

Marshall University Joan C. Edwards School of Medicine

Update On Graduate Medical Education (GME)

**General Faculty Meeting
January 28, 2014**

**Dr. Paulette S. Wehner
DIO, Sr. Associate Dean, GME**



GME ANNUAL REPORT

2012-2013

Paulette Wehner, MD
DIO/Sr. Associate Dean,
Graduate Medical Education

ANNUAL REPORT REQUIREMENT

In compliance with the Accreditation Council for Graduate Medical Education (ACGME), Institutional Requirement I.B.4.b requires:

“The DIO and/or the Chair of the GMEC must present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education.” [bold emphasis added]

INSTITUTIONAL REQUIREMENTS REGARDING ACTIVITIES OF THE GMEC

- GMEC required by Institutional Standards to meet once every quarter during each academic year
- Meetings must be attended by at least one resident/fellow
- Must maintain minutes that document execution of all required GMEC functions

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

- Met 7 times during Academic Year (AY)
- Residents/Fellows attended every meeting
- Membership expanded to include Chief Safety Officers from Marshall Health and affiliated hospitals
- New Subcommittee established to address Patient Safety/Quality Improvement concerns

In 2012-2013, Marshall University Joan C. Edwards School of Medicine (MUSOM) sponsored 7 residency programs:

Family Medicine

Internal Medicine

Medicine/Pediatrics

Obstetrics/Gynecology

Orthopaedics Surgery

Pediatrics

Surgery

And 5 Fellowship Programs:

Cardiology

Endocrinology

Interventional Cardiology

Medical Oncology

Pulmonary Medicine

All twelve of the MUSOM programs are under the auspices of the ACGME.

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

- New DIO appointed in July 2012
- New Office of GME established with 2 F/T staff
- Approved Mission Statement
- Statement of Institutional Commitment to Graduate Medical Education approved by
 - GMEC
 - DIO
 - Marshall Health Board of Directors
 - MUSOM Dean/Senior Institutional Executive
 - MU Board of Governors

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

Internal Reviews

- Oncology – Reviewed twice due to it being a new program. The second Internal Review was required to be completed within the second 6 months of the new Fellows' first year
- Surgery – Reviewed and vetted December 18, 2012

ACTIVITIES OF THE GMEC DURING **2012-13 ACADEMIC YEAR**

NEW PROGRAM APPROVAL

- Nephrology Fellowship Program

NEW PROGRAM DIRECTOR APPROVAL

- Endocrinology- Dr. John Leidy
- Cardiology- Dr. Ellen Thompson

INCREASE IN PROGRAM COMPLEMENT

- Surgery- 1 PGY per year, to be phased in
- Endocrinology- Temporary increase to offset off-track Fellow

NEW SITE APPROVAL

- Thomas Memorial Hospital approved for Orthopaedics

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

OUTSIDE FUNDING OF RESIDENT/FELLOW POSITIONS

- Approved for Internal Medicine to fill unfunded positions

POLICY REVIEW AND APPROVAL

- Adequate Rest
- BLS/ACLS
- Learning & Working Environment
- Resident/Fellow Impairment Policy
- Resident/Fellow Supervision

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

INSTITUTIONAL AGREEMENTS

In compliance with the ACGME, Common and Specialty/Subspecialty Requirements, the appropriate GME and other parties reviewed and reviewed, approved and dated:

- Master Affiliation Agreements
- Program Letters of Agreements (PLA)

PDF's of the agreements may be found at
<http://jcesom.marshall.edu/residents-fellows/master-affiliation-agreements-plas/>

ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR

OTHER GMEC ACTIONS

- Approved new contract language for Residents/Fellows promoted to PG 2 and above. The new contract will be implemented for incoming residents effective with the 2014 Match.
- Requested programs to identify Residents/Fellows for appointment to various Marshall committees such as the Library Committee, Patient Care and Safety Subcommittee, Internal Review subcommittees. Residents/Fellows were also appointed to a number of hospital patient care related committees.
- Approved stipend increases for Residents/Fellows as well as membership for the MU Recreation Center.
- Monitored and sought resolution to Resident/Fellow concerns regarding the VAMC lounge and food issues, and pediatric call rooms at CHH.

