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# GRADUATE MEDICAL EDUCATION

## EXECUTIVE SUMMARY

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**Academic Year 2020-21**



**WAYNE STATE**

School of Medicine

Graduate Medical Education





I am happy to report that the Office of Graduate Medical Education finished a year full of notable academic accomplishments and educational achievements. In 2020-21, the WSU School of Medicine received full accreditation from the Accreditation Council

of Graduate Medical Education (ACGME). As we moved into the second year of the COVID pandemic, our clinical partners, faculty, resident trainees, and administrative staff maintained the highest standards of professionalism and dedication to achieving the best in clinical education and patient care.

Our hospital partners are dedicated to improving clinical learning environments. Once again, Ascension Providence Rochester Hospital (APRH) residents' engagement in quality improvement research (since 2016, nearly 100% of all residents have participated) was a highlight. GME collaborated with the Internal Medicine, Family Medicine, and Transitional Year programs to hold a virtual QI Research Day in May. Across the year, residents' QI projects have been showcased in local conferences held by the Southeast Michigan Center for Medical Education as well as state and national meetings including ACP-Michigan, SGIM, ATS, and CHEST. One team in Internal Medicine achieved national recognition for its research on COVID and twins (see p. 26 of this Executive Summary for details).

GME encourages resident scholarly activity via its Seed Grant program, which can be used to support QI and research projects. In 2020-21, residents and faculty have taken advantage of this incentive; this past year, all available funding was awarded via competitive application, and awards for the upcoming year have already been made.

In 2021, WSUGME's wellness initiative was more relevant than ever. Our Resident Wellness Scale has provided us with useful data on wellness indicators and outcomes. An update on our wellness initiative was published in the *Ochsner Journal* in the spring of 2021. GME continues its commitment to medical education research, with a publication in the *Journal of Patient-Centered Research and Reviews*

in the summer of 2021 on a pain management case administered to residents during the 2019 and 2020 OSCEs.

The Resident Council accomplished several of its goals this past year, most notably hosting a virtual Annual Professional Development Symposium on the theme "Leadership in Medicine: Past, Present, and Future," held on April 13. Panelists included Sheryl Wissman, the Chief Medical Officer of APRH; Steven Daveluy, WSUGME Dermatology Residency Program Director; Ijeoma Opara, WSUSOM Asst. Professor of Pediatrics and Internal Medicine; and WSUSOM medical students. Over 50 residents, faculty, staff, and other interested stakeholders attended the Symposium (see p. 25 of this Executive Summary for details).

We welcomed an incoming class of 44 interns via a virtual New Resident Orientation held on June 29. Dean of the WSU School of Medicine Dr. Mark Schweitzer provided opening remarks. Nearly 23% of our new residents received their degrees from the WSU School of Medicine. The class included 3 residents in the Family Medicine-Urban Track and 2 residents in the Preventive Medicine program, supported under the auspices of the MIDOCs (Michigan Doctors) program (see p. 11 for details).

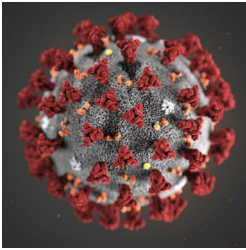
WSUSOM residents and faculty are deeply committed to reducing health disparities and improving patients' lives. The disproportionate impact of COVID-19 on minority populations has made the challenge of achieving health equity more critical than ever. Our Health Disparities Task Force, created in 2020, meets bimonthly to assist residency programs in incorporating HD training as a permanent curricular component.

I am pleased to share our accomplishments of 2020-21 in this Executive Summary. The GME staff and I look forward to continuing productive collaborations with program leadership and residents on all aspects of our educational mission.

*Anne M. Messman MD*

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

# The COVID Pandemic Continues



Into the fall of 2020, GME clinical sites moved out of ACGME Stage 3, but residents continued their training in an altered environment with virtual didactics, telemedicine visits, and heightened safety precautions. During the recruitment season, program directors and coordinators once again deftly negotiated logistical and technological challenges in scheduling online interviews and virtual site tours. During the summer 2021, the New Resident Orientation and OSCE/OSHE training were again held online; both the Annual Professional Development Symposium, conducted by the Resident Council in April 2021, as well as the Quality Improvement Research Day in May 2021, were held as virtual events. Nearly all GME activities continued to be conducted virtually or socially distanced,

including multiple program wellness events, and program leadership remained diligent in promoting resident self-care.

The swift availability of several COVID vaccines in 2021 promised some lessening of the pandemic, but relatively high levels of vaccine hesitancy and politicized views about mask mandates and institutional closures resulted in even greater uncertainty about any return to normalcy. We still do not know the entire scope of this national catastrophe in terms of mortality, the impacts of “long COVID,” and the permanent changes wrought to the US healthcare landscape. The GME Associate Dean and staff salute our residents and faculty, dedicated healthcare professionals who are committed to mitigating and ultimately overcoming this pandemic.

## A change in leadership

In the spring of 2021, Senior Associate Dean and DIO Tsveti Markova left WSUSOM to take a position at the Medical University of South Carolina in Charleston. During her 10 years at GME, Dr. Markova emerged as a national leader in residency education. She received the ACGME's 2018 Parker J. Palmer Courage to Lead award and served on the AMA Redesigning Residency National Advising Panel as well as the SEMCME Board of Directors. At GME, she instituted many innovations that helped move graduate medical education at WSUSOM to the forefront of outstanding, research-based practice. In April of 2021, the Association of Independent Academic Centers (AIAMC) named GME and Ascension Providence Rochester Hospital as 2021 AIAMC Innovation Award winners for their work on building a culture of resident wellness. Many thanks are due to the faculty, residents, and staff for their efforts in implementing the GME wellness initiative, and to Dr. Markova for her vision and leadership.



*From left: Sheryl Wissman, MD, Chief Medical Officer of Ascension Providence Rochester Hospital; Tsveti Markova, MD, immediate past-Senior Associate Dean and DIO of Graduate Medical Education; Brent Stansfield, PhD, Director of Education for Graduate Medical Education.*



## 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, MD**

A board-certified emergency medicine physician with a strong commitment to residency education, Dr. Anne Messman was appointed Associate Dean and DIO of GME in March 2021. She oversees the GME office and provides academic oversight for WSU-sponsored residencies. Dr. Messman serves as Vice Chair of Education and medical education fellowship director for WSUSOM's Dept. of Emergency Medicine and was associate director of the Emergency Medicine Residency Program at Sinai-Grace. The recipient of several teaching and mentorship awards, Dr. Messman completed the Stanford Faculty Development in Medical Teaching Program in 2016 and received a Master's of Health Professions Education from 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 AAMC.

**Tsveti Markova, MD** (second from right, above photo): From 2011 to 2021, Dr. Markova served as Senior Associate Dean and DIO of GME for WSUSOM, becoming a national leader in graduate medical education. She received the ACGME's 2018 Parker J. Palmer Courage to Lead award and served on the AIAMC Board of Directors, the AMA Redesigning Residency National Advising Panel, and the SEMCME Board of Directors. In 2021 she accepted a leadership position at the Medical University of South Carolina in Charleston.

**Martha Jordan, MEd, C-TAGME** (second from left): Administrative Director. Ms. Jordan ensures our programs' compliance with all ACGME requirements for accreditation. In

2020-21, she oversaw the virtual recruitment Zoom training of the GME program coordinators and successfully onboarded the incoming residents through the ongoing COVID-19 pandemic. She is a member of the SEMCME Program Coordinator Workshop Planning and Finance Committees. In May 2021, Ms. Jordan was elected Treasurer of the Michigan Association for Medical Education.

