduate Medical Education Training (VGMET)" form designed to be completed upon the completion of training (or at the first opportunity thereafter when the program is asked to complete a verification/credentialing form). This group has also been working with the Federation of State Medical Boards (FSMB) to address the needs for licensure within the form and will continue that work. This VGMET is then time-stamped and inserted in the trainee's file. This time-stamped form, along with a cover letter from the current program director or faculty/clinical official, serves as the program's verification of training. The form will not include detailed lists of current procedural or technical competencies.

Section III: Attestation



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ALL CREDENTIALING REQUESTS MUST HAVE THE FOLLOWING FORM COMPLETED: [Residency Verification Request Form](#) (.docx)

Effective July 1, 2017: Due to the increase in requests for information/verification of residency/fellowship training, the department will begin charging for verifications. Please see clarifications below to determine if your verification will incur a fee.

Fellows/residents who have graduated within the last five years:

- The standard verification form will be provided at no charge.
- Completion of a non-standard verification form will be a \$75 charge.

Fellows/residents who graduated more than five years ago:

- Completion of the standard verification form will be a \$75 fee.
- Completion of a non-standard verification form will be an additional \$75 fee.*

*The total fee for a resident/fellow verification that is more than five years out of the program, and is completed on a non-standard form, will total at \$150. The program will send an invoice for payment once a request has been made. The verification will be completed once the payment is received.

Checks should be made payable to Creighton University and mailed to the attention of the program coordinator in the respective program:



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In your downtime....

Off-boarding!!



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My timeline...

March

- Provide GME with your graduating fellow's names and degrees (check, check and recheck!!!)

April

- Remind senior fellows to make sure their procedure logs are up to date – get required lists for off-setting procedures

May

- Provide graduating fellow's future plans to the GME office
- Final CCC meeting – Milestone evaluations finalized and approval for matriculation of 3rd year fellows

May-June

- 6 month evaluations with PD
- Complete summative evaluations and standard verification forms for 3rd year fellows
- Assign 1st/2nd year fellow to each graduating fellow to gain access to their EHR for followup of patient care items
- Complete formal Milestone evaluations for NI and ACGME

Off-Boarding Continued

June

- Institution sponsored Farewell Graduation Luncheon – all programs
- Update NI – new addresses, phone numbers, emails, etc
- Collect pagers, keys, etc
- Finalize GME Exiting Check List
- Complete ABIM FasTrac Evaluations
- Farewell Banquet

Our GME office takes care of:

- Final certificate(s)
- Certificate of Insurance
- HR notification
- End date for badge access
- End date for New Innovations access



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**CREIGHTON UNIVERSITY GRADUATE MEDICAL EDUCATION
HOUSE STAFF CHECKOUT RECORD**

Please complete this form and have it signed by appropriate personnel listed below and returned to the GME Office to receive your Certificate of Completion. GME is the last to sign off on your checkout record.

Name: _____	Program: _____
Forwarding Mailing Address: _____	
City: _____	State: _____ Zip Code: _____
Email Address: _____	Cell Phone Number: _____
Future Plans: _____	

	Task to Be Completed	Contact	Signature of Contact
1.	Check out at Department level for requirement verification	Program Coordinator	
2.	Hospital ID badge to CUMC Security: <ul style="list-style-type: none"> CUMC - <i>Until June 9th</i>, please turn badge into Andrea Hunter or any security representative in the Security Office. Bergan - <i>After June 9th</i>, please call 402.717.4357 and meet security in the main lobby at Bergan to turn in badge 	Security	
3.	CUMC Medical Records Status: <i>Complete only after patient care is complete at Bergan and CUMC. Your access will be terminated immediately.</i> <ul style="list-style-type: none"> House Staff to contact Debbie Todd at Deborah.Todd@alegent.org for email confirmation of completion 	Attach email to confirm completion of all CUMC Medical Records	
4.	EPIC Completion Status: Please allow <i>24-hour notice</i> <ul style="list-style-type: none"> House Staff to contact Craig Kulawik at (402) 343-4513 or Craig.Kulawik@alegent.org or Lisa DeHart at (402) 717-0582 or Lisa.Dehart@alegent.org for email confirmation of completion 	Attach email to confirm completion of all EPIC folders in your in basket	
5.	VA Offboarding Form: Please complete all required steps on the VA offboarding form	Attach a copy of the VA Offboarding form with all required signatures	

❖ *If you will continue to work at the VA – DO NOT complete the checkout process with the VA*

CERTIFICATE OF COMPLETION RECEIVED	
House Staff Signature: _____	Date: _____
GME Office Staff Initial: _____	

VA Nebraska Western-Iowa Health Care System

RESIDENT/FELLOW CLEARANCE SHEET

Name: _____ Program: _____

Forwarding Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Cell Phone Number: _____

