



GRADUATE MEDICAL EDUCATION
Annual Institutional Review
Executive Summary
AY 2016-2017 update

Graduate Medical Education

MISSION

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



Graduate Medical Education

Operational Excellence

- To enhance, centralize, and monitor the quality of GME, 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

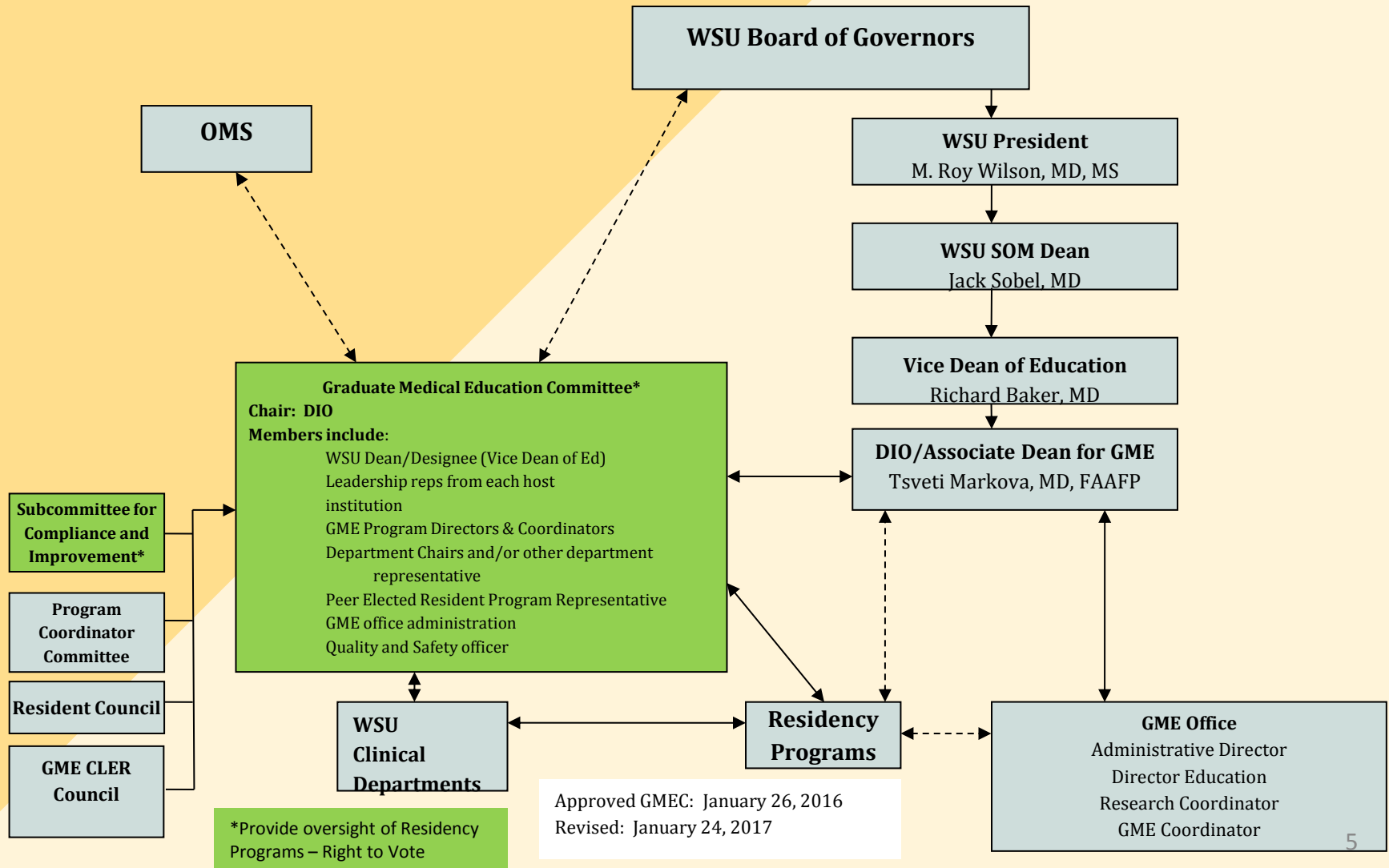


A Powerful Network

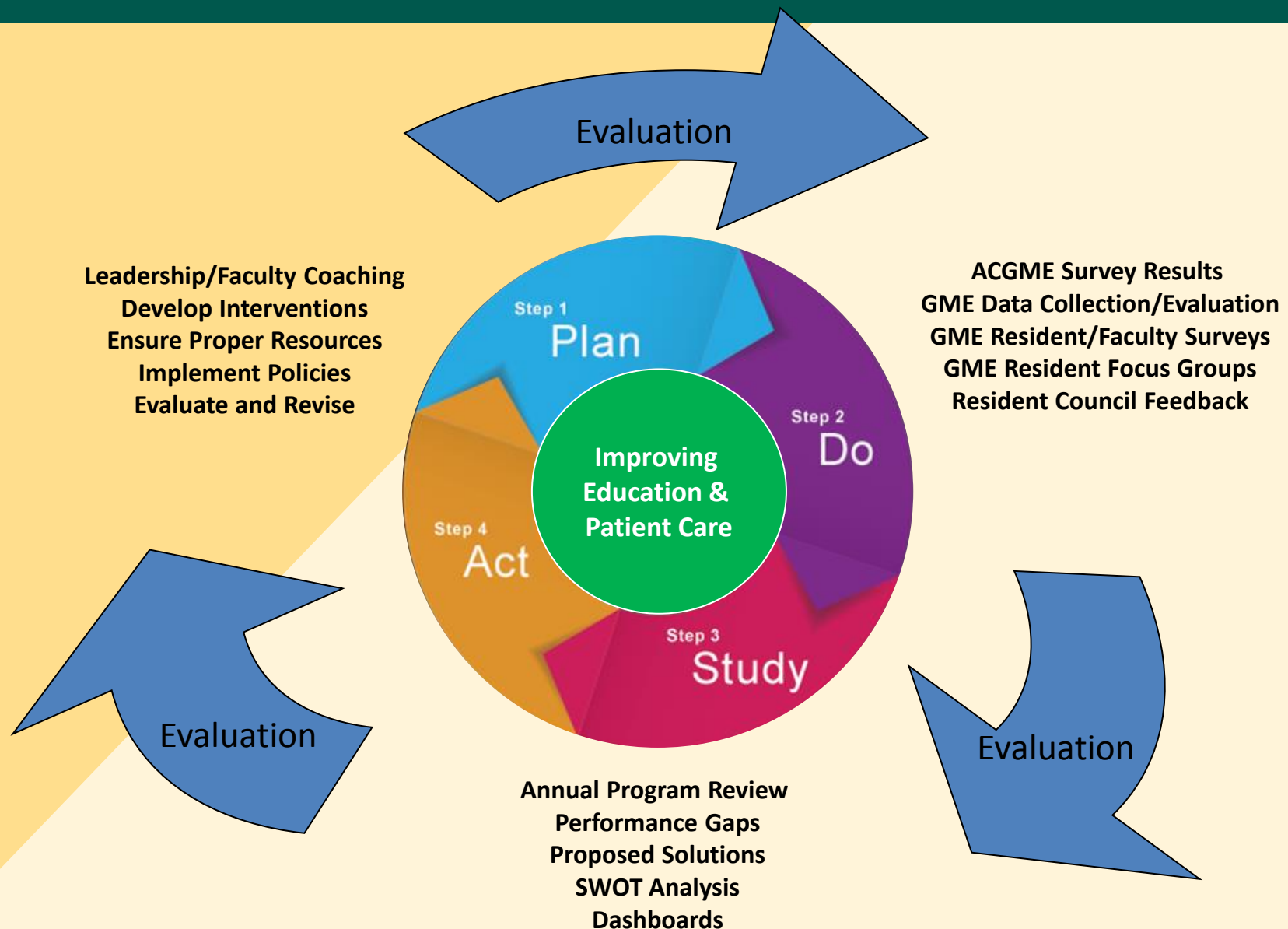
Hospital Partners for the WSU Sponsored Programs



WSU SOM Organizational Chart



WSU GME Institutional Oversight



Strategic Objectives

- **Create** national visibility on innovative med education initiatives
- **Leverage** the ACGME Next Accreditation System (NAS) and Clinical Learning Environment Review (CLER) to **improve** patient care.
- **Educate** faculty, PDs, residents and staff development on competencies and milestones.
- **Advocate** for increased GME slots and funding to meet the state & national need for providers: MiDOCS and AHEC