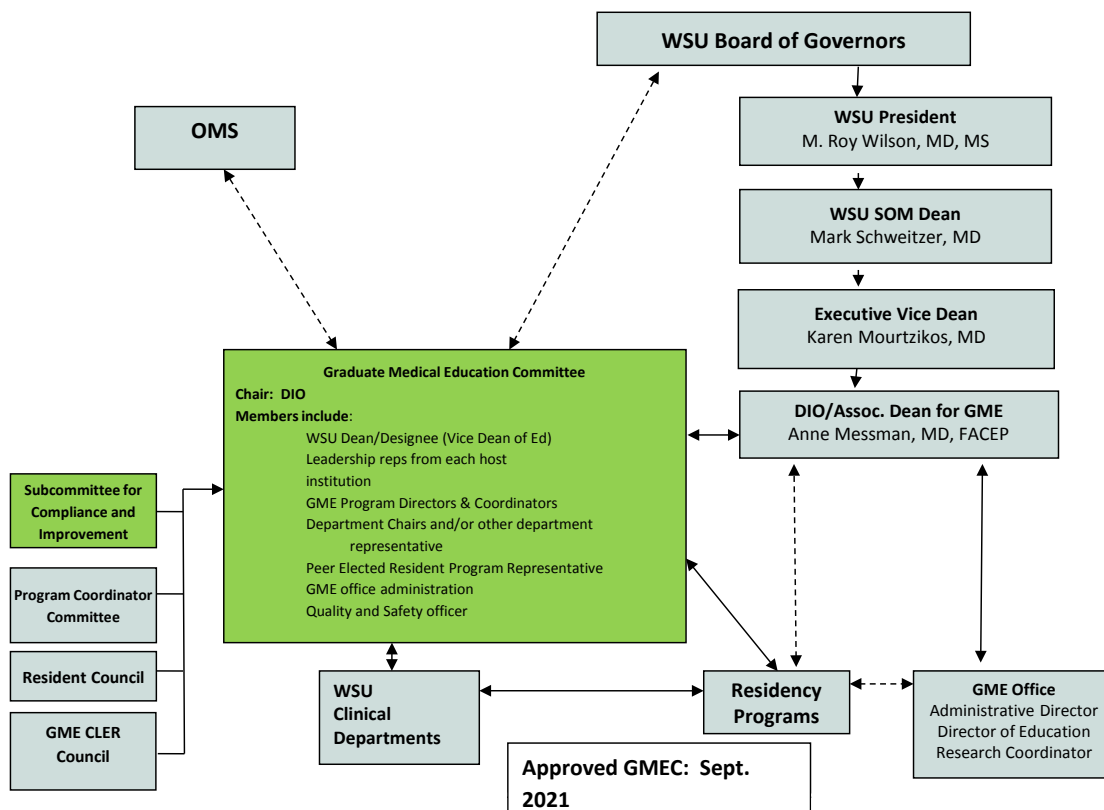
**R. Brent Stansfield, PhD** (at left): Director of Education, GME. Dr. Stansfield is dedicated to effective program evaluation and promotes inclusive leadership and professional development for residents and faculty. Trained as a cognitive psychologist, he has worked in medical education for over 19 years. At WSUGME, 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 the Resident Wellness initiative, leading to national recognition by the ACGME and residency programs nationwide.

**Heidi Kenaga, PhD** (at right): Research Coordinator. Dr. Kenaga produces manuscripts on evaluation and research outcomes, assists residents and faculty with their scholarship, and manages the Seed Grant Program. In addition, she administers the annual OSCE/OSHE clinical-skills training and in 2021 developed an OSCE case involving health disparities. As the GME communication specialist, Dr. Kenaga edits the *Residency Times* newsletter, maintains the WSUGME website, creates GME reports, and produces the annual Executive Summary. She also collaborates with WSUSOM marketing staff in promoting GME residency programs.

# A Powerful GME Hospital Partners Network



## WSU Organizational Chart



# Strategic Objectives

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



## Our Entering Trainees Are Strong

 **100% MATCH RATE**

**23% GRADUATED FROM  
THE WAYNE STATE  
SCHOOL OF MEDICINE**

**48% GRADUATED FROM  
MEDICAL SCHOOLS IN  
THE UNITED STATES**

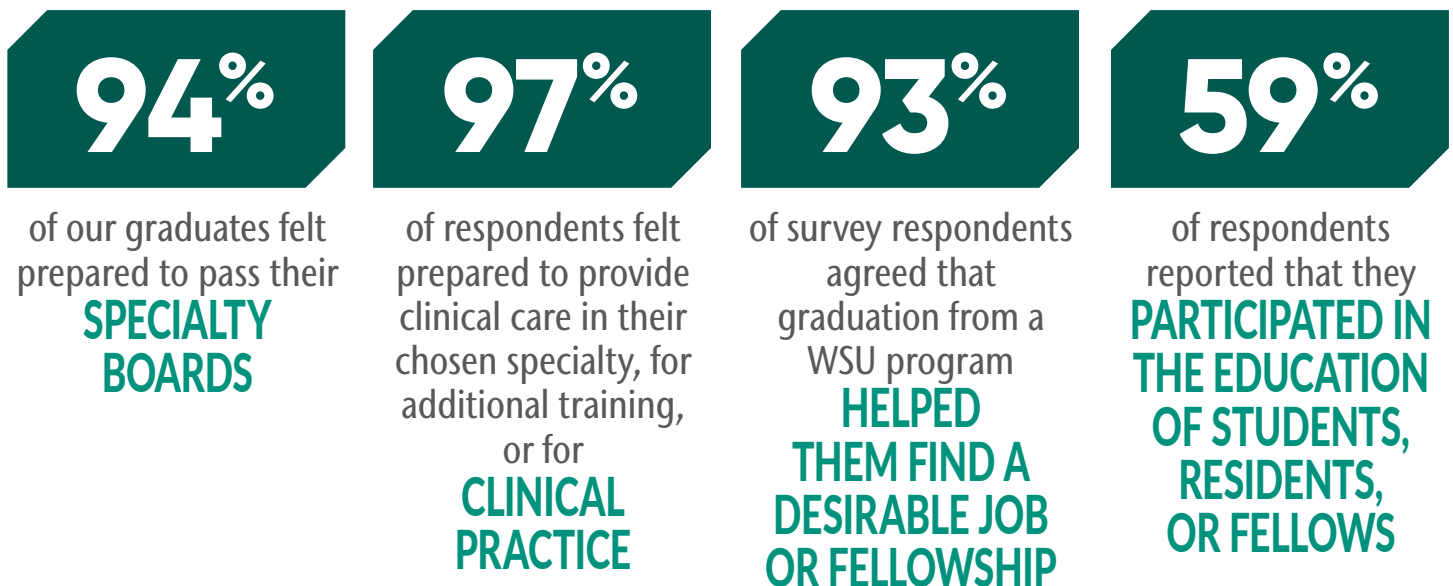
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In 2020-21, **WSUGME** programs were filled **completely** with residents who chose our programs and whom we chose as promising trainees

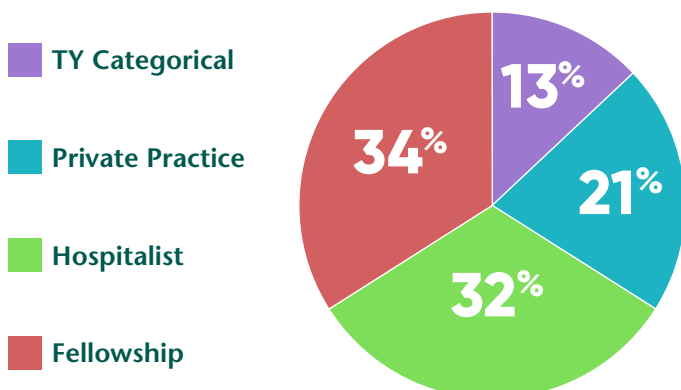
# Board Passage Rates/Residents' Future Plans

WSUGME programs strive to develop residents' clinical and professional competencies in order to provide safe, high-quality, equitable, and patient-centered care. From a thorough onboarding and orientation process to the provision of comprehensive patient care experiences under the supervision of WSU faculty physicians and researchers, our residents graduate prepared to start clinical practice, enter academic medicine, begin fellowship training, and more.

GME programs have achieved impressive board passage rates: from 2017 through 2020, 100% of our graduates in Dermatology, Family Medicine, Otolaryngology, and Urology passed their boards, and Internal Medicine and Anesthesiology graduates achieved an 80% or higher pass rate.



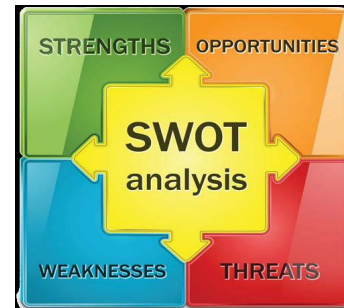
## Residents' Future Plans



# 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)



For the Sept. 2021 AIR, program participants contributed to a SWOT analysis:

SWOT Item	Summary of Key Themes
Strengths	Participants identified as a key strength GME faculty and staff dedicated to improving resident education, with a collegial atmosphere that fosters productive collaborations and program innovations. In addition, they recognized the GME office's experience with ACGME requirements and "established processes and methods" as a great asset in assisting programs with compliance, fostering relationships with clinical sites, and helping programs feel supported. Also noted as strengths were institutional initiatives to improve resident wellness, professionalism, and scholarly activity performance, such as the DART program, and QI and Patient Safety initiatives to help ensure safe and appropriate patient care, especially during COVID. Finally, several participants identified our active Resident Council as a strength.
Weaknesses	An ongoing issue remains the geographic spread of GME clinical sites with a range of ownerships, which undermines programs' sense of connectedness to Wayne State University and makes alignment with individual hospital priorities a challenge. Some clinical sites are more amenable to resident education than others; the research process is often difficult to navigate, which reduces productivity, and there is decreased financial support for academics. Although in comparison to prior years the percentage of Wayne State University School of Medicine graduates entering GME programs increased in 2021, one participant identified students' lack of knowledge about our residency programs as a weakness. Another noted that current residents "did not feel equitably compensated" for their work.
Opportunities	Several participants supported the continued expansion of faculty development training, integrating this within the current evaluation system. One encouraged the GME office to assist programs in publishing more on their teaching and evaluation projects. Others noted the benefit to residents of having a large and diverse patient population in the heart of Detroit. Identifying and strengthening relations with hospital partners committed to education should be encouraged. One participant identified the "new DIO" with fresh perspectives as a prime opportunity.
Threats	The impact of COVID on patient volume and resident training experiences was seen as a major threat during the past year. A number of participants also identified budget cuts, funding issues, and salary freezes at Wayne State as challenges. One participant found that hospital support for resident training seemed to be dwindling, reflecting more commitment to the bottom line than to education. In addition, hospital mergers created greater competition for rotation spots at clinical sites.

