Overview of GME for New Faculty Orientation

10/30/2013

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Vice Dean for GME and
Designated Institutional Official
Professor and Vice Chair, Anesthesiology
UTHSCSA
Disclosures

- No relevant conflicts of interest
- DIO – 15th year
  - 54 ACGME-accredited programs, ~800 trainees
    - LRGV - 2 current plus 7 in development
  - 20ish non-ACGME-accredited programs
- Former chair, Anesthesiology RRC
- Former chair, AAMC Group on Resident Affairs
- Former PD, Anesthesiology
What Faculty need to know about:

- How GME works
- ACGME (& some resources)
- Leadership
- Funding
- Matches – NRMP, AUA, San Francisco
- Texas Medical Board
MANAGE
Crisis & Pressing Problems
DEMAND + NECESSITY
DAILY FIRE-FIGHTING
BE QUICK TO DELEGATE
IMPORTANT AND URGENT

FOCUS
On Strategies & Values
OPPORTUNITY + PLANNING
KEEP CRITICAL THINKING
CONSIDER THE MACRO
IMPORTANT NOT URGENT

AVOID
Interruptions & Busy Work
ILLUSION + DECEPTION
NOT YOUR EMERGENCY
MINIMIZE INVESTMENT
URGENT NOT IMPORTANT

LIMIT
The Trivial & Wasteful
ESCAPE + WASTE
ENTERTAINMENT ONLY
USE TO MINIMIZE STRESS
NOT IMPORTANT OR URGENT

Importance
Urgency
What Faculty need to know about:

• How GME works
• ACGME (& some resources)
• Leadership
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Graduate Medical Education

The Office of Graduate Medical Education (GME) provides oversight for over 50 ACGME-accredited residency and fellowship programs. The GME Office works cooperatively with the GME Committee, program directors, and faculty to maintain the quality of the educational experience and appropriate work environment for over 700 residents who work and learn on the San Antonio and Lower Rio Grande Valley campuses in our teaching hospitals.

Our Mission
Our mission is to improve healthcare by advancing the quality of resident physicians' education.

Our Vision
Our vision is to foster growth of exemplary physicians, GME programs, and institutional practices.

Our Values
- Develop and share new knowledge
- Employ processes that are fair, transparent, and resource-conscious
- Maintain service-orientation and accountability
How it all works...

Certification of **Individuals**

- Premed
- Medical School
- NBME
- ERAS/NRMP (ECFMG)
- FSMB
- ABMS
- DEA, DPS
- Hosp/HC Privileging

Accreditation of **Programs/Institutions**

- LCME
- ACGME
- GME
- Independent Practice
- ACCME
GME – Sources of Regulation, Fees, and Funding

- CMS
- TJC
- Institutional rules
- ABMS
- GME
- ACGME
- VA
- State Med Bds
- NRMP
- State Health Depts

Legend:
- fees
- funding
- regulations
What Faculty need to know about:

- How GME works
- ACGME (& some resources)
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- Funding
- Matches – NRMP, AUA, San Francisco
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The Accreditation Council for Graduate Medical Education (ACGME) is responsible for the Accreditation of post-MD medical training programs within the United States. Accreditation is accomplished through a peer review process and is based upon established standards and guidelines.
NAS Program Accreditation

Phase I - began 7/1/2013:

• Diagnostic Radiology
• Emergency Medicine
• Internal Medicine
• Neurological Surgery
• Orthopedic Surgery
• Pediatrics
• Urology

All others will begin 7/1/2014
NAS Program Accreditation

**Annual Data Reporting**
- Annual Accreditation Data System (ADS) update
- ACGME Resident-Fellow Survey
- Case Log and clinical experience data
- Board certification
- (Soon) - Educational Milestones data – aggregated to level of program, semiannual
- Faculty Survey
- Scholarly activity report form
- “Update for any changes” approach
- Complete CV annually for program director
NAS Program Accreditation

Educational Milestones

• Observable developmental steps
• Organized under the six competency areas
• Describe trajectory of progress from novice (entering resident) to proficient (graduating resident) and, ultimately, to expert/master
• Articulate shared understanding of expectations, set aspirational goals of excellence, provide a framework and language for discussions across the continuum
• Track educational outcomes of the residency program
## Distal Radius Fracture (DRF) – Medical Knowledge

