With Every New Chapter, a New Story Begins

Tia O. Drake – Executive Director of AHME

Like many of my colleagues, I was significantly impacted by the effects of COVID-19, both personally and professionally. I lost friends, family members and colleagues due to illnesses, layoffs, and retirements. The last few years have been difficult, but my love for Graduate Medical Education was sustained despite the many challenges COVID presented. I was grateful to see heroes at all levels of GME: Program Directors, Institutional/Program Coordinators, faculty as well as other GME team members who worked tirelessly to sustain the quality of our medical education programs. They offered emotional support to tired residents/fellows and faculty and collaborated to share educational resources when opportunities were limited. Their dedication demonstrated the necessary commitment to excellence needed for GME. Resilience and grit were on display every day despite the relentless efforts of this virus. As COVID slowly became less likely to be the lead story on the morning news, I felt a burning desire to refocus and reignite my love for GME. I began to ask myself, “How must I enter this next era with greater resolve and support for these leaders?” So, I began to journal and list all the things I loved most about GME, the hardest job I have ever loved.

As the New Year holiday approached, I met 2023 with great inspiration. I accepted the challenge to join AHME as its new Executive Director, retiring from a 30+ year career at Washington University SOM. While I know it will be difficult to fill the enormous shoes of Kimball Mohn, MD, my friend and mentor, I am excited to lead an organization that has been near and dear to my heart for decades. As I prepared to join this group of leaders and team members who routinely inspire and amaze me, my joy for this profession was revitalized, and I felt ready to lead the organization that nurtured me, stretched me, and ultimately provided the opportunity to achieve goals I had only imagined. As I journaled, I recalled the many great leaders who challenged me along the way to step out of my comfort zone and “trust the process.” Members like Carolyn Snipe, Marlene Cooper and Isabella Alston who honed my skill as a presenter. There were so many others, Marilane Bond, EdD, MBA and Charlie Daschbach, MD, MPH, who encouraged me to seek leadership roles, which ultimately led to an appointment as President of AHME and DIO at Washington University. While I always felt these roles were literally the cherry on top of the sundae I called my career, I know now that having the opportunity to lead AHME into its future is truly the realization of a dream I never imagined was possible.

Today, as I revisit my journal entries, the most prominent reframe that emerged was my love for finding and nurturing future leaders in medical education. The work we do as GME leaders to provide oversight of programs, mentor struggling learners, support the well-being of residents/fellows and other GME professionals is difficult but ensures that the future of medical education remains in good hands in this country. No matter what role you currently hold at your institution, your dedication to excellence matters. I am confident that together we will raise awareness of the needed support for GME professionals, find innovative ways to combat common problems and make an indelible mark on the future of this valuable profession. So today, I offer a challenge to all those reading this article. How will you make...
Foundational Understandings of Precision Education: Right Physician, Right Training, Right Time

Kimberly D. Lomis, MD - Vice President, Medical Education Innovations at the American Medical Association

At the 2023 Annual Meeting of the American Medical Association, the Council on Medical Education hosted a Stakeholder Forum on the topic of Precision Education. The AMA Chief Academic Officer, Sanjay Desai, provided a description of the AMA’s emerging model of precision education, and led a panel of presenters who shared initiatives that illustrated key points of the model. Members of the Council served as a reactor panel, leading further discussion.

The AMA describes Precision Education as a strategy that leverages technology to enhance personalization of education and improve the efficiency of learning. Centered on improving outcomes for patients, and building on prior work that described the Master Adaptive Learner model, Precision Education adds a layer of data, informatics and tools such as artificial intelligence. This precision will promote a true continuum of competency development throughout one’s career and enhance the alignment between learning and practice. The same strategy can be applied at the level of groups or systems, to support continual improvement and learning in deliberately developmental organizations.

Panelists shared exemplar innovations in Precision Education across all levels of the medical education continuum:

- Jesse Burk-Rafel, MD, MRes, New York University School of Medicine, discussed several initiatives in which he is collaborating with others.

- NYU is collaborating with the AMA to use publicly available big data about clinical outcomes as a method to assess the effectiveness of medical school programs over time. The team has provided reports about graduate practice patterns to certain member organizations of the AMA ChangeMedEd initiative.
Carla Pugh, MD, PhD, Stanford Medicine, “Precision Feedback in Surgery”

Dr. Pugh, leader of Stanford’s Technology Enabled Clinical Improvement (TECI) Center, leverages haptic and other sensor technology to characterize expert performance in certain procedures, then uses that data to provide feedback to those in training. Her technology can measure pressure applied and strain placed on tissues, which is difficult for a human supervisor to perceive.

