

The University of Arizona College of Medicine at South Campus (UACOM-SC)
Graduate Medical Education Committee Report
To the General Faculty, Major Participating Institutions and
Arizona Board of Regents
November 2017 (AY 17)

GME Committee (GMEC)

1. **Overview:** The UACOM-SC GMEC is currently into its 11th year of operations. The committee, composed of program directors, program coordinators, peer-selected residents from each program, quality officer from the primary teaching hospital and administrators, meets monthly. The committee's charge is to monitor and advise the sponsoring institution on all aspects of graduate medical education; establish policies and procedures regarding the quality of education; provide oversight of ACGME-accredited programs' annual evaluation and improvement activities and monitor the work environment for the residents in all its programs. The monthly meeting addresses the business of the GMEC as per ACGME requirements. There are several subcommittees which all report to the GMEC monthly.
 - a. Subcommittees:
 - i. Task Force monthly meetings focus on addressing specific issues requiring more detailed attention in order to enhance our educational experience. Examples of our endeavors during 2016-17 included Holistic Reviews to improve the diversity of our residencies; Banner Transition; Wellness/Resilience programs; Enhancing rural rotation opportunities within the Banner system; Implementation of new ACGME Requirements; MICA presentation.
 - ii. CLER Subcommittee – Monthly meetings focus on addressing specific citations from our Clinical Learning Environment Review report. 2016-17, the committee focused on developing a verification method for resident procedure privileging confirmation; Development and Implementation of Multidisciplinary Mock RCA on SC.
 - iii. Distinction Track Subcommittee – developed a Medical Spanish Language/Health Care Disparities Distinction Track. 2016-17 the second year of operation, in addition to the Spanish Language class and Health Care Disparities we have instituted a Spanish luncheon for the novice Spanish speaking provider.
2. **Programs:** There are 4 ACGME accredited residency program at UACOM-SC, all of which have enrolled residents. These programs include: Internal Medicine, Ophthalmology, Emergency Medicine and Family Medicine. In academic year 2016-17, there were 82 enrolled residents. All 5 programs participated in the NRMP (and Ophthalmology) MATCH and filled all offered positions successfully. None of our programs required participation in the NRMP SOAP System (formerly post MATCH

Scramble). Our Medical Toxicology program is a 2 year fellowship, accredited by the ACGME for a total of two fellows in the program and continues to fill in the NRMP Fellowship MATCH. They currently have 2 fellows enrolled.

3. **Hospital Committees:** The GMEC continues to work with both the hospital and residency programs in ensuring resident participation on hospital committees. Annually, a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to the committees. Attached, please find a list of resident assignment to hospital committees.

During AY 17, the BUMCS **Resident Quality Council (RQC)** continued to meet under the leadership of Dr. David Sheinbein and Dr. Karyn Kolman. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council targeted Social Rounding and a Delirium Project (early assessment of delirium in ICU patients).

4. **Faculty Development:** Through FY 17, the GME Office continued to encourage and support each program's attendance at a national ACGME or specialty specific meeting. Attendance at these meetings not only increases GME knowledge base, but also enhances networking with the GME community at large. Upon return from national meetings, each PD and/or PC presents a brief report to members of the GMEC. Other opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, in which all of our programs as well as members of the UACOM T GMEC participate. Each program is also encouraged to develop a program specific faculty development program to train faculty educators in learner assessment and teaching modalities. Based on ACGME Survey results, programs were encouraged to develop faculty development programs on providing resident feedback and brief educational modules. The Office of Medical Student Education has also offered a number of faculty development instruction opportunities to each program – including videos of seminars, workshop guides, learning theory, and teaching strategies and tools, including direct observation of medical student/resident teaching. We also support program coordinators to attend the New Innovations workshop, in an effort to maximize their understanding and usage of our residency management system. This investment allows us to develop a few super users who are available to offer guidance to their program coordinator colleagues.
5. **Financial Support:** In accordance with ACGME requirements, the sponsoring institution continues to provide financial support for each residency program. This includes educational, administrative and technological support. PD and PC funding continues in accordance with ACGME requirements.
6. **Housestaff Meeting:** the CMO of the primary teaching hospital (Dr. David Sheinbein) hosts a quarterly lunch meeting to allow residents a forum to address issues related to hospital operations. Dr. Andy Theodorou, Chief Clinical Education Officer, BUMD, also participated.
7. **Resident Program Meetings** are scheduled biannually. During these meetings, the DIO and/or GME Administrator meet with each program's cohort of residents to address institution and program specific issues/concerns. This is also an opportunity to discuss the program's annual ACGME Survey results. The issues raised are shared anonymously with the PD/PC and we work together to identify potential solutions as appropriate. The

second meeting is to allow for follow-up and feedback regarding resolution of issues previously raised.