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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</table>
| - Demonstrates knowledge of anatomy  
- Understands basic imaging | - Demonstrates knowledge of fracture description and soft tissue injury: angulation, displacement, shortening, comminution, shear pattern, articular parts  
- Understands mechanism of injury  
- Understands biology of fracture healing  
- Understands advanced imaging  
- Understands surgical approaches and fixation tech: percutaneous pinning, volar plating, external fixation, dorsal plating, fragment specific, combinations | - Demonstrates knowledge of current literature, fracture classifications and therapeutic alternatives  
- Demonstrates knowledge of associated injuries: median nerve injury, scaphoid fracture; scapholunate (SL) ligament injury, triangular fibrocartilage complex (TFCC) injury, elbow injuries  
- Understands natural history of distal radius fracture  
- Understands biomechanics and implant choices: understand the advantage and disadvantages of different fixation techniques | - Understands controversies within field: fixation techniques and fracture pattern, correlation between radiographic and functional outcomes in elderly patient | - Participates in research in the field with publication |

**Comments:**

Not yet rotated
<table>
<thead>
<tr>
<th>Urology</th>
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<tbody>
<tr>
<td><strong>SBP4. Uses technology to accomplish safe health care delivery.</strong></td>
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<th>Has not achieved Level 1</th>
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<td></td>
<td><strong>Explains the role of the Electronic Health Record (EHR) and Computerized Physician Order Entry (CPOE) in prevention of medical errors</strong></td>
<td><strong>As is applicable in the institution, utilizes the EHR to order tests, medications, and document notes, and responds to alerts</strong></td>
<td><strong>Efficiently uses information systems for patient care, including literature review (see also Practice-based Learning and Improvement [PBLI])</strong></td>
<td><strong>Contributes to reduction of risks of automation and computerized systems by reporting system problems</strong></td>
<td><strong>Judges safety of computer and device interfaces using heuristics</strong></td>
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**Example:**

The physician
1. Can use the EHR and CPOE to enter clinical information and basic orders
2. Demonstrates efficiency in accomplishing repeated tasks (such as creating automated rounding lists or order sets)
3. Understands the risk of using defaults and cut and paste strategies to create notes

<table>
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<tr>
<th></th>
<th><strong>Recognizes the risks and limitations added by EHRs</strong></th>
<th><strong>Demonstrates medication reconciliation for patients using a variety of strategies</strong></th>
<th><strong>Consistently demonstrates safe practices to minimize risks and limitations added by EHRs</strong></th>
<th><strong>Critiques decision support systems</strong></th>
<th><strong>Judges safety of computer and device interfaces using heuristics</strong></th>
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**Example:**

The physician
1. Competently uses the EHR and CPOE on a daily basis for patient care activities
2. Demonstrates efficiency in accomplishing repeated tasks (such as creating automated rounding lists or order sets)
3. Understands the risk of using defaults and cut and paste strategies to create notes

**Example:**

The physician
1. Capably uses the EHR and CPOE to care for patients and communicate essential information with other members of the health care team
2. Identifies flaws in decision support systems, automated care pathways, or system alerts
3. Never uses copy/paste strategies without relevant revision

**Example:**

The physician
1. Demonstrates familiarity with multiple systems, including relative strengths of each
2. Communicates with information technology personnel to improve systems, such as automated alerts for critical lab values, forwarding communication to PCP

**Comments:**
17. Accountability (PROF2) Demonstrates accountability to patients, society, profession and self.

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<td>Demonstrates basic professional responsibilities such as timely reporting for duty, appropriate dress/grooming, rested and ready to work, delivery of patient care as a functional physician</td>
<td>Identifies basic principles of physician wellness, including sleep hygiene</td>
<td>Consistently recognizes limits of knowledge in common and frequent clinical situations and asks for assistance</td>
<td>Consistently recognizes limits of knowledge in uncommon and complicated clinical situations; develops and implements plans for the best possible patient care</td>
<td>Can form a plan to address impairment in one’s self or a colleague, in a professional and confidential manner</td>
<td>Develops institutional and organizational strategies to improve physician insight into and management of professional responsibilities</td>
</tr>
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<td>Maintains patient confidentiality</td>
<td>Uses social media ethically and responsibly</td>
<td>Adheres to professional responsibilities, such as conference attendance, timely chart completion, duty hour reporting, procedure reporting</td>
<td>Demonstrates knowledge of alertness management and fatigue mitigation principles</td>
<td>Manages medical errors according to principles of responsibility and accountability in accordance with institutional policy</td>
<td>Trains physicians and educators regarding responsibility, wellness, fatigue, and physician impairment</td>
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Comments:

**Suggested Evaluation Methods:** Direct observation, SDOT, portfolio, simulation, oral boards, multi-source feedback, global ratings
NAS Program Accreditation

How will the milestones be used in resident evaluations?

- Residents will undergo a structured evaluation compared to milestones (in most specialties this will be done semi-annually).