OUTCOME MEASURES

- RRC Site Visits held in 2012-13:
 - Obstetrics and Gynecology
 - RRC visit on December 4, 2012
 - Cont. accreditation for 4 years

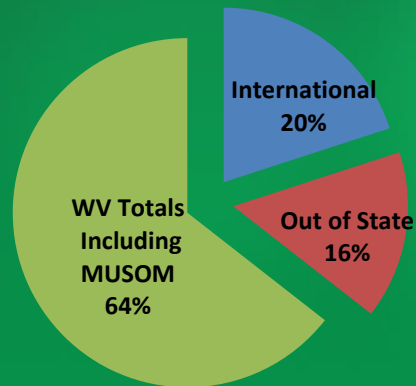
ACCREDITATION STATUS
GRADUATE MEDICAL EDUCATION PROGRAMS
Marshall University Joan C. Edwards School of Medicine
2012-2013 AY

Residency Program	Status	Most Recent Site Visit	Cycle Length	Annual Update Due Date	Self- Study Due Date
Institutional	Continued Accreditation with Warning	2011	2 years	To be announced- Changing to CLER visits	To be announced
Cardiology	Continued Accreditation	2011	5 years	11/05/2013	01/01/2020
Endocrinology	Continued Accreditation	2011	5 years	11/15/2013	01/01/2020
Family Medicine	Continued Accreditation	2008	5 years	10/21/2013	05/01/2018
Internal Medicine	Continued Accreditation	2011	4 years	09/18/2013	01/01/2020
Internal Med/Pediatrics	Continued Accreditation	2010	3 years	10/08/2013	04/01/2017
Interventional Cardiology	Continued Accreditation	2011	5 years	11/5/2013	01/01/2020
Obstetrics/ Gynecology	Continued Accreditation	2008	4 years	10/08/2013	06/01/2021
Oncology	Initial Accreditation	2011	2 years	11/05/2013	To be announced
Orthopaedic Surgery	Continued Accreditation	2010	3 years	09/18/2013	To be announced
Pediatrics	Continued Accreditation	2007	5 years	09/06/2013	04/01/2017
Pulmonary	Continued Accreditation	2011	4 years	11/15/2013	01/01/2020
Surgery	Continued Accreditation- with Warning	2011	2 years	11/15/2013	To be announced

OUTCOME MEASURES

National Resident Matching Program

Matriculating Residents 2013

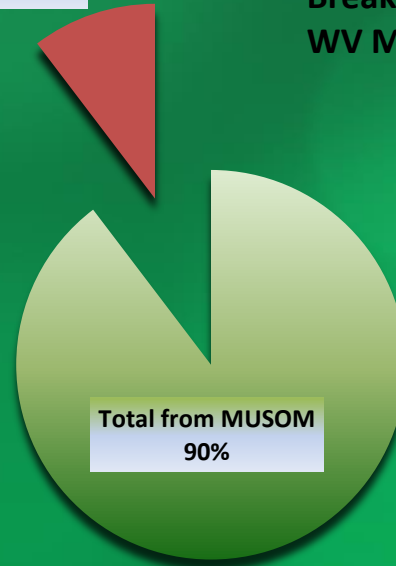


**Diversity of
First Year Residents**

OUTCOME MEASURES

Other Instate Matches
10%

Breakdown of Residents from
WV Matches



Total from MUSOM
90%

OUTCOME MEASURES

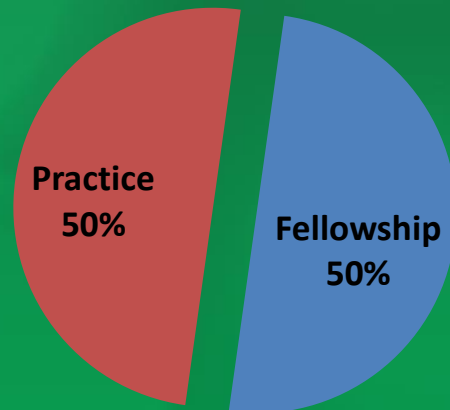
NATIONAL RESIDENCY MATCHING RESULTS 2013 GRADUATES First Year Residents Only

Program	2013 Positions offered/ filled	2012 Positions offered/ filled	2011 Positions offered /filled
Family Medicine	8/8	8/8	8/8
Internal Medicine (Categorical)	12/12	12/12	11/11
Internal Medicine (Preliminary)	5/5	5 /5	5/5
Obstetrics/Gynecology	3/3	3/3	3/3
Orthopaedic Surgery	3/3	3/3	3/3
Pediatrics	6/6	6/ 6	6/6
General Surgery (Categorical)	3/3	3/3	3/3
General Surgery (Preliminary)*	3/1*	3/0*	3/0*
Internal Medicine/Pediatrics	2/2	3/2	3/1
TOTAL	42/40	46/42	45/40

* The preliminary positions are not generally filled during the NRMP match but are filled during Scramble/SOAP .

