

ACADEMIC YEAR 2021-22

GRADUATE MEDICAL EDUCATION

EXECUTIVE SUMMARY



WAYNE STATE

School of Medicine

Graduate Medical Education



The WSUSOM Office of Graduate Medical Education has concluded another year of outstanding educational achievements. In the spring of 2021, the WSU School of Medicine received full accreditation from the Accreditation Council of Graduate Medical Education

(ACGME). As we transitioned into the likely final year of the COVID pandemic, I am pleased to report that our clinical partners, faculty, resident trainees, and administrative staff continued to maintain the highest standards of professionalism and commitment to providing the finest clinical education and patient care.

Our hospital partners are dedicated to improving clinical learning environments. Residents at Ascension Providence Rochester Hospital (APRH), our primary clinical partner, were fully engaged in quality improvement initiatives (since 2016, nearly 100% of all residents have participated). In May 2021, GME collaborated with the Internal Medicine, Family Medicine, and Transitional Year programs to hold a virtual QI Research Day. Across the academic year, residents' QI projects have been showcased in local conferences held by the Southeast Michigan Center for Medical Education as well as state and national meetings, including ACP-Michigan, SGIM, and ATS.

GME is committed to a program of medical education research, with a publication appearing in the *Ochsner Journal* in the winter of 2021 on the use of a direct observation tool to standardize transitions of care. Our wellness initiative continues to generate data on resident well-being indicators and outcomes, the cornerstone of which, the Resident Wellness Scale, has provided GME with robust data on wellness indicators and outcomes.

GME continues its successful Seed Grant program, which can be used to support costs associated with QI and research projects. In 2021-22, residents and faculty took advantage of this incentive and all available funding was awarded via competitive application (see p. 15 for details).

We were pleased to assist the Resident Council in hosting the 2022 Annual Professional Development

Symposium on the topic of "Diversity, Equity, and Inclusion: Becoming a Catalyst for Change." This Zoom event, held on Tuesday, April 12, from 6:30-8:30 pm, featured speakers Herman Gray, M.D., WSUSOM Chair of Pediatrics, and Donovan Roy, EdD, WSUSOM vice dean for Inclusion, Diversity, Equity and Access. There were more than 80 attendees, including current residents and program leadership, core faculty, incoming interns, and WSUSOM faculty.

A virtual New Resident Orientation was held on June 28 to welcome 42 interns into our training programs, half of whom attended US medical schools, including WSUSOM. The class included 3 residents in the Family Medicine-Urban Track and 2 residents in the Preventive Medicine program, supported under the auspices of the MIDOCs (Michigan Doctors) program. Rick Baker, WSUSOM senior vice dean of Medical Education, provided opening remarks for the event, and GME staff introduced attendees to the basics of GME along with brief units on professionalism, wellness, health disparities, and the summer OSCE/OSHE training.

Fostering health equity and inclusion, in terms of both patient care and resident and faculty recruitment, remains at the forefront of our educational and academic mission. In 2021, GME and APRH were selected to participate in National Initiative VIII: Justice, Equity, Diversity, Inclusion (or JEDI), sponsored by the Alliance of Independent Academic Medical Centers. The GME/APRH team's participation will serve to strengthen our programs' already strong emphasis on equity and inclusion to ensure that our trainees and faculty continue to provide the best care to their patients and that our clinical learning environments remain diverse and inclusive.

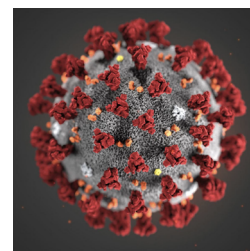
This is just an overview of GME highlights for 2021-22; more are detailed in the pages that follow. Going forward, I anticipate even more fruitful collaborations with our program leadership and residents on all aspects of our academic mission.

Anne M. Messman MD

Anne Messman, M.D., MHPE, FACEP
Associate Dean and DIO, Office of Graduate
Medical Education
Associate Professor, Dept. of Emergency Medicine

The COVID Pandemic Lessons

During the summer and fall of 2021, the availability of several COVID vaccines and followup boosters vitiated the impact of the coronavirus, although our residency programs continued to rely on online rather than face-to-face administration (virtual didactics, telehealth) and adhered to all safety precautions. Ongoing vaccine hesitancy, politicization of mask mandates, and challenges to institutional and regional public health policies undermined any definitive return to a pre-pandemic state in the US.



Yet medical education may never fully return to traditional practices: As noted in the *CLER National Report of Findings 2022: The COVID-19 Pandemic and Its Impact on the Clinical Learning Environment*, “the pandemic has created many opportunities and avenues to harvest and apply new approaches to learning and clinical practice. One example is the dramatic increase in the use of remote technology to facilitate clinical care and learning experiences.”

The adoption of such technologies was evident across nearly all GME activities. The summer New Resident Orientation and OSCE/OSHE training were again held as virtual events. Both the Professional Development Symposium, hosted by the Resident Council in April 2022 on the topic of “Diversity, Equity, and Inclusion: Becoming a Catalyst for Change” and the Quality Improvement Research Day in May 2022, were conducted online with dozens of attendees.

One area of clinical care that the pandemic exposed was the historical and continuing problem of health disparities in the nation, which requires urgent attention and transformation. Health care equity has become a central issue across all US healthcare professions and educational institutions. WSUGME has fostered multiple curricular and training measures in response to this call, which is doubly urgent given that WSUSOM serves one of the most diverse patient populations in the country.

The GME Associate Dean and staff wish to salute our residents, fellows, program leadership, faculty, and coordinators for their ongoing commitment to the best in patient care and adherence to the highest professional standards during the COVID-19 pandemic.



The Mission of the WSUGME Team

To lead and oversee innovative Graduate Medical education programs where physicians in training develop personal, clinical, and professional competence to provide exceptional patient care.



From Left: Martha Jordan M.Ed., Brent Stansfield, Ph.D., Anne Messman, M.D., Heidi Kenaga, Ph.D.

Anne Messman, M.D.

Associate Dean and DIO

A board-certified emergency medicine physician with a strong commitment to residency education, Dr. Messman oversees the GME office and provides academic oversight for WSU-sponsored residencies. Dr. Messman serves as Vice Chair of Education and medical education fellowship director for WSUSOM's Dept. of Emergency Medicine and was associate director of the Emergency Medicine Residency Program at Sinai-Grace. The recipient of several teaching and mentorship awards, Dr. Messman completed the Stanford Faculty Development in Medical Teaching Program in 2016 and received a Master's of Health Professions Education from University of Michigan in 2019. She encourages robust research by residents and faculty in clinical and medical education and is certified in Medical Education Research by the Council of Emergency Medicine Directors and the AAMC.

Martha Jordan, M.Ed, C-TAGME

Administrative Director

Ms. Jordan ensures our programs' compliance with all ACGME requirements for accreditation. In 2020-2021, she oversaw the virtual recruitment Zoom training of the GME program coordinators and successfully onboarded the incoming residents through the ongoing COVID-19 pandemic. She is a member of the SEMCME Program Coordinator Workshop Planning and Finance Committees. In May 2021, Ms. Jordan was elected Treasurer of the Michigan Association for Medical Education.

R. Brent Stansfield, Ph.D.

Director of Education

Dr. Stansfield is dedicated to effective program evaluation and promotes inclusive leadership and professional development for residents and faculty. Trained as a cognitive psychologist, he has worked in medical education for over 19 years. At WSUGME, Dr. Stansfield implemented the Developing Active Resident Teachers (DART) and Developing Effective Faculty Teachers (DEFT) programs and created a Dashboard-based program evaluation system. He spearheaded the Resident Wellness initiative, leading to national recognition by the ACGME and residency programs nationwide. Dr. Stansfield also leads JEDI initiatives related to the AIAMC's National Initiative VIII.

Heidi Kenaga, Ph.D.

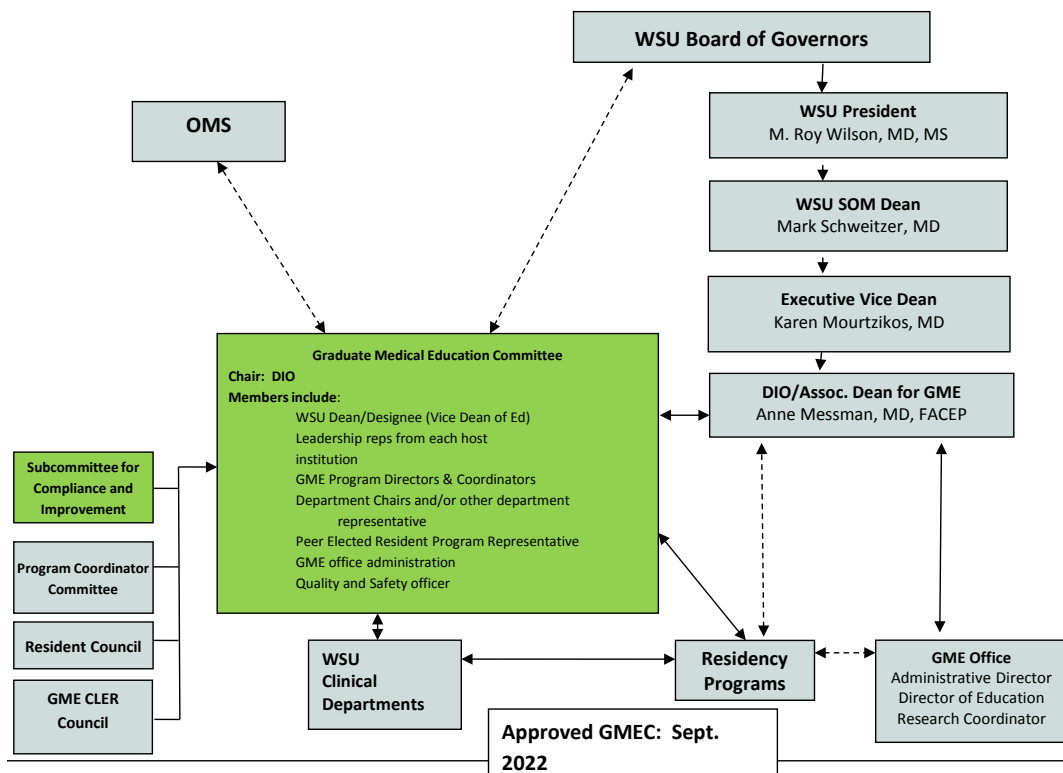
Research Coordinator

Dr. Kenaga produces manuscripts on evaluation and research outcomes, assists residents and faculty with their scholarship, and manages the Seed Grant Program. In addition, she administers the annual OSCE/OSHE clinical-skills training and in 2022 developed an OSCE case involving family communication. Dr. Kenaga also conducts the bimonthly CLER meetings with APRH staff and hosts the annual QI Research Day held in the spring. As the GME communication specialist, Dr. Kenaga edits the *Residency Times* newsletter, maintains the WSUGME website, creates GME reports, and produces the annual Executive Summary. She also collaborates with WSUSOM marketing staff in promoting GME residency programs.

