Wilhelmine Wiese-Rometsch, MD, FACP

With Heartfelt Thanks

As I write this article, the COVID-19 pandemic continues to devastate our country and the world in innumerable ways, but most importantly in the loss of human lives. While SARS-CoV 2 vaccines have been available for more than 6 months, many individuals are still hesitant about their efficacy and unfortunately refuse to get vaccinated. GME institutions and programs have been instrumental in battling the pandemic. Thus, we owe every single one of you our most sincere gratitude as you continue to care for our communities. I certainly am proud of the maturity, growth, and professionalism demonstrated by our learners during this public health crisis.

While the pandemic has brought us much devastation, it has also forced us to be more flexible, think outside the box, and pivot as new challenges arise. In May of 2021 our first virtual AHME institute had the largest attendance on record yet of 726 participants. Many thanks to all who contributed with exceptional workshops and posters, and to our participants for their continuous support for AHME and its great programming! We are also thankful for the efforts of those who worked behind the scenes in making our AHME Institute a great success: Dr. Kim Mohn, Sandi Parsons, Karen Zagar, and Tricia Gallagher.

AHME leadership has taken time to reflect on last year’s successful Institute and lessons learned. Those lessons have helped to improve and enhance our educational sessions and webinars offered over the past year and have contributed to the way in which the Academic Leadership Program Development (ALPD) Committee and our AHME Councils have finalized the program selection for the 2022 AHME Institute.

In prior years, the AHME Academy was also held in person. With the onset of COVID in 2020, the Academy was held virtually for the first time. The connectedness that characterizes AHME was not completely lost, and by holding the meeting virtually we were able to attract participants from all over the country and provide great programming. A special thanks to Carrie Eckart and the members of ALPD for planning another Fall Academy, which was held on September 10, 2021.

As I continue to reflect on gratitude for our AHME family, the many contributions of the Council of Osteopathic Education (COE) throughout the years are ones I especially wish to recognize. COE was created in 2016 to assist the Osteopathic community in navigating the transition to the ACGME Single Accreditation System. Initially led by Jonathan Rohrer, and in more recent years by Kerrie Jordan, Chair, and Lilia Wilson, Chair-Elect, COE surpassed all goals not only in transitioning Osteopathic programs to ACGME but also in providing a multitude of resources, among which were strategies for obtaining Osteopathic Recognition. Having fulfilled its mission, COE was dissolved in May 2021. Many thanks to our COE leaders for their dedication and support in the past 5 years! We look forward to their continued contributions and leadership in the future as they assist other AHME Councils in their efforts toward AHME’s commitment to providing valuable support to the Osteopathic community.

The Council of Program Administrators and Coordinators (COPAC), under the leadership of Susan Tovar, Chair, Brooke Moore, Chair-Elect, and Caroline Diez, Immediate Past-Chair, was instrumental in the launch of the inaugural GME Professionals Day on August 20, 2021. There are so many talented and hardworking individuals that contribute
We hope you were all able to celebrate your GME teams and show them your appreciation this year and will continue to do so going forward as GME.

Professionals Day is now established as an annual event for the 3rd Friday in August!

Our Council for Institutional Leaders (COIL), under Michelle Valdez, Chair, Krista Lombardo-Klefos, Chair-Elect, and Anne Hartford, Immediate Past Chair, provided a substantial portion of the excellent programming offered through the virtual 2021 AHME Institute. The Council also recently hosted an engaging and very practical webinar, featuring Michelle Valdez and Carrie Eckart as the presenters, titled, “Navigating the 2021 ACGME WebADS Update.” This session was regarded as one of AHME’s best ever.

Under the leadership of Neville Alberto, Chair, Dan Steigelman, Chair-Elect, and Julie McCausland, Immediate Past Chair, our Council on Transitional Year Program Directors (CTYPD) continues to thrive and provide much needed support to its members. Among its many accomplishments in 2021, CTYPD was instrumental in gathering CTYPD members as well as others involved in the Transitional Year for its Town Halls. During these sessions, best practices were shared, issues were discussed, and advocacy efforts were focused on the needs of this unique group of trainees and those responsible for their supervision.

Equally successful in 2021 were the leaders of the Council on Professional and Faculty Development (CPFD); Rebecca Daniel, Chair; Renee Connolly, Chair-Elect; Rob Martin, Immediate Past Chair; and Robert D’Antuono, Past Chair. In conjunction with AAMC, CPFD launched the Teaching for Quality (Te4Q) Longitudinal Development series in September. This unique 6-week opportunity will assist our membership in meeting requirements for faculty development in Quality Improvement.

Our AHME Newsletter continues to thrive and provide outstanding content under the direction of our AHME Editor-in-Chief and Incoming President, Venice VanHuse. We are grateful for her leadership and invaluable contributions to AHME throughout the years!

To our AHME Executive Board and ALPD, under the direction of our Immediate Past- President, Susan Greenwood-Clark, thank YOU for your support and commitment to AHME.

