

Graduate Medical Education Committee Report Academic Year 2006-2007

There are 109 graduate medical education programs sponsored by the UIC College of Medicine at Chicago. Fifty-one of these programs are ACGME (Accreditation Council on Graduate Medical Education)-approved graduate medical education programs; 57 are GMEC (Graduate Medical Education Committee)-approved fellowships; and one (Internal Medicine/Emergency Medicine) is a combined program for which there is no ACGME accreditation. During 2006-2007, the combined Internal Medicine/ Pediatrics program received initial accreditation as an independent program. In addition, the General Surgery Program at Mt. Sinai Medical Center became a UIC-COM sponsored program. The College of Medicine received continued full institutional accreditation for five years, effective 10/18/2006.

All of the programs are approved by the College's Graduate Medical Education Committee. Most of these programs have residents/fellows spending time in our hospital and clinics. Most of the ACGME programs have full or continuing full accreditation. Three programs, Internal Medicine/Cardiology, Internal Medicine/Interventional Cardiology, and Internal Medicine/Rheumatology have continuing full accreditation with warning. Two programs, Orthopaedic Surgery and Thoracic Surgery are currently on probation.

During the Academic Year 2006-2007, 18 of the ACGME programs were reviewed by the Accreditation Council on Graduate Medical Education (ACGME) and its Residency Review Committees (RRCs). The citations listed in the ACGME-RRC letters are summarized in the appendix to this document.

Noted in the reports of accreditation received during AY 2006-2007 were the following general concerns.

- The patient experience citations generally related to limited experience in some specific patient grouping.
- Most curricular citations related to insufficient documentation of conference attendance.
- The evaluation issues primarily related to ensuring that completing residents are competent to practice independently. Neonatology was cited for failure to ensure completion of evaluations and confidentiality of resident evaluations of faculty and of the program.
- General Surgery/UIMCC was notified by the ACGME that 15% of their residents had reported duty hours violations on the resident survey. The program investigated the reported violations and responded to the RRC in a satisfactory manner.

Otolaryngology was cited for failure to provide education to residents and faculty regarding recognizing signs of fatigue.

- Child Psychiatry and Neonatology were asked to provide written guidelines describing supervisory lines of authority.
- The Institutional Review Committee commended the institution for our demonstrated substantial compliance with the ACGME's Institutional Requirements. The IRC noted four areas of concern, for which a progress report was requested and accepted.
- The internal review reports were said to provide evidence that not all residents participate in the web-based core curriculum. Our February 2007 response to the ACGME noted that no resident is allowed to receive his/her Certificate of Completion until his/her core curriculum requirement has been met.
- The ACGME encourages us to include all residents in quality assurance and performance improvement activities, not just chief residents.
- Examples of core competency assessment tools other than written evaluations or mock oral examinations and in-training exams were not provided. In our response, we provided additional examples.
- The ACGME could not find examples of process improvement efforts used to resolve programs' weaknesses. Our response to the ACGME provided examples of the facilitating measures that we provide to assist our residency programs when they are having difficulties, or when problems are identified and improvement is needed.

In addition to the reviews of the programs by the ACGME, the College of Medicine reviews all programs between the visits of the RRCs and during the past year eleven were reviewed. The COM's Graduate Medical Education Committee meets monthly, and membership includes program directors, faculty members, peer-selected resident representatives, and representatives from constituencies such as the University of Illinois Medical Center at Chicago, our major affiliated hospitals, and related areas such as the Department of Medical Education. The GMEC provides oversight of the graduate medical education programs through the RRC and the internal reviews.

A standard internal review process is followed for every UIC-COM program. Internal reviews are conducted at the midpoint between RRC visits. An internal review committee is formed, including a representative of GME administration, a faculty member from another department, and a resident from another program. Interviews are held with the program director, department head, residents, chief residents, faculty members, and faculty or other outside constituents who interact with residents from the program being reviewed. A comprehensive report from the

Internal Review Committee is provided to the GMEC following each internal review. The internal review process includes the following activities:

- A review of the most recent RRC accreditation letter and the previous internal review report, and an examination of changes that have been made by the program in response to those reports.
- An examination of the program's written goals and objectives, and an analysis of achievement of the goals and objectives, including an examination of the accomplishments of recent program graduates, including Board pass rates.
- An examination of the curriculum, including ensuring that written goals and objectives are provided for each of the general competencies. The rotations, didactics, core curriculum completion, and scholarly activity are all analyzed.
- An examination of the clinical base, the academic base, and the balance between educational and clinical activities.
- An analysis of the quality of house staff, including evaluating selection criteria and recent match results, and interviews with representatives from within the program and faculty who interact with trainees in the program.
- An analysis of program resources, including financial resources, space, call rooms, and computer access.
- An analysis of program administration and supervision of residents.
- An extensive analysis of the evaluation methods used by the program, including evaluation of residents, of faculty, and of the program and institution. The internal reviewer ensures that each program utilizes the evaluation methods that are outlined in the ACGME common program requirements. Methods and procedures reviewed include: global supervisory evaluations to determine level of competence and ability in skills, knowledge and attitudes; various outcome measures of core competencies including in-service examinations, objective structured clinical examinations, portfolio, procedure logs, program directors semi-annual performance review; defined promotion and graduation criteria; education committee review of each residents preparedness for advancement to the next level; and procedures for identification and remediation of problems.