A Powerful GME Hospital Partners Network



WSU Organizational Chart



Strategic Objectives

- » **Create** national visibility on innovative medical education initiatives
- » **Leverage** the ACGME Next Accreditation System (NAS) and Clinical Learning Environment (CLER) to improve patient care
- » **Educate** faculty, PDs, residents and staff on competencies and milestones
- » **Promote** well-being in the clinical learning environment
- » **Advocate** for increased GME slots and funding to meet the state and national need for providers: MIDOCS



Our Entering Trainees Are Strong

 **100% MATCH RATE**

**12% GRADUATED FROM
THE WAYNE STATE
SCHOOL OF MEDICINE**

**50% GRADUATED FROM
MEDICAL SCHOOLS IN
THE UNITED STATES**

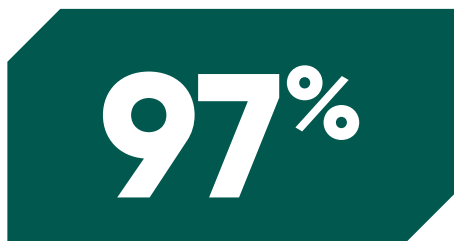
“

In 2021-22, WSUGME programs were filled completely with residents who chose our programs and whom we chose as promising trainees.

Board Passage Rates/Residents' Future Plans

WSUGME residency programs strive to enhance residents' clinical and professional competencies in order to provide safe, high-quality, equitable, and patient-centered care. Beginning with a thorough onboarding and orientation process and exposure to a wide range of patient care experiences under the oversight of WSU faculty physicians and researchers, residents graduate from GME programs well prepared to begin clinical practice, pursue careers in academic medicine, start fellowship training, and more.

GME programs continue to achieve excellent board passage rates: from 2018 through 2021, 100% of our graduates in Dermatology, Family Medicine, Otolaryngology, and Urology passed their boards. During that period, Internal Medicine graduates achieved a 90% or higher pass rate.

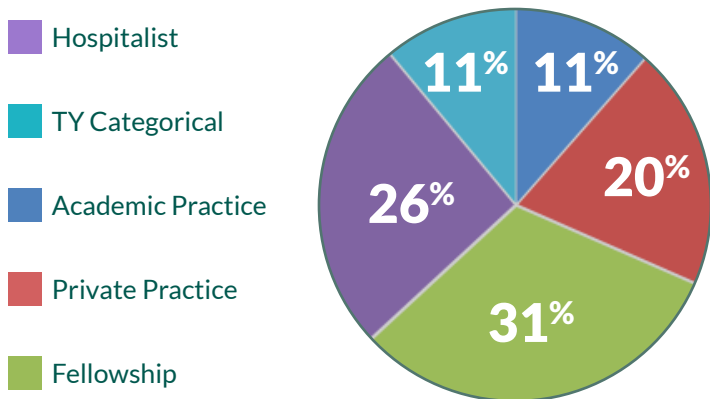


of exit survey respondents felt prepared to pass their **SPECIALTY BOARDS**



of exit survey respondents felt prepared to pursue academic careers, begin additional training, or start **CLINICAL PRACTICE**

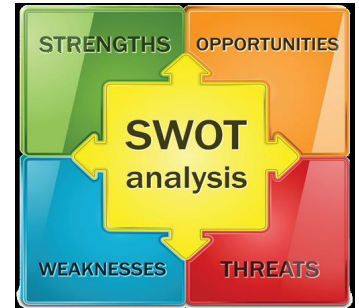
Graduating Residents' Future Plans Academic Year 2022



Operational Excellence

Goals:

- » To enhance, centralize, and monitor the quality of graduate medical education while promoting growth and clinical partnerships
- » To oversee the educational, human resource, financial, and ACGME accreditation processes of residency and fellowship training programs sponsored by Wayne State University
- » To carry out a comprehensive, data-driven Annual Institutional Review (AIR) to assess performance indicators, including Self-Study visit outcomes, ACGME and GME survey results, and program accreditation statuses; identify program strengths and weaknesses; and create an Action Plan that addresses institution-wide needs in the era of NAS (Next Accreditation System)



At the Sept. 2022 AIR, participants contributed to a SWOT analysis:

SWOT Item	Summary of Key Themes
Strengths	Participants identified the Program Directors, faculty, and support staff as key strengths, given their dedication, experience and openness to input and feedback. They also highlighted resident excellence, wellness initiatives, and sustained attention to the CLER focus areas as particularly noteworthy features. One respondent described the GME Office as an “extremely supportive, reasonable, and transparent” unit that maintained continuously effective communication among program leadership and GME staff.
Weaknesses	“Institutional partnerships, while lovely on paper, create complications in what should otherwise be simple processes,” noted one respondent. Another identified the WSUSOM’s resistance to change in favor of the status quo as a weakness, and the ongoing financial instability of programs was cited by more than one participant. Additional weaknesses included lack of time for professional development, absence of statistical support for research projects, and underdeveloped connections between GME programs and WSUSOM students.
Opportunities	According to one participant, residents and faculty themselves were the best idea generators; given the small scale of GME programs, our own workforce offers prime opportunities for brainstorming solutions for internal improvements. One respondent noted that the WSUSOM’s 3-year MD program was an opportunity to recruit URM applicants in support of diversity and inclusion initiatives. Others suggested that the many public health, economic policy, and social justice groups “doing great things” in the Detroit metropolitan area could be important resources for GME.
Threats	More than one respondent identified the financial instability of programs (and also Wayne Health) as a key threat. Another noted that while the pandemic was waning, “the post-COVID financial crises most hospitals are facing could be a threat to GME everywhere if partner institutions don’t place enough value on residency programs.” One threat seen in previous years was again indicated in 2022: Faculty have little nonclinical time for development activities, such as program assessment or resident scholarship.

All 2021-22 Goals Accomplished

#	Goals	Pg
1	Provide oversight and support for program accreditation and state-funded GME growth (MIDOCS)	9
2	Support resident scholarly activity to promote an environment of inquiry in each program; increase Seed Grant applications	14
3	Strengthen program and institutional annual evaluation process (APE & AIR) and enhance dashboards	17
4	Support program and institutional initiatives on Resident Wellness	20
5	Use Kado Clinical Skills Center for evaluation and teaching of communication skills	22
6	Assist the Resident Council in defining their role and empowering them to accomplish their goals	24
7	Expand DART and DEFT and enhance professional development for residents, PDs, faculty, and PCs	26
8	Provide all residency programs with resources to implement a Health Disparities curriculum, DEI initiatives	27
9	Increase regional, institutional, & national visibility through communication and marketing strategies	28



Institutional Accreditation Status:

- » *ACGME Maximal Accreditation Until 2026*
- » *No citations, with commendation*

OUR RESIDENCY PROGRAMS

As a Sponsoring Institution, the WSU School of Medicine received continued accreditation with commendation from the Accreditation Council for Graduate Medical Education (ACGME). The School of Medicine sponsors 8 GME residency programs. In 2021-22, two WSUGME programs received 1 citation for well-being. We will be redoubling our programmatic efforts to ensure the wellness of all our residents.

The table below lists each GME residency program, its current accreditation status, and the date of the AY 2021-22 accreditation letter.

Program	Accreditation	Date of AY 2021-22 Accreditation Letter
Family Medicine - Urban Track	Continued Accreditation	1/26/2022
Urology	Continued Accreditation	1/20/2022
Dermatology	Continued Accreditation	1/6/2022
Transitional Year	Continued Accreditation	12/8/2021
Otolaryngology	Continued Accreditation	1/14/2022
Internal Medicine	Continued Accreditation	1/21/2022
Anesthesiology	Continued Accreditation	4/11/2022
Preventive Medicine	Initial Accreditation	12/6/2018*

* Site visit completed, waiting for RRC meeting

Excellence in Learning and Teaching

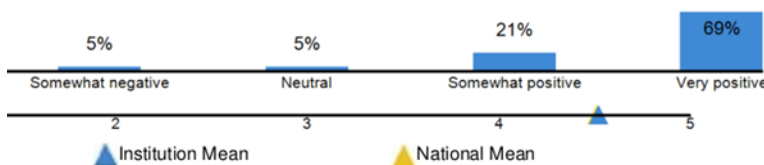
2021-22 ACGME Survey Results

ACGME survey results from 2021-22 indicate resident and faculty performance at or above national averages. In the upcoming year, GME will assist programs in improving these ratings even more.

