

University of Arizona College of Medicine
Graduate Medical Education Committee Report
To the General Faculty, Major Participating Institutions
and the
Arizona Board of Regents
May 2012

The GMEC continues its charge to monitor and advise on all aspects of graduate medical education. There are currently 40 accredited residency programs at the University of Arizona with over 540 residents. The GMEC continues to work with affiliated institutions to increase resident participation on institutional hospital committees.

GME Update

New Office Location: The GME office moved to a new location during this past year. We are now located in #2233, on the main floor of the hospital, directly across from Java City.

New Associate Dean: After a national search, Dr. Conrad Clemens accepted the appointment of Associate Dean of Graduate Medical Education (GME) and ACGME Designated Institutional Official (DIO) effective December 2011.

New GMEC Chair: Al Fiorello, Program Director of Emergency Medicine has agreed to serve as Chair of the GME Committee.

Match 2012: Programs that participated in the 2012 Match were very successful in filling their slots with excellent applicants from superb institutions throughout the country. Almost 15% of matched applicants came from the University of Arizona. We will welcome this new cohort of trainees on July 1st.

New Resident and Fellow Orientation: This process has been completely revised to feature extensive on-line requirements including a significant emphasis on patient safety, quality improvement and patient-centered care. A revised "Residents as Teachers" session will also occur.

Housestaff Quality Council: The Housestaff Quality Council has completed its first year with Andy Theodorou as faculty advisor. This group has taken the lead to improve patient safety across all aspects of the institution including improving patient flow and communication from the ED to the wards, improved EHR integration, and faster times for radiology wet reads. This group is also breaking down some barriers that have traditionally existed between services/departments.

Learning Specialists: In continued effort to provide the best support for our trainees, the GME office has teamed up with the Office of Medical Student Education to create a team of Learning Specialists who can assist residents on issues from test-taking problems to organizational skills to time management issues.

Housestaff Counselor transition: We continue to provide a full-time housestaff counselor for all trainees and their family members. After serving admirably for a number of years, Dr. Gail Schwartz will be stepping down as Housestaff Counselor on June 30, 2012 and Dr. Larry Onate will be succeeding her. He will be able to be reached at his office at (520) 325-9176.

Resident Scholarships: We are pleased to announce that 7 current residents are recipients of our first GME Resident Excellence and Leadership Scholarships. Their proposals were chosen from almost 30 applicants and are detailed on the bulletin board outside of our GME office. We hope to make this an annual program. The projects and winners are:

"Evaluation of the Angiogenic Potential of Serum-deprived Human Adipose Stem Cells Using a Chick Embryo Model" – Aparna Vijayasekaren, Surgery
"Elucidation of the subtypes of the IL-17 family in rheumatoid arthritis" – Fatima Alnaimat, Internal Medicine

"Comparative Analysis of the Karyometric Features of Pancreatic Neoplasms" – Evan Glaser, Surgery

"Saving Children's Lives: A Course in Pediatric Emergency Assessment, Recognition, and Stabilization, contextualized for Nyakibale, Uganda" – Emily Grover, Pediatrics/Emergency Medicine

"Evaluation of a new hemodynamic monitoring technique in septic Emergency Department patients" – Alexander St. John, Emergency Medicine

"A certificate program in Mind-body Medicine" – Sutapa Dube, Psychiatry

"A structured curriculum to develop Residents as Teachers" – Justin Roesch, Internal Medicine

Quarterly Chief Resident Dinner: A quarterly Chief Resident Dinner continues to meet. All Chief Residents are invited to meet with the Associate Dean for GME/DIO and GME Director to discuss issues relating to residents' work environment and education. These have been very effective in identifying issues of concern for our residents.

New Program Directors and Programs

New Program Director appointments include:

Diagnostic Radiology: Dorothy Gilberston-Dahdal, M.D.
 Molecular Genetic Pathology: Stephen Renner, M.D.
 Pediatrics: Sean Elliot, M.D.
 Radiation Oncology: Shona Dougherty, MB ChB
 Surgical Critical Care and Acute Care: Terence O'Keeffe, MB ChB
 Thoracic Surgery: Sreekumar Subramanian, M.D.

