

MARSHALL UNIVERSITY

Joan C. Edwards School of Medicine

Graduate Medical Education

Annual Report 2014-15



Marshall Graduate Medical Education

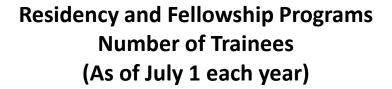
163 Trainees

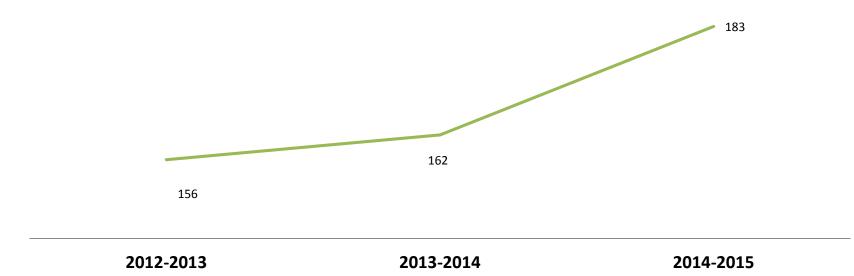
2014-2015 8 Core Residency Programs

Family Medicine
Internal Medicine
Internal Medicine/Pediatrics
Obstetrics/Gynecology
Orthopaedic
Pediatrics
Psychiatry (First Residents Started 7/2015)
Surgery

2014-2015
5 Fellowships
Cardiology
Endocrinology
Interventional Cardiology
Medical Oncology
Pulmonary

We Are Growing!





GMEC Continued Support and Accomplishments

Successful RRC Accreditation Decisions for institution.

Continued Accreditation

Resolved ALL Previous Citations

Received Commendation for satisfactorily addressing all previous citations!

2014-2015 Successful RRC Site Visits for Residents/Fellowship Programs

- Surgery
- Oncology

Obtained RRC Letters Continuing Accreditation In

- Family Medicine With commendation for no new citations
- Med/Peds- With commendation for no new citations
- Ob/Gyn -No new citations
- Orthopaedic Surgery- With commendation for no new citations
- Pediatrics- With commendation for no new citations
- Surgery- New Citations
 - Board Score Performance
 - Formal Transplant Experience
- Subspecialty Programs

Medical Oncology



GMEC Continued Support and Accomplishments, cont.

Obtained RRC Approval for New Programs In

- Sports Medicine
- Hematology/Oncology
- Nephrology
- Dental

Approved Policies

- Oversight of New Training Programs
- · Charging for Verifications
- Curriculum for Patient Safety/Quality Improvement
- Away Elective
- Personal Dress and Appearance
- Special Review Process

Resolved Learning Environment Issues

- Pediatrics Call Room
- Surgery Call Room
- Code Blue Cars without Proper Equipment
- 24 hour Access to food

Increased Complement in

Internal Medicine – 5 positions



RESIDENT/FELLOW Scholarly Activity At A Glance 2014-2015

	# of Residents/ Fellows	# of Residents/ Fellows with PMID 1	# of Residents / Fellows PMID 2	# of Residents/ Fellows with PMID 3	Total Conference Presenta- tions	Total Chapters/ Textbooks	Total Participa- ted in Research	# of Teaching Presenta- tions	Patient Safety/ QI Posters 2014	Research Day Posters/ Presenta- tions 2014
TOTALS	161	13	4	2	130	4	140	130	23	39



Newly Implemented Resident Recognition/Health Programs

- Resident of the Month
- Resident Canteen CHH
- Marshall Recreation Center Membership
- IPASS Transitions of Care



Components of Next Accreditation System (NAS)

- **1. Self- Study** Examples of measures include clinical experience as evidenced by:
 - Case Logs
 - Milestones
 - Scholarly Activity
 - Pass Rates for Specialty Certification
- 2. Clinical Learning Environment Review (CLER) 6 areas:
 - Patient safety
 - Health care quality care transitions
 - Supervision
 - Duty hours
 - Fatigue management and mitigation, and
 - Professionalism.



Clinical Learning Environment Review (CLER) Site Visit

- Site Visit, held August 11-12, 2014
- Group meetings
 - Residents/fellows
 - Faculty and program directors
 - C-Suite
- Walking Rounds at CHH



CLER Site Visit Findings Highlights

Patient Safety

- DATIX reports
- Reportable events
- Participation in RCA
- Concepts and terminology (e.g. fishbone diagrams, Swiss cheese model)

Health Care Quality

- Involve nurses in QI projects
- Increase access to patient data

CLER Site Visit Findings Highlights, cont.

