



SCOTT DEPARTMENT OF
UROLOGY

From Citations to Solutions: A PD's guide to Rebuilding Stronger

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Disclosures

- I have no disclosures relevant to this topic
- Additional financial disclosures
 - Honorarium: WebMD (for online content development)
 - Research funding: Photocure, Inc; CG Oncology, Inc
- I will not be discussing unlabeled/investigational uses of medical devices or pharmaceuticals during this presentation.
- Gratitude to Program Directors who shared suggestions and questions

Questions you may have

- Common Pitfalls
- Themes of Citations
- Who can explain the citations?
- What is the process for correction?
- “Who you Gonna Call???”



Themes from the Urology RRC

- Common citations and AFIs
 - Graduate achievement of minimum procedural requirements
 - Board exam performance
 - Faculty professionalism
 - Program Director responsibilities

Themes from the Urology RRC

- Common citations and AFIs
 - From the Resident Survey –
 - Faculty interest in resident education
 - Faculty members' feedback
 - Education compromised by non-physician obligations
 - Process for dealing with problems/concerns
 - Health care disparities education
 - Patient Safety
 - Interprofessional teamwork

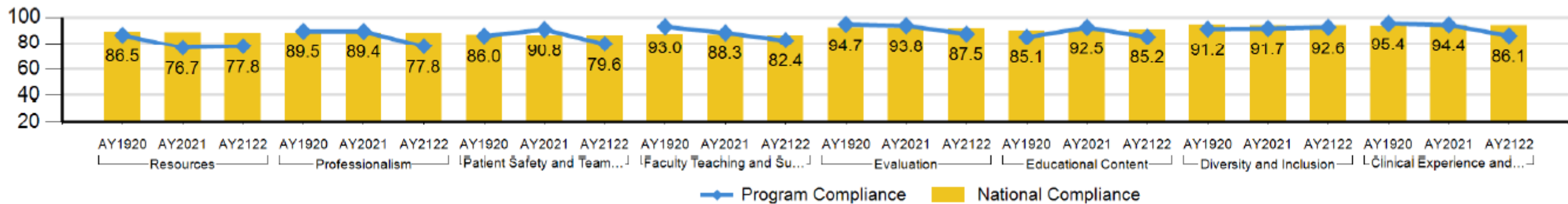
What citations have you experienced or observed?



Time for a story...

- Dr. T starts as PD in July 2021
- May 2022: receives first Survey results

Total Percentage of Compliance by Category



Time for a story...

- March 2023

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation

Maximum Number of Residents: 20

Residents per Level: 4 - 4 - 4 - 4 - 4

Effective Date: 01/19/2023

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

NEW CITATIONS

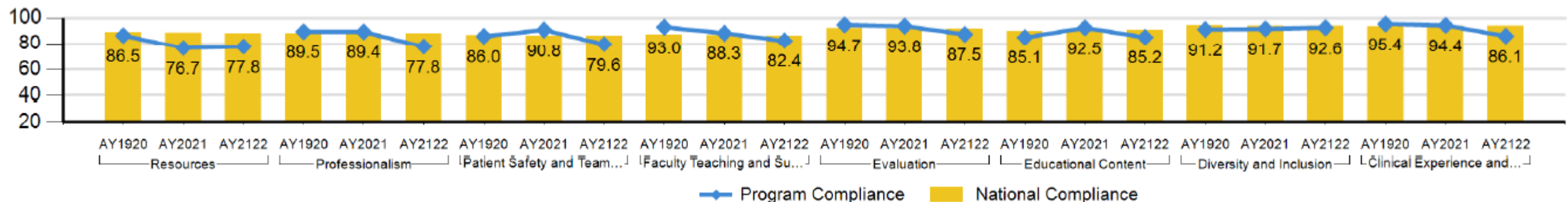
Continued accreditation, BUT...

