



GRADUATE MEDICAL EDUCATION

EXECUTIVE SUMMARY

Academic Year 2018-2019



WAYNE STATE
School of Medicine



In 2018-2019 the School of Medicine received full accreditation and no citations from the Accreditation Council of Graduate Medical Education (ACGME).

Highlights of 2018-2019 included the awarding of state and federal funds in support of **WSUGME institutional growth** via the MIDOCS program. MIDOCS has permitted the creation of a new training curriculum in Family Medicine, the Urban Track, for physicians interested in practicing primary care in urban/underserved areas while taking advantage of an opportunity to reduce educational debt. Next year, MIDOCS will fund a new residency program in Preventive Medicine.

WSUGME maintains its dedication to the principles of **Continuous Quality Improvement (CQI)** across all our assessment and evaluation initiatives. The use of managerial tools such as SMART goals, PDSA cycles, and multi-source evaluation dashboards help our residency program administrators monitor improvements and produce high accountability in program and institutional outcomes. Our article on CQI was recently published in the *Journal of Graduate Medical Education* (2019, 11[5]: 585-591).

Our hospital partners and WSUGME are jointly committed to CQI in the **clinical learning environment**. In 2018, the ACGME conducted a Clinical Learning Environment Review at Ascension Providence Rochester Hospital, home to our Internal Medicine, Family Medicine, and Transitional Year programs. Ascension has continued to refine the range of practices that further improve an already strong learning environment. Of particular note is Ascension residents' steady engagement in quality improvement and pa-

tient safety projects; for the past 3 years, 100% of residents participated in at least one project, and in 2018-2019 42% completed two or more. These residents' posters on their quality-improvement research are frequently accepted by local and state conferences.

As the administrative unit dedicated to the psychological and emotional health of our residents as they complete training, WSUGME continues to refine our empirical methods for assessing their total well-being. In 2018, we created the **Resident Wellness Scale (RWS)**, an instrument now being used by eight other US residency programs for internal assessment purposes, and components of the RWS also have been adopted by the ACGME for their nationwide wellness survey. In March 2019, WSUGME participated in the AIAMC National Initiative VI meeting held in Tucson, presenting research on how our institutional, program, and resident leadership collaboratively built a culture of wellness.

WSUGME continues to maintain **strong relationships with clinical sites** throughout the greater Detroit metro area, including Ascension, St. Joseph Mercy Oakland, Karmanos Cancer Center, Beaumont Dearborn, and the John D. Dingell VA Medical Center. In 2018-2019, we added a new clinical partner, McLaren Macomb.

I would like to thank our clinical partners, administrative support staff, faculty, and especially our resident and fellow trainees for their professionalism and commitment to achieving the best in clinical care. We are happy to share our accomplishments for the past year and look forward to an even more successful 2019-2020.

A handwritten signature in black ink, appearing to read "Tsveti Markova".

Tsveti Markova, MD, FAAFP
Associate Dean for Graduate Medical Education
Designated Institutional Official (DIO)
Chair, Dept. of Family Medicine & Public Health Sciences



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.

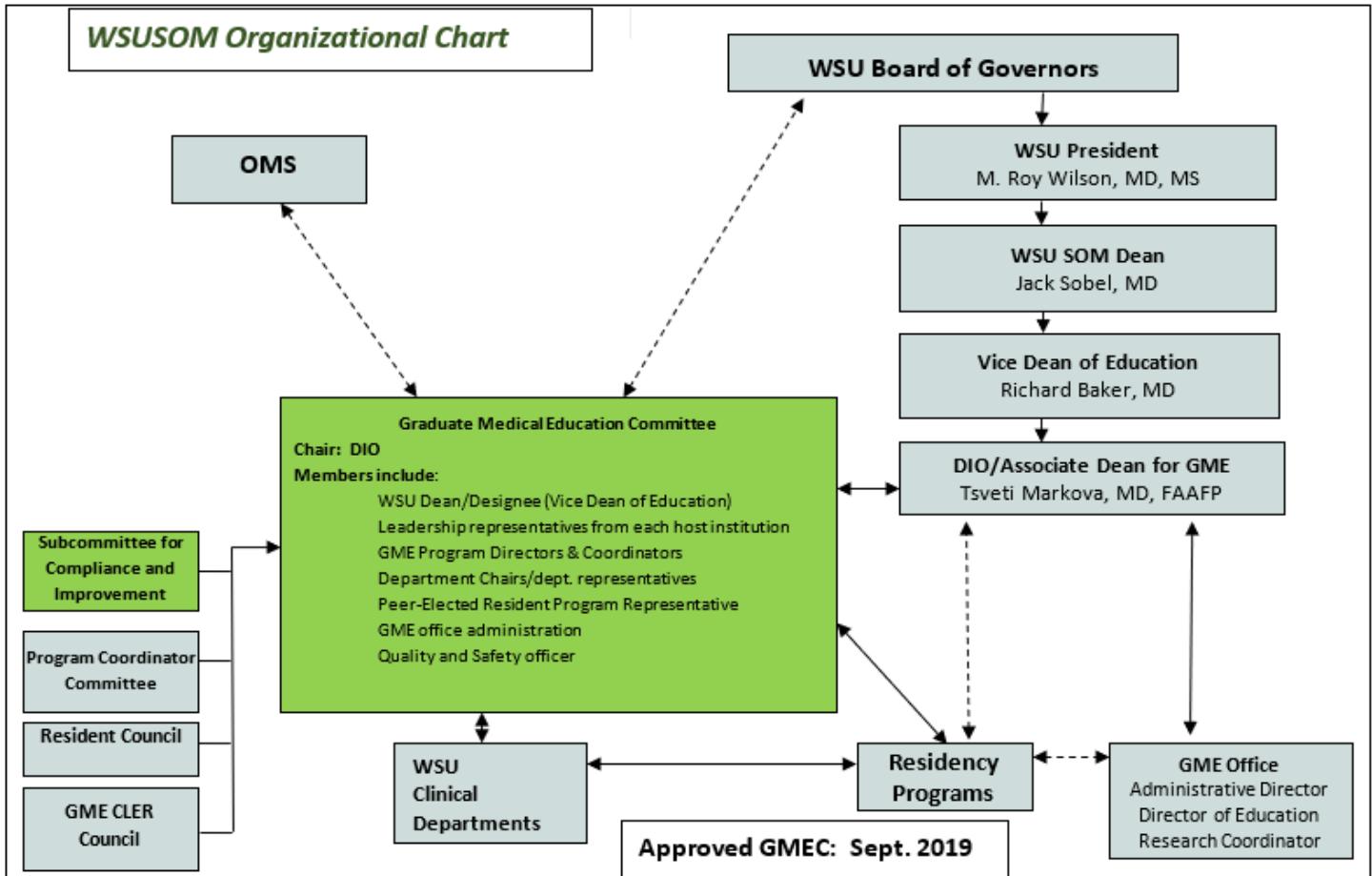
Tsveti Markova, MD (pictured second from right above): Associate Dean for GME, Designated Institutional Official (DIO), Professor and Chair of the Department of Family Medicine and Public Health Sciences. Dr. Markova oversees the ACGME accreditation for programs and the institution. She is a national leader in graduate medical education and the chair of the AAMC GRA Steering Committee. Dr. Markova was awarded the 2018 Parker J. Palmer Courage to Lead award by the ACGME. She also serves on the AIAMC Board of Directors and the AMA Redesigning Residency National Advising Panel.

Martha Jordan, MEd, C-TAGME (second from left): *Administrative Director.* Ms. Jordan ensured compliance of our programs with ACGME requirements for accreditation, expanded our wellness initiative to include program coordinators, and successfully implemented a system to comply with the ACGME's new Self-Study program evaluation requirement. She is a member of the Southeast Michigan Center for Medical Education Program Coordinator Workshop Planning Committee. Since May 2016, Ms. Jordan has served as Secretary of the Michigan Association for Medical Education.

R. Brent Stansfield, PhD (at left): *Director of Education.* Dr. Stansfield is dedicated to effective and efficient program evaluation and improvement. A cognitive psychologist by training, he has worked in all levels of medical education for over 18 years. In his current role at WSUGME, he implemented the Developing Active Resident Teachers (DART) and Developing Effective Faculty Teachers (DEFT) programs and created an innovative Dashboard-based program evaluation system. He spearheaded the Resident Wellness initiative, leading to national recognition by the ACGME and at residency programs nationwide.

