



MARSHALL UNIVERSITY

Joan C. Edwards School of Medicine

— Graduate Medical Education —

Annual Report 2011-12

Presented by

Paulette S. Wehner, M.D.

DIO/Sr. Associate Dean, Graduate Medical Education

MARSHALL UNIVERSITY
Joan C. Edwards School of Medicine

Office of Graduate Medical Education
Mission Statement

It is the Office of Graduate Medical Education (GME) at the Marshall University Joan C. Edwards School of Medicine's mission to provide exemplary, comprehensive and continuing educational opportunities in an environment enriched by scholarly activity for physicians in graduate medical education programs. Integral to this educational responsibility is the commitment to provide quality health services in an atmosphere of care and compassion. It is our commitment that the conducts of graduate medical education programs further our mission while educating future generations of physicians to serve our community, our State of West Virginia, our nation and our world's evolving health care needs.

It is our goal to offer graduate medical education programs in which physicians in learning develop personal, clinical, and professional competence under the guidance and supervision of the faculty and staff outstanding in their respective fields and who are committed to teaching. The Office of GME will ensure safe, appropriate and humane care of patients and the progression of resident physician responsibilities consistent with each learner's demonstrated clinical experience, knowledge and skill.

As part of a comprehensive university, we engage in scholarly activity including research and will make available to resident physicians opportunities to participate in the scholarship of our medical community. The Institution and its leadership are committed to provide the necessary educational, financial and human resources to support and maintain excellence in graduate medical education to maintain compliance standards in accordance with the Accreditation Council for Graduate Medical Education.

GRADUATE MEDICAL EDUCATION STATEMENT OF COMMITMENT

The administration, faculty and staff are committed to providing Graduate Medical Education in an educational milieu that prepares physicians for the practice of medicine and promotes the development of clinical skills, professional competency and scholarly activity utilizing outcome measures.

The institution's administration and clinical departments coupled with the affiliated hospitals, provide adequate financial and administrative support to ensure the training programs and residents have an opportunity to optimize the educational requirements necessary to maintain accredited programs of graduate medical education.

This is accomplished by means of:

- Adequate financial support and benefits for residents during their training period;
- The recruitment and retention of qualified and dedicated teaching faculty;
- The provision of adequate training facilities in both inpatient and outpatient facilities;
- Adequate patient interactions with the appropriate types and numbers of patients to develop clinical skills and
- The opportunity to pursue progressively greater responsibility for patient care consistent with individual growth in professionalism, clinical experience, knowledge and skills.

Seen from the perspective of the School's state-mandated mission to focus on primary care and rural health, residency training at MUSOM is a logical and key component of an educational continuum. As a state-supported school, Marshall must be flexible and adaptable to the health care needs of West Virginians in order to maintain its standing as a national leader in primary care and rural health. Its post-graduate training programs are thus consistent with this mission.

Adopted by MUSOM - - November 2, 1999

Revised 4/05 – Revised 3/11

Marshall University
Joan C. Edwards School of Medicine

GRADUATE MEDICAL EDUCATION

1. INTRODUCTION AND OVERVIEW

Graduate Medical Education (GME) is required training of medical school graduates which results in competence in a specialty/subspecialty of medicine and board eligibility in that field. The number of years required to complete training in a given specialty/ subspecialty is determined by the respective Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) or Board of Medical Specialties. The ACGME is responsible for the accreditation of allopathic graduate medical education programs; it has five member organizations: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

In 2011-2012, Marshall University Joan C. Edwards School of Medicine (MUSOM) sponsored seven residencies programs:

Family Medicine	Orthopaedics Surgery
Internal Medicine	Pediatrics
Internal Medicine/Pediatrics	Surgery
Obstetrics/Gynecology	

In addition to the above residencies, the School of Medicine sponsored five subspecialty (fellowship) programs:

Cardiology	Medical Oncology
Endocrinology	Pulmonary Medicine
Interventional Cardiology	

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

Through its Office of Graduate Medical Education, MUSOM maintains affiliation agreements with institutions participating in GME, monitors the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) status of participating institutions, ensures that formal quality assurance programs are conducted at participating institutions, and monitors eligibility and selection of residents. The Office of GME also monitors all aspects of resident appointment, resident participation in educational and professional activities, the residents' work environment, and the institution and all programs' compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements. The school examines program outcome measures, and conducts extensive

internal reviews of each GME program. The school ensures that each program teaches and assesses the ACGME general competencies: Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal and Communication Skills, Professionalism, and Systems–Based Practice.

During the 2011-12 academic year, the Associate Dean for External Affairs, Ms. Karen Bledsoe was the Designated Institutional Official (DIO), whom the ACGME defines as having “the authority and responsibility for all the ACGME-accredited GME programs”. Dr. Paulette Wehner served as the Senior Associate Dean for Graduate Medical Education and also as Chair of the GMEC. The Office of Graduate Medical Education provides support for each residency and fellowship program and for the Graduate Medical Education Committee (GMEC).

The GMEC, whose existence and activities are prescribed by the Accreditation Council for Graduate Medical Education (ACGME), met seven times during academic year 2011-12:

July 26, 2011	December 20, 2011	May 22, 2012
September 14, 2011	January 17, 2012	
November 29, 2011	March 27, 2012	

There were 44 members, including program directors, chief residents, peer-elected residents, the Senior Associate Dean for Graduate Medical Education, the DIO, and administrative representatives from each participating affiliated hospital and the University Physicians and Surgeons Executive Offices.

