



GRADUATE MEDICAL EDUCATION

EXECUTIVE SUMMARY

Academic Year 2019-20



WAYNE STATE

School of Medicine

Graduate Medical Education



We congratulate our residents, faculty, hospital partners, and Wayne State University School of Medicine leadership for another year of educational accomplishments. In 2019-20, the School of Medicine received full accreditation, once again, with no citations

and a commendation from the Accreditation Council of Graduate Medical Education (ACGME). Our tradition of exemplary medical training, scholarly productivity, and commitment to patients befits our affiliation with a historic academic institution like Wayne State.

At the same time, the emergence of the **COVID-19 pandemic** in the spring of 2020 presented unique challenges to resident training. Those impacted by the coronavirus were well served by a dedicated healthcare workforce who put the delivery of optimal patient care first, under often trying circumstances and while occupying a complex role as both learner and provider.

Our **Resident Wellness Scale** has provided us with useful data on wellness indicators and outcomes, and the 2020 GME survey addressed the effect of the pandemic on residents' psychological and physical well-being. An update on our wellness initiatives will appear in the *Ochsner Journal* in 2021.

Last summer, we held a virtual **Orientation** for incoming interns, including a welcome from the new Dean of the WSU School of Medicine and vice president of Health Affairs Dr. Mark Schweitzer. This would seem an especially difficult time to begin residency training, but the pandemic also affords residents the opportunity to develop unique clinical expertise. WSUGME also carried out another simulated patient (OSCE) training, conducted entirely as virtual exercises. Our preliminary data analysis will have implications for the anticipated routinization of telehealth as the pandemic extends into 2021.

In 2020, we welcomed a second cohort to the Family Medicine-Urban Track and an inaugural cohort to the new Preventive Medicine program. Both are supported by **MIDOCS**, designed to create a pipeline

for physicians committed to practicing primary care in rural and underserved areas in our state. MIDOCS residents are eligible for partial educational loan repayment and also can receive graduate training in public health.

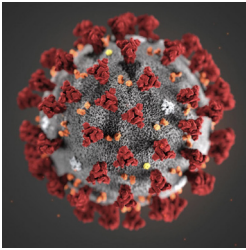
WSUGME has been proactive in addressing **health disparities education**. In the summer, we created a task force to develop curricular revisions so that all residents receive training in the social determinants of health. Physicians must understand the causes and impacts of these determinants to optimize patient care, promote health equity, and improve public health. The pandemic demonstrated, yet again, the effects of health disparities on communities of color, so these revisions are both crucial and timely.

Our hospital partners maintain their strong commitment to improvements in the clinical learning environment. Ascension Providence residents' engagement in **quality improvement** projects was a standout. Since 2016, 100% have participated in at least one QI project annually. Although Ascension's 2020 QI Research Day had to be canceled, residents subsequently presented their projects virtually at regional and national conferences.

Despite the upheavals of 2020, I am gratified to affirm that our clinical partners, faculty, resident and fellow trainees, and administrative staff maintained the highest standards of professionalism in achieving the best in clinical education and patient care. WSUGME is happy to share our past-year accomplishments in this Executive Summary and looks forward to a productive 2020-21.

Tsveti Markova, MD, FAAFP
Senior Associate Dean for Graduate Medical Education
Designated Institutional Official (DIO)
Chair, Dept. of Family Medicine & Public Health Sciences

Impact of the COVID-19 pandemic in 2020



In the spring of 2020, the US was hit with the COVID-19 pandemic. GME clinical sites moved to ACGME Stage 3 pandemic status for the March-May period, during which time residents shifted

to providing predominantly clinical care for COVID patients. The ACGME granted Sponsoring Institutions and programs a significant degree of flexibility in realigning their resident and fellow workforce to meet the increased clinical demands created by the pandemic. This flexibility with expectations is consistent with the ACGME's commitment to patient safety and resident/fellow safety. In exchange for this flexibility, the ACGME expected strict compliance with safety requirements (including appropriate PPE supplies and education), duty hours limits, supervision, and professionalism.

In mid-March, GME began sending weekly updates to all residents, faculty, and program coordinators, with information about the mental health and well-being resources available to them from WSUSOM as well as organizations such as the National Academy of Medicine, the ACGME, and the American Association of Medical Colleges. In April, the CMO of Ascension Providence Rochester Hospital, Dr. Sheryl Wissman, led a special session

for healthcare providers on facing grief during the pandemic. Residency program leadership created additional interventions to counteract the impact of physical and psychological stress and promote self-care. Residents transitioned to an altered training environment with virtual didactics, telemedicine, and heightened safety precautions for all patient care, which continues still.

The pandemic had other consequences for graduate medical education, including postponed ERAS deadlines, Board exams, program self-studies, and accreditation site visits. All activities were conducted virtually or as socially distanced events, including the summer New Resident Orientation and OSCE/ OSHE training. Ascension Providence could not host its Annual QI Research Day in May, although subsequently residents were able to submit their projects to [virtual] conferences. In terms of 2021 recruitment, program directors and coordinators faced logistical and technological challenges in scheduling online interviewing and virtual site tours, albeit becoming adept at the Zoom meeting platform.

We have no doubt that those affected by the coronavirus have and will benefit from the cadre of dedicated healthcare professionals whose efforts toward mitigating the pandemic will be successful.

APRH is home to the Internal Medicine, Family Medicine, Transitional Year, and Preventive Medicine residency programs. Our residents were on the frontlines of the pandemic, working long shifts in the ICU and addressing the brunt of COVID's impact on the local community. On a daily basis I was both informed and personally witnessed the excellent medical care and professionalism demonstrated by our residents. I am acutely aware of the mental and physical health impacts faced by our trainees and am grateful that the robust wellness initiatives in place at Ascension, led by our residents, championed by our faculty, and supported by the GME staff, responded to resident needs so ably.

– Sheryl Wissman, MD, Chief Medical Officer, Ascension Providence Rochester Hospital, Rochester, MI

I find myself privileged to be treating patients during this pandemic. Nothing has given me more happiness than being part of the team.

–APRH resident

[March] was physically and emotionally challenging, [but] I improved my knowledge and social and communication skills.

–APRH resident



APRH Residents



The Mission of the WSUGME Team

To lead and oversee innovative Graduate Medical education programs where physicians in training develop personal, clinical, and professional competence to provide exceptional patient care.

Tsveti Markova, MD (second from right): Senior Associate Dean for GME, Designated Institutional Official (DIO), Professor and Chair of the Dept. of Family Medicine and Public Health Sciences. Dr. Markova oversees the ACGME accreditation for programs and the institution. She is a national leader in graduate medical education and the past chair of the AAMC GRA Steering Committee. Among other awards, Dr. Markova was honored with the 2018 Parker J. Palmer Courage to Lead award by the ACGME. She also served on the AIAMC Board of Directors, the AMA Redesigning Residency National Advising Panel, as well as the SEMCME Board of Directors.

Martha Jordan, MEd, C-TAGME (second from left): Administrative Director. Ms. Jordan ensures our programs' compliance with all ACGME requirements for accreditation. In 2019-20, she continued the wellness initiative with GME program coordinators and successfully onboarded the incoming residents through the COVID-19 pandemic. She is a member of the SEMCME Program Coordinator Workshop Planning and Finance Committees. Since May 2016, Ms. Jordan has served as Secretary of the Michigan Association for Medical Education.

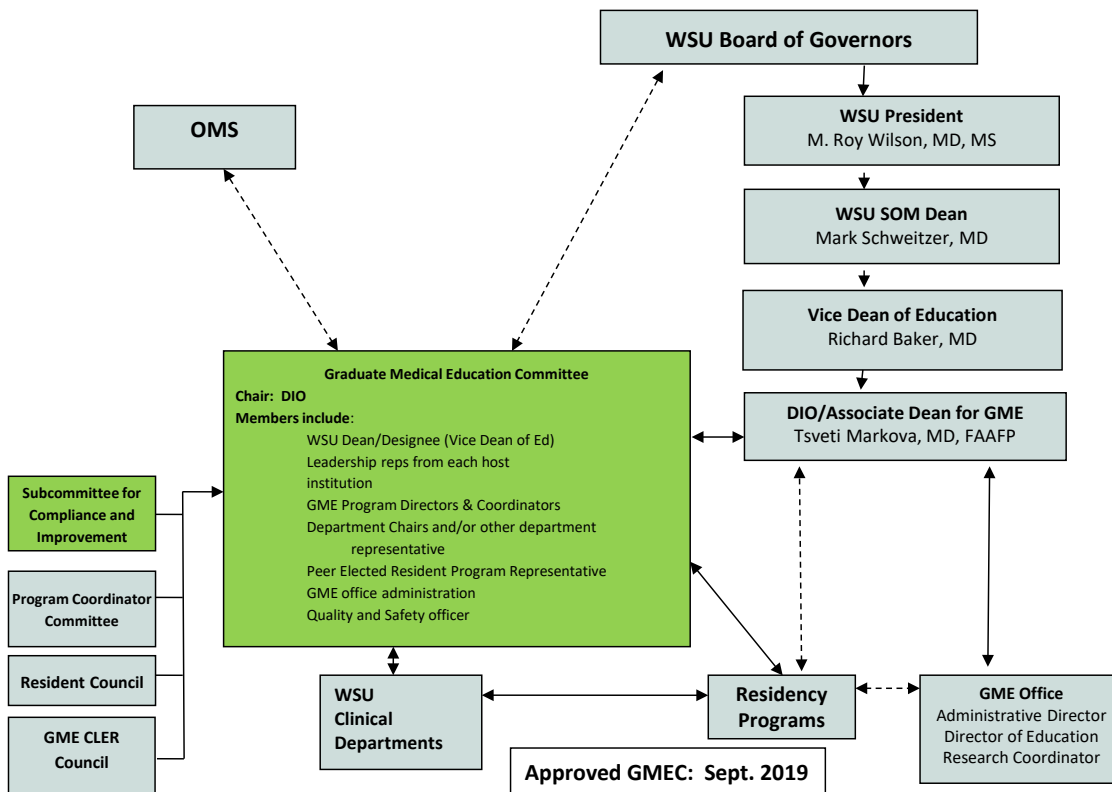
R. Brent Stansfield, PhD (at left): Director of Education, GME. Dr. Stansfield is dedicated to effective program evaluation and promotes inclusive leadership and professional development for residents and faculty. Trained as a cognitive psychologist, he has worked in medical education for over 19 years. At WSUGME, he implemented the Developing Active Resident Teachers (DART) and Developing Effective Faculty Teachers (DEFT) programs and created a Dashboard-based program evaluation system. He spearheaded the Resident Wellness initiative, leading to national recognition by the ACGME and residency programs nationwide.