Heidi Kenaga, PhD (at right): *Research Coordinator.* Dr. Kenaga joined WSUGME in March 2019. She redesigned the bimonthly *Residency Times* newsletter, updated the WSUGME website, and revamped the WSUGME Seed Grant Program. Dr. Kenaga will be directing the 2020 OSCE/OSHE clinical-skills training activity and will design a health disparities/cultural competency simulated-patient case for adoption at that training. As an experienced research publications professional, she will assist residents and faculty with scholarship efforts and produce manuscripts on WSUGME evaluation and research outcomes.

A Powerful GME Hospital Partners Network



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

In 2019, WSUGME programs were filled completely with residents who chose our programs and whom we chose as promising trainees

11% graduated from the Wayne State University

School of Medicine

41% graduated from medical schools in the

United States

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. 2019 AIR, attendees participated in a SWOT exercise.
Sets of key themes are summarized below:*

SWOT item	Key theme
Strengths	The strength most frequently identified by GMEC-AIR attendees was WSU's sponsorship of GME, the university's academic brand and many resources as a large, well-established research institution. Almost as many identified the "strong, experienced" GME leadership and staff as a key strength, "dedicated" to improvement of all programs, scholarly activities, and resident well-being.
Weaknesses	The most commonly cited weakness concerned the distance between hospital and clinical sites, most of which are located far from the GME office and the WSUSOM. In addition, attendees identified the decline in the number of residency program faculty, decreasing funding and incentives for teaching, and the perception of "waning support" toward the educational mission and allocation of time for faculty development.
Opportunities	Professional development activities for faculty was the most frequently identified opportunity, and collaboration between departments for such opportunities was another common theme. Many attendees also identified collaborations with WSUSOM students for training and mentoring purposes as a clear opportunity.
Threats	Threats identified by GMEC-AIR attendees included "faculty turnover on a national and local level," conflicting priorities regarding faculty clinical productivity, and the dependency on multiple hospital partners.

2018-2019 Goals Accomplished

Goals	Page
Provided oversight and support for ACGME program accreditation and championed state-funded GME growth (MIDOCS)	8-11
Completed Annual Program Evaluation (APE) cycle using Continuous Quality Improvement (CQI)	12-14
Supported faculty and resident scholarship to promote an environment of inquiry in each program and increase program visibility nationally	15-16
Implemented the institutional initiative on Resident Wellness – involved all programs	17
Utilized Kado Clinical Skills Center for evaluation and teaching of communication skills	18
Expanded DART (Developing Active Resident Teachers) and launched DEFT (Developing Effective Faculty Teachers) program	19
Administered Evaluation Project – Used information to improve programs, increase transparency of evaluation to assuage fear of retaliation, and promote timely feedback to residents	20
Empowered the Resident Council – Assisted the council in defining their role and accomplishing their goals	21

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 the maximum accreditation from the Accreditation Council for Graduate Medical Education (ACGME), with no citations and a commendation for significant compliance and quality of oversight. The next self-study visit for the school will take place in April 2026.

The School of Medicine sponsors 9 GME residency and fellowship programs. In 2018-2019, WSUGME received 6 individual program citations: 1 for evaluation, 3 for educational program, and 2 for program personnel and resources. We are taking action to assist individual programs, since no overarching institutional trends are evident.

Below is a listing of each GME program and fellowship, its current accreditation status, and its scheduled self-study date.

Program	Accreditation	Self-Study Date
Preventive Medicine (new)	Initial Accreditation	12/6/2018
Urology	Continued Accreditation	12/1/2019
Otolaryngology	Continued Accreditation	7/1/2022
Family Medicine *Urban Track (new)	Continued Accreditation	5/1/2023
Dermatology	Continued Accreditation	7/1/2023
Internal Medicine	Continued Accreditation	9/1/2023
Transitional Year	Continued Accreditation	11/1/2023
Ophthalmic Plastic Fellowship	Continued Accreditation	12/1/2023
Anesthesiology	Continued Accreditation	10/1/2026

Excellence in Learning and Teaching

ACGME survey results from 2018-2019 show performance at or near national averages. We are dedicated to improving these ratings even further in the 2019-2020 academic year.