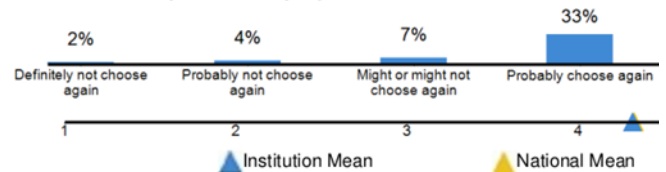
Residents

- » 87% positive (up from 80%)
- » 13% negative/neutral (down from 20%)

evaluation of the program



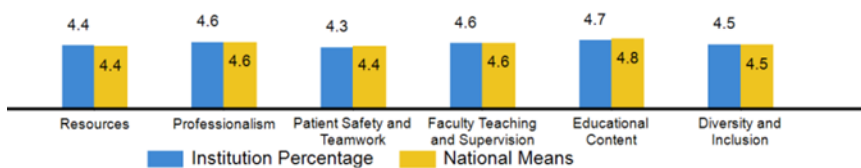
Residents' overall opinion of the program



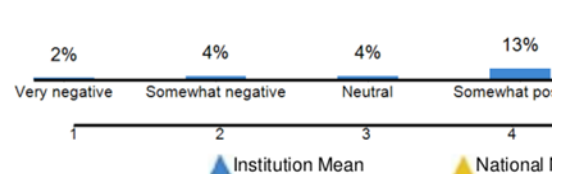
Faculty

- » 80% positive (down from 94%)
- » 10% negative/neutral (up from 6%)
- » Below national average for patient safety and educational content

Faculty at-a-glance



Faculty's overall evaluation of the program



State-Funded GME Growth

In 2017, the Michigan Legislature appropriated funds for MIDOCS, a partnership between the state’s Department of Health and Human Services and the medical schools at Wayne State University, Michigan State University, Central Michigan University and Western Michigan University. MIDOCS seeks to recruit, train and retain physicians in order to increase access to care in rural and urban under-served communities in Michigan, which will improve our state’s health outcomes.



MIDOCs programs include innovative curriculum elements such as interprofessional education, population health, and community engagement. Acceptance of a MIDOCs residency slot mandates a 2-year commitment to practice in a rural or urban underserved area in Michigan following the completion of training. Residents are also eligible for repayment of educational loans upon completion of the practice requirement.

WSUGME administers two MIDOCs programs:

Programs	Features
Family Medicine Urban Track (FM-UT)	Designed for physicians with a strong interest in providing primary care to underserved populations in urban or rural settings and a commitment to community health and addressing health disparities. Residents complete most inpatient rotations at Henry Ford Hospital in Detroit. Public health degree/certification is available through WSU. The first Family Medicine Urban Track residents graduated in June 2022.
Preventive Medicine Program (PM)	Designed to prepare physicians for leadership roles in academic or clinical preventive medicine, healthcare management or clinical epidemiology. Residents will train at Covenant, Health Centers Detroit Foundation, the Wayne Co. Dept. of Health, and Veterans and Community Wellness. Residents are required to enroll (tuition free) in the MPH program offered by WSU’s Dept. of Family Medicine and Public Health Sciences. The first residents began their training in July 2020.



Beza Sahlie, M.D.
Preventive Medicine
Class of 2023

I have a passion to promote public health in underserved communities as well as provide medical care to those in need [and thereby] make a meaningful impact on population health. Participating in COVID vaccine administration in areas of Detroit with limited availability provided me with a great opportunity to educate people about the vaccine and ease their fears by addressing their concerns so they could protect themselves and family members.

WSUGME is pleased to offer these new options to medical students in Michigan and across the nation. The FM-UT and PM residencies supported by MIDOCs will build on WSUSOM’s commitment to urban clinical excellence; provide improved access to quality healthcare for underserved populations; offer residents the challenges and rewards of practicing in underserved areas while reducing their educational debt; and position residents as trailblazers in the creation of a sustainable high-quality, high-value healthcare delivery system in Michigan.

ACGME CLER Initiatives:

Building An Effective Clinical Learning Environment



WSUGME is committed to continuous quality improvement in the clinical learning environment. The Accreditation Council for Graduate Medical Education (ACGME) conducts a Clinical Learning Environment Review (CLER) at Ascension Providence Rochester Hospital (APRH), home to WSUGME's Internal Medicine, Family Medicine, and Transitional Year programs, to provide hospitals with feedback in six focus areas (below). The CLER Council, comprising the GME Associate Dean, GME staff, the APRH Chief Medical Officer and the APRH Director of Quality Improvement, program leadership, faculty, and resident representatives, meets monthly (now virtually) to monitor performance and compliance in the CLER areas. The COVID pandemic curtailed CLER site visits during the 2021-22 period. The CLER Council is preparing for a possible site visit in 2023.

The table below summarizes APRH's current practices in the six focus areas:

CLER Focus Area	APRH Practices
Patient Safety	Residents attend daily Safety Huddles led by hospital administration; each program also has monthly M&M conferences lead by residents with a faculty advisor providing oversight that include RCAs. All programs participate in an annual Quality Improvement and Patient Safety Symposium. Associate Program Directors regularly attend SERTS. Residents and faculty report errors and near-misses through hospital-wide ERS and receive feedback from APRH via reports. Quality Assurance categorizes and analyzes error types, identifies trends, and discusses with residents. Faculty and residents attend monthly APRH Patient Safety and Quality Review committee meetings at which a Quality dashboard is shared.
Teaming (Transitions of Care)	In transfers between services, floors, ED, and the ICU, residents use an effective mnemonic (I-PASS) to ensure uniformity in both verbal and written communication. They are taught I-PASS during the GME Orientation, individual program orientations, and clinical skills center training (OSHE) conducted early in the first year. Programs use a template, the I-PASS Mini CEX, to ensure residents are competent in communicating with team members in the handoff process.
Supervision	The SUPERB/SAFETY model is used by most residents who seek and attendings who provide direction in the provision of care. Perfect Serve provides contact information 24/7 for all providers. Program faculty update supervision policies annually and make them readily available to residents.
Professionalism	APRH supports the ideals, values, and behaviors of professionalism in all aspects of medical training. The majority of residents report working in a respectful environment.
Health Care Quality/ HC Disparities	In the past 5 years, 100% of residents have participated in QI projects. GME created a Health Disparities Task Force to assist programs in developing an HD curriculum as a formal part of residency training; both FM and IM have established plans. GME also includes 1 case involving health disparities and 1 case involving cultural competency in its annual clinical communication skills-building activity (OSCE), required of all interns and PRG-2s.
Wellness	GME has implemented a comprehensive Resident Wellness Initiative. All APRH residency programs have active wellness strategies. IM has a resident-run Wellness Committee and began a mentorship program in 2020, matching each resident with a faculty member. FM has a Wellness Curriculum that is reviewed at monthly PEC meetings, which residents and faculty attend.

Quality Improvement (QI) Projects

Once again, during the 2021-22 year WSUGME residency programs were very active in designing and carrying out quality improvement (QI) projects. Three programs – Internal Medicine, Preventive Medicine, and Transitional Year – achieved 100% resident participation in QI projects, and almost all Family Medicine residents (96%) completed QI projects. Anesthesiology, Dermatology, and Otolaryngology reported participation rates of 72% or higher. On average, 84% of GME residents participated in QI initiatives last year. Several Internal Medicine residents had QI research accepted for local conferences such as the 2022 Michigan QIPS Summit and Annual Research Forum sponsored by SEMCME, regional meetings such as the 2021 ACP-Michigan, and national conferences including the 2021 ACC Quality Summit.

For 10 years, WSUGME and the Internal Medicine, Family Medicine, and Transitional Year programs at Ascension Providence Rochester Hospital have jointly administered an annual QI Research Day as a showcase for residents' QI and patient safety projects. In 2022, the QI Day was held as a virtual event on May 10 from noon to 4 pm. Noted faculty and researchers from the Detroit area served as judges, and the keynote speaker was Robert Flora, M.D. (pictured below), Chief Academic Officer and Vice President of Academic Affairs at McLaren Health Care. Eight resident teams from Internal Medicine and five resident teams from Family Medicine and Transitional Year presented their research. The IM winners included "Overutilization of Amylase and Lipase Testing in Acute Pancreatitis," Alaa Taha (presenter), with fellow residents Vatsal Khanna and Ranim Chamseddin and faculty advisor Vesna Tegeltija, and "Improving the Pneumococcal Vaccination Rates for Qualifying Adults Under the Age of 65," Saad Chaudhry (presenter), with fellow residents Padmini Giri, Trishya Reddy, Anoop Mathew, and Shahed Hussain and faculty advisor Joseph Vercellone. The FM/TY winner was "Decreasing Rates of Catheter-Associated Urinary Tract Infections at Ascension Providence Rochester Hospital," Thomas Hester (presenter), with fellow residents Monica Hessler-Waning, Reem Kashlan, Osama Tariq, Bernadette Schmidt, Trishya Reddy, Jahanavi Ramakrishna, and faculty advisors Tess McCreedy and Vesna Tegeltija.

Program	# of Residents Involved in QI Projects/Total Residents	Percentage
Anesthesiology	13/18	72%
Dermatology	9/12	75%
Family Medicine	25/26	96%
Internal Medicine	36/36	100%
Otolaryngology	16/22	73%
Preventive Medicine*	2/2	100%
Transitional Year	6/6	100%
Urology	6/13	46%
2021-22 TOTAL	113/135	84%
2020-21 TOTAL	106/127	83%
2019-20 TOTAL	87/123	71%

* First reporting

Value-Based Care Ecosystem

1. START HERE -----> **2. ADD THIS**

Upside Risk Models | **Downside Risk Models**

3. DEVELOP A PLAN TO OPTIMIZE BOTH MODELS

Value-Based Health Care Benefits

PATIENTS	PROVIDERS	PAYERS	SUPPLIERS	SOCIETY
Lower Costs & Better Outcomes	Higher Patient Satisfaction Rates & Better Care Efficiencies	Stronger Cost Controls & Reduced Risks	Alignment of Prices with Patient Outcomes	Reduced Healthcare Spending & Better Overall Health

2022 QI Research Day keynote speaker: Robert Flora, M.D.

GME Scholarship: Publications, Presentations

WSUGME has an ongoing program of research on resident and faculty wellness, OSCE clinical skills development and assessment, and diversity and inclusion initiatives in program curricula. Our innovative research on measuring resident wellness using our Resident Wellness Scale is an important ongoing initiative (see p. 20), and currently GME is also currently conducting studies on what SP ratings of learner empathy reported during OSCEs that were conducted virtually when compared to face-to-face indicate about resident training in telemedicine (see p. 23).