Lastly, to the many trainees in Graduate Medical Education programs—you give us purpose and direction. Thank you for valiantly pushing yourselves every day to provide the best possible care to your patients and for being the best that you can be amidst the most challenging of times! May you always hold on to the joy in medicine!

Medical Education in the Information Age: Engaging learners and creating change across the continuum

AHME Institute Plenary Session
Speaker: Graham McMahon, MD, MMSC, President & CEO, ACCME
G. Robert D’Antuono, MHA – Assistant Dean and Director, CME (Emeritus) at NYU-Langone Hospital, Long Island
Rebecca Daniel, MD, FACP- TY Program Director at St. Joseph Mercy Ann Arbor and Livingston
Robert Martin, MBA, CHCP, ORDM – Assistant Dean, Continuing Professional Development at NYU Long Island School of Medicine/NYU Langone-Long Island Hospital

AHME members had the good fortune to hear Dr. Graham McMahon, MD, MMSC, President and CEO of the Accreditation Council for Continuing Medical Education (ACCME), present an informative and comprehensive plenary presentation on the emerging challenges in medical education at the first virtual AHME Institute, May 2021. Nearly everyone in medical education today is challenged to master and design new, more effective ways to train medical students and residents and to provide continuing professional development to teaching faculty.

Dr. McMahon, a skilled thought leader of ACCME and clinician educator, has impressed us with his traditional and
innovative approaches to teaching and learning. An endocrinologist by training, he is an educator with experience at every level across the continuum. His passion for education is evident.

The COVID pandemic has created opportunities and challenges in medical education: Virtual learning has now become the standard method for learning and engagement. We are now better situated to enable blended pre- and post-learning activities, and faculty can be more flexible in curriculum development and planning.

Dr. McMahon presented five principles of innovative and effective educational practices:

- **Fundamentals of learning**
  Think about what distinguishes your learners. Are your learners experienced, competent learners that can retain information well and have an innate level of intellectual curiosity? Alternatively, are they motivated to achieve mastery yet challenged by a busy, stressful environment that may detract from learning? More importantly, are learners receiving feedback that correlates with competency? In the absence of feedback, learners are left to believe they are competent. Thus, there is a tendency for learners to become complacent and experience difficulty in achieving mastery. Mastery of learning can be achieved via carefully designed and managed curricula, as well as adopting assessments with actionable feedback and steps toward improvement. Dr. Graham stressed that clinicians are in fact motivated to achieve mastery and are especially responsive to comparative and constructive feedback. Fatigue, cynicism, and burnout interfere with learning and must be mitigated.

- **Case-based learning**
  Social learning can be used to explore cases. It is a cognitive process that takes place in a social context. It can occur purely through observation or direct instruction and in the absence of motor reproduction or direct reinforcement (Bandura). Barriers to learner engagement can be significant; for example, environmental distractions (noise, pagers, crowds), fatigue, low attention span of the learner, overconfidence, ambivalence or lack of motivation, and an overall group mentality regarding the case experience. Case selection is important to lessen the effect of the barriers. It should be interesting and meaningful with an achievable goal. Cases can be formatted to offer an individualized offering and build on prior learning. Offer hypotheticals or simulation. Making the case collaborative and a rewarding, positive and fun experience also helps enhance learner engagement.

In summary, the keys to case-based learning are:
- clear purpose of the case
- relevant to the learner
- appropriate complexity

(continued on page 4)
• safe learning environment and approach (e.g. “Which tests would you order?” rather than “What’s the correct test?”); and conclude with feedback and resolution from the faculty expert.

• Team-based learning
A social construct for learning is important as we are clearly in a different world with so many clinicians and staff involved in the care of one patient. The care of patients is increasingly interdependent upon a different range of professionals. Each member of the team will remember something different about the patient. Team-based learning is less efficient; however, the broader input from the team typically results in a better outcome due to the unique insights of each team member. Teams also reinforce and leverage human needs and when they are constructed to work well fulfill our need for belonging, esteem, and safety.

We must move to an environment that is improvement-focused rather than efficiency-focused and is psychologically safe for team members to express themselves and accept feedback. Teams fail due to inadequate communication, lack of team infrastructure, authoritarianism, hierarchies among the professions on the team, and inadequate attention to people and their needs. All these serve to create a negative learning environment for a team. Ensuring team diversity is essential as well to gain different perspectives from different backgrounds.

• Adaptive learning
Adaptive learning leverages both sophisticated and simple education technology tools. Educational technology means that you can be more efficient via individualized and adaptive learning plans. You can connect and compare learner groups. There is now evidence that online learning is more efficient. Gains in knowledge, skills, and attitudes occur faster than through traditional instructor-led methods. Online learning is more flexible and can accommodate diverse learning styles. The best of all, online learners have demonstrated increased retention rates, better utilization of content and better achievement of knowledge, skills and attitudes as previously mentioned.

• Faculty strategies
Faculty must push learners into a new learning zone which assures psychological safety and accountability. They must feel responsible for creating a learning environment that is positive. Faculty must have administrative skills, leadership skills and know how to understand how a learning environment promotes learning and well-being. The competency skills of learner feedback, scholarship, professionalism, assessment, program evaluation, remediation, clinical teaching and the science of learning are essential for all teaching faculty.