- 4 Citations
- 1 Area for Improvement / Concerning Trend

Analysis of Survey Results

- Pay attention to deviations from National averages
- Pay attention to trends over time
- These are often the items ACGME will also be analyzing

Total Percentage of Compliance by Category



Analysis of Survey Results

- Dangers
 - Incomplete survey completion
 - 1 negative response has larger impact
 - Precipitous drops
 - Serial declines

LISTEN and DESIGN CHANGE

- GME Office can meet with residents confidentially
 - *GME Dean met with residents without any program leadership*
 - *Residents had prepared a PPT of concerns*
 - *Dean met with PD shortly after*
- Show residents you are taking concerns seriously
 - *PD and Chair met with residents*
 - *Employ their suggestions and tell ACGME the source of suggestions*
- Act Quickly!
 - May Survey results should be analyzed with resident cohort before a full PGY class leaves in June
 - *GME meeting was late May, PD meeting early June*

LISTEN and DESIGN CHANGE

- Tackle small and large concerns with action items
- Maintain resident involvement in process
 - *We initiated **quarterly check-ins** during conference time*
 - Share input on changes even if incremental
- Document EVERYTHING
 - Minutes and notes will need to feed in to APE
 - *2022 APE noted these concerns and trends and actions taken so far*

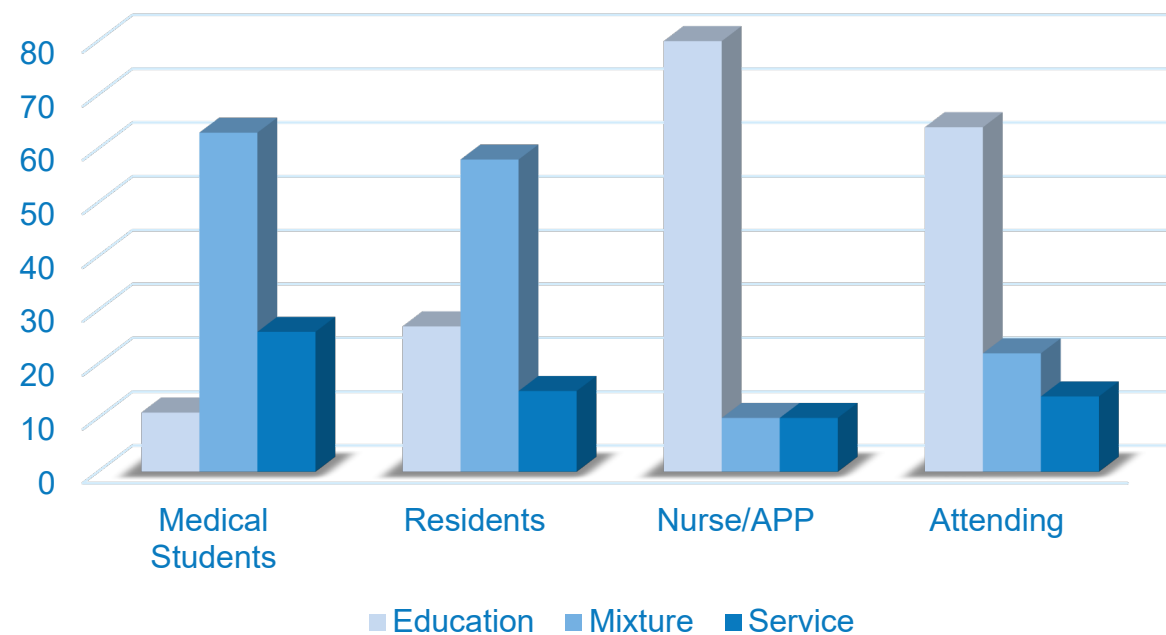
Perceptions vs. Reality

- Resident perceptions of clinical responsibilities
 - Service vs. Education
- Resident perceptions of educational activities
 - Protected time

