
THE GEORGE WASHINGTON UNIVERSITY

School of Medicine & Health Sciences

FACULTY ASSEMBLY

Monday, March 28, 2016 -- 5:00 pm – Ross 101

MINUTES

FACULTY PRESENT: Michael Berrigan, Joseph Bocchino, Paul Brindley, Shawneequa Callier, Susan Ceryak, Vincent Chiappinelli, Rhea Cohn, Mary Corcoran, Ellen Costello, Lawrence Deyton, Tatiana Efimova, Alison Ehrlich, James Griffith, Zhiyong Han, Kenneth Harwood, Robert Hawley, Yolanda Haywood, Richard Katz, John Keiser, Patricia Latham, Norman Lee, Janet Lewis, Raymond Lucas, Trudy Mallinson, Joyce Maring, Lisa Martin, Raja Mazumder, Robert Miller, Sam Moghtaderi, Nicole Mortier, Keith Mortman, Douglas Nixon, Michael Olding, David Parenti, Bruno Petinaux, Kenna Peusner, Margaret Plack, Raj Rao, Perry Richardson, Tamara Ritsema, Sean Robinson, Elizabeth Ruckert, Narine Sarvazyan, Lisa Schwartz, Victoria Shanmugam, Jeffrey Sich, Anton Sidawy, Robert Siegel, Sylvia Silver, Gary Simon, Richard Simons, Maria Sotomayor, Marianne Vail, Alan Wasserman, William Weglicki, Karen Wright, Tracy Yarbrough, John Young, Wenge Zhu

OTHERS PRESENT: Professor Steve Charnovitz (Parliamentarian)

The meeting was called to order by the Chair of the Faculty Assembly, Dr. Jeffrey Akman (Vice President for Health Affairs and Dean, School of Medicine and Health Sciences).

A quorum of more than 50 faculty members was established. This number met the requirements for conducting Assembly business (25).

Professor Steve Charnovitz of the School of Law was named Parliamentarian by unanimous consent. Ray Lucas and Jeffrey Sich were appointed as tellers by the Chair.

The minutes of the September 21, 2015 SMHS Faculty Assembly meeting were unanimously approved.

I. Election of Members of the Executive Committee of the Faculty Assembly.

Nominations were open to the floor and the following individuals were elected to a three-year term (except where noted) by a majority of the votes cast by secret ballot.

Chair from Clinical Department other than Medicine and Surgery

Thomas Jarrett, MD – Chair, Urology

Chair from Basic Science Department

Vincent Chiappinelli, PhD – Chair, Pharmacology & Physiology

Chair from Health Sciences Department

Karen Wright, PhD – Chair, Physician Assistant Studies

Regular Faculty from Basic Science Departments

Kenna Peusner, PhD – Anatomy and Regenerative Biology

Regular Faculty from Basic Science Departments (Two-Year Position)

Jeffrey Bethony – Microbiology, Immunology, and Tropical Medicine

Regular Faculty from Health Sciences Department

Margaret Plack, EdD – Physical Therapy & Health Care Sciences

II. Election of Three SMHS Representatives to the University Senate.

Nominations were open to the floor. Under University rules, when there is only one nominee for a seat on the Faculty Senate, the Faculty must approve going forward with just one nominee by a two-thirds vote. Approval to proceed was granted by a unanimous vote. The following individuals were elected to a two-year term by a majority of the votes cast by secret ballot.

Jannet Lewis, MD – SMHS representative (Clinical) to GWU Faculty Senate

Anton Sidawy MD, MPH – SMHS representative (Clinical) to GWU Faculty Senate

III. Executive Committee Report. The report of the Executive Committee was presented as circulated in advance of the Assembly by Executive Committee Chair Michael Berrigan. (See Appendix for the report)

IV. Update on Current Searches. Dean Jeffrey Akman provided an update on the following searches: Chair, Department of Clinical Research & Leadership; Senior Associate Dean for Health Sciences; and Associate Dean for Student Affairs & Administration.

V. GWU Faculty Senate Report. Anton Sidawy provided a report that focused on the need for the Schools to revise their Bylaws in the wake of recent changes made to the Faculty Code. A special committee of the Executive Committee of the Senate will review the changes proposed by the Schools.

VI. Faculty Affairs Report. Ray Lucas provided a brief update on activities of the Office of Faculty Affairs and the faculty appointment process.

VII. Update on Graduate Medical Education. A report from Jeffrey Berger was circulated in advance of the meeting with the agenda. (See Appendix for the report)

VIII. Dean's Report. Dean Akman provided an update on the Science & Engineering Hall construction; the recent residency match process; changes in MFA leadership; and continued implementation of the strategic plan. He then called upon Richard Simons to provide an update on Clinical Phase of revised MD Program Curriculum and LCME

reaccreditation site visit; Yolanda Haywood to provide an update on diversity and inclusion issues; Robert Miller to provide an update on SMHS research activity; and Joseph Bocchino to provide an update on Health Sciences Programs.

VI. New Business. No new business was brought before the Assembly.

The meeting was adjourned at 5:50 pm.

Respectfully submitted:

Jeffrey Sich

Executive Director, Faculty Affairs

APPENDIX I

THE GEORGE WASHINGTON UNIVERSITY

School of Medicine & Health Sciences Executive Committee of the Faculty Assembly

Report to the Faculty Assembly March 28, 2016

Minutes of all Executive Committee meetings are available at <http://smhs.gwu.edu/faculty/faculty-assembly/executive-committee>

Executive Committee Leadership: 2015-16

Chair: Michael Berrigan (Anesthesiology & Critical Care Medicine)*

Vice Chair: Margaret Plack (Physical Therapy & Health Care Sciences)*

*second year of one-term appointments

Actions Taken

Approved changes to Regulations for M.D. Candidates (Classes of 2016 and 2017; Classes of 2018 and Beyond) and Policy on Access to Students Records.

Appointed Search Committee Members for Sr. Associate Dean for Health Sciences search.

Mary Corcoran, Professor of Clinical Research & Leadership (Search Committee Chair)*

Margaret Plack, Professor of Physical Therapy & Health Care Sciences*

Joyce Maring, Associate Professor and Chair of Physical Therapy & Health Care Sciences*

Ellen Costello, Associate Professor of Physical Therapy & Health Care Sciences*

Vince Chiappinelli, Professor and Chair of Pharmacology & Physiology**

Sylvia Silver, Professor of Microbiology, Immunology, & Tropical Medicine**

Donald Karcher, Professor and Chair of Pathology***

Bruno Petinaux, Associate Professor of Emergency Medicine***

Monique Hawkins, Health Sciences Student Representative

Karen Wright, Assistant Professor and Interim Chair of Physician Assistant Studies, *Ex officio* Member

*Health Sciences; **Basic Sciences; ***Clinical

Recommended Changes to the SMHS Bylaws.

- Changes to Bylaws to bring them into compliance with recent changes to the Faculty Cod were approved at February 2016 meeting
- Proposed changes must be reviewed and approved by Faculty Senate Executive Committee before SMHS Faculty Assembly can consider them.