Working with the Office of Graduate Medical Education, the GMEC has developed and approved policies which govern all programs. These policies are gathered and filed in the GME Resident Manual, which is maintained on the MUSOM GME web site (<http://musom.marshall.edu/residents/>)

**Graduate Medical Education Committee
Membership
2011-12**

Program	Program/Asso Director	Resident/Fellow Rep(s)
Cardiology	Paulette S. Wehner, MD N. Andrew Vaughan, MD	Carrie Willis, MD Chris Adams, MD, Chair, RAC & Resident Forum
Endocrinology	Abid Yaqub, MD John W. Leidy, Jr., MD, Ph.D.	Randa Al-Jayoussi, MD Jillian Douglas, MD
Family Medicine	Mitch Shaver, MD	Audra Ramsey, MD
Internal Medicine	Mehiar El-Hamdani, MD Eva Patton-Tackett, MD, Samson Tekka, MD	David Franke, MD James Doub, MD
Interventional Cardiology	Mark Studeny, MD	Brian Price, MD
Med Peds	Wm. A. "Skip" Nitardy, MD	Marion Huff, MD
OB/GYN	Kevin Conaway, MD	Jessica Granger, MD
Oncology	Marissa Tirona, MD Rajesh Sehgal, MD	Laurie Matt, MD Mohammad Mozayen, MD
Orthopaedics	Ali Oliashirazi, MD Franklin Shuler, MD	Jonathan Salva, MD
Pediatrics	Susan Flesher, MD	Jennifer Gerlach, MD
Pulmonary	Nancy Munn, MD	Yasser Etman, MD Amar Panchal, MD
Surgery	Wade Douglas, MD	Chris Kitchen, MD

Seth Adkins, MD

Chair Paulette Wehner, MD

Hospital Representatives

CHH Hoyt Burdick, MD	SMMC Lee Taylor, MD	VAMC Jeff Breaux, MD
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UP&S

Beth Hammers Executive Director	Matt Straub Director of Finance
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GME Staff Cindy Dailey

DIO Karen Bledsoe

Residency/Fellowship Program Coordinators

2011-12

Program	Program Coordinator
Cardiology	Cindy Dailey
Endocrinology	Judy Hayes
Family Medicine	Betty Adkins
Internal Medicine	Betty Jo Morrell
Interventional Cardiology	Cindy Dailey
Med Peds	Kelly Webster-Fuller
OB/GYN	Marty Poe
Oncology	Deanna LaFon

Orthopaedics	Vanessa Goldman
Pediatrics	Debbie Chapman
Pulmonary	Ashley Taliaferro
Surgery	Donna Webb

2. OUTCOME MEASURES

A. Accreditation Status of Programs at Joan C. Edwards School of Medicine

The Office of GME reviews all ACGME mandated Program Information Forms prior to submission to ACGME. If deficits are found, Program Directors are provided consulting to improve their submission and better define their program's educational mission, curricula delivery and resident outcomes. The following programs participated in GME PIF Review and had their site visits in 2011-12:

- Internal Medicine
- Cardiovascular
- Endocrinology
- Interventional Cardiology
- Surgery
- Institutional

The accreditation status for the School of Medicine's Graduate Medical Education Programs is depicted by the following chart:

ACCREDITATION STATUS
GRADUATE MEDICAL EDUCATION PROGRAMS
Marshall University Joan C. Edwards School of Medicine

Residency Program	Status	Most Recent Site Visit	Cycle Length	Approximate Date of Next Scheduled Visit
Institutional	Continued Accreditation	2011	2 years	10/2013
Cardiology	Continued Accreditation	2011	5 years	09/2016
Endocrinology	Continued Accreditation	2011	5 years	09/2016
Family Medicine	Continued Accreditation	2008	5 years	05/2013
Internal Medicine	Continued Accreditation	2011	4 years	09/2015
Internal Med/Pediatrics	Continued Accreditation	2010	3 years	04/2013
Interventional Cardiology	Continued Accreditation	2011	5 years	09/2016
Obstetrics/Gynecology	Continued Accreditation	2008	4 years	10/2012
Oncology	Initial Accreditation	2011	2 years	07/2013
Orthopaedic Surgery	Continued Accreditation	2010	3 years	01/2013
Pediatrics	Continued Accreditation	2007	5 years	04/2013
Pulmonary	Continued Accreditation	2011	4 years	09/2015
Surgery	Continued Accreditation	2011	2 years	11/2013

B. National Resident Matching Program

The School of Medicine residency programs historically compete extremely well for top-notch residency and fellowship program applicants. We had a total of 46 new residents start in July 2012. As indicated by the following chart, departments opting to participate in the Match have huge success.

The 2012 Match resulted in 42 residents (including preliminary) of which 18 were MUSOM graduates. The remaining Matched Residents were: 14 International graduates, 4 Caribbean, 4 U.S. graduates, and 5 DO's.

The 2012 & 2011 National Resident Matching Program (NRMP) results for the MUJEC SOM residency programs are outlined below:

First Year Residents Only

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

* Surgery does not try to fill these positions during the NRMP match; these positions are always filled during the scramble.

**NATIONAL RESIDENCY MATCHING RESULTS
2012 GRADUATES
MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE**

Sixty four students graduated from MUJCESOM in May 2012 and all were placed in residency training programs. **It was the first year that every student matched and no students had to scramble!**

Specialty	Number	Training in WV	Training in other states
Anesthesiology	1	0	1
Family Medicine	11	7	4
Internal Medicine (Categorical)	7	1	6
Internal Medicine (Preliminary)*	5	4	1
Obstetrics/Gynecology	11	2	9
Orthopaedic Surgery	0	0	0
Pediatrics**	10	3	7
General Surgery (Categorical)	5	1	4
General Surgery (Preliminary)	0	0	0
Internal Medicine/Pediatrics	3	1	2
Emergency Medicine	6	0	6
Otolaryngology	0	0	0
Pathology	2	1	1
Psychiatry	0	0	0
Transitional***	2	0	2
Neurodevelopmental Disabilities	1	0	1

