
GRADUATE MEDICAL EDUCATION

EXECUTIVE SUMMARY

Academic Year 2022-23



WAYNE STATE

School of Medicine

Graduate Medical Education



I am very pleased to report on the notable accomplishments of the Office of Graduate Medical Education (GME) for the 2022-23 academic year and provide a preview of forthcoming activities. All eight of our programs have received continued accreditation by the Accreditation Council for Graduate Medical Education (ACGME), and our sponsoring institution, the Wayne

State University School of Medicine, received continued accreditation with commendation in 2023. Once again, our clinical partners, faculty, resident trainees, and administrative staff demonstrate their commitment to the highest standards of professionalism in providing the best clinical education and patient care.

Our hospital partners remain dedicated to improving clinical learning environments. Trainees at Ascension Providence Rochester Hospital (APRH), our primary clinical partner, continue impressive levels of participation in quality improvement (QI) initiatives (for seven years, more than 90% of all residents). In May 2023, the Internal Medicine, Family Medicine, and Transitional Year programs collaborated with GME to hold a virtual QI Research Day (see p. 12). Across the academic year, many residents' QI projects have been showcased in local forums held by the Southeast Michigan Center for Medical Education (SEMCME) as well as state and national conferences, such as American College of Physicians-Michigan, American College of Chest Physicians (CHEST), and the American Association of Clinical Endocrinology and the American College of Gastroenterology Annual Meetings. For more details about QI initiatives in our Internal Medicine program at APRH and our Urology program's notable participation in MUSIC (Michigan Urological Surgery Improvement Collaborative), see p. 13.

GME has long been active in medical education research; in 2022-23, our staff co-authored conference posters detailing outcomes for projects on trainees' communication skills and telehealth; institutional initiatives to enhance inclusivity and equity in residency programs; the relationship between resident wellness and clinical engagement with perceptions of program inclusivity; and the fostering of health disparities curricula in residency programs.

GME actively supports resident research as well, and we offer a means to encourage their engagement in scholarly activities: a Seed Grant program, with funding available to subvent costs associated with QI and research projects (see p. 15 for details). In 2022-23, Family Medicine received support for *Hocus POCUS: Introducing the Magic of Point of Care Ultrasound to Family Medicine Residents*, a QI study assessing the implementation of a formal POCUS curriculum and gauging residents' ease in using this diagnostic tool for medical decision making, patient evaluation, and provision of treatment. In addition, GME determined the winner of the annual Peter Svider Memorial Resident Scholarship Award, now in its second year. The Svider Award provides GME and program leadership with an opportunity to publicly commend a resident or fellow who has achieved a high level of scholarly productivity reflecting the ideals of graduate medical training (see p. 15).

GME schedules virtual Resident Council meetings, held monthly across the year, as a venue for the confidential discussion of issues of

concern to residents. The Resident Council leadership organizes the annual Professional Development Symposium, a two-hour virtual event addressing a timely topic. In 2023, Detroit pediatrician and palliative care specialist Nadia Tremonti addressed "How to Handle Difficult Conversations and Patients' Emotions." Resident Council President Victoria Prince hosted the symposium, held via Zoom on April 11, with more than 35 attendees, including current residents and program leadership, incoming interns, and WSU School of Medicine faculty (p. 24).

As in years past, GME welcomed our incoming class during a New Resident Orientation held during late June via Zoom. Approximately one-third of our 46 interns and fellows attended U.S. medical schools, including the WSU School of Medicine, the University of Michigan Medical School, the Michigan State University College of Human Medicine and MSU College of Osteopathic Medicine, and the Central Michigan University College of Medicine. Other residents were trained at the University of Chicago Pritzker School of Medicine, the Indiana University School of Medicine, and the University of California-San Francisco School of Medicine. The class included three residents accepted for the Family Medicine-Urban Track and two residents for the Preventive Medicine program, supported under the auspices of MIDOCs (see p. 9). During the virtual Orientation, GME staff introduced attendees to the basics of GME along with

brief units on professionalism, wellness, and the upcoming summer Objective Structured Clinical Examination/Objective Structured Handoff Evaluation (OSCE/OSHE) training. Clinical Associate Professor of Pediatrics in the WSU School of Medicine Lynn Smitherman, a board-certified pediatrician who has been practicing in Detroit for 30 years, provided attendees with an excellent overview of health disparities, with a particular focus on the city environment. Following the Orientation, interns met in person downtown to participate in a bus tour conducted by the City Institute to learn more about Detroit's fascinating history, unique neighborhoods, and particular urban challenges.

In terms of both patient care and resident and faculty recruitment, achieving diversity, equity, and inclusion remains at the forefront of GME's educational and academic mission. During 2021-23, GME and APRH participated in National Initiative VIII: Justice, Equity, Diversity, Inclusion (or JEDI), sponsored by the Alliance of Independent Academic Medical Centers. Outcomes of this project were presented at the AIAMC Annual Meeting, held in Nashville in April 2023 (see p. 14).

The many achievements of our residents and faculty as well as GME staff will be found in the rest of this Executive Summary. In the upcoming year, I anticipate equally fruitful collaborations with our program leadership and residents on all features of our academic mission

Anne M. Messman MD

Anne Messman, M.D., MHPE, FACEP

Associate Dean and Designated Institutional Official,
Office of Graduate Medical Education

Professor, Department of Emergency Medicine

All 2022-23 Goals Accomplished

#	Goals	Pg
1	Provide oversight and support for program accreditation and state-funded GME growth (MIDOCS)	8
2	Support resident scholarly activity to promote an environment of inquiry in each program	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	Expand DART and DEFT programs and enhance professional development for residents, Program Directors, faculty, and Program Coordinators	23
7	Assist the Resident Council in defining role and empower them to accomplish goals	24
8	Coordinate Diversity and Inclusion efforts between programs and institutions, foster community outreach	26
9	Increase regional, institutional, and national visibility through communication and marketing strategies	28

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.

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 the WSU School of Medicine's Department 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 the 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 Association of American Medical Colleges.

Martha Jordan, M.Ed, C-TAGME

Administrative Director

Ms. Jordan ensures our programs' compliance with all ACGME requirements for accreditation through review of ACGME documentation and coordinating program reviews. She oversaw the virtual recruitment Zoom training of the GME program coordinators and successfully onboarded incoming residents during the COVID-19 pandemic. She is a member of the SEMCME Program Coordinator Workshop Planning and Finance Committees. Ms. Jordan has served as Treasurer of the Michigan Association for Medical Education since 2021. She is currently pursuing an MLIS degree from WSU with an emphasis on data analytics.

R. Brent Stansfield, Ph.D.

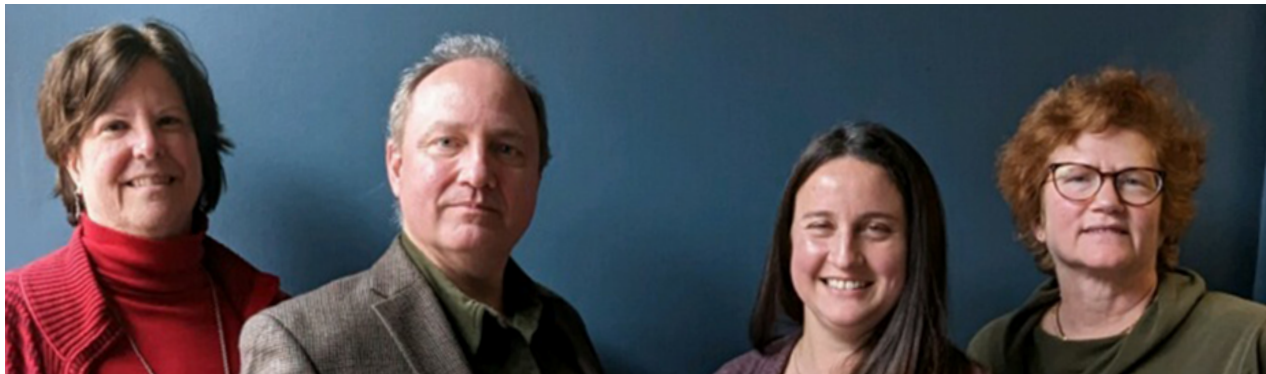
Director of Education

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 20 years. At WSUGME, he implemented the Developing Active Resident Teachers (DART) and Developing Effective Faculty Teachers (DEFT) programs and created a dashboard-based program evaluation system. He spearheaded GME's Resident Wellness and Diversity, Equity and Inclusion initiatives, leading to national recognition by the ACGME and residency programs nationwide.

Heidi Kenaga, Ph.D.

Research Coordinator

Dr. Kenaga produces manuscripts on evaluation and research outcomes for GME, assists faculty and residents with research projects, organizes yearly virtual symposia such as the QI Research Day, and manages the Seed Grant Program. In addition, she administers the annual OSCE/OSHE clinical-skills training and in 2023 revised an OSCE case involving family communication. As the GME communication specialist, Dr. Kenaga edits the *Residency Times* newsletter, produces the annual Executive Summary, writes GME reports, and serves as the GME webmaster. She also collaborates with the WSU School of Medicine marketing staff in promoting GME residency programs.