Every internal review report includes the internal review committee's recommendations for improving the program. The report is provided to the GMEC for discussion and approval. If a

follow-up report toward progress in implementing the recommendations of the committee is indicated, the GMEC will make that request to the program director, and the follow-up report will be presented at a future GMEC meeting.

All residency programs have documented curricula with stated goals and objectives which clearly indicate the criteria for advancement in the program and increasing levels of responsibility. Supervision by faculty is an essential component of the curricula and is monitored carefully. All patient care provided by a resident is done with the direction and supervision of attending physicians. Junior residents may be supervised by more senior residents to the extent of the senior residents' own responsibility, but not beyond.

Patient care responsibilities assigned to the residents are commensurate with their level of training, according to the ACGME special requirements for the training program and the judgment of the program director. Each program has defined in writing the expected competencies and degree of responsibility allowed for each level of residency. Any patient care provided by the resident must be within the content of the residency program, except where care is given in emergency situations.

The safety and quality of patient care provided by the residents is an important component of the residency programs. The Associate Medical Director of the UIMCC is a member of the Graduate Medical Education Committee, and during Academic Year 2006-2007 there were frequent GMEC discussions regarding patient safety, especially regarding infection control and hand-off procedures. A Patient Safety module has recently been added to the GME On-Line Core Curriculum, in addition to the patient safety training that is provided at new resident orientation.

Evaluation methods are in place to maintain the quality of the resident physicians. These methods include: Evaluation by faculty during each program rotation to determine level of competence and ability in skills, knowledge and attitudes; and residency committee and program director's review of the composite of faculty evaluations, residents' performance on the in-service examinations, and in consideration of each resident's preparedness for advancement to the next level.

The ACGME and the American Board of Medical Specialties have collaborated to develop a series of general competencies in which all medical residents must demonstrate competence before they can graduate from their programs. In response to this requirement, in 2002-2003 the Department of Medical Education developed and implemented an objective standardized clinical exam (OSCE) for formative assessment of communication and interpersonal skills of resident physicians. All PGY1 and PGY2 residents entering UIC programs for the first time in June/July 2007 received a skills assessment as part of their new resident orientation. Residents were required to demonstrate proficiency on selected procedures before they would be allowed to perform those procedures on patients in the UIMCC. The graduate medical education program continues its association with a Department of Medical Education faculty member who takes the lead in development and implementation of the standardized patient assessment methods. The faculty member is

responsible for development of appropriate learning objectives and programmatic curriculum development.

All residents and fellows entering UIC-COM residency and fellowship programs are appropriately credentialed and qualified. Every resident or fellow is required to meet all of the Preconditions of Appointment, as noted in the *Resident Agreement*.

To meet these preconditions, each resident or fellow must:

- Graduate from a recognized school of medicine, osteopathy, or equivalent academic training prior to beginning residency training
- Possess a valid State of Illinois medical license
- Undergo an exclusions/sanctions check and criminal background check and meet all University requirements thereto
- Be eligible for employment according to applicable law and University policy
- Meet all qualifications for Resident eligibility as described in the most recent ACGME *Essentials of Accredited Residencies in Graduate Medical Education*
- Comply with University policy requiring an initial health evaluation and all immunizations and tests as outlined in the GME policy manual, including drug testing
- Comply with all other requirements as set forth in the GME Policy & Procedures Manual, and all other University requirements

Resident duty hours are monitored and discussed on an ongoing basis. The GMEC continues to monitor the web-based rotation evaluation form that includes questions relating to institutional requirements including duty hours, security, and facilities. All residents are required to use the web-based system which is part of the New Innovations residency tracking system. In addition to the evaluations system, the Director of GME Programming conducts regular interviews with the residents in each program, to discuss compliance with the duty hours requirements. Care is taken to interview residents separate from their supervisors. Duty hours issues are also discussed as part of the internal review process. When potential duty hours violations are noted, they are reported to the GMEC, and the Senior Associate Dean and/or GME Office immediately follow up with the program director and department head. Persistent violations will be dealt with in the harshest allowable manner, including closing down a residency program if necessary. One program, Neurosurgery, has been granted an exception to the 80-hour rule; their residents are restricted to an 88-hour week.

