Streamlining ACGME Accreditation

How Medtrics Supports Residency Program Compliance and Continuous Improvement

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Practice Medicine, Not Software

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Executive Summary

Graduate medical education programs must meet the detailed and evolving requirements set by the Accreditation Council for Graduate Medical Education (ACGME). For institutional leaders, maintaining compliance requires year-round coordination, documentation, and oversight across curriculum design, clinical training, faculty development, and resident support. As programs grow in size and complexity, the challenge of tracking progress, documenting supervision, and managing milestones becomes increasingly difficult without the proper infrastructure in place.

This paper outlines how Medtrics, a flexible, all-in-one education management platform, supports residency program leadership in meeting ACGME standards through integrated tools that promote clarity, consistency, and continuous improvement. From milestones-based evaluations and credential tracking to clinical scheduling, case logging, and CQI dashboards, Medtrics helps programs streamline their core accreditation workflows while staying focused on high-quality education and patient care.

Built with the operational needs of graduate medical education in mind, Medtrics allows residency programs to reduce administrative burden, support cross-functional collaboration, and maintain a clear record of compliance. By unifying disconnected processes into a single, intuitive system, institutions can meet ACGME expectations in a way that strengthens program performance and supports long-term success.

Meeting the Demands of ACGME Accreditation

The ACGME Common Program Requirements define the structural, educational, and operational expectations for all accredited residency programs. These requirements span curriculum design, clinical supervision, evaluation, faculty oversight, and the learning environment. Each ACGME requirement falls into one of three categories:

Core requirements define essential elements every program must have in place.

Detail requirements describe preferred structures and processes for meeting core expectations.

Outcome requirements specify the competencies residents are expected to demonstrate as they progress.

Together, these elements create a tightly interconnected framework that shapes every aspect of program design and delivery. Requirements are cumulative, cross-referenced, and continuously evaluated, requiring accurate documentation and coordinated oversight across multiple roles and systems.

For program directors, coordinators, and faculty, the day-to-day reality of ACGME compliance includes managing evaluation cycles, tracking curriculum alignment, monitoring clinical supervision, maintaining credentialing data, and preparing for committee reviews and site visits. This work often relies on manual processes or disconnected tools, which increases the administrative burden and reduces transparency.

Medtrics is designed to support these demands. Built for graduate medical education, the platform brings curriculum, evaluation, scheduling, credential tracking, and performance reporting into a single, cohesive system. Each tool reflects the structure of ACGME oversight, enabling programs to manage compliance within the natural flow of program operations.

By aligning platform capabilities with accreditation priorities, Medtrics helps GME teams stay organized, responsive, and ready for continuous improvement.

Curriculum Management Aligned with ACGME Expectations

Residency programs must design and maintain a curriculum that supports progressive, competency-based education. The Accreditation Council for Graduate Medical Education (ACGME) requires programs to define educational objectives, organize both didactic and clinical experiences, and align instruction with the six ACGME Core Competencies. These expectations apply across all specialties and demand structured oversight of content delivery, evaluation methods, and learning outcomes.

Medtrics supports this work through a centralized curriculum management system designed specifically for graduate medical education (GME). Programs use the platform to map objectives to milestones, organize rotations by postgraduate year (PGY) level, and track both classroom and clinical instruction against established competencies. Integrated tools allow administrators to document course content, share educational resources, assign teaching roles, and maintain visibility into curriculum coverage over time.

For institutions with multiple programs or distributed training sites, Medtrics standardizes curriculum structure and documentation. Program leaders can identify content gaps, ensure consistency across locations, and maintain version-controlled records that reflect current accreditation and institutional goals.

By consolidating curriculum planning, delivery, and oversight into a single platform, Medtrics helps residency programs manage compliance, improve coordination, and support high-quality education.

Curriculum Documentation Features

- **Curriculum mapping** aligned with ACGME milestones and program objectives

- **Didactic and clinical scheduling** organized by PGY level and competency domain

- **Rotation resource folders** for syllabi, objectives, and instructional materials

- **Role-based dashboards** for directors, coordinators, and faculty

- **Version-controlled curriculum records** with update history and audit trails

Curriculum-Related ACGME Standards

Standard 4.2: Educational Components

Standards 4.3–4.9: ACGME Core Competencies

Standard 4.10: Curriculum Organization

Standard 5.5: Program Evaluation and Improvement

A sample Medtrics curriculum view showing instructional hours by PGY level and alignment to ACGME Core Competencies. Users can track content coverage, identify gaps, and manage updates in real time.

Clinical Scheduling, Rotation Oversight and Supervision

Residency programs must organize clinical assignments in a way that reflects educational objectives, resident readiness, and patient safety. The ACGME requires rotation schedules to account for PGY level, appropriate supervision, and comparability across participating sites. Programs are also expected to assign site directors, document supervisory roles, and maintain Program Letters of Agreement (PLAs) for each required location.

Medtrics brings these components together in a centralized scheduling platform built for graduate medical education. Program teams can manage master rotation schedules, clinic shifts, call coverage, and time-off requests in one system. The interface automatically checks for credential eligibility, work-hour limits, and scheduling conflicts, helping coordinators ensure that assignments are appropriate and compliant.