OUTCOME MEASURES

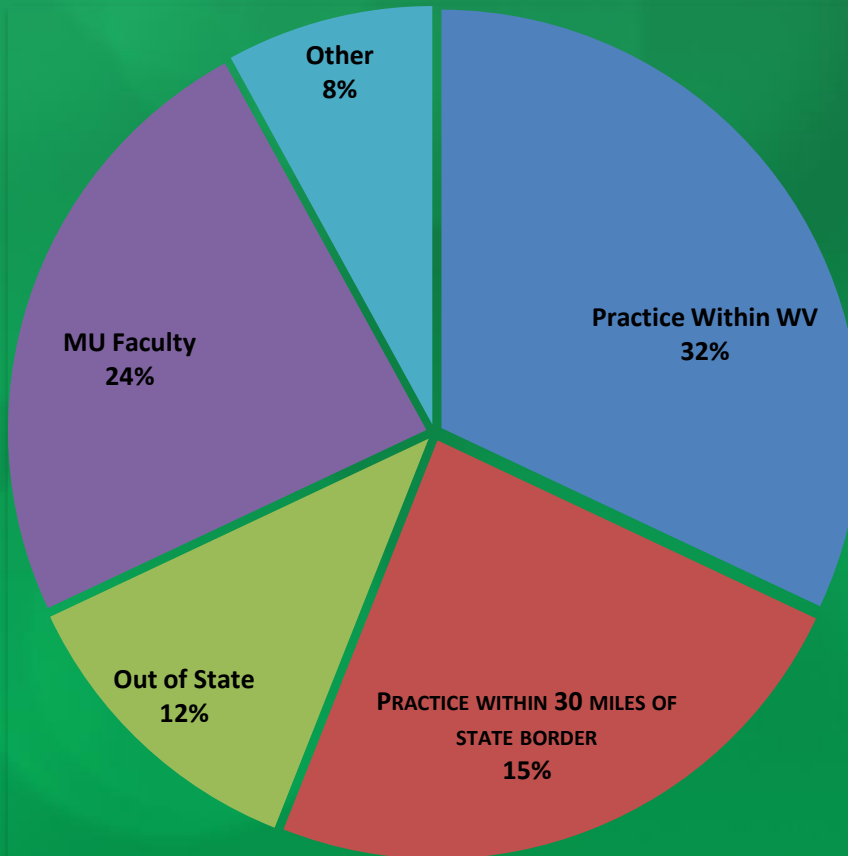
POST RESIDENCY/FELLOWSHIP PLACEMENT



Immediate Plans of
Residents/Fellows
Who Completed
As of June 30, 2013

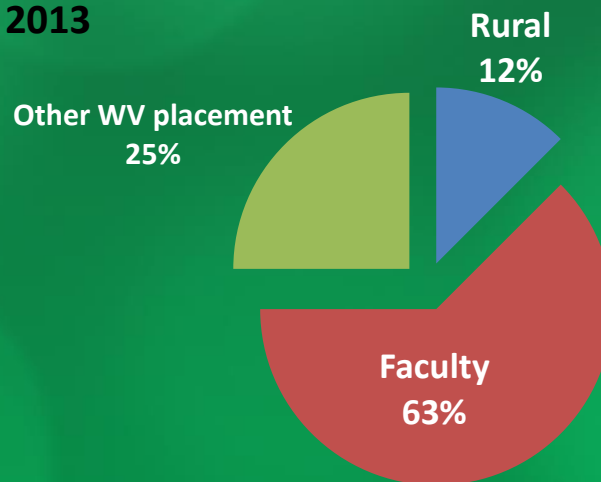
OUTCOME MEASURES

Immediate Practice Plans
for Residents/Fellows
Who Completed by
June 30, 2013



OUTCOME MEASURES

Breakdown of WV Practice Sites of
Residents/ Fellows Who Completed
As of June 30, 2013



First Time Taker Specialty Board Pass Rate

Program	2009	2010	2011	2012	2013
Family Medicine	100%	100%	100%	100%	Not received yet
Internal Medicine	85%	90%	91%	82%	Not received yet
Med/Peds	100%	100%	75%	n/a	n/a
MED	100%	100%	50%		100%
PEDS	100%	100%	100%		n/a
Obstetrics/Gyn	67%	100%	100%	67%	100%
Orthopaedics	n/a	n/a	n/a	100%	100%
Pediatrics	33%	100%	75%	100%	100%
Surgery					
QE	67%	67%	33%	100%	100%
CE	33%	50%	0%	100%	Not Yet Received
	2009	2010	2011	2012	2013
FELLOWSHIPS					
Cardiology	100%	67%	100%	67%	100%
Endocrinology	0% (1 Failure)	100%	100%	100%	n/a
Interventional Cardiology	n/a	100%	100%	n/a	100%
Medical Oncology	n/a	n/a	n/a	n/a	n/a
Pulmonary	100%	100%	100%	100%	100%