# All 2020-21 Goals Accomplished

#	Goals	Pg
1	Provide oversight and support for program accreditation and state-funded GME growth (MIDOCs)	9
2	Support resident scholarly activity to promote an environment of inquiry in each program; increase Seed Grant applications	14
3	Strengthen program and institutional annual evaluation process (APE & AIR) and enhance dashboards using CQI methodology	17
4	Support program and institutional initiatives on Resident Wellness	20
5	Use Kado Clinical Skills Center for evaluation and teaching of communication and transition of care skills	22
6	Expand DART (Developing Active Resident Teachers) and DEFT (Developing Effective Faculty Teachers) and involve more residents and faculty	23
7	Provide all residency programs with resources to implement a Health Disparities curriculum	24
8	Assist the Resident Council in defining their role and empowering them to accomplish goals	25
9	Expand communication and marketing strategies to increase GME regional, national, and institutional visibility	27

# 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 the maximum accreditation from the Accreditation Council for Graduate Medical Education (ACGME), with no citations. The School of Medicine sponsors 8 GME residency programs. In 2020-21, WSUGME received a total of 11 individual program citations: 5 for Educational Program, 3 for Program Personnel and Resources, 2 for Evaluation, and 1 for Institutional Support. There was only one citation for multiple programs, adherence to an 80-hour work week. We will be monitoring duty hours closely to ensure any violations are addressed by each program.

The table below lists each GME residency program, its 2020-21 accreditation status, and its scheduled self-study date prior to the pandemic. *As of January 2022, all program self-studies have been indefinitely postponed.*

Program	Accreditation	Self-Study Date
Preventive Medicine	Initial Accreditation	2/7/2022 (site visit)
Urology	Continued Accreditation	6/1/2020
Otolaryngology	Continued Accreditation	8/1/2022
Family Medicine - Urban Track	Continued Accreditation	5/1/2023
Dermatology	Continued Accreditation with warning	7/1/2023
Internal Medicine	Continued Accreditation	9/1/2023
Transitional Year	Continued Accreditation	11/1/2023
Anesthesiology	Continued Accreditation with warning	10/1/2026

# Excellence in Learning and Teaching

## 2020-21 ACGME Survey Results

ACGME survey results from 2020-21 indicate resident and faculty performance at or above national averages. In the upcoming year, GME will assist programs in improving these ratings even more.

### Residents

**80% positive, 20% negative, mean 4.2**

2020-2021 ACGME Resident/Fellow Survey - page 1

259504 Wayne State University School of Medicine - Aggregated Program Data

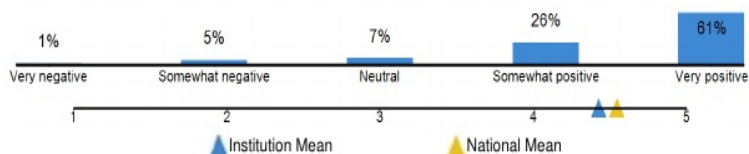
Survey taken: February 2021 - April 2021

Programs Surveyed 7

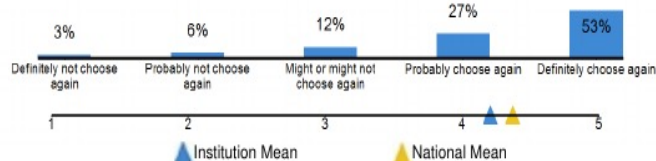
Residents Responded 127 / 127

Response Rate 100%

Residents' overall evaluation of the program



Residents' overall opinion of the program



### Faculty

**Faculty: 94% positive, 6% negative, mean 4.7**

2020-2021 ACGME Faculty Survey - page 1

259504 Wayne State University School of Medicine - Aggregated Program Data

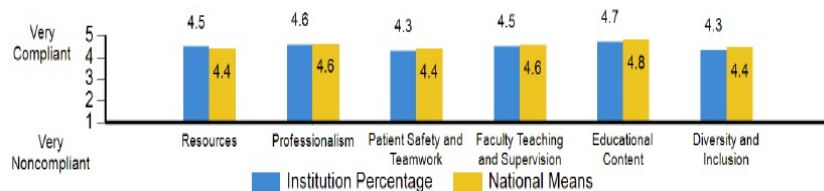
Survey taken: February 2021 - April 2021

Programs Surveyed 7

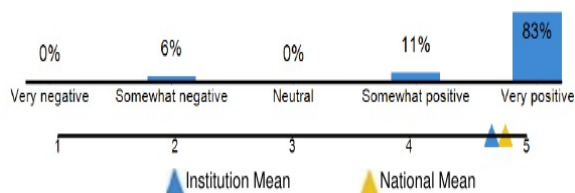
Faculty Responded 47 / 48

Response Rate 98%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



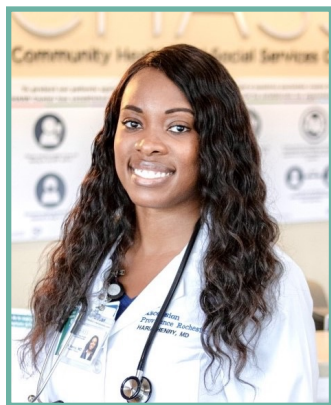
# State-Funded GME Growth

In 2017, the Michigan Legislature appropriated funds for MIDOCS, a partnership between the state's Department of Health and Human Services and the medical schools at Wayne State University, Michigan State University, Central Michigan University and Western Michigan University. MIDOCS seeks to recruit, train and retain physicians in order to increase access to care in rural and urban underserved communities in Michigan, which will improve our state's health outcomes. MIDOCS programs include innovative curriculum elements such as interprofessional education, population health, and community engagement. Acceptance of a MIDOCS residency slot entails a 2-year commitment to practice in a rural or urban underserved area in Michigan following the completion of training. Residents are also eligible for repayment of educational loans.



Currently, WSUGME administers two MIDOCS programs:

MIDOCS Options	Features
<b>Family Medicine Urban Track (FM-UT)</b>	Designed for physicians with a strong interest in providing primary care to underserved populations in urban or rural settings and a commitment to community health and addressing health disparities. Residents complete most inpatient rotations at Henry Ford Hospital in Detroit. Public health degree/certification is available through WSU. The first Family Medicine Urban Track residents were accepted in fall 2019 and will graduate in June 2022.
<b>Preventive Medicine Program (PM)</b>	Designed to prepare physicians for leadership roles in academic or clinical preventive medicine, healthcare management or clinical epidemiology. Residents will train at Covenant, Health Centers Detroit Foundation, the Wayne Co. Dept. of Health, and Veterans and Community Wellness. Residents are required to enroll (tuition free) in the MPH program offered by WSU's Dept. of Family Medicine and Public Health Sciences. The first residents began their training in July 2020.



**Haria Henry, MD**  
Family Medicine Urban Track  
Class of 2023

***The MIDOCS program allows me to fulfill my commitment to underserved patient populations, which aligns with my ideals as a community doctor. I believe having access to health care is a basic human right that everyone should be afforded, no matter your race, age, or socioeconomic background. MIDOCS is dedicated to the disenfranchised and often forgotten, a program in which I want to train.***

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

# ACGME CLER Initiatives:

## Building An Effective Clinical Learning Environment



WSUGME is committed to continuous quality improvement in the clinical learning environment. The Accreditation Council for Graduate Medical Education (ACGME) conducts a Clinical Learning Environment Review (CLER) at Ascension Providence Rochester Hospital (APRH), home to WSUGME's Internal Medicine, Family Medicine, and Transitional Year programs, to provide hospitals with feedback in six focus areas (below). The CLER Council, comprising the GME Associate Dean, GME staff, the APRH Chief Medical Officer and the APRH Director of Quality Improvement, program leadership, faculty, and resident representatives, meets monthly (now virtually) to monitor performance and compliance in the CLER areas. Because of the ongoing COVID-19 pandemic, the CLER site visit that GME anticipated would be held in the spring 2021 was cancelled.