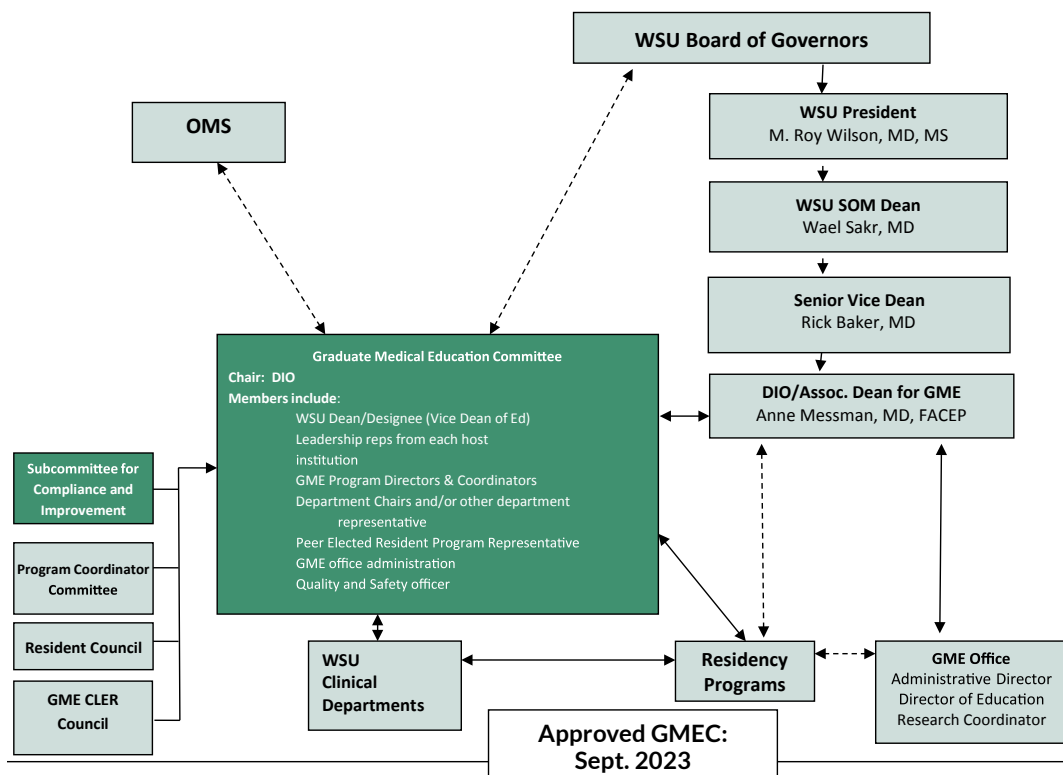


From Left: Martha Jordan M.Ed., Brent Stansfield, Ph.D., Anne Messman, M.D., Heidi Kenaga, Ph.D.

A Powerful GME Hospital Partners Network



WSU Organizational Chart 2022-23



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, Program Directors, residents and staff on competencies and milestones
- » **Promote** well-being in the clinical learning environment
- » **Advocate** for increased residency slots and funding to meet the state and national need for providers: MIDOCS



Our Entering Trainees Are Exemplary



100% MATCH RATE



8% GRADUATED FROM THE WAYNE STATE SCHOOL OF MEDICINE

35% GRADUATED FROM THE WAYNE STATE SCHOOL OF MEDICINE



In 2022-23, WSUGME programs were filled completely with residents who chose our programs and whom we chose as promising trainees.

Board Passage Rates/Residents' Future Plans

GME supports the efforts of all our residency programs to enhance residents' clinical, professional, and research competencies to provide high-quality, patient-centered care that is strongly committed to issues of safety and equity. Starting with an intensive onboarding and orientation process through exposure to a variety of patient care experiences under the oversight of WSU faculty physicians and researchers, our residents graduate 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 2019 through 2022, 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.

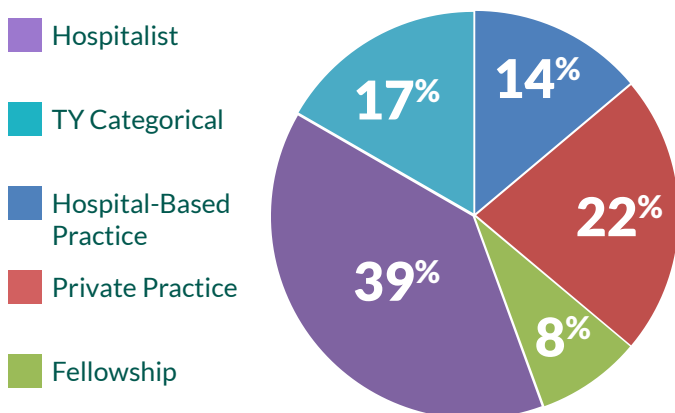
91%

of exit survey respondents felt prepared to pass the boards
IN THEIR SPECIALTY

100%

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

Graduating Residents' Future Plans Academic Year 2023



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 Next Accreditation System (NAS)

At the Sept. 2023 AIR, participants contributed to a SWOT analysis:



SWOT Item	Summary of Key Themes
<p>Strengths: Qualities that enable us to accomplish the institution's mission</p>	<p>Attendees commended the skilled and experienced leadership provided by the Designated Institutional Official and GME office staff and found them supportive, knowledgeable, and helpful in providing direction on research projects. They also viewed the faculty and residents as dedicated to educational goals and praised the camaraderie and collaboration among the program directors. Several attendees noted the good lines of communication between GME and program leadership as well as productive GMEC meetings.</p>
<p>Weaknesses: Settings or contexts that prevent the institution from accomplishing our mission and achieving our full potential</p>	<p>Two attendees noted the lack of adequate funding for residency slots as a key weakness. Others cited the absence of a university-owned hospital, the instability of clinical and hospital partners, and insufficient funding for GME activities, especially research, as ongoing challenges. Once again, the range of GME programs located in widely dispersed clinical settings with varying resources was cited as a weakness, a real barrier to setting them on equal playing fields.</p>
<p>Opportunities: Factors that are not entirely under the control of the institution, but if acted upon will help the institution flourish</p>	<p>One respondent pointed to programs' access to the wider WSU/Detroit network, which enables partnerships with WSU School of Medicine departments or organizations and a variety of hospital systems, in fact the entire southeast Michigan medical complex. Just our proximity to the the WSU School of Medicine was seen as an opportunity: one attendee encouraged our residency programs to more actively recruit WSU School of Medicine students, pursue potential opportunities for faculty professional development, or develop creative collaborations with undergraduates.</p>
<p>Threats: Forces that are largely beyond the institution's control, but plans may be developed to mitigate effect</p>	<p>As in years past, the instability of funding for programs - by the WSU School of Medicine, hospital systems, and at state level - was cited as a threat by several respondents. One attendee expressed concern about the possible impact of resident unionization. The problems hiring faculty through Wayne Health place pressures on everyone. Another respondent commented that while the WSU School of Medicine wants all residents to participate in research, it puts the responsibility for teaching research skills onto the faculty, already overburdened.</p>

ACGME Institutional and Program Accreditation



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 eight residency programs. In 2022-23, WSUGME programs received two citations for program personnel and resources, two for evaluation, and one for educational program. GME and residency leadership are proactive in addressing these citations.

The table below lists each GME residency program, its current accreditation status, and the date of the AY 2022-23 accreditation letter

Program	Accreditation	Date of AY 2022-23 Accreditation Letter
Family Medicine - Urban Track	Continued Accreditation	1/25/2023
Urology	Continued Accreditation	1/19/2023
Dermatology	Continued Accreditation	1/6/2023
Transitional Year	Continued Accreditation	12/5/2022
Otolaryngology	Continued Accreditation	1/6/2023
Internal Medicine	Continued Accreditation	1/20/2023
Anesthesiology	Continued Accreditation	1/17/2023
Preventive Medicine	Initial Accreditation	11/11/22

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 to increase access to care in rural and urban underserved communities in Michigan, which will improve our state’s health outcomes.



Acceptance of a MIDOCs residency slot comes with stipulations: A candidate must agree to fulfill at least two years commitment to practice in a rural or urban underserved area in Michigan and also to forgo any subspecialty training for at least two years following completion of training. Only U.S. citizens (born or naturalized), U.S. nationals, and permanent residents are eligible for MIDOCS. Residents may apply 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. In 2022, MIDOCS funded three positions in the FM-UT. Current practice locations include CHASS (Community Health & Social Services), Henry Ford Hospital, and Ascension Providence Rochester Hospital. The second FM-UT resident cohort graduated in June 2023.
Preventive Medicine Program (PM)	Designed to prepare physicians for leadership roles in academic or clinical preventive medicine, healthcare management or clinical epidemiology. Residents train at Covenant and Health Centers Detroit Foundation. Residents are required to enroll (tuition free) in the MPH program offered by WSU’s Department of Family Medicine and Public Health Sciences. The second PM cohort matriculated from Transitional Year to PM in 2022, and the first PM cohort graduated in 2023.



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

I am a member of the inaugural cohort of the MIDOCS-supported Preventive Medicine program at the WSU School of Medicine. I was happy to act as a representative of this new training initiative for members of the American College of Preventive Medicine while I attended the annual ACPM conference held in New Orleans in March 2023.

My poster showcased a research project determining the return on investment in devoting clinical time toward addressing lifestyle factors to arrest the progression of chronic diseases and even reverse their course. The conference was a great opportunity to learn from established experts, meet colleagues, connect with mentors, and network with other PM professionals. During the conference, I became a Vaccine Confident Ambassador, a commitment I hold dear. Vaccine hesitancy remains a challenge in many communities, and I feel honored to use my PM platform to promote vaccination and make a positive impact on public health.