Credentialing requirements and site agreements link directly to clinical schedules, helping program staff validate readiness and maintain compliance across training sites.

Each rotation can be linked to required credentials, site-specific objectives, and supervision expectations. Medtrics allows program leaders to define attending responsibilities, assign preceptors, and document PGY-level supervision models. This structure enables programs to maintain progressive autonomy while ensuring that supervision aligns with the resident's skill level and patient acuity.

Built-in alerts help program staff prevent scheduling errors by flagging missing or expiring credentials tied to clinical assignments.

Administrators can also upload and track site documentation, including PLA renewal dates, site director designations, and location-specific protocols. Built-in dashboards compare educational objectives, evaluation results, and supervisory coverage across sites, supporting data-driven oversight of distributed clinical training.

Dashboard view displaying learning objectives, supervision models, and evaluation summaries across training sites—used to monitor comparability and support ACGME site requirements.

By integrating scheduling, site oversight, and credential validation, Medtrics provides programs with the necessary infrastructure to deliver structured, well-supervised clinical education across all training locations.

Scheduling and Supervision Features

- **Multi-site rotation scheduling** with conflict detection and credential checks

- **Preceptor and site director assignments** linked to rotation settings

- **Centralized management** of clinic, call, and time-off schedules

- **PGY-based supervision models** and role documentation

- **PLA tracking** with version history and alerting

- **Comparability dashboards** for distributed clinical training environments

Scheduling-Related ACGME Standards

Standard 1.2 – 1.5: Participating Sites and Supervision

Standard 4.10: Curriculum Structure

Standard 6.6 – 6.11: Supervision and Accountability

Standard 6.19: Transitions of Care

Standard 6.20 – 6.22: Clinical and Educational Work Hour Design

Resident Evaluation and CCC Management

ACGME standards require structured evaluation systems that provide timely feedback, facilitate milestone tracking, and enable informed oversight by the Clinical Competency Committee (CCC). Programs must assess resident performance across multiple domains, synthesize feedback through the CCC, and support each resident's progression toward independent practice. These requirements extend across rotation-level assessments, semi-annual milestone reviews, and individualized learning plans.

Medtrics equips programs with flexible, milestone-linked evaluation tools that simplify data collection and enhance insight. Administrators can build customized evaluation forms for clinical rotations, didactic sessions, simulation activities, and procedural skills, each aligned with ACGME Core Competencies and specialty-specific milestones. Forms can include quantitative ratings, narrative comments, and automated links to relevant milestones or entrustable professional activities (EPAs).

Faculty, peers, and other evaluators can submit assessments through any device, with role-based workflows that manage approvals, edits, and comment visibility. Evaluation data automatically feed into CCC dashboards, providing committee members with a consolidated view of each resident's trajectory. Milestone progress is visualized by domain and over time, making it easier to identify trends, flag potential concerns, and build targeted remediation plans.

Medtrics also supports narrative tracking, editable comment preparation for the Medical Student Performance Evaluation (MSPE), and longitudinal dashboards that consolidate individual and cohort-wide performance data. These features reduce manual reporting, shorten CCC preparation time, and help programs deliver consistent, well-documented feedback throughout the academic year.

By centralizing evaluations and milestone tracking, Medtrics enables GME teams to manage continuous resident assessment with consistency, transparency, and institutional alignment.

Evaluation and CCC Features

- **Custom evaluation templates** linked to milestones, rotations, and PGY level

- **Multi-source evaluation input** (faculty, peers, staff, and more)

