

GRADUATE MEDICAL EDUCATION REPORT

The University of Illinois College of Medicine and the University of Illinois Hospital and Health Sciences System (UI Health) are pleased to present this annual report on graduate medical education to the University of Illinois Board of Trustees. Such reporting is in accordance with the accreditation standards of the Accreditation Council for Graduate Medical Education (ACGME). The College of Medicine in Chicago is the ACGME Institutional Sponsor for programs based at the Chicago Campus. Graduate Medical Education programs at Peoria, Rockford and Urbana are separately accredited through those campuses and are not included in this report.

Introduction

Graduate medical education, or GME, involves the post-medical school training of physicians, under supervision, in preparation for independent practice. Through residency and fellowship training programs, learners participate in advanced training that leads to skills, knowledge and professional attitude acquisitions that ultimately lead to eligibility for board certification in specific specialty areas of medicine. The programs sponsored by the Chicago Campus provide clinical experiences within the UI Health System, the Jesse Brown Veterans Hospital, and affiliated institutions across the metropolitan Chicago area, most notably Advocate Christ Hospital, Advocate Illinois Masonic Hospital, Advocate Lutheran General Hospital, Mercy Hospital, McNeal Hospital, Rush Medical Center, and Mount Sinai Hospital.

Sponsorships and Accreditation

The Graduate Medical Education Committee (GMEC) at Chicago oversees a total of 142 residency and fellowship programs across the Chicago campus and its affiliated institutions. The total number of learners enrolled during 2015-2016 was 827.

During 2015-2016, 57 of these programs were accredited by the Accreditation Council for Graduate Medical Education (ACGME). The others are institutionally sponsored – that is, ACGME accreditation is not available in these specialties, but they are held by the GMEC to the same general standards as are promulgated by the ACGME. Eighty-three such fellowships were institutionally approved through the Graduate Medical Education Committee (GMEC), of which 25 were active during 2015-2016. All of these GMEC approved programs would qualify for accreditation if accreditation were offered by ACGME or other accrediting bodies.

Effective July 1, 2015, sponsorship of the Family Medicine program at Advocate Illinois Masonic Medical Center was transferred to Advocate Illinois Masonic Medical Center for their administrative oversight. A consequence of this transfer for 2015-2016 was a reduction in the number of ACGME-accredited programs from 58 to 57. A new integrated Interventional Radiology fellowship program has been granted initial accreditation effective 7/1/2016, and the Surgical Pathology fellowship program has been granted initial accreditation effective 9/19/2016, bringing the number of ACGME-accredited programs to 59 as of October 2016.

The ACGME has been transitioning established programs from its prior accreditation system, with a maximum five year accreditation cycle, to the “Next Accreditation System” (NAS), which accredits programs for as long as ten years provided annual resident surveys and other data

elements regularly uploaded to the ACGME data systems are in order. As of June 30, 2016, 51 programs were participating in the NAS or under guidelines informed by its standards. Seven programs with the accreditation status of “Initial Accreditation” (Advanced Heart Failure & Transplant Cardiology, Sleep Medicine, Transplant Hepatology, Clinical Informatics, Adolescent Pediatrics, Integrated Interventional Radiology, and Surgical Pathology) are expected to transition to the NAS following their initial site visits which typically occur within two years after initial accreditation.

Outcomes for 2015-2016

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. The 2015 annual update resulted in the Institution receiving continued full accreditation with a commendation for having resolved all outstanding citations. No new citations were issued for the institution during this review cycle.

Five training programs were reviewed by the ACGME during 2015-2016 (Integrated Interventional Radiology, Pediatric Hematology & Oncology, Occupational Medicine, Cardiology/Advanced Heart Failure and Transplant, and Sleep Medicine). Currently, two fellowship programs, Hematopathology and Surgical Critical Care, have the status of “Continued Full Accreditation with Warning”. Hematopathology’s warning status stems from concerns by the ACGME Review Committee that there is a lack of adequate case volumes for trainees to have proper exposure to requisite cases essential to achieving competency. Surgical Critical Care’s warning status is due to citations related to the educational quality of the program that has led to a 50% first time pass rate on the national board qualifying exam for Surgical Critical Care. This pass rate is below the national norm. The GMEC has worked with each program to develop action plans intended to reverse the aforementioned trends. The GMEC is actively monitoring the action 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 documents review.

In May 2014, the UI Health had its first ACGME Clinical Learning Environment Review (CLER) site visit. 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 during the ACGME-CLER site 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. Leadership at UI Health has been stable for the past two years allowing for better coordination and collaboration. Action plans are being developed and implemented in preparation for the second CLER site visit which we expect to occur during the fall of the 2016-2017 academic year.

The National Resident Matching Program (NRMP) is the principal source for recruitment of trainees. During the 2015-2016 recruitment cycle, UI (Chicago) filled 192 out of 196 positions offered in the NRMP Main Match. Of matched positions, 19 % were from UI College of

Medicine campuses (16% Chicago, 1% Peoria, 1% Urbana, and 1% Rockford). Twenty-two percent of entering trainees were graduates from other Illinois medical schools. The largest proportion of entering trainees (46%) was from U.S. medical schools outside of Illinois, and 13 % 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 very successful.

Focus for the Upcoming Year (2016-2017)

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 specialty specific milestones as trainees progress through their program curricula.
- Working collaboratively with Undergraduate Medical Education to define and align Entrustable Professional Activities (EPAs) with milestones for students as they transition into residency education and training and prepare for life long professional development.
- Working with UI Health leadership, College of Medicine leadership, program directors, and residents to develop action plans to correct the issues identified at the 2014 CLER site visit in preparation for the second CLER visit to be scheduled during the Fall of 2016-17 academic year.
- Under the leadership of Raymond Curry, MD, Senior Associate Dean for Educational Affairs at the College of Medicine, the College of Medicine and Graduate Medical Education will be negotiating the renewal of our Master Affiliation Agreement with our principal community affiliate, the Advocate Healthcare Medical Systems. The outcome of these negotiations will have major consequences for both our Undergraduate and Graduate Medical Education programs, as three of our principal education hospitals are Advocate facilities. 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 some of the measures being taken to address what appears to be an issue for the foreseeable future for Graduate Medical Education.

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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