

### **Graduate Medical Education Report**

In accordance with accreditation standards of the Accreditation Council for Graduate Medical Education (ACGME), the University of Illinois Hospital and Health Sciences System (UI Health) submits to the Board of Trustees a yearly report concerning the state of its Graduate Medical Education programs.

Graduate Medical Education represents additional training for individuals (learners) following graduation from medical school. These are termed residencies or fellowships and represent training and acquisition of competencies in specific areas of medicine. The University sponsors 116 programs across all affiliated institutions for learners based on the Chicago campus. This totals 828 learners. 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, and Mount Sinai Hospital. Fifty-three of the programs are accredited by the ACGME, the national body that sets standards for graduate medical education; 62 are GMEC-approved fellowships; and one is a combined program for which there is no ACGME accreditation. The approval process includes on-site visits every one to five years, with reports issued by the ACGME identifying areas of non-compliance with accreditation standards. Programs with significant citations may receive accreditation cycle lengths of less than the maximum of five years. Twelve programs were reviewed in 2011-12. The average review cycle length for all ACGME accredited programs at UI Health in Chicago is currently 4.2 years. This represents an improvement in cycle length from 2010 when it was 3.3 years. However, our ACGME institutional accreditation site visit, separate from individual program site visits, occurred in January 2012. This visit resulted in a two-year accreditation cycle.

Recent citations include the following:

- 1 program with excess program director leadership turnover.
- 1 program with too many disparate training sites.
- 1 program with inadequate examination rooms in its main clinical site.
- 6 programs were cited for insufficient faculty with appropriate board certification.
- Several programs did not demonstrate required linking of their educational goals and objectives to ACGME core competencies.
- 4 programs were cited for insufficient patient numbers to meet optimal training goals.
- 8 programs were identified as needing to improve their evaluation processes.

Program directors and department heads are working, with support of GME administration and leadership, to achieve full compliance.

Four major areas of concern were identified in the institutional accreditation visit:

1. A need for heightened oversight of the College's residency programs by the Graduate Medical Education Committee, or GMEC, a council of program directors under the leadership of the Designated Institutional Officer, or DIO, charged with monitoring the ACGME standards compliance of programs and of the training environment.
2. Suboptimal institutional support for program directors.
3. The sponsoring institution's disaster plan policy did not include a provision for continuation of resident salaries and benefits in the event of a disaster or interruption in patient care.
4. It was not apparent that the sponsoring institution consistently provides an educational and work environment in which heavy clinical work demands do not interfere with resident and fellow education.

Citations #2 and #3 have been resolved across all programs. Action plans are being implemented to address Citations #1 and #4. Ongoing progress is monitored by the DIO, Senior Associate Dean for Educational Affairs, and GMEC, along with the Dean of the COM and VPHA. We anticipate that all issues will be resolved by July 1, 2013, nine months prior to the next ACGME institutional review.

Areas of focus in the coming year include:

- Preparation for the April 2014 ACGME institutional site visit.
- Preparation for implementation of the ACGME Next Accreditation System (NAS), a new accreditation process that ACGME is rolling out. The NAS emphasizes monitoring trainee achievement of clinical training milestones in the curriculum.
- Preparation for implementation of the ACGME Clinical Learning Environment Review (CLER): The ACGME will assess clinical training sites, administrative personnel, and infrastructure, with a focus on quality improvement, patient safety, transitions of care, supervision, duty hours, fatigue management and mitigation, and professionalism.
- Identifying new and innovative opportunities for departments to enhance graduate medical education, through an incentive program with funds that have been committed by the Office of the Dean in the COM.

The ACGME NAS and CLER are phasing in nationally over the next two academic years, beginning July 1, 2013 and ending June 30, 2015.

This report is submitted to the Board of Trustees by the College of Medicine through the Office of the Vice President for Health Affairs.