8. Resident Well Being:

- a. Education regarding **Fatigue and Well Being:** Each program is required to present the SAFER or LIFE program to their residents and faculty annually and document their participation. This is confirmed via the Annual Program Evaluation.
 - b. **Housetaff Counselor:** Dr. Larry Onate continued as the housetaff counselor for the University Of Arizona College Of Medicine. He not only provided services to residents and their families, but also offered didactic presentations for programs in multiple areas including Substance Abuse, Stress management, Physician Well-Being. He is introduced to the new interns/residents at orientation raising awareness of his availability. His annual GMEC presentation included statistics of types of problems addressed in the previous year. He has noted a decrease in residents' sense of Wellness across disciplines as well as time management challenges. This presentation was included in the annual GME Retreat 5/2016.
9. **Annual GME Retreat:** The annual retreat was held on May 12, 2017 at Hacienda del Sol. In addition to the opportunity to dialogue with our Sponsors (or designee), the retreat focused on Enhancing the Recruitment and Holistic Admission Process in GME, improving alignment with UME. Presentations included UACOMT UME Success Story in Holistic Admissions; Review of current GME trends and a charge from the UACOMT. Each program participated in a Rank Night exercise in identifying desirable applicant traits and defining program mission. A task force was commissioned to improve the alignment between UME and GME admissions. The remainder of the Retreat focused on Educating residents in the era of Corporate Medicine. Two physicians from BUMCP, Dr. Jeff Wolfrey and Dr. Jason Leubner facilitated this afternoon discussion.
10. **Annual Scholarly Day:** UACOM-SC hosted its 7th GME Scholarly Day in May 2017. There were 41 posters submitted for consideration and over 100 attendees. The poster submissions were from UACOM medical students and residents in both UACOM-SC and UA GME programs. Posters were submitted in the following categories: Clinical, Research and Quality Improvement. Each participating residency program offered a brief clinical update. The recipients of the Scholarly Day awards were Dr. Patrick Goetz, Dr. Anthony Saenz, Dr. Grace Price, Dr. Shana Semmens, Dr. Nirmal Singh, Dr. Supreet Khare, Dr. Balaji Natarajan, and Dr. Lisa Goldberg.

Major changes

1. All residents became Banner employees effective 8/1/2017.

Comprehensive Program Reviews (CPR)

1. GME administered comprehensive program reviews involve faculty and residents in the overview of a residency program. An appointed GMEC panel interviews residents, teaching faculty and the program leadership of the designated residency program. The

panel also reviews pertinent documents related to resident education and environment for learning. Areas receiving special attention include:

- a. Addressing any deficiencies from prior site visits
 - b. Program administration
 - c. Participating institutions and affiliation agreements current
 - d. Facilities and support services
 - e. Education and implementation of QA/QI projects
 - f. Core teaching faculty – sufficient volume; scholarly activity
 - g. Clinical teaching; including patient volumes, resident supervision, number of procedures
 - h. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the Milestones, QA/QI activities, resident scholarly activity
 - i. Resident evaluation, including criteria for advancement/promotion, summative letters, and evaluation forms
 - j. Faculty and program evaluation including confidentiality of the process, annual review of the program
 - k. Working conditions including duty hours, fatigue, moonlighting
 - l. Quality of applicants and graduates
 - m. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)
2. The GMEC has approved each program completing a CPR every 3 years unless there is an area of concern requiring an expedited CPR. A CPR scheduled has been developed.

ACGME Site Visits

1. All of our programs have been awarded Continued ACGME Accreditation and are in the NAS 10 year cycle. The ACGME has now implemented Self-Study evaluations that require each program to perform an in-depth, longitudinal critical self-evaluation and improvement plan.