Dissemination of GME Institution-wide Projects

Presentations:

- Sept 2017 Stansfield RB, Giang D, Markova T. Development of the Resident Wellness Scale. Poster Presentation at the SEMCME Faculty Development Forum, Southfield, MI
- April 2017 Markova T, Benson B, Kumar S, Klamo R, Mateo M, Ha M, Takis L, Delpup A, Stansfield RB. Health Disparities Educational Initiative for Residents at Crittenton Hospital Medical Center. 2017 Group on Resident Affairs Spring Meeting, Washington DC
- April 2017 Markova T, Giang D, Stansfield RB. How Do You Measure Resident Wellness? 2017 Group on Resident Affairs Spring Meeting, Washington DC
- March 2017 Markova T, Benson B, Kumar S, Klamo R, Mateo M, Ha M, Takis L, Delpup A, Stansfield RB. Health Disparities Educational Initiative for Residents at Crittenton Hospital Medical Center, 2017 Annual AIAMC Meeting, Amelia Island, FL
- March 2017 Markova T, Stansfield RB. How Do You Measure Resident Wellness?, 2017 Annual AIAMC Meeting, Amelia Island, FL
- Nov 2016 Andolsek K, Bar-on M, Hall S, Howley L, Jaeger J, Markova T, van Schaik S. Academic Career Opportunities in the Rapidly Changing World of Graduate Medical Education, AAMC Emerging Solutions Session, Learn Serve Lead 2016: The AAMC Annual Meeting, Seattle, WA
- Sept 2016 Markova T., R. Brent Stansfield. From Measuring Burnout to Wellness. AMA IPM Summit, Chicago, IL

Publications, non-peer reviewed:

Jordan M, Markova T. WSU GME policies on: E-mail, Resident Wellness, Social Media, Professionalism, Technology. MedEdPORTAL iCollaborative Resources, September, 2017

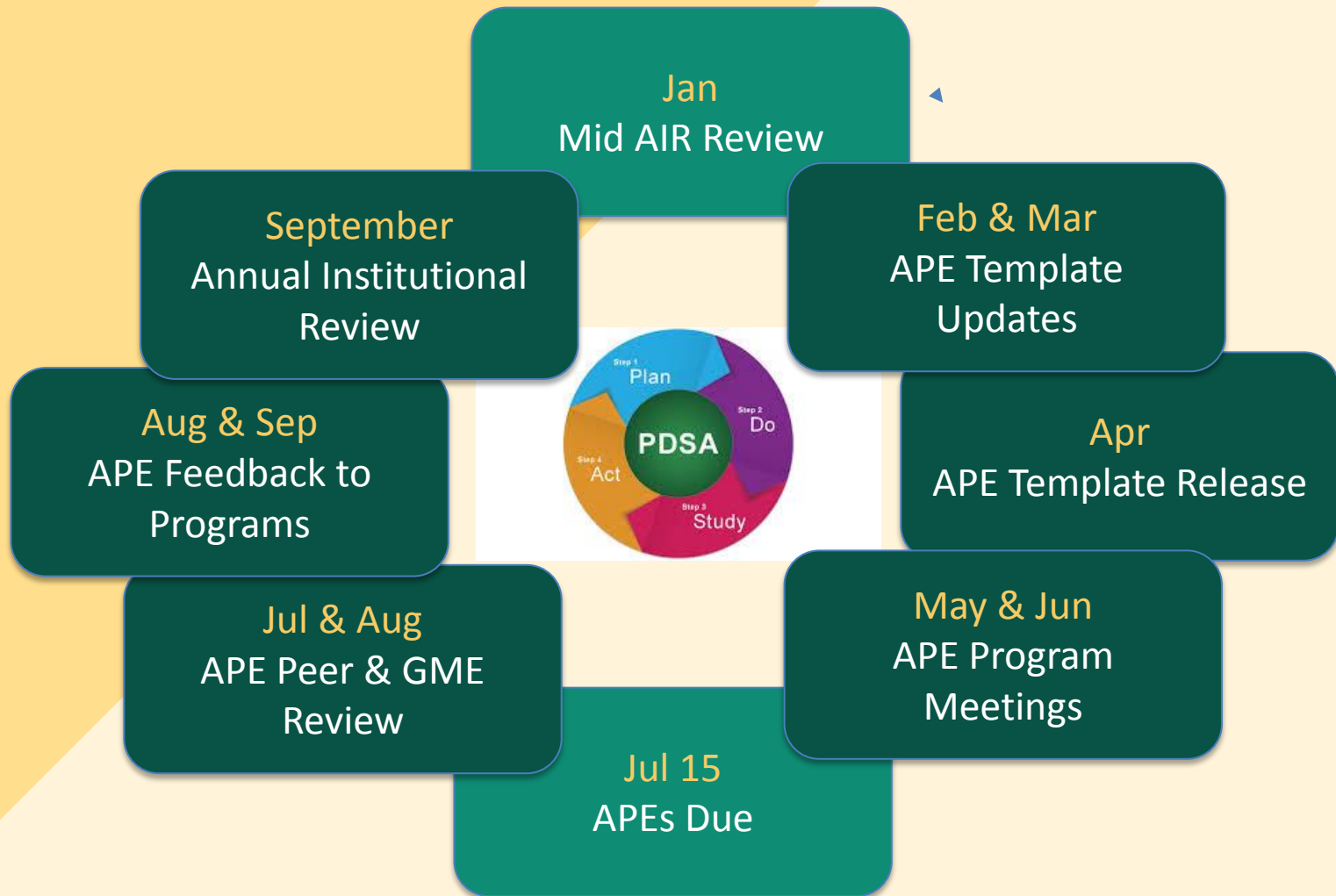
Purpose of AIR

- (ACGME I.B.5.a) To **gauge effectiveness** of GME oversight of all institutionally accredited programs by **reviewing institutional performance indicators** which include:
 - Self-Study visit results
 - Results of ACGME & GME Surveys for Faculty & Residents
 - Review accreditation statuses
- To review **program strengths** and identify areas that need increased support
- (ACGME I.B.5.b) To create a **GME Action Plan** that addresses institution-wide needs in the era of the Next Accreditation System (NAS)

















2017-AIR breakout session

Continuous Quality Improvement



Action Plans from 2016-2017

Action Plan	Status
Provide oversight and support for program accreditation	 ONGOING
Support resident scholarly activity through collaboration with university partners	 ONGOING 
Develop program and institutional dashboards	 ONGOING 
Design an institutional initiative on resident wellness	 ONGOING
Implement a Transitions of Care (ToC) institution-wide training and evaluation of resident handoffs	
Enhance resident communication skills curriculum	 ONGOING 
Design and Implement DART program for improving residents' skills as teachers	 
Educate Program Directors, Faculty, and Staff on core principles of Holistic Review	 ONGOING
Incorporate new ACGME common requirements in all programs	
Enhance professional development for program directors, faculty, and program coordinators	 ONGOING

