



**Marshall University  
Joan C. Edwards  
Graduate Medical Education  
Annual Report  
2012-13**

**Presented by  
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DIO/Sr. Associate Dean, Graduate Medical Education**

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**Office of Graduate Medical Education  
(GME)  
2012-2013 Annual Report  
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## **1. 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]**

## **2. 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 2012-2013, 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.

### 3. **ACTIVITIES OF THE GMEC DURING 2012-13 ACADEMIC YEAR**

#### a. **GRADUATE MEDICAL EDUCATION COMMITTEE (GMEC)**

*Compliance with Institutional Requirement III.A.*

In compliance with the ACGME Institutional Requirements, the Committee meets a minimum of once every quarter during each academic year, is attended by at least one resident/fellow member and maintains minutes that document execution of all required GMEC functions and responsibilities. During the 2012-2013 Academic Year, the GMEC, whose existence and activities are prescribed by the Accreditation Council for Graduate Medical Education (ACGME), met seven times:

July 17, 2012	December 18, 2012	May 21, 2013
August 21, 2012	January 15, 2013	
November 20, 2012	April 16, 2013	

The members include program directors, chief Residents, peer-elected Residents/Fellows, the Senior Associate Dean for Graduate Medical Education/DIO, and administrative representatives from each participating affiliated hospital and the University Physicians and Surgeons Executive Offices. New members added during the 2012-13 Academic Safety officers from an affiliated hospital and the School of Medicine now participate in GMEC.

#### **Graduate Medical Education Committee Membership 2012-13**

<b>Program</b>	<b>Program/Asso Director</b>	<b>Resident/Fellow Rep(s)</b>
<b>Cardiology</b>	Ellen Thompson, MD N. Andrew Vaughan, MD	Carrie Willis, MD Chris Adams, MD, Chair, RAC & Resident Forum
<b>Endocrinology</b>	John W. Leidy, Jr., MD, Ph.D. Omolola Olaidide, MD	Randa Al-Jayoussi, MD Jillian Douglas, MD
<b>Family Medicine</b>	Mitch Shaver, MD	Audra Ramsey, MD
<b>Internal Medicine</b>	Mehiar El-Hamdani, MD Eva Patton-Tackett, MD, Samson Tekka, MD	David Franke, MD James Doub, MD

<b>Interventional Cardiology</b>	Mark Studeny, MD	Brian Price, MD
<b>Med Peds</b>	Wm. A. "Skip" Nitardy, MD	Marion Huff, MD
<b>OB/GYN</b>	Kevin Conaway, MD	Jessica Granger, MD
<b>Oncology</b>	Marissa Tirona, MD	Laurie Matt, MD
	Rajesh Sehgal, MD	Mohammad Mozayen, MD
<b>Orthopaedics</b>	Ali Oliashirazi, MD	Jonathan Salva, MD
	Tariq Garabekyan, MD	
<b>Pediatrics</b>	Susan Flesher, MD	Jennifer Gerlach, MD
<b>Pulmonary</b>	Nancy Munn, MD	Yasser Etman, MD
		Amar Panchal, MD
<b>Surgery</b>	Wade Douglas, MD	Chris Kitchen, MD
		Seth Adkins, MD
<b>Chair</b>	Paulette Wehner, MD	
<b>Safety Officers</b>	James Becker, MD	Denise Gabel-Comeau
<b>Hospital Representatives</b>	<b>CHH</b>	<b>SMMC</b>
	Hoyt Burdick, MD	Lee Taylor, MD
	<b>VAMC</b>	
	Jeffrey Breaux, MD	
<b>Marshall Health</b>	Beth Hammers	Matt Straub
	Executive Director	Director of Finance
<b>GME Staff</b>	Cindy Dailey	
	Jo Ann Raines	

**b.**

*Compliance with Institutional Requirement I.B.5.*

To carry out educational and administrative responsibilities of each program, Program Directors have a Residency/Fellowships have Program Coordinators to assist them in meeting Institutional, Common, and specialty/subspecialty-specific Program Requirements.

**Residency/Fellowship Program Coordinators  
2012-13**

Cardiology	Nancy Floyd
Endocrinology	Judy Hayes
Family Medicine	Betty Adkins
Internal Medicine	Betty Jo Morrell
Interventional Cardiology	Nancy Floyd
Med Peds	Kelly Webster-Fuller
OB/GYN	Marty Poe
Oncology	Deanna LaFon
Orthopaedics	Ashley Taliaferro
Pediatrics	Debbie Chapman
Pulmonary	Amanda Jones
Surgery	Donna Webb

**c. CHANGE IN DESIGNATED INSTITUTIONAL OFFICIAL (DIO)**

*Compliance with Institutional Requirement I.B.3. and I.B.4.a.*

As of July 1, 2012, Senior Associate Dean for Graduate Medical Education Paulette Wehner began serving as the Designated Institutional Official (DIO). Dr. Wehner continued as Chair of the GMEC and to provide support for each residency and fellowship program and for the Graduate Medical Education Committee (GMEC). As DIO, Dr. Wehner was charged by the Dean to collaboratively work with the GMEC to administer and oversee to ensure Institutional and Residency and Fellowship Program compliance with ACGME Institutional, Common, and specialty/subspecialty-specific Program Requirements.

**d. OFFICE OF GRADUATE MEDICAL EDUCATION ESTABLISHED**

*Compliance with Institutional Requirement I.B.5- I.B.5.c.*

In August 2012, the Office of Graduate Medical Education obtained an office suite on the second floor of the Marshall University Medical Center (Room 2582). Cindy Dailey performed double duty as the Fellowship Coordinator and GME Program Coordinator Senior until November 2012 when she relocated full time to the new GME suite. Dr. Wehner continued her double duties as the Cardiology Fellowship Director through the end of the year mentoring the newly appointed program director, Ellen Thompson. In addition to performing her role as DIO, Dr. Wehner continues to precept Cardiology trainees, conduct EKG conferences, teach medical students, and see patients. Jo Ann Raines left the Office of Medical Education and joined the GME team to aid in policy formation, development and implementation.

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/Fellows. The Office of GME also monitors all aspects of Resident/Fellow appointment, resident participation in educational and professional activities, the Residents'/Fellows' work environment, and the institution and all programs' compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements. The Office of GME examines program outcome measures, and conducts extensive internal reviews of each residency/fellowship 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.



**e. GRADUATE MEDICAL EDUCATION MISSION STATEMENT**

As part of its formal establishment, the following mission statement was developed and approved by the Graduate Medical Education Committee at its April 16, 2013 meeting.