Heidi Kenaga, PhD (at right): Research Coordinator. Dr. Kenaga produces manuscripts on evaluation and research outcomes, assists residents and faculty with their scholarship, and manages the GME Seed Grant Program. She administers the annual OSCE/OSHE clinical-skills training and for 2020 developed an OSCE case involving health disparities. As the GME communication specialist, Dr. Kenaga edits the *Residency Times* newsletter, maintains the WSUGME website, and creates GME reports. She also collaborates with WSUSOM marketing staff in promoting GME residency programs.

A Powerful GME Hospital Partners Network



WSU Organizational Chart



Strategic Objectives

- » **Create** national visibility on innovative medical education initiatives
- » **Leverage** the ACGME Next Accreditation System (NAS) and Clinical Learning Environment (CLER) to improve patient care
- » **Educate** faculty, PDs, residents and staff on competencies and milestones
- » **Promote** well-being in the clinical learning environment
- » **Advocate** for increased GME slots and funding to meet the state and national need for providers: MIDOCS



Our Entering Trainees Are Strong

 **100% MATCH RATE**

**9% GRADUATED FROM
THE WAYNE STATE
SCHOOL OF MEDICINE**

**41% GRADUATED FROM
MEDICAL SCHOOLS IN
THE UNITED STATES**

“

In 2020, **WSUGME** programs were filled completely with residents who chose our programs and whom we chose as promising trainees

Board Passage Rates/Residents' Future Plans

Over the past 5 years, 97% of residents trained in GME programs passed their specialty boards on their first attempt

WSUGME programs develop residents' clinical and professional competencies to provide safe, high-quality, equitable, and patient-centered care. From a rigorous orientation process to robust patient care experiences under the supervision of WSU faculty physicians and researchers, residents graduate prepared to enter the physician workforce in a variety of settings, including clinical practice, academic medicine, fellowship training, and more. GME programs achieve impressive board passage rates: from 2016 through 2019, 100% of our Dermatology, Family Medicine, Otolaryngology, and Urology graduating residents passed their specialty boards, and Internal Medicine and Anesthesiology residents achieved an 80% or higher pass rate.

93%

of our graduates feel prepared to pass their **SPECIALTY BOARDS**

100%

of our graduates feel prepared to provide clinical care in their chosen specialty, for additional training, or for **CLINICAL PRACTICE**

71%

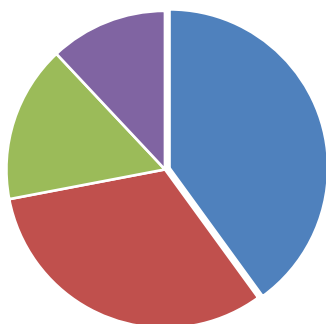
of exit survey respondents reported that they **PARTICIPATED IN THE EDUCATION OF STUDENTS, RESIDENTS, OR FELLOWS**

90%

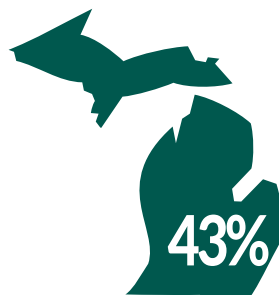
of exit survey respondents agreed that their residency training **PREPARED THEM TO FIND A DESIRABLE JOB OR FELLOWSHIP**

Residents' Future Plans

2020 Graduates



- Fellowship
- Hospital Based Practice
- Private Practice
- Undecided

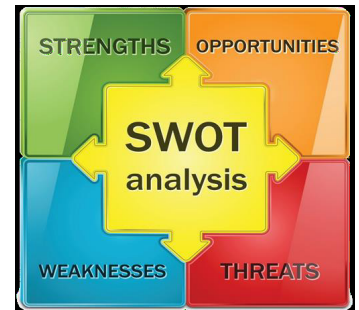


plan to practice in **MICHIGAN**

Operational Excellence

Goals:

- » To enhance, centralize, and monitor the quality of graduate medical education while promoting growth and clinical partnerships
- » To oversee the educational, human resource, financial, and ACGME accreditation processes of residency and fellowship training programs sponsored by Wayne State University
- » To carry out a comprehensive, data-driven Annual Institutional Review (AIR) to assess performance indicators, including Self-Study visit outcomes, ACGME and GME survey results, and program accreditation statuses; identify program strengths and weaknesses; and create an Action Plan that addresses institution-wide needs in the era of NAS (Next Accreditation System)



At the Oct. 2020 AIR, attendees participated in a SWOT exercise.

SWOT Item	Summary of Key Themes
Strengths	Participants identified the scope of the CLER focus areas (patient safety, teaming, supervision, professionalism, healthcare quality, and wellness) as a strength of GME programs. The consistently high board passage rates were another notable feature, evidence of robust training. Outstanding levels of resident engagement in research and QI initiatives were impressive, and attendees pointed to GME and Wayne State University as resources that helped create high-quality program activities. They also identified the Resident Council as an organization that fosters resident engagement and commitment.
Weaknesses	The lack of a major hospital affiliation with WSUSOM was cited as a limitation and created uncertainties for both current and prospective residents and faculty. Participants also felt that financial support from WSU for research and educational activities was waning in favor of greater emphasis on clinical activities. The geographic spread of the clinical sites creates some disconnect among residents and faculty. Faculty recruitment remains a challenge for several programs.
Opportunities	Attendees felt GME should take full advantage of the resources available in a large metropolitan area by pursuing partnerships with organizations and advocacy groups outside the immediate orbit of Wayne State or the School of Medicine. State and regional groups may offer fresh solutions to problems that GME continues to address. Pursuing avenues for greater levels of activism and community engagement might enrich residents' awareness of how location and context impact the healthcare landscape.
Threats	The COVID-19 pandemic continues to have a large impact on residents in terms of didactics, clinical care, scholarship, and wellness activities. Program Directors and Program Coordinators have faced revised Board exam scheduling, delayed ERAS deadlines, shift to online interviewing and virtual site tours, and postponed self-studies and site visits. Accreditation and licensing requirements continue to undergo frequent changes. GME began working remotely, with onboarding, New Resident Orientation, the OSCE/OSHEs, and all meetings and administrative work conducted as virtual activities. However, residents, faculty, and staff were able to adjust quickly to new conditions and met this challenge successfully.

All 2019-20 Goals Accomplished

#	Goals	Pg
1	Continued to provide oversight and support for program accreditation and state funded GME growth (MIDOCS)	9
2	Supported faculty and resident scholarly activity to promote an environment of inquiry in each program; refine and promote Seed Grant applications	14
3	Strengthened program and institutional annual evaluation process (APE & AIR) and enhance dashboards, using CQI methodology	16
4	Enhanced program and institutional initiatives on Resident Wellness	19
5	Utilized the Kado Clinical Skills Center for evaluation and teaching of communication and transition of care skills; created Health Disparities case	21
6	Expanded DART (Developing Active Resident Teachers) and launch DEFT (Developing Effective Faculty Teachers) program and involve more residents and faculty	23
7	Implemented professional development for Program Directors, Program Coordinators, and faculty	24
8	Revised Evaluation Project – Create multi-source evaluations, constructive feedback, and self-directed learning plans	25
9	Empowered Resident Council – Assist in defining their role and empower them to accomplish their goals	26
10	Expanded communication and marketing strategies – Greater institutional, regional, and national visibility; <i>Residency Times</i>	27
11	Created curriculum map aligned with competencies and ACGME Common Program requirement areas	28



ACGME Institutional and Program Accreditation



Institutional Accreditation Status:

- » *ACGME Maximal Accreditation Until 2026*
- » *No citations, with commendation*

Our Residency Programs

As a Sponsoring Institution, the WSU School of Medicine received the maximum accreditation from the Accreditation Council for Graduate Medical Education (ACGME), with no citations. The School of Medicine sponsors 8 GME residency programs. In 2019-20, WSUGME received only a total of 5 individual program citations: 3 for educational program, and 2 for program personnel and resources. We are taking action to assist individual programs, since no overarching institutional trends are evident. Below is each GME residency program, its current accreditation status, and its scheduled self-study date. The two programs whose self-study dates were delayed by the pandemic are noted with an asterisk.

