



Item: AS: I-3

COMMITTEE ON ACADEMIC AND STUDENT AFFAIRS

Tuesday, March 17, 2016

SUBJECT: ANNUAL REPORT ON GRADUATE MEDICAL EDUCATION

PROPOSED COMMITTEE ACTION

No action is necessary. This item is only informational.

BACKGROUND INFORMATION

Florida Atlantic University's Charles E. Schmidt College of Medicine is the institutional sponsor of graduate medical education programs (i.e. residencies and fellowships) accredited by the Accreditation Council for Graduate Medical Education (ACGME). This includes the ongoing commitment to provide the necessary educational, financial, physical and human resources needed to comply with all applicable ACGME and specialty board requirements related to these programs. The institution has appointed a Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC) that are responsible for oversight of all programs and compliance with the ACGME institutional, common and specialty specific program requirements. The College had an ACGME institutional site visit on December 8, 2015 and transitioned from initial to continued accreditation effective April 27, 2016, with no citations.

As part of the accreditation process, ACGME requires that the FAU Board of Trustees receive an annual report from the DIO regarding graduate medical education programs. No action is necessary, as this is purely an informational item. The College will inform ACGME that the dean has submitted this document to the University BOT, so that it can be noted in the agency's records.

IMPLEMENTATION PLAN/DATE

N/A

FISCAL IMPLICATIONS

N/A

Supporting Documentation: DIO Report

Presented by: Dr. Phillip Boiselle, Dean of Medicine

Phone: 561-297-4341

Florida Atlantic University
Charles E. Schmidt College of Medicine
Graduate Medical Education Annual Report

2015 – 16 Academic Year

Institution:

The Charles E. Schmidt College of Medicine within Florida Atlantic University [FAU COM] is the institutional sponsor of graduate medical education programs [residencies and fellowships] accredited by the ACGME [Accreditation Council for Graduate Medical Education]. This includes the ongoing commitment to provide the necessary educational, financial, physical and human resources needed to comply with all applicable ACGME and specialty board requirements related to these programs.

The College of Medicine and Florida Atlantic University have ultimate responsibility for and authority for oversight over the administration of graduate medical education and each program, including the resident/fellow assignments and the quality of the learning and working environment at all participating sites.

For this purpose, the institution has appointed a Designated Institutional Official [DIO] and Graduate Medical Education Committee [GMEC] that are responsible for oversight of all programs and compliance with the ACGME institutional, common and specialty specific program requirements. FAU COM had an ACGME institutional site visit on December 8, 2015 and transitioned from initial to continued accreditation effective April 27, 2016, with no citations.

GMEC and DIO:

At the beginning of the academic year 2015-16, Dr. Friedland, Interim Vice Dean for Graduate Medical Education and DIO, became unable to continue to fulfill his duties due to a severe illness, and Dr. Thomas Genuit was appointed as Interim DIO.

The search for a permanent replacement was concluded successfully and Dr. Lee Learman began working in his role as Senior Associate Dean for Graduate Medical Education and DIO in October 2015. Dr. Learman also fills the function of Senior Associate Dean for Academic Affairs, tying faculty development across undergraduate and graduate medical education. To support these two important functions, the College of Medicine appointed Dr. Roger Smith as Assistant Dean of Graduate Medical Education and Dr. Mark Di Corcia as Assistant Dean of Academic Affairs.

The GME administrator separated from the University on January 2, 2017. The GME Office is currently supported by an Academic Specialist who serves as the Interim Coordinator of GME. A search for the next GME administrator began on January 3, 2017.

The Graduate Medical Education Committee [GMEC] met nine times during the academic year 2015-16. To improve communication and coordination across programs, voting membership was extended to all 3 program directors and the Assistant Dean of Graduate Medical Education and non-voting membership was extended to the associate program directors for the Internal Medicine [IM] Program, program coordinators for

the IM, General Surgery [GS] and Emergency Medicine [EM] programs and the Hospital Consortium Clinical Learning Environment Review [CLER] committee representative[s].

The DIO completed the annual ACGME WebADS online information update and reviewed the IM program annual report and WebADS update.

The DIO/GMEC reviewed the duty hour reporting for the academic year 2015-16: there were no major or systematic violations; all residents and faculty were educated on duty hour regulations and fatigue prevention, recognition and management.

The DIO/GMEC has been conducting a review and revision of the GME policy manual.

ACGME Sponsored Programs

Emergency Medicine:

FAU COM applied for initial accreditation of an EM Residency Program in December 2015 and received accreditation on April 21, 2016, with one citation that was addressed by clarifying the program's schedule of clinical rotations. The three-year clinical program is approved for six residents per year.

The EM PD, Dr. Richard Shih, began working in July 2015. The program will participate in the National Residency Matching Program [NRMP] match in 2017 and the first class of Post Graduate Year [PGY]1 residents will begin their training in the academic year 2017-18.

To establish the needed resources, the EM PD hired five core academic faculty and a program coordinator during the academic year 2015-16.