Residents

2018-2019 ACGME Resident Survey - page 1

259504 Wayne State University School of Medicine - Aggregated Program Data

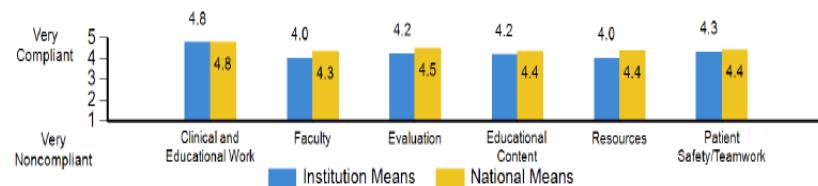
Survey taken: January 2019 - April 2019

Programs Surveyed 8

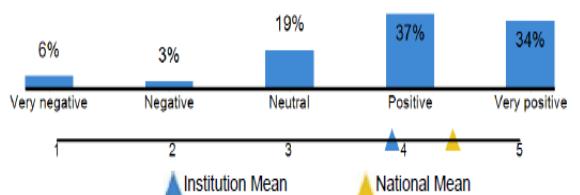
Residents Responded 115 / 116

Response Rate 99%

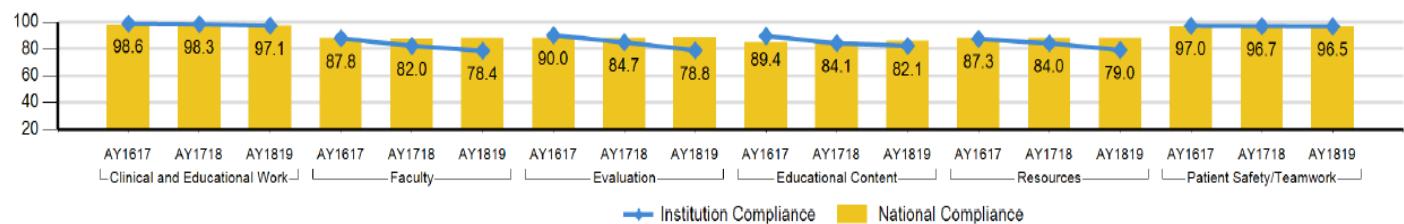
Institution Means at-a-glance



Residents' overall evaluation of the program



Total Percentage of Compliance by Category



Faculty

2018-2019 ACGME Faculty Survey - page 1

259504 Wayne State University School of Medicine - Aggregated Program Data

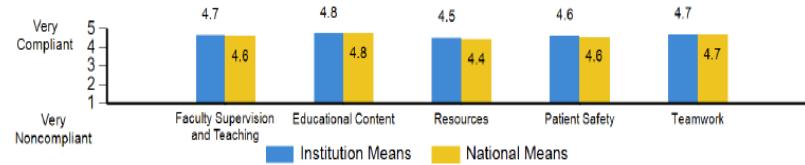
Survey taken: January 2019 - April 2019

Programs Surveyed 8

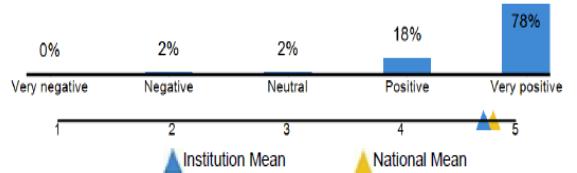
Faculty Responded 50 / 50

Response Rate 100%

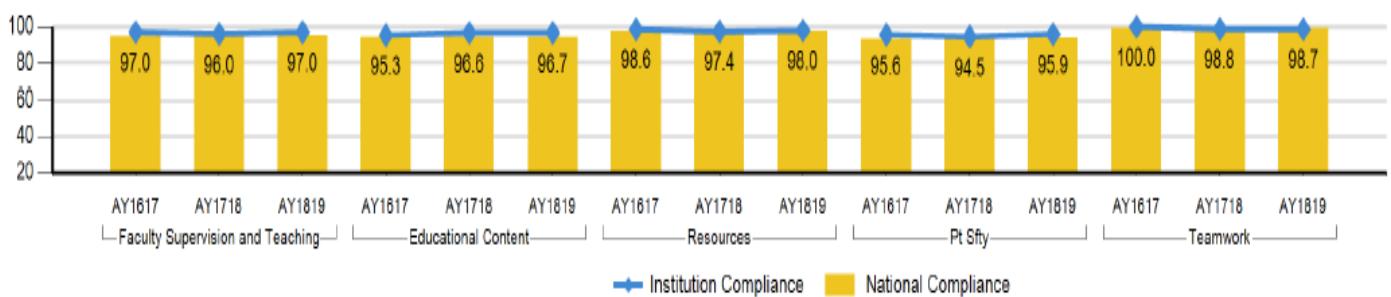
Institution Means at-a-glance



Faculty's overall evaluation of the program



Total Percentage of Compliance by Category



ACGME CLER Initiatives: Building An Effective Clinical Learning Environment



WSUGME is committed to continuous quality improvement in the clinical learning environment. In February 2018, the Accreditation Council for Graduate Medical Education (ACGME) conducted a Clinical Learning Environment Review (CLER) at Ascension Providence Rochester Hospital (APRH), home to WSUGME's Internal Medicine, Family Medicine, and Transitional Year programs. ACGME conducts CLER reviews to provide clinical sites with feedback in six focus areas, itemized below. The CLER Council, comprising the GME Associate Dean, the APRH Chief Medical Officer and the APRH Director of Quality Improvement, program leadership, faculty, and resident representatives, meets monthly to monitor performance and compliance in the CLER areas.

Below is a summary of practices now standard at APRH following the 2018 CLER visit that further improve an already strong learning environment:

Focus Area	APRH Practices
Patient Safety	A majority of residents report using the APRH error reporting system. They also attend Safety Huddles and M&M conferences that identify root causes of errors. Quality Improvement/Patient Safety conferences are held quarterly and a Safety Event Review Team also provides residents with feedback.
Transitions of Care (TOC)	A TOC policy is used in transfers between services, floors, ER, and ICU. Residents employ an effective mnemonic (SAIF-IR) to ensure uniformity in both verbal and written communication. SAIF-IR is taught during an Objective Simulated Handoff Evaluation training activity and monitored by faculty during actual patient encounters in the hospital.
Supervision	The SUPERB/SAFETY model is employed by most residents who seek and attendings who provide direction in the provision of care. PerfectServe provides contact info 24/7 for most on-call providers.
Professionalism	APRH supports the ideals, values, and behaviors of professionalism in all aspects of medical training. The majority of APRH residents report working in a respectful environment.
Healthcare Quality/ Disparities	For the past 3 years, 100% of residents have participated in Quality Improvement projects and last year 42% in two or more projects. In 2019-2020, APRH programs will pilot a healthcare disparities curriculum as a QI project, and WSUGME will conduct a clinical skill-building activity (OSCE) that includes a simulated-patient case involving health disparities/cultural competency.
Well-Being	The 3 programs have resident-run Wellness Committees and Wellness Champions. A national leader in wellness initiatives, WSUGME has implemented a comprehensive, institution-wide Resident Wellness project (for details, see p. 17 of this document).

State-Funded GME Growth



In 2017, the Michigan legislature appropriated funds for **MIDOCs**, a partnership among the state's Department of Health and Human Services and medical schools at Wayne State University, Michigan State University, Central Michigan University, and Western Michigan University. MIDOCs is designed to encourage medical students to consider primary care by providing educational debt relief for those willing to

make a commitment to serve in a state-designated underserved community. The program offers partial tuition reimbursement to those who complete residency training and subsequently practice for 2 years in underserved areas. Residents must also agree to forego any subspecialty training for at least 2 years post-residency. Based on workforce analysis, WSU developed two MIDOCs programs:

MIDOCs options	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 will train at Community Health and Social Services and complete most of the inpatient rotations at Henry Ford Hospital in Detroit. Public health degree/certification is available through WSU. The first two FM-UT residents began their training in July 2019.
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 County Dept. of Health, Veterans and Community Wellness; the Detroit Dept. of Health; and Michigan's Dept. of Corrections. 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 PM residents will begin their training in July 2020.

WSUGME is pleased to offer these new options to medical students in Michigan and nationwide. 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 urban 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.

We are both very excited to be trailblazers for a new program addressing the issue of 'zip code health,' that depending on where you live, there are quite different and serious social determinants. The FM-UT gives us an opportunity as physicians to have a more active role in changing people's lives.

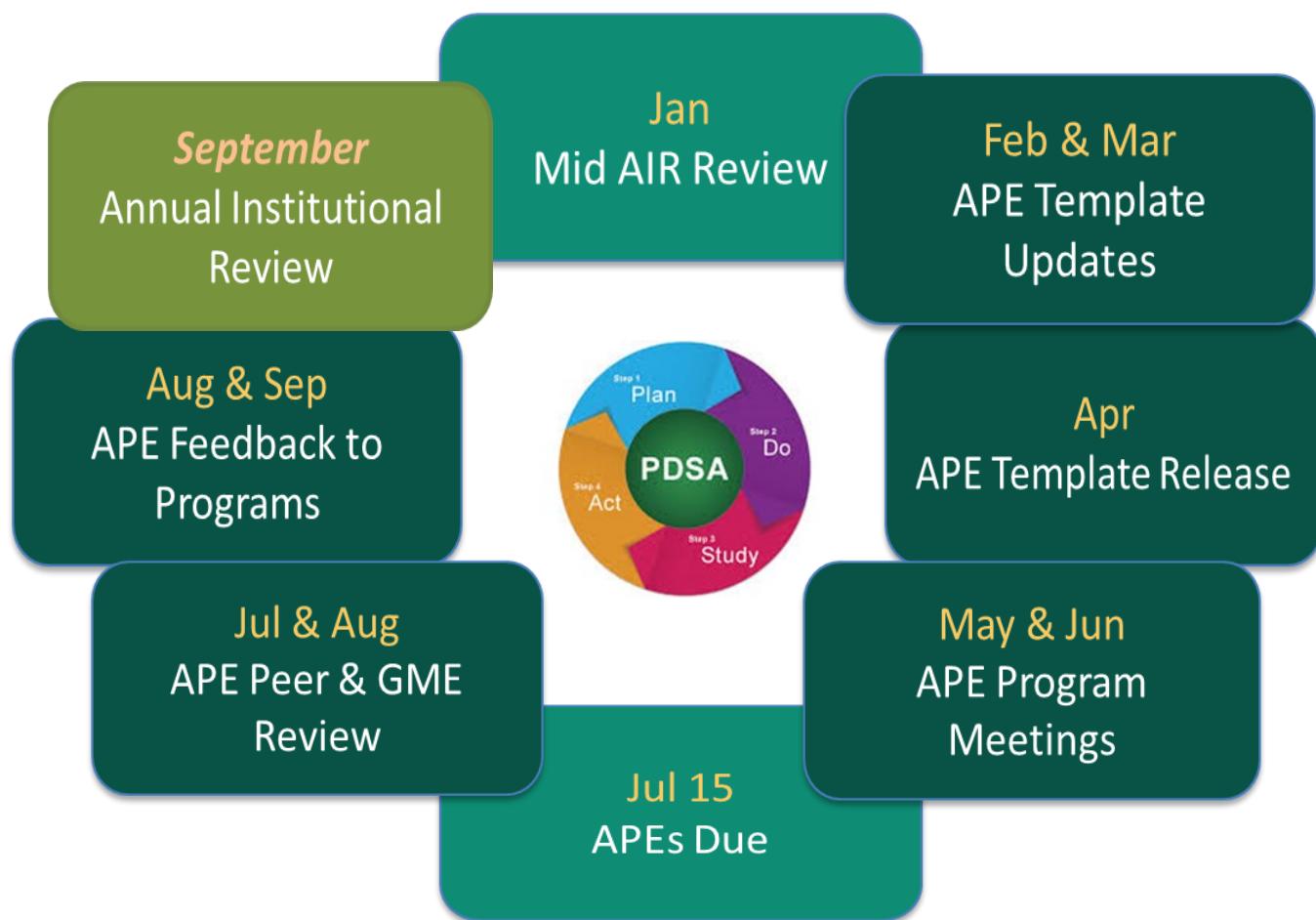
— Alicia Steele, MD



**2019-2020 FM-UT residents
Alicia Steele and Danny García**

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

WSUGME has developed dashboards, surveys, and process-planning exercises to foster an environment of ongoing improvement across all programs. We use a **data-driven approach** to set goals, measure outcomes, evaluate results, and reflect on next steps. After a mid-year Annual Institutional Review in January, we begin a process of program review, an Annual Program Evaluation (APE) whereby programs assess their performance relative to specified goals. The review is based on **Dashboards** and **ACGME Survey results** and involves the Program Director, Program Coordinator, faculty, residents, and WSUGME. Every program generates individualized **SMART goals** for improvement based on the APE, each of which is followed up on using the **Plan-Do-Study-Act (PDSA)** model of **Continuous Quality Improvement (CQI)**.