Reports Received

Report from Lance Kaplan, SMHS Associate Dean for Finance, on the FY2015 SMHS budget. The school met its operating costs, but used approximately five million dollars of reserves to fund new initiatives (GW Cancer Center, Center of Neglected Diseases of Poverty-HIV, and the Neurosciences Institute)

Report from the University Faculty Senate that a resolution to amend the faculty organization plan to allow non-tenured faculty from the SMHS to serve in the Senate was passed; will need a 2/3 vote at the next University Faculty Assembly.

Report from Yolanda Haywood, Associate Dean for Diversity, Inclusion, and Student Affairs, of the work of the Office of Diversity and Inclusion.

Update from Forrest Maltzman, Interim Provost and Executive Vice President of Academic Affairs, on the state of the University's academic programs and recent changes to the Faculty Code.

APPENDIX II



**THE GEORGE
WASHINGTON
UNIVERSITY**
WASHINGTON, DC

Responsible University Official: Associate Dean for Graduate
Medical Education, DIO
Responsible Office: SMHS Office of GME
Most recent revision: 2015

ANNUAL REPORT Academic Year 2014-2015

Purpose Statement

This is a report of the business and activities of the Office of Graduate Medical Education and the Committee on Graduate Medical Education (GMEC) as they relate to the training, supervision, and evaluation of the resident physicians participating in the 37 accredited residency programs sponsored by The George Washington University and the accreditation of these programs. This report covers the academic year July 1, 2014 to June 30, 2015.

Responsible Contact

Jeffrey S. Berger, M.D., M.B.A.
Associate Dean for Graduate Medical Education,
Designated Institutional Official (DIO)
Chair, GME Committee

Who Needs to Know This Report

1. The George Washington University School of Medicine and Health Sciences Faculty Assembly
2. The George Washington University Hospital Medical Staff Executive Committee
3. The George Washington University Vice President for Health Affairs and Dean, School of Medicine and Health Sciences
4. The George Washington University School of Medicine and Health Sciences Senior Associate Dean for M.D. Programs
5. Designated Institutional Officials, Affiliated Hospitals of the George Washington University Graduate Medical Education Programs

Who Approved This Report

Graduate Medical Education Committee (GMEC)

Date of Approval

February 1, 2016

Administration

Designated Institutional Official (DIO)

Dr. Jeffrey Berger, Program Director of anesthesiology, was appointed the Associate Dean for Graduate Medical Education, Designated Institutional Official (DIO), and Chair of the GME Committee effective March 1, 2014. The interim status was removed with this appointment.

New Senior Associate Dean for M.D. Programs

GW School of Medicine and Health Sciences appointed Richard Simons, M.D. to Serve as Senior Associate Dean for M.D. Programs. In this role, Dr. Simons provides leadership for the ongoing development, implementation, and evaluation of the School's undergraduate and graduate medical education programs. He provides oversight to the Office of Medical Education, and is a member of the GMEC.

GMEC Vice Chair

The GMEC Chair established a vice chair (VC) position for GMEC and requested the committee to nominate candidates. Dr. Anne Cioletti (Internal Medicine) was unanimously elected to serve in the position. The VC position serves as the liaison to the residents committee, and is a 10% FTE position to support GME.

New Program Directors

Newly appointed program directors: Dr. Jalil Ahari (Pulmonary Medicine), Dr. Mathew Chandler (Gastroenterology), Dr. Adam Friedman (Dermatology), Dr. Lynn Kataria (Sleep Medicine), Dr. Mohamad Koubeissi (Epilepsy), Dr. Ramesh Mazhari (Interventional Cardiology), Dr. Richard Stutzman (Ophthalmology). Appointments were vetted and approved by the GMEC.

GME Ombudspersons

New this year, the GMEC nominated 2 ombudspersons. The ombudsperson role was created as an internal resource for residents to obtain guidance in navigating adverse action or other sensitive concerns. The goal is for the ombudsperson to offer confidential, neutral, informal, and independent guidance. PDs may also recommend residents to utilize this service. The GMEC formerly announced the GME ombudspersons as Dr. Babak Sarani, Associate Professor of Surgery and Dr. Suzanne Bathgate, Associate Professor of Obstetrics & Gynecology.

Medhub GME Program Management

GME successfully implemented the new enterprise data management system, Medhub. Training for all coordinators and program directors was successfully completed. GME continues to provide one-on-one training, monthly tips, and group sessions as needed. Transition from the old, E-Value system required each program to archive all historical data, which was coordinated centrally from GME. Additionally, an extension to the E-Value system was negotiated to permit faculty to download evaluations for promotion consideration.

Resident Recruitment and ERAS

The GME Office supports residency and fellowship program recruitment by providing access, training and support for coordinators in the use of the Electronic Residency Application (ERAS) system. All GW programs that participate in ERAS successfully transitioned to the Web-based version for the 2014-15 applicant year.

Match Results

The residency programs matched 100% of the 103 total positions offered in the Main Residency Match. 6.4% of the positions were matched to students from the GWU School of Medicine and Health Sciences.

Committee on Graduate Medical Education (GMEC)

The Graduate Medical Education Committee (GMEC) was restructured to align with the ACGME Institutional requirements which state that the GMEC must demonstrate effective oversight of programs by conducting annual program reviews. The GMEC meets monthly on the 3rd Monday of each month.

The GMEC formed subcommittees in 2013-14 to facilitate program oversight. The Program Accreditation Review and Reporting (PARR) subcommittee identifies program deficiencies and determines if they are being properly addressed and monitored. The PARR subcommittee was created to review the Annual Program Evaluations (APE) and submit an overall report to the GMEC. Programs identified as underperforming are required to address concerns with structured updates to GMEC, or undergo a Special Review.

The Program Allocation Committee (PAC) meets twice annually to review and make recommendations to GMEC regarding program requests for changes to complement, affiliate, or resident distribution. The Clinical Learning Environment for Residents (CLER) subcommittee meets monthly to coordinate efforts to improve the learning environment with respect to ACGME-defined “pathways” at GW University Hospital. The Educational Events Committee approves annual programming and the Program Director Development oversees annual programming for GME leaders.

Each of the GMEC subcommittees actively pursued their charge of program improvement and development and reported their results to the GMEC.

Accreditation

Current accreditation status of GW programs (as of June 30, 2015)

- Continued Accreditation: 34
- Continued Accreditation with Warning: 1 (Ophthalmology)
- Initial Accreditation (effective July 1, 2015): 2 (Dermatology and Epilepsy)
- Site Visit Notification: 2 (Otolaryngology and Surgery)

Changes to current programs

- **Critical Care Medicine:** approved for a temporary increase in complement of 1 fellow.
- **Dermatology:** approved to add the VA as an affiliate site.
- **Neurology:** approved for a temporary increase in complement of 1 resident.