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

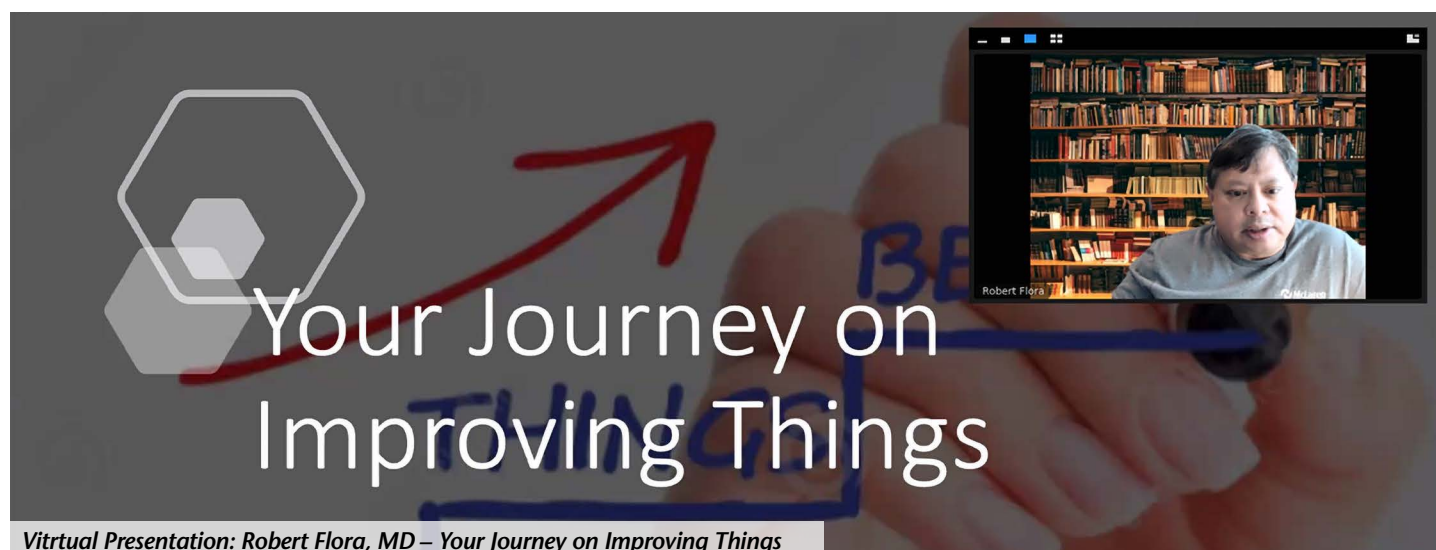
CLER Focus Area	APRH Practices
Patient Safety	Residents attend daily Safety Huddles led by hospital administration; each program also has monthly M&M conferences lead by residents with a faculty advisor providing oversight. All programs participate in quarterly, hospital-wide, QIPS conferences that include RCAs. 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 the Quality dashboard is shared.
Teaming (Transitions of Care)	In transfers between services, floors, ED, and the ICU, residents use an effective mnemonic (I-PASS) to ensure uniformity in both verbal and written communication. They are taught I-PASS during the GME Orientation, individual program orientations, and clinical skills center training (OSHE) conducted early in the first year. Programs use a template, the I-PASS Mini CEX, to ensure residents are competent in communicating with team members in the handoff process.
Supervision	The SUPERB/SAFETY model is used by most residents who seek and attendings who provide direction in the provision of care. Perfect Serve provides contact information 24/7 for all providers. Program faculty update supervision policies annually and make them readily available to residents.
Professionalism	APRH supports the ideals, values, and behaviors of professionalism in all aspects of medical training. The majority of residents report working in a respectful environment.
Healthcare Quality/ HC Disparities	For the last 5 years, 100% of residents have participated in QI projects. GME has established a Health Disparities Task Force to assist programs in developing an HD curriculum as a formal part of residency training. Both FM and IM have established plans. GME includes an SP case involving health disparities in its annual clinical communication skills-building activity (OSCE), and in 2021 GME also administered a cultural competency case for the OSCE.
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

As in the past, in 2020-21 WSUGME residency programs were highly productive in conducting and presenting outcomes for quality improvement (QI) projects. Once again, the Dermatology, Internal Medicine, and Transitional Year programs achieved a 100% rate of participation by their residents in QI projects, joined this year by the Otolaryngology program. The average rate of involvement was a laudable 83% (see table below). A number of Internal Medicine residents had their QI research accepted for regional conferences such as the 2020 ACP - Michigan meeting, the 2021 Michigan QIPS Summit, and the 2021 SEMCME Annual Research Forum, as well as national venues such as the 2021 ACP National Conference.

Since 2012, WSUGME and the Internal Medicine, Family Medicine, and Transitional Year programs at Ascension Providence Rochester Hospital have jointly administered an annual QI Research Day. In 2021, the QI Day was held as a virtual event on May 4. Designed to showcase residents' QI and patient safety projects, the presentations are judged by noted faculty and researchers from the Detroit area. The keynote speaker was Robert Flora, MD, Chief Academic Officer and Vice President of Academic Affairs at McLaren Health Care. Eight Internal Medicine and five Family Medicine/Transitional Year resident teams presented their research. The IM winners included "Decreasing Inappropriate Use of Vancomycin," George Nahal (presenter), with fellow residents Monica Dhawan, Mohammad Albu, and faculty mentors Sarwan Kumar and Vesna Tegeltija, and "Improving the Quality of Managing Outpatient Diabetes," Saad Chaudhry (presenter), with Mary Dickow, Padmini Giri, Zachary Johnson, Warda Zaidi, and faculty mentor Zain Kulairi. The FM/TY winner was "Educational Intervention to Reduce Inappropriate Testing for Hospital-Acquired *C. difficile* Infection," Ben Maynard (presenter), with Abraham Baidoo, Katrina Siemiesz, and faculty mentor Eleanor King.

Program	# of Residents Involved in QI Projects/Total Residents	Percentage
Anesthesiology	14/18	78%
Dermatology	10/10	100%
Family Medicine	14/24	58%
Internal Medicine	36/36	100%
Otolaryngology	21/21	100%
Transitional Year	6/6	100%
Urology	5/12	42%
2020-21 TOTAL	106/127	83%
2019-20 TOTAL	87/123	71%
2018-19 TOTAL	91/112	81%



# GME Scholarship: Publications, Presentations

WSUGME has an ongoing program of research on evaluation and assessment, program improvement, and resident and faculty wellness. Our current research topics include the incorporation of Continuous Quality Improvement methods into evaluation; standardizing transitions of care in the hospital setting; and effectiveness of OSCEs in assessing and enhancing resident clinical communication skills (see pp. 22). GME's innovative research on measuring resident wellness using our Resident Wellness Scale is an important ongoing initiative (see p. 20)

## Publications

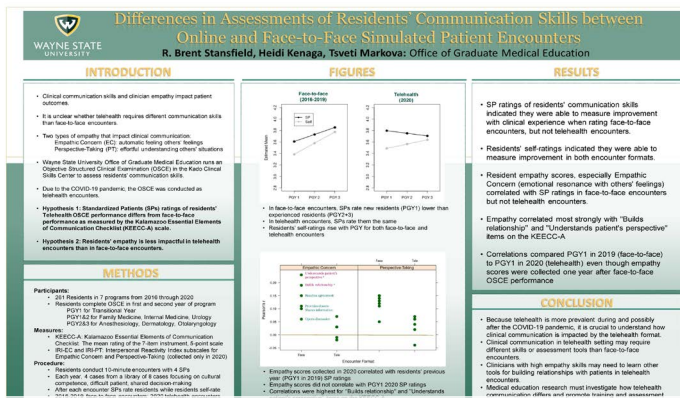
- » Stansfield RB, Markova T, Kenaga H. Building a culture of well-being in primary care resident training programs. *Ochsner J* 2021;21:68-75.
- » Kenaga H, Markova T, Stansfield RB, Kumar S, Morris P. An OSCE for opioid management: Standardized patient ratings of communication skills as a predictor of System-Based Practice (SBP) Scores. *J Patient Cent Res Rev.* 2021;8(3):261-266.
- » Kenaga H, Markova T, Stansfield RB, McCready T, Kumar S. Using a Direct Observation Tool (TOC-CEX) to standardize transitions of care by residents at a community hospital. *Ochsner J* 2021;21(4):381-386.