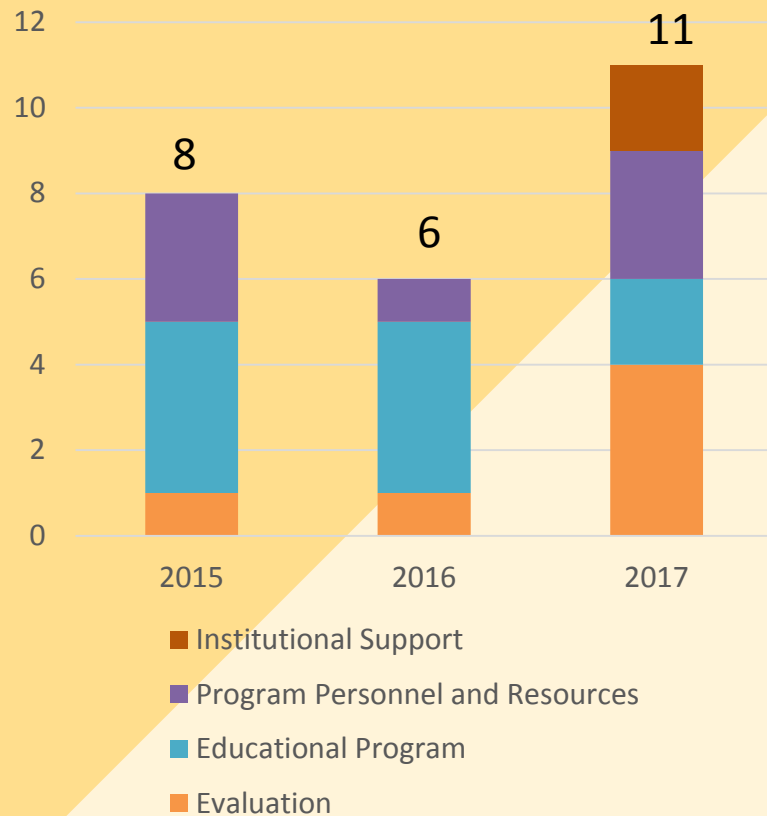
Institutional & Program Accreditation

Program	Accreditation	Self-Study Date
Family Medicine	Continued Accreditation with warning	5/1/2020
Urology	Continued Accreditation	6/1/2018
Dermatology	Continued Accreditation	7/1/2020
Transitional Year	Continued Accreditation	11/1/2020
Otolaryngology	Continued Accreditation	8/1/2021
Phys. Med & Rehab.	Continued Accreditation	8/1/2023
Brain Injury Medicine	Continued Accreditation	8/1/2023
Internal Medicine	Continued Accreditation	9/1/2023
Ophthalmic Plastic Fellowship	Continued Accreditation	12/1/2023
Anesthesiology	Continued Accreditation	10/1/2026

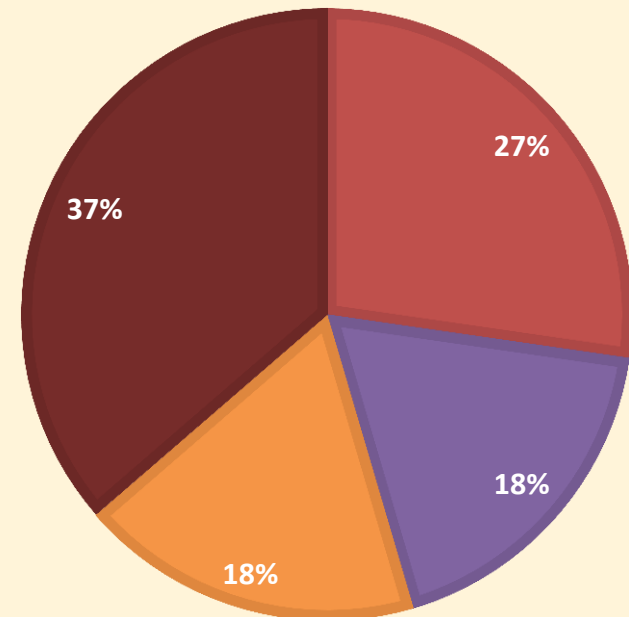
Institutional Accreditation Status

- Maximal accreditation for 12 years with no citations
- Self-Study Visit in 2024

Citations



Responsibilities of Faculty Scholarly Activities
Curriculum Organization Evaluation of Residents



2016-17 Citation Breakdown

Graduate Medical Education

Excellence in Learning and Teaching



ACGME Resident Survey

2015-2016 ACGME Resident Survey - page 1

Survey taken: January 2016 - April 2016

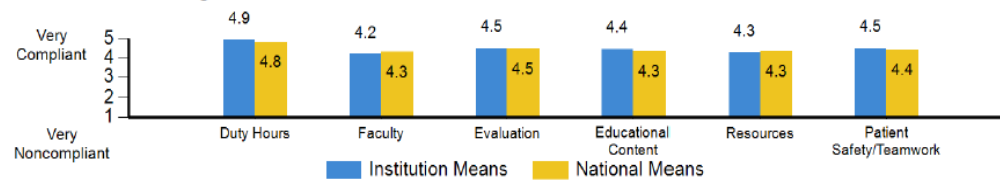
Programs Surveyed 10

259504 Wayne State University School of Medicine - Aggregated Program Data

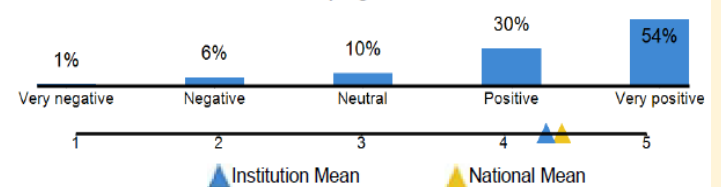
Residents Responded 132 / 137

Response Rate 96%

Institution Means at-a-glance



Residents' overall evaluation of the program



2016-2017 ACGME Resident Survey - page 1

Survey taken: January 2017 - April 2017

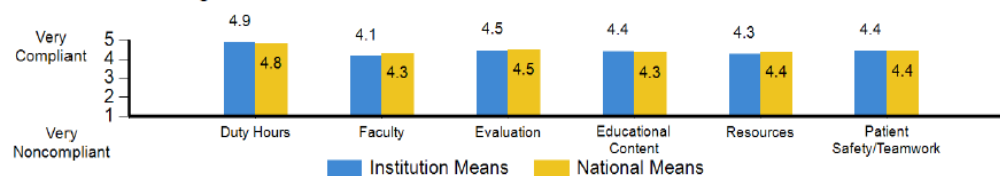
Programs Surveyed 9

259504 Wayne State University School of Medicine - Aggregated Program Data

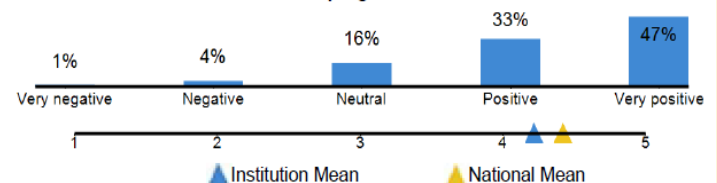
Residents Responded 138 / 138

Response Rate 100%

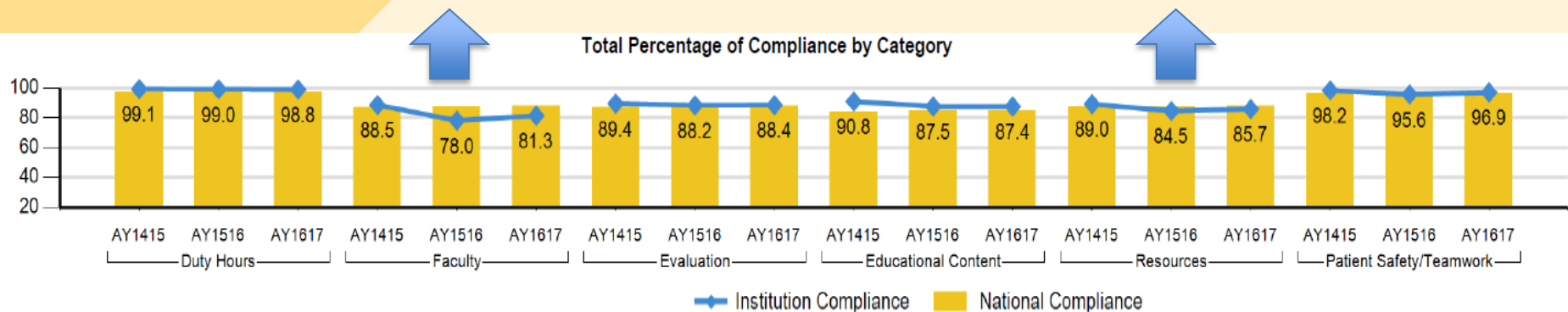
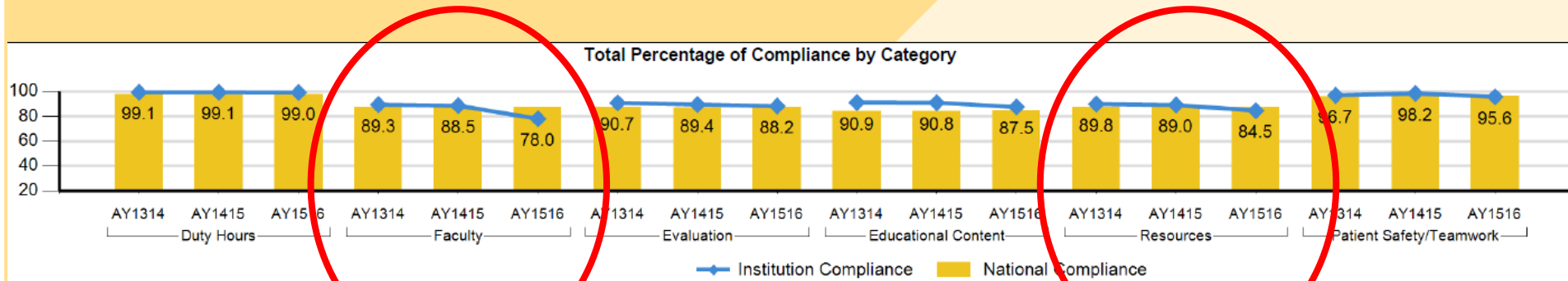
Institution Means at-a-glance