As part of the transition to the Next Accreditation System (NAS), the ACGME determined that programs that have undergone two annual reviews in NAS and have received no new or extended citations as a result of those reviews, citations existing prior to July 1, 2013 will be removed effective July 1, 2015. The respective Review Committees commended the programs for demonstrating substantial compliance and granted 36 programs with *continued accreditation*. Programs that received continued accreditation may have also received notification for issues regarding program improvement and/or concerning trends. These concerns were reviewed by the GMEC and corrective actions were developed to address them.

Continued Accreditation with Warning

- **Ophthalmology** - The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:
 - Residents did not perform and assist at a minimum number of surgeries
 - WebADS update was incomplete
 - Inadequate program director oversight
 - Opportunities for scholarly activities are lacking for Faculty and Residents

The RRC identified the following areas for program improvement and/or concerning trends: Educational Content - A review of the program's didactic/clinical curriculum is necessary especially in the areas of pathology, contact lens and low vision.

Institutional Special Review (SR)

- **Ophthalmology – Focused:** A Special Review (SR) - Focused of the Ophthalmology program was conducted at the request of the GMEC by representatives of the Program Accreditation, Review and Reporting subcommittee on May 7, 2015 to address the RRC citations and concerns. The review included document review and separate interviews with program leadership, faculty and trainees. Action Plan items recommended by the SR team included:

Overall the Ophthalmology residency program is strong in many areas, with plans to improve in the areas of concern. The new program director, department chair and faculty have developed an action plan to monitor and increase the case logs to prevent future deficiencies. The Department also has a goal to increase patient care in specialty areas to provide residents with more opportunities to fill their minimum case requirement.

Action Items:

- *Review resident case logs weekly, with a focus on rising and current seniors.*
- *Provide a procedure log book at orientation.*
- *Develop oversight for unequal experience trends.*
- *Host Faculty Development Workshop on, "working with residents and sharing cases." Residents need more primary role cases from GW faculty.*
- *Look at possible rotation at Suburban Hospital.*
- *Require resident participation in QI projects and other research opportunities.*
- *Encourage preceptors for residents for research projects.*
- *Core faculty lead GRs at affiliates; this can be reported as scholarly activity.*
- *Establish a clear line of supervision for Walk in Clinics.*
- *Develop a standardized lecture schedule (both faculty and residents can present)*

Follow up Ophthalmology planned: January 2016 GMEC

Program ACGME Site Visits (results are recorded in the 14/15 academic year for continuity)

- **Otolaryngology – Focused:** Conducted on April 21, 2015. The Review Committee determined that a focused site visit of the program must be conducted before an accreditation decision can be made. The Committee noted low case volumes for multiple key procedures based on national percentiles as the primary focus of the site visit.

Following the focused review, the program received a status of **Probationary Accreditation** with a reduction in resident complement. The reduction in complement was due to the significant deficiencies

in procedural volumes over several years. The RRC decision to take an adverse accreditation action is based on the failure of the program to be in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements. The RRC post-review letter was received and reviewed in September 2015 GMEC meeting. The following citations were identified as not demonstrating compliance with the requirements:

- Low/ insufficient key procedures
- Insufficient number, variety, and complexity of case logs
- Inadequate case log monitoring

The otolaryngology program requested a formal *Appeal* from the ACGME regarding the adverse decision. The appeal cited that the program received no previous citations with regard to case logs and no warning or opportunity to correct before the probation status was given. The appeal letter and supporting documentation were reviewed and approved by the GMEC. The supporting documentation show that surplus resources were noted in all key index procedure domains from 2010 to present.

An GW team, consisting of Chair of Surgery, Division Director, Program Director and Chief Resident for Otolaryngology and Assoc. Dean for GME, was selected and prepared to present the appeal to an appeals panel at the ACGME headquarters on October 27, 2015. Results to be reported at GMEC.

- **Surgery – Focused:** Conducted on May 13, 2015. The Review Committee determined that a site visit of the program must be conducted before an accreditation decision can be made. Citations were not indicated in the notification letter, however the post site visit letter indicated the following extended and new citations.
 - Inadequate operative experience
 - Volume and variety of operative experience is not adequate to ensure a sufficient number and distribution of complex cases
 - Web Ads annual report demonstrated several areas of inaccurate information
 - Poor graduate performance on Board Exams
 - Resident Survey indicates non-compliance with the 80-hours per week requirement

The post site visit ACGME accreditation letter was received in August and reviewed by the GMEC at the September 2015 meeting. The program received *continued accreditation with warning*. Additional oversight at the GME level was instituted by the DIO to monitor accuracy of subsequent Web Ads as well as program case logs. Follow up of Action Plan to GMEC: Jan-Mar 2016.

ACGME Milestone Reporting

For accreditation purposes, Milestones are competency-based developmental outcomes (e.g., knowledge, skills, attitudes, and performance) that can be demonstrated progressively by residents and fellows from the beginning of their education through graduation to the unsupervised practice of their specialties. Of the 30 GW programs required to report, 100% successfully completed trainee Milestone reporting during the required timeframe.

Program Oversight

The GME internal **Annual Program Evaluation (APE)** and **Action Plan (AP)** documents were posted to Medhub and all programs were required to complete the document by July 31. Compliance with requirements and plans for continued quality improvement are solicited in these documents. Completed APE and AP documents are reviewed by the PARR committee and recommendations are discussed in the GMEC (September and December meetings). Program-specific **Scorecards** providing feedback are shared with each program.

ACGME Resident Survey

Thirty-three residency and fellowship programs participated and the overall compliance rate was 91% (70% required for reporting). Aggregate 2014-2015 Resident Survey results show that our programs align with national means.

ACGME Faculty Survey

Thirty-three programs were required to participate and the overall compliance rate was 80% (60% required for reporting). Faculty evaluations were very positive and in line with national means.

Institutional Policy Reviews

GME created the following guidelines and policies during the 2014-2015 academic year:

- New Program Director Responsibility Guide and Agreement
- Establish GME Committee & Subcommittees
- GME subcommittee policies
 - PEC/APE – program evaluation committee
 - CCC – clinical competency committee
 - PAC – program allocation committee (annual review)
 - PAC – program allocation committee (changes)
 - PARR – program accreditation, review and reporting
- Annual Institutional Review (AIR)
- Policies/procedures

The GME revised the following institutional policies during the 2014-2015 academic year:

- Duty Hours
- Resident Job Description
- Resident Occupational Exposures
- Supervision
- Recruitment Eligibility and Selection
- Elective Rotation
- Statement of Commitment
- Transitions of Care/Handoff
- Quality Improvement/ Patient Safety

Programs were asked to update their policies as part of the annual review. All policies are reviewed, discussed and approved by the GMEC.

Education: clinical, research and teaching

Core Curriculum

The GME Committee sponsors a series of lectures on topics appropriate for all residency programs. These lectures are presented the first Wednesday of each month at 7:00 a.m. and 12:00 noon. Attendance at the core curriculum lectures is monitored on the Medhub enterprise management system, which is programmed to send reminders of the sessions to the residents and then to send an evaluation to those who attended. Attendance reports are sent to program directors as requested. The GME Office produces audio podcasts of the GME core

lectures, which are uploaded to the GME website along with presentation slides. Residents who are rotating to affiliate sites may access the lecture on the GME website and document their attendance.