- **Visual dashboards** for milestone progress and CCC review

- **Editable narrative comments** for MSPE and annual review

- **Remediation and individualized learning plan tools**

- **Longitudinal reporting** for cohort trend analysis and board readiness

Medtrics dashboard showing milestone-based evaluation trends by competency and rotation. CCC members can monitor milestone progress, review evaluator comments, and flag areas for individualized support.
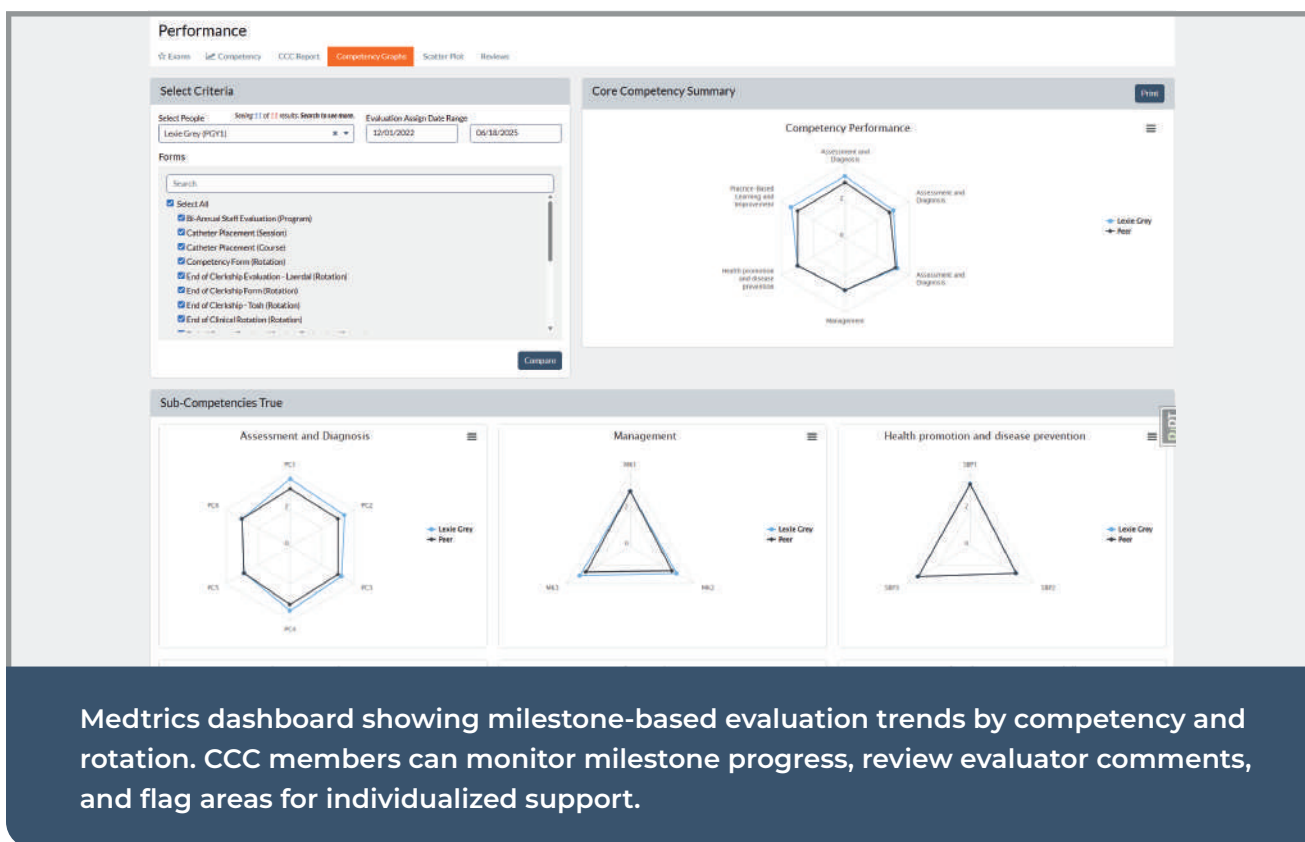
Evaluation-Related ACGME Standards

Standard 5.1 – 5.2: Resident Evaluation and Final Evaluation

Standard 5.3: Clinical Competency Committee

Standard 4.7: Practice-Based Learning and Improvement

Standard 4.3 – 4.9: ACGME Competencies

Faculty Documentation and Program Evaluation (PEC)

ACGME sets clear expectations for how programs document faculty participation in graduate medical education. Program leaders must track instructional assignments, verify board certification and licensure, and log scholarly activity for all teaching staff. They are also responsible for conducting annual faculty evaluations and using that feedback to guide program improvements. Most programs manage these responsibilities through a Program Evaluation Committee (PEC), which oversees the Annual Program Evaluation (APE) and drives continuous quality improvement.

Medtrics gives GME leaders the tools to manage faculty oversight from a single interface. The platform tracks faculty demographics, licensure, and certification across core and non-core teaching staff. Assignments are linked directly to courses, rotations, and didactic sessions, allowing program directors to maintain clear records of instructional responsibility.

Residents complete evaluations at the rotation level, which are then aggregated for longitudinal review and analysis. Faculty can access their feedback through role-based dashboards that highlight trends in teaching performance and outline expectations for instruction, scholarship, and engagement. Program directors can use these insights to support professional development and align faculty contributions with broader program goals.

To support program-wide review, Medtrics also offers structured tools for the Program Evaluation Committee. PEC members can track progress against prior APE action plans, review aggregated evaluation data, and document outcomes from annual review meetings. Version-controlled notes, supporting files, and permission-based access ensure that APE documentation remains current, secure, and aligned with ACGME expectations.

By consolidating faculty data and program evaluation workflows, Medtrics allows GME teams to meet accreditation requirements while supporting continuous improvement and faculty growth.

Evaluation and CCC Features

- **Faculty role tracking** linked to courses, rotations, and sessions

- **Licensure and board certification status management**

- **Resident-completed faculty evaluations** with longitudinal trend review

- **Faculty dashboards** with access to feedback, expectations, and documentation

- **Structured APE tracking** and PEC meeting documentation

- **Version-controlled files and role-based access** for secure program oversight

Medtrics dashboard showing faculty assignments, board certification status, and aggregated evaluation feedback. Program leaders and PEC members can monitor teaching performance, track action plan progress, and document program evaluation milestones.