*Five students will enter PG 2 specialty training in Diagnostic Radiology

**One student will enter PG 2 specialty training in Neurodevelopmental Disabilities

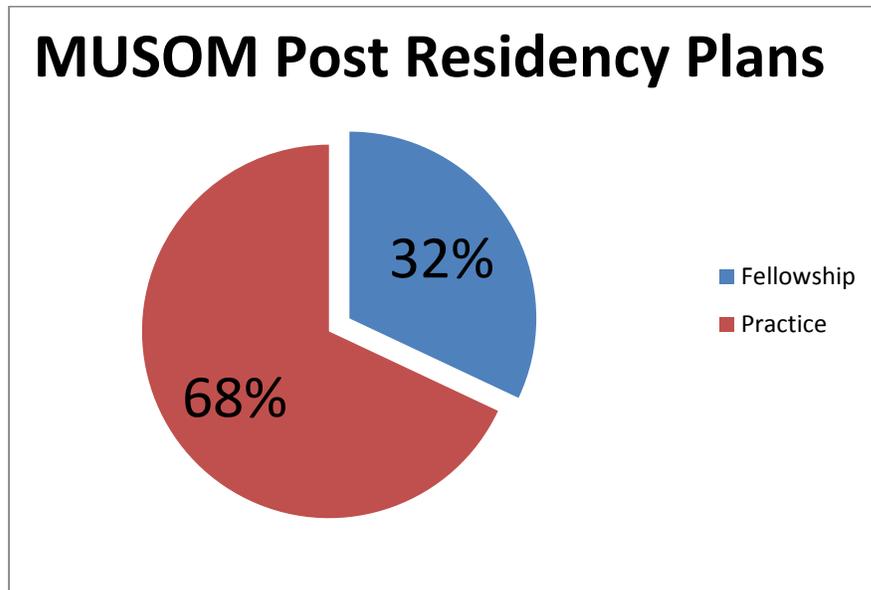
***One student will enter PG 2 specialty training in Neurology and one student will enter PG 2 specialty training in Diagnostic Radiology

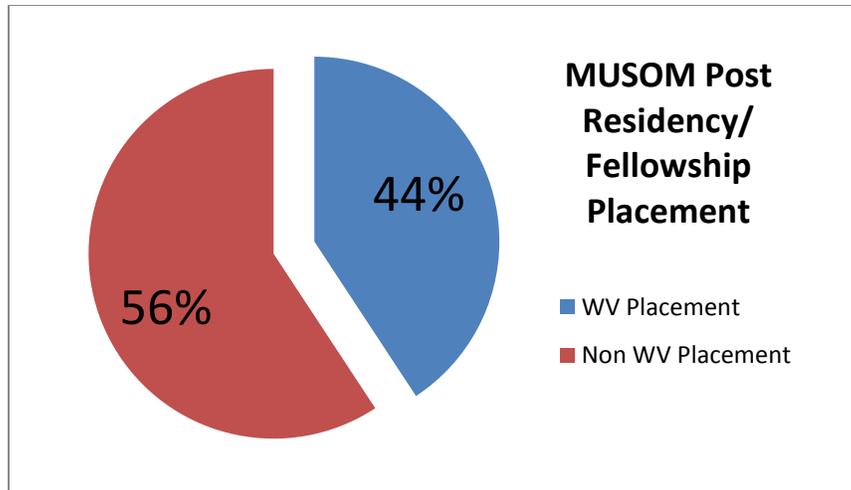
Marshall continues to place students in primary care residency positions at or above the national average.

C. POST RESIDENCY/FELLOWSHIP PLACEMENT

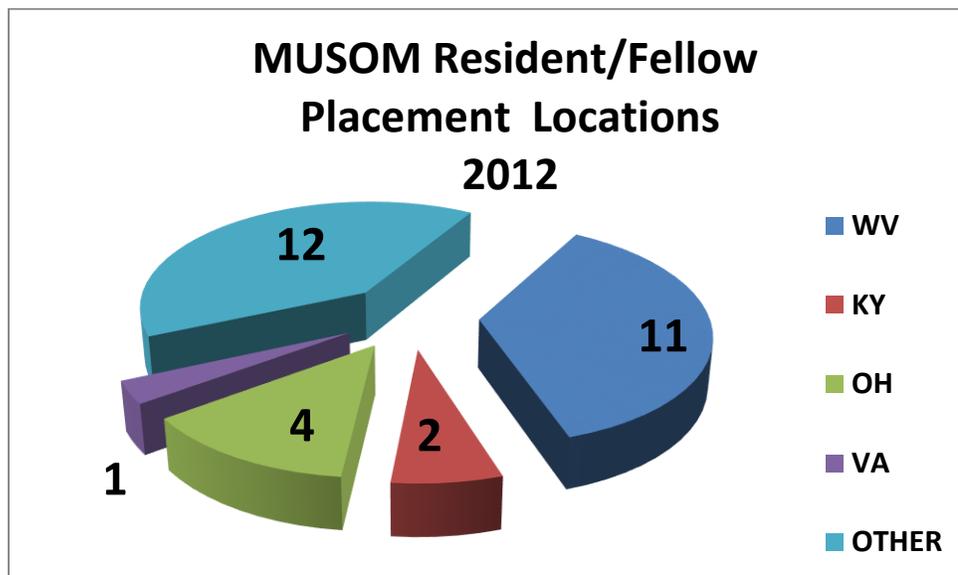
As indicated above, the School's state-mandated mission to focus on primary care and rural health, continues through residency training at MUSOM. As a state-supported school, Marshall must be flexible and adaptable to the health care needs of West Virginians in order to maintain its standing as a national leader in primary care and rural health. Its post-graduate training programs are thus consistent with this mission.

We are pleased to report that 37 residents/fellows completed their programs during the 2011-2012 Academic Year. Of those 37 Residents/Fellows who completed, 12 of them (32%) went on for fellowships immediately. ***Of the 25 (68%) who started practicing, 11 (44%) of them opted to stay within WV, 27% of whom stayed in WV went into rural practice!***





