Memories, Salute to the Presidents, and a Bright Future

Kimball Mohn, MD

It has been a privilege and a pleasure serving as AHME’s Executive Director these past 15 years. In looking back, I have so many wonderful memories of my time in the Association and the amazing members who gave so generously of their time and shaped the direction of my professional career.

My first exposure to AHME was a September 1981 conference in Toronto, Canada. Most memorable were an eye-opening discussion about the future of health care and GME financing and a presentation from the ACGME which introduced the concept of institutional oversight. I can still see the rooms in which those sessions took place and upon my return from the conference I had the audacity to propose a plan to have our hospital conduct internal reviews of our residencies on a periodic basis. Just a few years out of my internal medicine residency at the time, several senior members from other specialties made it clear that such an activity was not needed and never would be. Despite the rejection of what seemed to me a rather modest proposal, it was evident that I needed to remain connected with AHME to see what might be just over the horizon in medical education.

After attending AHME meetings intermittently over the next several years, I became more involved with CTYPD, serving as its Chair from 1993-1995, I also had the honor of serving as AHME President from 1997-1999. In these roles, I learned more about the organization and the many outstanding individuals who gave of their time to make AHME special. With these experiences as background, I was intrigued to learn the AHME Executive Director position would be opening in July 2008 and excited when I was selected to take on this role.

While there have been many fulfilling aspects to serving as Executive Director, the most rewarding has been the close relationship I have enjoyed with each of my AHME Presidents. The presidential cycle consists of a term as President-Elect, a term as President, and a term as Immediate Past President. The President-Elect chairs the Bylaws Committee and the Member Services Division. The President chairs the Executive Committee and the Board of Directors. The Immediate Past President chairs the Nominating Committee and the Academic Leadership and Professional Development (i.e., program planning) Division. Through 2011, those in the presidential cycle served two years in each position, while subsequently individuals served one year in each, a modification instituted to allow more individuals to take on these leadership roles as well as in recognition of the significant associated demands.

RECENT AHME PRESIDENTS

- 2007–2009 Charles C. Daschbach, MD, MPH
- 2009–2011 Katherine Stephens, PhD, MBA
- 2011–2012 Andrew T. Filak, Jr., MD
- 2012–2013 David R. Pieper, PhD
- 2013–2014 Catherine M. Eckart, MBA
- 2014–2015 Steven R. Craig, MD, MACP
- 2015–2016 Marilane Bond, EdD, MBA
- 2016–2017 Marko Jachtorowycz, MD, FACOG, FACS
- 2017–2018 Quinn Turner, MS, C-TAGME
- 2018–2019 Tia Drake
- 2019–2020 Frederick Schiavone, MD, FACEP
- 2020–2021 Susan Greenwood-Clark, MBA, RN, FACHE
- 2021–2022 Wilhelmine Wiese-Rometsch, MD, FACP
- 2022–2023 Venice VanHuse, MPA

(continued on page 2)
During their tenure in these three positions, the Presidents oversee all the activities in the Association. They are responsible for ensuring that our programming and member services are appropriately targeted and cost-effectively delivered, with the overarching goal being that AHME membership provides great value. It has been my privilege to work with the Presidents, the Board of Directors, the Council Chairs, and with the AHME staff to realize the Presidents’ collective vision for the Association. A few of the achievements during this period include: AHME doubled its membership, more than doubled the attendance at the AHME Institute, increased the frequency and reach of the AHME Academy, introduced a series of regularly-scheduled AHME Webinars, updated its graphic identity, created a highly functional website, established and supported a number of communication vehicles, published AHME News, a new edition of the Guide to Medical Education in the Teaching Hospital, as well as two brand new books (Remediation of the Struggling Medical Learner and Remediation Case Studies: Helping Struggling Medical Learners). The Association is also on a very solid financial footing, despite not raising membership dues during this lengthy period, strictly holding the line on event registration rates, and surviving a pandemic that necessitated the cancellation of the 2020 Institute and shifting to a virtual format for the 2021 and 2022 Institutes.

My purpose in providing a glimpse into the role of the AHME Presidents is twofold. First, to recognize and thank those with whom I’ve had the pleasure of working these past 15 years, the individuals most responsible for the growth we have experienced during this period. Second, to encourage AHME members to think about answering the call for Nominations circulated every summer to identify candidates for President-Elect as well as the other positions on the Association’s Board of Directors. Please consider stepping forward to join the AHME leadership team in the years to come.

Last summer AHME’s current Presidents (Venice VanHuse, MPA, Ashley Maranich, MD, MHPE, FAAP, FIDSA, and Wilhelmine Wiese-Rometsch, MD, FACP) solicited applications to identify my successor, interviewed a number of highly qualified candidates, and reflected on who would be in the best position to take AHME to the next level in its service to members and the educational community.