## Presentations

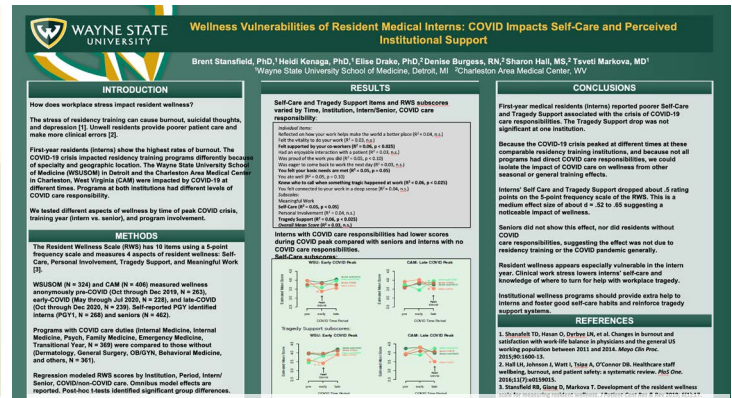
- » Markova T, Stansfield RB. Incorporating Continuous Quality Improvement Methods (CQI) into the annual program and institution evaluation process. Poster presentation at AIAMC conference, Sept. 3, 2020 [conference conducted virtually]

## (Presentations continued)

- » Waineo E, Stansfield RB, Booza J, Kopinsky H, Chadwell M, Markova T. The Medical Student Check-in Survey to assess student wellness: What our students say and what WSUSOM can do. Poster presented at the Wayne State University School of Medicine Medical Education and Research Innovation Conference, Detroit, MI, December 8, 2020 [conference conducted virtually]
- » Stansfield RB, Kenaga H, Markova T. Differences in assessments of residents' communication skills between online and face-to-face simulated patient encounters. Poster presented at the Wayne State University School of Medicine Medical Education and Research Innovation Conference, Detroit, MI, December 8, 2020 [conference conducted virtually]
- » Stansfield RB, Kenaga H, Drake E, Burgess D, Hall S, Markova T. Wellness vulnerabilities of resident medical interns: COVID impacts self-care and perceived institutional support. Poster presented at the Annual Conference of the Coalition for Physician Well-Being, July 28-30, 2021 [conference conducted virtually]



Poster presented by R. Brent Stansfield, PhD, at the Wayne State University School of Medicine Medical Education and Innovation Conference, December 2020



Poster presented by R. Brent Stansfield, PhD, at the Annual Conference of the Coalition for Physician Well-Being, July 2021

## Seed Grants

Resident engagement in research fuels innovation and helps ensure that physicians of the future will possess the skills necessary to support continued improvement in health care and provide effective patient care. WSUGME is strongly committed to maintaining a supportive environment of inquiry that encourages scholarship. In 2015 WSUGME established a Seed Grant program, with faculty-reviewed, competitively awarded grants in amounts up to \$2,500. Applications may be submitted for either quality improvement or research projects.

### 2020-21 Seed Grant Awardees

**Michael Kazanowski, Family Medicine resident, and Pierre Morris, FM Program Director (Ascension Providence Rochester Hospital)**

- » Awarded \$4,000
- » Project: *Health, Happiness, and Doctor-Patient Relationships: A Primary Care Study*

**Mishita Goel, Internal Medicine resident, and Sarwan Kumar, IM Program Director (Ascension Providence Rochester Hospital)**

- » Awarded \$2,380
- » Project: *Resident Physicians' Physical Wellness*

**Sarah Utz, Dermatology resident, and Darius Mehregan, Dermatology Dept. Chair (Dingell Veterans' Administration Center)**

- » Awarded \$2,000
- » Project: *Use of PRAME Immunostatin in Melanocytic Neoplasms*

**Hany Deirawan, Dermatology resident, and Meena Moossavi, Dermatology faculty (Dingell Veterans' Administration Center)**

- » Awarded \$3,600
- » Project: *Immunopathology of Cutaneous and Mucosal Squamous Cell Carcinoma*



Applicants must be residents in a WSUGME-sponsored program, in good standing, with a commitment for another year of residency in that WSUGME-sponsored program. The project timeline would ideally permit the resident to complete the project within 1 year. Funding will be awarded based on scientific merit and appropriate justification of requested funds. Institutional IRB review must be secured and a designated faculty mentor and mentoring plan identified.

Awardees are expected to disseminate the results of their scholarly activity project prior to graduation, via conference presentation, either as a poster or oral presentation, or by publication of a manuscript in a peer-reviewed journal. Awardees' projects will also be showcased on the WSUGME website and announced in the *Residency Times* newsletter.

# Resident/Faculty Scholarship

Below are tabular summaries of WSUGME resident and faculty scholarly activity for the 2020-21 academic year, broken down by program and ACGME category of activity.

## Resident Scholarly Activity 2020-21

Program	PMIDs and Book Chapters	% Res w/PMID Pubs	Conf/Poster Presns	% Res w/ Presns
ANES	3	44%	10	56%
DERM	22	80%	9	50%
FM	2	13%	53	83%
IM*	1	7%	77	92%
OTO	18	52%	1	5%
TY	2	33%	9	100%
UROL	7	33%	1	8%
TOTAL	50	37%	160	56%

\* includes graduating residents only

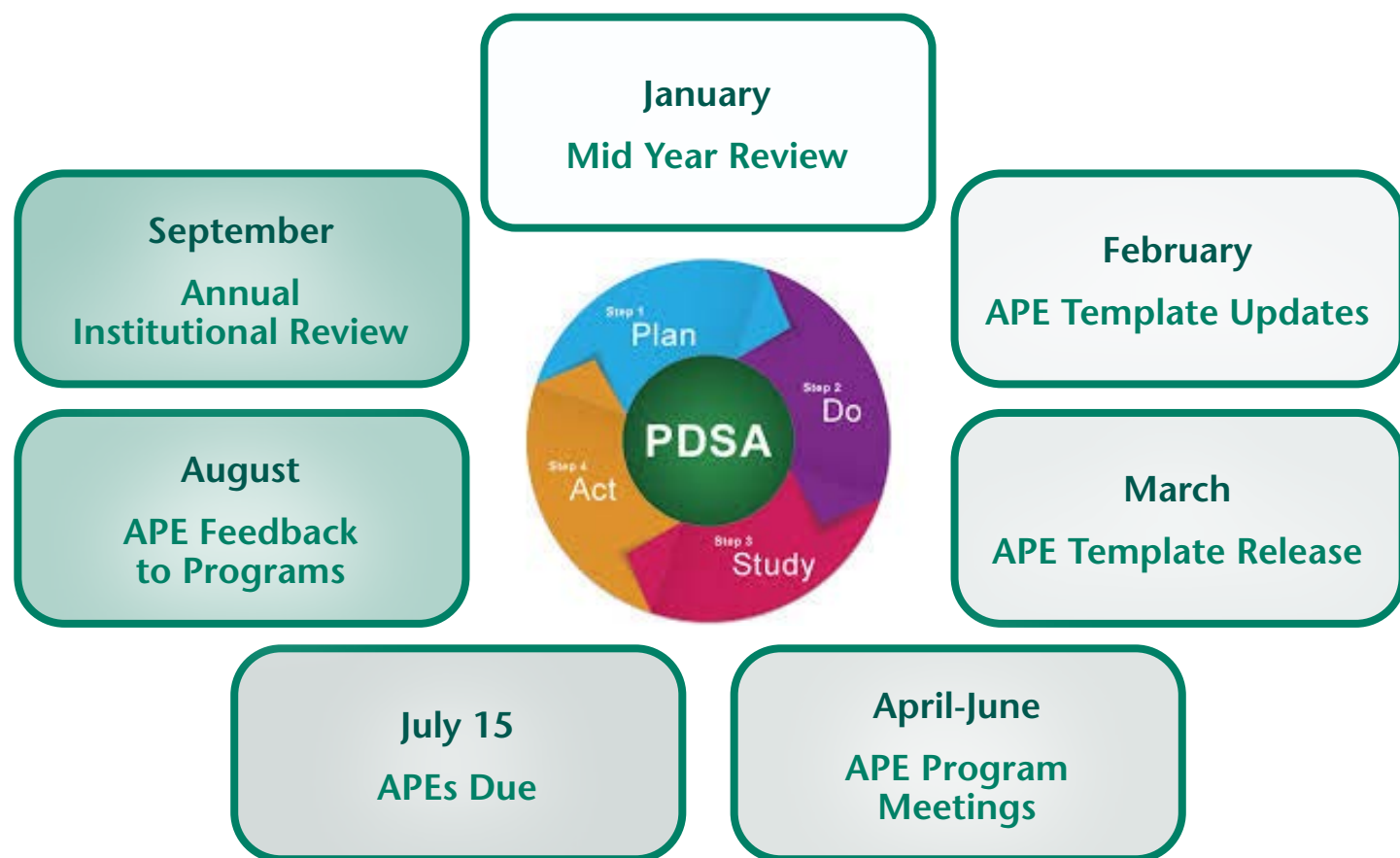
## Faculty Scholarly Activity 2020-21

PRGM	All PMIDs and Book Chptrs	# of Core Fclty w/ at least 1 PMID	Non-PMID Pubs	Fclty w/ Ldrshp Role	Conf Poster Presns	Other Presns
ANES	12	6	1	7	8	16
DERM	31	7	2	7	24	35
FM	9	3	1	19	5	25
IM	21	8	8	6	36	76
OTO	62	15	6	22	38	55
TY	1	1	0	2	0	0
UROL	16	4	3	2	1	10
TOTAL	155	46	21	71	112	217

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

WSUGME guides the Continuous Quality Improvement (CQI) of our programs through an annual cycle built on the Plan-Do-Study-Act (PDSA) Model. WSUGME has developed dashboards, surveys and process-planning exercises to foster an environment of ongoing improvement across all programs. We use a systematic, 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) in which programs assess performance relative to specified goals.