Program	Accreditation	Self-Study Date
Preventive Medicine	Initial Accreditation	7/1/2020*
Urology	Continued Accreditation	6/1/2020*
Otolaryngology	Continued Accreditation	8/1/2022
Family Medicine - Urban Track	Continued Accreditation	5/1/2023
Dermatology	Continued Accreditation with warning	7/1/2023
Internal Medicine	Continued Accreditation	9/1/2023
Transitional Year	Continued Accreditation	11/1/2023
Anesthesiology	Continued Accreditation	10/1/2026



Excellence in Learning and Teaching

2019-20 ACGME Survey Results

ACGME survey results from 2019-20 show performance at or near national averages. We are dedicated to improving these ratings even further in the 2020-21 academic year.

Residents

82% positive, 10% negative, mean 3.9

2019-2020 ACGME Resident/Fellow Survey - page 1

Survey taken: January 2020 - June 2020

Programs Surveyed 7

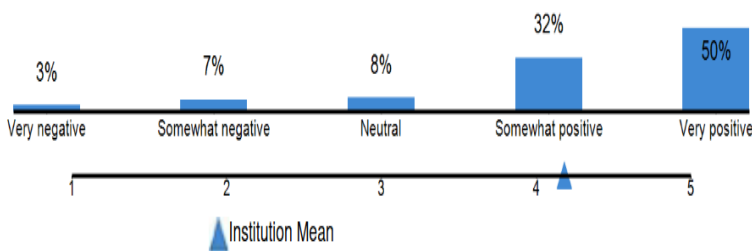
259504 Wayne State University School of Medicine - Aggregated Program Data

Residents Responded 116 / 122

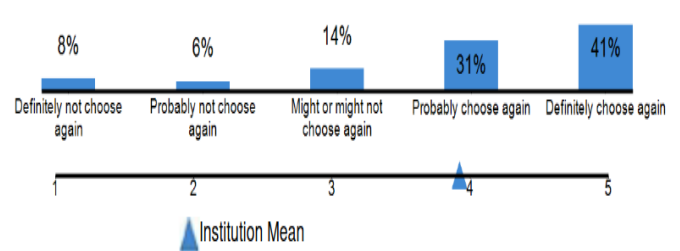
Response Rate 95%

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

Residents' overall evaluation of the program



Residents' overall opinion of the program



Faculty

Faculty: 100% positive, mean 4.7

2019-2020 ACGME Faculty Survey - page 1

Survey taken: January 2020 - June 2020

Programs Surveyed 7

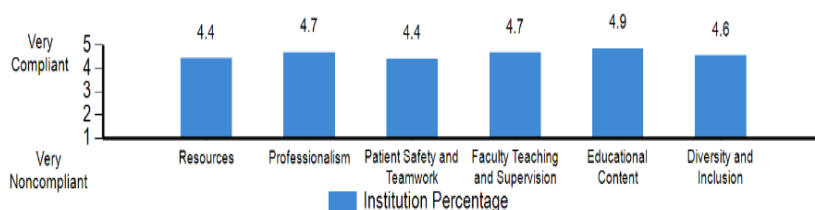
259504 Wayne State University School of Medicine - Aggregated Program Data

Faculty Responded 40 / 41

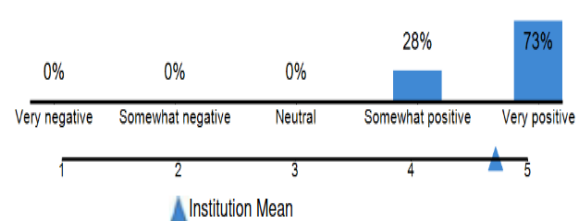
Response Rate 98%

National data has been omitted from this administration of the survey based on complications resulting from the COVID-19 pandemic.

Institution Percentage at-a-glance



Faculty's overall evaluation of the program





State-Funded GME Growth



In 2017, the Michigan legislature appropriated funds for MIDOCS, a partnership among the state’s Department of Health and Human Services and medical schools at Wayne State University, Michigan State University, Central Michigan University, and Western Michigan University. MIDOCS is designed to encourage medical students to consider primary care by providing educational debt relief for those willing to make a commitment to serve in a state-designated underserved community. The program offers partial tuition reimbursement to those who complete residency training and subsequently practice for 2 years in underserved areas. MIDOCS residents must also agree to forego any subspecialty training for at least 2 years postresidency. Based on workforce analysis, WSU developed two MIDOCS programs:

MIDOCS Options	Features
Family Medicine Urban Track (FM-UT)	Designed for physicians with a strong interest in providing primary care to underserved populations in urban or rural settings and a commitment to community health and addressing health disparities. Residents will train at Community Health and Social Services and complete most of the inpatient rotations at Henry Ford Hospital in Detroit. Public health degree/certification is available through WSU. The first two FM-UT residents began their training in July 2019.
Preventive Medicine Program (PM)	Designed to prepare physicians for leadership roles in academic or clinical preventive medicine, healthcare management, or clinical epidemiology. Residents will train at Covenant, Health Centers Detroit Foundation, the Wayne County Dept. of Health, and Veterans and Community Wellness. Residents are required to enroll (tuition free) in the MPH program offered by WSU’s Dept. of Family Medicine and Public Health Sciences. The first PM residents (below) began their training in July 2020.

WSUGME is pleased to offer these new options to medical students in Michigan and nationwide. The FM-UT and PM residencies supported by MIDOCS will build on WSUSOM’s commitment to urban clinical excellence; provide improved access to quality healthcare for underserved populations; offer residents the challenges and rewards of practicing in underserved urban areas while reducing their educational debt; and position residents as trailblazers in the creation of a sustainable high-quality, high-value healthcare delivery system in Michigan.

Growing up in a developing country like Ethiopia, I witnessed first-hand the devastating impacts of poverty, health disparities and civil wars in my community. Preventive Medicine is now more important than ever to close the health disparity gap that exists in the US.



Preventive Medicine inaugural residents Dr. Abdullah Hafid and Dr. Beza Sahlie

– Dr. Beza Sahlie
Preventive Medicine
Class of 2020



ACGME CLER Initiatives:

Building An Effective Clinical Learning Environment



WSUGME is committed to continuous quality improvement in the clinical learning environment. The Accreditation Council for Graduate Medical Education (ACGME) conducts a Clinical Learning Environment Review (CLER) at Ascension Providence Rochester Hospital (APRH), home to WSUGME's Internal Medicine, Family Medicine, and Transitional Year programs, to provide hospitals with feedback in six focus areas (below). The CLER Council, comprising the GME Associate Dean, GME staff, the APRH Chief Medical Officer and the APRH Director of Quality Improvement, program leadership, faculty, and resident representatives, meets monthly (now virtually) to monitor performance and compliance in the CLER areas. Because of the COVID-19 pandemic, the next CLER site visit that had been scheduled for February 2020 will now be held in spring of 2021.

The table below summarizes APRH's current practices in the six focus areas:

CLER Focus Area	APRH Practices
Patient Safety	Residents attend daily Safety Huddles, led by faculty, and end-of-the week SERTS; they also participate in monthly M&Ms. All programs participate in quarterly, hospital-wide, QIPS conferences followed by RCAs. Faculty lead the Huddles, and Associate Program Directors regularly attend SERTS, M&Ms, and QIPS/RCAs. Residents are trained about and consistently report errors and near-misses in the hospital's electronic error reporting system.
Teaming (Transitions of Care)	In transfers between services, floors, ED, and the ICU, residents use an effective mnemonic (SAIF-IR) to ensure uniformity in both verbal and written communication. SAIF-IR is taught during the GME Orientation and during clinical skills center training (OSHE), and adherence to the policy is closely monitored by program faculty. As a result, 100% of residents reported awareness of the required mnemonic in 2019.
Supervision	The SUPERB/SAFETY model is used by most residents who seek and attendings who provide direction in the provision of care. Perfect Serve provides contact information 24/7 for most on-call providers. Program faculty update supervision policies regularly and make them readily available to residents.
Professionalism	APRH supports the ideals, values, and behaviors of professionalism in all aspects of medical training. The majority of residents report working in a respectful environment. In 2019-20, both IM and FM conducted QI projects with interventions to monitor and reward professional behaviors among residents.
Healthcare Quality/ HC Disparities	In the past 4 years, 100% of residents participated in Quality Improvement projects. In 2019-20, Family Medicine piloted a health care disparities curriculum as a QI project that will continue this year, and GME has established a Health Disparities Task Force to incorporate an HD curriculum as a formal part of residency training. Also, GME included an SP case involving health disparities in its 2020 clinical communication skills-building activity (OSCE), required of all interns and PRG-2s.
Wellness	WSUGME has implemented a comprehensive Resident Wellness Initiative. All three APRH residency programs have active, resident-run Wellness Committees, each with faculty champions. IM began a mentorship program in 2020, matching each resident with a faculty member, and FM residents are expanding a Wellness QI project by conducting interviews with residents on meaningful work.