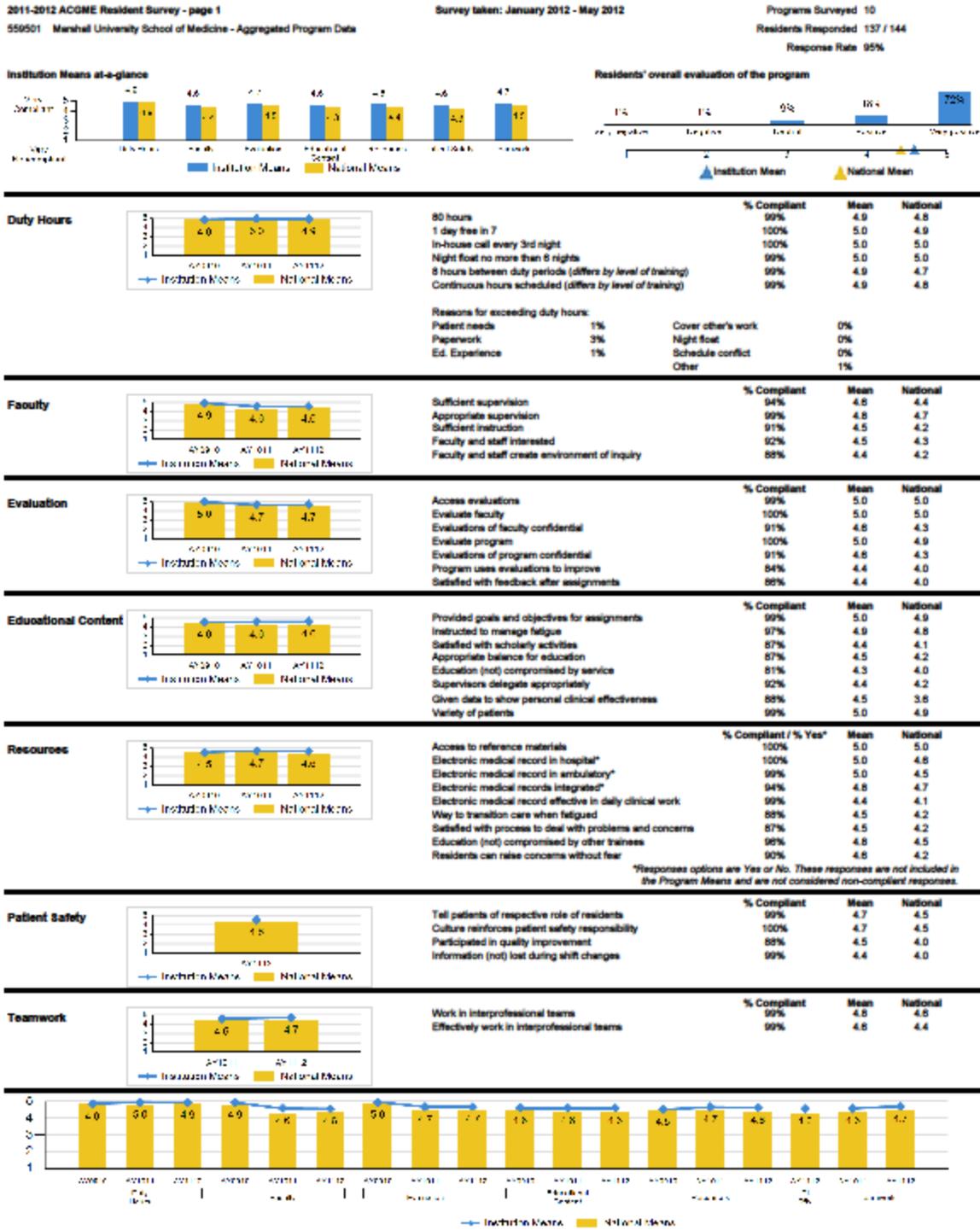
Since MUSOM is located within the Tri-State area, it is also important to note that 24% of the 25 who completed stayed within 3 hours of KY, OH and WV border. *If we look further into who practiced in a rural site regardless of which State they practiced, 8 of the 25 trainees (32%) opted to practice in a rural area!*



D. ACGME RESIDENT SURVEY

All residents are surveyed yearly by the ACGME using a web-based questionnaire. National norms indicate that our results are consistent with programs nationally. All residents surveys are presented at the GMEC and action plans are developed for any surveys found to not be in compliance. The

results of the survey are discussed by the GMEC and are found at the end of this document. The results are also discussed in the Resident Forum and Chief Residents' Meetings.



ACGME RESIDENT DUTY HOURS

The ACGME's revised duty hour requirements went into effect on July 1, 2011. The new standards include graduated standards for duty hours and are designed to better match residents' levels of experience and emerging competencies. The new 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.

Marshall Residents record their work hours each month. Programs review this data. Compliance with ACGME duty hour rules is monitored by the Office of GME. All Programs submit schedules to the GME Office and Residents record their work hours each month. The Resident's records are also submitted to the GME Office for review. A web-based duty hour reporting system will be implemented during the 2013-2014 Academic Year. The GME Offices and the GMEC stresses that the programs are to be diligent about monitoring and follow-up on violations as they occur. Duty hour issues are also brought up in the Resident Forum and Chief Residents' Meetings.

The ACGME resident survey is conducted yearly to query residents how well or how often they meet the duty hour requirements. Residents' responses are outlined in the tables at the end of this document. In addition, duty hour compliance is reviewed during internal reviews. The GMEC policy on Institutional Duty Hour Policy was approved with suggestion changes and deletion in March 2011.

E. RESIDENT SUPERVISION

The ACGME redefine supervision requirements effective July 1, 2011 and the GMEC revised its policy accordingly. Resident Supervision is an ongoing area of attention for the GMEC and the Medical School. Specific guidelines have been developed to assure adequate supervision for residents and fellows. Back up is available through more senior house officers and faculty and attending physicians. The new regulations required that each sponsored residency program develop a policy and procedure on resident supervision which specifies that residents are provided with progressively increasing patient care responsibilities according to their level of education, ability, and experience. The level of supervision of any trainee is guided by the capability of the resident, the needs of the patient and the severity or acuity of the clinical situation.

Residents and faculty members should inform patients of their respective roles in each patient's care. Programs have clearly identified and documented that the appropriate level of supervision is in place for all residents. To ensure oversight of resident supervision, programs must use the following classification of supervision:

- a. Direct supervision
- b. Indirect supervision and,
- c. Oversight

The academic/clinical faculty are expected to provide postgraduate trainees with quality professional supervision that is progressive and graduated to the level of the trainee. In this regard, participation in the development and delivery of the educational curriculum to students, residents and fellows (including supervision) is required and is written into the faculty contract.

The assessment of resident supervision is an ongoing process and is periodically monitored through discussions at the Resident Forum and the Chief Residents' Meeting. Aggregate data produced by the ACGME Surveys is reviewed in detail by the GMEC.