In summary, Dr. McMahon emphasized that powerful learning experiences can be engineered using available technology. Knowing your learner; building trust; incorporating assessment, feedback, active learning; and using a team as a learning unit are key to the medical education process.

**Milestones Update**

Laura Edgar, EdD, CAE – Executive Director of Milestone Development at ACGME

As we near the end of 2021, Milestones 2.0 are in place for half of the accredited specialties and subspecialties, and we anticipate that all specialties and subspecialties will be using Milestones 2.0 by July 2023. The changes in Milestones 2.0 and the addition of the Supplemental Guide have been well received. For those not yet using Milestones 2.0, here is a preview of what to expect:

1. A maximum of three themes (or rows) under each subcompetency
2. Rows will demonstrate a developmental trajectory (not a checklist of one or two milestones)
3. Simpler language – less “edu-speak” and no condensed paragraphs
4. Harmonized Milestones for the non-PC/MK competencies
5. Addition of a Supplemental Guide to aid programs in development of a shared mental model about what the Milestones look like in their program.

The first three changes are straightforward and the other two will be described next.

The Harmonized Milestones were developed based on feedback we received from program directors, faculty, DIO’s, learners, and patients (aka the public) regarding inconsistency in the non-PC/MK Milestones. To confirm some of what we heard about those Milestones, a qualitative research study was performed on the non-PC/MK Milestones. The results were published in *Academic Medicine*, “Competency Crosswalk: A Multispecialty Review of the Accreditation Council for Graduate Medical Education Milestones Across Four Competency Domains”. This study demonstrated a lot of crossover content as well as gaps among the specialties. To improve these competencies, four interdisciplinary, interprofessional groups came together to review current literature and determine the most important subcompetencies that were applicable across disciplines. Drafts of these Milestones were made available through public comment and adapted by the specialty-specific work groups in Milestones 2.0. Specialties are not required to use the same language, but they are encouraged to use the themes. At this point in development, most specialties and subspecialties have maintained these subcompetencies, themes, and most of the original language. It is important to note that these subcompetencies are also being used by the fellowship programs. Because of the change in context (specialty, program, institution, patient population), fellows must continue to be evaluated on the topics to ensure they can continue performing
at competent levels in the new context. Remember that the Milestones are competency-based and not time based—it is okay for a fellow to enter a program at high Milestone levels in these subcompetencies.

The addition of the Supplemental Guide is another big change. In Milestones 1.0, there were many questions regarding the intent of subcompetencies and individual milestones. For Milestones 2.0 a guide was developed that includes the intent of the subcompetencies, examples for each milestone level, assessment methods to consider, and resources that might be helpful to the program or the learner. The guide is available as a Word document which allows for programs to personalize them. In fact, customization is highly encouraged. The intent is that each program or CCC will create their own shared mental model of what these Milestones look like in their individual program. Because the context is different in each program, the examples may look different. There is also space for the program or CCC to add curriculum mapping as well as the specific assessment tools that will be used to assess a specific subcompetency. The Supplemental Guide may be updated more frequently than the Milestones to stay current with changes in medical knowledge or practice.

We want to remind you of the many resources available for free from the ACGME (https://www.acgme.org/What-We-Do/Accreditation/Milestones/Resources/). Currently, there are five guidebooks (Assessment Guidebook, Implementation Guidebook, Milestones Guidebook, Milestones Guidebook for Residents and Fellows, and Clinical Competency Committee Guidebook). Additionally, there are online resources such as two assessment tools (DOCC: Direct Observation of Clinical Care; and TEAM: Teamwork Effectiveness Assessment Module) and multiple webinars. Finally, a recent supplement of the Journal of Graduate Medical Education was devoted to Milestones, Assessment, and Clinical Competency Committees (https://meridian.allenpress.com/jgme/issue/13/2s). This supplement, along with all JGME issues, is available as open access.

Questions or concerns about the Milestones can be sent to milestones@acgme.org. If you have ideas for other resources, please share that as well. The ACGME is committed to continual improvement of the Milestones, the process for development, and helping programs and learners.

References:

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**Remediation Case Studies: Helping Struggling Medical Learners**

*Jeannette Guerrasio, MD – Internal Medicine Concierge Primary Care at Colorado Center of Medical Excellence*

After the positive response that AHME and I received from the first two editions of *Remediation of the Struggling Medical Learner*, our book agent suggested that we consider editing a case studies book to add to the blossoming field of medical learner remediation. The growing literature includes: evidence-based and eminence-based tips and practices on how to approach the struggling learner with new methods of early identification of underperforming learners; suggestions on how to best understand the learners’ deficits; and how to triage the educational needs of a struggling learner, build and implement efficient and effectual remediation plans, find appropriate resources, manage the institutional legal concerns, address changes to each learner’s academic status and ensure competent graduates. What we didn’t know was how these newly discovered techniques and practices were being implemented in the field and whether or not they worked across various institutions and learning environments. A look into case studies from around the world was one place to start. It also gave us another perspective on what has and has not worked in the remediation of struggling learners.