**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.

**f. STATEMENT OF INSTITUTIONAL COMMITMENT TO GME**

*Compliance with Institutional Requirement I.B.2*

During the April 16, 2013 GMEC meeting, the Graduate Medical Education Committee (GMEC) approved a Statement of Institutional Commitment. During its review of the Statement of Institutional Commitment, the Marshall Health Board of Directors offered amendments which GMEC approved at its July 16, 2013 meeting.

**Marshall University Joan C. Edwards School of Medicine**  
**Statement of Institutional Commitment**  
**To Graduate Medical Education**

The Marshall University Joan C. Edwards School of Medicine (MUSOM) and the Marshall Health Board of Directors (dba University Physicians and Surgeons) are both fully committed to providing a scholarly environment that is dedicated to excellence in education, medical care and research. They further ensure graduate medical education (GME) that facilitates Resident/Fellows' professional, ethical and personal development. ***The School of Medicine specifically commits to provide GME with the necessary financial support for administrative, educational, and clinical resources, including human resources (personnel).***

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 while maintaining its standing as a national leader in primary care and rural health. Its post-graduate training programs are thus consistent with this mission. The School of Medicine and the Marshall Health Board of Directors will provide appropriate clinical venues for Resident/Fellow education through agreements with approved patient care facilities to deliver effective educational experiences that lead to measurable achievement of educational outcomes. Through curricula, evaluation and supervision, the School and the Marshall Health Board will support safe and appropriate patient care.

An organized administrative system, led by the Designated Institutional Official (DIO) and in collaboration with the Graduate Medical Education Committee (GMEC), will have the authority and responsibility for the 1) Oversight and administration of the all Accreditation Council for Graduate Medical Education (ACGME) accredited programs, 2) Assurance of compliance with ACGME Common Specialty/subspecialty-specific Program, and Institutional Requirements, 3) Establishment and implementation of procedures to ensure that the DIO or authorized designee if DIO is absent, will review and cosign all program information forms and any documents or correspondence submitted to the ACGME by Program Directors, and, 4) Preparation and presentation of an Annual Report to the School of Medicine and Marshall Health Board of Directors and major participating sites to review the activities of the GMEC during the past year. The School also commits to providing the DIO with financial support, protected time, sufficient salary and personnel support and resources (e.g., time, space, technology, supplies) to allow for effective administration of the GME Office and all of its programs. The Senior Institutional Executive (SIE) will have the authority to approve and provide resources to support the GME Office and the Residency/Fellowship programs.

The School of Medicine will ensure sufficient institutional resources be provided for the effective implementation of its programs in compliance with the Institutional, Common, and specialty/subspecialty specific Program Requirements. The School and the Programs will ensure that Program Directors have sufficient financial support and protected time to effectively carry out educational and administrative responsibilities.

The Marshall University Joan C. Edwards School of Medicine will exercise its authority in fulfilling the responsibilities outlined in the ACGME institutional requirements to establish and implement policies and procedures regarding the quality of education and the work environment for the residencies in all program. These policies and procedures will include:

1. **Stipends and position allocation:** Annually review and make recommendations on Resident/Fellow stipends and benefits.
2. **Communication with Program Directors:** Provide oversight of, and liaison with, Program Directors; and ensure Program Directors maintain effective communication mechanisms with site directors at each participating site for their respective programs.
3. **Resident/Fellow Duty Hours:** Regularly monitor duty hours to ensure compliance with the institutional, common, and specialty/subspecialty specific program requirements; and consider for approval request from Program Directors prior to RRC for exceptions in the weekly limit of duty hours.
4. **Resident/Fellow Supervision:** Monitor programs' supervision of Residents/Fellows and ensure that supervision is consistent with provision of safe and effective patient care; education and needs of Residents/Fellows; progressive responsibility appropriate to Residents'/Fellows' level of education, competence and experience; and other applicable common and specialty/subspecialty program requirements.
5. **Communication with Medical Staff:** Maintain communication between leadership of the medical staff regarding the safety and quality of patient care.
6. **Curriculum and evaluation:** Assurance that each program provides a curriculum and an evaluation system that enables Resident/Fellows to demonstrate achievement of the six general competencies.
7. **Resident/Fellow Status:** Selection, evaluation, promotion, transfer, discipline, and/or dismissal or Residents/Fellows in compliance with the institutional and common program requirements.
8. **Oversight of program accreditation:** Review accreditation letters and monitoring action plans for correction of citations and areas of noncompliance.
9. **Management of institutional accreditation:** Review the institution's Letter of Report from the Institutional Review Committee of ACGME including the development and monitoring of action plans.
10. **Oversight of program changes:** Maintain oversight of program changes with approval prior to submission to the ACGME by Program Directors.

11. **Experimentation and innovation:** Provide oversight of all phases of educational experiments and innovations that may deviate from institutional, common, and specialty/subspecialty-specific program requirements.
12. **Oversight of reductions and closures:** Provide oversight of all processes related to reductions/ and or closures of individual programs, major participating sites, and the sponsoring institution.
13. **Vendor interactions:** Ensure appropriate interactions between vendor representatives/ corporations and Residents/Fellows/GME programs.
14. **Internal reviews:** Conduct internal reviews in accordance with the standards set forth by the institutional standards set forth by the institutional common, specialty and subspecialty program requirements.
15. **Fatigue and impairment:** Provide education on Resident/Fellow fatigue and impairment.
16. **Resident/Fellows as educators:** Provide development of Resident/Fellow physician teaching skills through institutional curriculums.

The School of Medicine and the Marshall Health Board hereby commit ourselves 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 programs ensure safe, appropriate and humane care of patients and the progression of Resident/Fellow 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/Fellow 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. We will make available to our Residents/Fellows ready access to communication resources and technological support as well as access to specialty/subspecialty-specific and other appropriate reference material in print or electronic format and electronic medical literature search capacity databases.