Publications

- » Kenaga H, Markova T, Stansfield RB, Kumar S, Morris P. An OSCE for opioid management: Standardized patient ratings of communication skills as a predictor of System-Based Practice (SBP) Scores. *J Patient Cent Res Rev*. 2021;8(3):261-266.
- » Kenaga H, Markova T, Stansfield RB, McCreedy T, Kumar S. Using a Direct Observation Tool (TOC-CEX) to standardize transitions of care by residents at a community hospital. *Ochsner J* 2021;21(4).

PRESENTATIONS

- » Moss M, Ma M, Messman A. Improving rapid knowledge translation during COVID-19 via viewing of a simulation video. Poster presented at WSUSOM Medical Education Research & Innovation Conference, December 7, 2021 [virtual]
- » Waiono E, Stansfield RB, Chammaa M, Chadwell M. Do medical students need training in mental health first aid? Comparison of knowledge, confidence, comfort and attitudes from orientation to residency preparation. Oral abstract presented at the WSUSOM Medical Education Research & Innovation Conference, December 7, 2021 [virtual]

(Presentations continued)

- » Messman A, Liu Y, Collins J, Matthews M, Ehrman R, Stansfield RB. Identifying positive and negative factors that affect the promotion of clinical faculty at the Wayne State University School of Medicine: Does gender matter? Poster presented at ACGME Annual Educational Conference, March 30-April 1, 2022 [virtual]
- » Stansfield RB, Kenaga H, Drake E, Burgess D, Hall S, Markova T. Wellness vulnerabilities of resident medical interns: COVID impacts self-care and perceived institutional support. Poster presented at ACGME Annual Educational Conference, March 30-April 1, 2022 [virtual]
- » Stansfield RB, Milne A. What sorts of residents get what sorts of ratings? An analysis of quantitative ratings of resident competencies and descriptive adjectives. Poster presented at ACGME Annual Educational Conference, March 30-April 1, 2022 [virtual]
- » Messman A, Liu Y, Collins J, Matthews M, Ehrman R, Stansfield RB. Gender disparities in perceptions of clinical faculty members' attainment of promotion. Poster presented at the Society for Academic Emergency Medicine Annual Meeting, May 2022

Identifying Positive and Negative Factors That Affect the Promotion of Clinical Faculty at the Wayne State University School of Medicine: Does Gender Matter?
Anne Messman MD, Ying Liu MD, John Collins MD, Marissa Matthews MD, Robert Ehrman MD, Brent Stansfield PhD
Wayne State University Department of Emergency Medicine, and WSUSOM GME Office

INTRODUCTION
Historically, many women in academic medicine have fallen victim to a "leaky pipeline" which favors men in professional advancement, resulting in their underrepresentation in leadership positions.

PROJECT GOAL
To explore this at the Wayne State University School of Medicine (WSUSOM), we surveyed all WSUSOM clinical faculty at the associate or full professor level to identify what aspects of institutional support were most helpful and what aspects of their work and life experiences they considered to be the biggest obstacles to their attainment of promotion.

METHODS
We distributed an anonymous online survey asking demographic and quantitative questions about career advancement to all nonvoluntary, clinically active academic faculty at the rank of associate or full professor at the WSUSOM. Mean ratings of institutional support systems were compared between men and women respondents using t-tests with Welch correction.

RESULTS
• There were 73 responses from roughly 300 eligible faculty, 58 (79%) of whom met criteria for analysis.
• Women reported "Gender-specific networking" more helpful (mean 1.04) than men (mean 0.31) (t[38.8] = -2.62, p = 0.0126).

CONCLUSIONS
Our main finding was that women faculty reported less support from their program and institution, particularly from institutional leadership and with regard to protected time. Further, women were more likely to rate gender-specific networking higher than men and less likely to rate support from a stay-at-home partner as beneficial to their career.

Poster presented by GME Associate Dean and DIO Anne Messman, M.D., at the ACGME Annual Educational Conference, March-April 2022

Wellness Vulnerabilities of Resident Medical Interns: COVID Impacts Self-Care and Perceived Institutional Support
R. Brent Stansfield, PhD, Heidi Kenaga, PhD, Elise Drake, PhD, Denise Burgess, RN, Sharon Hall, MS, Tsveti Markova, MD

Introduction
How does workplace stress impact resident wellness? The stress of residency training can cause burnout, social disengagement, and depression. COVID-19 has further exacerbated these issues among residents, their families, and their institutions.

Methods
We surveyed 100 resident medical interns at Wayne State University School of Medicine in Detroit, Michigan (WSU) and the Charles A. Dana Center in Charleston, West Virginia (CDM) who were exposed to COVID-19 at different times. Programs at both institutions had different levels of COVID care responsibility.

Results
Self-Care and Triage Support Subscores and subscores of the RWL varied by Time, Institution, Intern/Center, and COVID care responsibility.

Conclusions
Interns with COVID care responsibilities had lower scores during COVID care compared with non-COVID care responsibilities. Self-Care and Triage Support Subscores were significantly lower in COVID care responsibilities compared to non-COVID care responsibilities.

References
Stansfield RB, Milne A, Drake E, Burgess D, Hall S, Markova T. Wellness vulnerabilities of resident medical interns: COVID impacts self-care and perceived institutional support. Poster presented at ACGME Annual Educational Conference, March 30-April 1, 2022 [virtual].

Poster presented by GME Director of Education Brent Stansfield, Ph.D., at the ACGME Annual Educational Conference, March-April 2022

GME Support of Resident Research

Resident engagement in research fuels innovation and helps ensure that physicians of the future will possess those skills needed to improve patient care. To maintain a supportive environment of inquiry, in 2015 WSUGME established a Seed Grant program with faculty-reviewed, competitively awarded grants for either quality improvement or research projects.

Applicants should be residents in a WSUGME-sponsored program, in good standing, with a commitment for another year of residency. They must identify a faculty mentor and mentoring plan. Funding is awarded based on scientific merit and appropriate justification of requested funds.

Awardees are expected to disseminate the results of their scholarly activity project via conference presentation, either as a poster or oral presentation, or by publication of a manuscript in a peer-reviewed journal.

2021-22 Seed Grant Awardees

Ugne Cerna, Anesthesiology resident, and Sandeep Krishnan, Anesthesiology Program Director, St. Joseph-Mercy Oakland, Pontiac, MI

- » **Project:** *Are Adductor Canal Blocks with Bupivacaine and Magnesium Better for Managing Post-operative Pain than with Bupivacaine Alone in Patients Undergoing Outpatient Total Knee Arthroplasty?*

Starling Tolliver, Dermatology resident, and Geoffrey Potts, Dermatology Associate Program Director, John Dingell Veterans Administration Center

- » **Project:** *Hair Care Knowledge and Practices Among Dermatology Residents*

Hany Deirawan, Dermatology resident, and Meena Moossavi, Dermatology faculty, John Dingell Veterans Administration Center

- » **Project:** *Immunopathology of Cutaneous and Mucosal Squamous Cell Carcinoma*

THE PETER SVIDER MEMORIAL RESIDENT SCHOLARSHIP AWARD

The Svider Award was established in 2021 in honor of Dr. Peter Svider, who completed a Otolaryngology residency in 2018. Dr. Svider wrote more than 250 peer-reviewed publications and 8 book chapters. He died in 2021 at the age of 34.

The Svider Award is given once annually to a graduating resident or fellow in any GME program in recognition of his/her distinctive achievement in scholarly activities. The award allows GME and program leadership to publicly commend a resident who has achieved a high level of research productivity that reflects the ideals of graduate medical training.

In consultation with GME staff and program leadership, the GME Associate Dean determines the winner of the Svider Award. The awardee receives a plaque and a letter of commendation.



Dr. Mehdi Farshchian, left, with Dr. Steven Daveluy, Dermatology Program Director

The first winner of the Svider Award was Mehdi Farshchian, M.D., Ph.D., a member of the Dermatology residency class of 2022.

Resident/Faculty Scholarship

WSUGME provides feedback on research design, consults on statistical methods, assists with literature searches, suggests conference and publication outlets, and offers advice about the academic publishing process.

Below are tabular summaries of resident and faculty scholarly activities for 2021-22:

Resident Publications/Research					Resident Presentations			
Program	PMIDs and Book Chapters	Non-PMID Pubs (e.g., abstracts)	% Residents w/PMID Pubs	Participated in research	Program	Conference/Poster Presentations	% Program Residents	Teaching Presentations (Grand Rounds or case presentation)
AN	4	0	39%	15/18	AN	13	72%	18
DERM	20	14	73%	11/11	DERM	7	36%	3
FM/FM-UT	0	0	0	24/26	FM/FM-UT	18	61%	26
IM*	0	53	0	12/12	IM*	41	100%	12
OTO	20	7	45%	20/20	OTO	5	20%	20
PREV	0	0	0	2/2	PREV	0	0%	2
TY	0	4	0	6/6	TY	4	66%	6
URO	3	11	23%	13/13	URO	1	7%	13
TOTAL/AV	47	89	23%	103/108	TOTAL/AV	89	45%	100