At the conclusion of this process, they enthusiastically arrived at the decision that Tia Drake is the ideal individual to move the organization forward. Ms. Drake has most recently served as the Designated Institutional Official (DIO) for Washington University School of Medicine, Barnes Jewish Hospital, and St. Louis Children’s Hospital Graduate Medical Education Consortium. In this role, her office oversees more than 100 ACGME-accredited programs and more than 50 non-ACGME programs, and she has been intimately involved in the whole range of responsibilities this position requires. Tia has dedicated more than 35 years of service to Washington University and she was recognized by the ACGME with the GME Institutional Coordinator Excellence Award in 2014.

Ms. Drake has been active with the Association for Hospital Medical Education for the past 25 years. She has served as a Regional Representative for four years, Chair of the Council of Administrative Directors of Medical Education (CADME – now renamed as COIL) for four years, Secretary of the Board of Directors for four years, and AHME President from 2018-2019. She has served as the Chair of every AHME Committee and Division at one time or another. She has made many presentations at the AHME Institute and the AHME Academy through the years. She has also led the Association’s New Member Welcome Program over an extended period and is regarded as a mentor by many AHME members. Tia was recognized with the AHME Presidents’ Award in 2021.

Her experience in GME has offered many opportunities to work closely with local and national leaders, identify and build new resources to improve institutional oversight of programs, strategically plan for institutional success, and network across institutions. She is talented, creative, energetic, and caring and will undoubtedly thrive as the Association’s Executive Director. Tia Drake is a special person and, as I retire in July 2023, I am very pleased to leave the Association in her capable hands, knowing that she and my AHME friends will enjoy tremendous success in the years to come.
Mitigating Implicit Bias in the Graduate Medical Education Community – Strategies from the Bedside and Beyond

Pratichi K. Goenka, MD – Director, GME Diversity and Health Equity at Northwell Health

A 26-year-old woman with abdominal pain presents to the Emergency Room. You obtain a history and physical and order bloodwork, X-rays, and a computed tomography scan. How does your unconscious mind impact the next steps in this patient’s management? How does the patient’s background influence those decisions? And what role do your own lived experiences play?

Implicit bias, or the unconscious mental processes that lead to automatic and unintentional reactions and associations, is pervasive. Understanding the role that bias plays in healthcare – from patient-provider communication to recruitment of trainees and institutionalized practices – is a crucial first step in our path toward health equity. While expressions of explicit bias have declined over time, implicit bias remains common and persistent. There is mounting research that implicit bias fuels disparities in patient outcomes and a lack of diversity in medicine. Thus, addressing discrimination and bias is a fundamental responsibility for those in health professions education.

The most effective implicit bias training programs do more than raise awareness of bias and its impact, though we must first level-set and then build on that foundation. Teaching participants how to uncover and manage their own biases, change behavior, and track their progress are important components of an effective program. The approach within the Northwell Health Graduate Medical Education (GME) community has been to offer implicit bias education in a responsive and reaching manner. Rather than providing check-the-box exercises, we are committed to real and long-term training that fosters diversity and promotes inclusion.

When addressing implicit bias in the clinical domain, acknowledging that equity is a cross-cutting component of high-quality care is a crucial step. Many believe that equity is largely an issue of access, and that patients from underserved populations have poorer outcomes because they cannot access quality, affordable healthcare. However, in 2003, the Institute of Medicine (now the National Academy of Medicine) published the report Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care, which identified providers’ implicit bias as one of many drivers of disparate outcomes. Our institution has prioritized the linking of quality and equity by developing clinical dashboards that clearly illuminate patterns of disparities based on race, ethnicity, and language preference. For example, sepsis key performance indicators and rates of Caesarian section births to first-time,

(continued on page 4)
low-risk individuals are closely monitored. These dashboards provide transparent and real-time data to understand individual and institutional factors that may be driving differences. In addition, identifying and addressing health-related social needs is another area in which bias and practice variability can impact patient care. We have developed multimodal, interdisciplinary education sessions on social determinants of health and have implemented universal screening practices. We have also initiated resident-led Health Equity Rounds, allowing us to explore the intersection of implicit bias, structural racism, and the social determinants of health within the context of a single patient’s story.

The impact of implicit bias extends well beyond the decision-making that occurs within hospitals and clinics. Bias affects who has the opportunity to even provide clinical care and have those interactions. Patient experience and outcomes are improved when healthcare providers and their patients have concordance in their racial, ethnic, and language backgrounds. However, there continues to be significant underrepresentation of Black, Hispanic, and Native American individuals in medicine relative to the general population. Our training program selection committee members recognize the paramount role they play as gatekeepers of who enters their discipline. Implicit bias training and a review of mitigation strategies happen in multiple contexts and with all key stakeholders, including training program administrators, trainees, and faculty. Implicit bias mitigation is one component of our toolkit for equitable recruitment practices. We recognize that the road to medicine can vary and that for some, it is marked with countless obstacles along the way. Encouragement from a high school science teacher, guidance from a pre-med advisor, mentorship from a research professor – these experiences have all shaped the student’s ability to pursue a career in healthcare, and we know that they are not immune to bias and differential investment. Our training programs have a steadfast commitment to reach into the surrounding communities to motivate and inspire the next generation of healthcare workers. From attending high school career fairs or mentoring students in our pipeline programs, our faculty and trainees recognize the importance of cultivating a truly diverse and inclusive workforce as vital to achieving health equity.