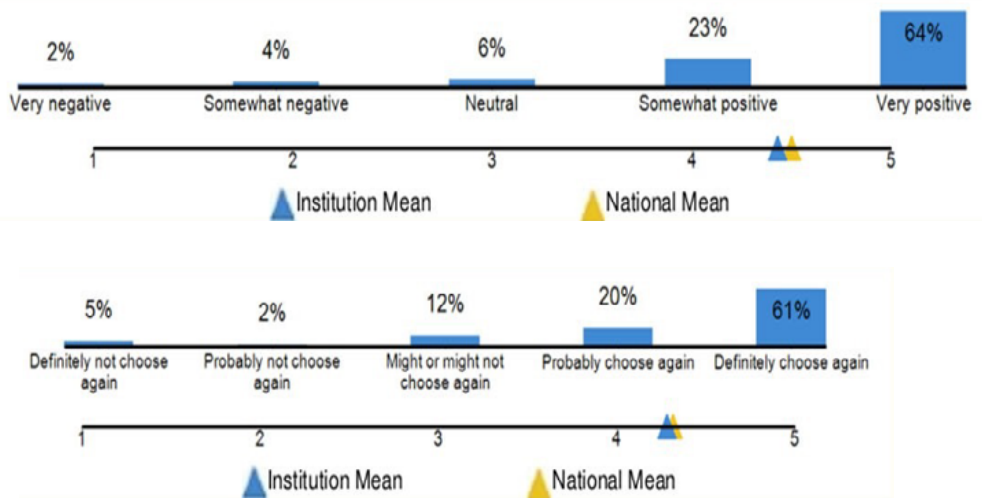
Excellence in Learning and Teaching

2022-23 ACGME Survey Results

As has been the case for several years, our 2022-23 ACGME survey results indicate resident and faculty performance at or above national averages.

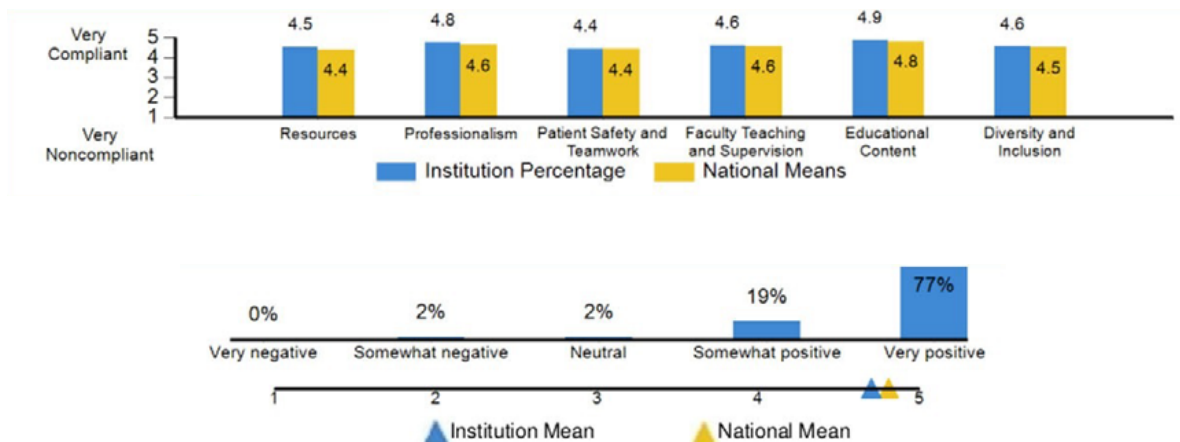
Residents

» For a second year in a row, 87% very/somewhat positive



Faculty

» For a second year in a row, 96% very/somewhat positive



ACGME CLER Initiatives:

Building An Effective Clinical Learning Environment



GME is committed to continuous quality improvement in the clinical learning environment. The Accreditation Council for Graduate Medical Education (ACGME) conducts Clinical Learning Environment Reviews (CLER) at our primary practice site, Ascension Providence Rochester Hospital (APRH), although these visits were delayed by the COVID-19 pandemic during 2020-22.

A community hospital located in Rochester, Michigan, APRH is home to our Family Medicine, Internal Medicine, Transitional Year, and Preventive Medicine programs. In preparation for site visits, GME hosts bimonthly virtual CLER meetings attended by the GME associate dean, the APRH chief medical officer, GME staff, APRH program leadership, and resident representatives.

In April 2023, an ACGME CLER team conducted both a virtual and face-to-face site visit at APRH. This visit provided GME and program leadership with productive, supportive feedback in six core areas: Patient Safety, Teaming, Supervision, Professionalism, Health Care Quality, and Wellness.

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 hospital-wide 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 a 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 seven years, approximately 90% of residents have participated in a QI project, sometimes more than one. Both FM and IM have established health disparities curricula. In addition, GME includes one case involving health disparities and/or one case involving cultural competency in its annual clinical communication skills-assessment activity (OSCE), required of all interns and PGY-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

GME residency programs continue to excel in designing and implementing quality improvement (QI) projects. In 5 programs – Anesthesiology, Dermatology, Family Medicine, Internal Medicine, and Preventive Medicine – 75% or more of residents participated in QI projects, and half of Transitional Year residents did so. On average, 70% of all GME residents completed QI initiatives last year. As in the past, several Internal Medicine residents had QI research posters accepted for local conferences such as the 2023 Michigan QIPS Summit sponsored by the Southeast Michigan Center for Medical Education (SEMCMCE), as well as for national conferences, including the 2022 CHEST Annual Meeting, the 2023 American Association of Clinical Endocrinology Annual Meeting, and the 2023 American College of Cardiology Annual Meeting.

For more than 10 years, WSUGME and the Internal Medicine, Family Medicine, and Transitional Year programs at Ascension Providence Rochester Hospital have collaboratively administered an annual QI Research Day showcasing residents' QI and patient safety projects. In 2023, the QI Day was held as a virtual event on the afternoon of May 16. Accomplished QI experts from the Detroit area served as judges, and once again the keynote speaker was Robert Flora, M.D. (pictured below), chief academic office 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 top two winners in Internal Medicine included "Decreasing Inappropriate Vancomycin Use in a Community Hospital" (George Nahal, presenter; coauthors Hanan Hannoodee, Anoop Mathew, Pranav Chalasani, Sarwan Kumar, and Vesna Tegeltija [faculty mentor]), and "Optimizing the Use of CT Angiograms in Diagnosing Pulmonary Embolism" (Mousa Hammoud, presenter; coauthors Aldin Jerome, Vrushank Patel, Pranav Chalasani, and faculty Joseph Vercellone and Vesna Tegeltija [mentor]). The winner of the **Family Medicine/Transitional Year** presentations was "Decreasing Rates of Catheter Associated Urinary Tract Infections at Our Hospital" (Sana Siddiqui, presenter; coauthors Wayte Davill, Brian Gutermuth, and faculty Tess McCready [mentor]).

Program	# of Residents Involved in QI Projects/Total Residents*	Percentage
Anesthesiology	9/17	75%
Dermatology	8/12	75%
Family Medicine/ FM-UT	22/27	81%
Internal Medicine	32/36	89%
Otolaryngology	7/20	35%
Preventive Medicine	3/4	75%
Transitional Year	3/6	50%
Urology	5/12	42%
2022-23 TOTAL	96/137	70%
2021-22 TOTAL	113/135	84%
2020-21 TOTAL	106/127	83%

*From resident responses on GME survey

Design Thinking in Quality Improvement

2023 QI Research Day keynote speaker: Robert Flora, M.D.

Excellence in Program Quality Improvement: Urology and Internal Medicine

Urology residency program, Detroit – The Michigan Urological Surgery Improvement Collaborative (MUSIC)

Funded by Blue Cross Blue Shield of Michigan, MUSIC is a QI initiative recognized as “setting an excellent standard for community practice for localized prostate cancer [which] should be a model for other player-clinician partnerships to drive higher-quality, lower-cost care” (*European Urology* editorial, April 2023). Urology core faculty Kevin Ginsburg serves as the MUSIC Prostate Program Co-Director, researching how practice patterns for patients on active surveillance for prostate cancer correlate with clinical and oncological outcomes. He is the co-author of more than 16 peer-reviewed publications and abstracts and has presented 20 posters derived from MUSIC data, collaborating with Dept. of Urology chair Michael Cher, Program Director Steven Lucas, past and present residents Rohith Arcot, Gannon Curtis, Mark Pressprich, Michael Wang, Raghav Madan, Samer Kirmiz, David Perlman, Michael Sessine, and a number of WSU School of Medicine students.

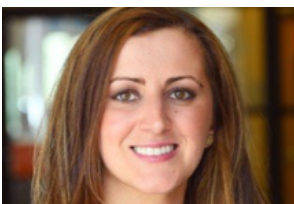


Kevin Ginsburg, M.D.
WSU School of Medicine Assistant Professor of Urology,
J. Edson Pontes, M.D., Distinguished Endowed Chair in Men's Health
MUSIC Prostate Program Co-Director

MUSIC was founded in 2011 to address quality and efficiency gaps in urologic treatment in Michigan via the sharing of data and evidence-based best practices. Currently, over 95% of urologists in the state participate in the MUSIC data registry. MUSIC's clinical researchers have observed dramatic reductions in practice pattern variation and more robust adherence to recommended staging practices. In addition, under Dr. Ginsburg's stewardship MUSIC has emerged as a national leader in prostate cancer management, in particular the promotion of active surveillance rather than surgical or radiologic intervention as a treatment strategy for patients with low-risk prostate cancer. All the researchers in the Urology residency program are dedicated to innovative scholarship and pathbreaking QI collaborations, with several beneficiaries: our Urology residency, graduate medical education, contemporary urological research and practice, and most importantly, the patients.