Conducted across the 2020-21 academic year, our annual GME surveys of residents and faculty, recent graduates and alumni provided quantitative and qualitative data on key aspects for program review: resident performance, faculty development, program quality, and graduate performance. The review involved the Program Director, Program Coordinator, faculty, residents, and WSUGME. Programs generate individualized SMART goals for improvement based on the APE, each of which is followed up on using PDSA cycles monitored by the Program Evaluation Committee (PEC).



In line with the program evaluation process, WSUGME also sets SMART goals for its own internal activities and follows each of these with Plan-Do-Study-Act cycles. This process, which occurs simultaneously at the institutional and program levels, creates a culture of CQI whereby all stakeholders, from interns to the designated institution official, participate in the betterment of Wayne State residency education. For more details on our institutional- and program-level evaluation methodology, see pp. 18-19.

# 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 (**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.

## 2020 Sample Program Report

Action Item: Heme/Onc

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

Targeted Area of Improvement: Resident Performance: Medical Knowledge

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

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

## GME Survey 2020 Report

R. Brent Stansfield

12/7/2020

### GME 2020 Survey Report for Otolaryngology

This report summarizes the 2020 GME Survey for Otolaryngology. The report is structured to match the GME Office's Dashboard organization. Each item is summarized by ratings or response percentages and then the standard cutpoints for that item are applied to plot the Dashboard estimate of this item.

Each item is summarized in the Dashboard category to which it applies. Quantitative ratings (Likert scales, for instance) are summarized with response frequencies and a mean and standard deviation. Yes/No ratings are summarized with response frequencies and percentage Yes responses. These are then summarized using a Dashboard plot with small red dots indicating where actual responses fall on the standardized Dashboard scale, numbers indicating standard cut-points between the 4 categories of response meaning (not acceptable is pink, requires attention is yellow, good is green, and exemplary is blue). The estimated integrated standardized value of the item responses is plotted as a large black dot with an error bar. This error bar indicates the 80%

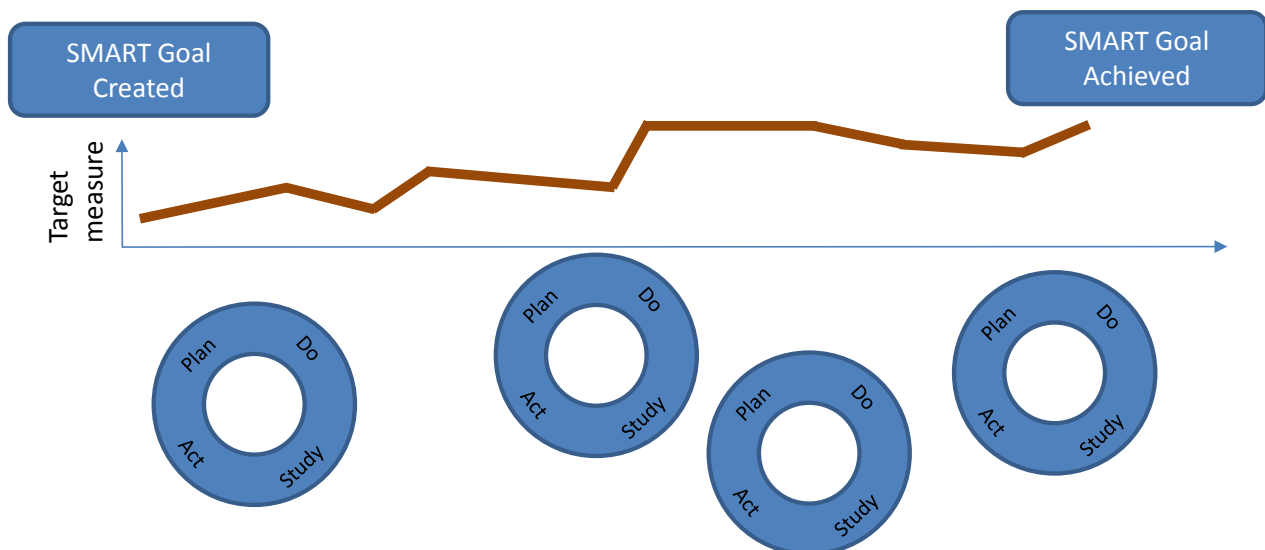
# SMART Goals and Continuous Quality Improvement

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



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

## Use of PDSA to Achieve SMART Goals



# GME Wellness Initiatives and Publications

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

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

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



Shapiro 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. *Amer J Med.* 2019;132(5): 556-563. Reprinted by permission of the author.

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

# Program Wellness Initiatives and Projects

GME promotes the formation of Wellness Committees in each program, tasked with creating a culture of wellness through institutional support and resident-led initiatives. Burnout is associated with a significant decrease in personal and professional satisfaction and increases in the number of physicians who leave the profession. Cultivating a safe and supportive environment in which trainees are able to experience personal growth and development is paramount.

» *As the pandemic wore on, with often dire seasonal surges in clinical sites, gauging the emotional and psychological well-being of our residents became an even more pressing concern. Around the 1-year anniversary of the pandemic outbreak, a special session for residents and faculty addressing “Grief in the Time of COVID” was held at Ascension Providence Rochester Hospital, organized by GME staff in collaboration with Chief Medical Officer Sheryl Wissman. Some GME programs, such as Dermatology, held recreational activities and team-building events (see right); these were held in the summer of 2021 after the availability of COVID vaccines.*



***Dermatology residents and faculty attend a wellness and team-building event at the Top Golf driving range in Auburn Hills in June.***

In the primary-care residencies at APRH, wellness committees have been established as ongoing quality improvement (QI) projects. **Family Medicine’s** wellness curriculum comprised social events outside of work, breaks during lecture days, and a wellness library stocked with casual reading material, games, and personal products. Anonymous surveys mid-year had revealed deficiencies in wellness and in perceptions of meaningful work, so interviews with residents via Zoom were conducted to gather more detailed data. The FM wellness committee found that the provision of more time for personal appointments and self-care and research projects would help achieve a greater sense of work/life balance, seen as key to enduring resident wellness.

**Internal Medicine’s** Wellness Committee also distributed anonymous surveys to assess residents’ perspectives on their work environment, personal satisfaction, nutrition, and physical activity. The IM curriculum encouraged resident personal reflections, innovated a senior resident/intern mentoring program, and provided referrals for free yoga and meditation classes. In addition, IM

scheduled virtual resident suggestion meetings to permit a platform for exchange while remaining socially distanced and established a virtual suggestion box for complete anonymity. Further, a partnership was formed with APRH leadership to maintain effective communication between residents, faculty and hospital administrators regarding PPE needs and discussions about pandemic experiences in order to maximize a sense of community and support.