Quality Improvement (QI) Projects

WSUGME residency programs continued their high levels of productivity in designing, conducting, and presenting outcomes for quality improvement (QI) projects. This was particularly true for the Dermatology, Internal Medicine, and Transitional Year programs, all of which achieved a 100% rate of participation by their residents in QI projects. The average rate of involvement was an impressive 73% (see table below).

Because of the pandemic, the 9th Annual QI Research Day could not be held at Ascension Providence Rochester Hospital, but WSUGME and program leadership produced a compendium of abstracts to acknowledge residents' work and their dedication to the principles of quality improvement in the clinical setting. Subsequently, 22 residents had their QI research accepted as virtual presentations at the 2020 Michigan Summit on Quality Improvement, Patient Safety, and Wellness, and 4 residents at the 2020 SEMCME Annual Research Forum.

Improving patient outcomes, efficiency, and profitability via QI projects are the ways we will improve our experience as healthcare providers. In addition, the exercise of identifying a problem, digging down to the real root cause, suggesting a change that might bring about improvement, and subsequently following through on verification of the corrective action improves our critical thinking abilities.

—APRH resident

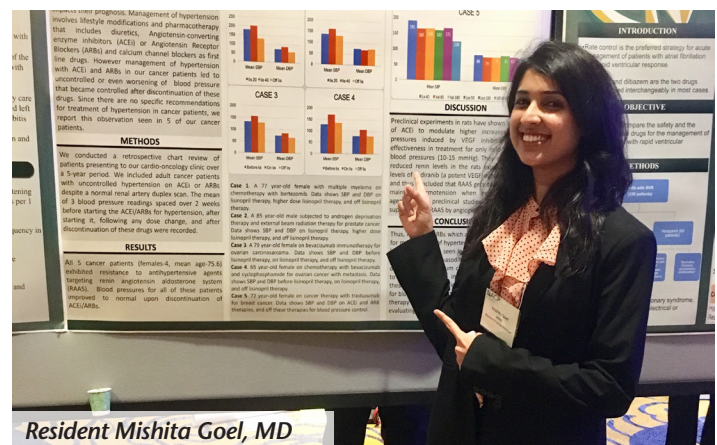
Program	# of Residents Involved in QI Projects/Total Residents	Percentage
Anesthesiology	14/19	76%
Dermatology	12/12	100%
Family Medicine	18/20	90%
Internal Medicine	36/36	100%
Otolaryngology	4/20	20%
Transitional Year	4/4	100%
Urology	2/12	17%
2019-20 TOTAL	90/123	73%
2018-19 TOTAL	91/112	81%
2017-18 TOTAL	91/129	71%



Resident FNU Sourabh, MD



Resident Ankita Aggarwal, MD



Resident Mishita Goel, MD



GME Scholarship: Publications, Presentations

The Office of Graduate Medical Education has an ongoing program of research on resident training, evaluation and assessment, and program improvement. GME research topics include the incorporation of Continuous Quality Improvement methods into evaluation; standardizing transitions of care in the hospital setting; and effectiveness of OSCEs in assessing and enhancing resident clinical communication skills (see pp. 21-22). GME's innovative research on measuring resident wellness using our Resident Wellness Scale is reaching a national audience (see p. 19).

Publications

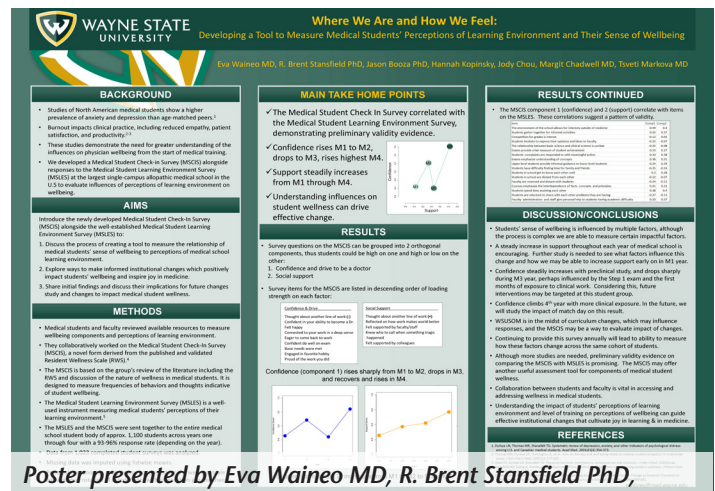
- » Stansfield RB, Markova T, Baker R. Integration of Continuous Quality Improvement methods into annual program and institutional evaluation. *J Grad Med Educ.* 2019;11(5): 585-591.
- » Stansfield RB, Markova T. (Spring 2021). Building a culture of well-being in primary care resident training programs. *Ochsner Journal.*

Manuscripts in Review

- » Markova T, Stansfield RB, Kenaga H. A Bayesian Approach to Synthesizing Qualitative and Quantitative Metrics in Graduate Medical Education Program Assessment. Under review by *Evaluation and the Health Professions.*
- » Kenaga H, Markova T, Stansfield RB, Kumar S, Morris P. An OSCE Opioid Management Case: Standardized Patient Ratings of Communication Skills as a Predictor of Systems-Based Practice (SBP) Scores. Under review by *Journal of Patient-Centered Research and Reviews.*



Dr. Tsveti Markova (Associate Dean of Graduate Medical Education) presents GME research on our OSCE opioid management case at the November 2019 AAMC Learn-Serve-Lead annual meeting in Phoenix, Arizona



Poster presented by Eva Waino MD, R. Brent Stansfield PhD, Jason Booza PhD, Hannah Kopinsky, Jody Chou, Margit Chadwell MD, Tsveti Markova MD

Presentations

- » Waino E, Stansfield RB, Booza J, Kopinsky H, Chou J, Chadwell M, Markova T. Where we are and how we feel: Developing a tool to measure medical students' perceptions of learning environment and their sense of well-being. Poster presented at the 2019 American Conference on Physician Health, Charlotte, NC, Sept. 19-21.
- » Markova T, Stansfield RB, Kenaga H. An Objective Structured Clinical Examination (OSCE) opioid management case: Correlations with residents' Systems-Based Practice (SBP) milestones. Poster presented at 2019 AAMC Learn-Serve-Lead annual meeting, Phoenix, AZ, Nov. 8-12.
- » John R, Eventov M, Ahmed A, Stansfield RB, Waino E. Walk with a doc: A student-run wellness and mentorship initiative. Poster presented at 2019 WSUSOM Medical Education conference, Detroit, MI, Dec. 2.
- » Markova T, Stansfield RB, Kenaga H, McCready T, Kumar S. A three-year study of resident handoff training using the SAIF-IR mnemonic to standardize transitions of care. Poster accepted for 2020 GRA ORR annual meeting, Chicago, IL, April 26-28. [conference cancelled]
- » Jordan M. Program coordinators need help: Less chaos, more job satisfaction. Poster accepted for the 2020 Association for Hospital Medical Education conference, Ft. Lauderdale, FL, May 13-15. [conference cancelled]



Resident/Faculty Scholarship/Seed Grants

GME fully supports and actively encourages resident and faculty scholarship, providing research design assistance, consulting on basic statistical methods, assisting with literature reviews, locating possible conference and publication outlets, and offering advice about the academic publishing process. GME supports resident research through a Seed Grant program, initiated in 2015 to provide trainees with a means to help subvent costs.

Tabular summaries of resident and faculty scholarly activities for 2019-20 can be found to the right.

Seed Grant

Resident engagement in scholarly activity fuels innovation and helps ensure that physicians of the future will possess the skills necessary to support continued improvement in health care and provide effective patient care. To encourage resident participation in scholarly activities, WSUGME offers a Seed Grant program, with competitively awarded grants in amounts up to \$2,500.