Internal Medicine residency program - Ascension Providence Rochester Hospital (APRH), MI



Vesna Tegeltija, M.D.
WSU School of Medicine
Clinical Assistant Professor,
Associate Program Director,
IM Residency Program,
APRH

Internal Medicine has consistently achieved high rates of resident participation in QI projects, as well as dozens of presentations (many winning awards) at local, regional, and national conferences. Under the direction of Vesna Tegeltija, WSU School of Medicine Clinical Assistant Professor and Internal Medicine Associate Program Director, IM has emerged as a regional leader in QI research and evidence-based outcomes.

When she became responsible for QI project oversight, Dr. Tegeltija tested different approaches to the QI program, conducting her own root cause analysis to devise a model that would ensure better outcomes. For IM, a successful model would include a diverse list of QI projects that not only sparked interest from residents and faculty but also aligned with hospital quality initiatives. A program-appointed leader would be necessary to establish accountability, provide basic QI education, and ensure followup. Additionally, incorporating projects with System-Based Practice milestone expectations would provide a more objective feedback model.

Dr. Tegeltija and her team were able to employ these goals and implement QI changes at the IM program level. The implementation led to successful resident QI participation. At the beginning of the academic year, faculty meets with hospital leadership to determine institutional priorities in an attempt to align projects appropriately. All residents and faculty are given basic QI training in form of didactics. Residents are assigned to projects based on their interest. A faculty “champion” is selected for individual projects, and this individual meets with QI team members regularly to gauge progress. Monthly followup is scheduled as protected time. The followup from residents is reported during Program Evaluation Committee meetings and incorporated into the System-Based Practice milestone. All residents are notified about upcoming conference abstract submission deadlines, and all submissions are tracked. Using this model, the program hopes to continue improving quality and patient safety.

Given the success of the IM residency program, in the spring of 2023 SEMCME asked Dr. Tegeltija to share her insights on QI project implementation for the attendees of the annual Michigan Summit on Quality Improvement, Patient Safety, and High Value Care.



GME Scholarship: Publications, Presentations

During 2022-23, WSUGME's research agenda included:

- » Tracking of resident and faculty wellness, with data derived from annual ACGME and internal GME surveys and from a biannually administered Resident Wellness Scale, innovated in 2016
- » Assessment of interns' and PGY-1s' clinical communication skills and familiarity with the required handoff mnemonic (I-PASS) via administration of a summer OSCE/OSHE
- » Comparison of resident empathy scores in face-to-face encounters vs. telehealth across multiple years of OSCE data, rendered more feasible by the COVID-19 pandemic when GME scheduled virtual simulated patient encounters (see p. 22)
- » Fostering health disparities components in program curricula as well as diversity and inclusion initiatives, with participation by Resident Council leadership

Publications

- » Messman A, Stansfield RB, Liu Y, Collins J, Matthews M, Ehrman R. "Identifying Positive and Negative Factors That Affect the Promotion of Clinical Faculty at the Wayne State University School of Medicine: Does Gender Matter?" *Cureus*. 2022;14(10):e29954.
- » Stansfield RB, Gruppen LD. "Power Analyses: Planning, Conducting and Evaluating Education Research." In: Cleland J, Durning SJ, eds. *Researching Medical Education*. 2nd ed. Wiley Blackwell; 2023: 71-76.

PRESENTATIONS

- A** Stansfield RB, Messman A, Kenaga H. *Resident communication and empathy in telehealth: Analysis of multi-year OSCE data*. Poster presented at the WSUSOM Medical Education and Research & Innovation Conference, December 6, 2022
- B** Stansfield RB, Kenaga H, Messman A. *The relationship of inclusiveness with resident clinical engagement and wellness*. Poster presented at the 2023 AIAMC Annual Meeting, Nashville, March 23-25, 2023
- C** Messman A, Kenaga H, Kumar S, King E, Wissman S, Stansfield RB. *Institutional initiatives to enhance residency, equity, and inclusivity*. Poster/slide presentation at the 2023 AIAMC Annual Meeting, Nashville, March 23-25, 2023
- D** Kenaga H, Messman A, Stansfield RB. *Creating a health disparities curriculum and resources for multiple residency specialties*. Poster presented at the 2023 AIAMC Annual Meeting, Nashville, March 23-25, 2023

A

B

C

D



GME Support of Resident Research

Seed Grant Program

To encourage an environment of inquiry across our residency programs, in 2015 GME established a Seed Grant program that provides trainees with an opportunity to apply for grants supporting either quality improvement or research projects. Resident participation in research fuels innovation and helps ensure that future physicians will possess those skills needed to continuously improve patient care. Any current resident in a GME-sponsored program, who is in good standing with a commitment for another year of residency, is eligible. Applicants must identify a faculty mentor and mentoring plan as part of the application. Funding is awarded based on scientific merit and appropriate justification of the 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.

2022-23 SEED GRANT AWARDEES

Olivia Schimmel and Alexander Christofis, Family Medicine residents, and Kathryn Cox, Family Medicine faculty mentor

» **Project:** *Hocus POCUS: Introducing the Magic of Point of Care Ultrasound to Family Medicine Residents*

The Peter Svider Memorial Resident Scholarship Award

The Svider Award is given in honor of the scholarly achievements, clinical excellence, and exceptional collegiality of Peter Svider, M.D., who completed a residency from the WSU School of Medicine Department of Otolaryngology in 2018. Dr. Svider 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 distinctive achievement in scholarly activities across her/his entire period of training. 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.



From left: Hermann Pinkus Chair of Dermatology Darius Mehregan, Kayla St. Claire, and Dermatology Program Director Steven Daveluy

The second winner of the Svider Award was Kayla St. Claire, M.D., MBA, a member of the Dermatology residency class of 2023.



Resident/Faculty Scholarship

GME 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 2022-23:

Faculty Scholarly Activity (core faculty & Program Directors)						
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, Abstracts
AN	15	4	0	2	1	5
DERM	48	4	5	5	0	33
FM/FM-UT	0	0	0	1	1	9
IM	2	2	4	5	0	55
OTO	22	9	0	10	5	12
PREV	6	3	0	3	0	0
TY	0	0	1	2	0	6
URO	20	4	6	5	1	15
TOTAL	113	26	16	33	8	135

Resident Publications/Research				
Program	PMIDs and Book Chapters	Non-PMID Pubs (e.g., abstracts)	% Residents w/PMID Pubs	Participated in research
AN	0	2	1%	16
DERM	19	10	92%	11
FM/FM-UT	2	0	7%	26
IM*	3	58	33%	12
OTO	12	0	40%	20
PREV	0	0	0	4
TY	10	1	3%	6
URO	13	1	73%	7
TOTAL/AV	59	72	68%	102

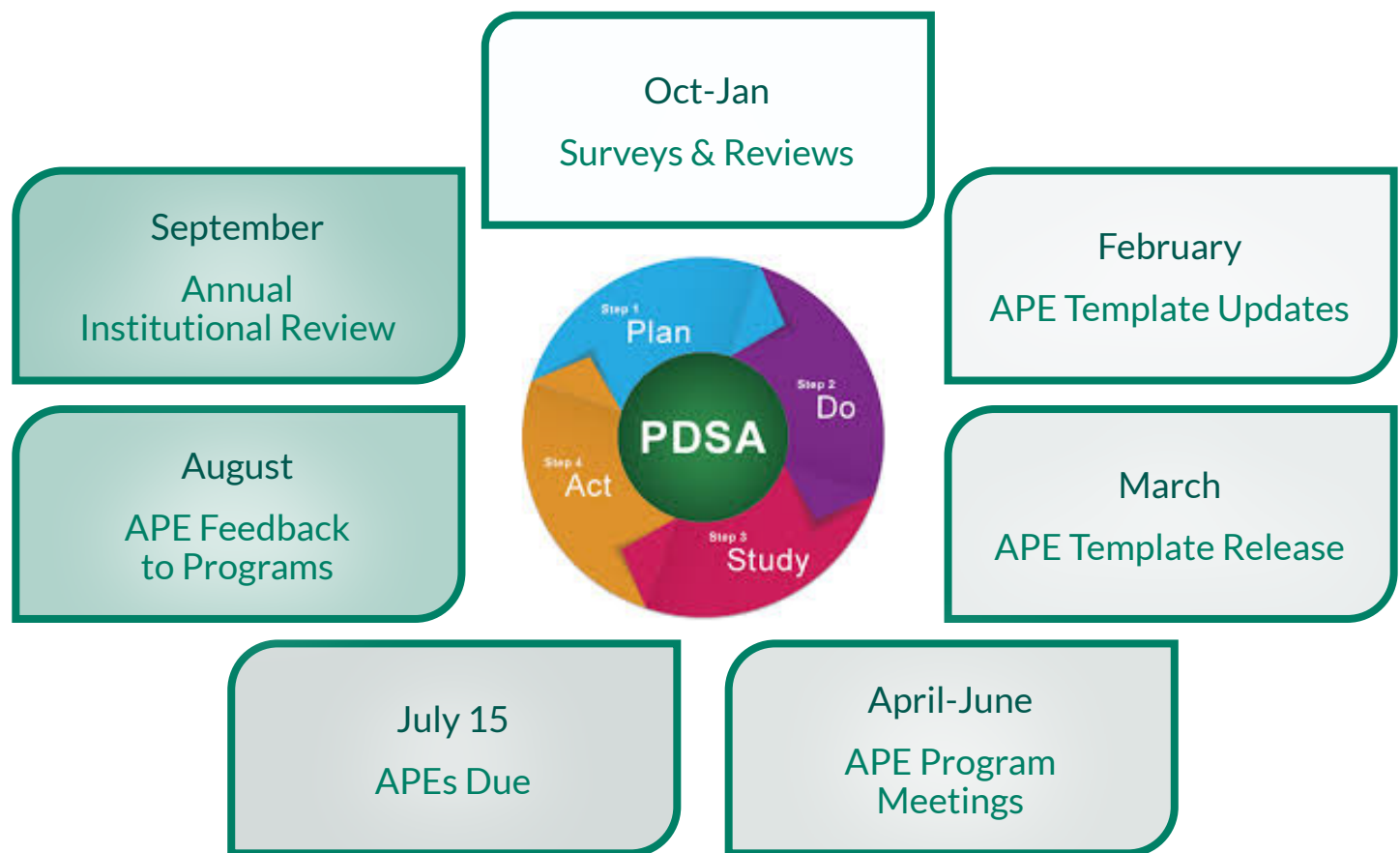
Resident Presentations			
Program	Conference/Poster Presentations, Abstracts	% Program Residents	Teaching Presentations (Grand Rounds or case presentation)
AN	15	53%	17
DERM	17	54%	5
FM/FM-UT	29	81%	26
IM*	71	100%	12
OTO	1	5%	20
PREV	3	50%	4
TY	11	50%	6
URO	6	36%	11
TOTAL/AV	153	54%	101