Quarterly Patient Safety/Quality Improvement sessions continue to guide trainees in this important subject matter for the clinical learning environment. The lectures are based on the modules from the Institute for Healthcare Improvement (IHI). Residents are required to complete an online module in conjunction with the lecture to demonstrate a milestone competency.

The GME core lectures featured a visiting professor from Harvard Medical School, Dr. Jo Shapiro. Dr. Shapiro gave a special presentation in conjunction with the medical students on **Mistreatment and the Culture of Civility at GW**. The lecture focused on mistreatment of the student/resident learner. Following the presentation, Dr. Shapiro provided recommendations to faculty on how to improve the culture at GW.

2014-15 Core Lecture schedule included the following speakers and topics:

Sept 3, 2014	PS/QI Session Mollie Slater Risk Management George Washington University Hospital ***and Anne Cioletti, MD Department of Medicine George Washington University	Introduction to Patient Safety: Optimizing Communication PS100 Module
Oct 1, 2014	Jo Shapiro, MD, FACS Director, Center for Professionalism & Peer Support Chief, Division of Otolaryngology Brigham and Women's Hospital	Mistreatment and the Culture of Civility
Oct 15, 2014 12n session only	Joseph Keith Melancon, MD, Chief of the GW Transplant Institute Professor of Surgery George Washington University	Transplant at GWUH
Nov 5, 2014	Jeffrey S. Berger, MD, MBA Interim Associate Dean for GME Director, Anesthesiology Residency Associate Professor of Anesthesiology	Negotiations
	Research Matthew G. Tuck, MD DC VA Medical Center. Assistant Professor of Medicine, George Washington University	Medical Statistics Part I
Dec 3, 2014	PS / QI Session Deborah B. Garibay, RN, JD, CPHRM Deputy General Counsel GW Medical Faculty Associates ***and Diane M. Lindquist, Esq. Chief Compliance Officer GW Medical Faculty Associates ***and Claire Pantoja RN,BSN,CCM Clinical Documentation Specialist GWUH	Resident Documentation in the Medical Record
Jan 7, 2015	James Scott, MD	Health Care Policy

	Professor of Emergency Medicine Professor of Health Policy George Washington University	
Feb 4, 2015	Robert Zeman, MD Professor of Radiology Chairman, Department of Radiology George Washington University	Business of Medicine
Feb 25, 2015 Research (noon session only)	Matthew G. Tuck, MD DC VA Medical Center Assistant Professor of Medicine, George Washington University	Medical Statistics Part II
Mar 4, 2015	Jesse Pines, M.D., M.B.A, MSCE Director, Office for Clinical Practice Innovation Professor of Emergency Medicine and Health Policy	Clinical Practice Innovation Awards Winner Presentations:
March 18, 2015 (noon session only)	<u>Town Hall</u>	
April 1, 2015	Stephen L. Forssell, Ph.D. Visiting Assistant Professor, Psychology Program Founding Director, Graduate Program in LGBT Health Policy & Practice Co-Director, Institute for Health Promotion & Disease Prevention in Minority Communities	LGBT Health Policy & Practice Program
May 6, 2015	John Pan, MD Director, Center for Integrative Medicine Clinical Professor, Dept. of OB/GYN George Washington University	Alternative Medicine: What Every Resident Should Know
June 3, 2015	PS / QI Module	

Research Curriculum

Research Lectures were presented by Matthew Tuck, MD, DCVA Medical Center, Assistant Professor of Medicine, GWU. Dr. Tuck gave a 2 part session on “**Medical Statistics.**”

Residents as Teachers

This educational development program for residents teaches practical application of teaching skills as well as evaluation methods utilizing standardized students. Participating programs include surgery (Drs. Juliet Lee and Philip Zapanta), emergency medicine (Drs. Raymond Lucas and Malika Fair), anesthesiology (Drs. Jeffrey Berger and Marian Sherman), and neurosurgery (Dr. Zachary Litvack). New this year for the GME orientation, an interactive session was given on RATs by Dr. Berger and Dr. Ellen Goldman. The session covered the following topics: **Bridging Learning Research and Teaching Practice**, and **Orienting a Learner**. The residents also reviewed the objectives for the revised curriculum of the MD program.

Duty Hour Rules

Residency Review Committee (RRC) *citations* for **duty hours violations: None**

- *Reporting* of duty hours is mandated by the GMEC for all programs during the month of September. For the 2014-15 academic year 100% of the programs reported. Many programs report year round. All duty hour reports are monitored by the GMEC.
- *Monitoring* via the Medhub system occurs monthly via reports sent to each Program Director, Program Coordinator, and the GME Director. Mid-rotation reports are generated by MedHub to notify Program Directors of “potential” violations before they actually occur; this system has greatly reduced actual violations at our institution. The Associate Dean/DIO contacts all Program Directors whose residents have violated duty hours during the month to request a corrective action plan for presentation to the GMEC. In addition, the Associate Dean/DIO contacts the DIOs of affiliate institutions when violations occur at affiliate sites. These duty hour reports and the action plans are then reviewed at a subsequent GMEC meeting, and follow-up is required for continuing violations.

The GMEC also routinely monitors duty hours by reviewing results of the ACGME resident surveys where violations can also be reported.

- **Relaxed Duty Hour Trial: Internal Medicine and Surgery**

GW is participating in the iCOMPARE trial for internal medicine and the FIRST trial for general surgery. These studies were designed so that researchers can inform the question of whether there are specialty-specific differences in the impact of duty hour requirements. Waivers were granted for the length of each research trial (June 2016 for the completion of the FIRST trial, and July 2017 for the completion of the iCOMPARE trial). The ACGME did NOT waive the core requirements for duty hours (80 hours maximum per week and 1 day off in 7, averaged over 4 weeks). GME as well as the individual programs will continue to monitor duty hour concerns in conjunction with the waivers.

Supervision

RRC *citations* for insufficient **supervision: None**

Each program is required to have a written policy regarding supervision of residents, specifying the type and level of supervision required for each level of the program. Program directors are responsible for developing the policy, implementing the policy and distributing the policy to residents and faculty who supervise the residents. Program policies are reviewed and approved by the GMEC. Policy updates are required every five years or when changes in policy occur at the ACGME level. A copy of each program's policy is placed on file in the GME Office.

Fatigue Management

Instruction in fatigue management is provided to all residents by the Associate Dean for Graduate Medical Education as part of the orientation program for new residents and annually through Core Curriculum sessions using the **Sleep Alertness & Fatigue in Residency (SAFER) tool developed by the American Academy of Sleep Medicine**. Faculty are also required to complete the ELM Risk Management Course for Sleep Deprivation and Fatigue.