F. RESIDENT RESPONSIBILITIES

Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all University policies and procedures, including the provisions of the most current edition of the GME Policies and Procedures, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned. Similarly, the GME website specifies responsibilities which residents are expected to assume.

Each training program encourages and supports a resident's professional growth by means of close personal supervision. Regular formative evaluation during and at the end of assigned rotations is expected as well as summative evaluation at the end of the training year. These evaluations are conducted and documented in order to facilitate the resident's progress along parameters consistent with discipline-specific accreditation requirements; they are specifically inclusive of measurable and documented progress in achieving competence/ proficiency in the six general competencies required of all residents. Resident responsibility issues are discussed in the Resident Forum and the Chief Resident's meetings.

G. 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 is provided to our trainees either 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, is a critical part of the learning process. Summative evaluations are provided to let the trainee know if the objectives of his/her clinical rotations are being met and if the skills necessary to accept increasing levels of responsibilities for patients and for the supervision of more junior residents are being developed.

The curriculum of each training program has embedded in its structure progressive and graduated clinical responsibility appropriate to the residents' level of education, competence and experience consistent with each core competency. Lines of responsibility have been 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.

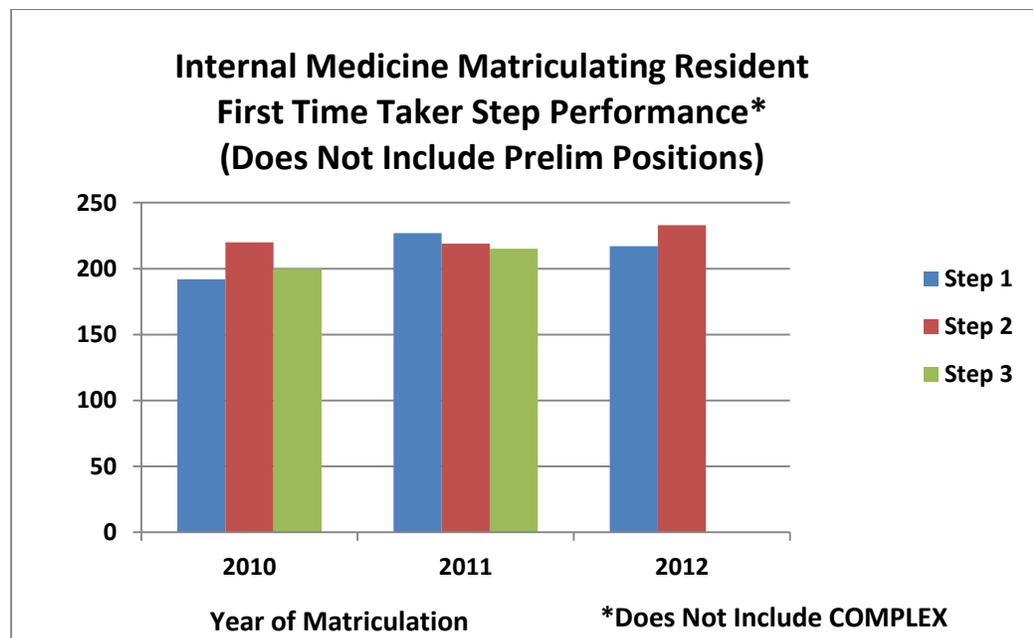
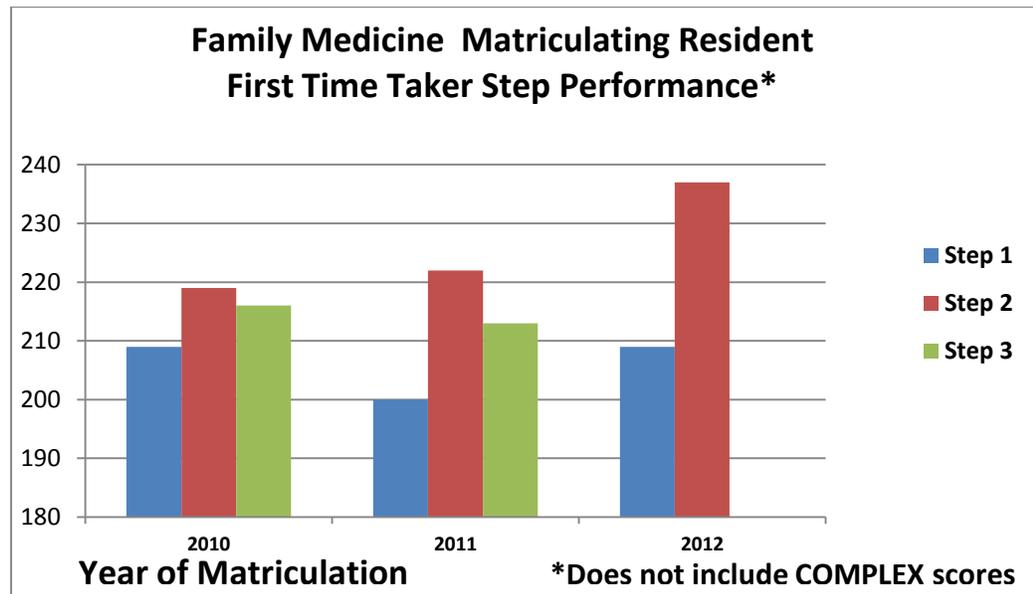
H. NEW RESIDENT AND FELLOW RECRUITMENT AND SELECTION