Residents' overall evaluation of the program



ACGME Resident Survey



ACGME Faculty Survey

2015-2016 ACGME Faculty Survey - page 1

Survey taken: January 2016 - April 2016

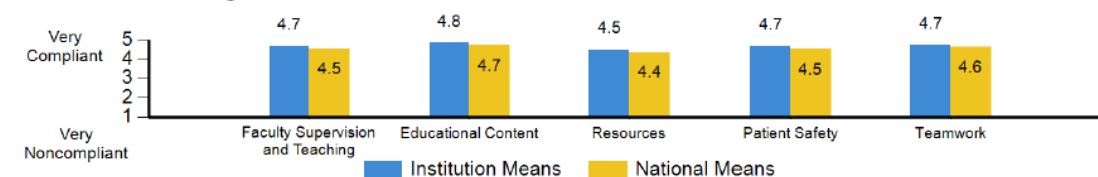
Programs Surveyed 10

259504 Wayne State University School of Medicine - Aggregated Program Data

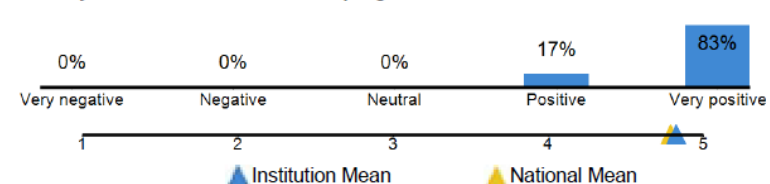
Faculty Responded 69 / 73

Response Rate 95%

Institution Means at-a-glance



Faculty's overall evaluation of the program



2016-2017 ACGME Faculty Survey - page 1

Survey taken: January 2017 - April 2017

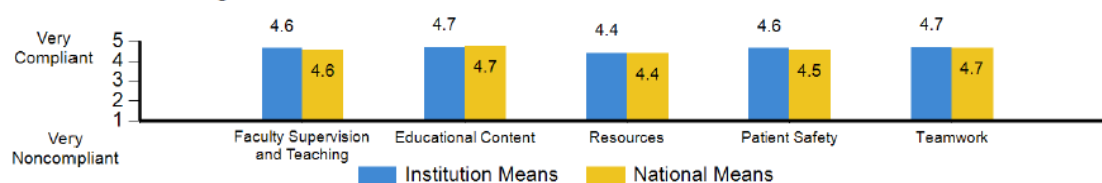
Programs Surveyed 9

259504 Wayne State University School of Medicine - Aggregated Program Data

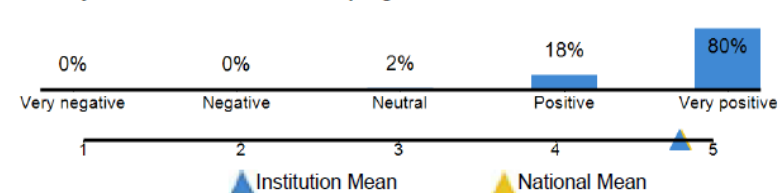
Faculty Responded 65 / 70

Response Rate 93%

Institution Means at-a-glance

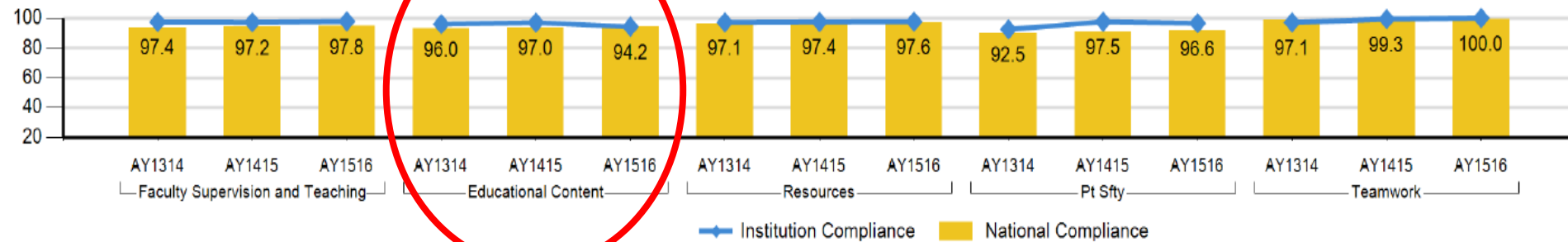


Faculty's overall evaluation of the program

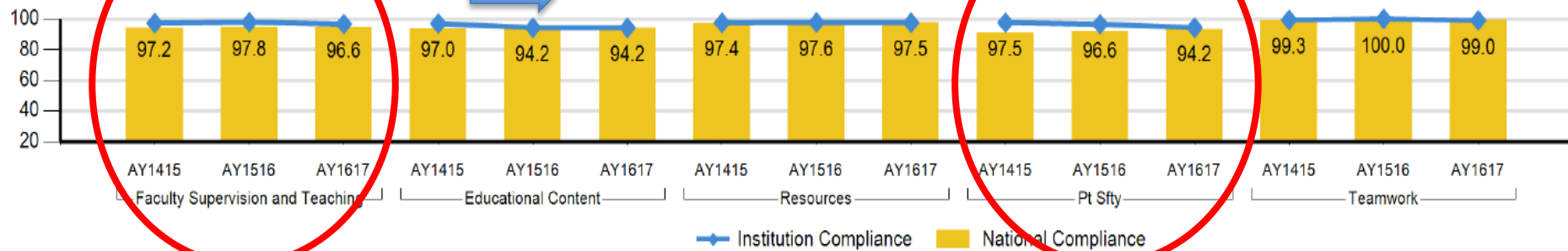


ACGME Faculty Survey

Total Percentage of Compliance by Category



Total Percentage of Compliance by Category

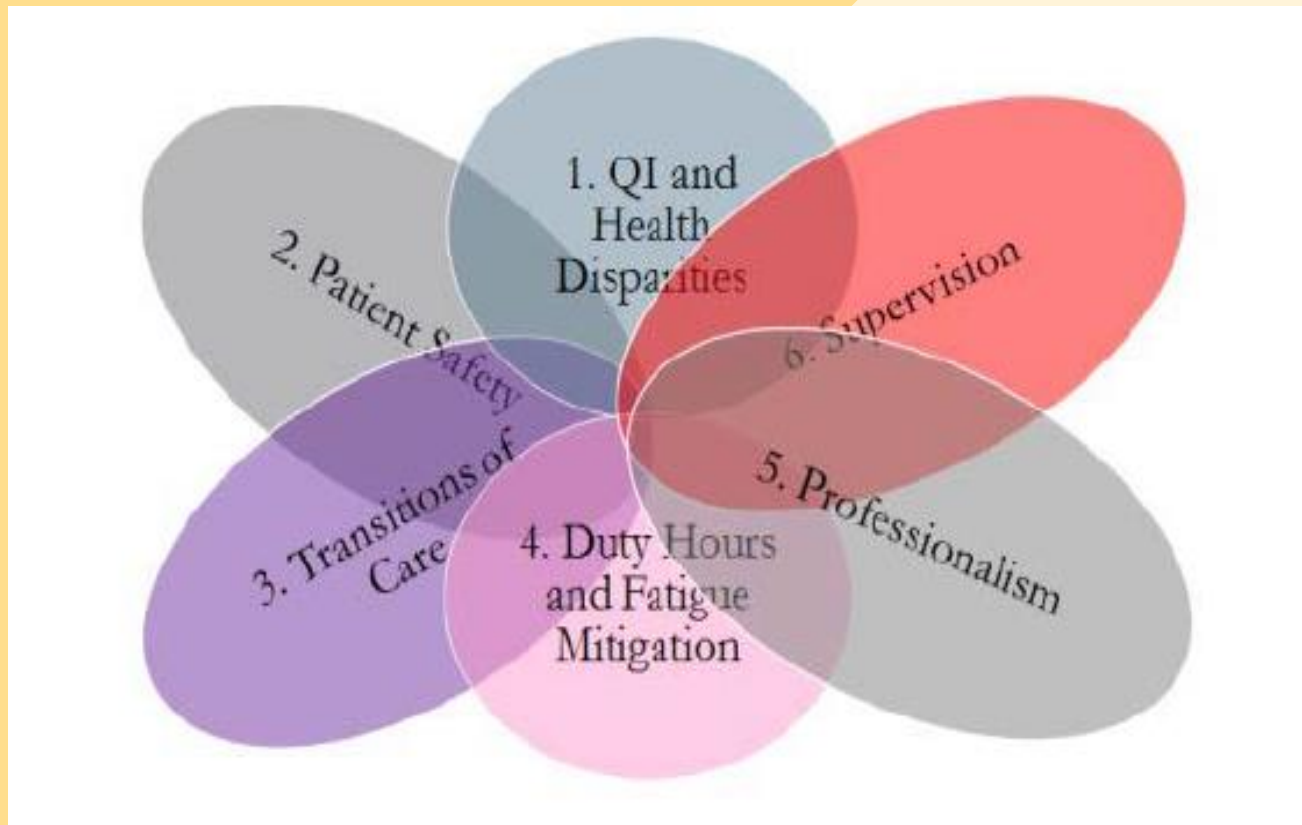


Graduate Medical Education

Continuous Quality Improvement



CLER Institutional Site Visit



Crittenton Hospital Medical Center

May 17-18, 2016

CLER Site Visit Report & Response

Focus Area	CLER Site Visit Report	WSU GME Response to CLER Report
Patient Safety	Although there has been increase in resident reporting of events there are still areas for improvement in knowledge of what events are and how to report them.	More training sessions to educate residents and nursing staff on range of reportable events. Increase efforts to improve resident involvement in RCA and feedback after reporting
Healthcare Quality	There has been an increase in resident involvement in QI projects aligned with hospital initiatives.	Improvement in resident participation in committees and opportunities to provide residents with data related to their own patient care parameters with the goal of improving patient care
Transitions of Care	Areas of vulnerability exist during inter – departmental transfers in care (ER-Floor, Floor-ICU)	Developing a systemic approach to institute a hospital wide handoff system. Efforts will include Institutional training and evaluation of the hand off process.
Supervision	Nursing staff ability to verify residents' procedural competency and level of required supervision.	Institutional initiative for opportunities for nurses to electronically access resident's level of competency when performing procedures.
Duty Hours/Fatigue Management	Some expressions of feelings of burnout and fatigue by faculty and program directors.	Increase efforts for monitoring and education on wellness and resilience and work-life balance
Professionalism	Majority of residents report a positive clinical and educational culture where they are able to express concerns without fear of retaliation	Continue efforts for monitoring the learning environment to maintain an overall sense of a safe culture, consistent among residents, faculty members, program directors and staff.
General – improvements noted, the institution will continue to implement many programs and activities to enhance the clinical learning environment utilizing hospital and university resources		

GME CLER Council Vision Statement

- ❖ Align GME with hospital strategic planning to improve patient care quality and safety
- ❖ Reduce overutilization of health care resources and improve efficiency in the hospital through faculty and resident quality improvement and leadership development
- ❖ Recognize the central role and impact of GME programs in QI and patient safety initiatives



HEALTH DISPARITIES AND THE
COMMUNITY HEALTH NEEDS ASSESSMENT

A PROBLEM-BASED LEARNING CASE

NI V Health Care Disparities



HEALTH DISPARITIES EDUCATIONAL INITIATIVE FOR RESIDENTS AT CRITTENTON HOSPITAL MEDICAL CENTER

Markova T, Benson B, Kumar S, Klamo R, Mateo M, Ha M, Takis L, Delpup A, Stansfield RB
Crittenton Hospital/Wayne State University. Rochester, Michigan



Overall Goals

- Enhancing resident awareness of the health disparities that exist in the hospital community
- Engagement of residents and increased resident knowledge about health needs in the community prioritized by the CHNA