Effective July 1, 2013

Adopted by MUSOM: November 2, 1999  
Revised March 2005: Revised March 2011

Revised by MUSOM: GMEC April 16, 2013, amendments by BOD approved 7/16/2013  
Signed by DIO: June 19, 2013  
Reviewed, Adopted by Marshall Health Board of Directors: July 17, 2013  
Reviewed, Adopted by MUSOM Dean/SIE: July 17, 2013

**g. INTERNAL REVIEWS***Compliance with Institutional Requirement IV.A.*

The GME office conducted and presented the following reviews to the GMEC in 2012-2013, all in substantial compliance with RRC requirements:

- Oncology – Reviewed and vetted August 21, 2012 and May 21, 2013. (Chaired by Dr. Garabekyan). Two Internal Reviews were required since it was a new program. The second Internal Review is required to be completed within the second six months of the new Fellows'/Residents' first year.
- Surgery- Reviewed and vetted December 18, 2012 (Chaired by Dr. Shuler)

The Internal Reviews involve a comprehensive process which involve faculty, and Residents/Fellows 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)

**The Committee approved the use of the Surgery Internal Review format as the template for future Internal Reviews.**

## **h. INSTITUTIONAL AGREEMENTS**

*Compliance with Institutional Requirement I.C.- I.D.3.*

In compliance with the ACGME, Common and Specialty/Subspecialty Requirements, the following Agreements were Reviewed and Revised by the appropriate GME and other parties. PDF's of the agreements may be found at <http://icesom.marshall.edu/residents-fellows/master-affiliation-agreements-plas/>

### **Master Affiliation Agreements**

<b>Institution</b>	<b>Applies To:</b>	<b>Last Reviewed / Revised</b>
Cabell Huntington Hospital	ACGME, LCME	7/1/2012
Cabell Huntington Surgery Center	ACGME, LCME	9/1/2012
Charleston Area Medical Center	ACGME, LCME	3/16/2012
CAMC - Teays Valley	ACGME, LCME	2/1/2013
HealthSouth	ACGME, LCME	2/18/2013
Huntington VA Medical Center	ACGME, LCME	2/22/2013
LabCorp	LCME only	8/1/2012
Logan Regional Medical Center	ACGME, LCME	2/22/2013
Mildred Mitchell Bateman Hospital	ACGME, LCME	10/1/2012
Ohio State University Medical Center	ACGME only	5/1/2013
Pleasant Valley Hospital	ACGME, LCME	11/20/2012
Prestera Center	ACGME, LCME	7/1/2013
Raleigh General Hospital	ACGME only	1/26/2012
River Park Hospital	ACGME, LCME	7/1/2012
St. Mary's Medical Center	ACGME, LCME	7/1/2012
Thomas Memorial Hospital	ACGME only	1/1/2013

### **Program Letters of Agreement (PLA)**

<b>Institution</b>	<b>Effective Date</b>
<b>Cabell Huntington Hospital</b>	
Advanced Cardiovascular Services	7/1/2012 – 6/30/2015
Cardiology	7/1/2012 – 6/30/2015
Cardiology (Electrophysiology)	7/1/2012 – 6/30/2015
Endocrinology	7/1/2012 – 6/30/2015
Family Medicine	7/1/2012 – 6/30/2015
Internal Medicine	7/1/2012 – 6/30/2015

Interventional Cardiology	7/1/2012 – 6/30/2015
Ob/Gyn	7/1/2012 – 6/30/2015
Oncology	7/1/2012 – 6/30/2015
Orthopaedics	7/1/2012 – 6/30/2015
Pediatrics	7/1/2012 – 6/30/2015
Pulmonary	7/1/2012 – 6/30/2015
Surgery	7/1/2012 – 6/30/2015

**Charleston Area Medical Center**

Endocrinology	7/1/2012 – 6/30/2015
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**Cook Eye Care Center**

Family Medicine	7/1/2012 – 6/30/2015
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**Ebenezer Medical Outreach**

Family Medicine	7/1/2012 – 6/30/2015
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Internal Medicine	7/1/2012 – 6/30/2015
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**Edwards Cancer Center**

Oncology	7/1/2012 – 6/30/2015
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**Emogene Dolin Jones Hospice House**

Family Medicine	7/1/2012 – 6/30/2015
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Oncology	7/1/2012 – 6/30/2015
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**Huntington Health & Rehab. Center**

Family Medicine	7/1/2012 – 6/30/2015
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**Huntington Internal Medicine Group**

Family Medicine	7/1/2012 – 6/30/2015
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**Huntington Veterans Affairs Medical Center**

Cardiology	7/1/2012 – 6/30/2015
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Endocrinology	7/1/2012 – 6/30/2015
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Family Medicine	7/1/2012 – 6/30/2015
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Internal Medicine	7/1/2012 – 6/30/2015
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Interventional Cardiology	7/1/2012 – 6/30/2015
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Orthopaedic	7/1/2012 – 6/30/2015
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Pulmonary	7/1/2012 – 6/30/2015
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Surgery	7/1/2012 – 6/30/2015
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**Kanawha Surgicenter**

OB/GYN	7/1/2012 – 6/30/2015
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**Lincoln Primary Care Center**

Family Medicine	7/1/2012 – 6/30/2015
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**Dr. Nasim Shiekh (Allergy and Immunology Clinic)**

Pulmonary 1/1/2013 - 1/1/2016

**River Cities Ear, Nose and Throat**

Family Medicine 7/1/2012 – 6/30/2015

**St. Mary's Medical Center**

Cardiology 7/1/2012 – 6/30/2015

Cardiology (Electrophysiology) 7/1/2012 – 6/30/2015

Endocrinology 7/1/2012 – 6/30/2015

Family Medicine 7/1/2012 – 6/30/2015

Internal Medicine 7/1/2012 – 6/30/2015

Interventional Cardiology 7/1/2012 – 6/30/2015

Pulmonary 7/1/2012 – 6/30/2015

Surgery 7/1/2012 – 6/30/2015

**Shriner's Hospital for Children**

Orthopaedics 7/1/2012 – 6/30/2015

**Thomas Memorial Hospital**

Orthopaedics 7/1/2012 – 6/30/2015

**Tri-State Dermatology**

Family Medicine

**i. CHANGES IN PROGRAMS**

**1. NEW PROGRAM APPROVAL**

*Compliance with Institutional Requirement III.B.10.a.*

After presentation by Dr. El-Hamdani, the GMEC discussed and approved Nephrology Fellowship Program at its meeting on April 16, 2013.

**2. NEW PROGRAM DIRECTOR APPROVAL**

*Compliance with Institutional Requirement III.B.10.e.*

**A. Endocrinology-** Dr. El-Hamdani presented the credentials of Dr. John Leidy. Dr. Leidy has previously served as the Program Director and currently served as the Associate. Upon Dr. Yaqub's departure, Dr. Leidy would resume as the Director and Dr. Omolola Olajide will serve as the Assistant Director. The GMEC approved the appointment at its April 16, 2013 meeting.



**B. Cardiology-** Dr. Studeny presented Dr. Ellen Thompson and asked for her approval as the new Program Director for Cardiology. The move was due to Dr. Wehner's appointment as the Sr. Associate Dean for Graduate Medical Education. The GMEC approved Dr. Thompson's appointment at its August 21, 2012 meeting.