As we reflect on the clinical course for the 26-year-old woman in our case vignette, let us strive to achieve a world in which her racial identity does not impact the testing that is ordered, where her language preference does not dictate how her pain is alleviated, and where the doctors caring for her instill trust through shared background and culture. We firmly believe this world is attainable – through deliberate, authentic, and intentional effort.

Meet the evolving needs of today’s student, resident and fellow trainees with these health-equity focused courses.

Learn more about how these health equity courses can enhance your core curriculum through tailored case scenarios and quizzes:

- Basics of Health Equity
- Racism in Medicine: An Introduction
- Social Determinants of Health
- Racism in Medicine: Distrust and Mistrust
- Racism in Medicine: Race and Pain

Download the UME course catalog
Download the GME course catalog

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The Promise of Competency-Based Medical Education

Julie B. McCausland, MD, MS, FACEP - Transitional Year Program Director at University of Pittsburgh Medical Center

As AHME members dedicated to medical education at your respective hospitals and institutions, you may already be familiar with “CBME,” short for Competency-Based Medical Education. CBME focuses on specific skills, behaviors or achievements that demonstrate learner outcomes; for example, quality of physician history and examination skills, the ability to conduct end-of-life discussions, or how best to work in teams. CBME initiatives are a paradigm shift from time-based education where residents progress by year (PGY-1, PGY-2) to time-variable medical education where learners progress after demonstrating specific fixed competence in a skill set. Opportunities to assess competency are present in everything from the design of clinical rotations at your hospital or outpatient clinic to meetings that assess medical students, residents, and fellows as they progress in their medical education journeys.

The basis for CBME in graduate medical education rests on the six ACGME core competencies. Graduating learners are expected to achieve “competence” in these domains, yet the language around assessing who was competent and what determined their competence was unclear. The ACGME milestones grew out of a movement to operationalize the competencies and more accurately assess learner outcomes and competence. This framework to assess competence can be seen in our medical schools as Entrustable Professional Activities (EPAs - novice performance and performance expected of a graduating MD) and in residency and fellowship as the current ACGME milestones (novice, advanced beginner, competent individual, proficient individual, and expert physician). The transition to CBME allows residents and fellows to actively engage in their learning trajectories using milestone assessments and feedback data to design and implement their own personal learning plans. For this and so many other reasons, CBME is the foundation of the ACGME’s accreditation model and is being embraced as the future of assessment in medical education across the continuum.

CBME was a topic at the fall 2022 Organization of Program Director Associations (OPDA). AHME is a member of OPDA through its support of the Council of Transitional Year Program Directors (CTYPD). This biannual meeting of program director groups sponsored a panel of experts engaging in a discussion of CBME with presentations from the ACGME, AAMC, AACOM, NBOME, AMA and NBME. The current paradigm shift is that learners must meet competencies to advance in a time-variable system. For example, if competencies are unmet, then the learners and the Institutions in which they train must be prepared to extend their education. There is an expectation that this will need to be normalized and that a focus on achieving specific skills will ultimately determine who progresses and when.

As we all look to the future of medical education and the responsibility we as educators have to our patients and the public overall, there is much more to learn and do. The holy grail will be to show that CBME leads to improved patient care and health outcomes. Medical education is changing to meet the demands of our evolving healthcare system and the needs of our patients through CBME.

Additional topics shared during the panel session:

• The AMA is sponsoring CBME innovations in both medical schools and residency/fellowship through their Reimagining Residency grant program. This is a chance to accelerate change in medical education by funding research into transitions in medical education, the medical workforce, and the health system learning environment.

• The NBME has formed an Assessment Alliance with clinical and medical education assessment experts who are investigating a transition of USMLE questions to more clinically based questions. An example of this is the OSCE for Clinical Reasoning Creative Community. This group is seeking interested institutions to develop tools for CBME assessment. Clinical reasoning is linked to other important physician behaviors, such as communication skills and physical exams, and relates to providing high-quality patient care.

• The ACGME has rolled out Milestones 2.0 with the resident and fellow-developed milestone guidebooks and new clinician educator milestones for faculty professional development.

Resources identified during the OPDA meeting discussion:

CBME

AAMC Core Entrustable Professional Activities (EPAs) for Entering Residency
https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/core-epas

American Board of Surgery EPA Project
https://www.absurgery.org/default.jsp?epahome

NBOME Fundamental Osteopathic Medical Competency Domains
https://www.nbome.org/docs/Flipbooks/FOMCD/index.html?p=1

CBME EPAC Project
https://www.aamc.org/what-we-do/mission-areas/medical-education/cbme/epac

ACGME Clinician Educator Milestone Project
https://www.acgme.org/what-we-do/accreditation/milestones/resources/clinician-educator-milestones/


(continued on page 6)
Update on the GME Leadership Competencies (GMELCs)

