

New Innovations: What Can It Do For You?

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New Program Director School
June 12, 2015



NEW INNOVATIONS

Graduate & Undergraduate Medical Education Software

We all currently use New Innovations (NI) in some capacity

- Evaluations
- Duty Hour Reporting and Monitoring

However, there are many other features NI offers that can be useful to your program

- Schedules
- Conferences
- Procedure Logger
- Evaluations & Milestone Mapping
- Portfolio
 - Milestone Reviews
 - Scholarly Activity
 - Journal Assignments
 - Resident Reviews

Schedules

- Block Schedules
 - Curriculum
- Assignment Schedules
 - Create, view, manage and record daily assignments
 - Calls and Clinics
 - Time Away – vacation, sick, interviews, conferences, etc.
 - Specific assignments reports can be run to quickly determine the number of calls, clinics, vacations etc. recorded for a resident
 - Great tool if your program has to report clinic numbers or time away for boards
 - Assignments can be linked to duty hours and conferences
 - Residents can make an assignment request to the programs
 - Call switches, vacations
 - Programs can either approve or deny request – approved requests will populate into the assignment schedule

Conferences

- Attendance
 - Attendance Requirements
 - Attendance Reports
- Conference Evaluations
 - Evaluations can be sent out to conference attendees
 - Can be deployed for a series or just one conference
- Conference Calendar
 - Allows you to populate a calendar with custom information (date, topic, location etc.) for residents/faculty to access

Procedure Logger

- A tool designed to help programs track information about procedures performed by residents.
 - It can be used as a manual and/or automatic credentialing system
- The program can determine the level of supervision for each procedure
 - **Direct** - Number of procedures that require a supervisor to be physically present with the resident and patient
 - **On Site** - Number of procedures that require a supervisor to be physically in the hospital and is immediately available to provide direct supervision.
 - **Off Site** - Number of procedures that require a supervisor to be immediately available to provide direct supervision by means of remote communication
 - **Oversight** - Number of procedures that require a supervisor to provide review of procedures with feedback provided after care is delivered.
 - **Independent** - Total number of procedures required to perform procedures without supervision.

Procedure Logger

- Setting the scope of supervision

Procedure

Procedure

* Name : CPT® Code:

Supervision and Privilege Targets

Level of Supervision				Independent
Direct	On Site	Off Site	Oversight	20 Procedures
<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	<input type="text" value="5"/>	

Residents cannot supervise ☐

Omit from Privilege Report ☐

Groups [All](#) | [None](#) | [Invert](#) |

☐ Central Line

[Save](#) | [Save and continue](#) | [Cancel](#)

Procedure Logger

- When a resident enters a procedure, the supervisor listed will receive notification to confirm and evaluate the resident:
 - Pass – Confirm you were the supervisor and the resident passed
 - Not Pass – confirm you were the supervisor but the resident did not pass
 - Refuse – Select if you were not the supervisor or do not wish to confirm the procedure.
 - Leave Unconfirmed

Procedure Logger

- Programs also have the ability to download procedures from a residents ACGME case log into NI
- Reports
 - **The Supervisor Reports** - Summary of both confirmed and unconfirmed procedures by supervisors
 - **The Privilege Report** - Used to verify the level of supervision required for residents when they perform certain procedures
 - Anyone with a level 1 access can view this report
 - **Procedure Logger Report** (Trainee Summary Report) - displays a complete record of procedures logged in your program for current and past residents

Evaluations

- Relationships
 - Allows programs to deploy PGY level specific evaluations for each rotation
 - Used for evaluations of individuals
 - Allows programs to deploy rotation specific evaluations
 - Used for evaluations of a rotation/service
- On Demand Evaluations
 - Allows for a person to create their own evaluation at anytime
 - Evaluators – allows an evaluator to create an evaluation on a subject
 - Subjects- allows the subject to select and send an evaluation to an evaluator

Mapping Evaluations to Milestones

- Allows programs to map evaluations to specific milestones to better inform the CCC
 - Data from mapped evaluations will populate the residents Milestone Review
- Ways to Map Evaluations
 - Map questions on existing evaluations to specific milestone subcompetencies
 - Map rotations to specific milestone subcompetencies
 - Allows you to identify which subcompetencies are evaluated during a rotation and add the direct milestone wording to the evaluation – either at the end or as it's own evaluation