### **3. INCREASE IN PROGRAM COMPLEMENT**

*Compliance with Institutional Requirement III.B.10.b.*

The following programs were approved by the GMEC for increases in their complement

- Surgery- Dr. Seth Akins presented to the Committee the request for an increase in complement for Surgery. The request was for one position per year and will be phased in. The Committee approved an increase of one PG per year at its May 21, 2013 meeting.
- Endocrinology- Dr. Yaqub provided the Committee with background as to why a temporary complement change was needed. The Committee approved the temporary increase on April 16, 2013.

### **4. NEW SITE APPROVAL**

*Compliance with Institutional Requirement III.B.10.d.*

Dr. Oliashirazi presented to the Committee that Thomas Memorial Hospital (TMH) has approached him about sending Orthopaedic residents there for a month rotation with private practice physicians. The Committee approved that TMH be approved as an affiliated site for the Orthopaedic residency program. Approved by GMEC on July 17, 2012.

### **5. OUTSIDE FUNDING OF RESIDENT/FELLOW POSITIONS**

*Compliance with Institutional Requirement III.B.*

The GMEC approved at its August 21, 2012 meeting the exploration of Outside Funding of Residents/Fellow positions per the request of Dr. El-Hamdani. This outside funding request would allow countries like Saudi Arabia to reimburse the School for the full stipend plus grant a stipend for training of the residents. Outside sponsorships like this would increase our diversity of residents, provide an additional source for revenue to fund the resident's positions, and increase manpower

### **6. POLICY REVIEW AND APPROVAL**

*Compliance with Institutional Requirement I.B.*

Working with the Office of Graduate Medical Education, the GMEC has developed and approved policies which govern all programs. To ensure user friendliness, these policies are double posted on the GME website, 1) as part of the Resident Handbook, <http://icesom.marshall.edu/residents-fellows/handbook/>, and, 2) as part of the GMEC web site <http://icesom.marshall.edu/residents-fellows/gmec/>)

The GMEC approved changes to the following policies:

- Adequate Rest- Approved by GMEC on April 16, 2013
- BLS/ACLS- Approved by GMEC on December 18, 2012
- Learning & Working Environment- Approved by GMEC on April 16, 2013
- Resident/Fellow Impairment Policy- Approved by GMEC on December 18, 2012
- Resident/Fellow Supervision- Approved by GMEC on April 16, 2013

## **7. OTHER GMEC ACTIONS**

- a. The GMEC approved new contract language for Residents/Fellows promoted to PG 2 and above. The new contract will be implemented for incoming Residents/Fellows effective with the 2014 Match. *(Compliance with III.B.1.)*
- b. GMEC 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. *(Compliance with III.B.5.b)*
- c. GMEC approved stipend increases for Residents/Fellows as well as membership for the MU Recreation Center. *(Compliance with III.B.1.)*
- d. GMEC monitored and sought resolution to Resident/Fellow concerns regarding environmental and working conditions such as the need to upgrade the VAMCE lounge, provide 24 hour food at the VAMC and CHH, and increase the number of pediatric call rooms at CHH. *(Compliance with II.F.3, II.F.3.a, II.F.3.b, II.F.3.c.)*

## 4. 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 program had a Residency Review Committee (RRC) site visit in 2012-13:

- **Obstetrics and Gynecology-** Visit was on December 4, 2012- RRC visit was December 4, 2012 that resulted in a continued accreditation for 4 years.

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

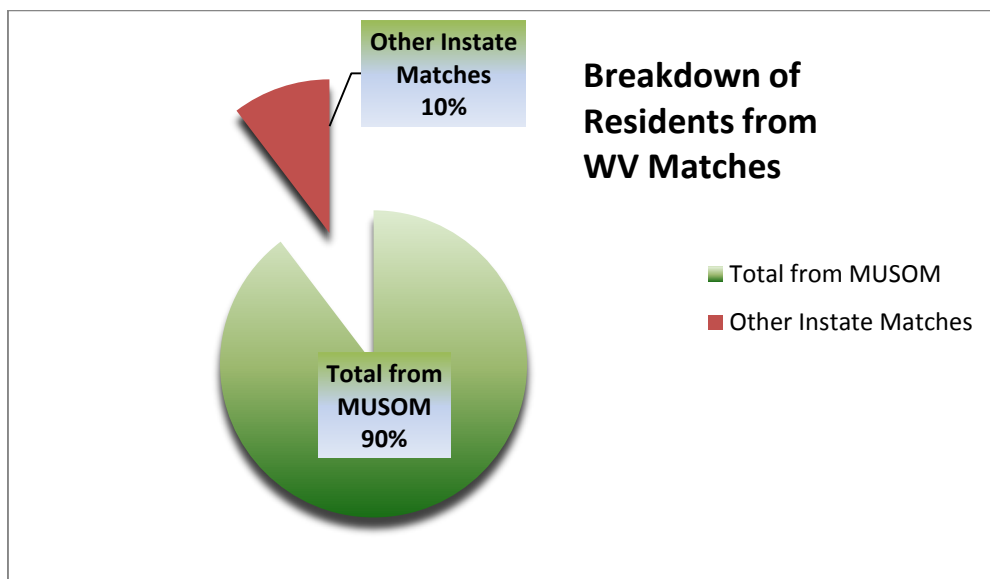
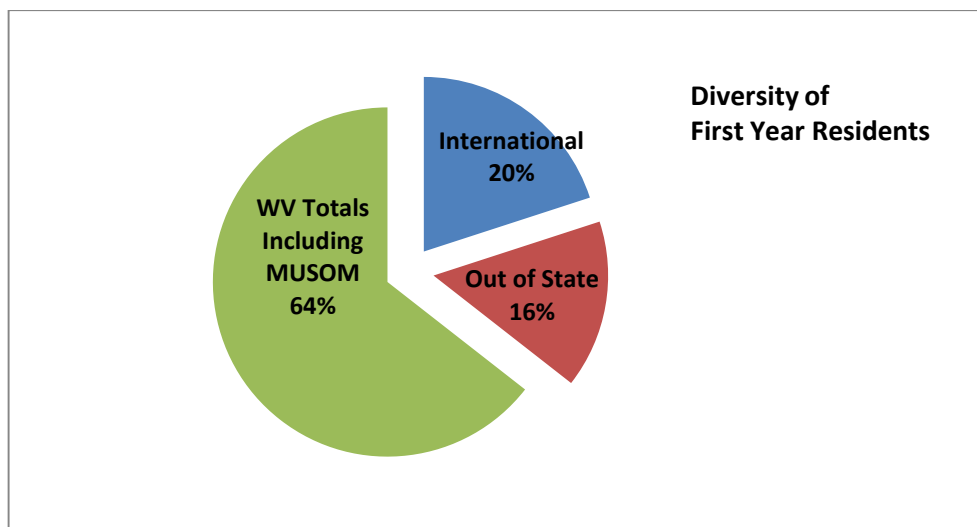
#### RESIDENCY/FELLOWSHIP ACCREDITATION STATUS 2012-2013 AY

Residency Program	Status	Most Recent Site Visit	Cycle Length	Annual Update Due Date	Self- Study Due Date
<b>Institutional</b>	Continued Accreditation with Warning	2011	2 years	To be announced- Changing to CLER visits	Progress Report Due February 1, 2014
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	Scheduled for February 4, 2014	2 years	11/05/2013	
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	2013	2 years	11/15/2013	To be announced

**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 45 new residents start in July 2013.

The 2013 Match resulted in an increase in the number of diverse residents starting July 1, 2013. In all, of the 45 new residents who started July 1, 2013, 20 % were International students; 16% were from out of state, and 64% are from West Virginian medical schools (including preliminary and transitional residents). Of the 64% from West Virginia medical schools, nearly 90% are from Marshall and 5 of the incoming residents are D.O.'s.