Margaret A. Hadinger, EdD, MS, ACC – Director, Academic & Student Affairs at OnlineMedEd and Member, AAMC GRA GME Leadership Competencies Committee
Karen Broquet, MD, MHPE – DIO and Associate Dean for Graduate Medical Education at Southern Illinois University School of Medicine and Chair, AAMC GRA GME Leadership Competencies Committee

Introduction

Leadership competency models are important tools to support leadership success. This holds true for GME leaders as well, and as the GME leader role becomes more complex, nuanced, and multi-faceted, a competency model designed specifically for GME leaders is critical. Consider a few real-life examples of when leadership competencies can be useful for a GME leader:

- An experienced Program Coordinator, seeking to promote within GME, but unsure of what next steps he should take to develop himself for increased responsibility.
- A new Program Director at a small community hospital, with only a few programs and little peer support in the way of more seasoned Program Directors.
- A new DIO, transitioning to the role after her predecessor has already retired and left the health system.
- An Associate Dean for Medical Education, experienced in UME but new to the nuances of GME, now responsible for oversight of both.
- An experienced DIO, engaging a new Dean or a new CEO about the nuances and strategic importance of GME.

In each of these examples, a roadmap of what needs to be done to ensure GME leadership excellence is vital. This is where GME-specific leadership competencies come in. Good thing that as GME leaders we have such a resource - the Institutional GME Leadership Competencies (GMELCs) - and even better that they are being revised and updated as of 2023.

Background

With the role of institutional GME leadership ever expanding, in 2005 the AAMC paved the way for the development of “Core Competencies for Institutional GME Leaders/Designated Institutional Officials.” The document exists to provide a roadmap GME leaders can follow as they seek excellence in GME. The document has been updated regularly since then, with the latest revision expected in April 2023.

Now referred to as the “Institutional GME Leadership Competencies” (GMELCs), the Competencies were initially developed as a resource for DIOs and others with GME responsibilities at the institutional level; however, the GME Leadership Competencies Committee charged with review and maintenance of the GMELCs believes a subset of the Competencies also has applicability for GME leaders at the program level, and the Committee is currently currently working to validate this hypothesis.

Overview

So what exactly are the GMELCs?

The 2023 GMELCs keep the existing document structure organized around 4 domains of competency and essential functions for institutional leaders: Foundational Attributes, Leadership Capabilities, Knowledge and Skills, and Essential Functions.

Each domain contains Competencies and Key Components/Key Responsibilities, for a total of 29 Competencies and 134 Key Components/Key Responsibilities. Short- and long-form self- and multi-rater assessments supplement the GMELCs and are intended to make them practical for GME leadership use.

Uses

The GMELCs can be used at multiple levels of the system, including the individual, organizational, and GME community level. For example, at the individual level, the GMELCs could be used to formulate a job description, offering a menu of components that can be tailored to a specific role within a particular organization. Or they can be used by individuals to help assess areas in which they may wish to focus their own professional development.

At the organizational level, the Competencies can be used for succession planning and for fostering collaboration and learning with others.

And at the GME community level, as just one example, within the AAMC-sponsored GME Leadership Development Certificate Program, the GMELCs are mapped to each individual learning session. Additionally, all participants are invited to self-assess their level of confidence and proficiency with each competency twice, once upon acceptance to the course and then again within 3 months of completing the course.
Process
Over the course of the last 3 years, the Competencies Committee – comprised of volunteers from the GRA Community at large – has reviewed the GMELCs, gathered feedback from GME stakeholders, and reviewed leadership literature for updates since previous publication in 2015. Via this process, the Committee has heard that the GMELCs remain relevant and helpful to GME leaders. Areas of improvement were also identified.

What's changing?
As of this publication, the Committee is in the final stages of soliciting feedback and integrating learnings into the 2023 revision of the GMELCs. Importantly, the Competencies did not change substantially from the 2015 version. However, stakeholder feedback has resulted in updates including:

Structural:
- Updated narrative, including tips for how the document might be put into practice.
- All competencies: results- and action-oriented.
- Reduced redundancy, simplified wording, and brevity.
- Updated assessments.

Content:
- Expanded competencies in diversity, equity, and inclusion, and also leadership through crisis and change.
- EPA domain re-conceptualized as Essential Functions.

Next Steps
Stay tuned! The Committee expects to release the updated 2023 GMELCs in April 2023. The release will be announced via the GRA listserv, and updated documents will be posted on the GRA website.

Learn more! Join us at the following venues to learn more about the GMELCs and how to put them into practice:

- GRA Spring Meeting in San Francisco April 17 at 9:30 AM PT - join an interactive workshop entitled “Institutional GME Leadership: What Does it Take?” to engage with the GMELCs, self-assess your own skill level on the Competencies, and explore how to incorporate self-assessment into your own practice and professional development.

- AHME Institute in Austin April 27 at 8:00 AM CT - join a session entitled “Institutional GME Leadership: Update on the GME Leadership Competencies and What They Mean For You.”

Both sessions are designed for anyone engaged in, contemplating, or pre-contemplating a GME leadership role.