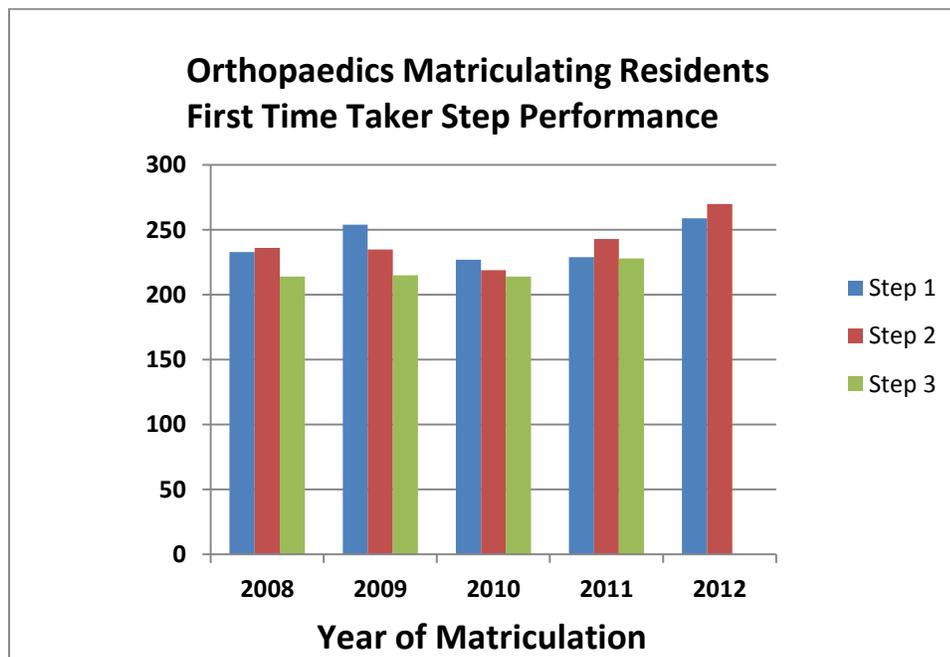
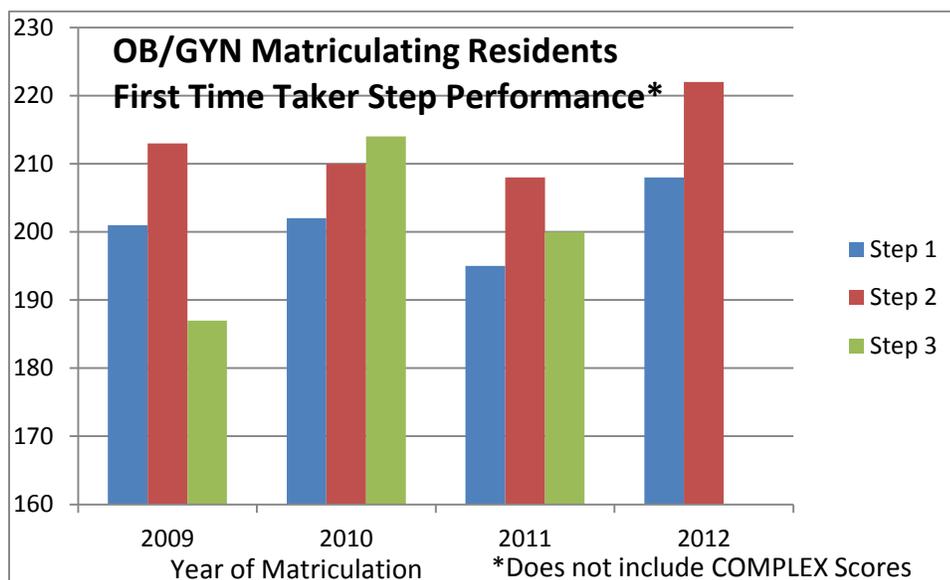
The Joan C. Edwards School of Medicine fills their program positions in the following ways:

- First-year residency positions are filled through the National Resident Matching Program.
- The Department of Surgery opts to fill the preliminary positions during the scramble.
- First year fellowship positions for post-residency advanced training are filled through a combination of NRMP matches and direct non-NRMP recruitment and contracting.
- Advanced level residency and fellowship positions do become available and are filled through the direct recruitment/contracting interactions between a Program Director and eligible applicants.
- Recruitment Process- Program recruitment is a year-round activity that is intense for most programs between October-March of each academic year. It is during this time that applicants apply, have their credentials reviewed, and are interviewed.

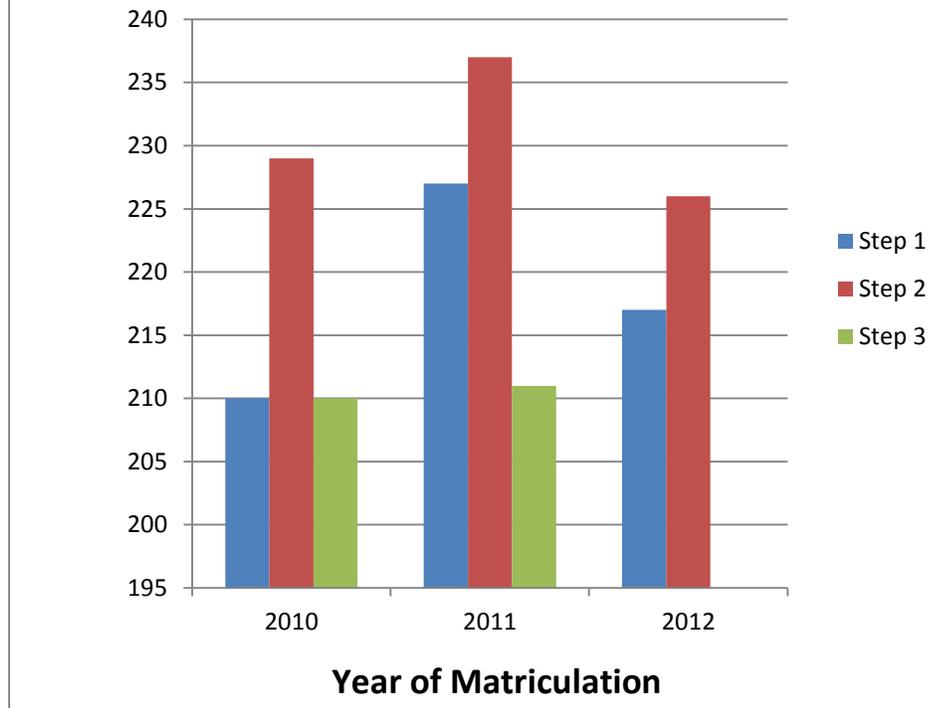
In looking at first time taker data for Step 1, 2 and 3, our matriculating residents continue to perform well