2019-20 Seed Grant Awardees

Kazanowski & Morris, Family Medicine resident and FM Program Director (Ascension Providence Rochester Hospital)

- » Awarded \$2,000
- » Project: *Health, Happiness, and Doctor-Patient Relationships: A Primary Care Study*

Lahori & Krishnan, Anesthesiology resident and Anesthesiology Program Director (St. Joseph-Mercy Hospital Oakland)

- » Awarded \$2,000
- » Project: *Are Adductor Canal Blocks with Bupivacaine and Magnesium Better for Managing Post-operative Pain than with Bupivacaine Alone in Patients Undergoing Outpatient Total Knee Arthroplasty?*

Resident Scholarly Activity 2019-20

Program	PMIDs and Book Chapters	% Res w/ PMID Pubs	Conf/Poster Presns	% Res w/ Presns
ANES	7	37%	17	68%
DERM	20	33%	8	58%
FM	5	25%	45	85%
IM	6	36%	58	100%
OTO	11	42%	26	84%
TY	5	50%	8	80%
UROL	6	50%	6	50%
TOTAL	60	27%	168	75%

Faculty Scholarly Activity 2019-20

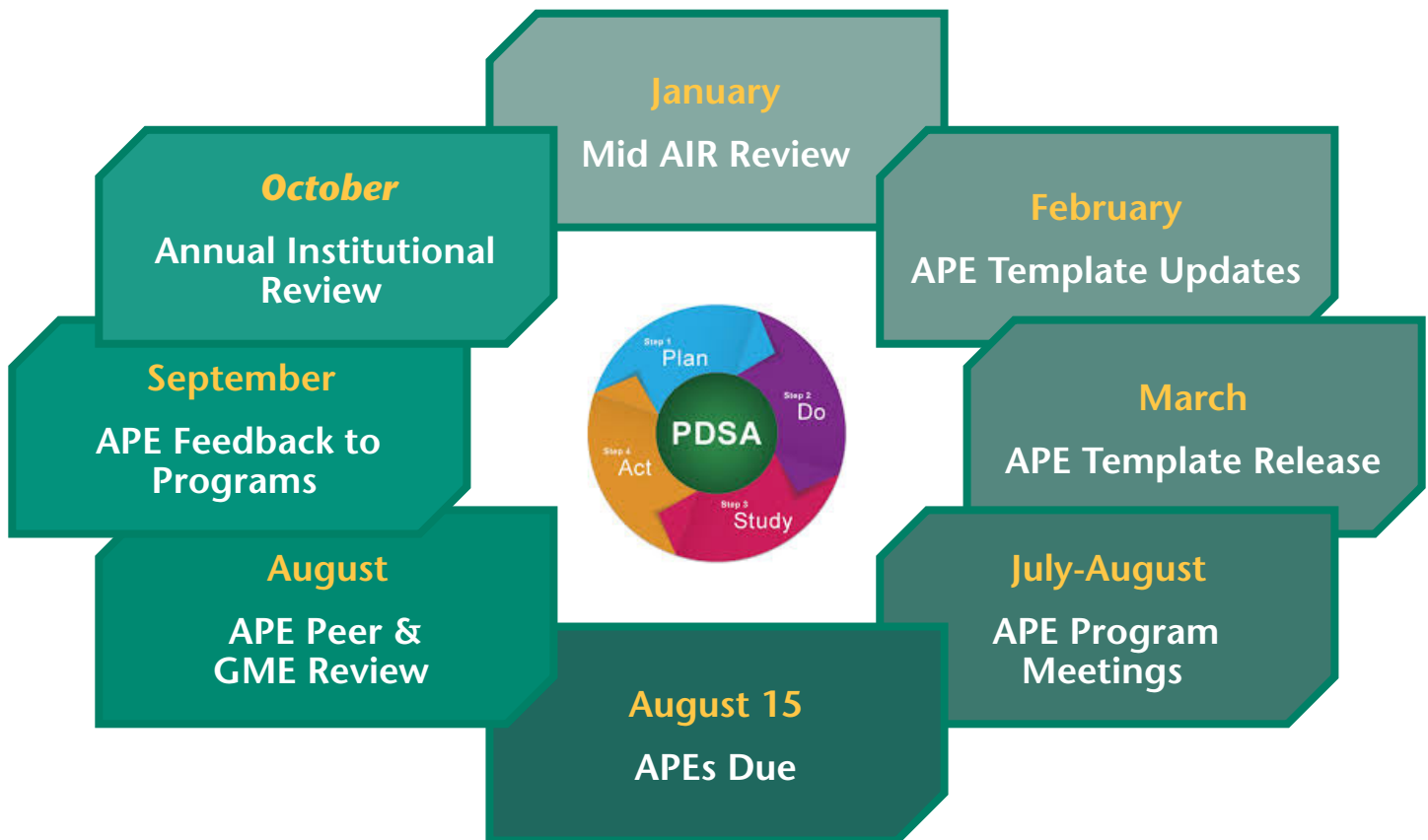
PRGM	All PMIDs and Book Chptrs	# of Core Fclty w/ at least 1 PMID	Non-PMID Pubs	Fclty w/ Ldrshp Role	Conf Poster Presns	Other Presns
ANES	11	5	1	2	12	5
DERM	25	4	8	4	10	16
FM	7	2	2	3	17	0
IM	7	3	22	5	70	6
OTO	52	10	10	13	31	54
TY	5	1	2	2	6	0
UROL	9	2	10	3	2	10
TOTAL	116	27	55	32	149	91



Annual Program Evaluation (APE) Cycle Using Continuous Quality Improvement (CQI)

WSUGME guides the Continuous Quality Improvement (CQI) of our programs through an annual cycle built on the Plan-Do-Study-Act (PDSA) model. WSUGME has developed dashboards, surveys and process-planning exercises to foster an environment of ongoing improvement across all programs. We use a data-driven approach to set goals, measure outcomes, evaluate results and reflect on next steps. After a mid-year annual institutional review in January, we began a process of program review, an Annual Program Evaluation (APE) in which programs assess performance relative to specified goals. In 2019-20, WSUGME delayed this cycle to adapt to disruptions caused by the COVID-19 pandemic.

The pandemic precluded some program evaluation information, but the WSUGME's annual GME Survey of residents and faculty was conducted in the fall of 2019 and served as a robust data source for programs' review. As in previous years, the review involves the Program Director, Program Coordinator, faculty, residents, and WSUGME. Programs generate individualized SMART goals for improvement based on the APE, each of which is followed up on using PDSA cycles monitored by Program Evaluation Committees (PECs).



WSUGME also sets SMART goals for its own internal activities and follows each of these with Plan-Do-Study-Act cycles. This process, which occurs simultaneously at the institutional and program levels, creates a culture of CQI wherein all stakeholders, from interns to the designated institution official, participate in the betterment of Wayne State residency education. For more details on our institutional- and program-level evaluation methodology, see pp. 17-18.



A Culture of Continuous Quality Improvement (CQI)

The Accreditation Council of Graduate Medical Education requires continuous program improvement as part of program evaluation for residency training institutions and programs.

To operationalize a culture of Continuous Quality Improvement, WSUGME incorporated a SMART (Specific, Measurable, Accountable, Realistic, Timely) goal format for program and institutional aims and Plan-Study-Do-Act (PDSA) cycles for carrying out each action item. An example of a SMART goal with a PDSA cycle for a Hematology/Oncology rotation is shown at right.

2019 Sample Program Report

Action Item: Heme/Onc

Title of Action Item: Increasing educational effectiveness of Hematology/Oncology

Targeted Area of Improvement: Resident Performance: Medical Knowledge

S	M	A	R	T
Specific goal	Measure of outcome	Accountable persons	Reasonable result	Time for completion
Improvement of Hematology/Oncology ITE score by 50%	The following year ITE score.	Program Director and PEC committee members.	Expected to see an improvement of 50% in the ITE hematology/oncology scores of PGY 2 residents.	One year

PDSA Cycle Descriptions:

Cycle 1:

Plan	What are you trying to accomplish?	What will you do?			
	Improve hematology-oncology rotation's educational effectiveness by moving the rotation to Providence	All residents who score \leq 30th percentile on their ITE are required to meet with the PD or APD to generate a written reading and study plan. The study plan is, in part, driven by the ITE results noting content specific deficiencies. There is no "universal" or program-based study plan per se as we encourage residents to tailor the study plan to meet their specific learning styles and rotation schedules. Below is a sample template which can be utilized by those individuals requiring additional remediation in medical knowledge based on their ITE score.			
		<table border="1"> <tr> <td>Incorrect ITE question / subject</td> <td>Reference material</td> <td>2 knowledge points</td> </tr> </table>	Incorrect ITE question / subject	Reference material	2 knowledge points
Incorrect ITE question / subject	Reference material	2 knowledge points			

GME Survey 2019: SAMPLE PROGRAM REPORT

This report summarizes the 2018-19 GME Survey conducted in early November 2019.

The first part (starting on page 2) summarizes the Resident Survey, the second part (starting on page 12) summarizes the Faculty Survey.

All comments have been reviewed and coded by the GME Office into themes. This coding ensures anonymity by ensuring that the specific text of the comments is not spread and so residents cannot be identified by specific contents of their comments.

Comments are reported as a list of themes each followed by a parenthetical number indicating the number of respondents who espoused that theme. For instance, "Faculty are dedicated to education (3)." indicates that three individual respondents wrote comments indicating that the faculty showed interest in teaching and/or provided support to learners.