Evaluation

RRC *citations* for **evaluation: None**

Residents, faculty, and programs are evaluated according to ACGME Program Requirements. Each program has a policy on resident evaluation that addresses assessment of the residents according to the six general

competencies. Programs are also required to report Milestone data on trainees. Milestones are posted on the ACGME website so that each program can evaluate the developmental progress of its residents and fellows semi-annually and submit the report to the WebADS. Programs are encouraged to develop multi-rater evaluation tools for trainees (self, peer, patient, nursing, faculty, etc), to develop robust rotation and program evaluation from trainees, faculty and alumni.

Scholarship

RRC citations for resident/faculty scholarship: Ophthalmology, Orthopedic Surgery

The annual resident research competition was held and 21 research projects were submitted. Submissions were judged by a team of faculty and led by Dr. Arnold Schwartz. Resident winners for 2014-2015 included:

Case Report

Niharika Tipirneni, MD

PGY 3, Internal Medicine

Topic: Swyer-James-MacCloed and Post-Pneumonectomy Syndromes

Clinical Science

Ivy Haskins, MD

PGY 3, Surgery

Topic VTE (Venous Thromboembolism) and Bariatric Surgery

Basic Science

Raul Sebastian Laines, MD

PGY 2, Surgery

Topic: Gene therapy-Stem Cell Derived Angiogenic Cell Infusion for Wound Healing

Quality Improvement

Johnny Mai, MD

PGY3, Otolaryngology

Topic: Cause Analysis of Risk Factors Associated With Burn During Monopolar Cautery Assisted Tonsillectomy

One resident winner, Dr. Ivy Haskins, was chosen to present at the School of Medicine and Health Sciences Annual Research Day held April 1 and 2.

Annual Resident Essay Contest

In conjunction with Resident Appreciation Day, the GME Office and GMEC sponsored an essay contest for the residents. Residents were asked to submit an essay of 1,000 words or less on the topic, "**A problem in healthcare that you could solve in today's environment.**" Faculty volunteered to judge the essays and choose the following winning essays, Dr. **Veronica Slootsky, Psychiatry**, 1st place; Dr. **Iweala, Uchechi, Orthopedic**, 2nd place; and **Mary Jacob, Emergency Medicine** 3rd place. Cash prizes were awarded to the winners.

Quality Improvement and Patient Safety Grants

The George Washington University Hospital (GWH) and the Office for Clinical Practice Innovation (OCPI) in the School of Medicine and Health Sciences (SMHS) launched an innovation challenge to reward new and creative innovations and foster interdisciplinary collaborations among physicians, nurses, and other providers and administrators at GWH. Three resident leadership awards in practice innovation were awarded to residents

who addressed priority areas in innovation. The residents presented their projects during the March core sessions.

Resident awardees included:

Awardee: **Paige Armstrong**, Resident, **Emergency Medicine**
Faculty supervisor: Melissa McCarthy, Faculty, Emergency Medicine
Project: *The Effect of Self-Reported Limited English Proficiency on Patient Care and Satisfaction in the Emergency Department*

Awardee: **Gabrielle Brown**, Resident, **Anesthesiology**
Faculty supervisor: Choy Lewis, Faculty, Anesthesiology
Project: *GW Perioperative Diabetes Management Initiative*

Awardee: **Mary Jacobs**, Resident, **Emergency Medicine**
Faculty Supervisor: Francis O’Connell, Faculty, Emergency Medicine
Project: *Reducing urine sample contamination through use of an electronic application for patient-centered education*

Orientation and Development

GME Retreat

The 6th annual GME Retreat for Program Directors, Faculty, and Residency Coordinators was held April 20, 2015. The Keynote Speaker Sanjay V. Desai, MD, FACP, Dir, Osler Residency Training Program, Johns Hopkins University SOM. Dr. Desai presented a session titled “**Watching the Clock. A review of the study on the effects of the 2011 ACGME duty hour regulations compared with the 2003 regulations concerning sleep duration, trainee education, continuity of patient care, and perceived quality of care.**”

Also featured was Dr. James L. Scott, MD, Professor of Emergency Medicine Professor of Health Policy, GWU SMHS. Dr. Scott spoke on the **The Finances of GME.**

Four breakout sessions were offered: Dr. Sanjay V. Desai helped to “**Increase awareness of cognitive bias in your trainees.**” This session introduced exercises to demonstrate cognitive biases and strategies to trainees. Faculty also heard Korky von Kessel, Senior Vice President LifeWings, speak about “**Implementing LifeWings Approach to Patient Safety with Improved Communication.**” This session spoke about how to improve patient safety by using a team of diverse facilitators who will provide expert guidance on implementing evidence-based safety systems such as TeamSTEPPS to the bedside for safer patient care practices. The final two sessions were **Medhub training sessions** primarily designed for coordinators.

GMEC Annual Book Club Meeting

The committee read the chapter “A History of Present Illness” by Louise Aronson. The story provides a view of what it means to be a doctor and a patient by introducing readers into the lives of families in the neighborhoods, hospitals and nursing homes of San Francisco. The story offers a deeply humane and incisive portrait of health and illness in America today.

Office of GME Staff Development

- **ACGME Annual Meeting**

Jeffrey Berger, DIO, Anne Cioletti VC GMEC, and Mary Mosby, Assistant Director, GME, attended the ACGME Annual Meeting, San Diego, CA

New Resident Orientation

A three-day orientation was held for new first-year residents June 15-17. The goals of the three-day event are to create a positive and supportive atmosphere for new residents, to introduce them to the resources available to help them to be successful in their programs, to communicate expectations for behavior with regard to professionalism, interdisciplinary teamwork, and their roles as educators and resource managers, and to familiarize new residents with ACGME accreditation standards. Among the topics included in the orientation curriculum were education in **physician impairment**, instruction in **fatigue and sleep deprivation**, **residents as teachers**, an overview of **emergency preparedness**, and **mistreatment**. Mr. Barry Wolfman and Dr. Gary Little provided an **orientation to the GWU Hospital community and environment**, with a focus on patient care and patient safety. Residents and fellows who have participated in training in other programs but are new to GW attended an abbreviated, two-day orientation on July 1st and 2nd.

New to this year's orientation was a tour of the city's under-resourced neighborhoods. The tour was conducted by Jehan El-Bayoumi, founding director of the Rodham Institute. The Rodham Institute was established to apply the power of education to achieve health equity in Washington, D.C. The residents were guided on the tour by leaders in the community who helped highlight those challenges of the communities visited. The tour titled, "**See the City that you serve**," received very good reviews from the interns.

The final day of orientation, a white coat ceremony was held on behalf of the new residents. Family and friends joined with the programs in welcoming the new trainees. Dr. Richard Simons, Dean SMHS, gave the keynote address titled, "**Trust**."

Chief Resident Orientation

A day of orientation for the 2015-16 rising Chief Residents was held on May 8, 2015. The orientation covered topics on **Team Leadership, Educational Environment, Social Media and Professionalism**. Mr. Kenneth Armstrong, legal counsel for the MFA, used a series of vignettes to illustrate the Chief Resident's Role in **Risk Management**, and Dr. Charles Samenow, assistant professor of Psychiatry & Behavioral Sciences, held a workshop entitled **Impairment – Role, Issues, and Resources**. Mr. Barry Wolfman, CEO and Managing Director of GWU Hospital spoke to the residents on **Hospital Resources**. Lunch was provided around a forum for discussion with program directors as facilitators for topical discussions at each table. Topics included: **the role of residents in the hospital community, chief residents as teachers, leaders and innovators, and effective use of consultations**. A panel of **current Chief Residents responded to questions and discussed lessons learned** in the final session. A reception sponsored by the GW Hospital was held following the orientation.