Faculty and Evaluation-Related ACGME Standards

Standard 2.9 – 2.11: Faculty Qualifications and Responsibilities

Standard 5.4: Faculty Evaluation

Standard 5.5: Program Evaluation and Improvement

Standard 4.14: Faculty Scholarly Activity

Case Logs, Procedural Experience & Credentialing

ACGME expects residency programs to track residents' procedural experience with enough precision to verify that all required exposures and skills have been met. Programs must document cases by procedure type, setting, level of involvement, and supervision. These logs must support both competency development and audit-readiness. Additionally, programs are responsible for verifying that residents meet all site-specific credentialing requirements before they begin clinical work.

Medtrics streamlines these responsibilities through a flexible case logging system tailored to the needs of graduate medical education. Residents can log cases by procedure, diagnosis, patient type, or setting. Entries can include the level of involvement, supervision status, and associated milestones. Program administrators set procedural thresholds and receive alerts when residents near or miss required benchmarks.

Medtrics interface showing a structured case log entry by procedure type and setting, with real-time progress bars for required procedural thresholds and faculty sign-off tools.

Each case log entry becomes part of the resident's verified performance record and includes a timestamped review and sign-off from supervising faculty. The result is a clear audit trail that confirms both procedural experience and oversight. Program directors can analyze case data by resident or cohort, with filters for rotation, PGY level, clinical site, procedure type, and supervision status.

In addition to procedure documentation, Medtrics offers comprehensive credential management. Program staff can assign requirements by resident role or training phase, such as immunizations, safety certifications, onboarding tasks, or site-specific documentation. Built-in alerts ensure that time-sensitive credentials remain up to date. The system flags residents with missing documentation and can restrict scheduling until all requirements are met.

Built-in alerts help coordinators manage onboarding and restrict scheduling for missing documentation.

By integrating case logging with credential oversight, Medtrics helps programs ensure that residents are prepared, verified, and ready for every clinical experience.

Case Log and Credentialing Features

- **Customizable case log templates** by specialty, PGY level, or clinical setting

- **Procedure tracking** with thresholds and automatic alerts

- **Faculty review workflows** for log approval and annotation

- **Integrated reporting** by individual, cohort, procedure type, or training site

- **Credential assignment and tracking** by program phase or rotation

- **Expiration alerts** for licenses, certifications, and site onboarding documents

Procedural Experience-Related ACGME Standards

Standard 4.4 – 4.5: Patient Care and Procedural Skills

Standard 4.10: Curriculum Structure

Standard 6.6 – 6.9: Supervision and Accountability

Standard 1.9 – 1.10: Resident Safety and Readiness

Standard 5.1: Evaluation of Procedural Competence

Work Hours, Supervision, and Clinical Experience

The ACGME requires residency programs to design clinical assignments that support learning while protecting resident well-being and ensuring patient safety. Programs must track both daily and longitudinal clinical work hours, monitor supervision models, and promote progressive responsibility. Program leaders must structure clinical and educational experiences to prevent fatigue, promote continuity, and ensure that residents meet workload expectations across all PGY levels.