*includes graduating residents only

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

For more than five years, GME has employed a Continuous Quality Improvement (CQI) process for all our programs across an annual cycle built on the Plan-Do-Study-Act (PDSA) model. Implementing dashboards, surveys and planning exercises to foster an environment of ongoing improvement across all programs, GME utilizes a systematic, data-driven approach to create goals, gauge outcomes, assess results, and build next steps. After a mid-year annual institutional review in January, GME initiates an Annual Program Evaluation (APE), during which programs assess performance relative to desired goals.

Our annual GME surveys of residents and faculty, recent graduates and alumni, distributed across the year provide key quantitative and qualitative data for the program review, such as resident performance, faculty development, program quality and learning environment, and graduate career plans. The APE involves the Program Director, Program Coordinator, faculty, residents, and WSUGME staff. Programs construct 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).



GME also sets SMART goals (see pp. 18-19) 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. The next two pages provide an overview of GME's institutional- and program-level evaluation methodology, but for more details see Stansfield RB, Markova T, Baker R, "Integration of Continuous Quality Improvement Methods into Annual Program and Institutional Evaluation," *Journal of Graduate Medical Education* 2019;11(5):585-591.

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.

Action Item: Heme/Onc

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

Targeted Area of Improvement: Resident Performance: Medical Knowledge

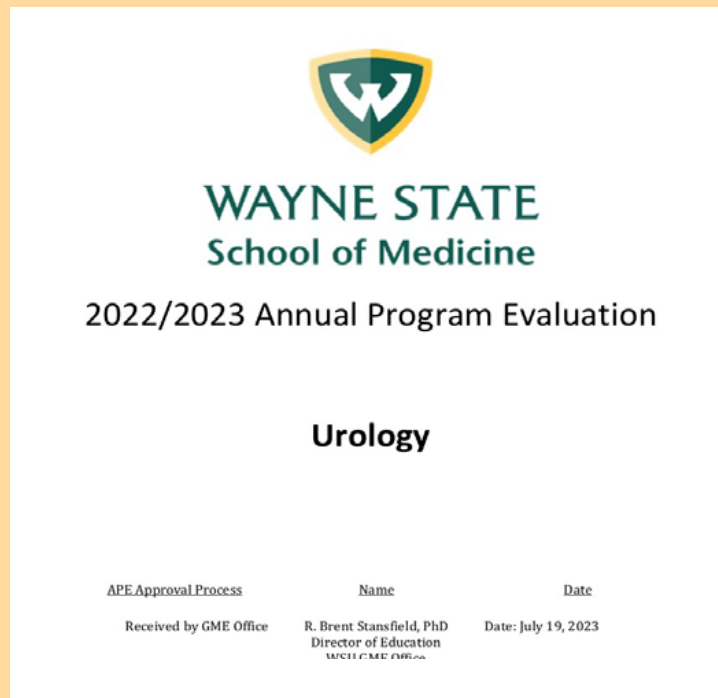
S	M	A	R	T
Specific goal	Measure of outcome	Accountable persons	Reasonable result	Time for completion
Improvement of Hematology/Oncology ITE score by 50%	The following year ITE score.	Program Director and PEC committee members.	Expected to see an improvement of 50% in the ITE hematology/oncology scores 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 \leq 30th 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			

2022-23 Sample Program Report (at right)



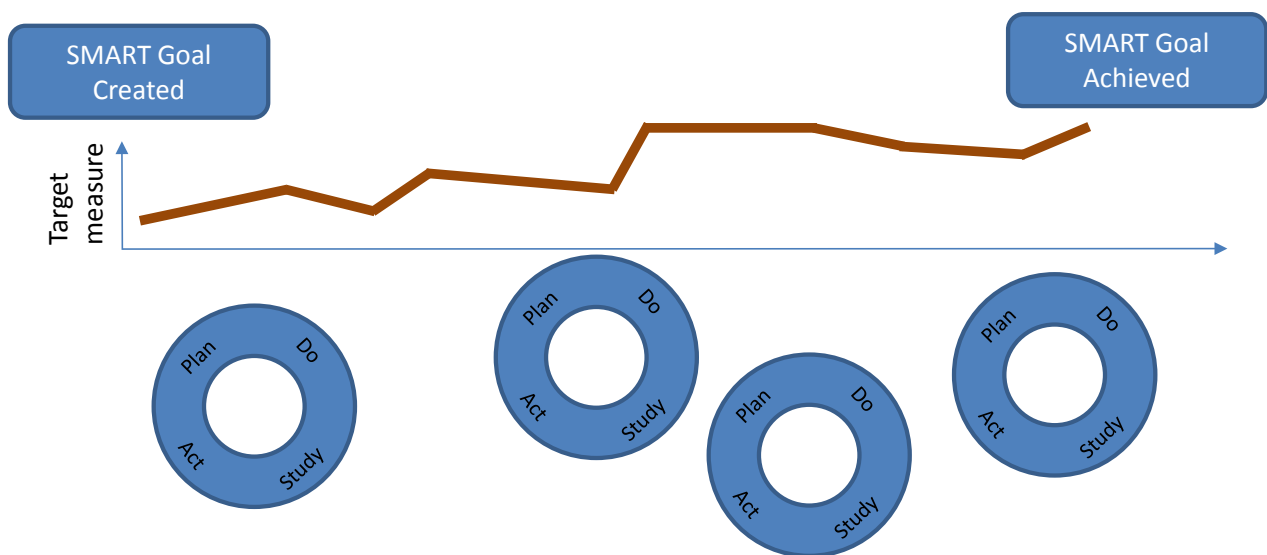
SMART Goals and Continuous Quality Improvement

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 RB, Markova T, Baker R, "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

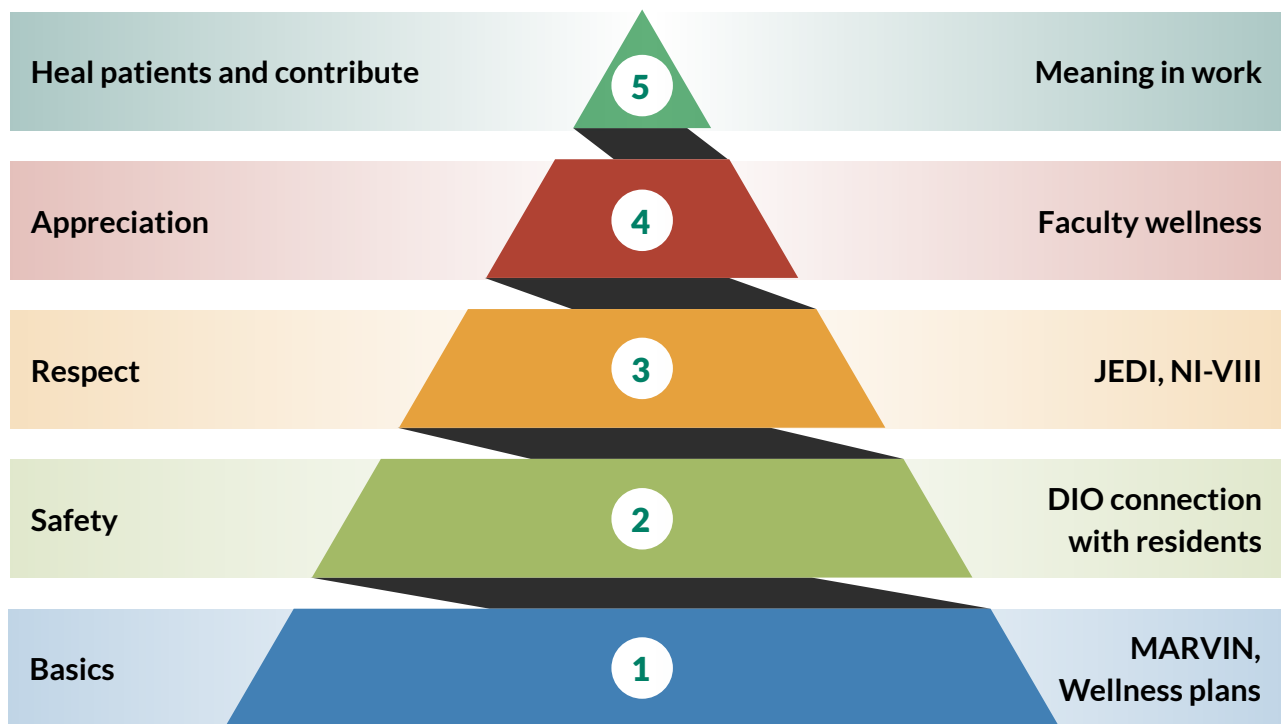


GME Wellness Initiatives

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.