Kimberly Lomis, MD, American Medical Association “The Reconnect Pilot”

(co-investigators Dan Pickhardt, Joe Marks, Brian Tilley, Sanjay Desai and others)

A team at the AMA has developed an AI algorithm to align continuing professional development with a physician’s practice in an anticipatory way, by mining EHR data on upcoming patient visits and elevating learning resources most relevant to the physician’s practice. Learn more about Reconnect here.

In addition to supporting these projects, the AMA has just awarded a series of innovation grants and is establishing a community of practice around Precision Education. Collaborating with leaders in this space, the AMA Medical Education Unit is refining their model of Precision Education to inform broader experimentation in this arena.

Just as in healthcare delivery, the application of artificial intelligence and machine learning to processes of medical education offers tremendous potential. But responsible development also demands attention to potential pitfalls. The AMA Medical Education Unit is providing guidance to collaborators around critical issues such as data privacy, equity, and appropriate oversight of these tools.

By enabling personalization and bolstering the yield from time invested in learning, the American Medical Association anticipates that Precision Education can rekindle curiosity and the joy of learning among overworked physicians and trainees, enhancing physician well-being while improving patient outcomes.
The GME Ombudsperson — A Meaningful Role in the Learning and Working Environment

Tara Zahtila, DO - Vice President, Academic Affairs & Deputy Designated Institutional Official at Northwell Health; Wayne Shattes, MHA, FACHE - Vice President, Administration at Mather Hospital/Northwell Health & Ombudsperson; Sindee Weiss, MD, MEd, FACP - Program Director, Hospice & Palliative Medicine at North Shore University Hospital-Long Island Jewish Medical Center/Northwell Health & Ombudsperson

Northwell Health is committed to providing a supportive learning and working environment and ensuring trainees have access to numerous mechanisms to report concerns to program, site, and institutional leadership. In prioritizing this commitment, Northwell has implemented the role of GME Ombudspersons at each of its fifteen hospital training sites. These Ombudspersons are elected by the trainees and have become integral members of the GME community.

The role of the Ombudsperson is to:

1. Work with residents and fellows to explore and assist them in determining options to help resolve conflicts, problematic issues or concerns.
2. Serve to address formal concerns and/or complaints a trainee may have about their working conditions, the training program, Program Director, peers, staff or faculty members in accordance with the institution’s Grievance Policy and Procedure.
3. Bring systemic concerns to the attention of institutional leadership for resolution.

The Ombudspersons are introduced to trainees during the institutional orientation, and the role is continuously marketed via email, on the electronic residency management system home page, and via flyers which are posted in trainee lounges and workspaces throughout the organization. Importantly, while each of Northwell’s hospital sites has an Ombudsperson that is available to the trainees at the site, it is emphasized that trainees can contact their site

Ombudsperson or any Ombudsperson throughout the organization.

Our Ombudspersons have exhibited outstanding dedication and commitment to professionalism throughout their work, and we are delighted to share the following feedback from two members of the Ombudsperson team.

Wayne Shattes, MHA, FACHE - Vice President of Administration at Northwell Health Mather Hospital

“When our community hospital started its first residency program, I was asked to be the Ombudsperson. As a non-physician Vice President of Administration, I readily agreed but questioned how I could be of benefit to physician trainees when I had not gone through medical school and residency training myself. The physician who asked me to fill the Ombudsperson role indicated that she felt a VP of Hospital Administration would be good for the Ombudsperson role because there is no direct oversight of the residents, thus removing a potential perceived conflict. Hospital Administration has authority, and knowledge of the structure and functions of the hospital and can navigate concerns raised by residents.

During resident orientation, we discuss that an Ombudsperson is available to residents when they feel the need to go outside of the residency program structure. However, the Ombudsperson is not an advocate for the residents, but a person to help the resident navigate a concern.

When a resident brings a concern forward, we initially discuss confidentiality, review the concern, and, if appropriate, come up with options on how to address the concern. The resident’s permission is always obtained before any next steps are taken.