Medtrics simplifies this oversight with an integrated platform that captures clinical schedules, logged duty hours, supervision assignments, and fatigue-related risk factors. Work hour tracking tools enable residents to log hours in real-time, while administrators monitor compliance through dashboards that flag violations or trends. System rules mirror ACGME thresholds, including the 80-hour weekly cap, required rest periods, and call frequency limits.
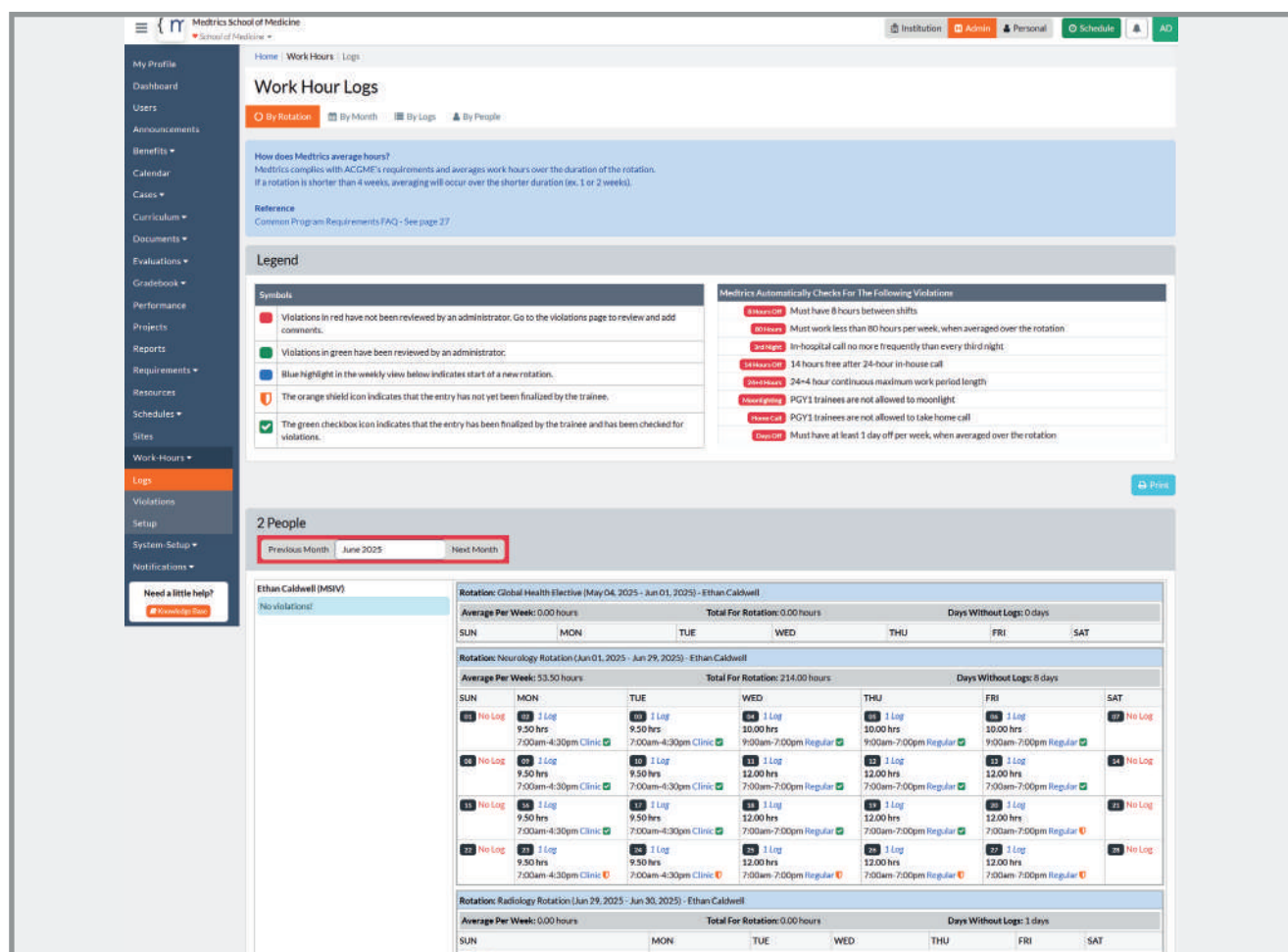
Medtrics dashboard displaying resident work hours across a four-week block, with automatic alerts for ACGME rule violations and fatigue risk indicators.

Medtrics links clinical assignments to attending supervision, PGY-level autonomy, and credentialing status. Program staff document which faculty members supervise which residents in each clinical setting, and align supervisory roles with case complexity and resident progression. Administrators can assign supervisors directly within the scheduling interface to maintain current and verifiable oversight records.

To support resident well-being and fatigue mitigation, Medtrics includes time-off tracking, safeguards against shift conflicts, and alerts that flag potentially unsafe patterns. These tools help program teams build schedules that protect continuity of care and reduce burnout risk while staying aligned with ACGME expectations.

By consolidating clinical workload data, supervision documentation, and compliance logic, Medtrics enables programs to monitor the learning environment in a way that protects both resident development and patient care quality.

Work Hour and Supervision Features

- **Work hour tracking** with built-in ACGME compliance rules

- **Violation alerts** based on weekly limits, shift timing, and call frequency

- **PGY-level supervision assignments** embedded in the schedule

- **Shift and time-off visibility** across clinical teams

- **Supervision tracking** by setting, site, and faculty role

- **Fatigue mitigation tools** with schedule overlap and rest period alerts

Work Environment-Related ACGME Standards

Standard 6.20 – 6.22: Clinical and Educational Work Hour Limits

Standard 6.6 – 6.9: Supervision and Progressive Responsibility

Standard 6.13 – 6.15: Well-Being and Fatigue Mitigation

Standard 4.10: Curriculum Structure

Resident Documentation & Credential Compliance

ACGME expects residency programs to maintain accurate, accessible, and up-to-date documentation of each resident's academic status, credentialing, and clinical readiness. Program teams must track immunizations, onboarding tasks, licensure, safety training, and other institutional requirements tied to clinical participation. They must also confirm that residents meet all role-specific conditions before assigning them to patient care.

Medtrics provides program teams with a centralized system for managing documentation throughout the entire span of residency training. Administrators can assign required items by role, program phase, or rotation; for example, assigning ACLS certification before inpatient blocks, radiation safety training before surgical rotations, or a rabies vaccine before handling animals or biologics. Residents or staff can upload documents directly into the platform, with timestamped approvals and designated signoff roles.