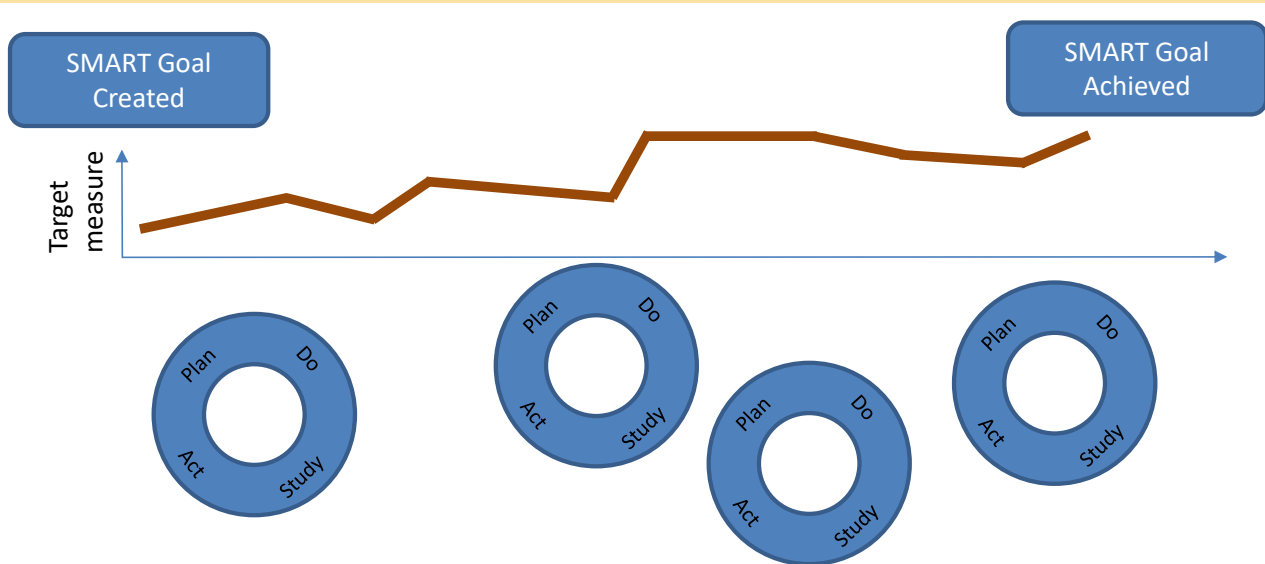
SMART Goals and Continuous Quality Improvement

SMART goals are a proven method of concretizing and documenting plans. The process of writing out Specific aims, identifying Measurable outcomes and Accountable parties, describing Realistic processes and setting Times for completion allow for precise project planning that enables institutions to act decisively and effectively.

During the annual program evaluation process, WSUGME works with programs to ensure their internal improvement plans are documented as SMART goals and that their completion is documented as a series of PDSA cycles. WSUGME itself sets SMART goals and Plan-Do-Study-Act improvement cycles as part of its annual institutional review.

For a detailed analysis of how GME operationalized a culture of continuous quality improvement to improve the institutional- and program-level evaluation processes and increase the quality and achievement of action items, see Stansfield, Markova, & Baker, "Integration of Continuous Quality Improvement methods into annual program and institutional evaluation," *Journal of Graduate Medical Education* 2019; 11(5): 585-591.

Use of PDSA to Achieve SMART Goals





GME Wellness Initiatives and Publications

The ACGME requires residency programs to track and assess changes in resident well-being, since the demands of clinical care place trainees at high risk of burnout, depression, substance abuse, and suicide. Resident burnout is associated with higher rates of medical error and thus can jeopardize patient care and safety.

WSUGME has long had a commitment to assisting their residency programs in building a culture of wellness through both institutional support and resident-led initiatives. Resident leadership is necessary since trainees are motivated to improve their own well-being and are in a position to provide the most accurate needs assessment. Concurrently, residents require institutional resources to carry out their ideas.

GME's Institution-Wide Wellness Initiative comprises promotion of employee wellness resources, prioritization of wellness at administrative meetings, and conducting program evaluation and assessment. The initiative combines WSU resources with resident leadership to affect well-being on multiple levels: self-care, peer support, and alignment with the institutional mission.

The pyramid diagram at the right is a model derived from Maslow's hierarchy of needs that can help medical education leaders optimize wellness interventions. Physicians' basic physical and mental health needs should be prioritized first, then patient and physician physical safety second, and then higher-order needs, such as respect from colleagues, patients, processes and the electronic medical record; appreciation and connection; and the time and resources to heal patients and contribute to the greater good third.



Shapiro DE, Duquette C, Abbott LM, Babineau T, Pearl A, Haidet P. *Beyond burnout: A physician wellness hierarchy designed to prioritize interventions at the systems level.* *Amer J Med.* 2019;132(5):556-563. Reprinted by permission of the author.

Creating the Tools Needed to Assess and Improve Resident Wellness

In 2017, GME partnered with Loma Linda University to develop the Resident Wellness Scale (RWS). This 10-item, validated instrument measures wellness as a positive construct, with items such as connectedness to meaningful work, life satisfaction, social support, and personal growth. The scale is targeted towards aspects of wellness relevant to residents and sensitive to changes in wellness over time. The RWS elicits residents' memories of thoughts and behaviors over the previous 3 weeks to produce an estimate of recent wellness level. GME administers the RWS biannually as part of an anonymous survey of residents' perception of their learning environment, medical curriculum, and professional development.

To serve the needs of the ACGME as well as offer opportunities for multi-site research collaboration, WSUGME has made the RWS available at no cost via an online portal. The ACGME now incorporates a portion of the RWS in its own Wellness Survey, distributed to thousands of residents nationwide.

Ochsner Journal will publish our research on "Building a Culture of Well-Being in Primary Care Resident Training Programs" in the spring of 2021. This study used RWS responses, a Graduate School Learning Environment Survey, and a qualitative Semi-Structured Resident Wellness Interview to provide evidence for the multiple dimensions of resident well-being, such as the importance of regular contact with family and a social support network outside the orbit of the residency program.



Program Wellness Initiatives and Projects

Nearly all GME residency programs have active Wellness committees with faculty champions. Prior to the pandemic, some programs organized regular outings that combined exercise and team-building, while others arranged casual gatherings for socializing and relaxation. In the primary-care residencies at APRH, ongoing wellness initiatives had been established as QI projects (see box below).

After the pandemic, resident well-being became an especially pressing concern, and the APRH programs developed specific interventions to counteract the effects of psychological and emotional stress, such as holding mini wellness education sessions, staying in close contact through electronic channels, and providing information and resources to encourage self-care. The CMO of APRH, Dr. Sheryl Wissman, organized a “Grief in the Time of COVID” session for hospital healthcare providers, which was well attended by residents.



Program Wellness Projects

» *Improving Resident Wellness Through a Formal Wellness Curriculum*

Michael Duarte, MD, Ashley Aragona, MD, Brent Stansfield, PhD, Tess McCready, DO, Elizabeth Towner, PhD

» *Establishment of a Program Wellness Committee: Faculty, Resident Partnership for Addressing Wellness Issues*

Victoria Gonzalez, MD, Bernadette Schmidt, MD, Neeharika Ralh, MD, Mohammad Fityan, MD





Objective Structured Clinical Examination (OSCE) Pain Management Case

WSUGME requires that all PGY-1 and PGY-2 residents in every program participate in a clinical simulation exercise, an Objective Structured Clinical Examination (OSCE) held in the Wayne State University School of Medicine’s Kado Clinical Skills Center each summer. In the OSCE, participants’ communication skills are assessed across four simulated patient encounters. In 2020, the case topics included error disclosure, interprofessional communication, pain management, and health disparities/cultural competency. The pain management case, introduced in 2018, addressed the Michigan Dept. of Health and Human Services guidelines regarding opioid prescription.

In the OSCE, we seek to enhance resident skills in two types of communication: Clinical Communication (shared decision-making, avoiding jargon, making sense) and Patient Communication (interpersonal demeanor, empathy, rapport). The graph below depicts the improvement seen in one resident from Year 1 (2019) to Year 2 (2020) following the OSCE training activity. The growth trend shown in emotional communication and perspective taking indicates the value of the OSCE exercise for assessing clinical communication skills.

WSUGME will continue to require that every PGY-1 and PGY-2 resident participate in the summer OSCE training activity. One new case is introduced each year; in 2020, GME collaborated with the Kado Center to produce a health disparities case, “Terry Phillips” (see p. 22).