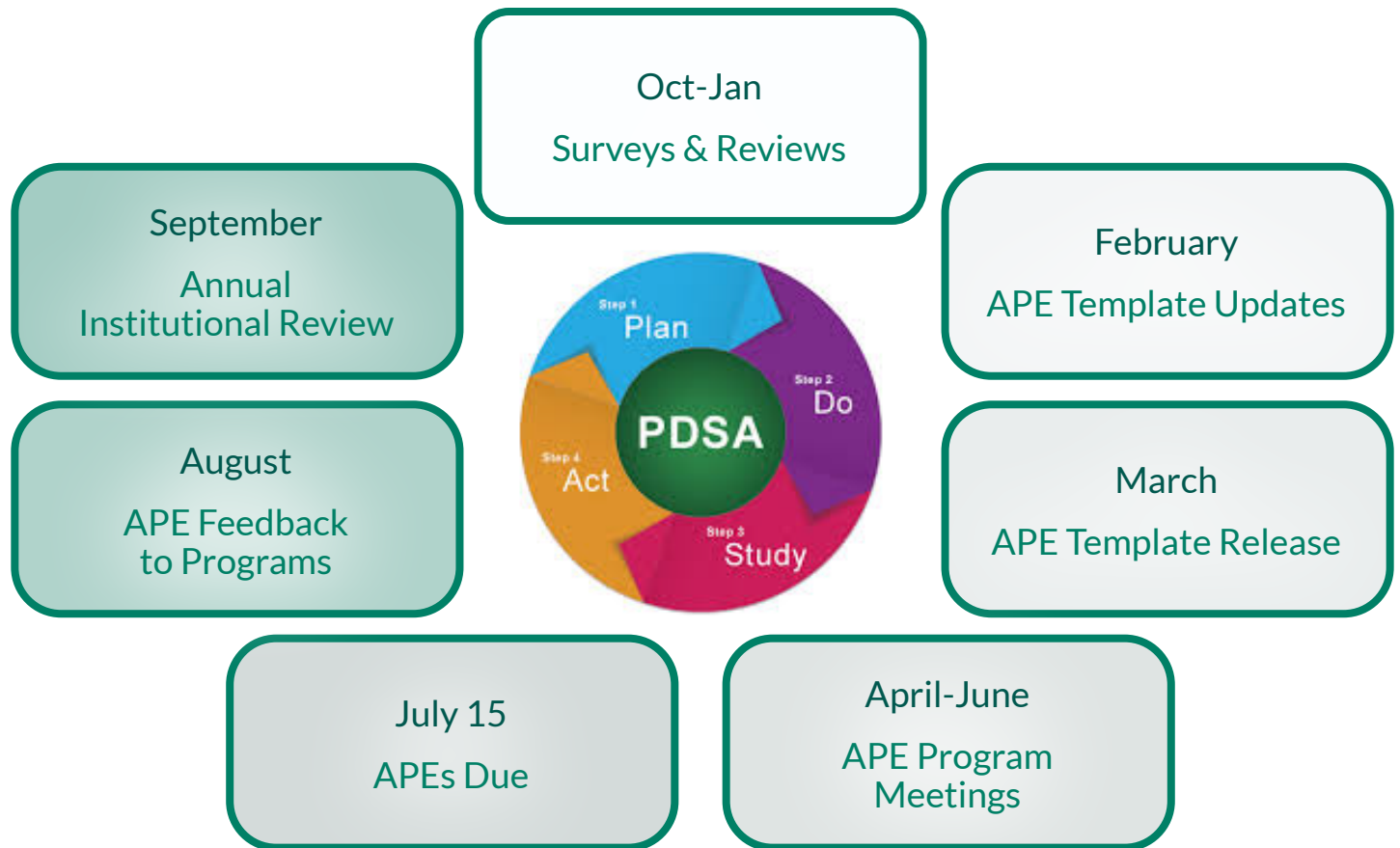
* includes graduating residents only

Faculty Scholarly Activity						
Program	All PMIDs and Book Chapters	# of Core Faculty with at least one PMID	Non-PMID pubs	Faculty with leadership role (editorial board, reviewer, med organization)	Grant leadership role	Conference/Poster Presentations
AN	8	3	1	4	1	6
DERM	34	5	16	7	2	24
FM/FM-UT	11	1	0	4	0	2
IM	7	1	23	2	1	12
OTO	40	10	5	18	7	48
PREV	6	3	0	3	3	0
TY	0	0	1	2	0	0
URO	18	3	8	4	3	32
TOTAL	124	26	54	44	17	124

Annual Program Evaluation (APE) Using Continuous Quality Improvement (CQI)

For several years, WSUGME has carried out a Continuous Quality Improvement (CQI) process for all our programs via an annual cycle built on the Plan-Do-Study-Act (PDSA) model. Implementing dashboards, surveys and process-planning exercises to foster an environment of ongoing improvement across all programs, GME utilizes a systematic, data-driven approach to set goals, measure outcomes, evaluate results and reflect on next steps. Following a mid-year annual institutional review in January, we initiate program reviews, an Annual Program Evaluation (APE) by which programs assess performance relative to particular goals.

Our annual GME surveys of residents and faculty, recent graduates and alumni, distributed across the year, provide quantitative and qualitative data on key aspects for program review: resident performance, faculty development, program quality, and graduate outcomes. The review involves the Program Director, Program Coordinator, faculty, residents, and WSUGME staff. Programs generate individualized SMART goals for improvement based on the APE, each of which is followed up using PDSA cycles monitored by the Program Evaluation Committee (PEC).



WSUGME also sets SMART goals for its own internal activities and follows each of these with PDSA cycles. Occurring simultaneously at the institutional and program levels, this process creates a culture of CQI whereby all stakeholders, from interns to the designated institutional official, participate in the enhancement of Wayne State residency education. In the two pages that follow, details on our institutional- and program-level evaluation methodology are provided.

A Culture of Continuous Quality Improvement (CQI)

The Accreditation Council of Graduate Medical Education requires continuous program improvement as part of program evaluation for residency training institutions and programs.

To operationalize a culture of Continuous Quality Improvement, WSUGME incorporated a SMART (Specific, Measurable, Accountable, Realistic, Timely) goal format for program and institutional aims and Plan-Study-Do-Act (PSDA) cycles for carrying out each action item. An example of a SMART goal with a PSDA cycle for a Hematology/Oncology rotation is shown at right.

2021-22 Sample Program Report

Action Item: Heme/Onc

Title of Action Item: Increasing educational effectiveness of Hematology/Oncology

Targeted Area of Improvement: Resident Performance: Medical Knowledge

S	M	A	R	T
Specific goal	Measure of outcome	Accountable persons	Reasonable result	Time for completion
Improvement of Hematology/Oncology ITE score by 50%	The following year ITE score.	Program Director and PEC committee members.	Expected to see an improvement of 50% in the ITE hematology/oncology scores of PGY 2 residents.	One year

PSDA Cycle Descriptions:

Cycle 1:

Plan	What are you trying to accomplish?	What will you do?			
	Improve hematology-oncology rotation's educational effectiveness by moving the rotation to Providence	All residents who score ≤ 30 th percentile on their ITE are required to meet with the PD or APD to generate a written reading and study plan. The study plan is, in part, driven by the ITE results noting content specific deficiencies. There is no "universal" or program-based study plan per se as we encourage residents to tailor the study plan to meet their specific learning styles and rotation schedules. Below is a sample template which can be utilized by those individuals requiring additional remediation in medical knowledge based on their ITE score.			
		<table border="1"> <tr> <td>Incorrect ITE question / subject</td> <td>Reference material</td> <td>2 knowledge points</td> </tr> </table>	Incorrect ITE question / subject	Reference material	2 knowledge points
Incorrect ITE question / subject	Reference material	2 knowledge points			

GME Survey 2021-22 Program Report

R. Brent Stansfield

Program Report for Dermatology

Participation

Residents

11 Residents completed the survey

Residents : What is your current year in the program (PGR)? (Examples: Urology PGY-

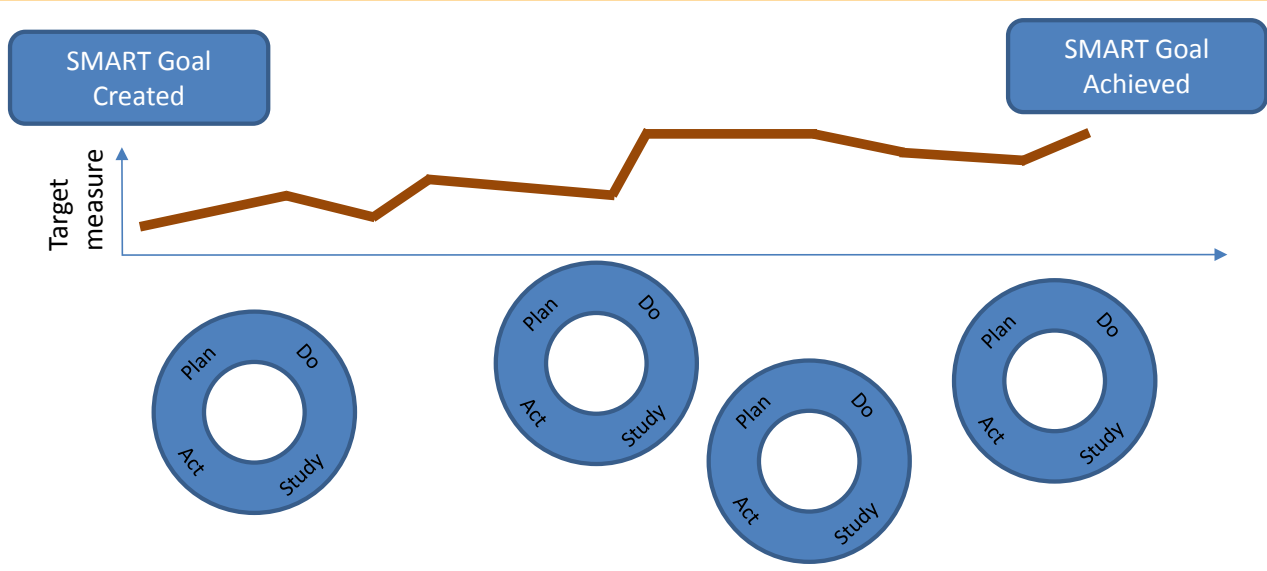
SMART Goals and Continuous Quality Improvement

SMART goals are a proven method of specifying and documenting plans. The process of writing out Specific aims, identifying Measurable outcomes and Accountable parties, describing Realistic processes and setting Times for completion allows for precise project planning and enables institutions to act decisively and effectively.



For a detailed analysis of how GME operationalized a culture of continuous quality improvement to improve the institutional- and program-level evaluation processes and increase the quality and achievement of action items, see Stansfield, Markova, & Baker, "Integration of Continuous Quality Improvement methods into annual program and institutional evaluation," *Journal of Graduate Medical Education* 2019; 11(5): 585-591.

