

The UA/UPHK GME Consortium
Graduate Medical Education Committee mid Year Report
To the General Faculty, Major Participating Institutions and
Arizona Board of Regents
November 3, 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 97 residents and 1 chief resident. Three of these programs successfully applied to the ACGME for complement increases (Internal Medicine, Family Medicine and Psychiatry) in 2010-2011. 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. Unfortunately, the Medicare Redistribution of unused residency slots were not distributed to any GME programs in Arizona.

New Program Directors and Programs

1. The Behavioral Health Pavilion and Emergency Room opened on 8/23/11.

Internal Reviews

1. Two programs were reviewed this year. The Emergency Medicine and Family Medicine internal reviews were performed in compliance with the ACGME requirements. In advance, each program submitted a completed copy of their program information file for review and comment. The Internal Review panels consisted of the DIO, GME Administrator, a faculty member from a different program and a resident from a different program. Representative faculty, peer selected residents, program director, associate program director and program coordinators were interviewed. A formal report is presented at a subsequent GMEC meeting. If there are areas of concern, the program is required to report back to the GMEC within 3 months.

ACGME Site Visits

1. The UA/UPHK GME Consortium was site visited 4/15/11. The site visitor met with the DIO, Consortium leadership, program directors and residents. The program file was reviewed at the Institutional Review Committee meeting 10/19-20/2011. We received email notification that the institution was granted a 3 year accreditation cycle. A formal letter noting any citations will follow.

Ongoing Accreditation Mandates

ACGME Resident Duty Hour

- a. Each program's updated policy on Duty Hours and Moonlighting have been received and reviewed by the GMEC.
- b. On a quarterly basis, GMEC reviews each program's compliance with the Institutional Duty Hours (inclusive of Moonlighting hours) policy.
- c. Annually, each group of residents is required to complete the ACGME Resident Survey. Upon completion, the DIO and program administration review the responses and a written report is submitted to the GMEC for review. Outstanding areas of noncompliance are discussed and updates are presented at a later date as needed.
- d. New forms have been developed to assist programs in complying with the reporting requirement of adherence to duty hour regulations.

Resident Supervision

- a. Each program's updated policy on Resident Supervision has been received and reviewed by the GMEC.
- b. In accordance with new ACGME Requirements, new systems and forms are being developed to:
 - i. confirm appropriate level of supervision is provided to each resident
 - ii. identify limits of each resident's scope of authority
 - iii. identify "Must Call" items (when resident must contact attending)
 - iv. Evaluate our current hand-off system and develop an educational intervention.

Quality Assurance and Patient Safety

- a. All programs are required to participate in an electronic module (either SAFER or LIFE) which addresses fatigue and its impact on patient care.
- b. Quarterly the QA Officer of the primary institution (UPHH) presents pertinent quality data to the GMEC. We continue to work on unapproved abbreviations, dating/timing orders, and timely signatures on verbal orders.
- c. The CMO at the primary hospital is organizing a resident driven Quality Council which will address patient care and safety related Quality issues.

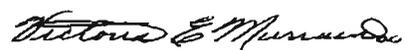
Resident Survey

- a. All six of our programs with enrolled residents participated in the annual ACGME resident survey 2010-2011.
- b. As an institution, our response rate was 97%. Major areas of noncompliance that exceeded the national threshold included:
 - i. Duty Hour violations
 - ii. Access to reference materials – printed or electronic.
- c. The results were discussed at a GMEC meeting and the consensus was that PD's needed to preview the survey with their residents in advance (as recommended by ACGME) to avoid misunderstanding of the questions.

Resident Responsibilities

- a. Programs are all required to develop evaluation systems to evaluate residents' achievement of goals for advancement.

Respectfully submitted,



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