After speaking with a few residents, they stated the following are important attributes for the Ombudsperson role:

• One point of contact
• Has authority within the organization
• Ensures confidentiality

• Serves as an empathetic listener
• Discusses potential next steps and obtains residents’ approval before proceeding
• Provides updates
• Maintains availability
• Is open and unbiased

Being an Ombudsperson has been rewarding as I have met some amazing residents and had the opportunity to provide guidance.”

Sindee Weiss, MD, MSEd, FACP - Program Director, Palliative Medicine Fellowship & Director, Palliative Care and Advanced Illness Unit, Northwell Health

“The Ombudsperson plays a significant role in supporting the mission to provide a safe space for medical students, residents, and fellows to voice their concerns and discuss options for resolution. I have been an Ombudsperson for Northwell Health Trainees since the program’s inception. It is a privilege to serve as an independent, impartial ‘ear’ and offer my experience and guidance to those who need advice and support.

We are supported by the Office of Academic Affairs, working together to define our roles, develop outreach, and create guidelines. We meet quarterly with each other and leadership to share our work and learn from each other. We reach out to our trainees at orientation, conferences, via e-mail, and social media to raise awareness of who we are and what we do.”

As Dr. Weiss notes, all Ombudspersons participate in quarterly meetings with the DIO and members of institutional leadership, and while these meetings have created a forum for exchange of information, they have also inspired a number of performance improvement efforts throughout the institution. We are grateful for the meaningful impact our Ombudspersons have had on the learning and working environment at Northwell and are looking forward to continued progress for the trainees we serve.
LOA Impact

An AHME member shares her institution’s experience with the oversight of the ACGME LOA Requirements.

Kerrie J. Jordan, DHSc – Designated Institutional Official and Assistant Professor at Kansas City University

On July 1, 2022, new ACGME institutional requirements went into effect, mandating Sponsoring Institutions have leave policies that include a minimum of six paid weeks off for the first approved medical, parental, and caregiver leave during residency in a single program. This includes one additional week of paid leave during the same academic year a resident may have taken the approved six weeks.

In addition, the GMEC responsibilities expanded to include oversight of implementing these policies for vacation and leaves of absence. This includes informing applicants invited to interview for a resident position in writing or by electronic means of the policy, referencing the policy in the resident contract/appointment of appointment, and ensuring available well-being and education resources to minimize the impact of clinical assignments resulting from a resident on leave. Sponsoring Institutions were provided one year to implement these new requirements, and beginning July 1, 2023, the ACGME Institutional Review Committee will cite institutions for violations of the new requirements.

Like other Sponsoring Institutions, Kansas City University-Graduate Medical Education Consortium (KCU-GME Consortium) faces various challenges overseeing, supporting, and administering ACGME-accredited residency/fellowship programs. One unique challenge for the KCU-GME Consortium is the structure and how to navigate institutional policy that might overlap with state employment laws.

The Sponsoring Institution does not employ the residents/fellows across four states and eight healthcare institutions. The Sponsoring Institution is contracted to affiliated hospitals and private practice sites through legal affiliation agreements, which outline obligations with KCU serving as the Sponsoring Institution. One obligation for the healthcare institutions that serve as the primary participating sites is that they employ the residents/fellows.

KCU-GME Consortium, through its GMEC, made a significant revision to its vacation and leave of absence policy and oversight of applying the policy due to the July 1, 2022 ACGME institutional requirements. The policy is intended to ensure programs guide residents/fellows regarding their employer’s policy on vacation and leaves of absence consistent with the institutional policy and applicable laws, the effect that leaves may have on their ability to complete the training program, and the impact a leave may have on their eligibility for board certification.

The policy and procedures were expanded in 2022 to include the procedure for oversight by the Sponsoring Institution’s GMEC, ensuring programs implement the institutional policy for vacation and leaves of absence, including medical, parental, and caregiver leaves of absence. The policy includes a listing of available resources to support residents/fellows’ well-being and education resulting from a leave. Information regarding leaves is provided to applicants invited to interview, timely notice of the effects of leaves is provided to the resident/fellow outlining specialty board eligibility requirements due to leave, and that each resident/fellow is provided with a minimum of six weeks of approved paid medical, parental, and caregiver leaves(s) of absence for qualifying reasons consistent with applicable laws beginning the day the resident first starts their training program. This includes a minimum of one additional week of paid leave during the same academic year the resident/fellow was approved for a one-time six-week paid leave during residency. The policy mandates explicitly that the six weeks cannot be used immediately. It outlines the process for submitting and approving leave requests by following their specific program/employer policy reviewed by the DIO each year to ensure the employer policy on leaves aligns with the institution’s policy. In addition, under the GMEC’s direction, the institution collects copies of signed attestations from each applicant invited to interview, attesting they were provided the institutional policies on leaves. The GMEC oversees leaves of absence per the policy and applicable laws by ensuring the policy is directly contained in each resident/fellow contract/appointment agreement.