Compliance dashboards give coordinators a clear view of documentation status and upcoming expirations. The system ties each item to its renewal date and automatically sends alerts to residents, advisors, and administrative staff as deadlines approach. Coordinators can filter readiness reports by cohort, credential type, program phase, or training site to identify gaps and enforce compliance before clinical schedules are finalized.
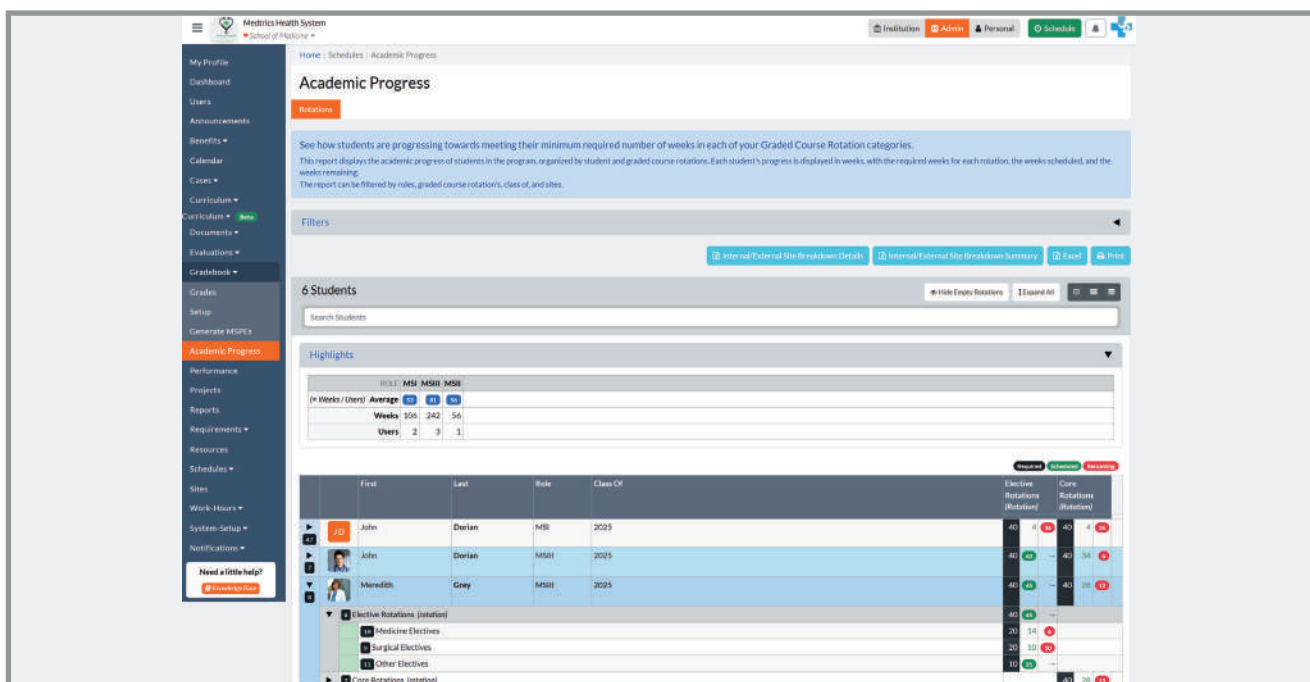
Medtrics dashboard showing credential status by resident, with filters for expiration date, program phase, and required documentation. Alerts help program staff stay ahead of onboarding and clinical clearance tasks.

Medtrics tailors documentation access to each user's role. Residents monitor their status and upload materials. Advisors and faculty verify clinical readiness. Administrative users manage requirements and approve submissions.
The system logs every update, providing program teams with a complete and auditable view of documentation status at any point in the academic year.

By consolidating credentialing workflows and surfacing documentation through intuitive dashboards, Medtrics enables GME programs to reduce risk, stay ahead of compliance deadlines, and protect the integrity of their clinical schedules.