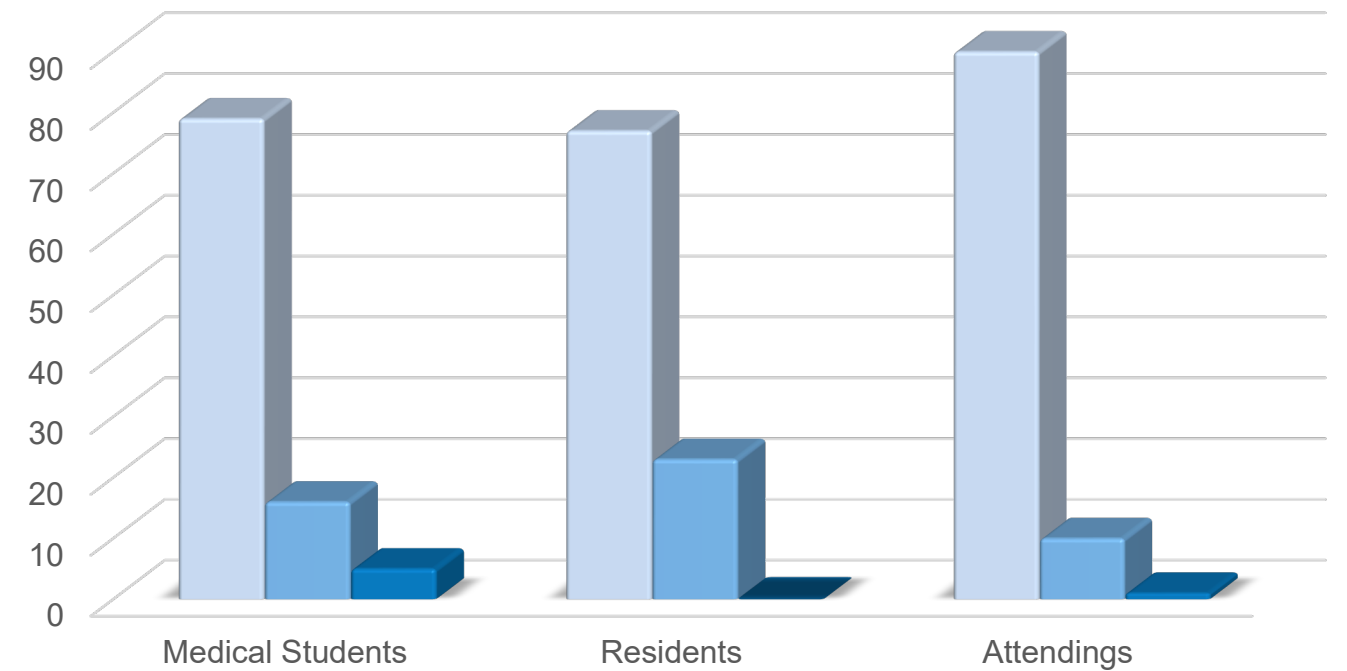
Perceptions vs. Reality

- 69 Surveys
 - 19 medical students
 - 26 resident surgeons
 - 14 nurses/APPs
 - 10 attending surgeons