Furthermore, during each GMEC meeting, “Oversight of Resident/Fellow LOAs” is a standing item on the GMEC agenda. A deidentified tracking sheet with the reason for a resident’s or a fellow’s leave, verification of the institutional leave policy and applicable leave was applied, the resident was notified of the effects of leave, and continuation of health and disability insurance benefits was provided during the leave. The GMEC briefly discusses how the information was verified; the DIO summarizes the verification. There is no further discussion if the GMEC agrees with the DIO summary. The GMEC keeps an ongoing list to know how many and for what reasons residents/fellows are on leave at any given time.
Institute, the CTYPD conducted a late-breaking topics at the 2023 AHME. His inquiry and a chance to present for certain curricular designs. With queried the CTYPD on best practices. We had approximately 175 participants. Mentorship of UIM resident physicians. Encouraged us to reflect on implicit tools to recruit resident physicians. Improvement. Dr. Youmans discussed. Inclusion and Belonging: A Toolkit for Diversity, Equity, Inclusion, and Social Influencers of Health; and how requirements for scholarly activity are programmed. At the 2023 AHME Institute, Drs. Neville Alberto, Rebecca Daniel, Lori Weber, and myself presented the survey findings and gave presentations on best practices for these topics.

Julie McCausland, MD, MS, FACEP a past Chair of the CTYPD, reflected in an AHME News article (Spring 2023) about “The Promise of Competency-Based Medical Education” efforts through the Organization of Program Director Associations (OPDA) with presentations by organizations across medical education and certifying spectrum to continuing to help TY programs. We sought to describe how programs deliver education on: physician well-being; opioid use disorder; diversity, equity, inclusion and social influencers of health; and how requirements for scholarly activity are programmed. At the 2023 AHME Institute, Drs. Neville Alberto, Rebecca Daniel, Lori Weber, and myself presented the survey findings and gave presentations on best practices for these topics.

Council Spotlight – Council of Transitional Year Program Directors (CTYPD)

Daniel A. Steigelman, MD, FAAAI, FAAP – Chair, Council of Transitional Year Program Directors

The Council of Transitional Year Program Directors (CTYPD) connects ACGME-accredited TY Residency Programs together. Since I assumed the Chair position at the 2022 AHME Institute, the Council leadership and its past Chairs have sought to bring meaningful information and ideas to its membership. The membership may continue to expand as have TY programs accredited by the ACGME: as of the 2021-22 academic year, it reports 1,767 residents in 178 programs (median 10), 12 of which are new programs (0 residents).

The fall 2022 AHME webinar hosted by CTYPD invited Quentin R. Youmans, MD, MSc to speak on improving Diversity, Equity, Inclusion, and Belonging (DEIB) in our institutions with a talk entitled “Moving from Diversity to Inclusion and Belonging: A Toolkit for Improvement.” Dr. Youmans discussed tools to recruit resident physicians Underrepresented In Medicine (UIM), encouraged us to reflect on implicit and explicit biases, and recommended mentorship of UIM resident physicians. We had approximately 175 participants.

In October 2022, a Program Director queried the CTYPD on best practices for certain curricular designs. With his inquiry and a chance to present late-breaking topics at the 2023 AHME Institute, the CTYPD conducted a survey of its membership early in 2023. We sought to describe how programs deliver education on: physician well-being; opioid use disorder; diversity, equity, inclusion and social influencers of health; and how requirements for scholarly activity are programmed. At the 2023 AHME Institute, Drs. Neville Alberto, Rebecca Daniel, Lori Weber, and myself presented the survey findings and gave presentations on best practices for these topics.

Julie McCausland, MD, MS, FACEP a past Chair of the CTYPD, reflected in an AHME News article (Spring 2023) about “The Promise of Competency-Based Medical Education” efforts through the Organization of Program Director Associations (OPDA) with presentations by organizations across medical education and certifying spectrum that will bring both medical learners and clinician educators improved competency-based outcomes. Dr. McCausland has steadfastly promoted the interests of the TY community within OPDA.