- The Clinical Competency Committees will review and use assessment data, including faculty member assessments of residents on rotations, self-evaluations, peer evaluations, and evaluations by nurses and other staff members.

- Each program may continue to use its current resident assessment tools, and phase in tools developed specifically for the milestones when these become available.
NAS Program Accreditation

Annual Data Reporting – *increased granularity*

- Review of each program’s ‘dashboard’ by RRC; options:
  - No action
  - Notification ‘we’re watching’ ± additional reporting
  - Notification ‘we’re coming to visit’
    - Shortened accreditation cycle
    - Altered accreditation status
    - Reduction in resident complement
- Currently:
  - Watching – falling board certification
  - Watching – poor resident survey
  - Coming for visit – insufficient cases; possibility of reducing resident complement
NAS Institutional Accreditation

- CLER (clinical learning environment review)
  - Provides frequent, on-site sampling of the learning environment
  - Every 18 months
    - 2 weeks notice
    - Every 4th CLER will be an institutional review
  - Assesses the following 6 focus areas:
    - Patient safety
    - Quality improvement
    - Transitions of care
    - Supervision
    - Duty hours oversight, fatigue management and mitigation
    - Professionalism
Patient Safety

• The Sponsoring Institution (SOM) must ensure that residents/fellows:
  • Report errors, adverse events, unsafe conditions, and near misses in a protected manner that is free from reprisal; and,
  • Contribute to inter-professional root cause analysis* or other similar risk reduction teams.
Do you know what an RCA is?

Your patient had a bad outcome – can you identify all the causes? What systems issues played a role? What changes in the system could make the system safer?

Physicians today MUST understand the role of Root Cause Analysis (RCA) in health care. Don’t let your first real-patient RCA be your first RCA - attend the next Chief Resident Conference and gain real-life, hands-on experience with RCA.
Quality Improvement

• The Sponsoring Institution (SOM) must ensure that residents/fellows:
  • Use data to improve systems of care, reduce health care disparities, and improve patient outcomes; and,
  • Participate in inter-professional quality improvement initiatives.
2013 Student Quality Leadership Academy
June 13-14, 2013 | Cambridge, MA | Learn more.

The Spread of the IHI Open School Courses
Universities and health organizations around the world are integrating IHI Open School courses into curricula and training programs. Explore and join the list.

What We’re Reading
- BBC: NHS Review: Obama’s former adviser’s advice
- JAMA: Teaching Physicians to Care Amid Chaos
- Not Running a Hospital: On Empathy
- Wing of Zock: Checklist? ...Check
- Pulse Magazine: Palliative Care
- Healthleaders Media: How One Hospital Zapped Infection Rates

Spreading Quality Improvement Around South Dakota
Chapter Leaders in South Dakota are aiming to integrate the IHI Open School courses into every health profession school in the state.

What’s new in the IHI Open School this week?
Sign up to receive our weekly newsletter, or check out the archive.

Newest Resources
- Medical Students Transfer Observation Skills from Painting to Patient
  What is unusual about a group of students huddled around a painting at Boston’s Museum of Fine Arts, debating the deeper meaning behind a canvas of ambiguous brushstrokes? Nothing — except that the group comprises Harvard medical students engaging with the artwork to improve their diagnostic skills.

- A Wild (and Costly) Goose Chase
  In a new patient story, IHI Open School Academic Advisor Dr. James Moses introduces us to Rani, a patient who visits several different health care providers in search of a diagnosis. Follow along — and discuss with your peers and colleagues — as Dr. Moses poses a number of questions about the patient’s journey.
Cohort Overview

- **Day 1: PLAN**—Project Introduction, Quality Tools, Patient Safety, Facilitator Introduction, Team Building
- **Day 2/3: DO**—Elevator Speech by Dr. Brent James, PDCA, Flow Chart, Cause & Effect Diagram, Identify data points
- **Day 4/5: DO**—QI Tools: Box Plot, Pareto, Histograms, Run Charts, SPC, Lean in Healthcare
- **Day 6/7: STUDY/ACT**—Baseline Data Evaluation, Intervention Plan, Post Intervention Data Collection, Graduation PPT
- **Graduation: ACT**—Presentation of outcomes, future direction, project completion.

Awards/Accolades/Accomplishments

- 2011 Outstanding Educational Program Award from the Association for Prevention Teaching and Research
- Representation at the APTR Interprofessional Education Institute by alumni of the CS&E course
- One of Six Programs to be awarded the Institute for Healthcare Improvement and Josiah Macy Jr. Foundation “Retooling for Quality & Safety Project” Grant

Course Participant Comments

- “Liked learning about other projects while doing the course as many were similar to what we encounter”
- “The course was great!”
- “Presentations are outstanding”
- “It’s the best model in the country of how you can actually change health care.”
- “Hands on practice. Meet and explore new ideas from other colleagues and instructors.”
- “Based on the success of the Anderson program, the University of Texas has required all the other branches of its medical system to start their own courses.”