For More Information
- AAMC GRA Website - https://www.aamc.org/career-development/affinity-groups/gra
These delivery systems. They present a vision for CME professionals employed by these delivery systems to become more valuable contributors to helping their systems address complex patient care and health system challenges. The paper introduces several frameworks which could be used to develop and evaluate longitudinal "CME initiatives" (rather than single, one-off activities) and evaluate the effectiveness of the overall "embedded CME enterprise."

In the summer of 2022, AHME leadership and its Council for Professional and Faculty Development (CPFD) and Dr. Price began discussing the potential relevance of the concepts in this paper to AHME members. AHME has since sponsored a series of webinars for CME-focused AHME members to meet with Dr. Price to discuss these concepts in more depth. A webinar in September of 2022 provided an overview of the concepts and introduced some practice tools for AHME members to develop CME initiatives in their home organizations. A follow-up webinar in November of 2022 focused on AHME members sharing initial attempts to apply some of the concepts, lessons learned and challenges faced, and provided opportunities for questions and brainstorming. Building on discussions from November and a follow-up questionnaire, another webinar was hosted in February of 2023.

The sessions were more popular than anticipated and members made some great connections. AHME’s CPFD was proud to offer three free opportunities for members to be involved with national contributors in the CME field. It is these types of initiatives that continue to make AHME and its partners and Councils a strong force in national medical education efforts. Watch for more collaborative events to come!

ChangeMedEd Initiative has published an extensive work, American Medical Association's (AMA) Educator Well-Being: Addressing the Systems that Make Educators Unwell. This publication, authored by several experts, offers a framework for understanding and addressing the pressures educators face.

The COVID-19 pandemic highlighted the fact that medical educator well-being has not received the attention it deserves. When the pandemic emerged early in 2020, educators had to transition to teaching virtually, which was a new experience for many. Those who were also clinicians were taken away from educational duties to care for the increasing number of patients with COVID-19. Residents were redeployed. Educators without clinical duties often had to cover some of the educational and academic responsibilities of those whose clinical workload had grown while attempting to continue to create effective educational experiences for learners. The stress of the pandemic along with the stress of responding to calls for the inclusion of new training related to issues of race and health inequities prompted by the murder of George Floyd combined to form a perfect storm, one that placed medical education at increased risk of losing core educators, many of whom were working at capacity and at high risk of burnout before the pandemic. Because educational roles are often not supported or valued by the health system, they are tempting to reduce or abandon completely when under other significant pressures.

To address this situation, the American Medical Association’s (AMA) ChangeMedEd Initiative has published Educator Well-Being in Academic Medicine, which is available at no cost from the organization’s website (https://cloud.e.ama-assn.org/22-1665-Educator-Well-being-book). Registration required.

Grounded in evidence-based research and through personal narratives and lived experiences, the book chapters offer recommendations and guidance that are not only meant to resolve issues of well-being at the institutional level, but also to help heal U.S. medical education at the systems level. This book, which is inclusive of clinical and nonclinical educators from allopathic and osteopathic institutions and across the undergraduate and graduate continuum, presents the work of experts from across the country who have been recognized for their dedication to teaching and to the well-being of educators. The goal is to provide administrators and leaders in academic medicine with a unique, solutions-focused guide for taking action at their institutions to ensure educators feel valued and the educational mission is uplifted and sustained. Each chapter offers thoughtful solutions to address the issues explored.

Chapter 1 provides the book’s framework and examines the value of education to the mission of academic medicine along with the impact of how education is valued may have on educator well-being. The authors discuss the challenges facing both basic science and clinical educators.

Chapter 2 considers the impact on well-being of the conflicting structural priorities present in academic health centers. For instance, new faculty may be expected to model well-being and create a nurturing environment for learners while experiencing personal burnout from the stressors of learning to be an effective teacher and establishing a research and funding portfolio. Chapter 3 focuses on the additional burdens placed on educators to simultaneously fulfill multiple roles across clinical care, research, and administration in response to the bigger picture of academic medicine, including curricular reforms, USMLE® testing, and accreditation requirements.

Chapter 4 includes a set of narratives depicting the challenges faced by educators from historically excluded groups and the impact those challenges have had on their well-being. These unique threats to well-being intersect and interact with those of being an educator. Chapter 5 discusses the challenges present in the intergenerational culture of medical education environments with specific emphasis on issues such as differing mental models between educators and learners, reduced autonomy, insufficient faculty development, and isolation.

Lastly, Chapter 6 explores the challenges inherent in the measurement of well-being. It provides an overview of the strengths and weaknesses of several conceptual frameworks, as well as the challenges inherent in data analysis and application of results. These frameworks will be more effective for some organizations than others, and while not comprehensive, they highlight the need to operationally define well-being in a way that embraces the unique cultural climate of an institution.

The well-being of educators is of paramount importance if academic medicine is to fulfill its role in producing a diverse and flourishing health care workforce. This publication articulates many of the issues—whether historical, structural, cultural, or financial—that impact educator well-being and, in turn, influence educators’ efforts to meet the needs of students, institutions, and patients.