As indicated by the following chart, departments opting to participate in the Match have huge success.

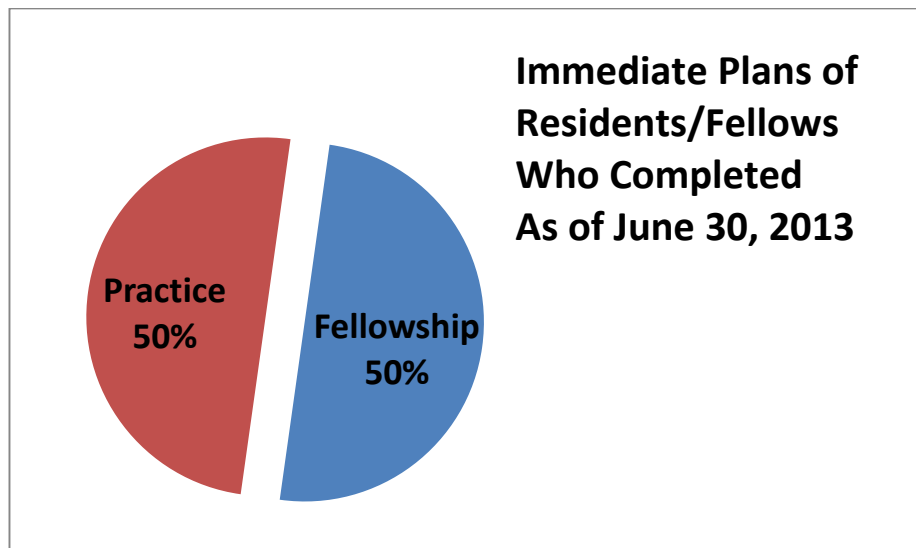
**2013 NATIONAL RESIDENCY MATCHING RESULTS (First Year Residents Only)**

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

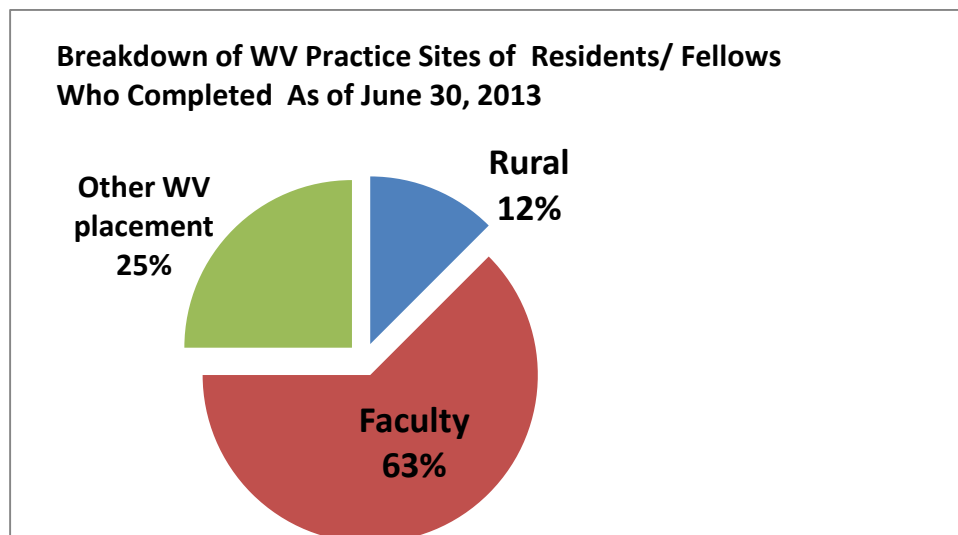
Program	2013 Positions offered/ filled	2012 Positions offered/ filled	2011 Positions offered /filled
Family Medicine	8/8	8/8	8/8
Internal Medicine (Categorical)	12/12	12/12	11/11
Internal Medicine (Preliminary)	5/5	5 /5	5/5
Obstetrics/Gynecology	3/3	3/3	3/3
Orthopaedic Surgery	3/3	3/3	3/3
Pediatrics	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

**c. POST RESIDENCY/FELLOWSHIP PLACEMENT**

40 Residents/Fellows completed their programs during the 2012-2013 Academic Year. Of those who completed, 50% went on for fellowships in prestigious and competitive fields such as Cardiology, Medical Oncology, Pulmonary and Critical Care, Gastroenterology, Vascular Surgery, Hip and Knee, Research, Pediatrics GI, Pediatric Neurology, Sports Medicine, and Emergency Medicine. 50% opted to begin practice at a designated facility, including 2 who opted to serve as Locum Tenens.



*Of the 50% who started practicing, 27% of them opted to stay within WV, and another 10% are practicing within 30 miles of the State of West Virginia border!*



**d. ACGME RESIDENT SURVEY**

All Residents/Fellows are surveyed yearly by the ACGME using a web-based questionnaire. National norms indicate that our results are consistent with programs nationally. All Residents/Fellows 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 Program Directors during a GMEC meeting and if follow-up are needed, at subsequent GMEC meetings. The results are also discussed in the Resident Forum and Chief Residents’ Meetings. The 2012-2013 Aggregate Survey Results will be reviewed once released by the ACGME. Individual program surveys were reviewed by the GMEC during the 2012-2013 Academic Year.

**e. SPECIALTY BOARD PASS RATES**

The first-time taker (FTT) specialty board pass-rate is one of the quality metrics collected and followed by ACGME. In its evaluation of residency programs, the Residency Review Committees will take into consideration the information regarding resident performance on the certifying examinations over a period of several years. Specifically, the individual RRC Committee uses scores for a minimum of three and a maximum of five years and will take into consideration noticeable improvements or declines during the period considered. Poor performances are cited if a certain percentage of a program’s candidates (specified by the individual RRC) fail on the first examination over a period of consecutive years and/or the program’s composite score is consistently at or below the acceptable national percentile. The following table depicts MUSOM’s first time taker’s performances over the past few years.