- Improving population health in the hospital community

Background

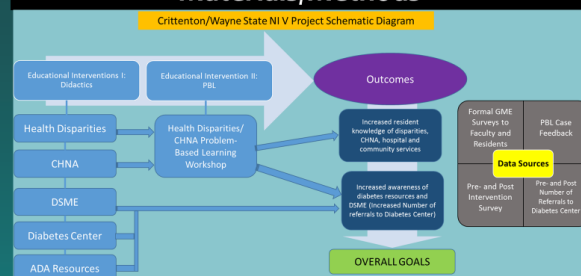
- Crittenton conducts a CHNA every three years as required by federal law.¹ The FY2016 CHNA identified three main priorities:²
 - Obesity/Overweight/ Nutrition/Diabetes
 - Mental Health
 - Access to Care.
- Collaborative partnerships are effective in achieving community-wide behavior change and improving population-level outcomes.³
- Curricula that increase resident knowledge about health disparities is an effective strategy for improving understanding about health disparities.^{4,5}
- Diabetes self-management and education is a critical element of care for people with diabetes and improves patient outcomes.⁶
- Crittenton and WSU designed a health disparities educational curriculum to increase resident awareness of health disparities and the hospital's CHNA/current priority areas, address disparities in diabetes care and increase referrals for DSME.
- The Family Medicine, Internal Medicine and Transitional Year Residency Programs committed to faculty and resident participation.

Vision Statement

Providing resident education in health disparities, the CHNA and DSME will:

- Increase resident awareness of health disparities, particularly diabetes care disparities present in the local community
- Result in an increasing number of appointments for DSME
- Improve resident understanding of the CHNA and its priorities.

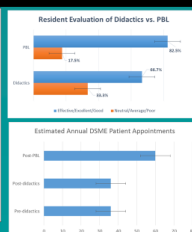
Materials/Methods



- GME Survey:** Residents are surveyed annually by the GME Office on health disparities, social determinants of health, and their familiarity with their hospital's CHNA. Two years of survey results were used to examine resident knowledge and awareness of these topics.
- Educational Intervention I:** Residency program directors, hospital personnel, GME Office leadership, and an American Diabetes Association representative designed four didactic sessions covering health disparities, CHNA, services provided by the hospital's Diabetes Center/DSME and resources available through the local chapter of the ADA.
 - Pre- and post-didactics session surveys were administered to residents regarding knowledge of health disparities, CHNA and diabetes resources including DSME.
- Educational Intervention II:** A problem-based learning case was developed and conducted on health disparities, CHNA, and DSME. Residents completed evaluations of the PBL activity.
- DSME Appointments Data:** Data was collected on the number of patient appointments for DSME for periods before the didactics, following the didactics and following the PBL case.
- Statistical tests:** t-Test (two sample assuming equal variances) was computed to examine differences in pre- and post-didactic resident knowledge and use of DSME and in comparing the educational effectiveness of the didactics sessions and the PBL session.

Results

- GME Survey/baseline data:** Over 90 percent of residents accurately defined "health disparities" over two years (2015/2016), although there was a slight decrease in 2016. The percentage of residents who know how to access CHNA slightly increased in 2016.
- Pre- vs post-didactics survey results:** No significant differences found in diabetes practice patterns or knowledge about DSME. Low response rate to post-didactics survey limits ability to make statistical inferences.
- Effectiveness of didactics compared to PBL:** PBL has a higher mean but not at a statistically significant level. PBL mean = 3.83; didactics mean = 3.78, p=0.4.
- DSME referrals:** Pre- and post-didactics data show no effect on DSME appointments for patients referred by residents and program faculty. Following the PBL, the rate of DSME appointments nearly doubled.



Success Factors and Lessons Learned

- Successes:**
- Raising resident awareness of health disparities and identifying community resources to improve the health of an underserved population.
 - Residents were involved in every aspect of PBL case development and delivery. A resident was instrumental in development of the case and nine residents served as preceptors during the session.
 - Increasing referrals for DSME by residents and faculty
- Sustainability**
- Resident Health Disparities Task Force formed.