The AMA’s ChangeMedEd Initiative was formerly known as the Accelerating Change in Medical Education Consortium. To learn more about ChangeMedEd contact Victoria Stagg Elliott via email at Victoria.Elliott@ama-assn.org.
COUNCIL SPOTLIGHT - CPFD (Council on Professional and Faculty Development)

CPFD’s Collaborative Work in Developing Professionals and Faculty
Renee Connolly, PhD – Chair, Council on Professional and Faculty Development

One of the unique aspects of AHME is its Council structure. This provides chances for members to seek opportunities relating to their work or to introduce new concepts to existing ones. The Council for Professional and Faculty Development (CPFD) is one of the four AHME councils that has been busy serving AHME members in unique ways over the past year. Along with member involvement and other council support, CPFD has enjoyed one of the most collaborative years in its history.

In spring 2022, CPFD highlighted its overwhelmingly successful partnership with the Association for American Medical Colleges (AAMC) in presenting, “Teaching Education for Quality (Te4Q).” Under the leadership of past Council Chair, Dr. Rebecca Daniel, this first-ever, major collaborative professional and faculty development opportunity offered a seven-week curriculum to train medical educators to work more effectively in teaching learners about quality improvement and patient safety. Nineteen capstone team projects were submitted to the AAMC from the 70+ participants from 16 states. Three projects were invited to showcase their work as part of AHME’s May 2022 virtual Institute.

During June 2022, CPFD hosted a popular webinar, again partnering with a national association to bring relevant and timely content to its members. Under the leadership of the Council’s chair, Dr. Renee Connolly, the Council offered a webinar on June 7, 2022 to over 130 participants. Dr. Laura Edgar, ACGME Vice President, Milestone Development, and Dr. Calvin Chou, Professor at UCSF, Advisor for External Education with the Academy of Communication in Healthcare, and author/advisor, led an interactive webinar on “The Art and Science of Feedback in Medical Education Using the New Clinician Educator Milestones in Professional Development.”

Attendees enjoyed a formal introduction to these new milestones and explored the art of feedback within the structure of these new milestones to explore helpful ways to assess feedback in the clinical setting. CPFD was honored to showcase these milestones, which were collaboratively developed across multiple associations and included AHME members (thank you to past CPFD Chair, Dr. Rebecca Daniel). The next Council webinar is scheduled for August 8, 2023.

CPFD continued its partnership efforts into the fall of 2022 when it sponsored a national conversation hosted by CME expert and author, Dr. David Price. As a result of a 2021 paper from the National Academy of Sciences, Engineering, and Medicine from Dr. Price and his colleagues, AHME leaders, Dr. Price, and CPFD, developed a series of two webinars (September and November) to explore how CME efforts might be better aligned with needs and goals of health care delivery organizations. A third, more focused conversation among former participants was offered on February 21, 2023. (see article in this newsletter for further details on this event!)

CPFD will continue collaborative work as it welcomes outstanding presenters to be part of its track at the national AHME Institute, April 26-28, 2023, and hosts its regular breakfast meeting on Thursday, April 27, 7:00-8:00 AM. The seven exciting sessions are scheduled on Wednesday and Thursday of the conference and we look forward to many members attending:

- **Wednesday, April 26, 8:30 AM** – Gamification: The ultimate patient safety escape room
- **Wednesday, April 26, 9:30 AM** – Help! Mentoring a research project when it’s all new to me
- **Wednesday, April 26, 1:15 PM** – A Workshop on Creating a Workshop
- **Wednesday, April 26, 2:15 PM** – New Faculty Orientation & Development: The Must Haves and the How Tos
- **Wednesday, April 26, 3:45** – Faculty and Resident/Fellow Publishing: Tips, Tricks, and Topics

- **Thursday, April 27, 8:00 AM** – Medical Professionalism: The Contract with Society
- **Thursday, April 27, 9:00 AM** – GME Educational Innovation: Cornerstones of Resident Education (CoRE)

This past fall, the Council announced its Chair-Elect as Tim Graham, MD, MHPE, FAAFP. Dr. Graham will assume the Chair role in 2024 and is certainly no stranger to AHME. The Council is thrilled to have his talent and expertise in this role, so please look for Dr. Graham at the Institute in April and say hello!

If you are interested in knowing more about CPFD, please reach out to Dr. Renee Connolly, Council Chair, at renee.connolly@prismahealth.org

New ideas, thoughts, and enthusiasm are always welcome.
The Successful Wellness Curriculum Starter Pack

Heather Kirkpatrick, PhD – GME Wellness Director at Ascension Genesys Hospital
Tonya Van Order, MBA – DIO & Director of Medical Education at Ascension Genesys Hospital

Few would deny stress and burnout have become pervasive in healthcare, and residents and fellows are particularly vulnerable. Each level of increased patient care responsibility is accompanied by increased anxiety. As educators, it is incumbent upon us to equip learners with the knowledge and skills to manage stress effectively and prevent burnout.

This article describes key wellness curriculum “basics” that have been implemented at Ascension Genesys Hospital over the past 10 years.