WSUGME also sets SMART goals for its own internal activities and follows each of these up with PDSA cycles. This process, which occurs simultaneously at the institutional and program levels, creates a culture of CQI wherein all stakeholders, from interns to the DIO, actively participate in the betterment of Wayne State residency education. Outcomes are evident in the glowing results from our **ACGME CLER Site Visit** in February 2018, our **100% Match rate**, near-perfect **Board Pass Rate**, and strong **ACGME Survey results**. For more details on our institutional- and program-level evaluation methodology, see pp. 13-14.

Program and Institutional Dashboards Use CQI Methodology

The Accreditation Council of Graduate Medical Education (ACGME) requires continuous program improvement as part of program evaluation for residency training institutions and programs. To operationalize a culture of Continuous Quality Improvement (CQI), WSUGME incorporated a **SMART** (Specific, Measurable, Accountable, Realistic, Timely) goal format for program and institutional aims and Plan-Study-Do-Act (**PDSA**) cycles for carrying out each Action Item. An example of a SMART goal with a PDSA cycle for a Hematology/Oncology rotation is shown at right:

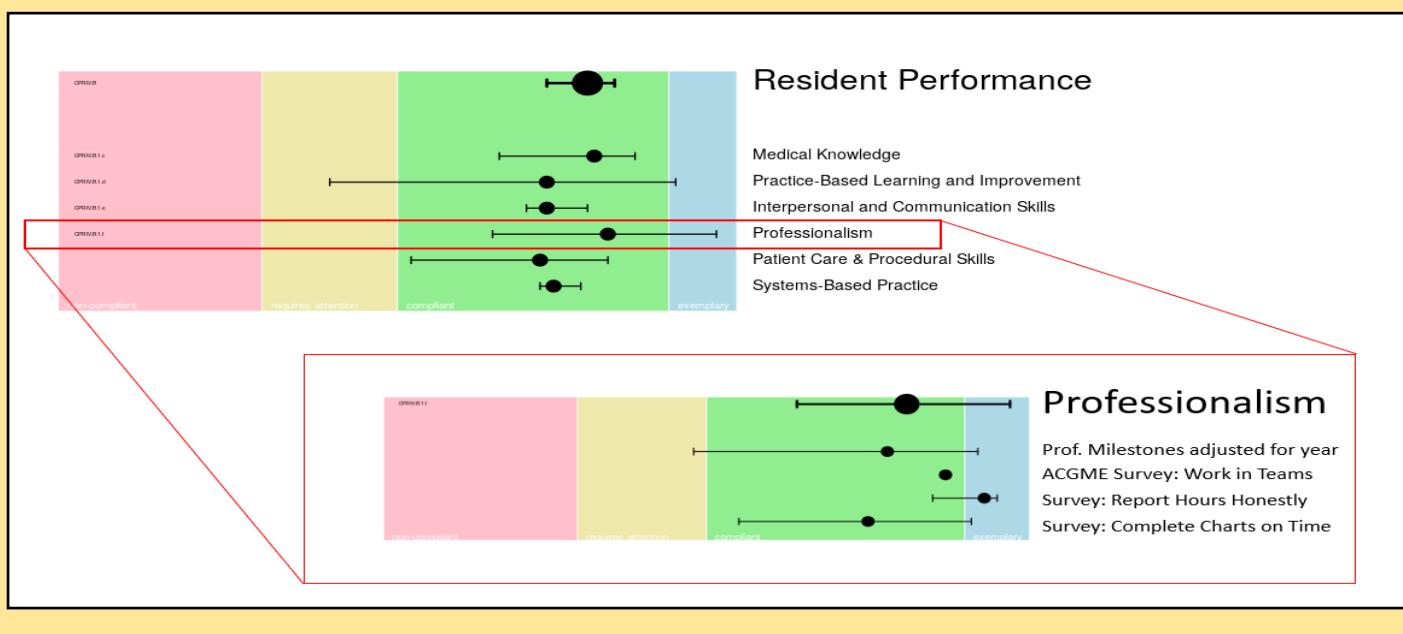
Action Item: Heme/Onc				
Title of Action Item: Increasing educational effectiveness of Hematology/Oncology				
Targeted Area of Improvement: Resident Performance: Medical Knowledge				
S	M	A	R	T
Specific goal	Measure of outcome	Accountable persons	Reasonable result	Time for completion
Improvement of Hematology/Oncology ITE score by 50%	The following year ITE score.	Program Director, APD, Chief residents	Expected to see an improvement of 30-50% in the ITE hematology/oncology scores of PGY 2 residents.	One year

PDSA Cycle Descriptions:

Cycle 1:

Plan	What are you trying to accomplish?	Improve hematology-oncology rotation's educational effectiveness by moving the rotation to Providence	06/2018
	What outcomes do you predict?	Residents will have more hematology/oncology case and familiarity with disease processes via direct patient care Residents will attend structured hematology/oncology didactic in a fellowship program	6/2018
Do	Date started	07/2018	
Study	Date ended	Ongoing	
	What changes did you observe?		
	Were your predictions met?		
Act	How successful was this cycle?		

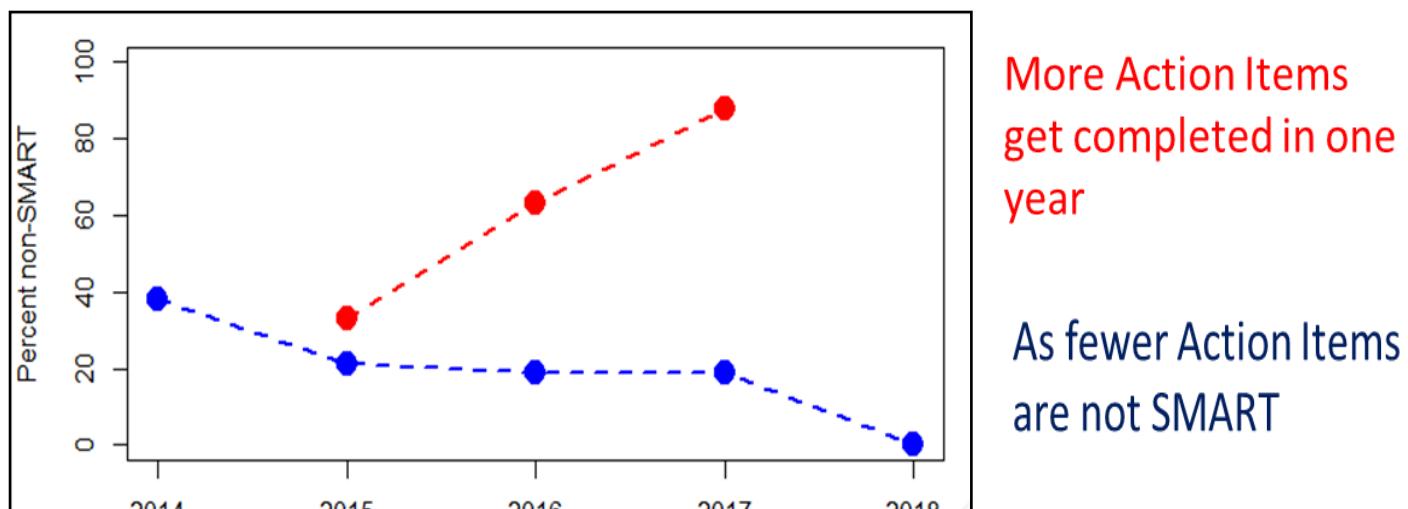
WSUGME developed program and institutional **Dashboards** by combining metrics from multiple sources into standardized measures of key constructs (Resident Performance, Program Quality, Faculty Development, and Graduate Performance) with meaningful cut-points for low, moderate, acceptable, and exemplary performance set from national standards and WSUGME expectations. Below is an example of a Dashboard depicting resident professionalism:



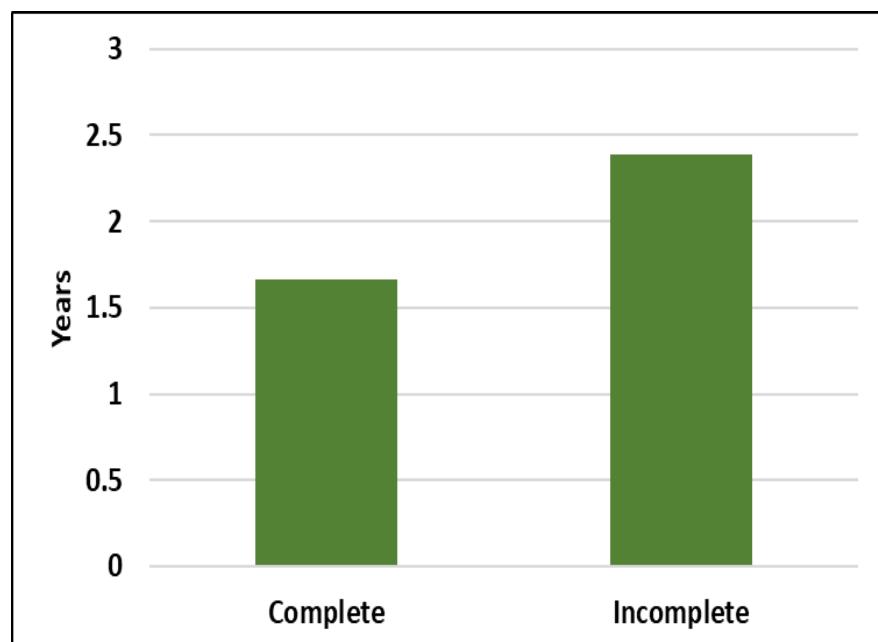
SMART Goals

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

During the APE process, WSUGME works with programs to ensure that their internal improvement plans are documented as SMART goals and that their completion is documented as a series of PDSA cycles. WSUGME itself sets SMART goals and PDSA improvement cycles as part of its Annual Institutional Review.



Action Items that are completely SMART take fewer years to resolve



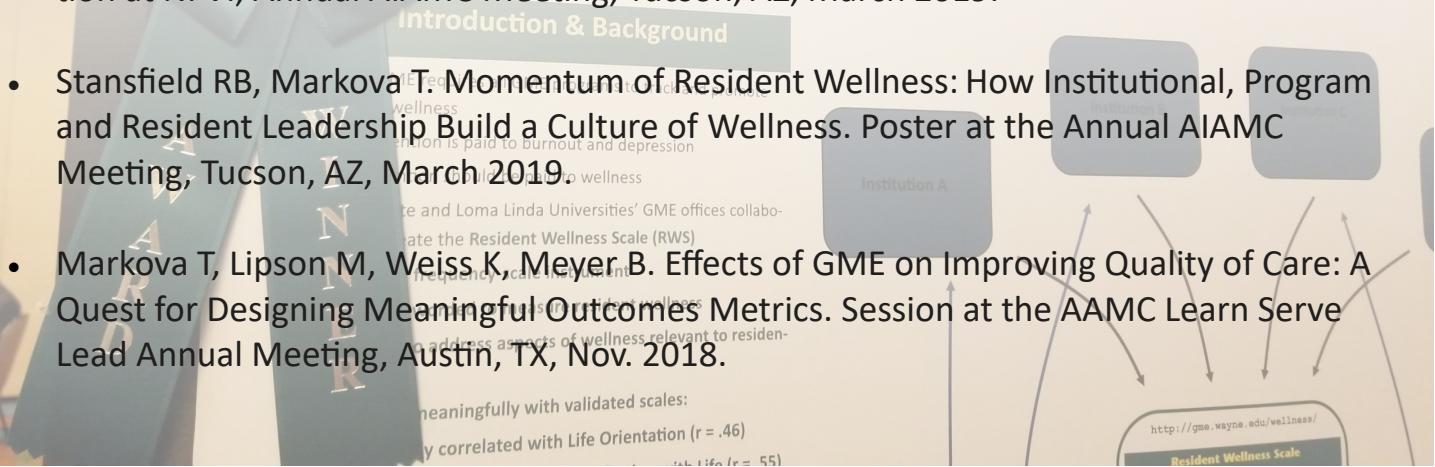
WSUGME Scholarship: Gaining National Recognition Through Publications and Presentations

Publications:

- Stansfield RB, Giang D, Markova T. Development of the Resident Wellness Scale for Measuring Resident Wellness. *Journal of Patient-Centered Research and Reviews*, 2019; 6(1): 17-27.
- Tsilimingras D, Gibson-Scipio W, Benkert R, Hudson L, Liu X, Zhang L, Reed T, and Markova T. An Evaluation of the Michigan State Loan Repayment Program. *Journal of Family Medicine & Community Health*, 2018; 5(5): 1161-67.

Presentations:

- Markova T, Hamstra S, Piggott C. A Milestone for the Milestones: Five Years of Competency Assessment. Plenary at the AAMC GRA ORR Spring conference, Nexus: Connecting Our Communities, Portland, OR, April 2019.
- Markova T, Stansfield RB. Momentum of Resident Wellness: How Institutional, Program and Resident Leadership Build a Culture of Wellness. Poster presentation at the AAMC GRA ORR Spring conference, Nexus: Connecting Our Communities, Portland, OR, April 2019.
- Stansfield RB, Natheer R, McCready T, Wissman S, Fabry D, Wenzlick L, Salman J, Ido F, Pochtarev V, Markova T. Institutional and Resident-Led Interventions. Poster presentation at NI VI, Annual AIAMC Meeting, Tucson, AZ, March 2019.



2018-2019 Faculty and Resident Scholarship

WSUGME residency and fellowship programs continued their high levels of productivity in designing, conducting, and presenting outcomes for quality improvement (QI) projects. This was especially true for the Dermatology, Family Medicine, Internal Medicine, and the Transitional Year programs and the Ophthalmic Plastic and Reconstructive Surgery Fellowship, all of which achieved a 100% rate of participation by their residents in QI projects. Taken together, the average rate of involvement was 82%, up from 71% in 2017-2018.

Below is a summary of resident and faculty productivity in scholarship:

Program	<u>2018-2019</u>			
	FACULTY		RESIDENTS	
	# PMIDs and book chaps	# of Core Faculty with at least 1 PMID	# PMIDs and book chaps	% of residents w/ publications
ANES	5	4/13	2	11.1%
DERM	11	2/5	16	33.3%
FAM MED	0	0/7	0	0%
INT MED	7	3/6	8	23.5%
OPHAL-PS	1	1/1	3	100%
OTOLARYN	45	9/12	16	50%
TRANS YR	0	0/4	0	0%
UROL	9	4/6	4	22.2%
Totals/Averages	78	23/54 (43%)	48	23.2%

Internal Medicine residents' posters from a QI project designed to improve cardiac telemetry use in a community hospital won awards in 2019: First Place in the Slide Competition at the 4th Annual Michigan Quality Improvement & Patient Safety Summit in the spring and at the American College of Physicians' Annual Meeting in the fall

Quality Improvement Project:
Process to Improve Cardiac Telemetry Use in a Community Hospital

Minalkhumar Patel, Sana Chams, Gloria Hong, Ankita Aggarwal, Jasmeet Bal, Vesna Tegeltier, Zain Kulalri, and Sarwan Kumar
Wayne State University – Internal Medicine

INTRODUCTION

- Inpatient telemetry monitoring is commonly used to identify arrhythmias, QT prolongation and ischemia.
- ACC/AHA guidelines identify groups in which telemetry is indicated (class I)
 1. May be beneficial (class II)
 2. Unlikely to benefit (class III)
- Strict adherence to guidelines can improve cost without harm to patients.

2004 ACC/AHA Guidelines

Class I (definite)
Patients who have had or are at risk for serious arrhythmias, QT prolongation or ischemia.
Patients with a history of atrial fibrillation and/or flutter, ventricular tachycardia, ventricular fibrillation, or ventricular flutter and/or fibrillation.
Patients with a history of syncope or near-syncope.
Patients with a history of documented myocardial infarction or transient ischemic attack.
Patients with a history of congestive heart failure.
Patients with a history of stroke or transient ischemic attack.
Patients with a history of hypertension.
Patients with a history of diabetes mellitus.
Patients with a history of peripheral vascular disease.
Patients with a history of chronic renal insufficiency.
Patients with a history of chronic obstructive pulmonary disease.
Patients with a history of atrioventricular block.