Use of PDSA to Achieve SMART Goals

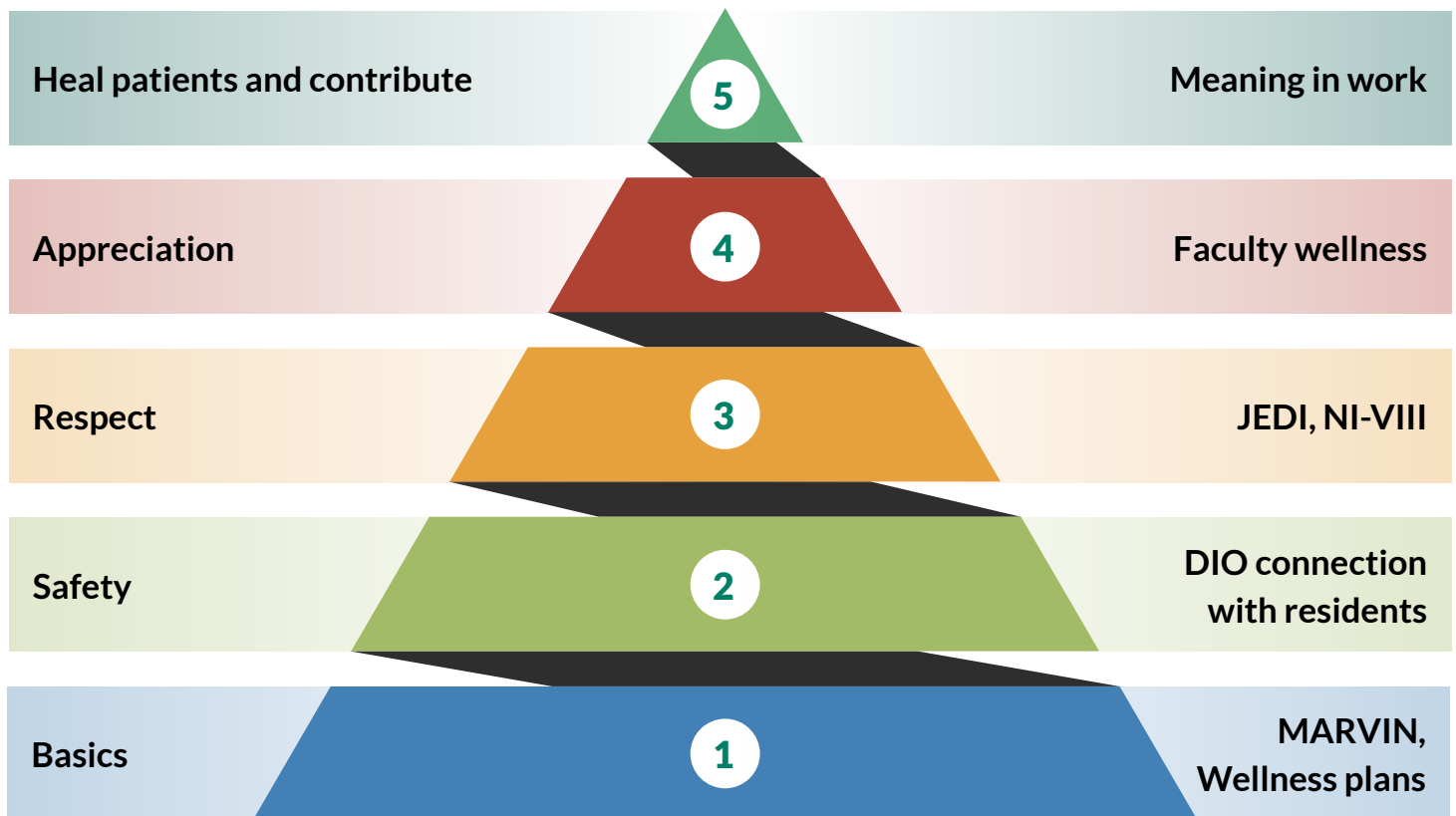


GME Wellness Initiatives

The ACGME requires residency programs to track and assess changes in resident well-being, since the demands of clinical care place trainees at high risk of burnout, depression, substance abuse, and suicide. Resident burnout is associated with higher rates of medical error and thus can jeopardize patient care and safety.

WSUGME has long had a commitment to assisting their residency programs in building a culture of wellness through both institutional support and resident-led initiatives. Resident leadership is necessary since trainees are motivated to improve their own well-being and are in a position to provide the most accurate needs assessment. Concurrently, residents require institutional resources to carry out their ideas.

GME's Institution-Wide Wellness Initiative comprises promotion of employee wellness resources, prioritization of wellness at administrative meetings, and conducting program evaluation and assessment. The initiative combines WSU resources with resident leadership to affect well-being on multiple levels: self-care, peer support, and alignment with the institutional mission.



Shapiro, D. E., Duquette, C., Abbott, L. M., Babineau, T., Pearl, A., & Haidet, P. Beyond burnout: A physician wellness hierarchy designed to prioritize interventions at the systems level. *American J Med.* 2019;132(5):556-563.

The pyramid diagram above is a model derived from Maslow's hierarchy of needs that can help medical education leaders optimize wellness interventions. Physicians' basic physical and mental health needs should be prioritized first, then patient and physician physical safety second, and then higher-order needs, such as respect from colleagues, patients, processes and the electronic medical record; appreciation and connection; and the time and resources to heal patients and contribute to the greater good third.

Program Wellness Initiatives and Projects

GME encourages the formation of Wellness Committees in each residency program, tasked with creating and sustaining a culture of wellness through institutional support and resident-led initiatives. Research has shown that burnout is associated with significant decreases in personal and professional satisfaction and increases in the number of physicians who leave the profession. These initiatives were especially important at the institutional level and across the national landscape in view of the COVID-19 pandemic, which continued to have lasting impacts on physician wellness and mental health.



The Department of Dermatology residents and faculty had a great time at the Garden Bowl in Detroit in September

Family Medicine's wellness curriculum, updated yearly, is reviewed at the program Orientation for all incoming interns, discussed at July didactics with all residents, and made readily available on New Innovations. FM ensures that all residents are aware of WSU's Employee Assistance Program (EAP), offered through Ulliance, as well as MARVIN. Wellness activities, such as birthday celebrations and a welcome picnic in the summer for incoming interns, are an ongoing feature, and longer wellness retreats, such as an outing to TopGolf (see photo) were held. The program maintains a wellness library at APRH stocked with puzzles, books, games, and personal hygiene products. In lieu of gift exchange during the holidays, FM sponsors community volunteering activities and fundraisers for local nonprofits such as Neighborhood House in Rochester Hills and the Older Persons' Commission.

Two innovations for 2021-22: FM leadership initiated Balint groups every quarter under the direction of APRH staffer Susan Simpson, LMSW, for discussion of sensitive topics such as implicit bias or aggressive patient interactions in an informative and supportive setting. In addition, some Tuesday didactic sessions were concluded an hour earlier to permit FM residents to attend to their own healthcare needs, in response to program research indicating that during their training, the number of visits to providers declined markedly.



Family Medicine residents and faculty enjoy a wellness event at Top Golf in March

Internal Medicine's Wellness Committee, comprising a faculty mentor and residents, met monthly to implement initiatives addressing residents' mental, physical, social, and professional well-being. All residents were made aware of available mental health services such as WSU's Employee Assistance Program (EAP) through Ulliance and MARVIN. Residents' physical well-being was addressed through fitness apps competitions, the provision of nutritious snacks and water in the resident lounge, and referrals to free yoga and meditation classes. Procedures designed to target resident burnout, such as night schedule rules, personal time off and fatigue policies, and the ICU resident on call break, were emphasized. Residents' social well-being was encouraged through participation in leisure activities, holiday parties held both inside and outside APRH, and team meals at the end of floor/ICU month rotation. For the address of specific issues chief residents held a monthly confidential concerns meeting, and IM also sponsored an electronic suggestions box, accessible online via an anonymous hyperlink, the New Innovations platform, and printed QR codes posted in the lounge. A key component of resident professional wellness was the Faculty Mentorship program, with each resident matched with a faculty who provided both academic and personal support and helped formulate future plans and goals.

OSCE Health Disparity and Cultural Competency Cases



Dermatology Residents with Program Director Steven Daveluy

For the past 7 years, all incoming interns and PGY-1 residents in our programs have participated in a clinical simulation exercise, an Objective Structured Clinical Examination (OSCE), in the late summer months. They also engage in an Objective Structured Handoff Evaluation (OSHE), designed to assess their skill in using the institutionally mandated I-PASS mnemonic, with an intern handing off to the PGY-1 who provides an assessment.

During the OSCEs, participants' communication skills are assessed across 4 simulated patient (SP) encounters. After 2 years of virtual administration of the OSCE/OSHE exercises, in 2022 GME returned to face-to-face administration. However, 1 of the 4 cases was administered in a telehealth format; going forward, GME will continue this practice in view of the likely increasing prevalence of this mode of delivery in the years ahead.

GME's assessment tool for the OSCEs is the Kalamazoo Essential Elements of Communication Checklist-Adapted (KEECC-A), developed by a board of clinical communication experts for face-to-face administration. Clinical encounters are evaluated by the SP using this instrument and other measures gauging empathy. A recording of all sessions are provided to the resident and her/his faculty mentor for subsequent review and discussion.

In 2022, the OSCE cases addressed timely topics in graduate medical education: health disparities, cultural competency, error disclosure, and one new domain, family communication. WSUGME requires all residency programs to incorporate health disparities (HD) education as a standard component of their curricula, and several have established HD committees and/or conducted HD QI projects. In an ongoing initiative to assess residents' understanding of how patients in communities of color may have less trust in medical treatment as the result of historical injustices, GME once again included an HD case via in 2022. We also included a cultural competency case used in prior years, a scenario in which a 50-year-old female with a recent diagnosis of Stage III colon cancer wishes to pursue alternative treatment options, including consultations with a faith healer. The new case for 2022 addressed family communication, with two SPs acting as patient and sister (detailed below).

New OSCE Case for 2022: Family Communication/Verbal Aggression

GME developed this case in response to requests from program leadership that one OSCE scenario address a physician encounter with family members that becomes verbally confrontational.

Scenario: Two women (Delilah, 43, and her sister Debbie, 48) come into the clinic to receive the preliminary results of Delilah's mammography, for which she was referred a month earlier.