**First Time Taker Specialty Board Pass Rate**

<b>Program</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
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
<b>FELLOWSHIPS</b>					
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

## 5. RESIDENT SUPERVISION

### *Compliance with Institutional Requirement III.B. 4*

In response to the ACGME's redefined supervision requirements, the GMEC revised its supervision policy on April 16, 2013. 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/Fellows. To ensure oversight of resident supervision, programs must use the following classification of supervision:

- a. Direct supervision
- b. Indirect supervision with direct supervision immediately available and,
- c. Indirect supervision with direct supervision available
- d. Oversight

The new policy specifically requires each program to define the level of competence for each Resident/Fellow and communicate this to the appropriate site of care delivery. Programs are also required to develop procedures for assessing procedural competency based on direct observation and/or identifying the number of procedures which must be completed successfully to grant proficiency. The academic/clinical faculty are also 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/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. Residents/Fellows can also submit an anonymous report on supervision concerns by completing an on-line Reporting of Near Misses, Adverse Events, and Training Issues found at <http://icesom.marshall.edu/residents-fellows/current-residents-fellows/>.

## **6. COMPLIANCE WITH ACGME RESIDENT/FELLOWS DUTY HOURS**

*Compliance with Institutional Requirement III.B.3 and III.B.4.b*

The ACGME's revised duty hour requirements that went into effect on July 1, 2011 include graduated standards for duty hours and are 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. They also reduce duty periods of PGY- 1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions.

### **A. INTERNAL AUDITING OF DUTY HOURS**

To monitor compliance with the duty hour standards, a multi-faceted approach has been implemented by the Programs and the Office of Graduate Medical Education:

- 1) Marshall Residents/Fellows record their work hours each month
- 2) Programs review this data for compliance with duty hour rules
- 3) Data is monitored by the Office of Graduate Medical Education (GME) through New Innovations
- 4) All Programs submit monthly duty hour attestations to the Office of GME
- 5) Red flags are monitored by the Office of Graduate Medical Education and Program Directors are questioned.
- 6) Duty hour issues are also brought up in the Resident Forum and Chief Residents' Meetings
- 7) Duty hour issues/concerns/violations can be reported by completing an on-line Anonymous Reporting of Near Misses, Adverse Events, and Training Issues form found at <http://icesom.marshall.edu/residents-fellows/current-residents-fellows/>

*To ensure consistent reporting of duty hours, at the end of 2012-2013, the Office of GME launched an effort with the Program Directors and Program Coordinators to follow specific designations in New Innovations for duty hour reporting. The intent of this document is to have duty hours consistently reported by Residents/Fellows across the programs by providing*

*descriptions of the five duty hour reporting types and examples for clarifications of grey areas for duty hour reporting. The duty hour description was also to be discussed and placed on the July 2013 GMEC Meeting agenda.*

The GMEC policy on Adequate Rest was adopted by GMEC on April 16, 2013 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 also adopted on April 16, 2013 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.

## **B. EXTERNAL MONITORING OF DUTY HOURS SOURCES**

The ACGME resident survey is conducted yearly to query Residents/Fellows how well or how often they meet the duty hour requirements. The ACGME provides the Office of GME with a program response as well as institutional response for all programs.

Residents'/Fellows responses are discussed by Program Directors at GMEC meetings and, if necessary, follow-up are reported at GMEC Meetings.

## **7. RESIDENT RESPONSIBILITIES**

*Compliance with Institutional Requirement III.D. 4.a. and III.B.4.b*

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.

The GMEC also approved new contract language for trainees that include resident/fellow responsibilities outlined as part of the contract.

## **8. RESIDENT /FELLOW EVALUATION**

*Compliance with Institutional Requirement III.B.6. and III.B.4.b*

Evaluation is an ongoing process and is crucial to the educational development of our Residents/Fellows. Residents/Fellows are evaluated on a regular basis by faculty, staff, patients and sometimes peers. Residents/Fellows likewise have multiple opportunities to evaluate their teaching faculty, programs, rotations, and affiliated hospitals. All of our training programs are required to provide Residents/Fellows 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'/Fellows level of education, competence and experience consistent with each core competency. Lines of responsibility have been clarified with regard to the relationship between Resident/Fellows 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.

In preparation for the Next Accreditation System (NAS), program directors are developing outcomes-based milestone evaluations for Resident/Fellow performance within the six domains of clinical competence. These new evaluations will be competency-based developmental outcome to allow

demonstration of the progression of Residents/Fellows from the beginning of their graduate medical education through completion of training to the ultimate goal of unsupervised practice of their specialty.

## **9. NEW RESIDENT AND FELLOW RECRUITMENT AND SELECTION**

*Compliance with Institutional Requirement II.A & II.A.2.*

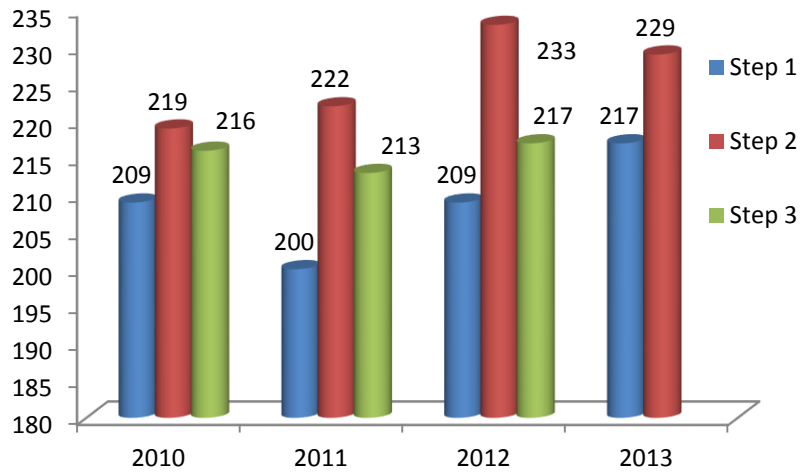
Currently, the Joan C. Edwards School of Medicine fills their program positions in the following ways:

- 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.