Resident Appreciation Day

The GME Office and GMEC hosted the annual Resident Appreciation Day luncheon May 20, 2014. The Vice President for Health Affairs and Dean of the SMHS, the Associate Dean for GME, Program Directors, Residency Coordinators, and GME Staff attended and served lunch to the residents and fellows as an expression of the institution's appreciation for all that the residents contribute to GWU. A raffle was held with prizes donated by the Hospital, the MFA, Program Directors, and Residency Coordinators. Prizes included gift cards to retail stores and restaurants, theatre and baseball tickets.

Fellow Retreat

The annual GME Fellow Retreat was held November 2, 2014. This half-day of education was designed specifically for physicians in our fellowship training programs. The Retreat featured outside speakers and GW faculty members presenting on topics such as **contract negotiation, financial planning, interviewing, the art of consultation, and research programs and resources**. Participants included Mr. James Doherty, who presented a session on “**Understanding Your First Contract**,” Mr. John Crane, who offered his professional advice on “**Making a Successful Financial Transition from Fellowship to Attending**,” Dr. Lisa Schwartz, who presented a brief overview of the **Clinical Research Track Program**, Dr. Jeff Berger, who advised the fellows on “**Communications and Interviewing Success**,” and Ms. Laura Abate, of the Himmelfarb Library, who instructed the fellows on *RefWorks*. A lunch discussion was facilitated by Dr. Gary Little on “**How to be a Great Consultant**.”

Resident Working & Learning Environment

Residents Committee

The Residents Committee met monthly with Dr. Jeffrey Berger, Mr. Barry Wolfman, GWUH CEO, Dr. Gary Little, the GWUH Medical Director, and members of the GME staff. Dr. Erin Davison (Internal Medicine) and Dr. Ryan Scully (Orthopaedic Surgery) were elected to serve as co-chairs for the 2014-2015 academic year.

Resident Representatives on the GMEC

- Dr. Erin Davidson, Internal Medicine
- Dr. Ryan Scully, Orthopaedics

Institutional Committees

Resident and Fellow were appointed to University, Hospital and GME committees for a 1-2 year appointment with auto annual renewal. Each year residents are given a list of available committees to indicate their interests. Residents are then appointed to the committee by the resident committee co-chairs and DIO. This year, all committees were filled with resident representation. Resident membership was diverse in specialty and PGY level. A total of 108 residents joined committees, a record number. Residents are invited to report committee summary reports at the monthly Resident Committee meetings. Residents were appointed to the following committees:

Committees

SMHS

Clinical Learning Environment Committee

CUMEC (Curriculum Committee - Clinical Subcommittee)

Year 3/4 Planning Committee

University Benefits Committee

GME

Resident's Committee

Resident Peer Review & Quality Improvement Committee

CLER Committee

Program Accreditation, Review and Reporting (PARR)

Educational Events Committee

Program Allocation Committee (PAC)

UHS

Breast Care

Bylaws

Cancer

Credentials
Critical Care
Emergency Management
Ethics
Hospital Quality Council
Infection Control
Medical Executive
Medication Safety
Medical Records
Operating Room
Patient Education
Peer Review
Perinatal
Pharmacy & Therapeutic
Transfusion Medicine

Resident Quality Council (RQC), formerly Resident Peer Review (RPR) Committee

The RQC is a subcommittee of the Hospital's Quality Council, formerly the Hospital Peer Review Committee, and was established to improve communication between residents and departments; to foster a safe environment for residents and fellows to discuss medical outcomes and difficult medical decisions; to educate resident and fellows about risk management, adverse event reporting, professional standards, communication errors, and care review; and to identify systems problems and effect systems changes. All programs are represented on the committee and members are peer selected and approved by their program directors.

Town Hall Meeting

A Town Hall Meeting for residents and fellows was held March 18, 2015. The meeting was well attended by residents and fellows. The co-chairs of the Residents Committee conducted a pre-survey of the residents to determine concerns around resident work life at GW. The survey focused on the utilization of resources currently offered to residents. The discussions included the following topics: Only invitees of the Residents' Committee Chairs were permitted to attend the meeting.

- Enterprise management systems changes, from E-Value to Medhub.
- The RQC discussed its work on improving communication between teams when calling a consult. There will be a project to evaluate the effectiveness of a communication tool to be used at the time of calling a consultant.
- Mr. Barry Wolfman gave an update from the hospital administration. Specific topics addressed included provider's roles in patient satisfaction and patient experience. Specific goals for the housestaff would be to increase timeliness of discharges and increase physician communication with patients.
- Dr. Sarani spoke about the Transfer Center which has developed in the last year. He and Kim Russo, COO, have developed personal relationships with hospitals in the surrounding area, in order to facilitate transfer of patients in need of a higher level of care. He addressed questions that were raised about specific issues that have come up with these transfers. He noted that the transferring physician at the

outside hospital can be directly contacted for more information, if needed. The phone number can be obtained by calling the house supervisor.

- William Denq, emergency medicine resident, discussed his role on the University Benefits Advisory Committee and provided residents with updates from the committee.

Major Affiliates

The George Washington University Hospital (GWUH)

The GWU Hospital CEO, CQO and CMO attend meetings of the GMEC and the Residents Committee as standing members to discuss work environment issues. The Hospital sponsored several events for the residents, including a cash prize for an innovative award in Quality Improvement, a Winter Reception, Welcome Reception for the new interns, and a Chief Resident reception following the Orientation for the new Chief Residents.

In addition, the Hospital sponsors dry cleaning services for resident/fellow white coats, and a taxi voucher program for fatigued residents. The hospital also increased the meal allowance for residents on overnight call.

Children's National Health System (CNHS)

Children's National Health System (CNHS) is one of the nation's preeminent pediatric teaching hospitals offering a comprehensive program of post-graduate education, including fellowship opportunities in a variety of pediatric specialties. It serves as the Department of Pediatrics for The George Washington University SMHS, each year training more than 200 third and fourth year medical students as well as residents and fellows from GWU's accredited programs. Most of GW's residency and fellowship programs send trainees to Children's for pediatric experience, including Anesthesiology, Emergency Medicine, Endocrinology, CCEP, Neurological Surgery, Neurology, Clinical Neurophysiology, Ophthalmology, Orthopaedic Surgery, Otolaryngology, Pathology, Psychiatry, Radiology, Neuroradiology, Surgery, and Urology. Our recently accredited program in Dermatology also participates at CNHS and the Fellow in our newly-accredited Epilepsy program will rotate to Children's beginning in the 2016-17 academic year. GWU is also the sponsor of two accredited fellowship programs based at CNHS - Pediatric Anesthesiology and Pediatric Pathology. In addition, GW Hospital serves as a training site for Children's Pediatric Programs, with all of their pediatric residents and fellows and rotating in the Hospital's neonatal unit.