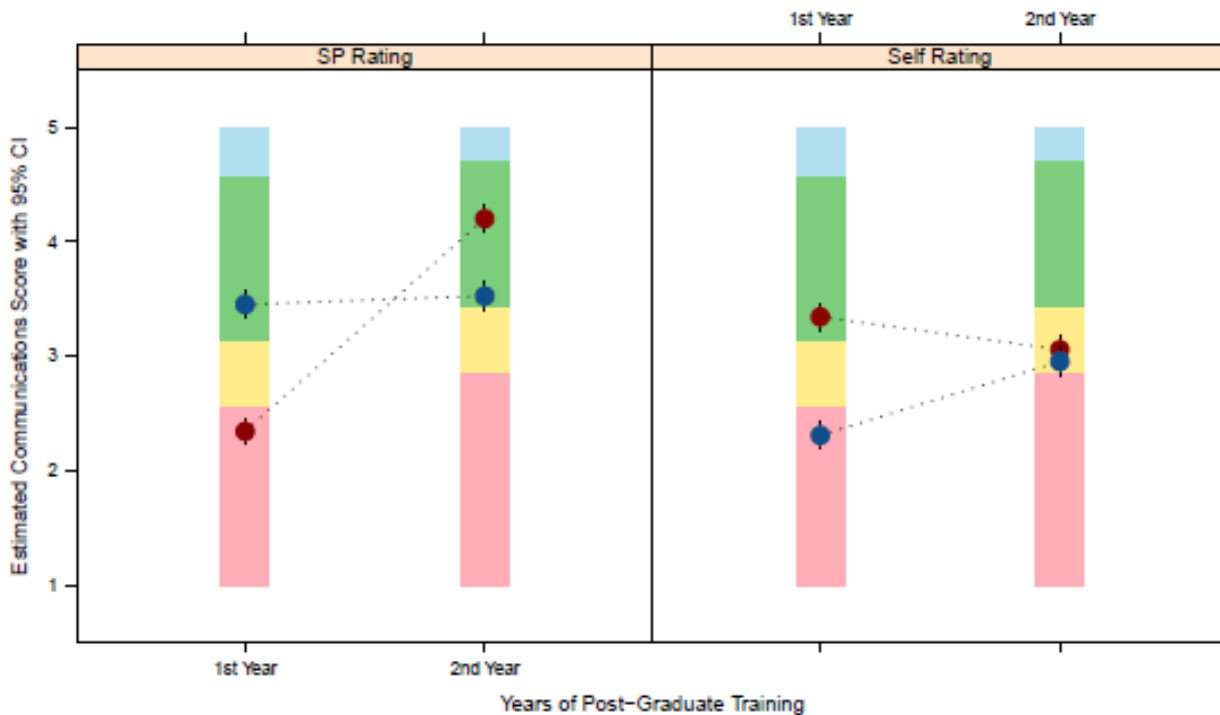


Figure 1: Estimated communication skills over time: dark red: emotional communication and perspective-taking, dark blue: communicating about treatment options and systems of care



Objective Structured Clinical Examination (OSCE) Health Disparities Case

Following the mission of Wayne State University, the School of Medicine, and ACGME mandates, WSUGME will require all residency programs to incorporate health disparities education as a component of residency training by the 2021-22 academic year. To assist in this process, GME created a Health Disparities Task Force in the summer of 2020.

GME introduces interns to health disparities concepts as part of New Resident Orientation via online modules and brief presentations, and several programs have conducted health disparities QI projects or interventions. In addition, as a means to assess residents' clinical communication skills and understanding of how patients in communities of color may have less trust in medical treatment as a result of historical injustices, GME adopted a health disparities case for its annual Objective Structured Clinical Examination (OSCE) training activity in 2020. The clinical encounter is evaluated by the simulated patient using the Kalamazoo Essential Elements Communication Checklist (Adapted). Following a short debrief session with a faculty champion, a recording of the session is provided to the resident and her/his faculty mentor for review and discussion.



Image licensed from Shutterstock.com

OSCE Health Disparities Case: "Terry Phillips"

This case was available through the WSU School of Medicine's Kado Clinical Skills Center, which maintains an archive of simulated-patient cases for adoption in undergraduate or graduate medical education. GME administered the case for the first time in the summer of 2020 and will repeat the case in 2021.

Scenario: Terry Phillips is an African American male (66) who is in the clinic to discuss a letter he received from his insurance company suggesting he receive a flu shot. He was recently seen for his diabetes, hypertension, high cholesterol, and chronic

obstructive pulmonary disease. All conditions were well controlled and refills were prescribed. The medical assistant notes that the patient has no other complaints other than concerns about the safety of the flu shot. He does not want to take the shot despite the fact that he is considered high risk and needs the flu shot to comply with insurance. Terry has family history with the Tuskegee Syphilis Study that has created mistrust of healthcare systems and contributes to his resistance to receiving a flu shot.

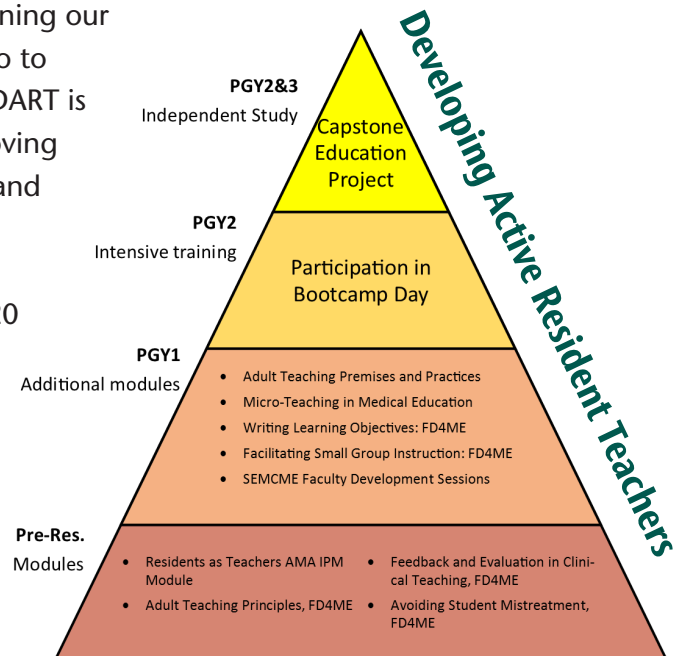
Learner Objective: The physician will elicit the patient's perspective on vaccinations, respond to their mistrust in healthcare systems, and counsel the patient on flu prevention.



Developing Active Resident Teachers (DART) Program

Our dedication to educational excellence involves training our residents not only to be outstanding clinicians but also to develop their communication and educational skills. DART is a focused curriculum to guide residents toward improving their own knowledge and skills in medical education and to contribute educational content to their programs. WSUGME awards participants with a certificate upon completion of the program (see below for the 2019-20 awardees and a brief description of their projects). Although in the past DART was conducted twice a year as a “live” event in the fall and spring, the May 2020 DART session, held virtually, was so successful that GME will continue to offer program sessions as online webinars.

The pyramid diagram to the right illustrates the successive stages of the DART program curriculum.



2019-20 DART Program certificate awardees

Elliot Harmon, MD (Anesthesiology)

Title: A Curriculum for Echocardiography (TTE and TEE) Rotation

This project involved a knowledge assessment/test in the beginning and end of the rotation as evidence of its impact and a guide to both educational materials and syllabus about how to progress through the material.

Lisa Bedford, MD, Reema Habra, MD, and Sarah Utz, MD (Dermatology)

Title: Improvement in Dermatology Book Club Program Presentations

This project redesigned weekly book clubs covering textbook chapters to be more interactive as a means to increase knowledge retention and clinical application of covered material. Case presentations, kodachromes, pathology slide photos, and board-style questions were incorporated into the presentations for group discussion and participation among all residents and faculty.

Ben Maynard, MD (Family Medicine)

Title: Teaching Health Disparities

This project involved designing and implementing an interactive didactic series addressing health disparities, the difference in health outcomes between populations, and the closely-tied social determinants of health, which include income, demographics, housing, and access to social resources. These often sensitive topics required an interactive approach by which we were able to identify resident knowledge and skill deficits.

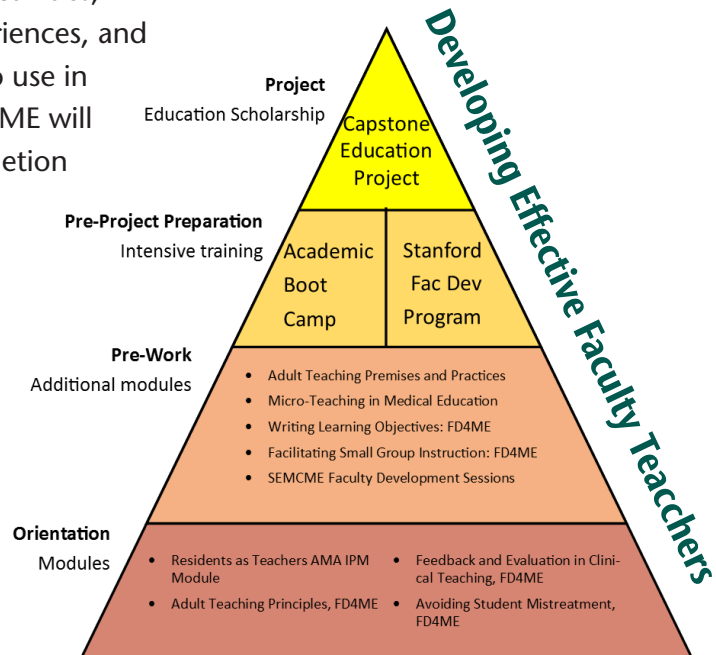


Developing Effective Faculty Teachers (DEFT) Program

The DEFT program is designed to strengthen the educational skills of our faculty. Participants have access to a peer network of support, complete a series of online learning activities, participate in formative interactive learning experiences, and develop effective curricular or assessment tools to use in their program and publish as scholarship. WGUGME will reward participants with a certificate upon completion of the program.

The DEFT program is offered twice a year, concurrently with the DART program, in the fall and spring. Given the success of the DART/DEFT session conducted as an online event in the spring of 2020, going forward GME will conduct the program as virtual activities, employ a distance learning model, and increase the number of sessions from two to three per year.