	Task to Be Completed	Contact	Signature of Contact
1.	Complete VA Learner's Perception Survey: http://www.va.gov/oa/surveys/ We NEED your feedback! Please do not skip this step!!	N/A	(Resident sign)
2.	VA/CPRS Medical Records: Basement B611 – Clinical Documentation (any unsigned notes or CPRS issues) Please reach out to Anne at 402-995-3865 or Anne.Simpson2@va.gov . Her office hours are 7AM-3:30PM with lunch from 12 noon to 12:30.	Anne Simpson	
3.	VA Program Office: Check out with Program Coordinator (your point of contact at the VA). Return PIV Card, Prox Card, and eMeal Card, program coordinator will initiate e-PAS termination. *If you are transferring to another VA keep your PIV card & let your VA POC know which VA you are transferring to*	Program Office Designee: Janelle, Annie, Yolanda, Laura, Colby, or Joni	
	Medicine-UNMC	Janelle Fredrick	Room 9206
	Medicine-Creighton	Annie Dibelka	Room 9206
	Radiology	Yolanda Relford	Room 2537
	Path-Lab	Laura Ramsay	Room 2314
	Mental Health	Colby Alley	Room 11017
	Surgery	Joni Trouba	Room 4276



Resident Signature: _____

Date: _____



Exiting Resident/Fellow 2016-2017	Exiting CHI Health ID #	Outpatient Delegate Resident/Fellow/Attending with CHI Health ID #	Last Day of OUTPATIENT Clinical Care (i.e. EPIC use)	Inpatient Delegate Resident/Fellow/Attending (if different from Outpt) with CHI Health ID #	Last Day of INPATIENT Clinical Care (i.e. EPIC use)	Clinic Location	Last Day of Residency/Fellowship
Cardiology							
Child Psychiatry							
Colon and Rectal Surgery							
Family Medicine							
Family Medicine Obstetrics and Gynecology							
Infectious Disease							
Internal Medicine							
Interventional Cardiology							
Obstetrics and Gynecology							
Pathology - Read Only							
Psychiatry							



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Planning the Farewell Banquet!!



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Things to consider...

<ul style="list-style-type: none">• Venue	<ul style="list-style-type: none">• Invitations
<ul style="list-style-type: none">• Awards	<ul style="list-style-type: none">• Catering
<ul style="list-style-type: none">• Flowers	<ul style="list-style-type: none">• Rentals
<ul style="list-style-type: none">• Programs	<ul style="list-style-type: none">• Presentation(s)



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Farewell Banquet - Meeting

File Meeting Insert Format Text Review Add-ins Tell me what you want to do

Cancel Meeting | Appointment | Scheduling Assistant | Tracking | Skype Meeting | Meeting Notes | Contact Attendees | Address Book | Check Names | Response Options | Show As: Busy | Reminder: None | Recurrence | Time Zones | Room Finder | Categorize | Office Add-ins

This email message will be sent to about 43 recipients.
 Attendee responses: 21 accepted, 4 tentatively accepted, 2 declined.

To... Abuissa, Hussam; Abuissa, Hussam; ahmed aboeata (ahmedaboeata78@hotmail.com); Ahmed Aboeta (ahmed.aboeata@va.gov); Alla, Mahesh; Alla, Mahesh; Arouni, Amy; Bellamkonda, Pallavi; Biddle, Paul; Del Core, Michael; Del Core, Michael; Esterbrooks, Dennis; Esterbrooks, Dennis;

Subject Farewell Banquet

Location Rooms...

Start time Fri 6/16/2017 6:00 PM All day event

End time Fri 6/16/2017 10:00 PM

Save the Date!!!

Room Fin...

June 2017

Su	Mo	Tu	We	Th	Fr	Sa
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1
2	3	4	5	6	7	8

Good
 Fair
 Poor

Choose an available room:

None

Suggested times:

Suggestions are not provided for dates that occur in the past.

In Shared Folder Calendar

TOTAL

CARDIOVASCULAR FELLOW SCHOLARLY
ACTIVITY RECOGNITION AWARD

Awarded to

Venkata Mahesh Alla, MD

by the Creighton University Cardiology Faculty
2012

*To have striven, to have made the effort, to have been true to certain ideals
- this alone is worth the struggle.
- William Osler*



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of CREIGHTON UNIVERSITY MEDICAL CENTER
Quality Patient Care Through Education and Research



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Awards continued

Mid-March

- Create Survey Monkey for staff and faculty awards
- Remind Chief fellow to start discussions for Educator of the Year nominees.

April

- Tally scholarly activity and highest ITE awards
- Meet with awards company
- Send awards company plaque information (check, check and recheck!!)