A call was placed for remediation cases through AHME while I contacted global experts in the field requesting their deidentified case contributions. We received cases from medical educators in MD, DO, PA, and OD programs. Each case described: how the learner was identified; what their learning deficits were; how they remediated the learner; whether it was successful; and what they had learned or would do differently in the future. The cases were overwhelmingly successful; however, as the editor I provided comments throughout each case to highlight key remediation points, thoughts for reflection, and other practical tips.

*Remediation Case Studies: Helping Struggling Medical Learners*, which will be available soon, includes 24 cases with a summary of general lessons learned at the end. It also includes various tools that were created at different institutions to facilitate remediation. The text is also cited with the most relevant and latest literature on remediation and medical education. Some may wish to read the text cover to cover, while others may prefer to choose cases based on the challenges that they need to address in a specific learner.

Having been at the forefront of this field of medical education for 15 years, I can honestly say that I continue to learn new tips every day. No two learners are alike, yet there are similar patterns and trends. The contributors offer cases that share new perspectives and tips on identifying, diagnosing, and characterizing struggling learners, giving feedback, remediating, disciplinary practices and institutional infrastructure considerations. I really hope that the readers of *Remediation Case Studies: Helping Struggling Medical Learners* find it helpful for their teaching practices and for their learners.
ECFMG|FAIMER Pathways: Providing Continuity and Assurance in a Time of Disruption

William W. Pinsky, M.D., FAAP, FACC – President and Chief Executive Officer at ECFMG|FAIMER and Chair, Board of Trustees for FAIMER

Necessity is the mother of invention. That adage was never truer than it has been during the COVID-19 pandemic. The challenges for the graduate medical education (GME) community—programs, trainees, and applicants alike—have been significant and are ongoing. To ensure the continuity of training and patient care, the world of academic medicine has been forced to adapt quickly and effectively.

In the case of ECFMG|FAIMER, this adaptation entailed developing the Pathways and incorporating them into its program of certification for international medical graduates (IMGs). Appropriate clinical and communication skills are essential to effective training and patient care, and ECFMG's program of certification always has included an evaluation of these skills. When the United States Medical Licensing Examination (USMLE) Program ceased administration of the Step 2 Clinical Skills (CS) exam, we moved quickly to develop and implement the Pathways as a replacement in order to continue to ensure that IMGs entering U.S. GME have appropriate clinical and communication skills. We owe this both to the public as well as to Program Directors.

First launched in September 2020 in preparation for the 2021 Match, the Pathways employ existing mechanisms, such as licensure to practice in another country and passage of a standardized clinical skills exam for medical licensure, to allow IMGs to demonstrate their clinical skills. These mechanisms were developed into five Pathways. For the 2022 Match, we added a sixth Pathway for IMGs who are not eligible for the other five Pathways and/or who failed the former Step 2 CS exam; these IMGs can have their clinical skills evaluated by licensed physicians using ECFMG’s Mini-Clinical Evaluation Exercise (Mini-CEX) during a series of real, in-person patient encounters.

To demonstrate communication skills, including English language proficiency, all IMGs who pursue a Pathway must attain a satisfactory score on the Occupational English Test (OET) Medicine. OET Medicine is designed specifically for physicians, in consultation with physicians. The test assesses the health care-specific English language competency and communication skills of physicians. It is more than a test of English language proficiency, emphasizing the type of language physicians will need to communicate effectively in a clinical setting with peers and patients.

Applicants who satisfy the clinical and communication skills for ECFMG Certification via a Pathway and OET Medicine must meet all other requirements for ECFMG Certification, including passage of the USMLE Step 1 and Step 2 Clinical Knowledge exams and primary-source verification by ECFMG of their medical education credentials.

During a time of profound disruption, the Pathways have allowed us to ensure the continuity and integrity of ECFMG Certification and the assurance it provides that IMGs certified by ECFMG are ready to engage in U.S. training. The Pathways also have ensured that U.S. program directors can continue to select from an ample, diverse, and highly qualified pool of IMGs. For thousands of qualified IMGs, the Pathways have meant the ability to pursue U.S. training without disruption.

The performance of the Pathways in meeting these goals has been extraordinary. For the 2021 Match, the Pathways contributed approximately 6,000 IMGs to the pool of Match registrants; this represents one-third of all IMGs in last year’s Match. Consistent with past years, IMG performance in the 2021 Match was strong; more than 7,500 IMGs obtained first-year residency positions, an increase of 132 from the previous year. The Pathways application season for the 2022 Match is underway, and applicant volume to date supports our projection that more IMGs will be able to participate. By the end of August 2021, with almost four months left in the Pathways application season for the 2022 Match, nearly 6,000 IMGs already had submitted a Pathway application, and more than half of these applications had been approved. Consistent with the 2021 Pathways, most IMGs have applied to Pathway 1, which is for individuals who already are licensed in another country.