Barriers Encountered/Limitations

- Residents are required to complete many surveys; using data from existing surveys and developing other forms of data collection was required.
- Resident engagement and transition from attaining knowledge to change in behavior.
- Many residents did not understand that each didactic session was an interrelated component of the overarching initiative on health disparities.
- Patient barriers to completing DSME extend beyond physician/resident knowledge of DSME and referral frequency. Time, transportation, cost/lack of insurance and other barriers can prevent patients from following through with DSME.

Conclusions

- Residents arrive at their programs with a good understanding of health disparities, although they may not recognize the disparities that exist in the hospital community in which they practice.
- Lectures are ineffective in enhancing understanding of community programs/priorities and for applying knowledge.
- Problem-based learning is an effective instructional method for teaching and learning about local health disparities, CHNAs and DSME.

Bibliography

- U.S. Department of the Treasury. Internal Revenue Service. *Health equity research grant (HERG) awards under the Affordable Care Act*. Available at: <https://www.irs.gov/charities-nonprofits/health-equity-research-grant-awards-under-the-affordable-care-act>
- Crittenton Hospital Medical Center Community Health Needs Assessment. Available at: <https://www.crittentonhospital.org/CommunityHealthNeedsAssessment.pdf>
- Pew Research Center. *Collaborative Partnerships: A Strategy for Improving Community Health*. Annual Reports of Public Health Issues. p. 49-61.
- Smith WK, Belandier TP, Hyatt SR, et al. Recommendations for Teaching about Racial and Ethnic Disparities in Health and Health Care. *Journal of General Internal Medicine* 2015;30(5):559-605.
- Care CP, Peak MB, Jacobs S, et al. Community-based Teaching about Health Disparities: Combining Education, Scholarship, and Community Service. *Journal of General Internal Medicine* 2016;31(2):191-195.
- National Diabetes, Retinopathy, and Kidney Disease Study Group. National Standards for Diabetes Self-Management Education. *Diabetes Care* 2009; 32:1001-1005.
- Jennell L, Rosner C, Wang C, Assari A. Preventing obesity in patients through community health promotion programs. *Med (Baltimore)*. Publication. <https://doi.org/10.1093/med/mau000>

AIAMC National Initiative VI: Wellness



School of Medicine

Development of the Resident Wellness Scale

R. Brent Stansfield, PhD., Daniel Giang, MD., and Tsveti Markova, MD.



LOMA LINDA
UNIVERSITY
School of Medicine

Overview

- Graduate medical education institutions are responsible for their residents' and fellows' well-being. There are many scales that measure unwellness (burnout, depression) but none that satisfactorily measure wellness directly.
- We sought to create a brief, reliable, valid Resident Wellness Scale (RWS) that was scalable and positively-worded. The RWS will measure wellness at a given time so it can be used to track wellness longitudinally.

Development Process

1 Defined Resident Wellness

Conference call of administrators, residents, and faculty
Brainstormed the question: "What does a 'well' resident do/think/feel that an 'unwell' resident does not?"
Combined and categorized responses to create a 7-point definition

2 Generated 92 items

Residents, administrators, and faculty wrote candidate items
After this item: "Please rate how often you have done or experienced each of the following items in the past 3 weeks."
Encouraged positively-worded items

3 Piloted the items with existing scales

Identified constructs we expected relate to wellness:

- Negative Correlation with Burnout and Depression (commonly used measures)
- Positive Correlation with Positive Outlook (optimism, life satisfaction, personal accomplishment)
- No Correlation with Response Bias or Personality (bias toward socially desirable responses, Big 5 personality traits)

63 residents from WVSU and LLU responded online

Anonymous and voluntary

20% PQY1, 11% PQY2, 25% PQY3, 8% PQY4+

Form completion took about 20 minutes

4 Selected 10 Items for the Scale

Generated random scales from items, computed correlations with other scales
Swapped items randomly, tested improvement of correlations, kept best version
Swapped 300 times for each scale, best final version chosen as the RWS

The Resident Wellness Scale (RWS)

Please rate how often you have done or experienced each of the following items in the past 3 weeks:

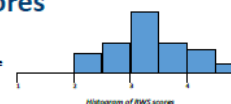
	Never	Seldom	Sometimes	Often	Very Often
Reflected on how your work helps make the world a better place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt the vitality to do your work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Felt supported by your co-workers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had an enjoyable interaction with a patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was proud of the work you did	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Was eager to come to work the next day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt your basic needs were met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You ate well	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knew who to call when something tragic happened at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt connected to your work in a deep sense	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Definition of Resident Wellness

- Life Security:** You have your basic needs met; your living conditions are stable and you have good food. You can take care of your own and your family's needs including medicine and treatment of chronic illness. You are not worried about your immediate future.
- Meaningful Work:** Your work aligns with your personal mission. Your work gives to your community and your work is valued by your community. You take care of people who appreciate your efforts. You empathize with patients and treat them as humans.
- Personal Growth:** You know your limitations and you are aware of how best to manage your stress. You have a hobby and a sense of humor. You experience joy you need on a variety of subjects and you feel inquisitive. You are excited to go to work. You have time to manage your personal life, your financial life, and your physical health. You have time to exercise. You have access to debt management resources and can predict and minimize gaps between pay periods.
- Ability:** You feel you have all you need to do your job. Your physical and psychological energy are high enough for you to work well. Can bounce back from negative situations and focus on the positive aspects of tough situations. You know your limitations and know what to do to restore yourself. You are well-rested.
- Social Support:** There are people you can turn to when you need to debrief. You can contact them, they care about your well-being and are your social support system. Have access to a professional mentor whose mentorship you value. You support other residents and you feel that they "have your back." You find time for family and friends and you thrive even with limited resources.
- Institutional Support:** Your clinical learning environment supports learning and has a mission you believe in. You feel a sense of belonging and purpose in your institution and your attendings are on your side. You feel important at work. Your transition from medical school to residency was manageable.
- Lack of Unwellness:** You are never arrogant with others and you never lack patience. People never ask you if something is wrong and comment that you do not look well. You never binge compulsively on things that are not good for you. You are never annoyed by others' feedback of your performance. You never feel to reflect on and improve because of mistakes in your work. You never disparage and speak ill of patients.

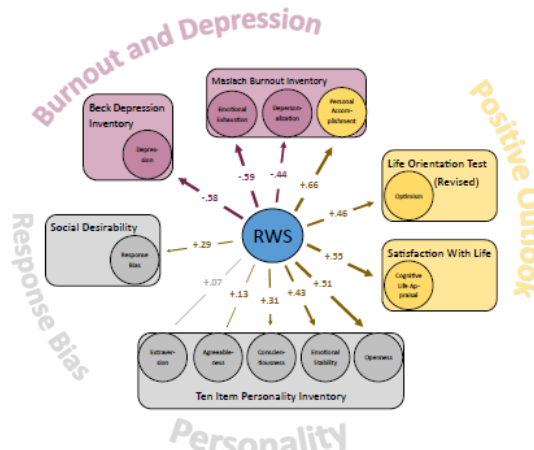
Normative RWS Scores

- The RWS is unidimensional with Cronbach's alpha = .87
- Total score (average across 10 items) shows bell curve with mode between 3 and 3.5 (above "Sometimes")
- No scores below 2 (between "Never" and "Seldom") observed in pilot sample



Construct Validity of the RWS

The RWS correlates with existing scales in expected ways. Correlations with personality were not predicted, but may reflect real mindsets and behaviors that are more likely to be well (Openness, Emotional Stability)



Next Steps

- Further Validate and Improve the Scale:** Use structured interviews with groups of residents with low and high RWS scores to connect qualitative experience of low and high wellness with scale performance. Write and test additional items to address blindspots.
- Test Factor Structure:** Use Confirmatory Factor Analysis to match RWS items to aspects of the Resident Wellness definition.
- Measure Impact of Interventions on Resident Wellness:** Track RWS scores before and after a series of interventions to estimate the sensitivity of the scale to changes to residents' Learning and Work Environment.