May

- Review and approve final proofs one month before banquet



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Invitations

Mid to late April

- Finalize guest list

Early May

- Create invitation template
- Meet with print shop
- Approve final order

Mid-May

- Send invitations
- Make sure RSVP list is current and up to date



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The Creighton University Division of Cardiology Faculty
are proud to recognize the following physicians
as they complete their training with
The Creighton University School of Medicine:

Alok Saurav, MBBS – Interventional Cardiology Fellowship
Saurabh Aggarwal, MBBS – Cardiovascular Disease Fellowship
Abhilash Akinapelli, MBBS – Cardiovascular Disease Fellowship
Muhammad Soubhi Azzouz, MD – Cardiovascular Disease Fellowship
Arun Kanmantha Reddy, MBBS – Cardiovascular Disease Fellowship/Chief Fellow
Hemantha Koduri, MBBS – Cardiovascular Disease Fellowship
Jitendra Pandya, MBBS – Cardiovascular Disease Fellowship

You and a guest are invited to join us as we celebrate their achievement
Friday, June 16, 2017
CHI Health Clinic, A-B-C Conference Room
7710 Mercy Road, Clinic Entrance

Cocktails – 6:00 pm
Dinner – 7:00 pm
Program – 8:00 pm

Please RSVP** by Friday, June 9, 2017 to
Wendy Greenwood 402-280-4235 or wendygreenwood@creighton.edu



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Catering

April

- Reserve caterers

May

- Schedule meeting with chef
- Finalize menu

Week before banquet

- Final headcount for food
- Caterers place final order for rentals



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Rentals

Early May

- Meet with rental company
- Select tableware, tableclothes/napkins
- Put in prelim order for tables



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2016 FAREWELL DINNER RSVP LIST					
Dinner 6/17/16 at The Cardiac Center					
NAME	YES	YES/ GUEST	NO	YES/NO MEAN	eg. Dish
Aboata, Ahmed, MD				1	
Abuissa, Hussam, MD		2			NO MEAL - FASTING - do not hold meal
Agarwal, Himanshu em'd 6/13					Hold meal until 9 pm
Aggarwal, Sourabh		2			
Alla, Mahesh, MD	1			1	
Akinapelli, Abhilash	1			1	
Al-Khafaji, Nawfal		2			1
Arouni, Amy and Roy			1		Hold meal until 9 pm
Azzouz, Muhammad	1				
Balmuri, Abilash	1				
Bansal, Djas		2			1
Belbase, Ram	1				1
Bellamkonda, Pallavi		2			1
Bewtra, Agandra		2			
Biddle, W. Paul	1				
Bodnar, Dawn					
Carollo, Scott					
Carstens, Jeffrey					
Chandraprakasam, Satish, MD		3			3
Cichowski, Erica			1		
Del Core, Michael MD		2			1
Dunlay, Robert		2			
Esterbrooks, Dennis MD/Joy		2			
Greenwood, Wendy		1			
Haddad, Toufik		2			
Hee, Tom					
Hilleman, Dan					
Holmberg, Jeff MD/Cheryl			1		
Hueter, Shirley			1		
Hunter, Claire MD/Bill Hunter, MD		2			
Kabach, Amjad	1				1
Kamatha Reddy, Arun	1				1
Kapalis, Matthew					
Kaushik, Manu, MD		2			1
Kate, Mary Beth	1				
Kingston, Sharon/Kingston, Bill		2			
Koduri, Hemanth			1		
Lynch, Joseph MD/Terri		2			
Mohiuddin, Syed			1		
Mooss, Aryan MD/Cindy		2			
Narmi, Anne					
O'Connor, Stephen					
Pandya, Jitendra		2			2
Patel, Mitul	1				
Porter, Joann			1		
Pritza, Randy and Judy					
Pritza, Ronald					
Saurav, Alok		2			1 2
Sketch, Michael, MD					2 Year old - no food
Slattery, Terry					
Smcr, Aiman		2			2
Thibodeau, Joseph					Hold meal until 9 pm
Tierney, Dennis					
Van De Graaff, Eric					
White, Michael MD/Jolene			1		
Wichman, Tammy			1		
Williams, Mark					1
Woodruff, Mark		2			COCKTAILS ONLY
Worthington, Donna					
TOTAL	10	42	9	3	21



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Flowers/Gifts

Late May/Early June

- Meet with florist
- Presentation bouquets

One Week before event

- Finalize order



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Slideshow Presentation(s)

March

- Request 5 family pictures of graduating fellows

April

- Request 5 family pictures of graduating fellows

May

- Request 5 family pictures of graduating fellows

June

- Request 5 family pictures of graduating fellows
- Finally receive pictures from all of the fellows two days before banquet

Day before the banquet

- Make PowerPoint slideshow for dinner



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Congratulations
to the graduating
Cardiovascular
Disease
and
Interventional
Cardiology Fellows of
2017

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A portrait of a man with dark hair, wearing a white lab coat over a grey shirt and a patterned tie. The background is a textured blue. The image is framed by a blue border with a diagonal line pattern on the left side.

**Abhilash
Akinapelli**

ghton
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Details, details!!

Things to consider

- Do you need to move anything from the space you plan to use for the event?
- Is special access to the building needed?
- How will the rental company access the building for pick-up?
- Does security need to be aware of your event?



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Places please!!

Do you know?

- What time will movers (if using) be there?
- What time will rentals be delivered?
- What time will awards be delivered?
- What time will flowers be delivered?
- What time will caterers begin setup?



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Finally...

ENJOY THE
PARTY!!!



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Feel free to contact me!!



Wendy Greenwood, C-TAGME
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School of Medicine
402-280-4235
wendygreenwood@Creighton.edu



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