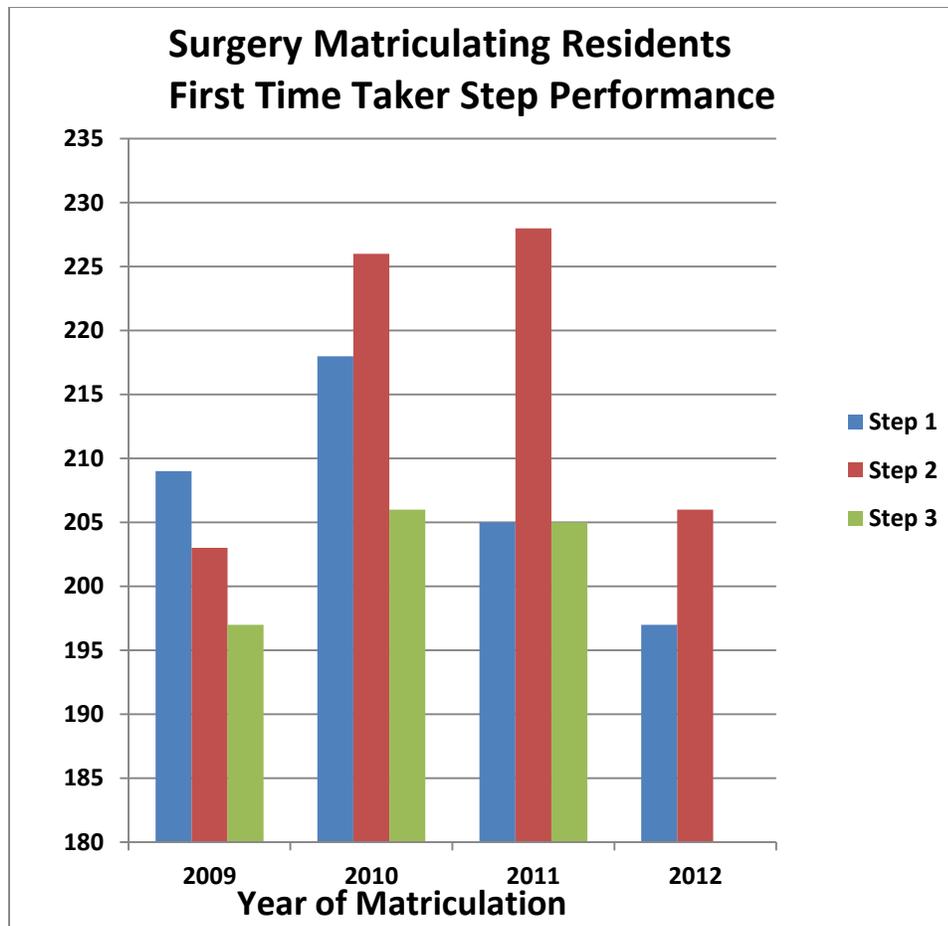
MATRICULATING RESIDENT STEP PERFORMANCE FIRST TIME TAKER (Does Not Include COMPLEX Scores)





Pediatric Matriculating Residents First Time Taker Step Performance





I. RESIDENT PARTICIPATION IN SAFETY AND QUALITY OF CARE EDUCATION

Patient Safety and the delivery of quality patient care are top priorities of the School of Medicine residency programs, the Office of Graduate Medical Education and the GMEC. The School of Medicine residents are involved in multiple patient safety initiatives, projects and conferences. Most programs have ongoing patient safety projects, many of them in conjunction with affiliated hospital sites. A session on patient safety is included in new resident/fellow orientation.

1. Resident education in patient safety and quality of care is included in the Resident Orientation Program for new residents and fellows and continues throughout the year in each program.
2. During Orientation, Risk Management is a required activity for all residents and fellows. Presentations on Residents as Teachers and Professionalism and reviews policies and procedures are also provided to the new residents and fellows.
3. Residents' training includes: physician impairment, fatigue: recognizing and treating drug/alcohol abuse, stress/anxiety, work hour policies, universal precautions, and compliance with State and Federal Regulations.

4. Most programs require their 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.
5. Each program educates and assesses its residents in the six ACGME 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.
6. To 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.

As noted, two key factors related to safety and quality of care for patients are resident/ fellows' professionalism (in all the dimensions which comprise it) and duty hour limitations. Since it is educationally beneficial as well as professionalism enhancing and clinically instructive to participate on institutional committees related to quality of care issues, residents/fellows are involved in multiple patient safety initiatives, projects, conferences and committees.

In recognition of patient safety and quality improvement efforts, the Office of GME sponsored required attendance lectures/mandatory training for all residents and fellows on:

- Risk Management
- Fatigue Mitigation and Alertness Management
- Bloodborne Pathogens
- Hazard Communication
- Sexual Harrasment (Refresher Course)
- ACLS Training (Refresher)
- Resident Impairment
- Sleep Deprivation

J. LEARNING AND WORKING ENVIRONMENT

The GMEC regularly discusses the school's ongoing commitment to assessing and improving the learning and working environment of residents and fellows. Learning and working environment issues are discussed at Resident Forums and Chief Residents' Meetings. Additionally, the GMEC

frequently responds to Resident needs as issues are brought before them such as the need to transition meal tickets to the electronic swipe, reopening of additional resident parking spaces and shortening New Resident Orientation. The GMEC monitors Learning and Working environment issues by reviewing the AAMC Resident Survey program and aggregate data.

K. FEEDBACK

Residents may communicate any concerns, without fear of reprisal, to the Office of Graduate Medical Education, to peer-elected residents on the GMEC, and to the Senior Associate Dean for Graduate Medical Education. Residents are provided an open forum to discuss concerns at each meeting of the GMEC; each month's agenda includes a report from the Chair of the Resident Forum and discussion of any resident concerns. A resident in any program may anonymously refer any issue to the GMEC by discussing it with one of the peer-elected resident members of the GMEC. Additionally, Residents Chief Residents met regularly with the Dean in a "Dialog with the Dean" forum and by participating in "The Residents' Forum" which provides another mechanism to discuss resident issues and the balance between education and service requirements.