Contact us to Participate

Email GMEWellness@wayne.edu

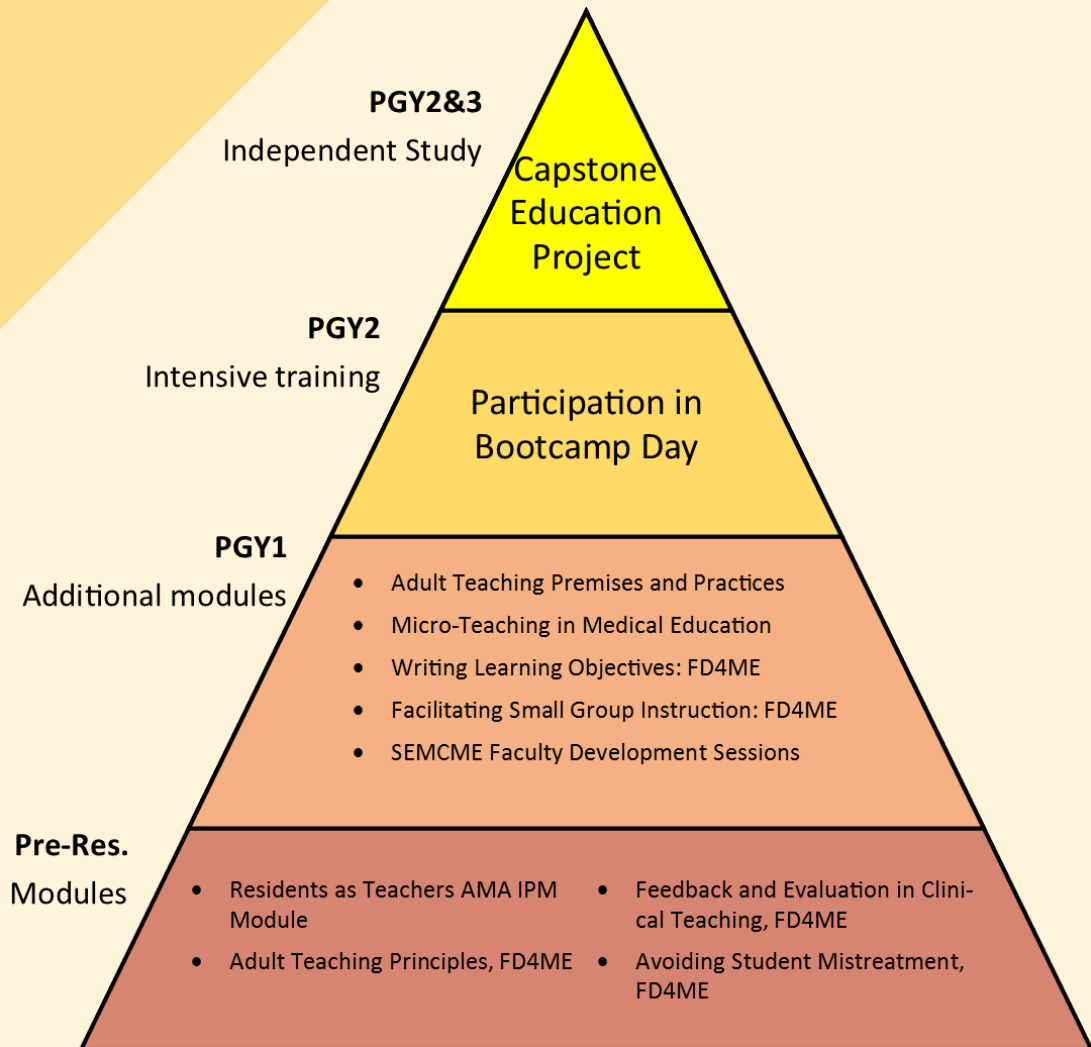
FAQ: <http://www.gme.wayne.edu/wellness/RWSFAQ.html>



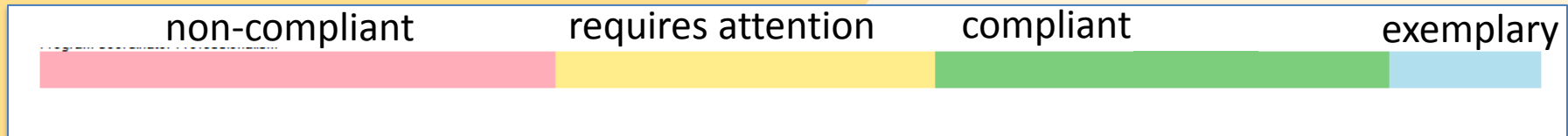
DART

2017-18: Partnership with the *Office of Learning and Teaching*

- 3-year curriculum
- Concrete award for
 - Professional development in medical education
 - Contribution to program curriculum
 - Self-regulated learning



Institutional Dashboard



Standard Scale

Standards-based

non-compliant to exemplary

Continuous: point estimates and ranges

Flexible mapping

Mapping may differ by program

Align mapping with program aims

Institutional Dashboard

Resident Performance

- Medical knowledge
- Practice-based learning and improvement
- Inter-personal and communication skills
- Professionalism
- Systems-based practice

Program Quality

- Program stability
- Program leadership effectiveness
- Learning environment
- Reputation and visibility
- Duty hours and evaluation

Faculty Development

- Teaching quality
- Participation in scholarship and QI
- Professional development
- Participation in service

Graduate Performance

- Board Pass rate
- Exit Survey
- Professional impact
- Participation in scholarship
- Visibility and leadership

Institutional Dashboard

Resident Performance

61%



Program Quality

76%



Faculty Development

71%

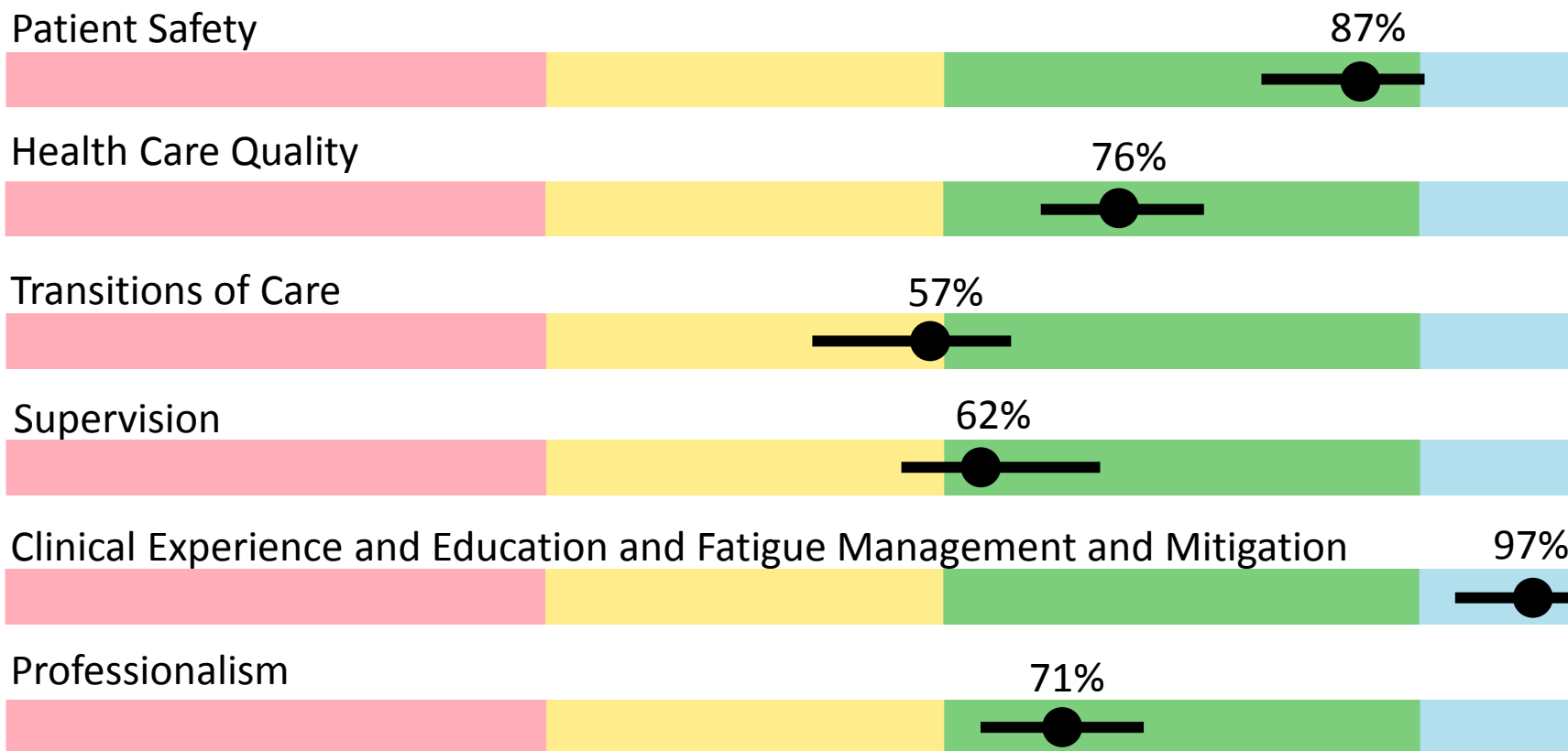


Graduate Performance

64%



Institutional Dashboard: CLER



SEMCME Research Forum

- **Slide and Poster Presentations**
 - Two each (Max number allowed)
 - Three programs represented