The pyramid diagram to the right illustrates the successive stages of the DEFT program curriculum.



Program Coordinator Professional Development

GME Poster for 2020 Association for Hospital Medical Education meeting

Title: *Program Coordinators Need Help: Less Chaos, More Job Satisfaction*

Presenter: Martha Jordan, GME Administrative Director

The residency program coordinator position has become a more complex project managerial role. Some coordinators are not equipped to handle this transition, leading to burnout and decreased job satisfaction. GME developed a PC Workbook, working with coordinators to identify key contents by specialty, such as information required by boards, ACGME specialty requirements, and clinic and hospital site policies. The program coordinators also participated in a workshop conducted by WSU Human Resources staff about time management and efficiency. After implementing this intervention, coordinators felt more confident in understanding of what was needed to successfully administer their specialty residency programs. GME has found improved rates of documentation completion and institutional compliance as well as standardized procedures, resulting in improved program coordinator wellness through more job satisfaction.



Resident Evaluation Strategies

Strategies to Improve Resident Evaluation

GME meets regularly with all Program Directors and Program Coordinators to gather feedback about the current practices used to evaluate residents. This led to the development of a more individualized, multi-source evaluation system for 2019-20.

The Action items comprising that system are listed below.



Action item for 2019-20	Accomplished
GME staff have disseminated assessment instruments for direct observation to program directors	
WSUGME staff review evaluations on a quarterly basis to encourage compliance	
Instruments with mechanisms for provision of feedback are available in New Innovations	
Wellness Committees have been established in every residency program and are regularly sponsoring events	
Evaluation method has been adopted by three programs, in process at four programs	
Program Directors now introduce Individualized Learning Plans at semiannual meetings with each resident	



Resident Council (2019-20)

The Accreditation Council for Graduate Medical Education (ACGME) requires that the Sponsoring institution for all ACGME-accredited programs provide a confidential forum that allows residents to exchange information with other trainees about their working and learning environment. In order to meet this requirement, WSUGME schedules bimonthly meetings of the Resident Council (RC) comprising representatives of all programs. Each meeting has a period of time allotted to resident discussion of issues, with only residents in attendance.

Before the pandemic, the RC met on the main WSUSOM campus in Detroit, with audioconferencing available for those residents who were not able to attend in person. Subsequently, the meetings were held as virtual events.

Resident Council Officers:

- » President: Vera Pochtarev (PRG-3, Internal Medicine)
- » Vice President: Ben Maynard (PRG-2, Family Medicine)

Council Members:

- » Elliot Harmon (Anesthesiology)
- » Sarah Utz (Dermatology)
- » Cortney Cole (Family Medicine)
- » Michael Duarte (Family Medicine)
- » Thomas Jetmore (Otolaryngology)
- » Keith Pennycook (Transitional Year)
- » Jack Trebelhorn (Urology)



Vera Pochtarev, MD



Ben Maynard, MD



Resident Council members, summer 2019

2019-20 Action Items for the Resident Council:

- » Organizing and conducting the second annual Professional Development Symposium
- » Increasing participation in Council activities and events from residents in all programs
- » Establishing collaborative teaching and learning experiences with Wayne State University School of Medicine students
- » Exploring opportunities for residents to engage in volunteer work in Detroit communities
- » Contributing regular updates to the *Residency Times* newsletter
- » Promoting resident engagement in professional development events offered by regional organizations such as the Southeast Michigan Center for Medical Education (SEMCMCE)



GME Communication Outlets: *Residency Times*

GME produces a bimonthly resident e-newsletter, *Residency Times*. Each issue opens with a statement from the DIO, providing an overview of current events in the GME world. The newsletter contains updates about important program deadlines and GME as well as institutional activities, professional development opportunities, research resources, wellness events, resident conference presentations and publications, and awards received. Each issue contains both a Resident and a Faculty Spotlight, focusing on a research, teaching, or clinical interest of that individual. The Resident Council provides an update on their activities. In the spring of 2020, readers were invited to contribute personal narratives about their experiences during the COVID-19 pandemic (see below).

Residency Times is emailed to all residents, faculty, and WSUSOM leadership, and all published issues are available on the GME website. The newsletter is accessed by readers from around the world. The most popular features are the Resident Spotlights and resident research presentations and publications.

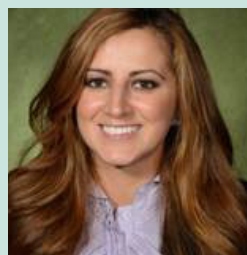
From the Frontlines

(from the March-April 2020 *Residency Times*)

As I am driving home, no cars on the road, I start to question the time of day. Realizing it is six o'clock on a Thursday, I start to wonder if I missed some big news. Daily "orders" by the government, daily pandemic task force conferences, daily hospital pandemic response team updates, daily virtual meetings, daily webinars, daily PPE numbers, daily PUI numbers. These updates are now routine. I attempt to recall all the daily updates, but before my mind is done recollecting daily changes, my phone rings. It's a call, from the hospital, the results for the PUIs are not yet available. It has been five days and the results are still pending. My mind starts to count the number of PPE used while caring for this patient. I call my colleague with the update, who I've spoken to twelve times already about the frustrations we share. I decide to call the health department in an effort to expedite the results. The sweet lady who answers the phone provides me with a generic answer which I already expected. At this point, I am in the garage of my home, sitting in my car, speaking to an operator. There is no resolution in the delay of test results. I hang up and take a deep breath.

Sept-Oct 2020 Issue of *Residency Times*

We have become accustomed to instant results and gratification. Being able to wait, patiently, is something we only read about. If we don't answer a text immediately, if we don't answer a call on a Saturday or an email at 8pm, we fear we might be viewed as "not caring" or unprofessional. This pandemic has affected our generation more than anyone could have imagined. The changes in our daily lives that will persist are monumental. We will not take for granted our didactic session. We will not take for granted our coffee meetings. We will not take for granted long staff meetings. We will not take for granted sitting next our patients and hearing their stories. We will not take for granted each smile we see. We are social creatures. Although traffic can really spoil one's mood, it is also a reassurance that we probably didn't miss any very BIG updates that day.



Thank you,
Vesna Tegeltija, MD, MBA
Associate Program Director,
Internal Medicine
Ascension Providence Rochester Hospital



Curriculum Map Aligned with ACGME Competencies

The Office of Graduate Medical Education has developed a formal curriculum map that aligns program requirements from the ACGME with the mission of the Wayne State University School of Medicine and GME into a set of formal learning objectives. Each of these objectives is supported by activities, resources, formative assessments, and active follow-up for our residents.

One such learning objective addresses the importance of learning effective professional communication with peers and across disciplines in the interprofessional healthcare team. The ACGME Common Program Requirements mandate that all programs educate and assess residents' interprofessional communication skills, and the WSUSOM mission includes the education of effective clinical leaders. GME has formalized this learning objective and provides activities to further residents' interprofessional communication skills throughout the residency training years. In partnership with the GME Office, programs have developed and implemented additional specialty-specific curricula and assessments of professionalism and interprofessional communication skills. These are reviewed and refined regularly through GME's regular participation in monthly CLER Council meetings at Ascension Providence Rochester Hospital.

ACGME Requirements

WSUSOM Mission
GME Action Items



Learning Objectives



Orientation Activities
Program Activities
Assessment and Followup

Residents must demonstrate competence in communicating effectively with physicians, other health professionals, and health-related agencies (CPR IV.B.1.e).(1).(b)

Residents must demonstrate competence in acting in consultative role to other physicians and health professionals (CPR IV.B.1.e).(1).(e)

To prepare physician [...] leaders [and] develop professional competence



Communicate effectively and professionally with peers, attendings, and other health professionals



Orientation Professionalism presentation
OSCE Case: Interprofessional communication
OSHE Simulated Handoff
Direct observation handoff assessment
Professionalism curriculum and assessment
CLER Committee monthly followup



Goals for 2020-21

Action Plans

1	Provide oversight and support for program accreditation and state-funded GME growth (MIDOCs)
2	Support resident scholarly activity to promote an environment of inquiry in each program; increase Seed Grant applications
3	Strengthen program and institutional annual evaluation process (APE & AIR) and enhance dashboards using CQI methodology
4	Support program and institutional initiatives on Resident Wellness
5	Use Kado Clinical Skills Center for evaluation and teaching of communication and transition of care skills
6	Expand DART (Developing Active Resident Teachers) and DEFT (Developing Effective Faculty Teachers) and involve more residents and faculty
7	Enhance professional development for Program Directors, Program Coordinators, and faculty
8	Expand Evaluation Project – Ongoing support for direct observation, constructive feedback, and self-directed learning
9	Assist the Resident Council in defining their role and empowering them to accomplish goals
10	Expand communication and marketing strategies to increase GME regional, national, and institutional visibility
11	Update curriculum map aligned with competencies and ACGME Common Program requirements
12	Provide all residency programs with resources to implement a Health Disparities curriculum



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School of Medicine

Office of Graduate Medical Education

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