Building a Wellness Committee

From the start we knew bringing together people who were passionate about creating a culture that nurtures well-being for residents, faculty, staff, and students was critical to the success of initiatives. Members included a resident from each program and a sampling of program managers, faculty, medical students, and an IT representative to help address issues associated with EHR burdens. We began with developing a charter and well-being policy that included language supporting professionalism expectations and prevention of learner mistreatment. All individuals on the committee bring ideas and help implement suggestions.

Getting Interns Off to a Great Start

A hallmark of our basic wellness curriculum has been the PGY1 Wellness Day Series. The goal of these days is to help new residents form supportive peer relationships while learning essential resilience and teamwork skills. We begin at orientation with team building activities through a low ropes outdoor education course. Initially contracted out to a professional team-building consultant firm, the course is now taught on the grounds of the hospital by our own faculty who gained experience as facilitators. The Winter and Spring days involve a curriculum designed to address common intern stressors—handling mistakes, increasing positive emotions, relaxation skills, time management, and finding meaning in medicine. The days are scheduled at the start of the year, and all first-year residents are released from clinical assignments on those days. Seniors and faculty cover intern duties, expressing a “paying it forward” mentality.

Running a Successful Retreat

An important lesson learned was to provide broad choices of curriculum within a larger retreat. Having common time together for brief activities, utilizing experiential education as much as possible, and offering a menu of “breakout” options allows residents to seek what they need most while still bonding with colleagues. Universal topics include: writing a thank you letter to someone who helped in their transformation into a physician; participating in an auction of “career values”; and financial literacy briefs. Breakout options have included healthy eating, narrative medicine, emotional intelligence, relaxation skills, and conflict diffusion skills. Each breakout set always includes a topic that is more concrete/practical paired with topics that involve more personal disclosure or introspection. Encouraging a sense of play helps engage physician learners and providing some homemade food often is appreciated (e.g., chili lunch, a cookout).

Communicating about Resources

Residents are busy and overloaded with information. Communication about available resources needs to be “in their face” and repetitive. We designed posters for call rooms detailing both regular support (EAP program, local PCPs who will be flexible to residents as patient needs, QR codes to helpful websites) and yearly initiatives of the wellness committee. Having robust diversity on the Wellness Committee and encouraging those members to be “embedded wellness point persons” in each residency also builds support. Our DME sends out a “Med Ed Minute” email which occasionally includes a reminder about the resource posters. The Wellness Committee chair regularly presents at monthly Program Director Meetings, and is available and known to residents via the intern retreats when there may be a need to reach out.

Monitoring Wellness and Burnout

Vital to wellness efforts is monitoring residents’ burnout and wellness. We have utilized the Maslach Burnout Inventory, the Physician Wellness Inventory, and the Wellbeing Index. In addition, we review the wellness portion of the ACGME survey yearly, and a de-identified table with aggregated program results is presented to program directors to note trends and concerns.

In summary, teaching early career physicians in the six ACGME core competency areas is not enough. Equipping them with skills in resilience, stress management, and well-being is essential, yet resources and staff support for extensive curricular interventions to enhance wellness are difficult to come by. Integrating intensive well-being activities and laying the foundation for supportive peer relationships during the intern year, as well as frequent communication about available resources are good ways to get a head start in these efforts.
Details on AHME’s educational sessions are posted at www.ahme.org when registrations open. Notification is made via email so be sure to keep an eye on your inbox for upcoming events.

AHME Academy
The AHME Academy is a one-day primer for new residency program administrators to gain an overview of their duties and for experienced administrators to learn some fresh approaches to their responsibilities. Its format allows for great networking and opportunities to learn the latest and greatest happenings in medical education. They typically are hosted in a virtual format in early fall.

AHME Webinars
AHME conducts six webinars per year on topics relevant to the field of medical education. Hosted by a specific Council each time, the webinars are one hour in length and feature experts from around the country. And you don’t have to leave your desk to participate!

Upcoming Webinar Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Sponsoring Council</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 6, 2023</td>
<td>COIL (Council of Institutional Leaders)</td>
</tr>
<tr>
<td>August 8, 2023</td>
<td>CPFD (Council on Professional and Faculty Development)</td>
</tr>
<tr>
<td>October 3, 2023</td>
<td>CTYPD (Council of Transitional Year Program Directors)</td>
</tr>
</tbody>
</table>

Contact the AHME office at 724-864-7321 or info@ahme.org for more information.

REMEmber AHME Members:
Information about AHME happenings is communicated to the membership via Constant Contact, an email marketing provider. When you opt out of those mailings, you no longer receive information from AHME staff or leadership – including announcements about upcoming webinars and other educational opportunities. Don’t miss out! Stay connected by keeping your contact information current with AHME staff.

Best Practices from Our Members
AHME News likes to feature articles that highlight members’ best practices. We invite you to submit your institution’s best practices in any area of medical education to Venice VanHuse, Editor, at vvanhuse@northwell.edu
The Association for Hospital Medical Education has put together an outstanding program for its 2023 AHME Institute! Sessions will include GME, CME and UME topics that are current, relevant, and important to medical education professionals. The presenters will feature some new faces as well as popular, seasoned conference speakers. All will be providing critical medical education updates.