Mapping Evaluations to Milestones

- Map custom created subcompetency questions
 - Allows you to fill the empty Dreyfus box with your own text and map it to your milestone subcompetencies

Maine Medical Center

Administration Personnel Schedules Evaluations Duty Hours Logger Conferences Portfolio More

Evaluation Custom Subcompetencies

4 - Title

Level 1	Level 2	Level 3	Level 4	Level 5
<div>+</div>	<div>+</div>	<div>+</div>	<div>+</div>	<div>+</div>

Edit 1 1.5 2 2.5 3 3.5 4 4.5 5

☒ Include N/A Option

Not applicable

Done Add Another Delete Map to Milestones

Milestone Reviews

- What happens to the data once evaluations are mapped?
- Milestone Reviews
 - Data from mapped evaluations populate the milestone reviews which are broken down by milestone subcompetency
 - Anyone marked as a CCC member in NI has the ability to see the milestone reviews
 - Currently, there are two ways to review the data...

Surgery Jennifer Perros Help

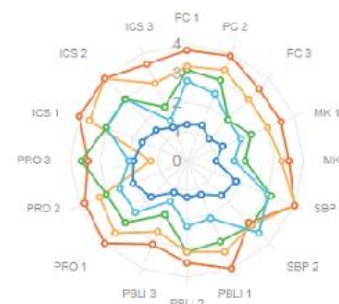
CCC Milestone Review

December 2014

23 Residents

Program Director: Whiting, James

Radar Chart Area Char.



■ 1st Year ■ 2nd Year ■ 3rd Year ■ 4th Year ■ 5th Year

1st Year in Residency



PRG 1

COMPLETED

PC 1	PC 2	PC 3	MK 1	MK 2	SEP 1	SBP 2	PBL1 1	PBL1 2	PBL1 3	PRO 1	PRO 2
1.5	1.5	1.0	1.0	1.0	2.0	1.5	1.5	1.0	1.0	1.5	2.0
PRO 3	ICS 1	ICS 2	ICS 3								
2.0	2.0	1.5	1.0								



PRG 1

COMPLETED

PC 1	PC 2	PC 3	MK 1	MK 2	SEP 1	SBP 2	PBL 1	PBL 2	PBL 3	PRO 1	PRO 2
0.5	1.0	0.0	1.0	0.5	1.5	1.5	1.0	2.0	1.0	2.0	1.5
PRO 3	ICS 1	ICS 2	ICS 3								
2.0	1.5	1.5	1.0								



PRG 5
Surgery-General

June 2015

Draft ▾

0% Complete

Milestones [Resident Review](#) [Attachments](#) [Meeting Notes](#)

[Open Semi-Annual Review ▾](#)

[Patient Care](#) [Medical Knowledge](#) [Systems-Based Practice](#) [Practice-Based Learning and Improvement](#) [Professionalism](#) [Interpersonal and Communication Skills](#)

PC 1

PC 2

PC 3

PATIENT CARE (PC1) *Care For Diseases and Conditions (CDC)*

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident is not able to perform an efficient and accurate initial history and physical for patients admitted to the hospital.	This resident performs a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital, including critically-ill patients.	This resident accurately diagnoses many "broad" surgical conditions in the SCORE curriculum and initiates appropriate management for some common, "broad" conditions. This resident can develop a diagnostic plan and implement initial care for patients seen in the Emergency Department (ED).	This resident accurately diagnoses most "broad" conditions in the SCORE curriculum and some "focused" conditions and initiates appropriate management for most "broad" surgical conditions independently.	This resident can lead a team that cares for patients with common and complex conditions and delegates appropriate clinical tasks to other health care team members. This resident recognizes atypical presentations of a large number of conditions.
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

☐ Not yet assessable

AVERAGE

N/A

RESPONSES

18

4 Evaluators

PRIOR REVIEW

4.0

December 2014

Notes

[New note](#)

[Comments](#) [Evaluators](#) [Questions](#) [Rotations](#)

Question

Expectation: Independently implements and understands consequences of patient care plans.