The Washington D.C. Veterans Affairs Medical Center

The DCVA provides care to veterans residing in the District of Columbia and portions of Virginia and Maryland. The medical center treats over 30,000 veterans and has 322,000 outpatient visits each year, providing acute general and specialized services in medicine, surgery, neurology and psychiatry, and nursing home care. The George Washington University School of Medicine and Health Sciences is one of four medical school affiliates of the DCVA. GW residents in Anesthesiology, Dermatology, Emergency Medicine, Internal Medicine, Endocrinology, Gastroenterology, Infectious Diseases, Geriatric Medicine, CCEP, Hematology/Oncology, Pulmonary, Obstetrics/Gynecology, Ophthalmology, Pathology, Cytopathology, Surgery, Sleep Medicine, and Hospice and Palliative Medicine rotate to the DCVA.

INOVA Fairfax Hospital (FFX)

Inova Health System is a not-for-profit health care system based in Northern Virginia that consists of hospitals and other health services including emergency and urgent care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova's mission is to provide quality care and improve the health of the diverse communities it serves. GW residents in Anesthesiology, Internal Medicine, Emergency Medicine, Cardiology, Infectious Disease, Nephrology, Pulmonary, Obstetrics/Gynecology, Neurological Surgery, and Psychiatry rotated to Inova Health System over the 2014-15 academic year. GW is the sponsoring institution for the Psychosomatic Medicine fellowship program, which is clinically based at Inova. In the coming year, as Inova Health System continues to add to its own accredited programs, GW will no longer send residents from the Neurological Surgery and Obstetrics/Gynecology programs to Inova Health System.

Holy Cross Hospital (HCH)

Holy Cross Hospital, with 425 beds, is the largest acute care facility in Montgomery County, Maryland. Serving the Washington Metropolitan area since 1963, the hospital offers medical, surgical, obstetric, newborn, pediatric, gynecologic, critical care, emergency, diagnostic, rehabilitative, home/care, and adult day services. Holy Cross Hospital is a recognized teaching center through its affiliation with The George Washington University. Residents rotating through Holy Cross Hospital participate in the care of private patients with a large variety of problems encountered in a community medical practice setting. GW residents in Obstetrics/Gynecology, Surgery, and Otolaryngology have benefitted from their educational experience at Holy Cross Hospital. More recently, residents from the Neurological Surgery program have incorporated rotations at Holy Cross Hospital into their program.

NIH

The National Institutes of Health (NIH), an agency of the US Department of Health and Human Services, is composed of 27 Institutes and Centers conducting basic, translational or clinical research. On its 322 acre campus is the NIH Clinical Center, the nation's 240-bed clinical research hospital and the world's largest hospital dedicated totally to clinical research. The NIH Clinical Center is dedicated to improving human health by providing an outstanding academic environment that facilitates the development of diagnostic and therapeutic interventions; the training of clinical researchers; and the development of processes to ensure the safe, efficient, and ethical conduct of clinical research. The Clinical Center achieves this mission through a culture that fosters collaboration, innovation, diversity, and the highest ethical standards. GW Residents and Fellows in the Internal Medicine, Neurological Surgery, Cytopathology, Neuroradiology, Urology, and Hospice and Palliative Medicine programs rotate to the NIH Clinical Center. Residents and fellows in other specialties are accepted at NIH for research electives.

Salary and benefits

Resident Responsibilities

The obligations of the resident physician are outlined in the Resident Agreement. The Agreement is reviewed annually by the Office of Legal Counsel. The Agreement outlines salary and benefit information and addresses

clinical and educational requirements, licensure, medical records, OSHA and HIPPA training, health clearance, cooperation and assistance in litigation, inventions, visas, federal and applicable state regulations, and institutional and program policies. Compliance is monitored by the GME Office and reported to the GMEC.

Resident Salaries

The GMEC recommended and the Board of Trustees approved a 2% increase in salary for the 2014-2015 academic year for the residents and fellows.

Counseling Services

The GMEC continues to fund a program with the MFA Department of **Psychiatry** that will provide an initial assessment, plus four follow-up visits to an MFA Psychiatrist at no charge to the resident, when requested. GME has established relationships with non-GW psychiatry department providers to deal with conflicts that require outside services. Dr. Samenow, MD, spearheads the counselling services offered by GME with intake visits and appropriate referrals.

Surveys

Mistreatment Survey

This survey, based on the Medical Student Graduate Questionnaire, addresses issues of mistreatment, civility and inequity in the workplace. The survey was posted to the MedHub site and responses were anonymous. 330 residents and fellows responded to the survey. Data from this survey were presented at the School of Medicine & Health Sciences Committee on the Learning Environment by the Associate Dean for GME.

Exit Survey

As part of our effort to improve our programs and services for residents, an exit survey was developed to solicit feedback from all graduating residents. The survey was posted to the MedHub site and responses were anonymous. Residents were asked to rate, on a scale of 1 to 5, program satisfaction, program leadership, faculty participation, institutional support, and the work environment. Ninety-eight percent of the graduates completed the survey.

Examples of feedback from the residents include:

- Overall experience (4.04)
- 91% Would recommend GWU for residency/fellowship training
- Preparation for independent practice (4.0)
- Program director availability to residents and fellows (4.1)
- Faculty treatment of residents and fellows (4.2)
- Faculty interest in teaching (4.08)
- Opportunity to provide input through written evaluations of the faculty (4.0)
- Responsiveness of program to resident input (3.8)
- Effectiveness of program leadership (4.0)
- Quality of guidance on what residents need to do to improve (4.1)
- Institutional Support in terms of accessibility/availability/responsiveness of GME Office staff (4.6)

Feedback was evaluated and incorporated into a GME Action Plan document (below).

New Initiatives

Annual Program Review Meetings

The program annual budget meetings were expanded in 2013-2014 to include discussion of Annual Program Evaluation (APE) and Action Plan (AP) documents. Each program was required to complete and submit their Annual Report prior to the meeting. The Associate Dean for GME, the GME Director, and the GME Fiscal Coordinator met with each Program Director and Program Coordinator to discuss resident FTEs and budget. In addition, the discussion included review of the APE and AP documents and ACGME requirements, including resident and faculty surveys, handoff education, patient safety and quality improvement, research, faculty development, evaluation, supervision, CLER, residents as teachers programs, and needs of the program.

Mock Root Cause Analysis

The CLER Committee developed multidisciplinary, standardized Root Cause Analysis (RCA) simulations for **Emergency Medicine, Obstetrics & Gynecology** and **Anesthesiology & Critical Care Medicine** programs. RCA is a systematic response to error and the goal of RCA is to learn from adverse events and prevent them from happening in the future. The committee will work with program directors to expand the program offering to other programs.

