

The UA/UPHK GME Consortium
Graduate Medical Education Committee Report
To the General Faculty, Major Participating Institutions and
Arizona Board of Regents
June 2011

GME Committee

1. **Overview:** Dr. Murrain continues to serve as chair of the Consortium GMEC which meets on a monthly basis. The GMEC continues its charge to monitor and advise on all aspects of graduate medical education, establishing policies and procedures regarding the quality of education and the work environment for the residents in all its programs.
2. **Programs:** There are currently 7 ACGME accredited residency programs at The UA/UPHK GME Consortium – six of which currently have enrolled residents. These programs include: Internal Medicine, Psychiatry, Ophthalmology, Emergency Medicine, Family Medicine and Neurology for a total of 68 residents and 1 chief resident. Three of these programs successfully applied to the ACGME for complement increases (Internal Medicine, Family Medicine and Psychiatry). All 6 programs participated in the NRMP (and Ophthalmology) MATCH and were successful in filling all PGY1 positions. Additional PGY2 (4 positions) were filled outside the MATCH. Our most recently accredited program is a Medical Toxicology fellowship – which is a two year fellowship, accredited for a total of two residents.
3. **Hospital Committees:** The GMEC has worked with each program and UPHH to secure resident membership on multiple hospital committees. Annually a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to hospital committees. Currently, we have residents on the following committees: Quality, Pharmacy and Therapeutics, Ethics, HCAPS Process Improvement and ICU Code.
4. **Faculty Development:** Annually, each program is supported to attend a national ACGME or specialty specific meeting to increase GME knowledgebase and networking with the GME community at large. Several of our program directors participated in the annual UA sponsored GME Faculty Development conference. The topic this year was "Supervision". Additionally, four program coordinators attended the New Innovations conference, in an effort to improve our understanding and maximize usage of this residency management system.
5. **Financial Support:** Each program director and program coordinator receives financial support from the UA/UPHK GME Consortium, consistent with ACGME requirements. Of note, the ACGME has rendered new and more specific requirement regarding the support to be offered to residency programs.
6. **Resident Forums:** Resident representatives from each program join the DIO and GME Administrator for quarterly dinners. This meeting is scheduled to promote cohesion among the residents and encourage dialogue regarding resident work environment and education. **Resident Program Meetings** were instituted this year which residents in each specific program meet with the DIO and GME Administrator to address more specific issues related to their program.

7. **Education regarding Fatigue and Well Being:** Each program is required to present the SAFER or LIFE program to their residents and faculty and document their participation. Dr. Gail Schwartz, Housestaff Counselor, presents annually at a GMEC meeting to remind programs of her availability and provide general data regarding resident usage of her services.
8. **Annual Retreat:** The GMEC annual retreat was held in May 2011 at the Westward Look Resort. Following an introduction by the Sponsors (Dean Goldschmid, Dr. Bruce Coull, Ms. Sarah Frost (representing Ms. Diane Rafferty), we reviewed pending ACGME changes which will be effective 7/1/11. The core theme of the retreat was Supervision. Guest presenters (Dr. Paul Gordon, Dr. Tejal Parikh and Dr. Heather Reed) led us through an improved understanding of the new regulations, changes that would be required and discussion regarding implementation of the new regulations. We also included a "Best Practice" from each residency program.
9. **Annual Scholarly Day:** The Consortium GMEC hosted its second annual Scholarly Day in May. We had 22 scholarly posters submitted and approximately 100 attendees. Both of these exceeded the prior year. There were also clinical updates from the majority of our residency programs.

New Program Directors and Programs

1. Medical Toxicology fellowship received Initial Accreditation
2. Dr. Todd Altenbernd was named new program director for Ophthalmology
3. Dr. Helen Macey was named new program director for Psychiatry
4. Dr. Mazda Shirazi was named program director for Medical Toxicology
5. New Psychiatry BHP and ED construction almost complete and scheduled for occupancy this fall.
6. Requested complement increases:
 - a. Family Medicine approved for a permanent increase from 24 to 30 positions
 - b. Internal Medicine approved for a permanent increase from 24 to 30 positions
 - c. Psychiatry approved for a permanent increase from 16 to 24 positions

Internal Reviews

1. The internal review is 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, and 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
 - 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)
2. Over the course of the past year, the GMEC conducted one Internal Review: Emergency Medicine. Participants on the IR panel included a program director from a different program as well as a resident from a different program along with the DIO and

GME Administrator. Representative faculty, peer selected residents, program director and coordinators were interviewed. A report was presented to the GMEC in accordance with ACGME requirements.