AVERAGE

2.75

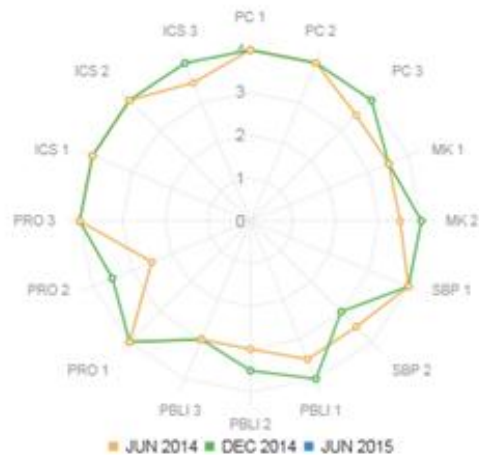


PRG 5
Surgery-General

[Milestones](#) [Resident Review](#) [Attachments](#) [Meeting Notes](#)

☐ Include peer averages

Print



[Expand All](#)

PATIENT CARE (PC1)

Care For Diseases and Conditions (CDC)



Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident is not able to perform an efficient and accurate initial history and physical for patients admitted to the hospital.	This resident performs a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital, including critically-ill patients.	This resident accurately diagnoses many "broad" surgical conditions in the SCORE curriculum and initiates appropriate management for some common, "broad" conditions. This resident can develop a diagnostic plan and implement initial care for patients	This resident accurately diagnoses most "broad" conditions in the SCORE curriculum and some "focused" conditions and initiates appropriate management for most "broad" surgical conditions independently.	This resident can lead a team that cares for patients with common and complex conditions and delegates appropriate clinical tasks to other health care team members. This resident recognizes atypical presentations of a large number of



PRG 5
Surgery-General

Milestones Resident Review **Attachments** Meeting Notes

- ✕ 5.22.15.pdf
- ✕ 5.26.15 (2).pdf
- ✕ 5.26.15.pdf
- ✕ 6.4.15.pdf

Select File



PRG 5
Surgery-General

Milestones Resident Review **Attachments** **Meeting Notes**

[Add Comment](#)

There are no comments to display

Remaining Characters: 1500

[Save Comment](#) | [Cancel](#)

Milestone Reviews – The Other View

https://www.new-innov.com/Portfolio/Host.aspx?Controls=MilestoneReviews#17/2450/1/2015/2

New Innovations, Inc. [US]

Pandora Radio - Listen to Free ... New Innovations Residency...

File Edit View Favorites Tools Help

Convert Select

Suggested Sites Amion Physician Scheduling Pandora Radio - Listen to ... New Innovations Login Send A Page Surgery Residency - Main... Home - Resident Home P... American Board of Surger... American College of Surg... ACGME Home ERAS -PDW

Maine Medical Center

Administration Personnel Schedules Evaluations Duty Hours Logger Conferences Portfolio More

Surgery Jennifer Perros Help

CCC Milestone Review

Surgery-General

Current Reviews

Archives

Settings

Evaluation data beginning
1/1/2015

Questionnaires
Select

Evaluators
All Faculty Non faculty

Apply

Assessment Settings

Milestones

June 2015

23 Residents

Program Director: Whiting, James

Radar Chart Area Chart

1st Year 2nd Year 3rd Year 4th Year 5th Year

1st Year in Residency

Ackerman, Adam Michael
PRG 1
aackerman@mmc.org

Dowli, Alexander
PRG 1
adowli@mmc.org

PC 1	PC 2	PC 3	MK 1	MK 2	SBP 1	SBP 2	PBLI 1	PBLI 2	PBLI 3	PRO 1	PRO 2
---	---	---	---	---	---	---	---	---	---	---	---
PRO 3	ICS 1	ICS 2	ICS 3								

PC 1	PC 2	PC 3	MK 1	MK 2	SBP 1	SBP 2	PBLI 1	PBLI 2	PBLI 3	PRO 1	PRO 2
---	---	---	---	---	---	---	---	---	---	---	---
PRO 3	ICS 1	ICS 2	ICS 3								

100%

10:42 AM
6/11/2015

Assessment Settings



Normalize and average evaluation responses

This applies to responses from indirectly mapped questions that appear in:

- Milestone reviews
- New evaluation reports



Allow residents to view peer average

This applies to peer averages that appear in:

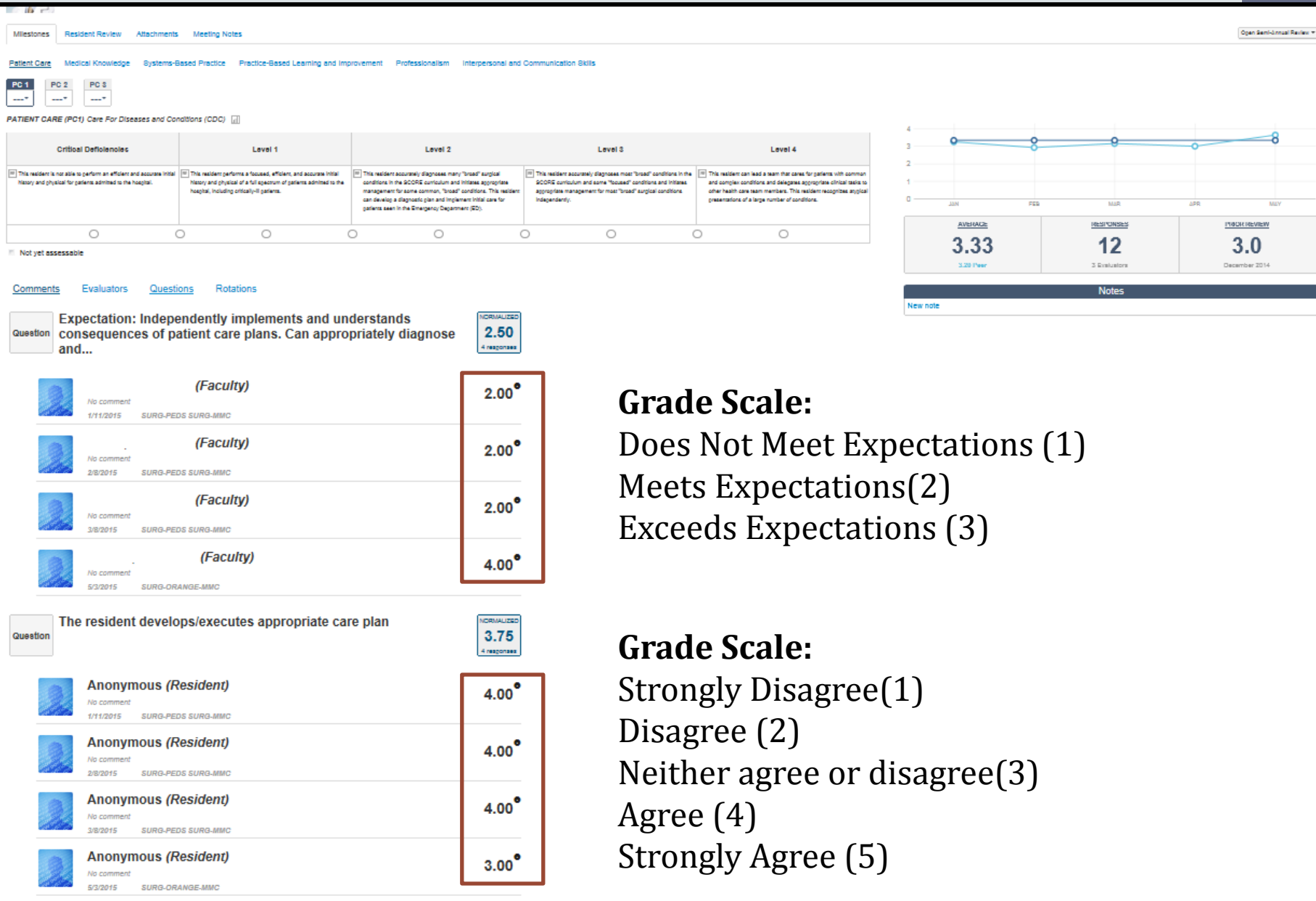
- Milestone reviews
- New evaluation reports

Last updated

Perros, Jennifer L 6/9/2015 2:38 PM

Save

Close



Grade Scale:

Does Not Meet Expectations (1)

Meets Expectations(2)

Exceeds Expectations (3)

Grade Scale:

Strongly Disagree(1)

Disagree (2)

Neither agree or disagree(3)

Agree (4)

Strongly Agree (5)

Grade Scales – How to get the best reporting results for your CCC

- Create your grade scale right to left (low to high/bad to good)
- Make your lowest grade scale value a one. NOT zero - NI's normalized scales start at 1
- Unify your grade scales
 - The use of multiple grade scales without shared settings may make compiled reporting data difficult to interpret.
 - Scores, ratings, or values cannot be meaningfully compared or included in the same comparative statistic (average, minimum, maximum, standard deviation) unless they are derived from very similar Grade Scales.