Learner Objective: The physician will communicate to the patient the results of the mammography, then provide a referral to an oncologist who will conduct a biopsy to make the diagnosis and discuss the range of treatment options. The encounter should be conducted in an empathetic and professional manner, especially when the family member (sister) becomes much more angry and confrontational with the physician about this bad news than the patient.

GME Research on Multi-Year OSCE Data Comparing In-Person to Virtual Administration

All incoming interns and PGY-1 residents in our programs are required to participate in a clinical simulation exercise, an Objective Structured Clinical Examination (OSCE) each summer. This exercise is designed to assess and enhance resident skills in two types of communication: Clinical Communication (shared decision-making, avoiding jargon, making sense) and Patient Communication (interpersonal demeanor, empathy, rapport). After 2 years of virtual administration of the OSCE exercises, in 2022 GME returned to face-to-face (FTF) administration.



GME's assessment tool for the OSCEs is the Kalamazoo Essential Elements of Communication Checklist-Adapted (KEECC-A), developed by a board of clinical communication experts for FTF exercises. To determine if the KEECC-A was suited to the telehealth format, we compared data from the virtual administrations in 2020 and 2021 with data from 2016-2019 and then 2022 for the FTF administrations, controlling for case, year, and resident identity using multilevel modeling. Resident trait empathy scores on the Interpersonal Reactivity Index were added as covariates to the models to test the sensitivity of the ratings to resident empathy.

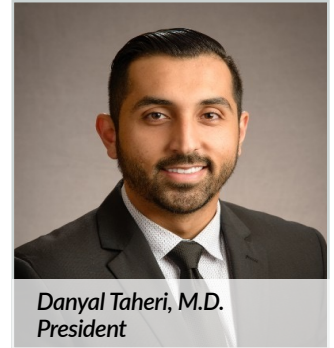
Key findings:

- » Communication skills as measured by OSCEs do not assess the same factors in telehealth encounters as they do in FTF encounters
- » First-year residents with low empathy levels get lower ratings in FTF encounters, but by their second year they achieve higher ratings, suggesting that interns do learn communication skills in practice
- » Telehealth OSCE SP ratings do not show sensitivity to resident clinical communication experience and empathetic skills; this suggests that the KEECC-A may not be sensitive to key aspects of telehealth communication, or that telehealth may require different skills than FTF encounters
- » Residency programs should consider developing curricula and assessment tools specifically targeting the skills needed for telemedicine, especially in the first year of residency

Medical educators should seek to better understand the skills required for effective patient communication in telehealth settings, and this research initiative involving simulated encounters provides evidence in support of this goal. GME has presented aspects of the OSCE research at local and national conferences and is preparing manuscripts for publication now.

Resident Council

The sponsoring institution for all ACGME-accredited programs is required to provide a confidential forum that allows residents to exchange information with other trainees about their working and learning environment. To meet this mandate, WSUGME schedules monthly meetings of the Resident Council (RC), open to all residents and commonly attended by representatives from each program. Although virtual meetings were initiated by the RC during the COVID pandemic, subsequently all meetings were scheduled as online events, which has permitted greater participation by residents whose programs are located in clinical sites throughout the Detroit Metropolitan Area. Every RC meeting has time allotted to discussion of issues with only residents in attendance.



Danyal Taheri, M.D.
President

On April 12, 2022, in collaboration with the GME office, the Resident Council held its annual Professional Development Symposium from 6:30-8:30 pm as a Zoom event, moderated by RC President Danny Taheri and Vice President Kat Siemiesz. The topic was “Diversity, Equity, and Inclusion: Becoming a Catalyst for Change.” The Symposium had more than 80 attendees, comprising current residents, Program Directors and core faculty, and incoming interns, as well as faculty and medical students in the WSUSOM. Speakers included Herman Gray, MD, MBA, Chair and Distinguished Service Professor of Pediatrics in the WSUSOM and former president and CEO of Children’s Hospital of Michigan; and Donovan Roy, EdD, the Vice Dean of Inclusion, Diversity, Equity, and Access in the WSUSOM.



Katrina Siemiesz, M.D.
Vice President

The Symposium fulfilled the state of Michigan’s new implicit bias training requirement, now mandated for all healthcare providers, and thus the speakers addressed ways physicians can recognize and mitigate the impact of both interpersonal and structural racism in clinical encounters.

Resident Council Officers:

- » **President:** Danyal Taheri (PRG-3, Internal Medicine)
- » **Vice President:** Kat Siemiesz (PRG-2, Family Medicine)
- » Padmini Giri (Internal Medicine)
- » William Azkoul (Otolaryngology)
- » Abdullah Hafid (Preventive Medicine)

Council Members:

- » Nadia Siddiqui (Anesthesiology)
- » Kayla St. Clair (Dermatology)
- » Beza Sahlie (Preventive Medicine)
- » Monica Hessler (Transitional Year)
- » Wen Min Chen (Urology)

2021-22 Action Items for the Resident Council:

- » Organizing and conducting the annual Professional Development Symposium
- » Increasing participation in Council activities and events from residents in all programs
- » Establishing a Diversity & Inclusion subcommittee
- » Developing new by-laws as needed

Resident Spotlights

All residents and fellows in our programs distinguish themselves in various ways, but in the past year these trainees achieved special distinctions in administration and service, research and publication, clinical care, and community outreach. GME wishes to acknowledge their commitment to best practices in these domains, particularly during a time when they were tasked with maintaining a high standard of clinical care during the most challenging of circumstances.



Eric Antonucci, M.D. (Otolaryngology – Head and Neck Surgery)

Dr. Antonucci won a \$31,000 grant from the Children's Hospital of Michigan Foundation to study the use of salivary biomarkers in pediatric patients to diagnose Eosinophilic Esophagitis or EOE, a disease that causes swallowing problems, chest pain and reflux. "Currently, EOE is diagnosed by esophagogastroduodenoscopy and biopsies of the esophagus, which makes it somewhat invasive, risky and costly," he notes. "Our project aims to find DNA/RNA in saliva that could serve as a marker for EOE. If there were reliable markers in saliva, then diagnosis would entail just a simple mouth swab, rather than biopsies." Dr. Antonucci collaborated with Otolaryngology faculty member and mentor Nathan Gonik and WSUSOM assistant professor of pediatrics and otolaryngology Andrew Fribley on the grant.

Hany Deirawan, M.D. (Dermatology)

The recipient of a multi-year GME Seed Grant in support of a laboratory investigation into the immunopathology of cutaneous and mucosal squamous cell carcinoma (smSCC), Dr. Deirawan completed a pathology residency at WSUSOM prior to beginning his dermatology training. His research involves the identification of major patterns of spatial distribution of immune cells in smSCC and correlation of these patterns with survival rates and recurrence odds. An abstract from this research was accepted for the 2023 American Academy of Dermatology Annual Meeting, "Deciphering the Immune Landscape and Immune Evasion Mechanisms in Locally Advanced Squamous Cell Carcinoma (SCC) and Basal Cell Carcinoma," and two manuscripts are in preparation. Dermatology program faculty Meena Moossavi acted as Dr. Deirawan's faculty advisor and mentor for this project.



Jahanavi Ramakrishna, M.D. (Internal Medicine)

Dr. Ramakrishna was accepted into the 2021-23 cohort of the GLUE (Global and Urban Health Equity) program, launched by WSU's Global Health Alliance in 2018. GLUE provides medical students, physicians, and allied healthcare professionals with training in global health. Via seminars, group learning and mentoring, and a capstone project, GLUE scholars learn about the impact of cultural and socioeconomic factors in healthcare, the quest for health equity, and the role of communication skills in medical practice. In addition, for GME's Developing Active Resident Teachers (DART) program, Dr. Ramakrishna created a curriculum for the Internal Medicine program involving simulation and didactics to train residents in the management of infections arising from intravenous drug use. She will receive a DART certificate from the GME Office for her excellent work. Dr. Ramakrishna's faculty supervisors are Vesna Tegeltija and Zain Kulairi.

Danyal Taheri, M.D. (Internal Medicine)

As President of the 2021-22 Resident Council, Dr. Taheri carried out his role with much professionalism and able stewardship of RC activities during the year, including organizing and hosting the Annual Professional Development Symposium on the timely and important topic of "Diversity, Equity, and Inclusion: Becoming a Catalyst for Change." Held on the evening of April 12 as a virtual event, more than 80 attendees benefited from presentations by WSUSOM leadership on diversity, inclusion, health equity, and implicit bias in healthcare. He completed his training at Ascension Providence Rochester Hospital as a chief resident and was mentored by IM faculty member Mohammad Al-Fityan. Dr. Taheri currently practices as a hospitalist at PeaceHealth in Vancouver, Washington.



Starling Tolliver, M.D. (Dermatology)

One of Dr. Tolliver's primary goals in academic medicine is to "help build better pipelines to bring more individuals from historically underrepresented groups into medicine, particularly in specialties like dermatology." During her second year of training, she chaired the Resident Council Subcommittee on Diversity and Inclusion as a venue for launching DEI mentorship and allyship initiatives across all GME residency programs. Dr. Tolliver also received a GME Seed Grant in 2021-22 for a survey project on US dermatology residents' knowledge of hair conditions among patients of color, reflecting her interest in conducting research on hair loss and Black women. This Seed Grant project will provide valuable data for identifying training gaps and innovating better treatment systems nationwide. Dr. Tolliver's faculty advisor is Geoffrey Potts, Dermatology Associate Program Director.