N/a denotes no one took specialty boards that year

RESIDENT SUPERVISION

- Resident Supervision is an ongoing area of attention for the GMEC and the Medical School.
- The GMEC revised its supervision policy on April 16, 2013. Specific guidelines have been developed to assure adequate supervision for residents and fellows.
- To ensure oversight of resident supervision, programs must use the following classification of supervision:
 - Direct supervision
 - Indirect supervision with direct supervision immediately available and,
 - Indirect supervision with direct supervision available
 - Oversight
- Compliance monitored through Resident/Fellow feedback at Resident Forums and Chief Residents' meetings.
- Aggregate data produced by ACGME Surveys is reviewed in detail by GMEC
- Residents/Fellows can also submit anonymous report on supervision concerns by completing an on-line form.
- Lines of responsibility clarified with regard to the relationship between resident and supervising fellow. In addition, program directors delineate the responsibility and supervision of patient care, depending on the trainee's level, on all inpatient and ambulatory settings for all members of the teaching team.
- Supervision language included in newly approved Resident Contract.

RESIDENT EVALUATION

- Evaluation is an ongoing process and is crucial to the educational development of our residents.
 - Residents are evaluated on a regular basis by faculty, staff, patients and sometimes peers.
 - Residents likewise have multiple opportunities to evaluate their teaching faculty, programs, rotations, and affiliated hospitals.
 - All of our training programs are required to provide residents with forms and a method of evaluating faculty performance; these and other resident evaluation forms are reviewed during the course of internal reviews conducted by the GMEC.
 - Documentation of evaluation discussions with resident is required and its importance emphasized by the GMEC.
- Summative and Formative feedback
 - Formative evaluation provided to our trainees through ongoing verbal communication to trainees at the time of a clinical encounter
 - Let them know what they are doing well and what they need to improve.
 - Monthly evaluations are completed by the attending and/or supervising physician and is signed by trainee as well as the attending and /or supervising physicians.
 - Summative evaluation is provided at the end of each training year and is signed by the Resident, and the program director.
- In preparation for the Next Accreditation System (NAS), program directors are developing outcomes-based milestone evaluations for resident performance within the six domains of clinical competence.
 - New evaluations will be competency-based developmental outcome to allow demonstration of the progression.

COMPLIANCE WITH DUTY HOURS STANDARDS

- ACGME's revised duty hour requirements effective July 1, 2011 included graduated standards for duty hours
- Designed to better match residents' levels of experience and emerging competencies.
- The standards retain the current duty hour limit of 80 hours per week, averaged over four weeks, but specify more detailed directives for levels of supervision necessary for first-year residents.
- The standards also reduce duty periods of PGY- 1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions.

COMPLIANCE WITH DUTY HOURS STANDARDS

To ensure compliance:

- Marshall Residents/Fellows record their work hours each month.
- Programs review this data for compliance with duty hour rules
- Data is monitored by the Office of GME. through New Innovations
- All programs submit monthly duty hour attestations to the GME Office
- Red flags are reviewed by the Office of Graduate Medical Education and Program Directors are questioned.
- The GME Offices and the GMEC stresses that the programs are to be diligent about monitoring and follow-up up on violations as they occur.
- Duty hour issues are also brought up in the Resident Forum and Chief Residents' Meetings and can be reported by completing an on-line Anonymous Reporting of Near Misses, Adverse Events, and Training Issues form found at <http://jcesom.marshall.edu/residents-fellows/current-residents-fellows/>
- The ACGME resident survey is conducted yearly to query residents how well or how often they meet the duty hour requirements. Residents' responses are discussed by Program Directors at GMEC meetings and, if necessary, follow-up are reported at GMEC Meetings.
- To ensure consistent reporting of duty hours, at the end of 2012-2013 Academic Year, the Office distributed to the programs specific designations available in New Innovations for duty hour reporting. The intent of this document was to have duty hours consistently reported by residents/fellows across the programs. The document describes the five duty hour reporting types and uses examples for clarifications of grey areas for duty hour reporting.
- The GMEC policy on Adequate Rest was approved by the GMEC to establish standards for all Residents/Fellows to appear for duty appropriately rested and fit to provide the services required by their patients.
- The GMEC adopted the Resident/Fellow Learning and Working Environment Policy which includes language on Duty Hours, Fatigue Management, and Mitigation. (The Institutional Duty Hour Policy was previously approved with suggestion changes and deletion in March 2011.)

