

Graduate Medical Education Report

In accordance with accreditation standards of the Accreditation Council for Graduate Medical Education (ACGME), the University of Illinois at Chicago (UIC) submits to the Board of Trustees a yearly report concerning the state of its Graduate Medical Education programs.

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 competencies in specific areas of medicine. The University sponsors 133 programs across the Chicago campus and all affiliated institutions. The total number of learners enrolled is 840. In addition to programs within the University System (including the 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.

Fifty-five of the programs are accredited by the Accreditation Council for Graduate Medical Education (ACGME), the national body that sets standards for graduate medical education; 77 are Graduate Medical Education Committee (GMEC)-approved fellowships (31 of which were active during 2013-2014); and one is a combined program for which there is recognition by the ACGME but without formal accreditation. One additional program, Clinical Informatics, has been granted initial ACGME accreditation, effective July 1, 2015. 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. On July 1, 2013, seven specialty programs began participating in the Next Accreditation System (NAS). All remaining programs will enter the NAS during 2014-2015.

Outcomes

Four programs were reviewed by the ACGME during 2013-2014. Our ACGME institutional accreditation site visit occurred in January 2012, and resulted in continued full accreditation with a two-year review cycle. A progress report was submitted to the ACGME on February 3, 2014. Based on the information provided in the progress report, the ACGME continued full accreditation with a ten-year cycle, and with the first self-study visit to be scheduled in approximately April 2016.

The Surgery and Dermatology residency programs currently have probationary accreditation status. They underwent site surveys in August and September, 2014, respectively. We are awaiting the outcomes of those surveys.

In May 2014, the UI Health underwent its first ACGME Clinical Learning Environment Review (CLER) site visit. A team of three site visitors met with members of College of Medicine and Hospital leadership; with 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 of 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, UI

Health CEO; Dr. Henry Dove, 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 serves to establish an institutional baseline for all subsequent CLER visits; therefore, findings were provided with no 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 UIC-GME and UI Health leaders to work together to address the issues raised by the CLER visitors.

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

The proposed consolidation of management responsibility and operational authority for all Graduate Medical Education programs under the College of Medicine has not been implemented.

Focus for the Upcoming Year (2014-2015)

Areas of focus in the coming year include:

- Continued implementation of the ACGME Next Accreditation System (NAS), The NAS emphasizes monitoring trainee achievement of specified clinical training milestones in the curriculum.
- Working with UI Health leadership, College of Medicine leadership, program directors, and residents to act on the findings of the CLER site visitors.
- 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.

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.