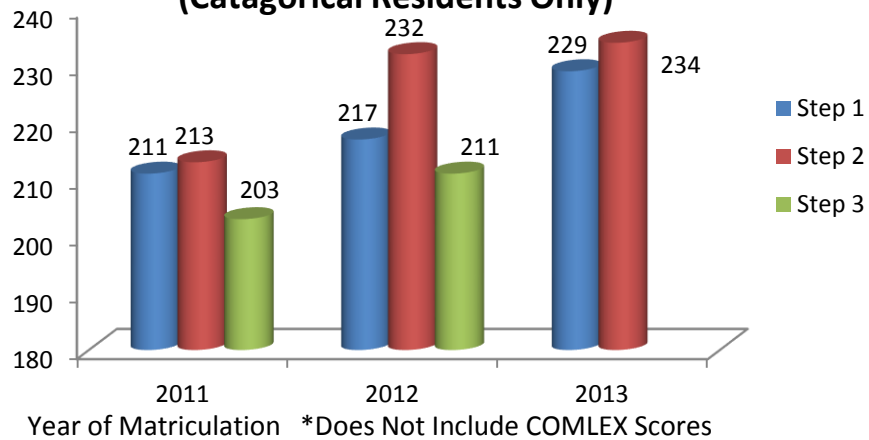
At its July 16, 2013 meeting, the GMEC will review a new Policy on Recruitment/Selection of Residents/Fellows. In looking at first time taker data for Step 1, 2 and 3, our matriculating residents continue to perform well.

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

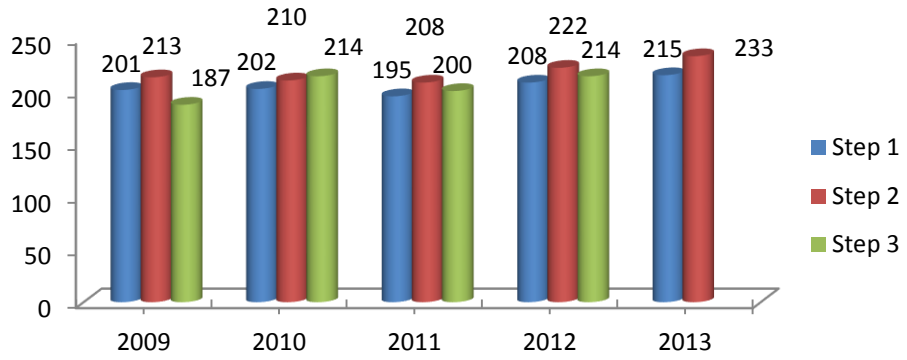
**FAMILY MEDICINE MATRICULATING RESIDENT  
FIRST-TIME TAKER STEP PERFORMANCE**



**MED MATRICULATING RESIDENT  
FIRST-TIME TAKER STEP PERFORMANCE  
(Categorical Residents Only)**

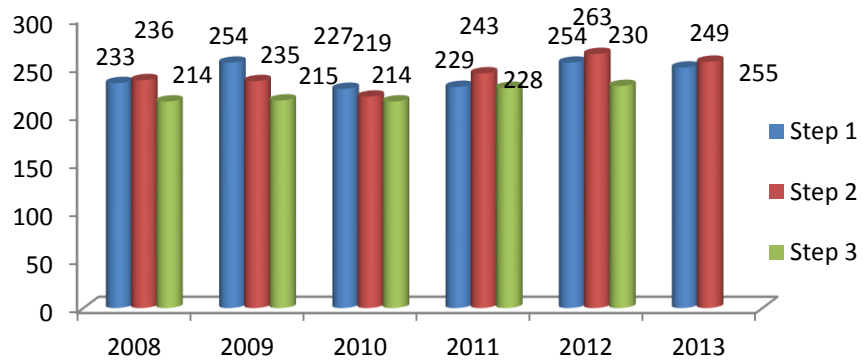


**OBGYN/ MATRICULATING RESIDENTS  
FIRST-TIME TAKER STEP PERFORMANCE\***



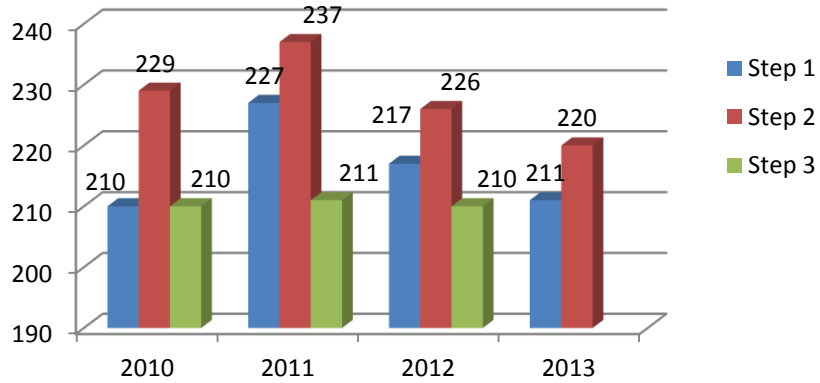
Year of Matriculation \*Does Not Include COMLEX Scores

**ORTHOPAEDICS MATRICULATING RESIDENTS  
FIRST-TIME TAKER STEP PERFORMANCE**

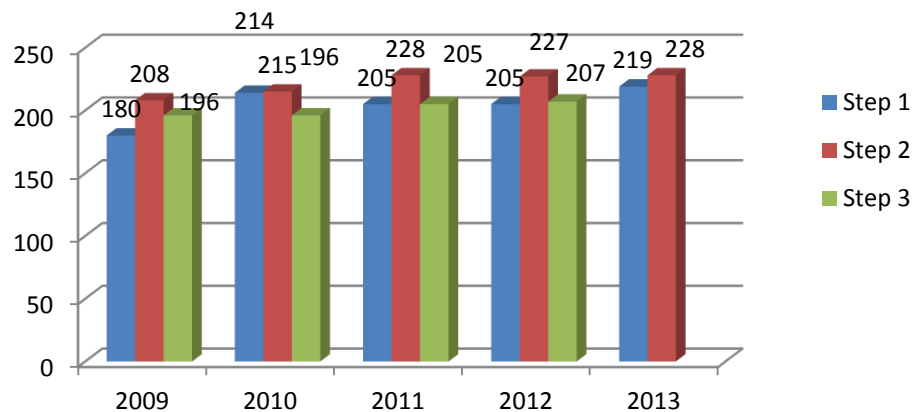


Year of Matriculation \*Does Not Include COMLEX Scores

### PEDIATRIC MATRICULATING RESIDENTS FIRST TIME TAKER STEP PERFORMANCE



### SURGERY MATRICULATING RESIDENTS FIRST TIME TAKER STEP PERFORMANCE



## 10. RESIDENT PARTICIPATION IN SAFETY AND QUALITY OF CARE EDUCATION

*Compliance with Institutional Requirement II.F and III.B.4.b*

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/Fellows 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/Fellows education in patient safety and quality of care is included in the Resident Orientation Program for new Residents/Fellows and continues throughout the year in each program.
2. During Orientation, Risk Management is a required activity for all Residents/Fellows. Presentations on Residents as Teachers and Professionalism and reviews policies and procedures are also provided to the new Residents/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.
7. A new Patient Safety and Quality Control (PS/QC) Subcommittee was established by the GMEC 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.
8. The GMEC approved a requirement for incoming Residents/Fellows 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.