L. RESIDENTS AS TEACHERS

The School of Medicine recognizes the crucial role played by residents in the teaching of medical students, colleagues, and patients. The school offers institution-level and residency-level programs to enhance the skills of residents who teach, evaluate, or supervise medical students. Residents are involved in teaching and supervising medical students on core clerkships in Family Medicine, Internal Medicine, Pediatrics, Obstetrics-Gynecology, and Surgery. The clerkship directors, residency program directors, and GME office have worked together to enhance the residents' role in teaching and supervising medical students in many ways.

The importance of the residents' role in the teaching of medical students is discussed frequently at meetings of the GMEC, whose membership includes program directors, peer-elected residents, and hospital representatives. Residents receive written copies of the clerkship objectives and guidelines for student evaluation at the beginning of each clerkship rotation. Each residency program provides written materials, workshops, or other learning sessions to residents which are designed to improve the residents' teaching and evaluating skills. The students' evaluations of the residents with whom they work are submitted electronically. The Senior Associate Dean for GME reviews these evaluations and provides feedback to program directors as necessary. These efforts ensure full awareness of medical student teaching and supervision issues and cooperation between Program Directors and Clerkship Directors.

Each Third Year class of medical students also presents the “Teaching Resident of the Year” Award to a student-elected awardee. This award is viewed by many residents as recognition for taking the extra time to have “Teachable Moments.”

3. ACTIVITIES OF THE GMEC DURING 2011-12

A. INTERNAL REVIEWS

The GME office conducted and presented the following reviews to the GMEC in 2011-2012, all in substantial compliance with RRC requirements:

- Med/Peds – 11/18/11
- Oncology- 6/14/12
- Orthopaedics- 9/14/11

The Internal Reviews involve a comprehensive process which involves faculty and residents and includes a review of the following:

1. Addressing any deficiencies from prior site visits
2. Program administration
3. Participating institutions and affiliation agreements
4. Facilities and support services
5. Teaching faculty; including numbers, scholarly activity
6. Clinical teaching; including patient numbers, resident supervision, number of procedures
7. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the competencies, development of dependable measures of the competencies, QA/QI activities, resident scholarly activity
8. Resident evaluation, including criteria for advancement/promotion, summative letters, evaluation forms
9. Faculty and program evaluation including confidentiality of the process, annual review of the program
10. Working conditions including duty hours, fatigue, moonlighting, supervision
11. Quality of applicants and graduates
12. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)

B. NEW PROGRAMS APPROVED

Medical Oncology received notification from the ACGME that it had been approved for their two-year program beginning July 1, 2011. Two Fellows were selected to start on July 1, 2012 and two more will be selected to start on July 1, 2013 to reach its full complement of four fellows.

C. CHANGES IN PROGRAMS

Several Program Directors were approved at the GMEC Meetings:

- Endocrinology- Dr. Abid Yaqub replaces Dr. William “Bill” Leidy as the Program Director. Dr. Leidy would resume as the Associate Director.
- Internal Medicine- Dr. Eva Patton-Tackett was appointed as Associate Director replacing Dr. Mehیار El-Hamdani who was moved to Program Director (replacing Dr. Larry Dial).
- MED/PEDS- Dr. Wm. “Skip” Nitardy replaced Dr. Aaron McGuffin as the Program Director.
- OB/GYN- Dr. Kevin Conaway replaced Dr. David Jude as the Program Director.
- Orthopaedics- Dr. Frank Shuler was appointed as Assistance Program Director.
- Pulmonary- Dr. Fuad Zeid was appointed as Associate Program Director.

CVS Fellowship requested and approved by GMEC for a short-term increase in fellowship fellow complement from 11 to 12 fellows beginning February 2012 thru June 2012 (a five month increase). Educational justification was presented for the temporary increase.

D. POLICY REVIEW

The GMEC approved changes to the following policies:

- Institutional Duty Hour Policy- Approved with suggestion changes and deletion on July 26, 2011
- Transition of Care Policy- Approved with suggested changes and deletion on July 26, 2011

E. FACULTY AND RESIDENT SCHOLARLY ACTIVITY

A reoccurring citation by the ACGME relates to the inadequate extent of faculty/resident research and scholarly activity (RSA). Significant improvements have been made in this domain by all programs but there is more to be done. Assistant Dean for Clinical Research, Todd Gress, M.D., M.P.H. continues to work with the clinical departments, residents and students to strengthen the research component of

education. The Clinical Research Trials Center has been established to assist with clinical Trail start-up, Trail Conduct, and after the Trail planning.

Under the auspices of the Office of Faculty Affairs and Professional Development Office, residents were invited to participate in Faculty Development sessions for Medical Education Research Certification (MERC) and in the Academy of Professional Educators. Since its conception in 2004, sixteen residents have completed the Teaching Scholars Program. The 15 month program sponsored by the Academic of Professional Educators and included the following residents:

Academy for Professional Educators

Teaching Scholars Program Graduates

2009-2011

(Program was extended to 15 Months)

Stephen Eaton, MD, Surgery

2011-2012

Dana Eilen, M.D.
Cardiology

Amanda Pauley , M.D.
OBGYN

Mohammed Ebraheem, M.D.
Pediatrics

The Office of Faculty Affairs continues to involve the residents and fellows in Scholarly activities. As a result, several projects have included residents and fellows.

4. SUMMARY

The Graduate Medical Education Residency and Fellowship programs at Joan C. Edwards School of Medicine continue to achieve excellent outcomes. The school's Graduate Medical Education Committee and Graduate Medical Education office monitor, supervise, and support the school's GME mission.

The data presented strongly suggest that JCESOM training programs have grown both in quality, as reflected in board pass rates and recruitment, as well as expansion in terms of excellent trainees and distinguished faculty. Moreover, the training programs continue to meet State needs for primary care physicians as well as cardiologists, endocrinologists, pulmonologists, and Orthopaedics. In the final

analysis, such progress is the inevitable consequence of a team effort – between faculty, residents, and fellows and of course, with the help of financial and other support provided by affiliated institutions.

While much has been accomplished during the past year, the 2012-13 Year promises to bring more activity and growth to the Office of Graduate Medical Education. With the implementation of the Clinical learning Environment Review (CLER) program to assess the graduate medical education (GME) learning environment of each sponsoring institution and participating sites, the Office of Graduate Medical Education will work more closely with in the residency/fellowship programs during the upcoming years to meet the new challenges!