Class IIa (probable)
Patients with a history of atrial fibrillation and/or flutter, ventricular tachycardia, ventricular fibrillation, or ventricular flutter and/or fibrillation.
Patients with a history of syncope or near-syncope.
Patients with a history of documented myocardial infarction or transient ischemic attack.
Patients with a history of congestive heart failure.
Patients with a history of stroke or transient ischemic attack.
Patients with a history of hypertension.
Patients with a history of diabetes mellitus.
Patients with a history of peripheral vascular disease.
Patients with a history of chronic renal insufficiency.
Patients with a history of chronic obstructive pulmonary disease.
Patients with a history of atrioventricular block.

Class IIb (possible)
Patients with a history of atrial fibrillation and/or flutter, ventricular tachycardia, ventricular fibrillation, or ventricular flutter and/or fibrillation.
Patients with a history of syncope or near-syncope.
Patients with a history of documented myocardial infarction or transient ischemic attack.
Patients with a history of congestive heart failure.
Patients with a history of stroke or transient ischemic attack.
Patients with a history of hypertension.
Patients with a history of diabetes mellitus.
Patients with a history of peripheral vascular disease.
Patients with a history of chronic renal insufficiency.
Patients with a history of chronic obstructive pulmonary disease.
Patients with a history of atrioventricular block.

Class III (unlikely)
Patients with a history of atrial fibrillation and/or flutter, ventricular tachycardia, ventricular fibrillation, or ventricular flutter and/or fibrillation.
Patients with a history of syncope or near-syncope.
Patients with a history of documented myocardial infarction or transient ischemic attack.
Patients with a history of congestive heart failure.
Patients with a history of stroke or transient ischemic attack.
Patients with a history of hypertension.
Patients with a history of diabetes mellitus.
Patients with a history of peripheral vascular disease.
Patients with a history of chronic renal insufficiency.
Patients with a history of chronic obstructive pulmonary disease.
Patients with a history of atrioventricular block.

Process Flow Chart

```

    graph TD
        A[Patient admitted from ED or inpatients] --> B[No documentation of need for telemetry]
        B --> C[Identify core telemetry indicators]
        C --> D[ED pop-up bypasses]
        D --> E[In-ICU telemetry use to be minimized]
        E --> F[Incorporating telemetry continuation with bypasses]
        F --> G[Further education]
    
```

METHODS

- The IHI model was used to guide and format this project. Total of 4 PDSA cycles were performed.

PDSA 1

Plan: Developed a checklist for telemetry use.

Do: Implemented the checklist.

Check: No documentation of need for telemetry.

Act: Educated on core telemetry indicators.

PDSA 2

Plan: Developed a pop-up bypass for telemetry.

Do: Implemented the pop-up bypass.

Check: In-ICU telemetry use to be minimized.

Act: Educated on core telemetry indicators.

PDSA 3

Plan: Developed a checklist for telemetry use.

Do: Implemented the checklist.

Check: In-ICU telemetry use to be minimized.

Act: Educated on core telemetry indicators.

PDSA 4

Plan: During root cause analysis, discovered physicians are bypassing the pop-up created in PDSA cycle 3.

Do: Conducted educational sessions to IMFM physicians and residents to explain the pop-up and emphasize the importance of addressing telemetry.

Check: Post implementation, chart review of 50 patients over a 1-month period to assess for any change.

Act: Plan to focus on other modalities to help achieve our goal, like nurse-to-physician telemetry alarm notification.

RESULTS

PDSA Cycle 3 results:

- Inappropriate continuation of telemetry decreased from 60% to 52% after implementation of pop-up

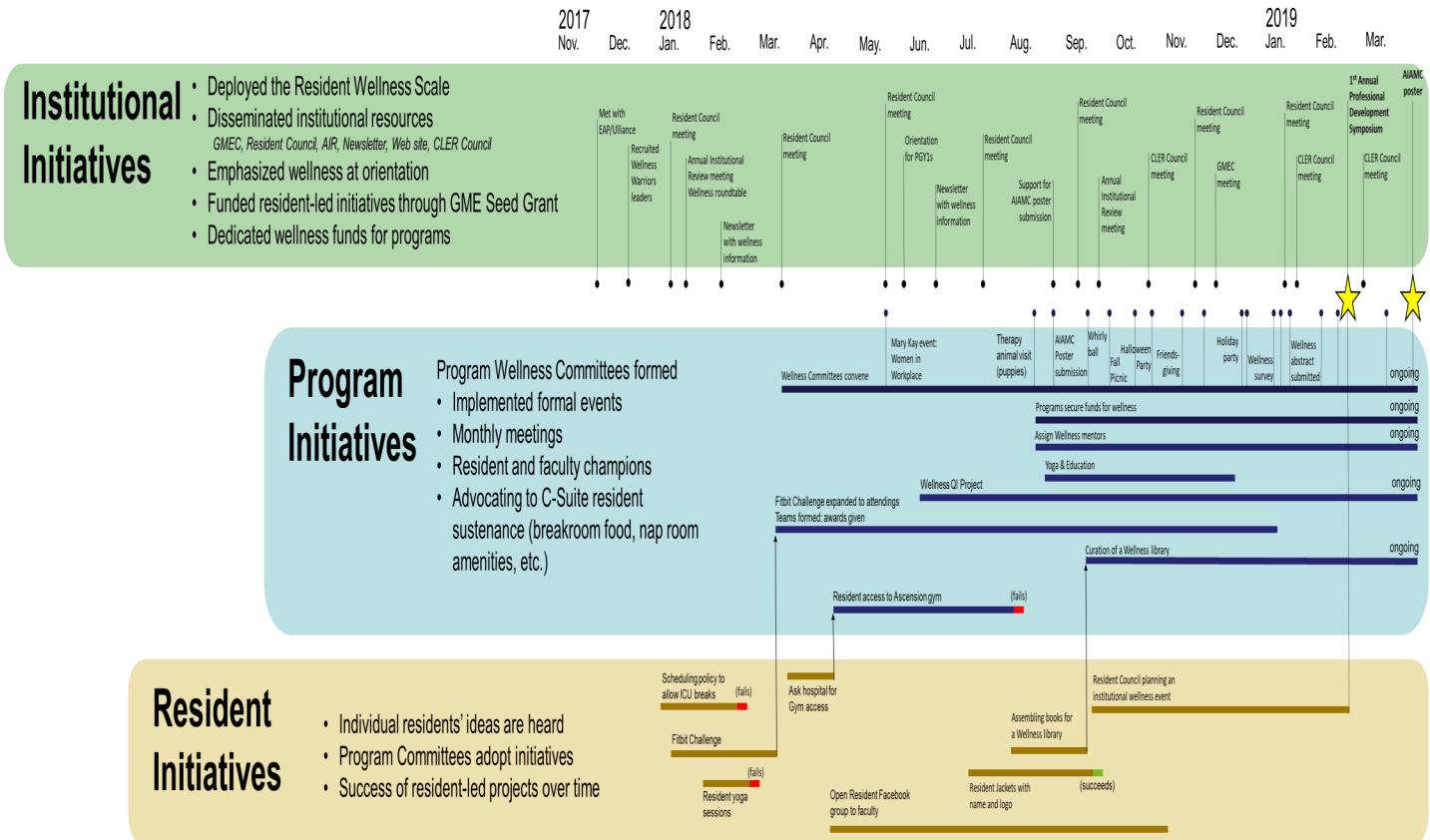
PDSA Cycle 4 results:

- No further improvement in adherence and continuation of pop-up bypasses

CONCLUSIONS

- Our QI project has been successful in bringing attention to overuse of telemetry and physicians are now required to select indications for telemetry when placing an order.
- However, physicians are able to bypass the checklist and pop-up, hence leading to minimal adherence.
- Our next QI phase will focus on other modalities like nurse-managed telemetry alarm protocol.

Resident Wellness: An Institution-Wide Initiative



Resident wellness is a profound concern in academic medical centers: workplace stressors and the burdens of clinical care place resident trainees at high risk of burnout, depression, and suicide. Resident burnout is associated with higher medical error rates, which affect patient safety. Because of this, residency programs are required by the ACGME to monitor and respond to changes in resident wellness.