Slated for April 26-28, the 2023 Institute will offer learning and networking opportunities in person with your colleagues and peers. A large number and wide variety of educational sessions will give you information and tools you can use right away.

The Institute is your one-stop opportunity to hear from the most influential people in key medical education organizations. Representatives will be on hand to present the most up-to-date topics from their organizations. The plenary session titles are:

- ACGME Update
- CLER Update 2023
- The Ethics of Remediating the Struggling Medical Learner

Keep in mind that there are 48 other possible sessions you can attend! AHME members and other experts from across the country in the medical education continuum fields will be sharing their knowledge and experiences on a slate of topics designed to help you be better equipped to do your job. You’ll definitely want to register multiple people from your office to maximize the learning.

Some of the other features of the 2023 AHME Institute include:

- Extensive programming with multiple breakout sessions
- Other experts in the field of medical education to provide you with the most up-to-date, nuts-and-bolts, take-and-use-today information
- An on-site poster session to present what your peers in other institutions are doing to improve and advance their programs
- Exhibitors with practical medical education products and services
- Sessions expressly for Program Administrator & Coordinator learning
- Specific programming for Transitional Year professionals
- Dedicated sessions focused on topics specific to professional and faculty development
- Sessions geared to the work of your Institutional Leadership

The Austin Marriott Downtown is new to the city skyline. Built in 2020, this property is modern, sophisticated, and within easy access to all the fun that Austin has to offer...especially if you like food and music. And the educational program will be just as great: presenters from across the country who are bringing their expertise on a slate of topics designed to help you be better informed and better able to do your job.

The full 2023 AHME Institute brochure and registration information are available on the AHME website (www.ahme.org). Be sure to register today and come to reconnect with us!
Welcome to the AHME MESSAGE BOARD CORNER.

In this section we highlight recent active Message Board threads which may be of special interest to you.

These threads are linked in the pdf version of the newsletter on the AHME website so you can go directly to the conversation and read the current content. If you are a member of the Message Board, you can join the conversation. Remember the AHME Message Board is open to all medical education professionals, not just AHME members.

Feel free to register yourself or send this link to others who may be interested:

AHME Message Board Registration Site

Or if you prefer, contact Karen Zagar, the Message Board Administrator at karen@ahme.org and she will get you activated.

Here are several recent threads:
- GMEC Duty Hour Template
- Resident Orientation Questions
- Self-Evaluation for TY Interns
- Recruiting Expenses

AHME News Feedback

Please give us feedback on the AHME News content and coverage by sending an email to sandi@ahme.org. If you have ideas and suggestions for topics or questions you would like to see covered in the AHME News, let us know. Counterpoint opinions on content and issues are always welcome and appreciated.

THE MESSAGE BOARD

has the following topic areas for medical education professionals to post questions and seek information from others:

- COVID 19
- Undergraduate Medical Education
- Graduate Medical Education
- CME, CPD, and Faculty Development
- Miscellaneous Topics
- Program Administrator Forum
- Transitional Year Program Forum

If you haven’t done so already, please sign up and start sharing with the medical education community.
AHME offers 2 Indispensible Resources for Medical Educators

1. Remediation of the Struggling Medical Learner

In this well-organized, insightful, and practical book, Jeannette Guerrasio, MD, generously shares her experience working with underperforming medical learners. Weaving real-life examples of struggling learners with genuine faculty reactions, the author creates guidelines for identifying these learners, diagnosing their specific difficulties, and remediating their deficiencies. The experts agree that Remediation of the Struggling Medical Learner will benefit those who teach at all levels of medical training, from students through attending physicians.

2. Remediation Case Studies

A companion volume to Remediation of the Struggling Medical Learner, 2nd Ed., this book provides detailed examples of medical faculty helping students and residents to overcome obstacles. Based on Dr. Guerrasio’s highly regarded framework for diagnosing difficulties and improving learning, Remediation Case Studies presents 24 real-life cases. Contributors were asked to describe the students and residents who needed remediation and the strategies they used to help these learners. Dr. Guerrasio requested that instructors share what worked/what didn’t work and, in hindsight, what might have worked better. By adding her own insightful comments about each case, Dr. Guerrasio has created a valuable resource for both new and experienced remediators.
Memories, Salute to the Presidents, and a Bright Future

Mitigating Implicit Bias in the Graduate Medical Education Community – Strategies from the Bedside and Beyond

The Promise of Competency-Based Medical Education

Update on the GME Leadership Competencies (GMELCs)

New MyIntealth™ Platform Will Streamline User Access to ECFMG® Online Services

AHME and CPFD Join the National CME Conversation

Educator Well-Being: Addressing the Systems that Make Educators Unwell

COUNCIL SPOTLIGHT - CPFD (Council on Professional and Faculty Development)

Coordinator Chat

The Successful Wellness Curriculum Starter Pack

Educational Opportunities

2023 AHME Institute

Message Board Corner