ACGME Site Visits and/or Decisions

1. In the past year, we have had three ACGME Site Visits. Below are the individual programs and their respective ACGME accreditation status:
 - a. Internal Medicine – Continued Accreditation with a 5 year cycle
 - b. Psychiatry – Continued Accreditation with a 5 year cycle
 - c. Institution – to be presented at ACGME meeting 10/2011
2. Proposed General Surgery program received a decision to Withhold the program because of insufficient major surgical volume at the primary institution (UPHH) as well as ACGME's concern that a new program would deplete the current UA program's surgical volumes/experiences.

Ongoing Accreditation Mandates

ACGME Resident Duty Hours – New duty hour requirements have been adopted by the ACGME with an effective date of 7/1/11. Each program has been required to update their Duty Hours, Moonlighting and Supervision policies to address these changes. The new requirements include:

- a) Clearer specification regarding 80 hour work week
- b) Specification of continuous work based on PGY year
- c) No continuity clinic after 24 hrs of continuous duty
- d) Limitations on breaks between duty periods by PGY year and must be monitored by program
- e) No call for PGY1's
- f) Specifications regarding days off duty
- g) Limitations on night float
- h) All moonlighting must now count towards 80 hour work week
- i) Home call – when called in, hours count towards duty hours
- j) Institution must provide lodging or transportation for residents who are too tired to get home safely after a duty period.

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.

Resident Supervision – New supervision requirements have been adopted by the ACGME with an effective date of 7/1/11. The new 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.

The GMEC will continue reviewing resident annual 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.

ACGME Outcome Project

The GMEC continues to provide annual education to program directors regarding the ACGME Outcome Project. Each program has been educated on the six ACGME Competencies. GMEC assures that each program has competency based Goals and Objectives for the program as well as individual rotations subdivided by PGY year. These are reviewed with each program's Internal Review and PIF review prior to the next ACGME site visit. Programs are also expected to have PGY year specific criteria for advancement. Final resident summative evaluation or transferring resident documentation must also be competency based.

Quality Assurance and Patient Safety

1. Quarterly, the QA officer from the primary teaching institution (UPHH) attends the GMEC meeting, identifies and presents a quality related issue(s) that may be impacted by educating residents and faculty. Subsequent quarterly reports provide updates on the improvements noted by QA. Areas that have been addressed this past year include:
 - a) H&P on chart at time of admission
 - b) Decreased usage of unapproved abbreviations
2. During the first six months of the academic year, the pharmacy director piloted a program in which he (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.
3. During annual orientation, all inpatient services are required to participate in an inpatient hospital orientation at UPHH. Following a general review of the six ACGME Competencies by program directors, interdisciplinary resident teams are formed, headed by senior residents and/or faculty members. The teams are rotated through major hospital departments including: Pharmacy, Radiology, ED, Nursing and Mock Codes.
4. In compliance with the GMEC requirement, every program's faculty and residents complete either the SAFER or LIFE modules.

Resident Survey

For the academic year 2009-2010, four of our residency programs participated in the web-based, annual ACGME resident survey. A minimum of 70% participation from the residents in each individual program is required to receive a program specific report. We consistently had 100% participation. Once results 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. This report is presented at the next GMEC meeting. Based on the 2009-2010 Institutional responses the following areas of noncompliance identified by our residents exceeded the national noncompliance rate:

1. Do your faculty members regularly participate in clinical discussions? **5.9% (NO), National noncompliance rate = 4.2%**
2. Do your faculty members regularly participate in rounds? **2.9% (NO), National noncompliance rate = 2.8%**
3. Duty hours must be limited to 80* hours/week, averaged over a four-week period, inclusive of all in-house call activities. **2.9%, National noncompliance rate = 2.3%**
4. Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. **2.9%, National noncompliance rate = 1.4%**

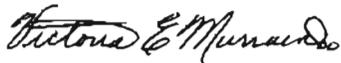
GME Graduation Survey

To date we have had seven (7) graduates from the Consortium residency programs. A graduate survey has been developed and distributed to the graduates and results are pending.

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 Consortium 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,

A handwritten signature in cursive script that reads "Victoria E. Murrain".

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