Promotion of wellness requires a cultural shift, and this depends on efforts at the institutional level and by residents as well as faculty. Resident leadership is necessary because trainees are motivated to improve their own wellness and can provide an accurate needs assessment. At the same time, residents cannot implement their ideas without institutional resources. Thus, there must be a union of institution-led “top-down” and resident- and faculty-led “bottom-up” efforts.

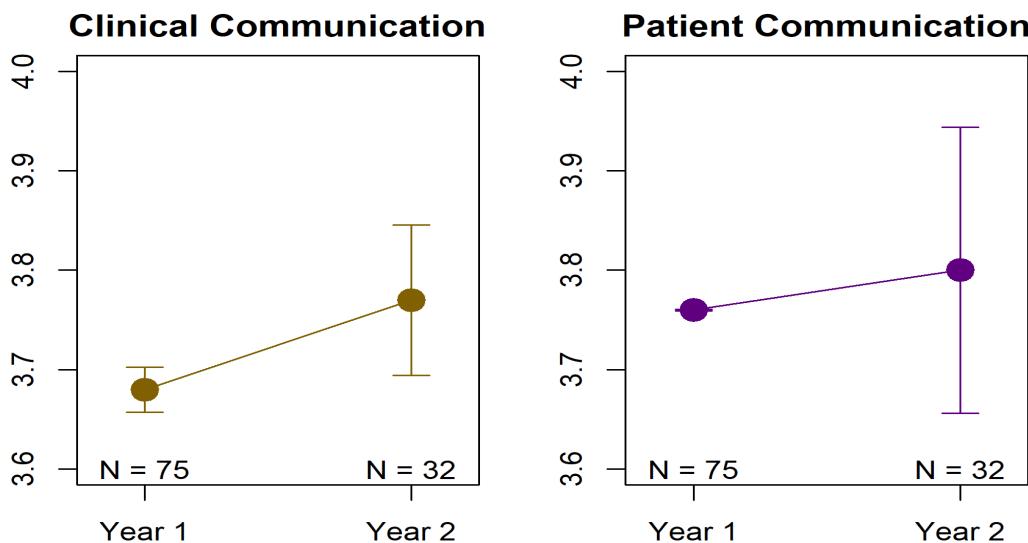
WSUGME sought to build a culture of wellness through institutional support and resident-led initiatives. Our wellness initiative (detailed in the diagram above) was conducted as part of the Sixth National Initiative of the Alliance of Independent Academic Medical Centers. We measured resident wellness annually using the Resident Wellness Scale, a validated tool designed to longitudinally track positive aspects of resident wellness (Stansfield, Giang, & Markova 2018). Additionally, WSUGME gathered qualitative information about the impact of the initiative on resident wellness via semi-structured interviews. We are using this research to monitor residents' wellness in the course of their training and to provide graduate medical educators with data-driven mechanisms for addressing the wellness challenges facing residents, fellows, faculty, and administrators.

Utilize Kado Clinical Skills Center for Evaluating Communication Skills: OSCE Training Activity

WSUGME requires that all PGY-1 and PGY-2 residents in every program participate in a clinical simulation exercise, an Objective Structured Clinical Examination (OSCE) held at the WSU School of Medicine's Kado Clinical Skills Center each summer. In the OSCE, participants' communication skills are assessed in four standardized simulated patient encounters. In 2019, the cases addressed error disclosure, difficult encounter, code status, and pain management. The latter, a new case developed last year, introduced residents to the new Michigan Dept. of Health and Human Services guidelines regarding opioid prescription.

In the OSCE, we seek to enhance resident skills in two types of communication: Clinical Communication (shared decision-making, avoiding jargon, making sense) and Patient Communication (interpersonal demeanor, empathy, rapport). The graphs below depict the improvement seen in two cohorts from Year 1 (2018) to Year 2 (2019) following the OSCE. The growth trends shown indicate the value of the OSCE, particularly for assessing clinical communication but also for patient communication skills.

WSUGME will continue to require that every PGY-1 and PGY-2 resident participate in the OSCE each summer and will develop another new case for 2020 addressing health disparities/cultural competency.



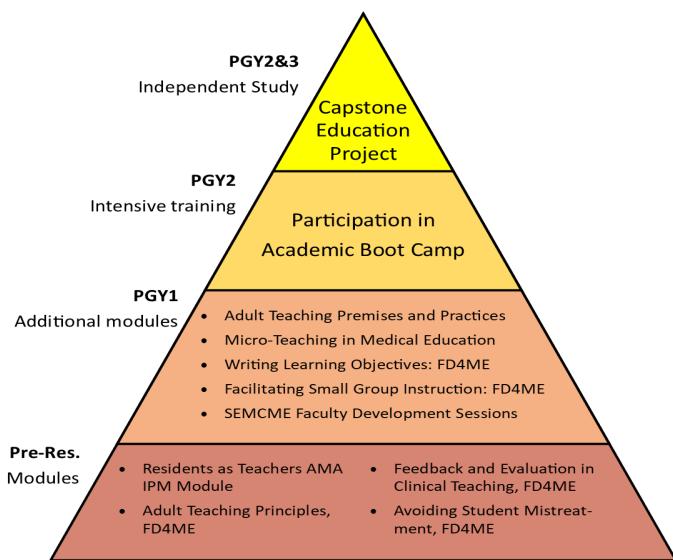
Note: N for Year 1 includes PGY-1 and PGY-2 participants; N for Year 2 includes PGY-2 participants only. The estimates control for case difficulty and year of postgraduate training (i.e., the fact that some PGY-1 participants had already done a Transitional Year). These estimates are modeled at the program level (i.e., Dermatology and Internal Medicine have equal weight in this model, despite the latter having more residents).

Two Programs to Enhance the Quality of Teaching and Learning

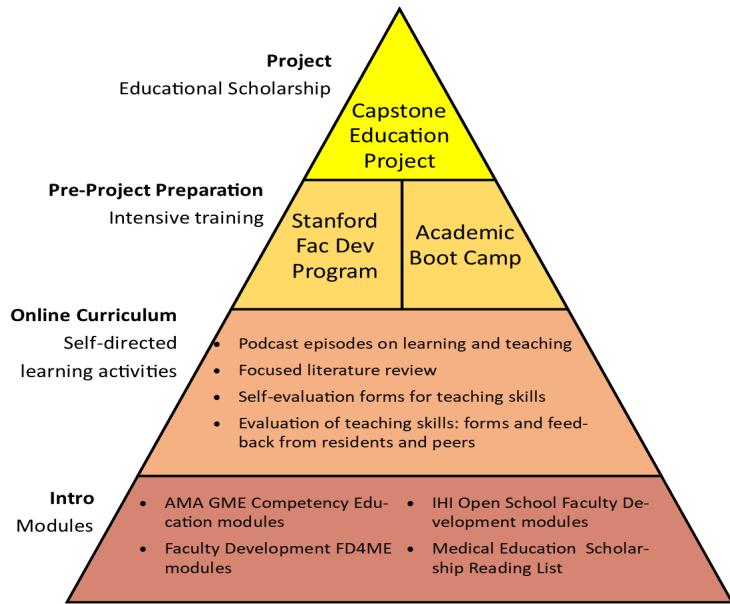
Developing Active Resident Teachers (DART)

Our dedication to educational excellence involves training our residents not only to be excellent clinicians, but also to develop their communication and educational skills. DART is a focused curriculum to guide residents toward improving their own knowledge and skills in medical education and to contribute educational content to their programs.

Developing Active Resident Teachers Overview



Developing Effective Faculty Teachers Overview



Developing Effective Faculty Teachers (DEFT)

The DEFT Program is designed to strengthen the educational skills of our faculty. Participants will have access to a peer network of support, complete a series of online learning activities, participate in formative interactive learning experiences, and develop effective curricular or assessment tools to use in their program and publish as scholarship. WSUGME will award participants with a certificate upon completion of the program.

Improving Program Evaluation Strategies for 2019-2020

In 2018-2019, WSUGME met with all Program Directors and Program Coordinators to gather feedback about the current practices used to evaluate residents and faculty. This led to the development of a more individualized, multi-source evaluation system for 2019-2020. The table below details the recommendations WSUGME developed in response to faculty and staff feedback and the Action items created to address them in the upcoming year.