Resident Credentialing Features

- **Credential assignment** by role, rotation, or program phase

- **Upload and approval tracking** with timestamped signoff

- **Expiration alerts** for certifications, immunizations, and compliance items

- **Dashboard views** by resident, cohort, credential, or status

- **Role-based access** for residents, faculty, advisors, and admins

- **Audit-ready logs** of credential updates and verification activity

Credentialing-Related ACGME Standards

Standard 1.9 – 1.10: Resident Safety and Access to Required Resources

Standard 3.2 – 3.3: Eligibility and Verification of Prior Training

Standard 6.13: Well-Being and Workload Management
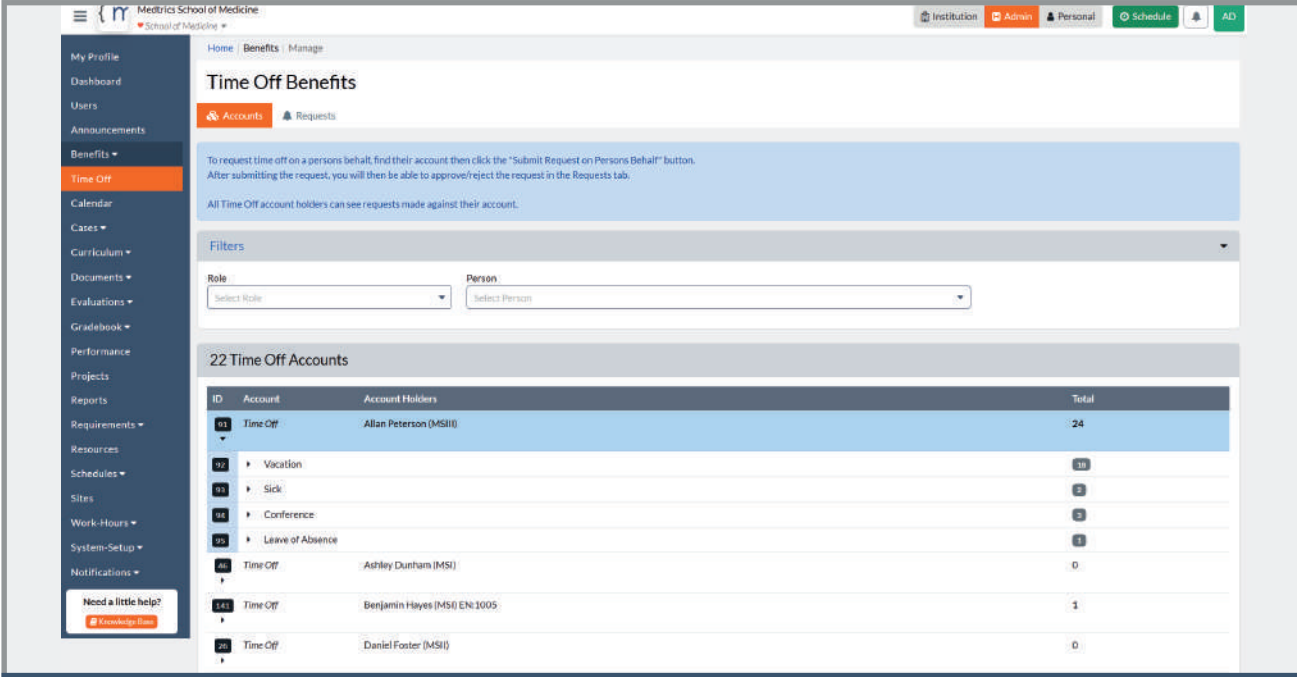
Standard 5.1: Documentation to Support Readiness and Evaluation

Well-Being, Time-Off Management and Psychological Safety

ACGME requires residency programs to support resident well-being across physical, emotional, and psychological dimensions. Programs must effectively manage workloads to prevent burnout, accurately track time off and benefits, and document access to mental health services. Program leaders must foster an environment where residents can report mistreatment or concerns about professionalism without fear of retaliation.

Medtrics helps programs meet these expectations through integrated tools that manage resident time off, benefit usage, and self-reported concerns. Administrators can log vacation, sick leave, conference attendance, and personal time directly within the scheduling interface. The platform automatically adjusts clinical coverage and ensures that residents meet both participation and rest requirements without exceeding duty hour limits.

Residents can submit leave requests, view their accrued benefits, and track their time off in real-time. Coordinators and directors can approve requests, manage replacements, and export summaries by cohort, block, or rotation. These records support workload monitoring and demonstrate compliance during internal reviews or ACGME site visits.

Medtrics dashboard showing resident time-off balances by category, integrated with scheduling. Requests route directly to coordinators, and the system logs approvals and updates for internal tracking and compliance reporting.

Medtrics also strengthens psychological safety by providing structured forms for residents to self-report concerns about their well-being or professionalism issues. Institutions can customize these forms and route them securely to designated reviewers. Program leaders can track responses, document outcomes, and use aggregated data to identify patterns or opportunities for improvement.

By consolidating well-being documentation and integrating it with clinical operations, Medtrics allows residency programs to promote safety, transparency, and support across every phase of training.

Well-Being and Psychological Safety Features

- **Time-off and benefit tracking** integrated with schedules

- **Leave request workflows** with approval, logging, and export tools

- **Resident dashboards** showing leave usage and balances

- **Self-report forms** for mental health and mistreatment concerns

- **Secure routing and response tracking** for submitted reports

- **Documentation of follow-up actions** tied to professionalism or safety alerts

Well-Being-Related ACGME Standards

Standard 6.13 – 6.15: Resident Well-Being and Fatigue Mitigation

Standard 6.12: Professionalism and Psychological Safety

Standard 3.4: Personal Well-Being and Anti-Burnout Policies

Standard 5.5: Use of Aggregate Data for Program Improvement

CQI and Outcomes Reporting

ACGME requires residency programs to demonstrate continuous quality improvement (CQI) through systematic data review, program assessment, and outcome-based decision-making. Programs must evaluate resident performance trends, review faculty and program outcomes, and document how those insights lead to action. These expectations are reinforced through the Annual Program Evaluation (APE), the self-study process, and responses to feedback from prior site visits.

Medtrics supports CQI efforts with built-in dashboards that consolidate key metrics from across the platform. Program leaders can monitor trends in resident performance, faculty engagement, scholarly activity, and case completion. These dashboards enable leadership teams to identify performance gaps, track progress over time, and directly link outcomes to curriculum structure and rotation settings.

Medtrics also provides tools to support the self-study and APE processes. PEC members can access structured dashboards, track implementation of prior action plans, and document committee discussions. Program leaders can align data sources such as case logs, evaluation summaries, well-being indicators, and credentialing status with the corresponding ACGME standards, making it easier to retrieve evidence and build responses that reflect real program activity.

Medtrics enables programs to export curated evidence packages by ACGME standard, program phase, or cohort. Programs can share these reports securely with institutional leadership, site visitors, or accrediting bodies. This approach supports GME teams in managing compliance as an integrated part of daily operations and program oversight.