Ongoing Accreditation Mandates

1. ACGME Resident Duty Hours– In compliance with ACGME Duty Hours requirements, each program annually reviews and updates their Duty Hours, Moonlighting and Supervision policies to address any changes. The requirements include:
 - a. Clearer specification regarding 80 hour work week
 - b. Specification of continuous work based on PGY year – liberalizing the requirements as a resident advances into the senior years of training. Senior residents may extend duty period (by choice) if their presence is critical to patient care or continuity of care.
 - c. All residents have a maximum work shift of 24 hours plus 4 hours to manage transitions of care.
 - d. A resident may not be responsible for the care of new patients after 24 hours of continuous duty
 - e. Limitations on breaks between duty periods by PGY year which must be monitored by program
 - f. PGY1's 16 hour work shift/no call was eliminated.
 - g. Each resident must have one day in seven free from duty (averaged over 4 weeks)

2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must count towards 80 hour work week
4. Home call – when called in, hours count towards duty hours
5. Institution must provide lodging or transportation for residents who are too tired to travel safely after a duty period.
6. Programs must track episodes of noncompliance with DH requirements.
 - a. Quarterly, the GMEC reviews each program’s Duty Hours documentation and annually we review the individual program’s ACGME resident survey report. If there are areas of noncompliance, the program is requested to investigate and report back to the GMEC within 1 month.
7. Resident Supervision–ACGME supervision requirements include:
 - a. Three levels of supervision defined – Direct, Indirect and Oversight
 - b. Program must assure proper level of supervision available to residents
 - c. Programs must develop standards to identify limits of each resident’s scope of authority and the circumstances in which they are permitted to act with conditional independence.
 - d. Program must develop list of must call situations.
 - e. Program must limit number of resident transitions and train residents to utilize handoff tools.
 - i. GMEC has developed and implemented a standardized educational module on Transitions of Care. Annually in June, every current resident receives the training. In July of each year, all new interns participate in a similar Transitions of Care workshop. Each program is required to utilize a standardized handoff tool. Based on the results of a survey performed by the CLER Subcommittee, the majority of residents trained in the new system utilized it consistently and found that it improved quality of care. GMEC continues with its monitoring system of random observation of a program’s handoff by a PD from a different program. Reports are submitted to GMEC.
 - f. Each program is required to update their Supervision policy in compliance with the ACGME requirement. Annually, the GMEC reviews resident and faculty ACGME survey reports to identify any concerns regarding supervision. It is incumbent on each residency program and department to assure they have an adequate number of faculty to support the supervision needs of their particular residency in accordance with regulatory and educational needs.

ACGME New Accreditation System (NAS)

1. All of our programs are now in the ACGME’s NAS (New Accreditation System). This accreditation system is an outcome based evaluation system, replacing the competency based evaluation system. “The aims of the NAS are threefold: enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, accelerate the ACGME’s movement toward accreditation based on educational outcomes and reduce the burden associated with the current structure and process-based approach.” Increased emphasis will be placed on the Sponsoring Institution for the quality and safety of the environment for learning and patient care. The process will include:
 - a. All programs have developed Clinical Competence Committees to evaluate resident progress and have submitted Milestone evaluations on their residents biannually.
2. Annual data collection for submission to ACGME (including institutional data, milestones and EPAs, faculty and resident surveys and resident procedure logs)
 - a. All programs have developed Clinical Competence Committees to evaluate resident progress and have submitted Milestone evaluations on their residents biannually.

3. Clinical Learning Environment Review (CLER) every 18 months (Short notice visits to the sponsoring institution to assess the learning environment and resident involvement in patient care, safety and quality issues). The GMEC CLER Subcommittee continues to meet monthly to address citations and make recommendations to the GMEC. The CLER Subcommittee list of accomplishments is attached.
4. Institutional Site Visits every 6 years
5. Program Site Visits every 10 years (Programs demonstrating high-quality outcomes will be freed to innovate and extend the periods between site visits).