In a related note about TY advocacy, in May 2023 the CTYPD became aware of the San Francisco (SF) Match proposed plan to exempt prospective ophthalmology residents from applying through the National Residency Match Program (NRMP), implying TY programs would have to matriculate PGY-1 ophthalmology residents without the ability to review them in the NRMP. CTYPD reached out to the Association of University Professors of Ophthalmology (AUPO), the group that owns and operates the SF Match, and met with SF Match’s Director and Manager to ensure the concerns of TY Programs were heard. The SF Match followed up with a separate discussion with NRMP to explore the issue more fully. Two points were held as salient: 1) any ophthalmology applicant who was not matched in the SF Match and didn’t apply in the NRMP match for an internship would be without a training position; and, 2) the TYPD must have an inherent right to review and match residents into their programs independent of the gaining PGY-2 program. CTYPD will continue to monitor and advocate for TY Programs as new information on this issue becomes available.

The CTYPD is looking forward to continuing to help TY programs develop the next generation of medical learners and support their educators. To that end, the AHME webinar hosted by CTYPD on October 3, 2023 was conducted by invited speakers Richard Peng and Michele Oesterheld from the Association of American Medical Colleges (AAMC) on the topic of evolving data and changes within the ERAS system. New application components include experiences and geography data, and program signaling has been made available to specialties. The CTYPD is considering whether to
include program signaling in the NRMP. CTYPD’s Chair-Elect, Joanne Zhu, MD, moderated the session.

As we look forward to the 2024 AHME Institute, the Chairs of both CTYPD and the Council on Professional and Faculty Development (CPFD) have developed educational content that could benefit both Councils. Through AHME’s Academic Leadership & Professional Development Division (ALPD), we have sought to work in collaboration to co-sponsor certain oral presentations for topics applicable to both communities. Please look for these details when the final AHME Institute program is published, and we hope to see you in Phoenix May 8-10, 2024!

To close, I express my thanks to the CTYPD Executive Council, CTYPD Membership, and AHME for supporting the TY Programs. TY programs offer the most closely overseen and outcomes-based approach with the goal of educating our future physician workforce.

The Council of Transitional Year Program Directors is a national resource for TY programs supported by the Association for Hospital Medical Education. If you are a member of AHME and interested in becoming a part of this Council, you can login to the Members area on the website (www.AHME.org) and click on the “Councils” tab on the left sidebar. When you select “Learn More” under the CTYPD content paragraph, you will be taken to the CTYPD page where you will find a “Join Today” button. Complete the form, being sure to check “Council of Transitional Year Program Directors (CTYPD)” at the top.

**Highlights of the 2023 AHME Institute**

Venice VanHuse, MPA – Immediate Past President of AHME

Wilhelmine Wiese-Rometsch, MD – Past President of AHME

AHME’s first return to an in-person Institute took place April 26th through the 28th at the Austin Marriott Downtown in Austin, Texas. We exceeded expectations with the number of AHME members and nonmembers in attendance. It was such an amazing feeling to see old friends and to meet new ones. Networking is such an important part of our Institute. Interacting with people, sharing ideas, information, and best practices, and developing new relationships helped to transition from the perils of COVID-19.

The Institute commenced with a day filled with educational sessions coordinated by 3 of our 4 Councils – the Council of Institutional Leaders (COIL), the Council of Program Administrators & Coordinators (COPAC), and the Council on Professional & Faculty Development (CPFD). These sessions did not disappoint. The Plenary for the day was presented by Dr. Thomas Nasca, ACGME President & CEO. He started by paying tribute to Dr. Kimball Mohn as he transitioned from his role as AHME’s Executive Director into retirement. In a room filled with an attentive audience, Dr. Nasca presented on ACGME Updates, capturing the vision and strategies of the ACGME to improve healthcare. AHME’s traditional “Welcome Luncheon” for first-time attendees proved to be a favorable event packed with newcomers. The luncheon was facilitated by Tia Drake, incoming AHME Executive Director. She shared her experience as a first-time attendee many years ago. She reminisced about feeling welcomed by members of AHME leadership which started her journey and engagement leading to her deep appreciation for AHME. Other members of AHME leadership – including the current and past Presidents, Council Chairs, and Region Representatives – sat at every table for informal chats with newcomers, which added another level of connection with this group creating networking opportunities with newcomers for years to come. The day ended with the “Meet the Exhibitors Reception,” a social gathering for all attendees to meet and socialize with exhibitors and each other. Exhibitors from all over the country returned to AHME as they eagerly awaited our first in-person Institute since the pandemic. Several new exhibitors also showcased their products, and we anticipate their return in 2024.