GME has long had a commitment to assisting our residency programs in building a culture of wellness. Resident feedback is crucial since trainees are motivated to improve their own well-being and can provide the most accurate needs assessment. GME's Designated Institutional Official maintains close connections with program leadership and residents alike to foster and enhance this culture of wellness.

GME's institution-wide Wellness Initiative encourages programs to prioritize resident well-being at administrative meetings and maintain standing wellness committees, providing them with resident wellness data via annual surveys. WSU also promotes multiple avenues for supporting trainees' mental health needs, such as the Employee Assistance Program/Ulliance and Warriors Strong Together, a free service offered by the Department of Psychiatry and Behavioral Neurosciences. Further, in 2021 GME established a relationship with Marvin, a teletherapy resource for healthcare professionals with licensed, experienced mental health providers. The service is completely confidential, can be accessed 24/7, and works with all WSU insurance plans so there is no cost other than a standard co-pay.



Shapiro DE, Duquette C, Abbott LM, Babineau T, Pearl A, Haidet P. "Beyond Burnout: A Physician Wellness Hierarchy Designed to Prioritize Interventions at the Systems Level." American Journal of Medicine 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, 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

Since before the COVID-19 pandemic, GME has encouraged all our residency programs to establish Wellness Committees to develop and sustain a culture of wellness. Research has long demonstrated that burnout is associated with decreases in resident engagement with and enjoyment in work as well as with increases in the percentage of physicians who leave the profession. The primary care programs at our main clinical learning site, Ascension Providence Rochester Hospital, historically have been very attuned to the importance of self-care during training and subsequent clinical practice and have maintained a robust slate of policies and activities designed to address this crucial dimension of provider effectiveness.



Family Medicine residents enjoy a visit to the Detroit Zoo in the summer of 2022. Pictured (left to right): Alex Christofis, C. Steve Nguyen, Zainab Rasheed, Asal Youisf, Donald Johnson, Amaan Dawood, Victoria Prince, Lauren Hodge, William Nham



In November 2022, the Dermatology faculty took a trip to the Motown Museum. Pictured (left to right): Associate Program Director Geoff Potts, Program Director Steve Daveluy, emeritus faculty Darius Mehregan, physician assistant Megan Hunter, and faculty Meena Moossavi

Family Medicine's wellness curriculum, reviewed and updated on an annual basis, is designed to educate all residents about the relation between self-care and meaningful work; to learn coping mechanisms and skills to deal with burnout, fatigue and depression; and to heighten awareness of available resources, such as WSU's EAP/Ulliance and Marvin, the free telehealth resource for healthcare providers. The curriculum is introduced to all interns at the FM Program Orientation in the summer of their first year, and then to all residents during July didactics; it also made available through New Innovations. FM schedules wellness breaks throughout the year, typically around the holidays, via the cancellation of afternoon didactic sessions. This is protected time so that residents can attend to their own healthcare needs, study and work on scholarship, spend time with family, or engage with activities that contribute to their well-being. FM also schedules birthday celebrations and holds a summer picnic for interns and those recently graduated. The program maintains a wellness library stocked with games, books, and a wellness box. FM sponsors community outreach activities at Neighborhood House and the Older Persons' Commission in Rochester (see p. 27).

One innovation for 2022-23: FM leadership continued their tradition of holding monthly Balint groups from the previous year but renamed these confidential meetings RESPIRE (Residents Expressing the Stresses of the Profession in a Therapeutic Environment), offering residents a safe space for sharing their emotions about the journey to becoming a family physician. Typically, each session began with a topic such as *How does the death of a patient effect you? Have you ever grappled with prejudice, racism, sexism or abuse of patients directed toward you?*

Since 2018, **Internal Medicine** maintains a Wellness Committee with resident leaders and a faculty mentor to monitor residents' well-being across seven dimensions: emotional, physical, social, personal safety, professional development, financial literacy, and cultural diversity/inclusion. IM holds monthly townhalls for discussion of these issues. The program makes sure that residents are aware of WSU's EAP/Ulliance and Marvin resources and has implemented a mentorship program, with each intern and resident matched with a faculty member who provides academic and personal support as well as direction regarding career plans. All residents have access to the APRH gym, nutritious snacks and water, meal cards, and are kept apprised of fatigue policies. IM schedules social activities and local outings in addition to birthday celebrations. In response to some residents' expression of concerns about personal safety, IM is collaborating with hospital administration to pinpoint areas for improvement. With regard to professional development, any resident can serve on a Program Evaluation Committee or hospital committee, develop research interests, or contribute to a QI project. IM encourages residents to engage with the financial literacy programs offered by WSU. For IM, cultivating diversity and cultural respect is inseparable from resident wellness; for the recruitment season, IM instituted confidential scoring and resident involvement in the interviewing process. Like other GME trainees, all IM residents complete implicit bias training as a condition of licensure by the State of Michigan. For the reporting of issues of concern, chief residents hold a monthly confidential meetings, and the program sponsors an electronic suggestions box, accessible online via an anonymous hyperlink. Residents may also elect to express concerns during the monthly IM townhall.

The 2023 OSCE Cases: GME Research on Telehealth vs. Face-to-Face Simulated Encounters

Since 2015, all incoming interns and PGY-1 residents in our programs have been required to take an Objective Structured Clinical Examination (OSCE), administered in the late summer. They also participate 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 evaluation.

During the OSCEs, participants' communication skills are assessed across four simulated patient (SP) encounters. Typically, one or two of the four cases address health disparities or cultural competency. In addition, one of the four cases is administered in a telehealth format, given the likely increasing prevalence of this mode of delivery in the healthcare environment.

As in past years, GME's assessment tool for the OSCEs is the Kalamazoo Essential Elements of Communication Checklist-Adapted (KEECC-A), developed by clinical communication experts for face-to-face administration. Clinical encounters are evaluated by the simulated patient (SP) using this instrument and other measures for gauging empathy, including scores on the Interpersonal Reactivity Index. All simulated encounters and the handoff are recorded and provided to the learner and his/her faculty mentor for subsequent review and discussion.

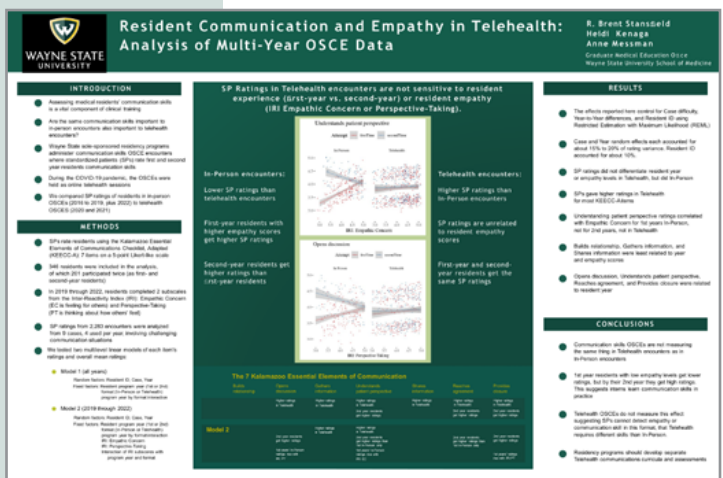
In 2023, the OSCE cases addressed cultural competency, interpersonal communication, bad news disclosure, and family communication; the latter was a revised version of a case first innovated in 2022 that addressed verbal aggression from a patient. The cultural competency case involved a scenario in which a 50-year-old female with a recent diagnosis of Stage III colon cancer wishes to pursue alternative treatment options, including consultations with a natural healer. While in the past GME has used a health disparities case involving vaccine hesitancy to address levels of distrust in the US model of disease treatment among patients of color, this cultural competency case also implicitly addressed this issue.

