

Graduate Medical Education Report to the Board of Trustees

Introduction

The University of Illinois College of Medicine in Chicago 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 (COM) is the ACGME Institutional Sponsor for all graduate medical education programs based at the Chicago Campus. Graduate Medical Education programs at Peoria and Rockford are separately accredited through their respective campuses and are not included in this report. All GME programs in Urbana formerly sponsored by the University of Illinois College of Medicine are now sponsored by the Carle Foundation, and as such are likewise not included here.

Graduate Medical Education (GME) consists of the post-medical school training of physicians, under supervision, in preparation for independent practice and lifelong self-directed learning. Through residency and fellowship training programs, learners participate in advanced training that leads to skills, knowledge and professional attitude acquisitions that ultimately culminate in a trainee being eligible for board certification in specific specialty areas of medicine. The programs sponsored by the Chicago Campus provide clinical experiences within UI Health, the Jesse Brown Veterans Affairs Hospital, and affiliated institutions across the metropolitan Chicago area; most notably Advocate Christ Medical Center, Advocate Illinois Masonic Medical Center, Advocate Lutheran General Hospital, Mercy Hospital, McNeal Hospital, Rush Medical Center, Mount Sinai Hospital and John H. Stroger Hospital.

Sponsorships

The Graduate Medical Education Committee (GMEC) at Chicago is the ACGME required governance body and oversees a total of 101 residency and fellowship programs across the Chicago campus and its affiliated institutions. The total number of learners enrolled during 2017-2018 was 836.

During 2017-2018, 61 of the 101 GME programs were accredited by the ACGME. Forty (40) programs are institutionally sponsored with oversight and approval from the GMEC. Thirteen of the 40 GMEC-sponsored programs were active during 2017-2018. All non-ACGME accredited programs are held by the GMEC to the same general education standards as the ACGME approved programs. All GMEC-approved programs would be eligible for accreditation if accreditation were offered by the ACGME or other accrediting bodies.

During an audit of GMEC-approved programs conducted in 2017-2018, 43 GMEC-approved programs that had not been active within the last six years were dropped from the list, leaving a total of 40 current GMEC-approved programs.

The COM continues to sponsor the following four training programs in affiliated institutions:

- Metropolitan Group Surgery Program, run collaboratively with Advocate Illinois Medical Center
- Surgical Critical Care Fellowship training program at Advocate Illinois Masonic Medical Center
- Mount Sinai Surgery at Mount Sinai Medical Center
- University of Illinois/Advocate Christ Hospital Internal Medicine Residency training program

Each of the aforementioned training programs is fully accredited by the ACGME and had a 100% fill rate in the 2017-18 NRMP Match. The total number of trainees enrolled in these programs during 2017-2018 was 126.

Outcomes for 2017-2018

Match

The National Resident Matching Program (NRMP) is the principal source for recruitment of trainees. During the 2017-2018 recruitment cycle, GME at Chicago filled 190 out of 194 eligible positions through the NRMP Main Match. The four unfilled positions are accounted for by a program that participated in the match but chose to rank fewer candidates than available slots in the program. Those positions were subsequently filled outside of the match.

Of the matched positions, 12% were from UI College of Medicine campuses (9% Chicago, 0.5% Peoria, 2% Rockford, and 0.5% Urbana). Seventeen percent of entering trainees were graduates from other Illinois medical schools. The largest proportion of entering trainees (58%) were from U.S. medical schools outside of Illinois, and 13% were graduates of international medical schools. The demographics of matched individuals and the successful benchmarking of matched individuals against program-specific selection metrics deemed this a successful match for the 2017-2018 recruitment cycle.

Accreditations

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 mandated accreditation self-study visit is tentatively scheduled for October 2019. The 2015 annual review update resulted in the Institution receiving continued full accreditation with a commendation for having resolved all previous citations. During each subsequent annual review update, the Institution has maintained the status of full accreditation with commendation for receiving no new institutional citations during any subsequent review cycle.