Days 2 and 3 continued with Council Breakout Meetings to encourage participants to join our Councils and further explore AHME more intimately. Educational sessions uniting our Council for Transitional Year Program Directors (CTYPD) with speakers, including members of the TY Review Committee, provided valuable updates to this group. The “Ask the Experts Luncheon” allowed our audience to connect one-on-one with speakers to ask questions and further their interest in medical education topics. AHME’s Poster Session featured a record number of well-thought-out and substantive abstract proposals. Posters were displayed and attendees cast their votes for the top three. The winners, who presented during the Poster Showcase, provided a summary to give the audience a more in-depth understanding of their project and an opportunity to delve deeper via a Q & A period. AHME’s “Annual Business Luncheon,” which is open to all attendees, was facilitated by the outgoing President Venice VanHuse and included reports from our leadership, gratitude for our participants, and a celebration of our success. Several awards were given as a token of gratitude to AHME members completing their appointments. A heartfelt tribute was paid to Dr. Kim Mohn recognizing his years of service and commitment to AHME.

We attribute the success of the 2023 Institute to AHME’s Executive Director, AHME Leadership, Staff, and the Academic Leadership Planning and Development (ALPD) Division and its Chair, Dr. Wilhelmine Wiese-Rometsch. Below are some testimonials from a mix of attendees at the 2023 Institute:

- I really feel [the Institute] gave me motivation. Being back in person helped me to feel excited about my job again and [reminded me] how what we do is so important…

  *Kelli Moses — Program Manager at UTHSC*

- Outstanding conference, thank you so much to all involved. It was inspiring and motivational and a wonderful networking opportunity.

  *Heidi Kromrei, PhD - DIO at Trinity Health Oakland*

(continued on page 8)
• This was a very informative conference. The real heart of this Institute is the information shared by other programs to help streamline processes or implement a QI project. I loved the AHME conference— the sessions along with the networking are invaluable! Sheri Pappas, Residency Program Manager at Texas A&M Health – Psychiatry & Behavioral Sciences

• Every presentation I attended had many valuable takeaways…[The conference] brought a sense of community into my professional development, and I am definitely going to suggest implementation of so many best practices. THANK YOU! THANK YOU! Tricia Frost - GME Manager at Family Health Centers of San Diego

• Attending the AHME Institute was the best propulsion factor for a myriad of reasons—from inspiring independence yet fostering team efforts to meeting stakeholders and making face-to-face contact with my own and other institutional leaders. And, overall, an event for many different learning opportunities and interests. It was my first time attending and I am already so excited for next year! Aida I. Markley, MEd - Program Coordinator at HCA Florida North Florida Hospital

AHME continues to thrive under its Board, Executive Director, Leadership, Presidents, Council Chairs, Regional Representatives, staff and its members. The 2023 in-person Institute brought us back together as a family and allowed us to network and connect once again. Although AHME’s virtual Institutes were tremendously successful, the atmosphere at the 2023 in-person Institute in Austin was amazing. It was lively and filled with engagement and participation which filled our yearning for face-to-face contact.

We wish you all success during this new academic year and look forward to seeing you at the 2024 AHME Institute at the Hilton Phoenix Tapatio Cliffs Resort in Phoenix, Arizona, May 8-10, 2024. Let’s make the 2024 Institute even more memorable!

The following articles are summaries of award-winning posters that were presented at the 2023 AHME Institute

Improving Resident Participation in Reporting Patient Safety and Quality Concerns
Steven R. Craig, MD, MACP and Hayden Smith, PhD, MPA – Unitypoint Health – Des Moines

First Place Poster Committee Winner at the 2023 AHME Institute

Background: The Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements for residency programs specify that all residents must participate in reporting patient safety events during training.

Rationale for Study: A baseline resident survey in 2020 at the study institution confirmed few residents were using the institution’s reporting system to submit patient safety and quality concerns. Two primary reported barriers were a lack of familiarity with how to use the reporting system and a lack of feedback on how submitted concerns were being addressed. Subsequently, a team of residents and faculty mentors initiated a two-year project to improve resident experiential learning in reporting patient safety and quality concerns at the institution.