CQI and Reporting Features

- **Dashboards for resident performance trends** across milestones, cases, and evaluations

- **Faculty engagement tracking** through teaching activity and evaluation history

- **Aggregated reporting** on well-being, credentialing, and scholarly output

- **Structured tools** to support APE and self-study documentation

- **Exportable reports** organized by ACGME standard and program phase

- **Audit trails and version control** for institutional reviews and site visits

CQI-Related ACGME Standards

Standard 5.5: Program Evaluation and Continuous Improvement

Standard 5.6: Board Performance and Program Outcomes

Standard 4.14 – 4.15: Faculty and Resident Scholarly Activity

Standard 6.13 – 6.15: Resident Well-Being (as an outcome measure)

Site Visit Preparation and Documentation Management

ACGME site visits require programs to present clear, well-organized evidence that supports compliance across all Common Program Requirements. Programs must produce documentation that includes curriculum maps, rotation schedules, case logs, faculty evaluations, PEC and CCC meeting notes, institutional policies, and outcomes data. This information must remain accessible, current, and verifiable across the whole training period under review.

Medtrics simplifies site visit preparation by consolidating accreditation-related documentation into one structured system. Administrators can generate custom reports organized by ACGME standard, program phase, or date range. These reports include curriculum details, credentialing logs, performance data, and meeting documentation—each filtered to reflect current requirements and training milestones.

Program leaders can store policies, protocols, meeting minutes, and communications in folders with version control and role-based access. These documents are searchable and audit-ready, giving site visitors and institutional leaders immediate access to historical changes and the rationale behind key decisions. The system supports centralized review of accreditation evidence across departments, cohorts, and training years.

Program teams can use Medtrics to export complete evidence packages in one step and share them securely with DIOs, institutional review boards, or ACGME site visitors. This workflow ensures that documentation is complete, consistent, and aligned with accreditation expectations.

Documentation and Site Visit Features

- **Custom report generation** by ACGME standard, date range, or program phase

- **Version-controlled policy and protocol storage**

- **Committee documentation tracking** for PEC, CCC, and subcommittees

- **Permission-based access** to accreditation-related files

- **Searchable resource folders** for fast evidence retrieval

- **One-click export** of bundled site visit materials

Site Visit–Related ACGME Standards

Standard 5.5: Annual Program Evaluation and Documentation

Standard 1.1 – 1.4: Governance and Institutional Oversight

Standard 4.2 – 4.10: Curriculum and Clinical Experience

All Standards: Evidence Preparation and Site Visitor Access

Strategic Implementation Recommendations

Programs that use Medtrics strategically can align daily operations with ACGME requirements, reduce manual workload, and prepare for site visits more efficiently. The platform supports key aspects of program oversight—from curriculum and evaluations to credentialing and outcomes tracking—within a single, structured system. This section offers practical ways GME leaders can integrate Medtrics into routine workflows to maintain continuous accreditation readiness.

The table below summarizes how core Medtrics capabilities align with ACGME Common Program Requirements:

How Medtrics Modules Align with ACGME Domains

Medtrics Capability	Supports ACGME Standards
Curriculum mapping and milestone tracking	4.2 - 4.10
Evaluation and CCC tools	5.1 - 5.3
Scheduling and credential management	6.6 - 6.22
Time-off and well-being documentation	6.12 - 6.15
CQI dashboards and APE tracking	5.5 - 5.6

To put these capabilities into practice, GME teams can incorporate the following strategies into regular workflows:

- **Start CCC preparation with milestone trend dashboards,** filtering by domain and evaluator type

- **Assign credential items at the rotation level** to ensure residents meet site-specific requirements before scheduling

- **Track PEC meeting documentation and APE action plans** using version-controlled resource folders

- **Route time-off requests through work hour dashboards** to flag cumulative fatigue risks

- **Set quarterly checkpoints for exporting reports by the ACGME standard** to maintain year-round readiness

When GME teams build these practices into everyday operations, they maintain continuous accreditation readiness supported by structured, real-time data.

Conclusion: A Smarter Foundation for ACGME Accreditation

Medtrics helps graduate medical education programs move from manual, episodic accreditation efforts to a structured, sustainable system of compliance and continuous improvement. By consolidating documentation, reporting, and oversight into one unified platform, Medtrics enables GME teams to:

- **Streamline documentation** with centralized reports, version-controlled records, and tools aligned to ACGME standards.

- **Reduce administrative workload** by automating credential tracking, scheduling logic, evaluations, and work hour monitoring.

- **Improve data accuracy and visibility** with real-time dashboards for clinical assignments, milestone tracking, case logging, and well-being.

- **Support continuous quality improvement** through structured PEC workflows, outcome dashboards, and self-study tools.

- **Present site visit evidence effectively** with audit-ready exports, committee documentation, and reports organized by ACGME standard.

Through strategic implementation and everyday use, Medtrics gives GME programs the tools to exceed ACGME expectations—simplifying compliance while advancing quality, visibility, and program-wide alignment.