Action Plan

New Items

Item 1: SWOT Analysis by programs

Responsible party: Associate Dean for GME, DIO
Collaborators: PDs, DIO network
Plan: Implement SWOT analyses by programs for Self-study planning and GMEC oversight
Outcome: 2-3 SWOT presentations scheduled-delivered for each GMEC meeting
Deadline: July 2015

Item 2: Add questions to MedHub posting of Core Curriculum Lectures to prove review by trainees.

Responsible party: Assistant Director GME, Information Specialist GME
Collaborators: Assoc. Dean for GME, DIO
Plan: 3-4 questions per lecture require correct response for credit
Outcome: Accountability for viewing to receive credit for mandatory activity
Deadline: November 2015

Item 3: Results of Otolaryngology Appeal to ACGME and return site visit.

Responsible party: Program Director, Otolaryngology
Collaborators: Assoc. Dean for GME, DIO
Plan: Inform interviewees of probation and plan for reduced complement scenario.
Outcome: Goal: Restoration of complement, reduction in citations and removal of probation status
Deadline: January 2016

Item 4: Expand Resident role in benefits advisory committee. Structure data collection and review process for annual recommendations to UHS and University.

Responsible party: Associate Dean for GME, DIO, Director GME
Collaborators: Residents Committee Chairs
Plan: Select residents, meet, conduct needs assessment, annual recommend benefits to GMEC, attend University Benefits Committee

Outcome: Functional committee of residents with annual review and recommendations delivered to GMEC
Deadline: February, 2016

Item 5: Coordinator, PD, APD, and DIO Evaluations

Responsible party: Associate Dean for GME, DIO
Collaborators: Director GME, GW PDs
Plan: Create evaluations on MedHub for evaluation of program leadership
Outcome: Improve responsiveness of institutional and program leaders to constituents
Deadline: June 2016

Item 6: Develop a Quality Improvement Database for Institution

Responsible party: Chair CLER Committee
Collaborators: Assoc. Dean for GME, DIO, Vice Chair GMEC, AAMC Innovation Grant, SMHS IT
Plan: Pretest survey, Develop website, Posttest
Outcome: Functional database, archive and resource repository for QI at GW
Deadline: June 2016

Item 7: Contemporaneous oversight planning

Responsible party: Associate Dean for GME, DIO
Collaborators: DIO network
Plan: WebADS pre-review, Case Log review 2x annually for senior trainees, Pre-survey for Residents Survey
Outcome: Improved ACGME accreditation notifications and reporting
Deadline: November 2016

Item 8: Develop Surveys: Internal Resident Survey, Alumni Survey, Employer Survey and multi-rater feedback tools.

Responsible party: Associate Dean for GME, DIO
Collaborators: DIO network, GW PDs, GW SMHS Sr. General Counsel
Plan: Gather data for analysis and reporting of outcomes, test and improve
Outcome: Programs utilize data for quality improvement
Deadline: November 2016

On-going Efforts

Item 1: GME Policies for Next Accreditation System (NAS)

Responsible party: Associate Dean for GME, DIO
Collaborators: National DIO network
Plan: Create over 10 policies and several template/worksheets to adapt to the new oversight requirements under NAS.
Outcome: Approved policies that permit implementation of NAS requirements
Deadline: Early-2015
Completion date: March 2015
Notes: Will reassess Policies at 4th quarter of 2016 for modifications in NAS

Item 2: Annual Program Evaluation (APE) template, Dashboard, and Scorecard system

Responsible party: Associate Dean for GME, DIO
Collaborators: PARR committee leadership, Director, GME, GME Staff
Plan: Create metrics and complete dashboard with GME staff. Create structure for GW annual program review, including Annual Program Evaluation (APE). This allows comparison along indices and between programs for resource determination and strategic planning

purposes. It also prepares GW for NAS requirements for GME oversight and Annual Institutional Review (AIR)

Outcome: Functional dashboard that informs scorecard that is well-received by PDs
Deadline: Create template for distribution on August 9, 2014
Completion date: July 2015 – APE delivered
November 2015 – Dashboard completed
November 2015 – Scorecards delivered to programs
Notes: Review outcomes in 2nd quarter 2016 with ACGME reporting

Item 3: Resident Management System software evaluation and recommendation: MedHub

Responsible party: Associate Dean for GME, DIO
Collaborators: Assoc. Dean for Finance, SMHS attorney, Dean of SoN
Plan: Oversee contract with MedHub. Participate in weekly meetings with MedHub staff, engage GME staff in learning software and development, and coordinate training for GW coordinators and key faculty.
Outcome: Improved system for organizing program efforts and institutional oversight under NAS and CLER
Deadline: Launch January 1, 2015
Completion date: January 2015
Notes: Goal for Evaluations developed and distributed by for multi-rater feedback and program review, and Milestones reporting 100% for all programs by 2nd quarter 2016

Item 4: Hospital Affiliation Review and GWUH Partnerships

Responsible party: Associate Dean for GME, DIO
Collaborators: GWUH C-suite, major affiliate leadership
Plan: Visit major affiliates and work with GWUH executives to collaborate on trainee space, equipment and resource needs.
Outcome: Establish relationships and confirm any changes anticipated
Deadline: On-going

Item 5: GME Multispecialty Simulation Program

Responsible party: Associate Dean for GME, DIO
Collaborators: Director, Simulation Center
Plan: Multidisciplinary, multiprofessional teams working with Director of simulation center (Dr. Ranniger) on a plan for team-based simulation that is scheduled via GME office and developed with support of Simulation Center staff.
Outcome: Well-reviewed simulation by resident participants and improved teamwork as measured by survey data
Deadline: Pilot to launch in September 2014
Completion date: September 2014
Notes: Growth of program halted due to staffing shortages in Simulation Lab. Will readdress in 3rd quarter 2016

Implemented Items

Item 1: Develop GME mission, vision, credo and strategic plan

Responsible party: Associate Dean for GME, DIO
Collaborators: SMHS Assoc. Dean for Strategy and consultants
Plan: Develop at consultant meeting and present GME vision at Faculty Senate meeting.
Outcome: Completion with performance indicators approved
Deadline: November 2015
Completion date: July 2015

Notes: Complementary to SMHS strategic plan with quarterly updates scheduled.

Item 2: GME Committee restructuring and subcommittee creation/convene

Responsible party: Associate Dean for GME, DIO

Collaborators: Director, GME

Plan: Define roles for committees, select and approve membership with GMEC and convene initial meetings.

Outcome: Committees functioning and effective as defined by PD survey

Deadline: February 2015

Completion date: February 2015

Notes: Approved by GMEC. All subcommittees operationalized.

Item 3: GME Vice Chair creation and selection

Responsible party: Associate Dean for GME, DIO

Collaborators: Sr. Assoc. Dean for MD Programs

Plan: Obtain Vice Chair of GME approval and funding for 10% FTE. Define roles and responsibilities.

Outcome: Appointment and productive member of GME Office

Deadline: Mid-2015

Completion date: August 2015

Notes: Anne Cioletti, MD, appointed and functioning outstanding in role.