In Year 1, the team developed educational materials on how to submit a concern using the reporting system. A short video and written materials were shared with all 115 residents working at the institution. The team then developed a protocol that included presenting all resident submissions from the prior 30 days at the monthly Resident Quality Council (RQC) meetings - where the submissions were reviewed with resident representatives from each residency program and representatives from the Quality Improvement Department, Pharmacy, Nursing, and the Chief Safety Officer of the institution. After the RQC meeting, any resident who submitted a concern was sent a notification by email updating them how the concern is being addressed to improve patient safety and quality at the institution.

In Year 2, a requirement was added that all first-year residents must submit at least one patient safety concern during their intern year.

Results: The project led to a marked increase in the number of resident submissions of patient safety and quality concerns in the institution’s reporting system (see Figure). During Year 2, 38 out of 39 first-year residents from all residency programs submitted at least one concern. Resident surveys showed...
a high level of satisfaction with the new process for addressing resident submissions of patient safety and quality concerns.

**Conclusions:** The new system identified a number of very significant resident-submitted safety and quality concerns that are being addressed and will contribute to improved care at the institution. The Chief Safety Officer and Quality Improvement Department at the institution have seen the value of the new system. They have agreed to take over the responsibility for tracking resident submissions, bringing them for discussion at the monthly RQC meetings, and sending follow-up emails to residents about how their submissions are being addressed at the conclusion of the current QI project in June 2023.

**Increasing Awareness of the GME Institutional Coordinator Role to Enhance Institutional Oversight**

Nikita Daniel, MBA, BS; LaToya Wright, BBA, C-TAGME; Melissa D. Perry, MEd, C-TAGME - University of Texas Southwestern Medical Center

Laura L. Frost, C-TAGME; Craig Ziegler, MA - University of Louisville School of Medicine

Kelly Aronson, MBA, C-TAGME – Detroit Medical Center

First Place Viewer’s Choice Winner at the 2023 AHME Institute

The Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements (IRs) state the Sponsoring Institution (SI) is responsible for the oversight and support of every accredited program with an appointed Designated Institutional Official (DIO) which has the authority and responsibility for the oversight and administration of its programs. The Institutional Coordinator (IC) plays an integral role in the daily operations of a SI and is the administrator(s) who assists the DIO and Associate DIO (if applicable) in accreditation oversight, educational programming, and support of the institution and programs.

While the ACGME acknowledges the IC role, our intention was to gather information on how ICs are functioning nationally. We hope to increase awareness of the role and help facilitate the development of a formal definition in the ACGME Glossary with inclusion of requirements related to dedicated time and support for the IC in upcoming IR revisions. This is to support SIs in right-sizing GME office structures.

Using the ACGME Bootcamp for ICs (Introduction to the SI and Clinical Learning Environment) and our tasks as reference, our survey grouped 44 tasks across six domains.

An email list was compiled of 1,287 individuals assigned the IC user role in ACGME’s Accreditation Data System (ADS). Sixty-three individuals were ICs for more than one SI; one individual was listed for 22 SIs which resulted in distribution to 1,224 individuals.

We assumed results would show multiple variations of how ICs function since the role is not defined by the ACGME, unlike other leadership roles. The results showed 76.8% of respondents were operating as ICs with 22.4% being titled as the IC. The results revealed the IC user role within ADS is being utilized by:

- individuals solely functioning as IC;
- ICs with dual roles (Program Coordinators, GME Director, Associate DIO); and,
- others with no IC responsibilities which indicates additional user roles are needed.

We hoped the results would allow a standard description of the IC role. However, the data showed a great deal of variability in job functions across institutions. While most respondents reported their institution addresses the 44 tasks on the survey, fulfillment of the ICs assigned tasks varied across institutions. Of the 44 tasks assessed, the results showed ICs on average engage in anywhere from 41% to 75% of the 6 task classifications and overall, 55% of all 44 tasks, which can lead to an excessive workload.

A correlation between the number of ACGME programs and the number of GME staff exists, Rs=.61, P < .001, indicating a strong association and the need for a minimum FTE for ICs ratio to the number of programs and residents/fellows consistent with how other entities are listed in the requirements.