Health Care Disparities

- Need systemic approach to identifying variability care to or clinical outcomes of known vulnerable patient populations
- Increase QI projects to reduce healthcare disparities
- Increase cultural competency training specific to populations at risk served by CHH

CLER Site Visit Findings Highlights

Care Transitions

- Standardization of shift hand-offs
- Address Transitions at Discharge

Supervision

No supervision issues identified

Duty Hours/Fatigue Management

No duty hours/fatigue management issues identified

Professionalism

No professionalism issues identified

Progress Made to Address CLER Findings

- Purchase of CORES
- Grand Round Presentations on Root Cause Analysis
- DATIX reporting now includes identification field (resident/fellow, staff or faculty)
- New Patient Safety & Quality Improvement Curriculum
- Joint CHH/GME Quality & Patient Safety Summit



Monitoring Procedures for Action Plans Resulting from the Annual Program Review

- Out of compliance items monitored during the 2015-2016 AY
- DIO determines progress report frequency based upon the nature of the noncompliant item.
- The GMEC may opt, however, to appoint a Subcommittee for additional study.
 - Subcommittee recommendations brought to GMEC for approval and further action if necessary.



Outcome Measures

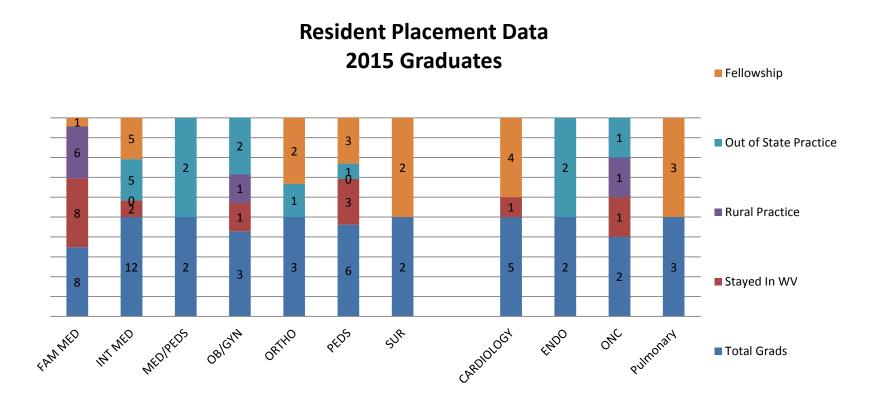
How Do We Know if Our GME Programs Are Successful?



Board Passage Rate 2014 vs. 2015

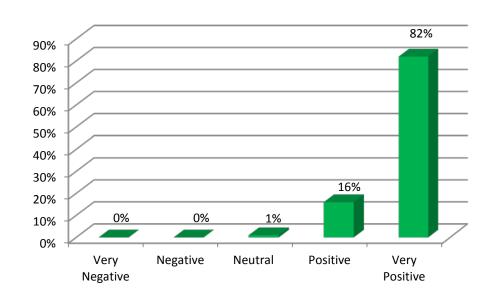
Program	Board Pass Rate 2014	Board Pass Rate 2015		
Family Medicine				
	85.70%	N/A		
Internal Medicine	67%	67%		
Med/Peds				
Peds	100%	100%		
IM	100%	100%		
OB/GYN	100%	100%		
Orthopaedics	67%	100%		
Pediatrics	80%	100%		
Surgery				
QE	33%	50%		
CE	0%	50%		
Endocrinology	75%	100%		
Cardiology	100%	100%		
Interventional Cardiology	100%	100%		
Oncology	100%	100%		
Pulmonary	0%	100%		

Graduate Placement 2015





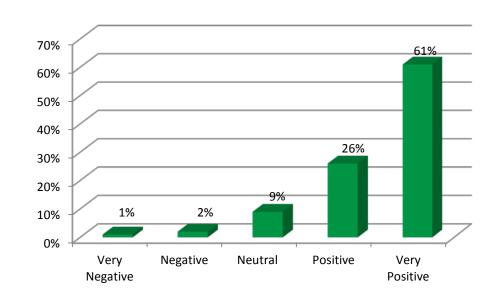
ACGME Faculty Survey Results Survey Taken: April - May 2015





ACGME Resident Survey Results Survey Taken: February - May 2015

Residents'
Overall Evaluation of the Program



Marshall Graduate Medical Education

ACGME Resident Survey Results Survey Taken: February - May 2015

Duty Hours: 93% Compliant with 80 Hour Limitation

Faculty: 95% Appropriate Level of Supervision

Evaluation: 100% Able to Access Evaluations

Educational 97% Provided Rotation Goals/Objectives

Content:

Resources: 99% Access to Reference Materials

Patient Safety/Teamwork: 98% Culture Reinforces PS Responsibilities



Anticipated Residency and Fellowship Number of Trainees (July 1 each year)



Meeting Future WV Health Care Needs

New Programs Applications Submitted 2014-2015

Dental General Practice Residency Approved: +3

(1 yr. prog. Starts July 2016)

Hem/Onc. Approved: +2

(Will replace Med. Onc. but add a third training year) Starts July 2016

Sports Medicine Approved: +1 Fellow

(1 year program starts July 2016)

Nephrology Approved: +4 (2 per year, 2 year program)

(2 Starts July 2016, full complement of 4 starts July 2017)

TOTAL NEW POSITIONS: +8 in 2016, with 2 additional Nephrology Fellows starting in 2017