For nearly 70 years, ECFMG’s program of certification has provided assurance that IMGs entering U.S. GME are ready to do so. Our commitment to continue to provide this vital service to the public and to the U.S. GME community challenged us to develop the Pathways—a robust and innovative solution for continuing to assure that IMGs entering our health care system have appropriate clinical and communication skills. Such assurance is critical to ensuring that qualified IMGs continue to train in the United States, where their talents and contributions are essential to accessible, high quality health care, during the current public health care crisis and beyond.
THE FOLLOWING ARTICLES ARE SUMMARIES OF AWARD WINNING POSTERS THAT WERE PRESENTED AT THE 2021 AHME INSTITUTE

The Impact of Internal Medicine Resident Physicians on Patient Satisfaction in the Inpatient Setting
Janeane Walker, PhD; John Delzell, MD, MSPH; Brittany Hobbs, MBA Northeast Georgia Medical Center

Does patient satisfaction in the inpatient setting improve with the addition of a new Internal Medicine residency program?
In July 2019, the inaugural class of resident physicians were introduced into Northeast Georgia Medical Center. This provided a unique opportunity to analyze changes in patient satisfaction as measured by The Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores before and after the resident physicians arrived. The HCAHPS survey is used to measure communication and quality of patient care. HCAHPS data is often used for hospital benchmarking of public perception surrounding the delivery of care. During our poster session at AHME in May 2021, we reported on improvements in our HCAHPS data with the introduction of our inaugural internal medicine resident physician program. The purpose of this study/poster was to explore whether the introduction of internal medicine resident physicians would impact HCAHPS scores of patients admitted by hospitalist faculty physicians.

This was a retrospective analysis of anonymous patient satisfaction survey data for internal medicine hospitalist teams from January 2019 to December 2019. We compared two groups: teaching hospitalists (N=12) and non-teaching hospitalists (N=34). Data were divided into two time periods (January to June: Pre-Residents; July to December: Post-Residents).

Our study looked at two specific composite topics: one related to provider/patient communication and the other to a global composite topic measuring the hospital’s ranking and willingness of patients to recommend the hospital. We used the three domains on the HCAHPS survey regarding provider/patient communication centered on courtesy and respect, the careful listening of doctors, and the explanation of care. There was a significant increase in the area of patients recommending the hospital for the teaching hospitalists when compared to the non-teaching hospitalists after the addition of a new internal medicine residency program. The project data illustrated how graduate medical education can affect hospital processes and hospital metrics such as HCAHPS in a community-based hospital.

It is not clear if this is generalizable to specialties beyond internal medicine. Prior work around patient satisfaction surveys has shown that interventions in communication can improve patient satisfaction but, in this case, there was no specific effort to change physician behavior. Resident physicians working on an inpatient medicine team may positively influence a patient’s stay in the hospital and their perception of the care that is received. Resident physicians are not listed as a provider on the HCAHPS survey, but they may have an impact on patient perception of the care provided. Currently we are working with our vendor, Press Ganey, to determine if we can isolate resident-specific data.

Correction Swap: Disruptive Innovation
Maggie Petre, BSM, C-TAGME; Meg Connolly; Marla Hartzan; MD; Greg Kirschner, MD – AdvocateAurora Health – Lutheran General Hospital
Mary Joyce Turner, MJ, RHIA, C-TAGME–AdvocateAurora Health

Program coordinators play a vital role in the administration and operations of their residency or fellowship program. When a coordinator position becomes unexpectedly open, there is a hardship for program directors, faculty, and residents and is disruptive to day-to-day program operations. Cross-training is a frequent strategy employed to cover gaps in staffing in the business arena but is not applied to medical education. Rather than one program coordinator covering another program without preparation, program coordinator cross-training would allow one coordinator to cover another program’s essential task consistent with their established processes and procedures. The objective of this initiative was to cross-train coordinators in one other program, identify and implement operations efficiency opportunities, and evaluate the overall experience.

We first sought buy-in from medical education leadership, followed by the two program directors and their program coordinators, to implement a 6-month swap. Program directors were in turn responsible for faculty and resident buy-in. Two coordinators (1 in psychiatry and 1 in family medicine) at a single academic center, Advocate Lutheran General Hospital, exchanged responsibility of programs and functioned as the coordinator for that program. The medical education manager conducted regular huddles with each coordinator and program leadership, discussing progress and next steps. Initial efforts focused on learning the new program (cross-training), evaluating existing processes, identifying opportunities for efficiencies, and ultimately buy-in from program leadership on opportunities before implementing any proposed change.

Overall, participants agreed that the swap benefited their respective programs. The coordinators can now cover for each other as needed with self-reported and observed “high levels of personal growth.” While anticipated, the initial level of participants’ anxiety, trepidation, and having someone else “inside their program” was higher than expected. In response, these anxieties were addressed early on at the 1:1 huddles. Interpersonal challenges and some resistance from faculty/residents were addressed through trust-building and ongoing communication. The focus shifted to ideal collaboration between coordinators. Assets associated with the swap included tackling inefficiencies, automation within the residency e-management system, and lean operation strategies. As one program director described it, this “disruptive
innovation” brought forth opportunities for automation of operations and cross-training. Due to the conflicts with program events (e.g., complexities in launching academic year; accreditation site visit), the swap ended after 4 ½ months with program directors noting that a 3-month duration (Feb-Apr) would be the “sweet spot.”