We are further analyzing the data collected to continue to bring awareness to the IC role and the urgency in defining the role to optimize GME oversight at an institutional level, to encourage institutions to champion change, and to increase recognition of the IC as a professional role within the GME office at the institutional and ACGME level.
Melissa Molina-Trinidad, MBA, C-TAGME — COPAC Chair

On behalf of AHME, we recognize everyone who plays a pivotal role in the field of Graduate Medical Education. Regardless of your title or years in the field, you are an important asset to the leadership team and we are proud of you! Let’s continue to make a positive impact together!

We look forward to celebrating the fourth GME Professionals Day with you on Friday, August 16, 2024! #GMEProfessionalsDay

WSU GME Professionals Day

DIO Dr. Andrew Yacht, Institutional Coordinator Vencie VanHuse, GME office staff and Training Program Administrators celebrating the important work they do!

East Tennessee State University —
We would like to take this time to recognize the immense dedication of each of you who are part of the 18 ACGME program administrators, dental residency program administrators, non-ACGME program administrators, and numerous additional program staff that support our Residency and Fellowship Programs, some of whom are pictured here. You are key to their success!

“I’ve had the opportunity to be on many teams in my life, and by far this is the one I’m most proud of. As a colleague and as a friend, thank you for being a part of our team.”
— Julie Michalove, DIO

Ohio State Emergency Medicine Residency@OhioStateEMRes

Geisinger GME Professionals Day
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Sponsoring Council</th>
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<tbody>
<tr>
<td>December 5, 2023</td>
<td>COPAC (Council of Program Administrators and Coordinators)</td>
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<tr>
<td>January 9, 2024</td>
<td>COIL (Council of Institutional Leaders)</td>
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<tr>
<td>February 29, 2024</td>
<td>COPAC (Council of Program Administrators and Coordinators)</td>
</tr>
<tr>
<td>June 4, 2024</td>
<td>CPFD (Council on Professional and Faculty Development)</td>
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<tr>
<td>August 6, 2024</td>
<td>COIL (Council of Institutional Leaders)</td>
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<tr>
<td>October 1, 2024</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)

AHME members can purchase the package on the Events page of the AHME website (www.ahme.org).

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 2024 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 May 8-10, the 2024 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
From Undergraduate to Graduate Medical Education: Collaborative Solutions to a Complex Ecosystem

Keep in mind that there are 45 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 2024 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

At the Hilton Phoenix Tapatio Cliffs Resort, you will find a lovely retreat nestled in the desert mountain landscape. 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 2024 AHME Institute brochure and registration information will be available on the AHME website (www.ahme.org) in early November. Be sure to block your calendar for the 3-day Institute, and come learn with us!
MESSAGE BOARD CORNER

THE NEW AHME MESSAGE BOARD IS OPEN FOR MEMBER USE!

To join the message board, click here for the Sign Up button. The new platform is set up to manually accept applications, this is to keep the platform secure from threats. New applications will be accepted every morning and afternoon. For security reasons, we will only accept work email addresses and each application will be reviewed for authenticity. The Board is currently set up with threads that were used on the prior platform and will work similarly as in the past. Click on a thread (topic of interest) and then you can choose to post to a topic or select the box to the right to “Start New Post”. At the top right, you will see a “Follow” button. This is the area you will choose to receive updates to threads of interest.

Please review the Message Board Guidelines prior to posting on the platform to ensure we maintain the highest degree of professionalism and integrity on the board. We hope you find the new Message Board to be a valuable resource to post and request information from your colleagues. Please feel free to share any comments, suggestions, or concerns with us as we embark on this new resource. Any questions regarding the registration process or the new platform can be directed to Karen Zagar, Message Board Administrator.

AHME News Feedback

Please give us feedback on the AHME News content and coverage by sending an email to sandl@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:

- New Member Welcome Area
- Institutional Leaders & Administrators (COIL)
- Program Administrators & Coordinators (COPAC)
- Transitional Year Program Directors (CTYPD)
- Professional & Faculty Development (CPF D)
- Sample Job Descriptions

If you haven’t done so already, please sign up and start sharing with the medical education community.
AHME offers 2 Indispensable 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.
Route to:

_____ Program Director
_____ Colleague
_____ GME
_____ CME

Want more information about AHME?

Contact Karen Zagar, Member Services, at 724-864-7321 or Karen@ahme.org.