Visit us online
www. uthscsa.edu/cpshp

Email us at
cpshp@uthscsa.edu
Phone us at 210-567-0299
Fax us at 210-567-1874

First Edition—Nov. 2011
Transitions of Care (aka handovers)

- The Sponsoring Institution (SOM) must:
  - Facilitate professional development for faculty members and residents/fellows regarding effective transitions of care; and,
  - Ensure that participating sites engage residents/fellows in standardized transitions of care consistent with the setting and type of patient care.
Supervision

- The Sponsoring Institution (SOM) must oversee:
  - **Supervision** of resident/fellows consistent with institutional and program-specific policies; and,
  - Mechanisms by which residents/fellows can report inadequate supervision in a protected manner that is free from reprisal.
Duty Hours, Fatigue Management and Mitigation

• The Sponsoring Institution (SOM) must oversee:
  • Resident/fellow duty hours consistent with the Common and Specialty/Subspecialty-Specific requirements across all programs, addressing areas of non-compliance in a timely manner;
  • Systems of care and a learning and working environment that facilitate fatigue management and mitigation for faculty members and residents/fellows; and,
  • An educational program for core faculty members and residents/fellows in fatigue management and mitigation.
Professionalism

• The Sponsoring Institution (SOM) must provide systems to educate and monitor:
  • Residents’/fellows’ and core faculty members’ fulfillment of educational and professional responsibilities, including scholarly pursuits;
  • Accurate and honest reporting of duty hours information by residents/fellows; and,
  • Identification of resident mistreatment.
Our citations/concerns?

- Service over education
- Sufficient resources
- Scholarly activity
What Faculty need to know about:

- How GME works
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Funding for Residents & Fellows in UTHSCSA-Sponsored GME Programs

<table>
<thead>
<tr>
<th>750</th>
<th>UHS – 320</th>
<th>CMS</th>
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<td></td>
<td>VA – 215</td>
<td>VA-OAA</td>
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<td>SAUSHEC – 65</td>
<td>DOD</td>
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<td>CSR – 65</td>
<td>CMS</td>
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<td></td>
<td>UTHSC Fac Practice Plan - 30</td>
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<td></td>
<td>McAllen Med Ctr - 18</td>
<td>CMS</td>
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<td>VBMC – 15</td>
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<tr>
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<td>Other</td>
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Funding for Residents/Fellows

• UHS is Medicare Teaching Hospital
  • Medicare: DGME + IME = $34,864.90/resident/yr
    • PGY-1 salary = $47,132.61
    • Low PRA and low Medicare pt load in UHS

• VA: matches UHS
• Others: match UHS
• Valley: higher
• Military: higher

• Other resources?
What the Faculty needs to know about:

- How GME works
- ACGME
- Leadership
- Funding
- Matches – NRMP, AUA, San Francisco
- Texas Medical Board
- Training sites
- Military (SAUSHEC, other)
Matches

- ACGME: In selecting from among qualified applicants, it is strongly suggested that the Sponsoring Institution and all of its programs participate in an organized matching program, such as the National Resident Matching Program (NRMP), where such is available.
- NRMP – majority; ‘All-in’ policy
- AUA - Urology
- San Francisco – Ophthalmology, Plastic Surgery, others

- Do you have a robust applicant selection and interview process?
What Faculty need to know about:

- How GME works
- ACGME (& some resources)
- Leadership
- Funding
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Mandatory Service Requirement for Licensure Applicants

2012 TMB Outreach Info

Notice from DSHS Regarding Abortion Services under House Bill 15

Electronic Death Registration

Pain Management Clinic Registration Info

Prescriptive Delegation Online Registration

Our mission is to protect and enhance the public's health, safety and welfare by establishing and maintaining standards of excellence used in regulating the practice of medicine and ensuring quality health care for the citizens of Texas through licensure, discipline and education.

Customer Service E-mail verifcic@tmb.state.tx.us
Customer Service: (800) 248-4062 or (512) 305-7030 (outside Texas)
Customer Service Hours: Monday through Friday 8am-5pm
TMB

- PIT vs licensure
  - USMLE Step Exams – earlier is better
  - Can apply for license after 1 yr (AMG) or 2 yrs (IMG)
- Reporting requirements of the PD
- Resident/fellow licensure application – potential pitfalls
- TMB Fellowships
Questions?

Thank you!