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!

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

- 2012-2013: 156
- 2013-2014: 162
- 2014-2015: 183
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
<table>
<thead>
<tr>
<th></th>
<th># of Residents/Fellows</th>
<th># of Residents/Fellows with PMID 1</th>
<th># of Residents/Fellows with PMID 2</th>
<th># of Residents/Fellows with PMID 3</th>
<th>Total Conference Presentations</th>
<th>Total Chapters/Textbooks</th>
<th>Total Participated in Research</th>
<th># of Teaching Presentations</th>
<th>Patient Safety/QI Posters 2014</th>
<th>Research Day Posters/Presentations 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTALS</strong></td>
<td>161</td>
<td>13</td>
<td>4</td>
<td>2</td>
<td>130</td>
<td>4</td>
<td>140</td>
<td>130</td>
<td>23</td>
<td>39</td>
</tr>
</tbody>
</table>

RESIDENT/FELLOW Scholarly Activity At A Glance 2014-2015
Newly Implemented
Resident Recognition/Health Programs

• Resident of the Month
• Resident Canteen – CHH
• Marshall Recreation Center Membership
• IPASS – Transitions of Care
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.
Site Visit, held August 11-12, 2014

Group meetings
  – Residents/fellows
  – Faculty and program directors
  – C-Suite

Walking Rounds at CHH
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
Health Care Disparities

– Need systemic approach to identifying variability in 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
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.
How Do We Know if Our GME Programs Are Successful?

Outcome Measures
## Board Passage Rate
### 2014 vs. 2015

<table>
<thead>
<tr>
<th>Program</th>
<th>Board Pass Rate 2014</th>
<th>Board Pass Rate 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine</td>
<td>85.70%</td>
<td>N/A</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>67%</td>
<td>67%</td>
</tr>
<tr>
<td>Med/Peds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peds</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>IM</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>OB/GYN</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>67%</td>
<td>100%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>80%</td>
<td>100%</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QE</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>CE</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Endocrinology</td>
<td>75%</td>
<td>100%</td>
</tr>
<tr>
<td>Cardiology</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Interventional Cardiology</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Oncology</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Pulmonary</td>
<td>0%</td>
<td>100%</td>
</tr>
</tbody>
</table>
ACGME Faculty Survey Results

Survey Taken: April - May 2015

![Survey Results Chart]
Residents’
Overall Evaluation of the Program

ACGME Resident Survey Results
Survey Taken: February - May 2015

- Very Negative: 1%
- Negative: 2%
- Neutral: 9%
- Positive: 26%
- Very Positive: 61%
## ACGME Resident Survey Results

**Survey Taken: February - May 2015**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duty Hours:</td>
<td>93% Compliant with 80 Hour Limitation</td>
</tr>
<tr>
<td>Faculty:</td>
<td>95% Appropriate Level of Supervision</td>
</tr>
<tr>
<td>Evaluation:</td>
<td>100% Able to Access Evaluations</td>
</tr>
<tr>
<td>Educational Content:</td>
<td>97% Provided Rotation Goals/Objectives</td>
</tr>
<tr>
<td>Resources:</td>
<td>99% Access to Reference Materials</td>
</tr>
<tr>
<td>Patient Safety/Teamwork:</td>
<td>98% Culture Reinforces PS Responsibilities</td>
</tr>
</tbody>
</table>
Anticipated Residency and Fellowship
Number of Trainees
(July 1 each year)

2012-2013: 156
2013-2014: 162
2014-2015: 183
2015-2016: 185
2016-2017: 195
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