This pilot proved to be an effective way to cross-train program coordinators, enabling them to serve as backup coverage for another program other than their own. It also helped identify opportunities for the other programs that increased efficiency in operations and promoted significant professional growth in both coordinators. Key issues in selecting the programs to participate in such a cross-training program would be the timing of the year, duration, and obtaining the program director, program coordinator, resident, and faculty buy-in.

Graduate Medical Education Powered Business of Medicine Rotation: A Worthy Investment
Kristin Jacob, MD; Candace Smith-King, MD; Nicholas Cozzi, MD — Spectrum Health/Michigan State University

2nd Place Tie Poster Committee Winner at the 2021 AHME Institute

Graduating resident physicians possess the medical acumen and patient care breadth affording post-residency clinical success; however, often physicians-in-training lack the exposure and awareness of basic business tenets and their applicability to future practice. Seeking an intentional solution to this growing crisis, the Office of Medical Education embarked on a journey of delivering financial literacy, models of clinical practice, and operational leadership. A primary objective was exposing physicians to often intimidating topics in an approachable, applicable, and actionable manner.

From 2017 to 2020, 72 Spectrum Health trainees participated in the Business of Medicine rotation. This rotation is a two-week elective open to all residents. It consists of didactics, small group discussion, workshops, and off-site experiences. There are daily supplemental readings, and an individual project that includes interviewing two leaders and preparing a reflection paper and presentation. Examples of some of the topics include: High reliability organizations, process improvement, basics of hospital finance, contracts and negotiations, the case for well-being, mindfulness in medicine, medical malpractice, political history of the health care system, insurance basics, and a cultural intelligence workshop.

A pre- and post-survey were administered each year to evaluate the rotation qualitatively and assess knowledge acquisition. Evaluations are also completed after each session to iteratively improve the curriculum each year.

In 2017-2018, the same Likert scale evaluation tool was used in the pre-post assessments. Across all topics, the average pre-rotation survey value was 2.8 and the post rotation result was 4.1, showing notable global knowledge acquisition. The topics of highest knowledge acquisition were:
1) understanding financial resources to establish/manage business in today’s healthcare system;
2) understanding various clinical models; and,
3) understanding the healthcare movement system from volume to value.

In 2017-2020 post-surveys showed that 98% of residents would recommend this rotation to a colleague. Seventeen percent of participants rated the rotation as moderately valuable, and 81% rated the rotations as highly valuable to their medical education. Overall, 42% of participants rated the rotation as very good, and 54% rated it as excellent. One participant commented, “I’m grateful for the opportunity to have taken this elective as it opened my eyes to many of the things going on ‘behind the scenes’ in healthcare. There was a ton of practical information that I learned during these two weeks that will serve me well in my future career.”

In conclusion, the Business of Medicine elective has proved to be highly valued by participating trainees. This educational format offers effective knowledge acquisition of important topics with the focus on financial literacy, models of clinical practice, and operation leadership. Including topics of business in residents’ education continues to be important in developing empowered physicians.

One historical barrier of the two-week rotation is that only a small sample of residents and programs could commit to this elective due to clinical schedules. In 2020, a half day Annual Business of Medicine conference was launched for all residents. Protected time was encouraged and over one third of all residents/fellows attended.

Academic Program Coordinator Certificate Training Program
Kristi Hayworth, MA-HEd, C-TAGME – John Peter Smith Health Network
Lisa Nash, DO, MS HP-Ed, FAAFP; Aurea Baez-Martinez – University of North Texas Health Science Center – Texas College of Osteopathic Medicine

2nd Place Tie Viewer’s Choice Winner at the 2021 AHME Institute

As a former educator in both the public and private school sectors, the opportunity to move into higher education in the field of Graduate Medical Education (GME) was exciting and terrifying at the same time. So many unknowns: I didn’t know what I didn’t know.

One of the first things my first DIO told me was, “It will take you about three years to learn this job.” My initial internal response? Imagine wide-eyed emoji here. With help, guidance and on-the-job training, I survived my first year. Did I mention we were starting a new program in a hospital where none existed and one of my first tasks was to help write the ACGME Program Application?

The first group of residents arrived in year two and the learning curve steepened. By this time, I began to think, “There has to be a way to shorten the learning curve for this job.” Conversations with my DIO led to research and the realization that no educational institution offered an educational path or formal training for individuals new to or desiring to move into GME.

Accreditation requirements for Sponsoring Institutions, Residency and Fellowship programs are detailed and complex. Additionally, the expansion of GME nationwide combined with
revisions to ACGME Common Program Requirements which define and recognize the importance of Program Coordinators/Administrators (PC/As) highlighted the increasing need for qualified PC/As to administer and facilitate maintenance of academic and accreditation standards. The Program Coordinator Certificate Program (PCCP) would provide residency and fellowship administrators the opportunity to acquire the knowledge and develop skills needed to successfully administrate a residency or fellowship program.