Quality Assurance and Patient Safety

1. The 6th New Resident Orientation, June 2017, was the result of a joint effort between UA, BUMG, BUMCS and BUMCT. Replacing the historic institution specific, multiple orientations, all new residents and fellows from both clinical facilities (over 200) convened at the Marriott Hotel for a single orientation. After a welcome and introduction to the institution, multiple exercises were introduced which exposed the new residents/fellows to the importance of quality of care, patient safety, patient satisfaction and communication skills. All new residents/fellows were distributed at small group tables with cohorts from varying specialties with interprofessional facilitators.
2. Resident as Educators Orientation occurred on the afternoon of the New Resident Orientation. New residents/fellows were acquainted with multiple methods of assessing and educating learners.
3. During July orientation, the GMEC sponsors a hospital orientation at BUMCS. The orientation consisted of a general review of the six ACGME Competencies and Milestones by program directors, teambuilding exercise and a chief resident directed session on standardization of Transitions of Care. Subsequently, residents met with peers from their programs and completed a workshop on proper Transitions of Care.
4. During the first six months of the academic year, the pharmacy director (or a staff member) met with individual residency programs and presented pharmacy specific information. This program has been well received and requested to continue throughout the year.
5. In compliance with the GMEC requirement, every program's faculty and residents complete either the SAFER or LIFE modules. IPM (Introduction to the Practice of Medicine) modules, developed by AAMC, are also now available and utilized by several programs.
6. GMEC implemented an educational plan to educate all residents in Quality Assurance terminology and application to patient care. Annually, this program is updated with the assistance of the hospital CPAI leadership to ensure accuracy and pertinence of the information.
7. Physician Well Being – Each program is tasked with implementing a Residency Resiliency program aimed at early intervention and prevention of resident burn-out.

Resident Survey

The annual ACGME Resident survey continues to focus on six major categories: Duty Hours, Faculty, Evaluation, Educational Content, Resources, Patient Safety / Teamwork. The ACGME focuses on program trends of improvement vs. declining performance. All five of our residency/fellowship programs participated in the survey. For programs with more than 4 residents/fellows, a minimum of 70% participation from the residents in each individual program is required to receive a program specific report. Our response rate was 95%. Once results are returned, the DIO meets with the PD to identify those areas not in substantial compliance. Subsequently, the PD meets with residents and faculty of their

program to discuss potential causes and interventions. Based on the 2016-17 Institutional Aggregate Program data the following table compares our institutional vs. national mean.

	Institution Mean	National Mean	Significant areas of noncompliance noted and planned interventions
Duty Hours	4.8	4.8	None <i>*Paperwork and Patient needs were the primary reasons for residents exceeding duty hours requirements</i>
Faculty	4.4	4.3	None
Evaluation	4.6	4.5	All previous areas of concern demonstrated improvement/increased compliance. <i>*Programmatic efforts to improve faculty providing resident feedback demonstrated improvement in this category</i>
Educational Content	4.5	4.3	All previous areas of concern demonstrated improvement/increased compliance. We continue to struggle with Education (not) compromised by service obligations <i>*Programs continue to educate residents re: the definition of "service" as well as assess resident workload.</i>
Resources	4.5	4.4	None
Patient Safety	4.4	4.4	None

Faculty Survey

2016-17, all programs participated in the faculty survey. The categories surveyed included: Faculty Supervision and teaching; Educational Content; Resources; Patient Safety; Teamwork. Survey results are reviewed with the program faculty as well as DIO and included in the GMEC meeting presentation. Based on the 2016-17 Institutional Aggregate Program data, the following compares our institutional data vs. national mean.

	Institution Mean	National Mean	Significant areas of noncompliance noted and planned interventions
Faculty Supervision and Teaching	4.4	4.6	This area of concern remains unchanged. Faculty satisfied with personal performance feedback (72%) <i>*Faculty identified concerns regarding Banner merger as influential in affecting their personal performance feedback. Programs continue to clarify the survey intent is to assess academic performance feedback.</i>

Educational Content	4.7	4.7	All previous areas of concern demonstrated improvement/increased compliance. Worked on scholarly project with a resident (75%) <i>Programs are tasked with ensuring residents have faculty mentors for scholarly projects. In some programs not all faculty are tasked with scholarly project mentoring.</i>
Resources	4.0	4.4	A new area of concern identified: Satisfied with faculty development to supervise and educate residents/fellows (77%) <i>*Program system of developing teaching pearls and implementing into daily schedules demonstrated at GMEC Task Force.</i>
Patient Safety	4.5	4.5	None
Teamwork	4.5	4.7	None

Graduate Exit Interview

June 2017, the DIO and GME Administrator met with the volunteer graduating senior residents for an exit interview. General feedback is shared with GMEC and individualized feedback provided to each program to implement appropriate changes.

1. Overall residents felt prepared for future career goals – practice, fellowship.
2. Residents appreciated the collegiality, cohesiveness of the smaller community hospital setting
3. Residents had very positive feedback about their program director’s support.
4. Residents would still choose their program if they had the opportunity to do it again.
5. Resident continue to identify insufficient subspecialty presence at SC as a challenge
6. Residents recommend not merging programs, do not want to lose the uniqueness of south campus programs.