9. Resident participation in GMEC was instrumental in addressing and resolving impervious gown/gloves issues at Cabell Huntington 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/Fellows on:

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

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://icesom.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/Fellows website <http://icesom.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.*

## **11. RESIDENT EDUCATIONAL AND WORK ENVIRONMENT**

*Compliance with Institutional Requirement II.F.*

The GMEC regularly discusses the school's ongoing commitment to assessing and improving the learning and working environment of Residents/Fellows. Learning and working environment issues are discussed at Resident Forums and Chief Residents' Meetings. Additionally, the GMEC frequently responds to Resident/Fellow needs as issues are brought before them such as the need to transition meal tickets to the electronic swipe, reopening of additional Resident/Fellow 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.

The GMEC also approved a new Learning & Working Environment Policy on April 16, 2013. The passage of this policy ensures compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional Standard that the Sponsoring Institution and its programs must provide learning and working environment in which Residents/Fellows may confidentially communicate, exchange information, provide feedback, and raise concerns without fear of intimidation or retaliation. This policy also addresses the Institutional Standard that the working and learning environment of the Sponsoring Institution be adequate for the physical and educational needs of all Residents/Fellows and that the support services and health care delivery systems are conducive to graduate medical education and the safe care of patients. To ensure compliance, this policy requires that each Department develop and implement a written policy regarding working and learning environment. The Departmental policy must be submitted to the Graduate Medical Education Committee (GMEC) for approval. Once approved by the GMEC, the policy must be annually communicated to the Department's Residents/ Fellows and posted on the Department's residency program website.

## **12. MEANS TO COMMUNICATE WITHOUT FEAR OF REPRISAL**

*Compliance with Institutional Requirement II.F.2.*

Residents/Fellows may communicate any concerns, without fear of reprisal, to the Office of Graduate Medical Education, to peer-elected Residents/Fellows on the GMEC, and to the DIO/Senior Associate Dean for Graduate Medical Education. Residents/Fellows 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/Fellow concerns. A Resident/Fellow in any program may anonymously refer any issue to the GMEC by discussing it with one of the peer-elected Resident/Fellow members of the GMEC.

Additionally, Residents Chief Residents and peer selected Fellows 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.

Anonymous Reporting of Near Misses, Adverse Events and Training Issues may also be given by Residents/Fellows by completing an on-line form found on the Graduate Medical Education homepage. <http://jcesom.marshall.edu/residents-fellows/>

## **13. RESIDENTS/FELLOWS AS TEACHERS**

The School of Medicine recognizes the crucial role played by Residents/Fellows in the teaching of medical students, colleagues, and patients. The school offers institution-level and residency/fellowship -level programs to enhance the skills of trainees who teach, evaluate, or supervise medical students. Residents/Fellows 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'/Fellows role in teaching and supervising medical students in many ways.

The importance of the Residents'/Fellows role in the teaching of medical students is discussed frequently at meetings of the GMEC, whose membership includes program directors, peer-elected Residents and Fellows, and hospital representatives. Residents/Fellows receive written copies of the rotation objectives and guidelines for student evaluation at the beginning of each clerkship rotation. Each Residency/Fellowship program provides written materials, workshops, or other learning sessions to Residents/Fellows which are designed to improve the Residents'/Fellows teaching and evaluating skills. The students' evaluations of the Residents/Fellows 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/Fellows as recognition for taking the extra time to have "Teachable Moments."

Additionally, the Office of Faculty Development provides an opportunity for Residents/Fellows to participate in the Academy of Medical Educators. Each year, Residents/Fellows may apply for selection into the academy to:

- Build excellence in teaching at the JCESOM.
- Provide a platform for the continuous recognition of excellence in teaching.

- Stimulate interest and visibility in teaching.
- Provide an interdisciplinary support network for medical educators.
- Promote scholarship of teaching and learning through research and innovation.

During the 2012-13 Academic Year, three Residents/Fellows were accepted in the Protégé 'class and their abstract titles are listed:

Name	Department	Abstract Title
Farah Al Khitan	Cardiovascular	A Failed Intervention for Perceived Lack of Efficacy in Physician to Physician Transition of Care: Investigation of the Underlying Challenges (Joint Project with Dr. Saunders)
Courtney Saunders	Cardiovascular	A Failed Intervention for Perceived Lack of Efficacy in Physician to Physician Transition of Care: Investigation of the Underlying Challenges (Joint project with Dr. Al Khitan)
Baraa Alabd Alrazzak	Pediatrics	Improving resident attendance at pediatric teaching conferences

## 14. RESIDENT/FELLOW 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.

To increase research and scholarly activity, the School of Medicine has welcomed two new internationally recognized researchers:

- 1) Dr. Nader G. Abraham, Ph.D., Dr.H.C., F.A.H.A., an internationally-recognized researcher in the field of obesity and vascular disease was appointed and the School of Medicine's inaugural Vice Dean for Research. Assistant Dean for Clinical Research, Todd Gress, M.D., M.P.H. continues to work with the clinical departments, Residents/Fellows 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.

- 2) Dr. Uma Sundaram is the inaugural Vice Dean for Transitional Research. Throughout his career, Dr. Sundaram has demonstrated a commitment to basic, clinical and translational research that has resulted in him being awarded a variety of research project grants from the National Institutes of Health and other agencies.

Under the auspices of the Office of Faculty Affairs and Professional Development Office, Residents/Fellows 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/Fellows have completed the Teaching Scholars Program.

The Office of Faculty Affairs continues to involve the Residents/Fellows in Scholarly activities. As a result, several projects have included Residents/Fellows. Residents/Fellows also benefited from November 14, 2012 visit of Nobel laureate Gunter Blobel, M.D., Ph.D. who receive the 1999 Nobel Prize in Physiology or Medicine for his discovery that proteins have built-in signals that direct their movement in cells.

## **15. SUMMARY**

During the 2012-2013 Academic Year, the graduate medical education programs at Marshall University School of Medicine have experienced rapid administrative oversight growth. With the establishment of the GME office a philosophical change in oversight was implemented to address the new Institutional standards that demand a significant amount of oversight and documentation. New Innovations was more heavily utilized to document work hours, procedures, etc. 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 2013-14 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 and the Next Accreditation System (NAS) 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 the residency/fellowship programs to meet the new challenges!