Training would be composed of four tracks: Foundational, Administrative Critical Pathways, Cycles, and Emotional Intelligence. Courses would include topics in leadership and management, academics of GME, due process in GME, interpersonal and communication skills, well-being, program involvement, professionalism, and emotional intelligence.

The Foundational track will present the basics of GME and program management. Objectives of the Administrative track include managing academic and professionalism issues in residency. The Cycles track addresses managing and coordinating major components of the GME year such as recruiting, the Match, onboarding and orientation, and off-boarding and graduation, among others. Components of the Emotional Intelligence track provide opportunity to identify personal strengths and develop skills necessary to building and maintaining relationships within a program.

Individuals who complete the certificate program will be equipped to enter the GME workforce with competencies and skills needed to support the academic and accreditation requirements of a program. Online delivery of the certificate program will provide current and future program coordinators and administrators access to the program and the opportunity for personal and professional development. The aim of this program is to create a pipeline of qualified individuals prepared to successfully meet the demands of program administration.

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**Just in Time Teaching (JiTT)**

Infographics Teaching Tools: App Development to Support Technologically Assisted Faculty Development

_**Kelly Conlon, MS, C-TAGME; Melissa Affa; Alice Fornari, EdD, FAMEE, RDN – Northwell Health**_

Our poster at the 2021 AHME Institute focused on the fact that medical education, which relies heavily on faculty development, is moving into a paradigm that requires “Just-in-Time-Teaching” models for delivery of content. The use of technology-enhanced learning platforms is feasible and accessible to learners across the continuum of medical education and especially useful in geographically dispersed academic health systems. “Just in Time Teaching” (JiTT) infographics are a novel approach adaptable to diverse Resident as Teachers (RaT) programs to deliver evidence-based, clinically relevant teaching tips to trainees and clinical faculty. JiTT infographics are a pedagogical approach to provide timely and relevant teaching tips to trainees and faculty who need to engage with their learners and assure there is a robust teaching and learning environment in the patient care setting.

Infographics are adaptable to an array of clinical specialties.

As noted in the poster presentation, Northwell Health System’s Office of Academic Affairs has launched its _Just in Time Teaching (JiTT) Infographic Tools App_ to aid in the advancement of education, knowledge, and teaching skills for students, trainees and faculty across health professions.

The App framework is built on adult learning principles1 and the S.A.M.R. technology model2, with a focus on the “R” (Redefinition) technology, which emphasizes new tasks that were previously inconceivable.

The work that we did included a pilot study3 utilizing email to distribute JiTT infographics. Trainees and faculty reported overall satisfaction with the content and technology and a positive perception by trainees’ of their enhanced teaching skills. Faculty expressed the JiTT infographics were useful reminders to refresh and guide their teaching skills with trainees and students. Most importantly, it can be reported with certainty that the JiTT infographic program can be incorporated into busy, diverse teaching and clinical settings. The next step to achieve overall professional development goals was access on mobile devices as an Application (App).

We found that JiTT infographics are adaptable to an array of clinical specialties and include foundational teaching principles in areas such as setting expectations, questioning techniques, feedback and coaching, and bedside teaching. All foundational JiTTs have an audio recording of the content to listen to in order to increase access. Finally, these JiTTs also have an evidence-based article link to PubMed for additional information. Clinically, specific teaching techniques include content pertaining to internal and family medicine, pediatrics, obstetrics and gynecology, surgery, psychiatry, and neurology. Sub-specialties are also included. Optional review questions are in each category to self-assess knowledge acquired.

In a recent update in July 2021, we added three new categories: clinical consults, research, and social justice. In addition, on the About page there is a link to a YouTube video (How to use the JiTT Infographics App) on how to use the JiTT Infographics accessed on the App in real time with learners. A feedback survey (https://redcap.link/JiTTInfographics) is available and is an opportunity to identify collaborators on future JiTT Infographic content. In an App update in November 2021, we will add three new categories: professionalism, quality improvement, and self-care/well-being.

**References**


The Council of Program Administrators and Coordinators (COPAC) was proud to recognize the many professionals truly essential to the success of Graduate Medical Education programs and institutions with the inaugural GME Professionals Day on August 20, 2021. Most have heard of National Doctors Day, National Nurses Day, and Thank a Resident Day – all established recognition days within the Graduate Medical Education community – but they leave out extremely valuable members of leadership teams: the Professional Staff. Whatever the “title,” AHME and Graduate Medical Education professionals are compassionate, creative, and resilient. This day honors each and every one of you. Looking forward to celebrating the second GME Professionals Day on August 21, 2022!

“I feel fortunate to work with such a great group of people, all determined to do whatever it takes to ensure that our program runs as seamlessly as possible. I don’t expect recognition in my role as GME Program Specialist but it definitely felt good to be acknowledged for the hard work it takes to support our Residents and Fellows. It can be extremely challenging at times but knowing our efforts are appreciated makes the uphill climb far more enjoyable.”