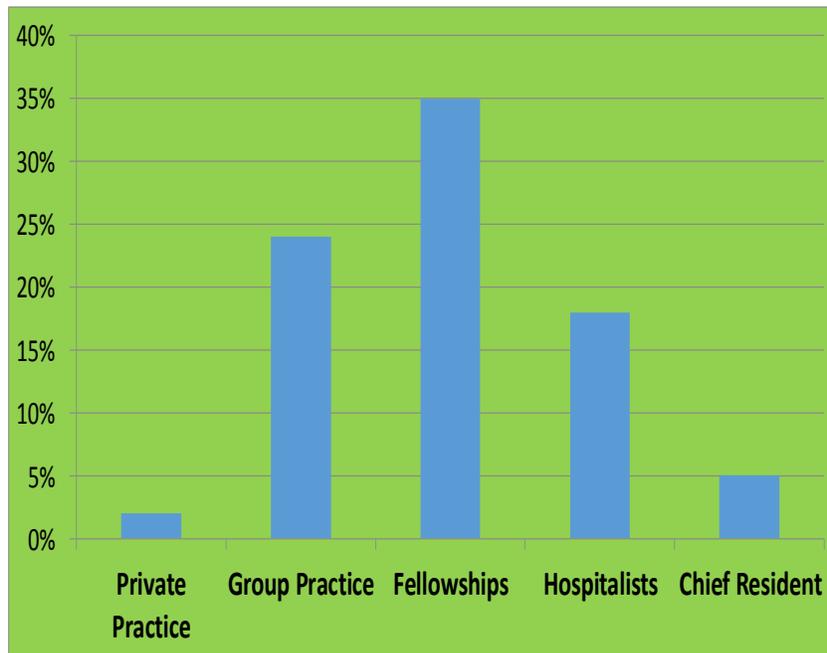
GME Graduation Survey

To date we have had 196 graduates from the UACOM - SC residency programs. A graduate survey was distributed to the graduates. The overall results are shared with GMEC and individual program results are shared with the programs to help them implement appropriate changes or improvements. Based on survey for graduates through 6/2015, 84% responded “Excellent or Very Good” that the program met their educational objectives.

GRADUATES

Year	EM	FM	IM	Neuro	Ophtho	Psych	Med Tox	Total
08-09	0	0	2	0	0	0		2
09-10	0	0	5	0	1	0		6
10-11	0	0	5	0	1	3		9
11-12	0	4	8	2	2	3		19
12-13	10	8	8	2	2	5		35
13-14	6	7	10	2	2	6		33
14-15	6	8	9	2	2	4		31
15-16	6	7	11	2	2	5	1	34
16-17	6	9	9	-	2	-	1	27
Total	34	43	67	10	14	26	2	196

What do our graduates choose upon graduation (2017)?



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 professional 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 UACOM-SC policies and procedures, including the provisions of the most current edition of the GME Resident Manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)