RESIDENT PARTICIPATION IN SAFETY AND QUALITY OF CARE EDUCATION

- Resident education in patient safety and quality of care
 - Program presented during Institutional New Resident Orientation for new residents and fellows
 - Risk Management Session is a required annual activity for all residents and fellows.
 - Presentations on Residents as Teachers and Professionalism and a review of the policies and procedures are also provided to the new residents and fellows.
 - Continues throughout the year in each program.
- Residents' training includes:
 - Physician impairment, fatigue:
 - Recognition of and treating drug/alcohol abuse, stress/anxiety, work hour policies, universal precautions, and compliance with State and Federal Regulations.
- Most programs require residents to be involved in Patient Safety and Patient Quality of Care initiatives.
 - The GMEC discusses resident participation in Safety and Quality of Care Education throughout the year at its regular meetings.
 - A representative from each hospital is a voting member of the GMEC and participates in committee meetings, Internal Reviews, and all activities of the GMEC.
- Each program educates and assesses its residents in the six Core Competencies, which include Patient Care, Practice-Based Learning and Improvement, and Systems-Based Care.
 - The program's Internal Review assesses the completeness of these programs prevent or reduce the transmission of vaccine-preventable and other communicable diseases between residents and their patients, the University's Policy on Resident Immunizations and Health Requirements is strictly monitored by Occupational Health and Employee Health Services.
 - Efforts continue to fit test all residents with required respiratory equipment at each affiliated hospital.

RESIDENT PARTICIPATION IN SAFETY AND QUALITY OF CARE EDUCATION

- Established a new Patient Safety and Quality Control (PS/QC) Subcommittee to increase PS/QC oversight and communication between the Sponsoring Institution and major teaching hospitals.
 - Representatives from the teaching hospitals residents/fellows and sponsoring institutions meet quarterly to review safety issues and concerns and increase communication.
- Incoming Residents/Fellows now required to complete IHI Modules.
 - The Surgery residents piloted completion of the IHI modules and reported to GMEC that they found the modules to be beneficial.
- Resident participation in GMEC was instrumental in addressing and resolving impervious gown/gloves issues at Cabell Huntington Hospital.
- Two key factors related to safety and quality of care for patients
 - Resident/ fellows' professionalism (in all the dimensions which comprise it) and
 - Duty hour limitations.
- Residents/fellows involved in multiple patient safety initiatives, projects, conferences and committees.

RESIDENT PARTICIPATION IN SAFETY AND QUALITY OF CARE EDUCATION

Residents/Fellows have three methods to submit anonymous Reporting of Near Misses, Adverse Events and Training Issues:

1. By completing an on-line form found on the Graduate Medical Education homepage. <http://jcesom.marshall.edu/residents-fellows/>
2. By completing an on-line form found on Cabell Huntington Hospital's Datix Event Report website. A link is also available under the Patient Safety/Quality Improvement heading on the Current Residents and Fellows website <http://jcesom.marshall.edu/residents-fellows/current-residents-fellows/>
3. By anonymously calling the Joan C. Edwards/Marshall Health Compliance Hotline at 304.691.1616.

It is imperative to note that should the resident/fellow opt for follow-up contact, they may OPT to leave their name and phone number on each of the above-mentioned forms.

OGME Recent Activities

FALL 2013

CLER Visit – August 27-28, 2013 (Received Report September 30, 2013)

Surgery Internal Review- September 24, 2013

Surgery Mock Site Visit - September 18, 2014

Surgery Site Visit- September 24, 2014

DECEMBER 2013

Institutional Progress Report Sent to Outside Source for Review - December 2013

Oncology Site Visit Notification Received - December 6, 2013

JANUARY 2014

Psychiatry New Program Application Submission – January 8, 2014

Oncology Mock Site Visit- January 24, 2014

FEBRUARY 2014

Institutional Accreditation Progress Report Due Date – February 1, 2014

Oncology Site Visit- February 4, 2014

Psychiatry Site Visit- February 25, 2014

Summary

- Lots of Activity by the Office of GME this year
- More monitoring, more oversight
- Exciting time to be in Graduate Medical Education
 - CLER
 - NAS
 - Growth of programs
 - New Institutional Requirements effective July 2014
 - Emphasis on QI/PS
 - GMEC must approve number of funded Resident/Fellow positions
 - Annual Institutional Review
 - Annual Program Review
 - No more Internal Reviews but GMEC Special Review Process