Grade Scales

- One Example
 - Create a simple 1-5 grade scale with the labels for each choice only displayed as 1-5 (1 being the lowest value and 5 being the highest)
 - The question itself could then contain a description of each rating.
 - This allows for the same grade scale but with different rating descriptions based on individual evaluations

1

Knowledge of Anatomy:

1= Gaps in knowledge of anatomy prevented smooth flow of operation

3= Basic knowledge of anatomy allowed smooth progression of the case

5= Excellent understanding of anatomy allowed rapid progression from one step to the next step

1



2



3



4



5



2

Knowledge of Specific Procedure:

1= Deficient knowledge. Needed specific instruction at most steps

3= Knew all important steps of operation

5= Demonstrated knowledge of all aspects of the operation

1



2



3



4



5



Portfolio

- Scholarly Activity
 - Resident/program can log scholarly activity and upload documents
 - An ADS category (Book Chapters, Formal Teaching Courses, publications etc.) can be assigned to each activity type created
 - The program can then run a report based on these categories – very helpful when it comes time for the ACGME Annual Update
- Journal Assignments
 - Programs can create writing assignments for residents
 - Ability to monitor completion and even review/approve assignments
 - Residents can also complete independent journaling – can be made either public or private entries

Portfolio

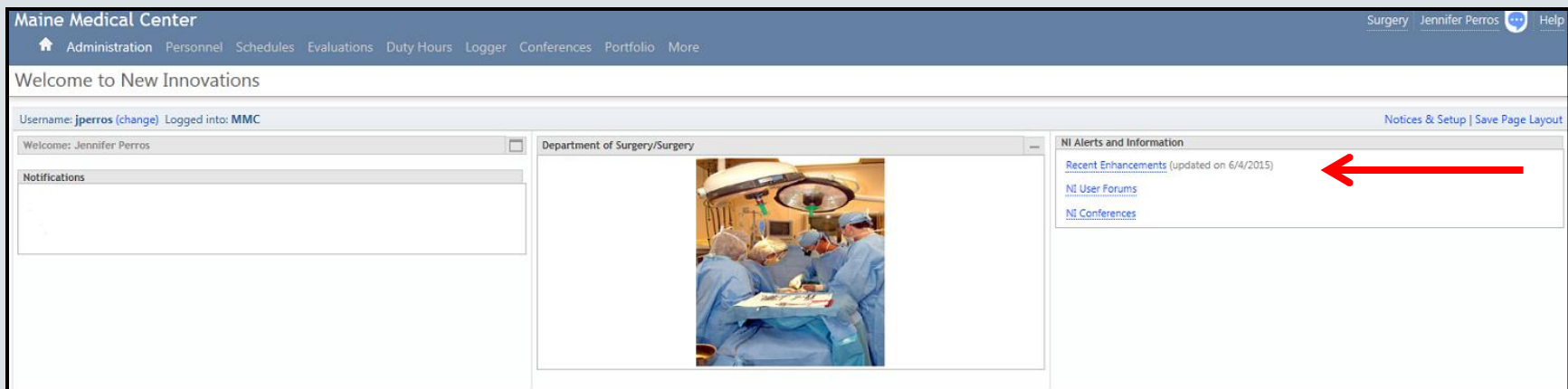
- Resident Reviews
 - Allows programs to create resident reviews by gathering information from most modules in NI and creating a centralized document
 - A form template is created outlining the data to be captured on the form
 - When the review is scheduled NI will automatically pull of the requested data into one form for each resident
 - Program Directors can then review the evaluation with each resident and electronically sign the document
 - Residents then have the ability to review and comment on the evaluation and can also be required to electronically sign



Sample
-Annual Evaluation

In Conclusion

- New Innovations can be utilized by programs in many ways
- Your coordinator is there to help with set up and the behind the scenes work
- NI Enhancements – Home Page



- NI Newsletter

Questions?