General Surgery:

FAU COM applied for initial accreditation of a GS Residency Program in December 2015 and received accreditation on March 31, 2016. The program is approved for a total of 45 residents: 7 residents per year in the full five-year clinical program, and 10 additional PGY1 and PGY2 residents in preliminary positions. The accreditation letter noted resolution of all 6 citations from the prior application in 2014. There was one new citation regarding the program's completeness and accuracy of administrative data at the time of the site visit.

The GS PD, Dr. Genuit, began working in July 2015. The program successfully recruited outside the NRMP match and placed 15 residents, 5 in each of the PGY1, PGY2 and PGY3 levels.

To establish the needed resources, the GS PD hired 3 core academic faculty and a program coordinator during the academic year 2015-2016.

Internal Medicine:

The IM Residency program engaged in its second match and filled all categorical and preliminary positions for 2015-16. The program is approved for a total of 96 residents, 30 per year in the 3-year clinical program and 6 PGY1 residents in preliminary positions. The first class of categorical residents completed their PGY2 year and the second class of categorical residents and preliminary residents completed their PGY1 year in June 2016.

Three additional faculty were added and an additional staff member was added to provide additional administrative support considering growing faculty numbers and programmatic needs.

The IM program's post-accreditation site visit occurred in December 2015 and the program transitioned from initial to continued accreditation on April 8, 2016 with extension of its prior citation regarding the need to improve the program's research component and the residents' exposure to an environment of inquiry and scholarship: "The Committee noted the steps the program has taken to address this concern, and that the program continues to explore ways to improve its scholarly environment. The Committee is encouraged by the program's efforts, and will continue to monitor this citation annually."

IM program performance for 2015-16 was assessed using the GMEC-approved criteria. In November 2015, the GMEC appointed a Special Review Committee to address areas of underperformance in 2014-15. After the 2016 Residency Survey in April 2016 showed a further decline in compliance with the program requirements, the GMEC approved a transition in the program director from Dr. Bernardo Obeso to Dr. Joseph Ouslander, Professor and Chair, Integrated Medical Science Department, in the College of Medicine.

Dr. Ouslander assumed the IM Program Director position on July 1, 2016, and organized the program to implement a series of initiatives to address areas of underperformance:

1. Scholarly Activity. Initiatives include a mentorship program, didactic research curriculum, expansion of journal club activities, development of clinical research databases, access to support by biostatisticians and reference librarians and protected time for research. Residents have made oral and poster presentations of their research and submitted five manuscripts to peer-review journals. Recruitment for additional academic faculty continues to expand the program's core group of research mentors.
2. Faculty Development. A customized approach to faculty development was taken with meetings conducted to more effectively address individual rotation/faculty issues. The topics included: goals and objectives for the program and rotations; implementation logistics; assessing resident performance, the evaluation processes and milestones and competencies.
3. Resident use of data to improve systems of care, reduce health care disparities and improve patient outcomes. To ensure effective standardization and oversight of transitions of care, consistent faculty presence was implemented for all morning sign-outs for all teaching services, and a standardized sign-out tool (IPASS) was implemented. Resident progress notes were converted to electronic documentation; a secure share-point site was established for secure transfer of documentation during sign-out. Patient care loads and transitions of care were monitored by the Program Director.
4. Fatigue Management, Mitigation & Education. IM residents and faculty were re-oriented regarding the institutional policy on duty hours and fatigue management, as well as SAFER program information (Sleep Alertness & Fatigue Education in Residency). Night Medicine Rotation schedules were structured to maximize safety and to assure dedicated call rooms for residents use. Information and policy statements were posted in the call rooms.
5. New Resident QI Initiatives. Two new initiatives were launched: (1) "Code Sepsis" - Residents on ICU rotations respond to patients screening positive for sepsis on the floors, initiate treatment and transfer to their care in the ICU as needed, in alignment with evidence-based sepsis initiatives; (2) Hospital Readmissions Analysis – While on the required Quality Improvement Patient Safety (QIPS) rotation, residents perform a root cause analysis on reason for hospital readmissions.
6. Poor and declining performance on Resident Survey. A new PD was appointed, key issues were identified and resident workgroups were developed to address specific concerns regarding the learning

environment, confidentiality of evaluations, adequacy of feedback and emphasis on education over service. Lines of communication with the residents have improved and there is increased resident participation in the Program Evaluation Process, accreditation visit preparations, curriculum planning and other program initiatives. Residents meet in work groups, under the leadership of peer-elected resident leaders, to propose improvements in the program, which are then evaluated by the core faculty and Program Director. In addition, the DIO holds monthly meetings with the peer-elected resident representatives from each program year, and several of the representatives serve as voting members on the GMEC. The Program Director conducts Town Hall meetings with the full residency monthly, and the DIO checks in with the full residency on a quarterly basis.

The DIO will continue to update the GMEC and GME Consortium Hospital Partners regularly regarding the progress of our 3 ACGME-accredited programs (IM, Surgery and Emergency Medicine) as well as the Psychiatry and Neurology programs that are currently in development and not yet accredited.

Submitted January 12, 2017

Lee Learman

Lee A. Learman, MD, PhD
Professor of Integrated Medical Science
Senior Associate Dean for Graduate Medical Education and Academic Affairs
Designated Institutional Official
Charles E. Schmidt College of Medicine
Florida Atlantic University