## Program quality improvement projects addressing wellness:

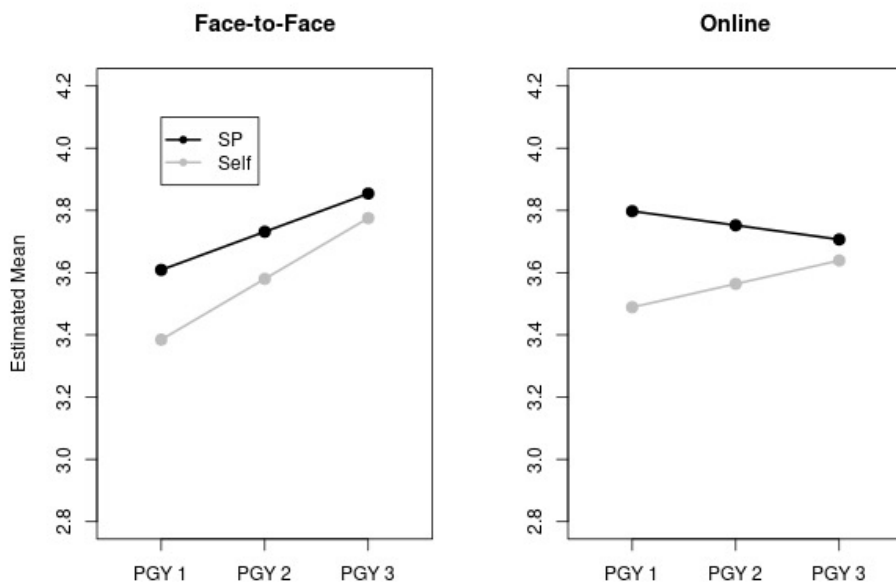
- » **Family Medicine: *Improving Resident Wellness Through a Formal Wellness Curriculum***  
Residents **Ashley Aragona**, **Roshan Patel**, Dept. of Family Medicine and Public Health Sciences faculty **Elizabeth Towner**, GME Director of Education **Brent Stansfield**, and faculty mentor **Tess McCready**
- » **Internal Medicine: *Implementing a Resident Wellness Program in a Community Hospital***  
Residents **Victoria Gonzalez**, **Bernadette Schmidt**, and faculty mentor **Mohammad Fityan**

## Objective Structured Clinical Examination (OSCE) Pain Management Case

All PGY-1 and PGY-2 residents in our programs are required to participate in a clinical simulation exercise, an Objective Structured Clinical Examination (OSCE) conducted by the WSUSOM's Kado Clinical Skills Center each summer. This exercise is designed enhance resident skills in two types of communication: Clinical Communication (shared decision-making, avoiding jargon, making sense) and Patient Communication (interpersonal demeanor, empathy, rapport). In the OSCE, participants' communication skills are assessed across four simulated patient (SP) encounters. In 2021, the case topics included error disclosure, pain management, health disparities, and one new case, on cultural competency.

First introduced in 2018, the pain management case addressed revisions to the Michigan Dept. of Health and Human Services guidelines regarding opioid prescription. For an analysis of this case, see Kenaga, Markova, Stansfield, Kumar, & Morris, "An OSCE for opioid management: Standardized patient ratings of communication skills as a predictor of System-Based Practice (SBP) Scores," published in the *Journal of Patient-Centered Research and Reviews*, 2021;8(3):261-266.

Analysis of the online OSCE administrations in 2020 with data from two prior years (2018-19), when face-to-face administration was the norm, revealed some anomalous outcomes. Our preliminary data suggests that online, video-based telemedicine may require a different skill set or assessment framework than face-to-face encounters (see the figure below). Currently GME is analyzing the 2021 OSCEs to determine if these outcomes were again evident in the second year of virtual administration. Going forward, GME will incorporate at least one virtual case as one of the four comprising the OSCE training, given the likely increasing prevalence of telehealth in the years ahead.



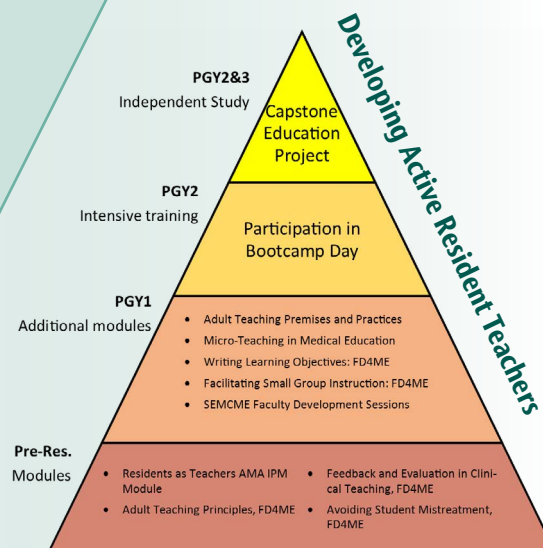
In face-to-face encounters from 2018-19, SPs gave experienced (PGY-2) residents higher ratings, and their scores were correlated with residents' empathic concern and perspective-taking. However, in telehealth encounters from 2020, SPs rated inexperienced (PGY-1) and experienced (PGY-2) residents equally, and these ratings were unrelated to resident empathy. Medical educators must better understand the skills required for effective patient communication in telehealth for improved training and valid assessment.

# Developing Residents and Faculty Teachers (DART/DEFT) Programs

## DART

GME is committed to achieving educational excellence and thus developed a program by which our resident physicians can develop their pedagogical and communication skills. DART is designed to improve participants' knowledge of and skills in medical education as well as contribute to the curricular content of their programs. GME awards participants with a certificate upon completion of the DART program.

*The pyramid diagram to the right illustrates the successive stages of the DART program curriculum.*



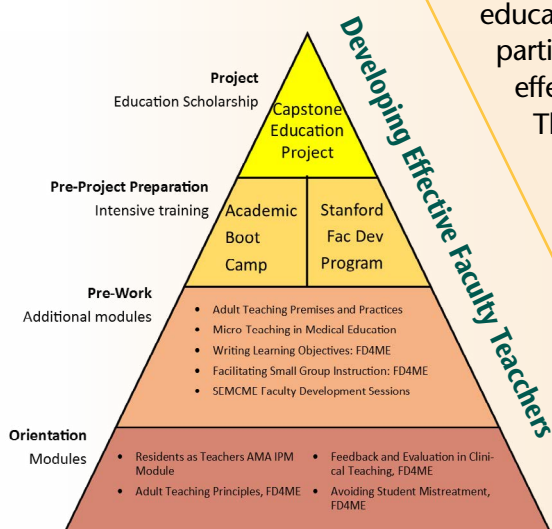
## DEFT

GME also developed DEFT, a program that seeks to strengthen our faculty's educational skills. Participants complete online learning activities, participate 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. GME awards participants with a certificate upon completion of the program.

For both DART AND DEFT, projects may form the basis of a conference poster or abstract presentation or a publishable manuscript.

The DART program is offered three times a year, concurrently with DEFT, as virtual activities employing a distance learning model in the fall, winter, and spring. Going forward, GME will supplement the bootcamps with shorter workshops on statistical methods.

*The pyramid diagram to the left illustrates the successive stages of the DEFT program curriculum.*



“The DART Program is a great way for residents to gain practical knowledge about adult learning. We are learners throughout medical school, and we seldom remember that we become teachers in residency. I participated in the Academic Bootcamp offered through DART, receiving information about tools that can be used in Quality Improvement and research projects. Such skills are also useful in our day-to-day education with peers, juniors, and students. Via participation in the DART program, residents can acquire techniques to make a difference in their programs and beyond residency.”

– Padmini Giri, Internal Medicine program, APRH

# OSCE Health Disparity and Cultural Competency Cases



WSUGME required all residency programs to incorporate health disparities education as a component of residency training by the 2020-21 academic year. Part of this education will include implicit bias training, now mandated by Governor Gretchen Whitmer for all healthcare providers as a condition for initial licensure or renewal. GME created a Health Disparities Task Force in the summer of 2020 to assist programs in this process.

GME introduces interns to health disparities concepts as part of New Resident Orientation via online modules and brief presentations, and several programs have established Health Disparities committees and/or conducted health disparities QI projects or interventions. In addition, as a means to assess residents' clinical communication skills and understanding of how patients in communities of color may have less trust in medical treatment as a result of historical injustices, GME adopted a health disparities case for its annual Objective Structured Clinical Examination (OSCE) training activity in 2020, which was repeated in 2021 with revisions made to reflect the

pandemic (see box below). Also in 2021, GME administered a simulated-patient case assessing residents' cultural competency skills; the scenario involved a 50-year-old female with a recent diagnosis of Stage III lung cancer who wishes to pursue alternative treatment options, including consultations with a faith healer.

Clinical encounters are evaluated by the simulated patient using an adapted version of the Kalamazoo Essential Elements Communication Checklist and other measures gauging empathy. A recording of all sessions are provided to the resident and her/his faculty mentor for review and discussion.

All cases in 2020 and 2021 were administered as online activities, and going forward GME will administer least 1 of the 4 OSCE cases via a telehealth format.

## OSCE Health Disparities Case: "Terry Phillips"

GME administered the case for the first time in the summer of 2020 and repeated the case in 2021, with the topic revised to reflect a patient's COVID-19 vaccine hesitancy.

Scenario: Terry Phillips is an African American male (66) who was recently seen in the clinic for his diabetes, hypertension, high cholesterol, and chronic obstructive pulmonary disease. All conditions were

well controlled and refills were prescribed. He does not want to take the COVID vaccine despite the fact that he is considered high risk. Terry has mistrust of healthcare systems, which contributes to his resistance to receiving the vaccine.

Learner Objective: The physician will elicit the patient's perspective on vaccinations, respond to their mistrust in healthcare systems, and counsel the patient on the importance of receiving the vaccine, particularly for those in his age and demographic group with preexisting conditions.