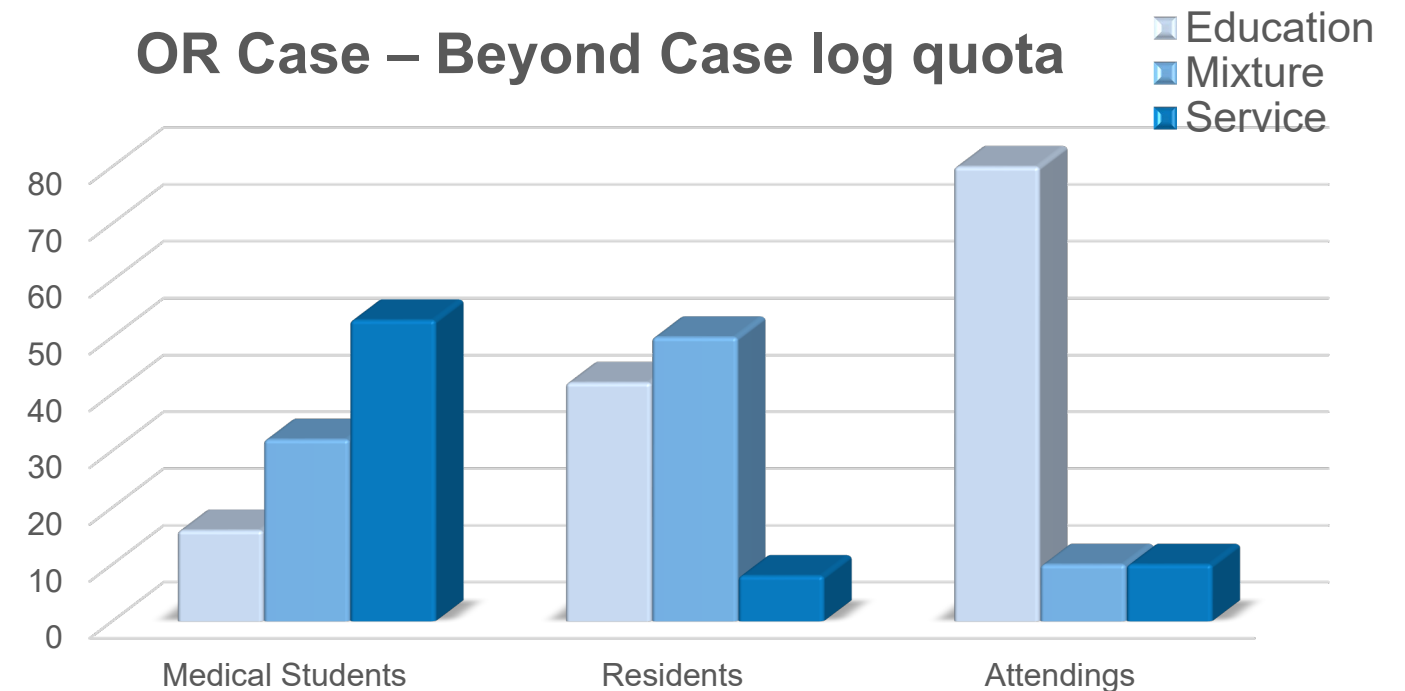
Writing an H&P



OR Case – Early Learner



OR Case – Beyond Case log quota



Peer Education and Involvement

- Role of Chief and Senior Residents
- Ask senior residents to be moderators or share perspective
- PGY5 Chief reviews the Survey questions and a few talking points with examples from within the program

Pearls of Wisdom

- Few keys to citations.
 1. Don't get them. Follow the rules
 2. Respond quickly with a fully thought out, practical plan
 3. Tell the truth, they will ask the residents and the coordinators
 4. Use the verbiage of the ACGME. They have a specific tone of the letters and rules
 5. Get approval and input of the DIO.

Pearls of Wisdom

- Gather the Data
- Present to residents – have them help craft a solution
- Ask them for their ideas
 - Will empower them to be part of the solution

Pearls of Wisdom

- Upon receipt of LON with new citations:
 - Re-review with stakeholders and alter plans accordingly
 - Create metrics to measure progress
- Make Citations a standing item in PEC
 - If active: solicit input for big picture changes
 - If none: solicit input that could lead to concerns
- Don't take it personally
 - Citations are not a personal attack >>> They are an opportunity to make things better.
 - It's a gift of data that lets you create targeted improvement

Conclusions

- Citation prevention is an ongoing exercise in communication and management of expectations
- Response to citation requires multiple stakeholders to be involved and providing input
 - Constantly evolving, responding to needs and concerns
- Monitor and maintain residency *culture*
 - Change in culture often takes departmental investment