The OSCEs are a key component of the GME research agenda

Analysis of multi-year data revealed that SP ratings in telehealth encounters are not sensitive to resident experience (intern vs. PGY-1) or resident empathy

GME Director of Education Brent Stansfield presented a poster on *Resident communication and empathy in telehealth: Analysis of multi-year OSCE data* at the WSU School of Medicine Medical Education Research and Innovation Conference, held on December 6, 2022. Key findings are listed here:

- Communication skills OSCEs like those conducted by GME are not measuring the same thing in telehealth vs. face-to-face encounters
- Interns with low empathy levels get lower ratings, but by the PGY-1 year they get higher ratings. This suggests interns are learning communication skills in practice
- Telehealth OSCEs do not measure this effect, suggesting that SPs cannot detect empathy or communication skills in this format, that telehealth requires different skills than face-to-face encounters
- Residency programs should develop separate communication skills curricula and assessment protocols for telehealth vs. face-to-face encounters



Developing Residents and Faculty Teachers (DART/DEFT) Programs

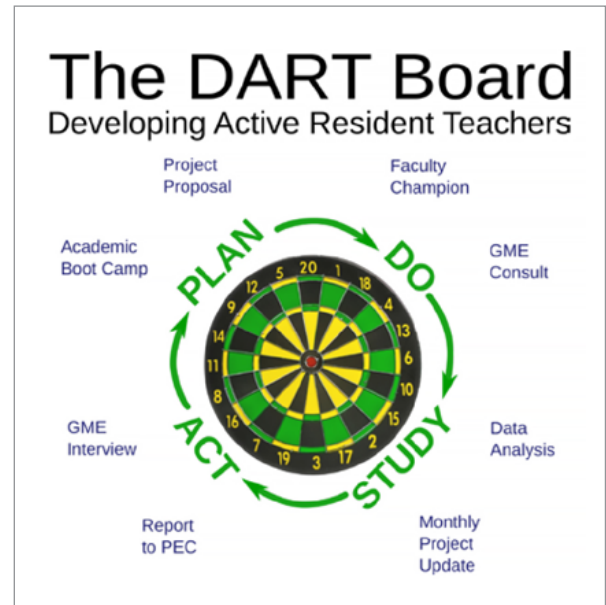
For the past six years, GME has offered residents and faculty a structured curriculum for enhancing their pedagogical and communication skills beyond the expected level: DART (Developing Active Resident Teachers) and DEFT (Developing Effective Faculty Teachers).

DART contributes to residents' knowledge of medical education and enables them to make a tangible contribution to their program's curriculum by carrying out a medical education project under the supervision of their Program Director and a faculty mentor. DEFT refines our faculty's teaching skills and knowledge of educational approaches. Participants in both programs complete a series of online 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 carried out across a series of virtual Academic Boot Camps covering essential topics in education scholarship: adult learning theories, pedagogical tactics (e.g., small group facilitation, bedside teaching, effective feedback), and learning environment sensitivity. The bootcamps are offered three times a year, in the fall, winter, and spring, and use a distance learning model with an accompanying Canvas course site with resources, materials, and recordings. GME also offers one-hour supplemental research workshops focusing on various pertinent statistical topics.

DART and DEFT attendees are supported and advised by GME staff, who have expertise in residency education, curriculum development, social science research, quality improvement, and scholarly publishing.

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



2022-23 DART/DEFT Academic Boot Camps and Research Workshops

Fall 2022: Making a Great Senior Resident

Winter 2023: Wellness is Meaning in Medicine

Spring 2023: Lifelong Learners Use Reflection and Learning Plans

- Research Workshop 1: Get IRB Approved
- Research Workshop 2: Planned Tests and Post-Hoc Tests

Resident Council

The ACGME requires that the sponsoring institution of all accredited residency programs provide a confidential forum by which trainees can exchange information about conditions in their working and learning environments. To fulfill this mandate, GME schedules monthly meetings of the Resident Council, open to all residents. Every Resident Council meeting has time allotted to discussion of issues, with only residents in attendance. Although initially during the COVID-19 pandemic the Resident Council switched to virtual meetings, council leadership decided that subsequently all meetings would be held as online events. This would permit greater participation by residents who might be practicing in hospitals or rotation sites throughout the Detroit Metropolitan Area.

In collaboration with GME, the Resident Council held its annual Professional Development Symposium on April 11, 2023 from 6:30-8:30 pm as a Zoom event, moderated by Resident Council President Victoria Prince. More than 30 people, comprising current residents, program directors and faculty, and incoming interns, attended the symposium (see description at right).

Resident Council Officers:

President: Victoria Prince (PGY-3, Family Medicine)

Vice President: Katrina Siemiesz (PGY-3, Family Medicine)

Council Members:

Anesthesiology: Jee Ha Park, Ivi Latifi

Dermatology: Starling Tolliver

Family Medicine: Katrina Siemiesz, Victoria Prince

Internal Medicine: Tripti Nagar

Otolaryngology: Michel Abboud

Preventive Medicine: Abdullah Hafid, Beza Sahlie

Transitional Year: Brian Gutermuth

Urology: Wen Min Chen

What Matters in The End: Lessons from a palliative care perspective



Nadia Tremonti, MD
April 11, 2023



The featured speaker was Nadia Tremonti, M.D., who spoke on “How to Handle Difficult Conversations and Patients' Emotions.” A 2002 graduate of the the WSU School of Medicine, she is currently Medical Director of the Pediatric Palliative Care Team at CHM and Assistant Professor of Pediatrics in the Central Michigan University College of Medicine. For 10 years, she received the Hour Detroit Top Docs Award in Hospice and Palliative Medicine and in 2020 the Hour Detroit Health Care Hero Award. The 2022 documentary short *Palliative* follows Dr. Tremonti as she helps families to ease the passing of their terminally ill children.

2022-23 Action Items for the Resident Council:

- » Organizing and hosting the annual Professional Development Symposium
- » Encouraging greater participation in Council meetings and events from residents in all programs
- » Developing a slate of activities for Diversity & Inclusion subcommittee
- » Developing new by-laws as needed

Resident Spotlights

GME believes that all our residents and fellows in our programs are exceptional in many ways, but in the past year the five trainees below achieved special accomplishments in administration and service, research and publication, curriculum development, and community engagement. GME would like to acknowledge their dedication in these domains, all the while maintaining the highest standard of clinical care.

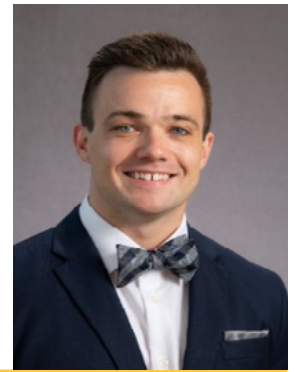


Jahanavi Ramakrishna, M.D. (Internal Medicine)

A member of the 2021-23 GLUE (Global and Urban Health Equity) program, an initiative of WSU's Global Health Alliance, Dr. Ramakrishna also participated in GME's DART program for a second time. In her 2022-23 project, Dr. Ramakrishna collaborated with two other IM residents, Ranim Chamseddin and Kevser Yesilyaprak, in the development of a learning tool for Systems-Based Practice orienting interns about care providers in APRH (e.g., from nursing, case management, physical therapy/occupational therapy, respiratory therapy) and the differences between palliative care vs. hospice. She also demonstrated leadership in creating a women physicians' group at APRH and Detroit area hospitals. Dr. Ramakrishna's faculty supervisors are Vesna Tegeltija and Zain Kulairi.

Olivia Schimmel, M.D. and Alex Christofis, D.O. (Family Medicine)

During their second year of training, Dr. Schimmel and Dr. Christofis were awarded a 2022-23 GME Seed Grant in support of their quality improvement project "Hocus POCUS: Introducing the Magic of Point of Care Ultrasound to Family Medicine Residents." This initiative sought to implement a POCUS training curriculum for the Family Medicine residency program at APRH. POCUS is one of the most important advances in bedside diagnosis since the invention of the stethoscope over 200 years ago. Research indicates that POCUS improves clinical outcomes, helps quickly narrow down a diagnosis, reduces the time to definitive treatment, lowers procedure complications and failures, decreases costs, and reduces patient exposure to the ionizing radiation of computed tomography imaging. FM core faculty Kathryn Cox serves as the team's faculty mentor.



Kayla St. Claire, M.D., M.B.A. (Dermatology)

The winner of the Svider Memorial Resident Scholarship Award for 2022-23, Dr. St. Claire achieved a truly exceptional record of scholarly activity during her residency. She published multiple systematic reviews, case reports, and research papers in addition to presenting many conference posters on various clinical topics and practice domains, including rare dermatologic conditions, procedural dermatology, and pediatric dermatology. Most notably, Dr. St. Claire was first author for a chapter on histology for Taylor and Kelly's *Dermatology for Skin of Color* (3rd edition), collaborating with Dr. Oluwakemi Onajin, dermatopathology faculty at University of Chicago Medicine. Dr. St. Claire's advisor was Steven Daveluy, Dermatology Program Director.

Starling Tolliver, M.D. (Dermatology)

Across her residency training, Dr. Tolliver demonstrated outstanding leadership during the Annual Program Evaluations for her work on diversity, equity, and inclusion, scholarly productivity, service to the program and profession, recruitment and mentorship, and community outreach. She is committed to increasing diversity in dermatology in graduate medical education and clinical practice, advancing research on hair loss in black women, and enhancing dermatological care in patients of color. In 2023, Dr. Tolliver was selected as a Rising Derm Star for 2023 by the National Society of Cutaneous Medicine. With fellow Dermatology resident Audrey Fotouhi (both chiefs), she was awarded a DART certificate by GME for development of resident-led case presentations on rare dermatological issues. Dr. Tolliver's faculty mentor is Geoffrey Potts, Dermatology Associate Program Director.



GME Responds: DEI Initiatives

GME has long been strongly committed to the Wayne State University School of Medicine mission to “educate a diverse student body in an urban setting and within a culture of inclusion, through high quality education, clinical excellence, pioneering research, local investment in our community” to help achieve equal health for all. Research has shown that increasing diversity and fostering inclusivity among the physician workforce enhances practitioners’ cultural competency and improves patient outcomes.

During 2022-23, GME continued to support robust diversity, equity, and inclusion (DEI) activities in graduate medical education and research at the program, state, and national level.

