

## **Graduate Medical Education Report**

In accordance with accreditation standards of the Accreditation Council for Graduate Medical Education (ACGME), the University of Illinois Hospital & Health Sciences System (UI Health) in conjunction with the University of Illinois College of Medicine submits to the Board of Trustees this yearly report concerning the state of Graduate Medical Education programs sponsored by the Chicago campus. Additional programs are separately sponsored by the Peoria, Rockford and Urbana campuses and are not included in this report.

### **Introduction**

Graduate Medical Education represents additional training for individual learners following graduation from medical school. Through residency and fellowship training programs, learners participate in advanced training that lead to skills, knowledge and professional attitude acquisitions that ultimately lead to eligibility for board certification in specific specialty areas of medicine. The total number of learners enrolled during 2014-2015 was 830. In addition to programs within the University System (inclusive of the Jesse Brown Veterans Hospital), we have major affiliated programs at Advocate Christ Hospital, Advocate Illinois Masonic Hospital, Advocate Lutheran General, Mercy Hospital, McNeal Hospital, and Mount Sinai Hospital.

### **Sponsorships and Accreditation**

The University of Illinois sponsors 144 residency and fellowship programs across the Chicago campus and its affiliated institutions. During 2014-2015, 58 of these programs were accredited by the Accreditation Council for Graduate Medical Education (ACGME), the national body that sets standards for graduate medical education. Eighty-four fellowships were institutionally approved through the Graduate Medical Education Committee (GMEC), of which 31 were active during 2014-2015. Effective July 1, 2015, sponsorship of the Family Medicine program at Advocate Illinois Masonic Medical Center was transferred to Advocate Illinois Masonic Medical Center or their administrative oversight. A consequence of this transfer for the current 2015-2016 academic year is a reduction from 58 to 57 sponsored ACGME-accredited programs. All remaining programs would qualify for accreditation if accreditation were offered by ACGME or other accrediting bodies.

The accreditation process includes an on-site visit every one to ten years, with reports issued by the ACGME identifying areas of non-compliance when benchmarked against accreditation standards. Programs with significant citations may receive accreditation cycle lengths of less than the maximum of ten years. As of June 30, 2015, 53 programs were participating in ACGME's Next Accreditation System (NAS) or under guidelines informed by its standards. Five programs with the accreditation status of "Initial Accreditation" (Advanced Heart Failure & Transplant Cardiology, Sleep Medicine, Transplant Hepatology, Clinical Informatics, and Adolescent Pediatrics) are expected to transition to the NAS following their initial site visits which typically occur within two years after initial accreditation.

## **Outcomes for 2014-2015**

The University of Illinois (Chicago Campus) has full ACGME accreditation at the institutional level, with a ten-year accreditation review cycle under the NAS. The first self-study visit is tentatively set for April 2018.

Ten training programs were reviewed by the ACGME during 2014-2015. The Surgery and Dermatology residency programs, both of which previously had probationary accreditation status, earned continued full accreditation and were transitioned to the NAS. Currently, two fellowship programs, Hematopathology and Surgical Critical Care, have the status of “Continued Full Accreditation with Warning”. The GMEC is monitoring the actions plans and their implementation for both programs to ensure that they are restored to “Continued Full Accreditation” status at the time of their next annual document review.

In May 2014, the UI Health had its first ACGME Clinical Learning Environment Review (CLER) site visit. A team of three site visitors met with members of the College of Medicine and Hospital leadership, senior leaders of patient safety and healthcare quality, and with large groups of peer-selected residents/fellows, faculty members, and GME program directors. The site visitors conducted a series of walking rounds on multiple clinical sites within the hospital, holding one-on-one discussions with individual residents, nurses, and other staff that they encountered. At the end of the visit, the site visitors met for a final debriefing and feedback session with Dr. Bryan Becker, then UI Hospital CEO; Dr. Henry Dove, ACGME Designated Institutional Official; and other members of the senior leadership team. The findings of the CLER visit were contained in a letter from the site visitors dated June 30, 2014. The first CLER visit served to establish an institutional baseline for all subsequent CLER visits; therefore, findings were provided without recommendations for action.

The CLER site visitors noted significant transitions in leadership of UI Health. They also noted several areas for potential improvement, including resident engagement in patient safety and quality improvement projects; identifying variability in the care provided to known vulnerable patient populations; creating a common approach to managing patient hand-offs; creating a system by which nurses and others can identify an individual resident’s competency to perform clinical procedures; and addressing issues related to fatigue management and mitigation, and various professionalism topics. We view these results as a call for action by UIC-GME and UI Health leaders to work collaboratively to develop processes and systems to mitigate the issues raised by the ACGME-CLER visitors. Action plans are being developed and implemented in preparation for the second CLER site visit scheduled to occur during the 2015-2016 academic year. GME will receive 2 weeks notification prior to the visit.

Program directors, Department Heads and the Graduate Medical Education Committee are working in conjunction with the GME administration/leadership, UI Health leadership, and with support from the Dean’s office, to achieve full compliance in all areas.

*The National Resident Matching Program (NRMP)* is the principal source for recruitment of trainees. During the 2014-15 recruitment cycle, UI (Chicago) filled 194 out of 195 positions offered in the NRMP Main Match. Of matched positions, 19 % were from UI College of Medicine campuses (17% Chicago, 1% Peoria, and 1% Rockford). Seventeen percent of entering trainees were graduates from other Illinois medical schools. The largest proportion of entering trainees (48%) was from U.S. medical schools outside of Illinois, and 16 % were graduates of international medical schools. By virtue of the demographics of matched individuals and benchmarking against program-specific selection metrics, the match was deemed highly successful.

## **Focus for the Upcoming Year (2015-2016)**

Areas of focus in the coming year include:

- Continued implementation of the ACGME Next Accreditation System (NAS), with its emphasis on monitoring trainee achievement of specified competencies in clinical training as determined by achievement of milestones as trainees progress through program curricula.
- Working with UI Health leadership, College of Medicine leadership, program directors, and residents to act on the findings of the CLER site visitors in preparation for the second CLER visit to be scheduled during the 2015-16 academic year.
- Identifying new and innovative opportunities for departments to enhance GME, through an incentive program with funds that have been committed by the COM. This incentive program is now in its second year of implementation and considered successful by program directors and Department Heads.

The resources for sustaining GME programming are increasingly constrained. As our affiliated institutions, guided by fiscal constraints, begin to retreat from previous levels of GME support and funding, UIC is faced with finding alternative measures to support and fund our GME programming. Searching for grants, donor contributions, partnering with international Colleges of Medicine, and evaluating program size and efficiencies are but some of the measures being taken to address what appears to be an issue for the foreseeable future for Graduate Medical Education.

- GME and the College of Medicine are happy to welcome Raymond Curry, MD as the new Senior Associate Dean for Educational Affairs at the College of Medicine. Dr. Curry has over 15 years' experience as leader of a large GME consortium at another major medical center, and we look forward to his informed leadership.

Graduate Medical Education programs are essential to the educational, clinical and service missions of the College of Medicine, UI Health, and the University of Illinois. The College of Medicine and UI Health share strategic alignment in promoting and continually improving the University's GME programs. We are committed to the work of transforming our GME programs to serve as destination sites for future learners.

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