During 2017-2018, one program – Pediatric Anesthesiology- after review by the Designated Institutional Official (DIO) and GMEC, voluntarily withdrew its ACGME accreditation status, citing lack of clinical case volume for training as the reason for closing. Three new non-ACGME accredited programs under the administrative leadership of the Department of Medicine – Clinical Cardiac Electrophysiology (International), Clinical Leaders and Academic Scholars (CLASS), and Interventional Pulmonology – were approved by the GMEC and are now actively

training learners. These changes are reflected in the above ACGME-accredited and GMEC-sponsored program counts.

As of June 30, 2018 all ACGME-accredited programs are participating in the ACGME's "Next Accreditation System" (NAS) or under guidelines informed by its standards. Through the NAS, programs may be accredited for as long as ten years, provided that annual resident surveys, self studies and other required outcome measures regularly uploaded to the ACGME data systems are in compliance with ACGME Review Committee standards.

Three training programs were reviewed by the ACGME during the first half of the 2017-2018 academic year without NAS required self-studies: Maternal-Fetal Medicine, Obstetrics & Gynecology, and Mount Sinai Surgery. The programs were granted Initial Accreditation, Continued Accreditation, and Continued Accreditation with Warning, respectively. The Mount Sinai Surgery program received citations regarding teaching, supervision, and feedback. Additional citations noted incomplete or missing documentation. Many of the issues can be attributed to the program's loss of several faculty members and the program coordinator during the period immediately prior to the review. A number of new faculty members and an experienced program coordinator have since been hired, and the program's action plan is being monitored for improvement in the cited areas.

During the second half of the 2017-2018 academic year, two programs – Emergency Medicine and Neurosurgery – underwent their initial ACGME-NAS post self-study data-driven accreditation site visits, and one program, Ophthalmology, submitted its initial self-study summary under the NAS for review, with a site visit date yet to be determined.

Neurosurgery currently has the status of "Continued Accreditation with Warning." The status was issued following the program's self-study accreditation site visit. The ACGME noted multiple resident concerns in the areas of sufficient supervision, instruction, and faculty interest. Residents also raised concerns that their educational experience was being compromised by service demands, and that the program did not satisfactorily provide residents with a method to raise problems or concerns without fear of retribution. The DIO, GME office staff and consultants from the Department of Medical Education are working with the program to develop an action plan intended to reverse the aforementioned issues. The action plan is in its implementation phase and is being monitored actively.

Four programs; Obstetrics & Gynecology: Maternal-Fetal Medicine, Obstetrics & Gynecology: Reproductive Endocrinology & Infertility, Selective (Surgical) Pathology, and Interventional Radiology (Integrated) – have the status of Initial Accreditation, which lasts for a period of two years, after which the program will be reviewed for continued full accreditation status. The remainder of the ACGME-accredited programs have the status of Continued Full Accreditation

Milestones

In the spring of 2018, the UIC Office of Internal Audits conducted a focused audit of the GME Office's policies, procedures and processes associated with the development and implementation of Program Letters of Agreement between the COM and affiliated training sites. Under the auspices of Edie Bamberger, Associate Hospital Director for GME, the process in its entirety has

been reviewed. New policies and procedures are being developed and brought on line in conjunction with UI Health finance leadership to address findings of the audit. To facilitate better alignment of the mutual interests of GME and UI Health, a SharePoint site has been developed that allows for access and review of all existing documents in real time. A deadline date of January 2, 2019 has been set for full implementation of all new policies and procedures related to the audit.

During 2017-2018, GME retired its long-time GME Core Curriculum. It was replaced by a web-based, streamlined, more clinical practice driven curriculum. The model web-based curriculum was acquired from the American Medical Association's GME Competency Education Program Series and is now fully implemented for use by our trainees. Similarly, GME has instituted an online curriculum for trainees to enhance the knowledge and training of our learners in the crucial areas of Quality Improvement and Patient Safety (QI/PS). This curriculum, consisting of 13 learning modules, has been acquired from the Institute for Healthcare Improvement. On completion, each trainee is awarded a certificate certifying their participation. Finally, GME has partnered with the Telluride Quality Improvement and Patient Safety Experience to provide leadership development for trainees in the areas of QI/PS. Through the generous support of David Mayer, M.D., an alumnus of the COM and ex-Associate Dean in the College who is also a founder of the Telluride Experience, we have been able to participate in a matching program whereby Dr. Mayer supports one trainee for every trainee we send to the weeklong training. We sent a total of four trainees in the spring of 2018 and our goal is to send a total of 10 in the spring of 2019 and thereafter with Dr. Mayer's continued support.