Developing Residents and Faculty Teachers (DART/DEFT) Programs

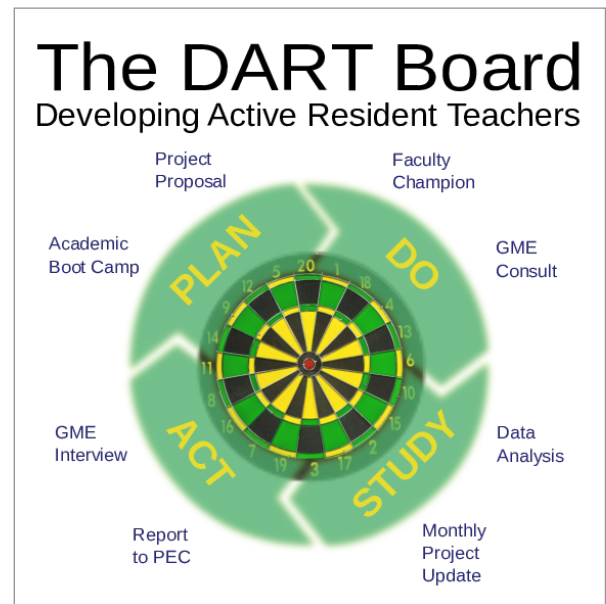
Since 2017, GME has offered residents and faculty a structured curriculum for refining their pedagogical and communication skills beyond the expected level: DART, or Developing Active Resident Teachers, and DEFT, Developing Active Faculty Teachers.

DART is designed to enhance residents' knowledge of medical education as well as make a tangible contribution to their program's curricular content by carrying out a medical education project under the supervision of their Program Director and a faculty mentor. DEFT is designed to strengthen our faculty's educational skills. Participants complete a series of online learning modules, engage in formative interactive learning experiences, and develop effective curricular or assessment tools for use in their programs. They also have access to a peer network of support.

The DART/DEFT curriculum is conducted as a series of virtual "Academic Boot Camps" covering essential topics in education scholarship: theories of adult learning, tactics of teaching (small group facilitation, bedside teaching, giving effective feedback, etc.), sensitivity to learning environment, and aspects of professional development. The bootcamps are offered three times a year, in the fall, winter, and spring, and employ a distance learning model with an accompanying Canvas course site archiving resources, materials, and recordings. GME also offers one-hour supplemental research workshops focusing on statistical topics.

Attendees will be supported and advised by the Office of Graduate Medical Education with expertise in residency education, cognitive psychology, curriculum development, social science research, quality improvement, and scholarly publishing.

GME awards both DART and DEFT participants with a certificate upon completion of the program. Projects may form the basis of a conference poster, abstract presentation, and/or journal manuscript.



2021-22 DART/DEFT Academic Boot Camps and Research Workshops

Fall 2021: How Experts Think

Winter 2022: Assessment and Remediation

Spring 2022: The Learning Environment and Professional Development

- Research Workshop 1: Power Analysis and Statistical Significance
- Research Workshop 2: Using Regression to Explain Results

Health Disparities, Diversity, Equity and Inclusion (DEI) Training, and Recruitment Initiatives



Through social responsiveness and an ongoing focus on innovation in education, research and clinical care, WSUGME is committed to training a diverse group of medical professionals who will transform the promise of equal health for all into a reality. Since increasing diversity and fostering inclusivity among the physician workforce enhances practitioners' cultural competency and improves patient outcomes, GME strongly encourages recruitment initiatives to expand access to medical training for those individuals who are underrepresented in medicine (URM). During 2021-22, GME supported robust DEI activities in graduate medical education and research at the program, state, and national level.

GME educated trainees about the impact of health disparities (HD) in the provision of healthcare in multiple ways: an introductory session at the summer New Resident Orientation, the assignment of online modules on "Cultural Competency" and "Managing Unconscious Bias" as part of intern onboarding, and the administration of HD and cultural competency cases during the summer OSCEs

(see p. 22). GME requires all residency programs to include training in HD as a regular part of didactics and at the forefront of clinical practice, establishing a Canvas site with resources for developing an HD curriculum as well as initiating research and quality improvement (QI) projects. For example, our Internal Medicine program at our primary clinical partner, Ascension Providence Rochester Hospital (APRH) created a QI project to implement interactive didactics as a means to expand residents' knowledge of and ease in addressing HD with patients, administering surveys to gauge outcomes. In October of 2021, the Dermatology program held a virtual DEI "Meet and Greet" with faculty, residents, and staff, an event that going forward will be held every fall. In addition, under the auspices of resident Starling Tolliver (see p. 25), Dermatology carried out a multi-focus DEI initiative involving curricular revision, scholarly work, outreach and community activities, and a recruitment and interview guide shared with WSUGME programs, among other achievements.

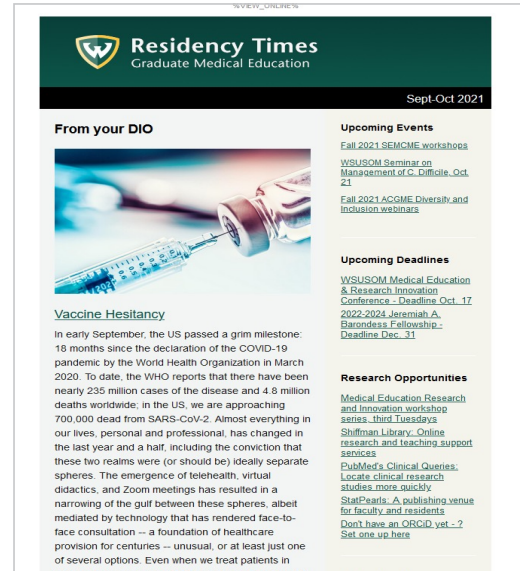
Michigan Governor Gretchen Whitmer's Executive Directive 2020-7, which took effect on June 1, 2022, mandated implicit bias training for all state healthcare providers as a condition of licensure. GME's Health Disparities Task Force kept program leadership apprised of opportunities to fulfill the requirement offered by external organizations such as the Michigan State Medical Society. In addition, in the spring of 2022 the Resident Council held its annual Professional Development Symposium on "Diversity, Equity, and Inclusion: Becoming a Catalyst for Change," offered for 2.0 hours of implicit bias training (see p. 24).

In the summer of 2021, GME and APRH were selected to participate in the Alliance of Independent Academic Medical Centers' 2-year National Initiative VIII on Justice, Equity, Diversity and Inclusion, which seeks to foster DEI in clinical learning environments. GME's plan focused on four areas: development of discipline-specific HD curricula, creation of diversity recruitment events, exploration of implicit bias in healthcare at the annual Professional Development Symposium, and implementation of quarterly Balint groups at APRH as a safe space for discussion of DEI and patient care. GME will use measures in both annual and semi-annual surveys (Learning Environment Scale, Professionalism and HD Knowledge) to gauge the outcomes of these interventions.

GME Communication Outlets: Residency Times

Residency Times is a bimonthly e-newsletter sent to residents, fellows, core faculty, and WSUSOM leadership. All issues are available on the GME website as well.

Each issue opens with a message from the Associate Dean/DIO about a current topic in the GME world, and subsequent sections provide updates about important program deadlines and GME as well as institutional activities, professional development opportunities, research resources, wellness events, resident conference presentations and publications, awards received, and diversity and inclusion initiatives. Occasionally, the newsletter features information about Wayne State University or WSU School of Medicine events or training (e.g., from Alumni Affairs, research opportunities or resources, community outreach and engagement). Every issue contains either a Resident and a Faculty Spotlight (sometimes both), presented in an interview format highlighting a specific research, teaching, or clinical interest of that individual (see sample below).



Sept-Oct 2021 issue of Residency Times

According to data analytics, *Residency Times* is accessed by readers at home and abroad. The most popular sections include the Resident and Faculty Spotlights and resident research presentations and publications.



Resident Spotlight, *Residency Times*, July-August 2022

My first residency rotation at correctional facilities in Michigan

Beza Sahlie, PGY-2, Preventive Medicine resident, APRH

When I started my Preventive Medicine Residency program, I was aware that I would be doing clinical rotations at a correctional facility. However, when the time finally came for me to go inside the Duane L. Waters Hospital, an infirmary inside a prison located in Jackson, I felt extremely anxious. My heart started racing as I entered the facility for the first time. My only exposure to the prison environment was through media portrayals, so I was fearful of the idea of caring for inmates in correctional settings. I had preconceived notions about prisons as unsafe environments and places of chaos. Even family and friends were concerned about my safety.

However, on my first day, I had the opportunity to tour the facility with the warden and was surprised at how quiet and orderly the place was. There were custody officers at every corner who escorted the inmates. After witnessing the strict supervision, security, and safety protocols, my initial uncertainty about safety issues subsided and my fear and anxiety were alleviated. I was able to focus more on learning about correctional medicine.

Since then, I have rotated at two other facilities, the Charles Egeler Reception & Guidance Center, also in Jackson, and I'm now at the Women's Huron Valley Correctional Facility in Ypsilanti. I've learned how medical departments in each setting manage patients. I observed interesting pathologies and outbreaks and learned about the non-suicidal self-injuries that are prevalent in correctional facilities. The most valuable lesson for me was while rotating at the Egeler Reception & Guidance Center, which evaluates each inmate being transferred from county jails to state prisons and addresses all their health concerns.



After interacting with several inmates, I came to realize that most come from underserved and disadvantaged populations and commonly have little formal education and no insurance or money. Some are homeless and never go to a doctor, no matter how sick they get. This population's social determinants of health are strongly associated with negative health outcomes, and most inmates have multiple health problems, including mental health disorders, drug dependencies, infectious diseases, and chronic conditions. The intake clinic may be the first consistent medical care that they have had, with easy access to a doctor, a dentist, and a mental health professional. The majority of the inmates I interacted with were well-mannered and respectful, and many were grateful for getting medical attention.

Goals for 2022-23

Action Plans

1	Provide oversight and support for program accreditation and state-funded GME growth
2	Support resident scholarly activity to promote an environment of inquiry in each program
3	Strengthen program and institutional annual evaluation process (APE & AIR) and enhance dashboards
4	Support program and institutional initiatives on Resident Wellness
5	Use Kado Clinical Skills Center for evaluation and teaching of communication skills
6	Expand DART and DEFT programs and enhance professional development for residents, PDs, faculty, and PCs
7	Evaluate learning environment – Ongoing support for direct observation, constructive feedback, and self-directed learning
8	Assist the Resident Council in defining role and empower them to accomplish goals
9	Increase programs' regional, institutional, & national visibility through communication and marketing strategies
10	Coordinate diversity and inclusion initiatives between programs and institution
11	Foster resident relationships with institutional leadership



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