Residents on Committees 2016-17

COMMITTEE	RESIDENT PARTICIPATION	Meetings
The University of Arizona College of Medicine at South Campus GMEC	Zoe Cappe, MD, Family Medicine, PGY2 Katie Houmes, MD, Family Medicine, PGY3 John Sandoval, MD, Internal Medicine, PGY4 Senthil Anand, MD, Internal Medicine, PGY3 Roberto Swazo, MD, Internal Medicine, PGY2 Claudia Prospero Ponce, MD, Ophthalmology, PGY4 Andrew Keyser MD, Emergency Medicine, PGY3 Christian Smith MD, Emergency Medicine, PGY3 Michael Ori, MD, Medical Toxicology, PGY5	4 th Friday, noon
GMEC CLER Subcommittee	Claudia Prospero Ponce, MD, Ophthalmology, PGY4 Shabnam Yekta, MD, Internal Medicine, PGY3 Jayasree Jonnadula, MD, Internal Medicine, PGY2 Katie Houmes, MD, Family Medicine, PGY3 Shana Semmens, MD, Family Medicine, PGY3 Zoe Cappe, MD, Family Medicine, PGY3	
South Campus Hospital Pharmacy & Therapeutics	Lance Bechtold, MD, Internal Medicine, PGY3 Jessica Bates, MD, Emergency Medicine, PGY3 Lisa Goldberg, MD Emergency Medicine, PGY2	2 nd Wednesday, noon
Pima County Medical Society	Norman Beatty, MD, Internal Medicine, PGY3	Last Tuesday, 5pm
Psychiatry Resident Education	Psychiatry residents	
South Campus HCAHPS Process Improvement		3 rd Wednesday, 1-2pm
South Campus ICU Code	Kai Rou Tey, MD, Internal Medicine, PGY3	Wednesdays Bi-monthly 3-4p
GME Resident Quarterly Dinner Forum	John Sandoval, MD, Internal Medicine, PGY4 Rhonda Alkatib, MD, Internal Medicine, PGY3 Rui Wen Pang, MD, Internal Medicine, PGY2 Muhammad Husnain, MD, Internal Medicine, PGY3 Anthony Saenz, MD, Family Medicine, PGY3 Shana Semmens, MD, Family Medicine, PGY3 Claudia Prospero Ponce, MD, Ophtho, PGY4 (Jan-Jun) William Stevenson, MD, Ophthalmology, PGY4 (Jul-Dec) Christian Smith, MD, Emergency Medicine, PGY3 Marv Griffin, MD, Emergency Medicine, PGY3 Drew Keyser, MD, Emergency Medicine, PGY3 Stacy Akazawa, MD, Family Medicine UA, PGY3 Becca Raub, MD, Family Medicine UA, PGY3 Katherine Martineau, MD, Family Medicine UA, PGY3	Quarterly
Sepsis Committee	Faraz Jaffer, MD, Internal Medicine, PGY3 Jessica August, MD, Internal Medicine, PGY3 Nirmal Singh, MD, Internal Medicine, PGY2 Marcos Teran, MD, Family Medicine, PGY2	

Medicine Housestaff Committee	John Sandoval, MD, Internal Medicine, PGY4 Nirmal Singh, MD, Internal Medicine, PGY2 Muhammad Husnain, MD, Internal Medicine, PGY3 Daniel Orta, MD, Internal Medicine, PGY1	1 st Monday, noon
Medicine Competency Committee	John Sandoval MD, Internal Medicine, Chief	Quarterly
ACP Representatives	Radhamani Kannaiyan, Internal Medicine, PGY2 Jessica August, MD, Internal Medicine, PGY3	
Emergency Medicine GME Committee	Christian Smith, MD Emergency Medicine, PGY 3 Andrew Keyser, MD, Emergency Medicine, PGY3 Marvin Griffin, MD, Emergency Medicine, PGY3	
Ophthalmology PEC	William Stevenson, MD, Ophthalmology, PGY4	
South Campus GME Environmental Committee	Robert Conley, MD, Emergency Medicine, PGY2 AkinBola Ajayi-Obe, Internal Medicine, PGY3	Annually
South Campus Quality & Safety Oversight Board		3 rd Wednesday, 1pm Admin Board Room
South Campus Resident Quality Council	John Sandoval, MD, Internal Medicine, PGY4 Balaji Natarajan, MD, Internal Medicine, PGY2 Faraz Jaffer, MD, Internal Medicine, PGY3 Norman Beatty, MD, Internal Medicine, PGY3 Sidra Raoof, MD, Internal Medicine, PG1 Christian Smith, MD, Emergency Medicine, PGY3 Jenny Saint Aubyn, MD, Family Medicine, PGY2 Shadi Koleilat, MD, Neurology, PGY4 Seenaiah Byreddy, MD, Neurology, PGY4 William Stevenson, MD, Ophthalmology, PGY4 Justin Otis, MD, Psychiatry, PGY3 Anthony Saenz, MD, Family Medicine, PGY3 Wei Xiang Wong, MD, Internal Medicine, PGY2	1 st Thursday, 5:30pm South Campus
Family Medicine Curriculum Committee	Shana Semmens, MD, Family Medicine, PGY3 Katie Houmes, MD, Family Medicine, PGY3 Ana Mendez, MD Family Medicine, PGY2 Zoe Cappe, MD Family Medicine, PGY2 Michele Alba, MD, Family Medicine, PGY2	
Internal Medicine Clinic Committee	Rhonda Alkatib, MD, Internal Medicine, PGY3 Kady Goldlist, MD, Internal Medicine, PGY2 Babitha Bijin, MD, Internal Medicine, PGY1	