Hallie Twomey, GME Program Specialist – BayCare Health System – Morton Plant Mease

“The meaning of the day and the support from our institutions and leaders are immeasurable. I very much appreciate the special day and the special acknowledgment to honor GME professionals because the work we do is indeed specialized and broad. We not only serve as administrators to do “the work,” but we serve beyond that, as counselors to our program directors. In our respective programs, we serve as coaches, teachers, and advisors to our trainees, and we serve as experts in our programs and institutional communities in all things VISA, ECFMG, ACGME, ERAS, NRMP, policy, human resources, finance, credentialing, etc. The direct impact GME professionals have on residents’ and fellows’ quality of training and their experience is one of the most meaningful and treasured aspects of the role that subsequently trickles to the care, attention, and empathy our residents and fellows continue to practice post-training.”

Denise De La Cruz, EdD, Program Administrator – The University of Texas MD Anderson Cancer Center

“I am incredibly grateful to be a part of a community that wants to recognize all of our hard work and dedication to Graduate Medical Education.”

Kristen Wilcox, C-TAGME, Program Manager – BayCare Medical Group – St. Joseph’s Children’s Hospital
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 by a member hospital in easily accessible locations or in a virtual format as the situation requires.

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 Webinars

AHME Members can register for the full series of webinars at a discounted rate. Members still have the option of registering for individual webinars at the regular rate of $75/per session.

Upcoming Webinar Schedule

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<th>Schedule</th>
<th>Sponsoring Council</th>
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<td>December 8, 2021</td>
<td>COPAC (Council of Program Administrators and Coordinators)</td>
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<tr>
<td>January 11, 2022</td>
<td>COIL (Council of Institutional Leaders)</td>
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<tr>
<td>March 8, 2022</td>
<td>COPAC (Council of Program Administrators and Coordinators)</td>
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<tr>
<td>June 7, 2022</td>
<td>CPFD (Council on Professional and Faculty Development)</td>
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<td>August 9, 2022</td>
<td>COIL (Council of Institutional Leaders)</td>
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<td>October 4, 2022</td>
<td>CTYPD (Council of Transitional Year Program Directors)</td>
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Package Price: $300.00
(includes 6 sessions shown in the schedule above)

Contact the AHME office at 724-864-7321 or info@ahme.org for more information or to receive the Webinar Package Registration Form. AHME members can also purchase the package on the Events page of the AHME website (www.ahme.org).

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.

REMEMBER AHME MEMBERS:

Information about AHME happenings are 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.
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:
- Wellness Policies
- WebAds Faculty Roster
- Resident Diversity and Inclusion Committee
- When do you allow TYs to leave for categorical training?

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 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.
The Association for Hospital Medical Education has put together an outstanding program for its 2022 AHME Institute! Sessions will include 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 four days (May 10-13) in a virtual format, the 2022 Institute will offer the same learning and networking opportunities with your colleagues and peers that you’ve come to expect, but you don’t have to leave your home or office. 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 three plenary session titles are:

- ACGME Update
- CLER Update 2022
- Milestones for the Clinician Educator: What Is Your Professional Development Trajectory?

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 2022 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
- **Networking** opportunities
- A **virtual poster session** to present what you and your peers in other institutions are doing to improve and advance your programs
- **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 full 2022 AHME Institute brochure and registration information will be available on the AHME website (www.ahme.org) on November 1, 2021.
Spend less time on administration and more time on education.

Optimize program administration, institutional oversight and improve processes with Med-Hub. Academic Institutions, programs, and medical schools like yours partner with MedHub to support student and trainee growth through meaningful, actionable data which drive outcome improvement. When you bring together education and technology to deliver program administration, compliance, and central governance you can focus on what really matters - empowering the next generation of medical professionals.

Visit medhub.com/ahme to learn more about how MedHub can help support your program goals.
Who we are
We’re made up of clinical education community members, technology experts, and thought leaders of clinical education. We believe that medical, nursing, and allied health students learn best when clinical sites and schools work together to create a safe and meaningful clinical learning environment.

What we do
We offer a platform with multi-directional data sharing that enables health systems, schools, students, and clinicians to coordinate, monitor, and measure student success in clinical settings.

Save 50% of your time and use Clinician Nexus to do the following:
- Manage interdisciplinary clinical capacity
- Automate and centralize application, onboarding, and offboarding requirements
- Connect with affiliated and non-affiliated schools to manage and share student information
- Collect anonymous feedback from students and preceptors about the experience, your site, and more
- Track students as future hires
- Run a report in under one minute

AHME FALL DEAL:
Sign up by November 1st, 2021, and receive 10% off your first year’s subscription.

Start your 30-day Free Trial today at ClinicianNexus.com.

Teach with purpose.
Make sure you have the best clinicians tomorrow by teaching with purpose today.

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Manage nursing students as groups or individuals.

Allied Health Students
Customize your requirements for over 25 allied health disciplines

Observers & Volunteers
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Want more information about AHME?
Contact Karen Zagar, Member Services, at 724-864-7321 or Karen@ahme.org.