A search for a new Assistant Dean of GME was successfully concluded in the spring of 2018 with the selection and appointment of Dr. Keia Hobbs to this position. Dr. Hobbs is a faculty member in our Department of Family Medicine and most recently served as the Interim Chief Medical Officer of the Mile Square Community Health Center. Her duties in GME will focus on working with trainees, program directors and UI Health leadership and staff to enhance the clinical learning and work environments that directly impact clinical care and the quality of the educational experience of our trainees.

Focus Areas for Fiscal 2018-2019

- GME will continue to support programs in their continued implementation of the ACGME Next Accreditation System, 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-specific curricula.
- GME will work collaboratively with Undergraduate Medical Education to better define the decision making process of student site selection for residency. Over the past several years there has been a significant decline in the number of UI-COM students selecting University of Illinois training sites for residency. The dynamics of this change are very complex. GME is working collaboratively with Trevonne Thompson, M.D., Assistant Dean for Residency Preparedness and Raymond Curry, M.D., Senior Associate Dean for

Educational Affairs in the COM, to better understand the meaning behind this change in expression of choice as we simultaneously explore methods to mitigate it.

- GME is actively working with The Global Health Institute to identify funding resources for training opportunities in global medicine. We are pleased to announce that the Cardiac Electrophysiology Fellowship Program for foreign medical graduates, reported last year as a potential opportunity, is now fully operational and self-supporting, having accepted its first trainee for enrollment in July 2018. GME is receiving additional inquiries from other international graduates and their employers for similar educational opportunities. These initiatives are funded by the sponsoring institution of each trainee.
- In conjunction with the Department of Medical Education, GME is expanding our efforts to provide faculty and resident teaching development opportunities. Consultations (individual and programmatic) and certificate programming for participation in yearlong teaching development activities are being developed and/or expanded for implementation during the current academic year.
- GME is working collaboratively with the COM's Graham Clinical Performance Center to expand the use of standardized patient and high fidelity simulation into our teaching and assessment methodologies available to GME programs. To date, the vast majority of our trainees are participating in at least two simulation training or assessment activities.

Challenges and Threats

- Unfunded training and work environment mandates packaged as oversight functions from many of our accrediting bodies continue to grow at a rapid pace. These mandates potentially threaten to bog down faculty and trainees in bean counting various clinical learning opportunities instead of focusing on the acquisition and application of clinical knowledge and skills.
- The size of our training programs has outgrown the availability of core teaching cases for many of our training programs. Many programs must outsource trainees to affiliated sites to meet basic accreditation and board eligibility requirements. This is especially problematic for those specialty programs that are procedurally based (surgery and its subspecialties), but is problematic for many of our programs. GME has petitioned UI Health for a review of all training programs in order to better understand the impact of this problem and to develop mitigation strategies to potentially "right size" our training programs. Any solutions must take into consideration the need to meet accrediting and boarding requirements, while maintaining quality and academic rigor sufficient to keep all programs competitive nationally.
- Affiliated institutions are becoming less inclined to reimburse GME-UI Health when trainees are sent to their institutions for training requirements in areas that UI Health is unable to meet due to a lack of case volume or case diversity. Medicare (the primary source for GME training) has not expanded its budgeted complements ("cap") for existing programs since 1997. This has made the traditional practice of site

reimbursement for rotating trainees almost obsolete, due in part to most institutions being over their assigned reimbursable Medicare Cap allocations. This further underscores the need for a strategy to reduce the number of trainees being sent out to external affiliated sites.

- It is uncertain to what extent the current national immigration policy will impact our Global Health and International training initiatives. While numbers of applicants inquiring about opportunity are being sustained, a growing trend is being reported in which trainees are being denied visas at a higher rate, and some individuals with visas are being retained when visiting home or being denied re-entry when attempting to return to this country. At this point it is difficult to gauge what the impact will be for this recruitment year. We are working closely with the Office of International Services under the leadership of James Hammerschmidt to mitigate difficulties as they occur.

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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*This report was prepared in conjunction with the outstanding staff of the Office of Graduate Medical Education.

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