39th Annual

SEMCME RESEARCH FORUM

May 24, 2017 • 8:30 am – 4:00 pm

Meadow Brook Hall • Rochester, Michigan

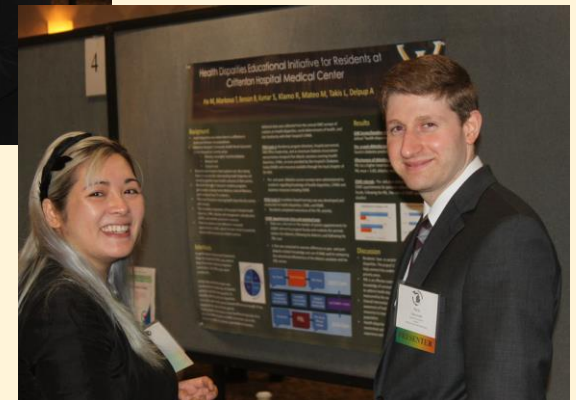
  

Presented by:
SEMCME Research Committee

In Collaboration with:
Wayne State University School of Medicine
Oakland University William Beaumont School of Medicine

Quality Improvement Project Poster Presentations

- Hospital QI Days
- SEMCME QI Summit
 - 22 poster presentations by WSU residents
 - **20%** of the total poster presentations



WSU GME Website—Resources for Residents and Faculty

The screenshot shows the 'Resources' page of the WSU GME website. The browser address bar displays 'www.gme.med.wayne.edu/resources.php'. The navigation menu includes 'Information for Residents', 'Hospital Partners', 'Resources' (highlighted with a red circle), and 'Newsletters and Reports'. Social media sharing buttons for Twitter and Facebook are visible. The main content area is titled 'Resources' and features a grid of links, each with an icon and text. The links are: 'Electronic Residency Application Service' with ERAS and AAMC logos; 'NEW INNOVATIONS, INC.' with a 3D figure icon; 'Research' with a stethoscope icon (circled in red); 'IRB' with the text 'Respect for Persons • Beneficence • Justice' (circled in red); 'Quality Improvement' with a circular flow diagram icon (circled in red); 'Library Resources' with a building icon; 'Living in the D' with a person icon; 'Medical Organizations' with a caduceus icon; 'Resident Council'; and 'Seed Grant' with the text 'Funding opportunities for resident projects' (circled in red). A footer bar contains the text 'IRB'.

Information for Residents Hospital Partners **Resources** Newsletters and Reports

Tweet 0 Like 0

Resources

Electronic Residency Application Service ERAS AAMC

NEW INNOVATIONS, INC.

Research

IRB
Respect for Persons • Beneficence • Justice

Quality Improvement

Library Resources

Living in the D

Medical Organizations

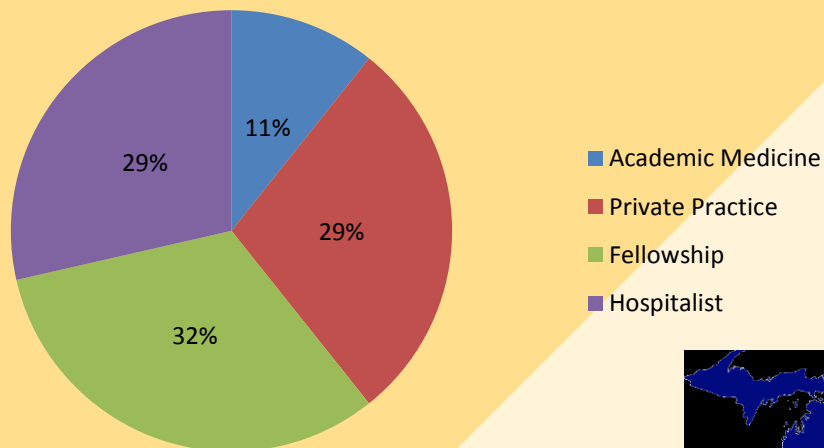
Resident Council

Seed Grant
Funding opportunities for resident projects

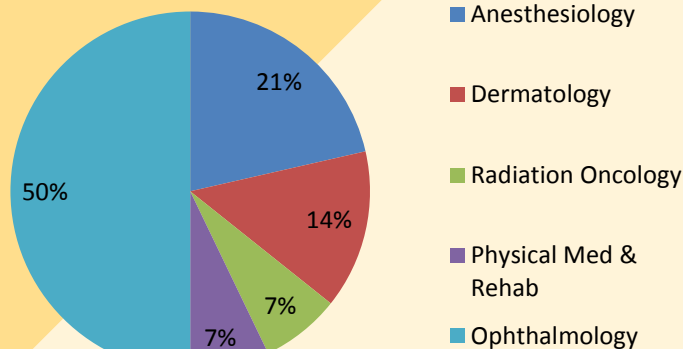
IRB

Graduate Survey

Future Plans of Graduates 2016-2017*

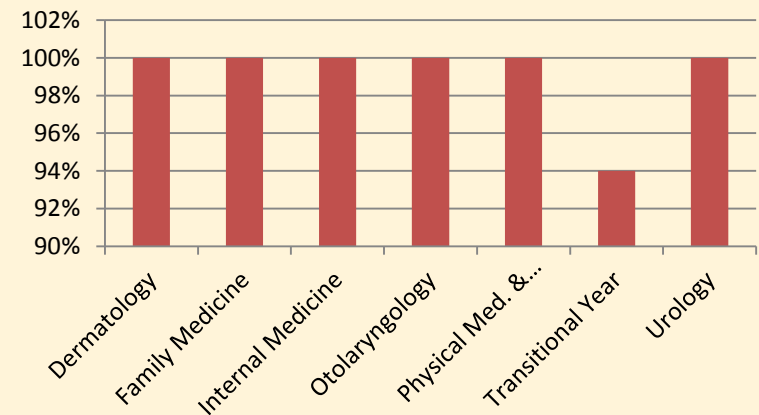


24% stayed in MI
3 at WSU

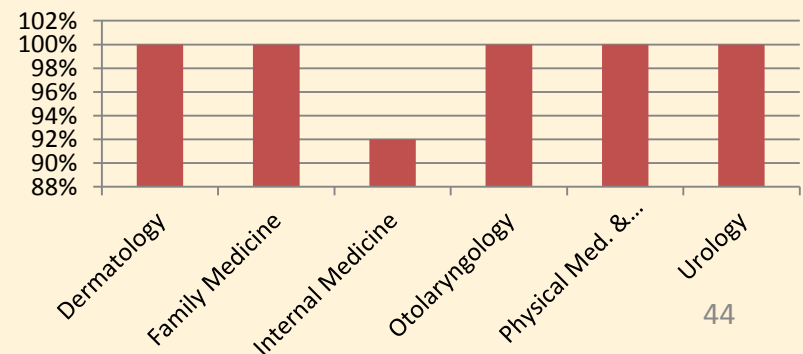


Transitional Year Specialties

% of Residents who feel prepared for additional GME training or clinical practice



% of Residents who feel prepared to take and pass the boards in their specialty



Action Plans for 2017-2018

Action Plan
Provide oversight and support for program accreditation
Support resident and faculty scholarly activity
Fine tune program and institutional dashboards – link to APEs
Implement the institutional initiative on Resident Wellness
Enhance resident communication skills curriculum – link with Evaluation Project
Implement DART program for improving residents' skills as teachers - collaborate with the WSU OLT
Utilize University resources for branding , recruitment and retention
Enhance professional development for program directors, faculty, and program coordinators
Evaluation Project – systemic review of each programs evaluation tools to enhance efficacy and create shared vision within CCCs
Design and implement institutional post graduate survey



Thank you!!