# Resident Council

The ACGME requires that the sponsoring institution for all ACGME-accredited programs provide a confidential forum that allows residents to exchange information with other trainees about their working and learning environment. To meet this requirement, WSUGME schedules monthly meetings of the Resident Council (RC) comprising representatives from all programs. Each meeting has a period of time allotted to discussion of issues, with only residents in attendance. In 2020-21, all RC meetings were conducted virtually, and GME expects this practice to continue.

On April 13, 2021, the Resident Council held the annual Professional Development Symposium from 6:30-8:30 pm as a Zoom event, organized and hosted by council President Ben Maynard. The topic was "Leadership in Medicine: Past, Present, and Future." Panelists included Sheryl Wissman, Chief Medical Officer, Ascension Providence Rochester Hospital; Steven Daveluy, WSUSOM Dermatology Program Director; Ijeoma Opara, Associate Program Director of IM-Pediatrics at DMC; and WSUSOM students Caleb Sokolowski and Peter Dimitrion, co-founders of Leading the Rounds, a podcast on leadership in medicine.



*Ben Maynard, MD*



*Ashley Miller, MD*

## Resident Council Officers:

- » President: Ben Maynard (PRG-3, Family Medicine)
- » Vice President: Ashley Miller (PRG-3, Anesthesiology)

## Council Members:

- |   |  |
|---|--|
| » Ashley Miller (Anesthesiology)        | » William Azkoul (Otolaryngology)        |
| » Nathan Nartker (Dermatology)          | » Bennett Osantowski (Transitional Year) |
| » Ashley Aragona (Family Medicine)      | » John Cochrane (Urology)                |
| » Victoria Gonzalez (Internal Medicine) | » Sarah Utz (Dermatology)                |

## 2020-21 Action Items for the Resident Council:

- |   |   |
|---|---|
| » Organizing and conducting the annual Professional Development Symposium on leadership in medicine | » Developing new by-laws as needed  |
| » Establishing a Diversity & Inclusion subcommittee   | » Collaborating with WSUSOM Office of Alumni Affairs on future practice workshops |
| » Increasing participation in Council activities and events from residents in all programs          |   |

# Resident Spotlights

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

## **Ben Maynard, MD (Family Medicine)**

As President of the 2020-21 Resident Council, Dr. Maynard was an effective leader and able steward of RC activities during the year, including organizing and hosting the Annual Professional Development Symposium on the topic “Leadership in Medicine: Past, Present, and Future,” conducted as a virtual event. More than 50 residents, faculty, and staff attended this symposium. Dr. Maynard also earned a 2019-20 DART Program certificate for his project “Teaching Health Disparities.” He is currently practicing as a family physician for IHA Towsley Primary Care in Ypsilanti, Michigan.



## **Mishita Goel, MD (Internal Medicine)**

Dr. Goel was first author of a case study published in the summer of 2020 on identical twins with COVID-19 pneumonia who had a very different disease progression. This research helped identify important indicators of clinical severity and disease outcome which did not, contrary to expectations, include uncontrolled diabetes, since the twin with that condition had a much quicker recovery compared with the other with prediabetes. The case was subsequently featured in a *New York Times* story, “Twins With Covid Help Scientists Untangle the Disease’s Genetic Roots,” early in 2021.

## **Mehdi Farshchian, MD, PhD (Dermatology)**

During his residency, Dr. Farshchian has demonstrated a prodigious commitment to academic medicine and advanced the field of dermatology, participating in multiple research projects with outcomes that have subsequently been accepted for publication. With more than 35 authored or co-authored articles published since 2019 in leading journals such as the *Journal of the American Academy of Dermatology*, the *International Journal of Dermatology*, and the *Journal of Drugs in Dermatology*, Dr. Farshchian has produced an impressive record of scholarly achievement.



## **Beza Sahlie, MD (Preventive Medicine)**

Dr. Sahlie has a “passion to promote public health in underserved communities as well as provide medical care to those in need [and thereby] make a meaningful impact on population health.” Seeing the results of COVID during her ER rotation, she quickly volunteered when the Detroit Department of Health asked local medical personnel to assist with vaccine administration in areas of the city with limited availability. This provided Dr. Sahlie with a “great opportunity to educate people about the vaccine and ease their fears by addressing their concerns so they could protect themselves and family members.”

## **Michael T. Chung, MD (Otolaryngology - Head and Neck Surgery)**

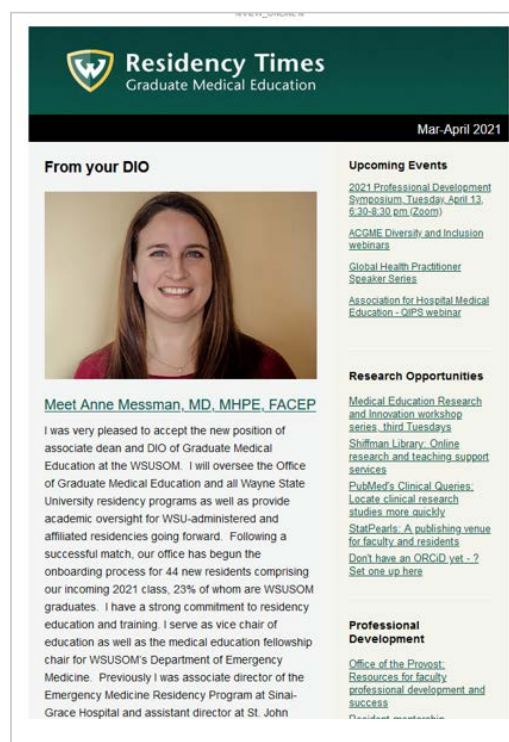
Dr. Chung was selected for membership in the Gold Humanism Honor Society (GHHS), which recognizes individuals who “demonstrate excellence in clinical care, communication skills, compassion, integrity, moral judgement, leadership, and commitment to humanism.” His specialty is reconstructive surgery to restore form and function after trauma and tumor removal. Physicians should strive for “a greater balance between the scientific-technical and psychosocial elements of patient care,” Dr. Chung observes. “Medicine is a career in which making connections with others, their histories, and their perspectives, is paramount.”



# GME Communication Outlets: *Residency Times*

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

Each issue opens with a message from the DIO, providing an overview of current events in the GME world, and contains updates about important program and GME deadlines as well as institutional activities, professional development opportunities, research resources, wellness events, resident conference presentations and publications, and awards received. Particular WSUSOM activities of interest (e.g., from Dept. of Alumni Affairs, research opportunities or resources, community outreach and engagement) are included. Every issue typically contains both a Resident and a Faculty Spotlight, focusing on a specific research, teaching, or clinical interest of that individual. The Resident Council president provides an update on RC activities. Starting in the spring of 2020, readers were invited to contribute personal narratives about their experiences during the COVID-19 pandemic, “From the Frontlines” (see below).



**March-April 2021 Issue of Residency Times**

Data analytics indicate that *Residency Times* is accessed by readers at home and abroad. The most popular sections include the Resident and Faculty Spotlights and resident research presentations and publications.

## From the Frontlines

### (from the May-June 2021 *Residency Times*)

My experience during the COVID-19 pandemic was two-fold: first, assessing patients who came into the Emergency Room with COVID-like symptoms; and second, administering COVID-19 vaccines in an underserved community.

I was in the middle of my ER rotation during the second wave of the pandemic. I witnessed some patients who ended up in ICU on ventilators, while others succumbed to the disease. The heartbreaking part was that these patients suffered and died alone without any family members close by for support. And sometimes there was more than one family member getting hospitalized for COVID pneumonia on the same day. Every day I was terrified to walk into their rooms to assess because I didn't know if I was going to be exposed to the virus. It was a very challenging and stressful time; however, my anxiety level drastically decreased after taking the vaccine because I knew that I was protected. Now I advocate for my patients (and everyone else) to get vaccinated.

When the City of Detroit needed help for the administration of COVID-19 vaccines, I gladly volunteered and was pleased

to represent APRH and the Preventive Medicine Program. I appreciate the City of Detroit Health Department for facilitating vaccine distribution in underserved communities where pharmacies and grocery stores are limited to provide vaccination. The main reason why I joined the Preventive Medicine residency program, with its commitment to public health, is to have a broader reach in communities and minimize health disparities.

This was a great opportunity for me to educate people about the vaccine and ease their fears by addressing their concerns so they can protect themselves and their family members. Also, it was a great feeling to be able to respond to a crucial public health crisis during a global pandemic. It reaffirmed my decision to pursue a career in Preventive Medicine. I learned



that administering COVID-19 vaccines is a proactive approach to fighting a global pandemic versus treating patients in ICU. Thank you,

**Beza Sahlie, MD**  
PGY1, Preventive Medicine Program  
Ascension Providence Rochester  
Hospital (APRH)



# Goals for 2021-22

## Action Plans

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





# WAYNE STATE

School of Medicine

*Office of Graduate Medical Education*

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