The GMEC appreciates the dedication and service that those listed below have given as program director:

Conrad Clemens, M.D. – Pediatrics
 Bill Erly, M.D. – Diagnostic Radiology
 Lisa Hazard, M.D. – Radiation Oncology
 Michael Moulton, M.D. – Thoracic Surgery
 Peter Rhee, M.D. – Surgical Critical Care and Acute Care
 Lisa Rimsza, M.D. – Molecular Genetic Pathology

Internal Reviews

During the past year the GMEC has conducted Internal Reviews on the following training programs: Anesthesiology: Critical Care, Dermatology, Primary Care Sports Medicine, Hospice and Palliative Care, and Neurology

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

- a. Addressing any deficiencies from prior site visits
- b. Program administration
- c. Participating institutions and affiliation agreements
- d. Facilities and support services
- e. Teaching faculty; including numbers, scholarly activity
- f. Clinical teaching; including patient numbers, resident supervision, number of procedures

- g. 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
- h. Resident evaluation, including criteria for advancement/promotion, summative letters, evaluation forms
- i. Faculty and program evaluation including confidentiality of the process, annual review of the program
- j. Working conditions including duty hours, fatigue, moonlighting, supervision
- k. Quality of applicants and graduates
- l. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)

ACGME Site Visits

We had several ACGME site visits in the last year:

Program	Status
Gastroenterology	Continued Accreditation
Pathology	Continued Accreditation
Molecular Genetic Pathology	Continued Accreditation
Pediatrics	Continued Accreditation
Psychiatry	Continued Accreditation
Child Psychiatry	Continued Accreditation
Radiation Oncology	Continued Accreditation
Surgery	Continued Accreditation/Off Probation
Neurosurgery	Continued Accreditation
Urology	Continued Accreditation
Vascular Interventional Radiology	Continued Accreditation
Anesthesiology	Pending
Family Medicine	Pending
Ophthalmology	Pending

Upcoming site visits: Neurology

Ongoing Accreditation Mandates

New Accreditation System: The ACGME has announced that beginning in July of 2013, a completely revised New Accreditation System (NAS) will be put into place. This new system will include longer (every 10 years) accreditation cycles which will include a self-study for that program but annual data reporting by each program including adoption of “educational milestones.” Finally, the ACGME will use of periodic

(every 18 month) JAHCO-like visits to the institution in order to assess the quality of the learning environment. (More detailed information can be found at www.acgme.org)

ACGME Resident Duty Hours. The ACGME's revised duty hour requirements went into effect on July 1, 2011. The new standards include graduated standards for duty hours and are designed to better match residents' levels of experience and emerging competencies. The standards are based on recommendations made by the Institute of Medicine (IOM) in 2008. The new standards retain the current duty hour limit of 80 hours per week, averaged over four weeks, but specify more detailed directives for levels of supervision necessary for first-year residents. The standards also reduce duty periods of PGY-1s to no more than 16 hours a day and set stricter requirements for duty hour exceptions. Other changes include setting higher requirements for teamwork, clinical responsibilities, communication, professionalism, personal responsibility, transitions of care and more specific requirements for alertness management and fatigue mitigation.

Resident Supervision. The ACGME Common Program Requirements that went into effect July 1, 2011 also address oversight of resident supervision and graded authority. Residents and faculty members should inform patients of their respective roles in each patient's care. Programs must clearly identify and document that the appropriate level of supervision is in place for all residents. To ensure oversight of resident supervision, programs must use the following classification of supervision: 1) direct supervision, 2) indirect supervision, and 3) oversight.

ACGME Outcome Project. Dr. Heather Reed has continue to work with the GME Office to provide educational consulting to programs in the areas of assessing, developing, and updating competency-based curricula, teaching tools and methods, and systems for regular evaluation and feedback. Dr. Reed's responsibilities also include participation in the GMEC's Internal Review process providing feedback to programs regarding learning activities and assessment procedures as they relate to ACGME competencies.

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

GME Graduation Survey: Our 2011 graduates of all training programs were asked to complete a Graduation Questionnaire. A response rate of 28% revealed that 97.5% rated their Program Director as good to excellent (on issues of effectiveness, availability); 83% rated their Department Heads as good to excellent (on issues of effectiveness, support for education, availability); 87.5% rated departmental resident support as good to excellent; 84.5% rated institutional GME staff support as good to excellent; 89.5% rated their stipend support and benefits as good to excellent; 92% rated the faculty as good to excellent (on issues of teaching skills, approachability, care of patients, clinical skills); 97% rated their quality of life as good to excellent; 90% felt satisfied with their training. 84% were satisfied with food services and 61% with call rooms.

Resident Responsibilities. Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all University policies and procedures, including the provisions of the most current edition of the GME Policy and Procedure manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Conrad Clemens, M.D., MPH
Associate Dean of Graduate Medical Education
ACGME Designated Institutional Official (DIO)