GME educates trainees about the impact of health disparities (HD) in the provision of healthcare in multiple ways: a brief introduction at the summer New Resident Orientation; the assignment of online modules addressing “Basics of Health Equity for GME,” “Managing Unconscious Bias,” “Racism in Medicine,” and “Improving Health Equity” as part of onboarding; and the administration of HD and cultural competency cases during the summer OSCEs (see p. 22). In addition, GME requires all residency programs to include training in HD as a regular part of didactics and maintains a Canvas site with resources for developing an HD curriculum. Several programs focus on HD in ongoing quality improvement (QI) projects. For example, an IM team presented research on “Addressing Health Disparities in Inpatient Diabetes to Improve Patient Outcomes” at the spring 2023 SEMCME QI Summit, which won first place in the poster competition.

In August of 2022, the GME office held a virtual informational and recruitment session with contributions by program leadership describing how GME works to serve the WSU School of Medicine's historical mission to promote diversity and equity in an inclusive learning environment. Going forward, this webinar will be held every fall.

Under the auspices of their resident-led DEI team, the GME Dermatology program undertook multiple initiatives that will have a lasting impact: HD curriculum development, community outreach to URiM elementary and high school students,

partnerships with the WSU School of Medicine Free Clinic and Street Medicine program, and scholarship (many publications, presentations, and posters). Dermatology has been especially active in recruitment activities, ranging from journal club and panel participation with URiM student organizations in the the WSU School of Medicine, personal statement workshops and mock interviews for M-4 URiM students, an ambassador program and conference outreach, a holistic recruitment and interview guide shared with all GME residency programs, and the third annual virtual DEI “Meet and Greet” with faculty and residents, held in May 2023.

From 2021-23, GME and APRH participated in the Alliance of Independent Academic Medical Centers’ (AIAMC) National Initiative VIII on Justice, Equity, Diversity and Inclusion (JEDI), a two-year project seeking to foster DEI in clinical learning environments. At the AIAMC Annual Meeting held in the spring of 2023, GME staff presented three posters detailing how DEI activities will become a standard part of our programs’ clinical education and evaluation protocols (see p. 14).



Family Medicine's Community Outreach Initiatives

The Family Medicine (FM) residency program maintains a robust slate of community involvement and outreach activities, which has become an exceptional feature of primary care training at APRH.

In 2020, FM established a relationship with Street Medicine Detroit, a group with close ties to the WSU School of Medicine. This student-based, health professional-led, and patient-centered organization provides medical care for those experiencing homelessness and exclusion from the US healthcare system. FM provides medical care, resources, and basic necessities to Detroit's homeless population as well as supports Street Medicine Detroit in its growth and development.

All residents, including those in the FM-Urban Track (supported by MIDOCs, described on p. 9) have street medicine experience built into their training curriculum. The program hosts two to four "street runs" each month, lead by a faculty supervisor with one or two resident participants on each run. In the PGY-3, residents who have excelled in this activity and are in good academic standing may be approved to longitudinally precept their own street-runs in the second half of their final year. (For a personal account by an FM-Urban Track resident about his experiences in street medicine, see p. 28.) The FM residency program also volunteers at the Student Run Free Clinic once per month, with one or two resident participants each session who are supervised by a faculty member.

FM prides itself on being fully integrated into the local communities where residents live and work. In addition to working with Street Medicine Detroit, FM residents are frequently involved in community outreach: providing blood pressure or diabetes screenings, giving educational talks and presentations, conducting free sports physicals, even reading books to children for a summer park



Below are just a few of the organizations in the Detroit Metropolitan Area that the FM residency program at APRH supports:

- » Neighborhood House of Rochester
- » Rochester Farmers Market
- » Rochester College Sports Teams
- » Older Persons' Commission
- » Samaritas Senior Living
- » Wayne Health Mobile Health Units
- » Innovations Park Summer Health Education Program
- » Rochester Public Schools Sports Physicals
- » Lake Orion Community Center
- » Wayne State University Student-Run Free Clinic
- » Michigan Health Council



program. FM residents have worked on a mobile health unit providing preventive care to line-workers in Detroit, participated in the Michigan Senior Olympics as the sideline doc, and engaged in home visits.

Through a partnership with the Michigan Health Council, FM engaged youth in our state via "Mini-Medical Schools." During virtual platforms and in-person sessions, children of all ages met a friendly doctor and asked them any question. FM residents and faculty alike were challenged and delighted with queries ranging from "What's the grossest thing you've seen?" to "Could you deliver your own baby if you had to?" to "Do you get sad when your patients die?"



GME Communication Outlets: *Residency Times*


Residency Times is a bimonthly e-newsletter sent to residents, fellows, core faculty, and the WSU School of Medicine leadership. All issues are available on the GME website as well, and links to each issue are available on *Connect the Docs*, the WSU School of Medicine Alumni Affairs newsletter.

Each issue contains an opening message from the GME designated institutional official and associate dean about a current topic in the GME world or an upcoming event. Occasionally, program directors provide a specialty-specific story as the lead. The newsletter regularly features updates about important deadlines, GME or institutional activities, professional development opportunities, research resources and tools, wellness events, resident and faculty publications and conference presentations, awards received, diversity and inclusion initiatives, and information about WSU School of Medicine events or training (e.g., Alumni Affairs, community outreach). Every issue contains either a Resident or Faculty Spotlight, typically presented in an interview format highlighting a particular research or training interest (see below).

WSU data analytics indicate that *Residency Times* is read by both domestic and international audiences. The Resident/Faculty Spotlights remain the most frequently accessed sections, followed by the resident publications and presentations section (Hats Off!).

Jan-Feb 2023

From your DIO



[Guest editorial: Addressing Differences in Skin Cancer Rates Between Urban and Rural Counties in Michigan](#)

Steve Daveluy, Dermatology Program Director
A few months ago, I was interviewed by Lansing-based journalist Eric Freedman, director of the Michigan State University Capital News service, for a *Detroit News* article detailing a study in the October 2022 issue of *Cancer Reports* on "Disparities in melanoma incidence and mortality in rural versus urban Michigan." The study team, headed by Richard Shellenberger, an internal medicine specialist at Trinity Health Ann Arbor in Ypsilanti, drew upon data from 2015 through 2018 on prevalence and mortality rates from the Michigan Dept. of Health and Human Services.

Upcoming Events

[SEMCME's Hot Topics Series: The Role of Doctors' Voices in Shaping Public Opinion, Thurs. April 6 \(Virtual\)](#)

[Urban Health Research Conference: Using Big Data to Improve Population Health, Wed. April 12](#)

[SEMCME Chief and Senior Resident Workshop, Weds. April 19-May 10 \(Virtual\)](#)

[SEMCME JEDI Committee: Equity & Wellness workshop, Friday April 28 \(Virtual\)](#)

Admin Updates

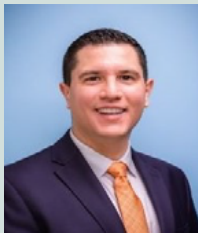
[ACGME resident and faculty surveys open Feb. 13 through April 9](#)

Research Resources

[Center for Health Equity and Community Knowledge in Urban Populations \(CHECK-UP\)](#)

[Getting started on research: Resources at Shifman Medical Library](#)

Jan-Feb 2023 issue of Residency Times



Resident Spotlight, *Residency Times*, Sept-Oct 2022

Practicing Street Medicine in Detroit
Ronald Benard Saborio, PGY-3, Family Medicine-Urban Track resident, APRH

I completed medical school in Nicaragua, a developing country in Central America, known for its beautiful beaches, amazing volcanoes, and great food. Sadly, it is also known for its history of civil unrest and political feuds that has not allowed the country to advance economically; hence, the majority of Nicaragua's population lives in poverty. I was always helping the underserved throughout my medical training, which made me feel complete as a physician. Fast forward a few years, and I've moved to the U.S. In this transition, I believed I had lost the connection to the people who needed me the most. I felt I must start anew to become the doctor I wanted to be.

I'd heard about Street Medicine in my first year of residency but was never able to attend any of their runs. My second year of residency did not make things easier. As a third-year resident, I decided to volunteer as preceptor to experience this type of practice again. I joined Kathryn Cox, a faculty

member in Family Medicine, and a fantastic group of WSU School of Medicine students to walk the streets of Detroit and find people who needed our help.

I was immediately struck by how many resources the Street Medicine program has and its ability to manage patients currently living on the streets, including a database with the patient's usual location and their ailments. In addition, they carry three huge jump bags, equipped with medications as well as diagnostic and wound care supplies. On that first day, we helped a patient with submersion foot. We cleaned his feet, applied medication, and wrapped it with gauze. The street leader asked me if I was interested in precepting for them and going on our own runs. I was honored to say the least, and happily accepted.

This is how on one Saturday afternoon I embarked on an official run with the most amazing medical students. We took the usual route and met with patients we already knew. To my enjoyment, the people who were sick on my first run were now all feeling better. I enjoyed being able to teach the medical students about the basics of medicine and why we do what we do. Their will to help the less fortunate was filling me with hope and reminded me of the reason I wanted to be a doctor in the first place. I can confidently say I will continue to be a part of Street Medicine as long as I am able.

Goals for 2023-24

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 their role and empower them to accomplish their goals
9	Increase programs' regional, institutional, and national visibility through communication and marketing strategies
10	Coordinate Diversity and Inclusion (in all its forms) efforts between programs and institution
11	Foster resident relationships with institutional leadership



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