WSUGME recommendations based on feedback from programs	Action item for 2019-2020
Greater use of direct observation and multi-source evaluations with qualitative data at each program	Assessment instruments for Direct Observation have been developed and disseminated to Program Directors
Improving evaluation compliance rates	WSUGME staff will review evaluations on a monthly basis to encourage compliance
Providing more meaningful feedback to faculty	Instruments with mechanisms for provision of feedback are available in New Innovations* now
Greater monitoring of and engagement with wellness issues	Wellness committees have been established in every residency program and are holding regular events
Replacing New Innovations* mapping with milestones-based evaluation instruments	Evaluation method has been adopted by 3 programs, in process at the remaining 4 programs
Implementing stronger individualized learning plans (ILPs)	Program Directors will introduce ILPs at semiannual meetings with each resident

* *New Innovations* is the residency management software used by WSUGME for administering, tracking, and maintaining assessment and evaluation data for all programs.

Empower the Resident Council

The Accreditation Council for Graduate Medical Education (ACGME) requires that the sponsoring institution for all ACGME-accredited programs provide a confidential forum enabling residents and fellows to exchange information with other trainees about their working and learning environment. To meet this requirement, WSUGME schedules bimonthly meetings of the Resident Council (RC), comprising representatives of all programs, on the main WSUSOM campus. Each meeting has time allotted to discussion of issues with only residents and fellows in attendance.

2018-2019 Action items for the RC included:

- Reviewing and refining policies for organization and management, specifying the responsibilities of officers, and administering elections
- Developing new By-Laws as needed
- Increasing participation from residents and fellows from all programs
- Increasing RC input on the bimonthly resident newsletter, *Residency Times*
- Organizing the first annual Professional Development Symposium

The RC initiated an annual event, the Professional Development Symposium, which will have a different theme each year. For the inaugural symposium in 2019, the focus was on wellness and well-being, in several domains: physical, psychological, emotional, and even financial. A key theme was how the wellness of health care providers affects the quality of patient care and how interrelated these factors are. Representatives from WSU Benefits & Wellness, Wellness Warriors, Ulliance/EAP, the Detroit Yoga Lab, and TIAA-CREF and Fidelity Investment and Retirement plans discussed salient wellness topics with resident attendees and their spouses, faculty and program directors, program coordinators, and WSUGME staff.

Attendees at the Spring 2019 Professional Development Symposium

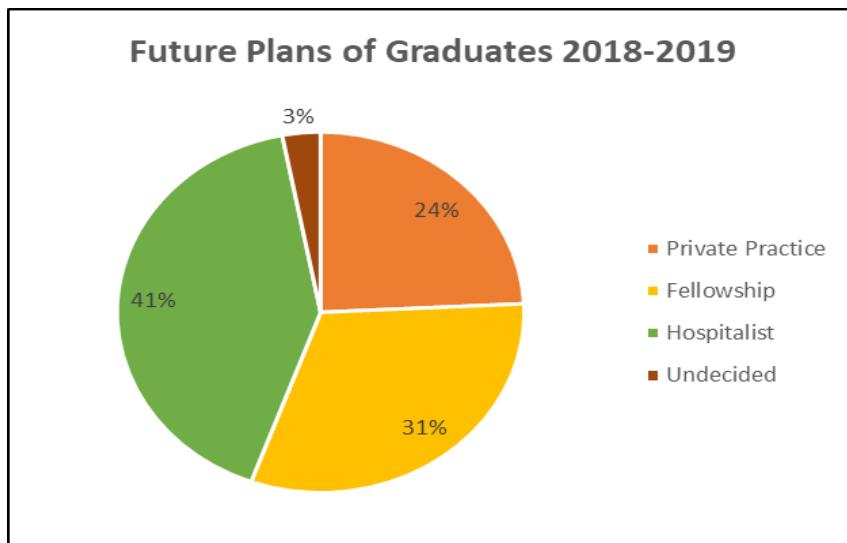
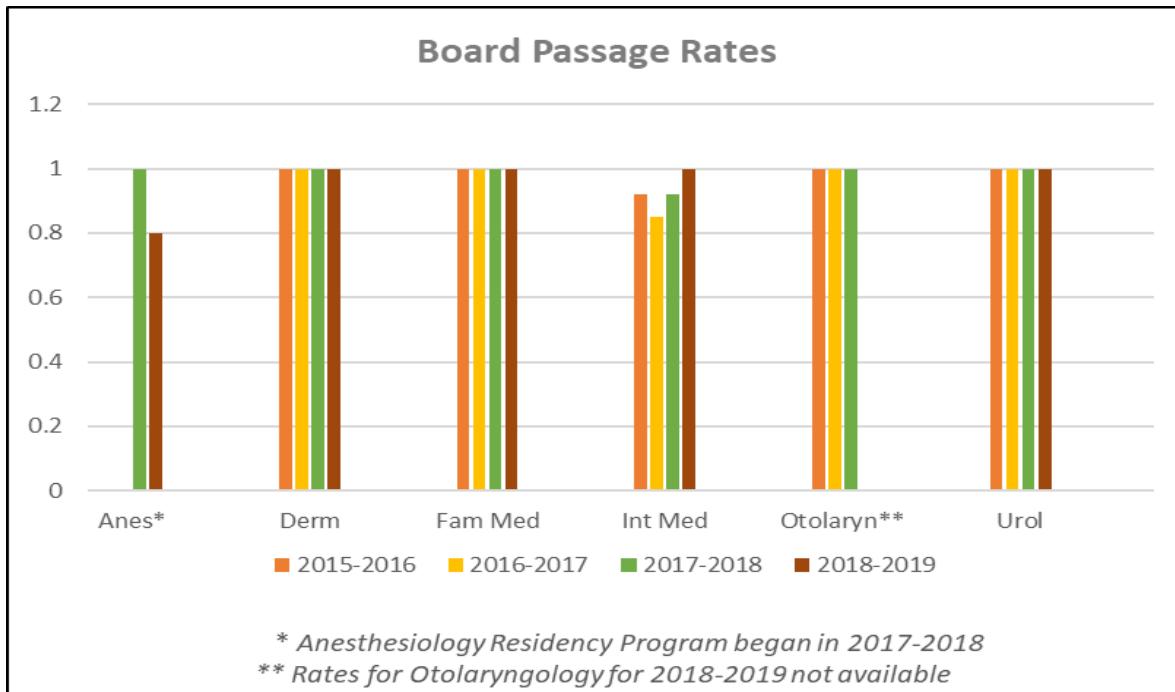


RC Vice-President **Vera Pochtarev**, MD (Internal Medicine),
RC President **Jacob Salman**, MD (Internal Medicine), and resi-
dent **Rohit Arcot**, MD (Urology)



Family Medicine Program Director **Pierre Morris**, MD, Program
Coordinators **Sarah Furguson** and **Rose Moschelli**, Family Medi-
cine faculty **Tess McCready**, DO, and Associate Dean for Gradu-
ate Medical Education **Tsveti Markova**, MD

Our Graduates Succeed and Contribute



35%
of our graduates
stay in Michigan
to practice

WSUGME programs develop residents' clinical and professional competencies to provide safe, high-quality, equitable and patient-centered care. From an intense orientation process to robust patient care experiences under the supervision of WSU faculty physicians and researchers, residents graduate prepared to enter the physician workforce in a variety of settings, including clinical practice, academic medicine, fellowship training, and more. Based on the WSUGME Exit Survey, 90% of our graduates feel prepared to pass the boards in their specialty, and 97% of our graduating residents feel prepared to provide clinical care in their chosen specialty or for additional GME training or clinical practice.



Our Goals For 2019-2020

Action Plans

Continue to provide oversight and support for program accreditation and state-funded GME growth (MIDOCS)

Support faculty and resident scholarly activity to promote an environment of inquiry in each program; refine and promote Seed Grant applications; develop podcasts on research topics

Strengthen the program and institutional annual evaluation process (APE & AIR) and enhance dashboards, using CQI methodology

Enhance program and institutional initiatives on Resident Wellness

Use the Kado Clinical Skills Center for evaluation and teaching of communication and transition of care skills

Expand DART (Developing Active Resident Teachers) and launch DEFT (Developing Effective Faculty Teachers) and involve more residents and faculty

Implement professional development for program directors, faculty, and program coordinators

Revise Evaluation Project – Create multi-source evaluations, constructive feedback, and self-directed learning plans

Empower Resident Council - Assist in defining their role and empower them to accomplish their goals, such as the annual Professional Development Symposium

Expand communication and marketing strategies - Greater institutional, regional, and national visibility



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