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# THE GEORGE WASHINGTON UNIVERSITY

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## School of Medicine & Health Sciences

### FACULTY ASSEMBLY

Monday, March 16, 2015 -- 5:00pm – Ross 101

### MINUTES

FACULTY PRESENT: Jeffrey Akman , Joseph Babrowicz, Jeffrey Berger, Michael Berrigan, Joseph Bocchino, Francois Boller, Shawneequa Callier, Jillian Catalanotti, Vincent Chiappinelli, Anne Chiaramello, Mary Corcoran, Ellen Costello, Lawrence Deyton,, Alison Ehrlich, Jehan El-Bayoumi, David Frankfurter, Nancy Gaba, Zhiyong Han, Kenneth Harwood, John Hawdon, Robert Hawley, Yolanda Haywood, Kathryn Humm, Holly Jonely, Donald Karcher, Richard Katz, Jennifer Keller, Terry Kind, Patricia Latham, Susan Leach, Susie Lew, Charles Macri, Joyce Maring, Timothy McCaffrey, David Mendelowitz, Matthew Mintz, Keith Mortman, Richard Neville, Martin Ojong-Ntui, David Parenti, Kenna Peusner, Margaret Plack, Perry Richardson, Colleen Roche, Ted Rothstein, Elizabeth Ruckert, Narine Sarvazyan, W. Scott Schroth, Victoria Shanmugam, Jeffrey Sich, Robert Siegel, Sylvia Silver, Gary Simon, Imad Tabbara, Alan Wasserman, William Weglicki, Linda Werling

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) and voting on changes to the Faculty Bylaws (50).

Professor Steve Charnovitz of the School of Law was named Parliamentarian by unanimous consent.

The minutes of the October 6, 2014 SMHS Faculty Assembly meeting were unanimously approved.

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

The following names were nominated in response to a call for nominations. No additional nominations were received from the floor. Nominations received:

- One (1) chair from clinical department other than Medicine and Surgery:  
Donald Karcher (Pathology)
- Two (2) chairs from basic science departments (1 yr; 3 yr):  
One-Year: William Weglicki (Biochemistry & Molecular Medicine)  
Three-Year: Robert Hawley (Anatomy & Regenerative Biology)
- One (1) chair from health sciences departments:  
Lisa Alexander (Physician Assistant Studies)
- One (1) regular faculty from health sciences departments:

Shawneequa Callier (Clinical Research and Leadership)

- One (1) regular faculty from the clinical departments  
David Frankfurter (Obstetrics and Gynecology)  
Bruno Petinaux (Emergency Medicine)

Unopposed candidates Donald Karcher, William Weglicki, Robert Hawley, Lisa Alexander, and Shawneequa Callier were elected by a majority vote.

David Frankfurter was elected to represent faculty from clinical departments.

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

Positions held by Ellen Costello (Health Sciences), Robert Hawley (Basic Sciences) and Gary Simon (Clinical Sciences) expired in April 2015.

The following names were nominated in response to a call for nominations. No additional nominations were received from the floor. Nominations received:

- Clinical Department: Thomas Jarrett (Urology)  
Robert Zeman (Radiology)
- Health Science Department: Ellen Costello (Physical Therapy and Health Care Sciences)
- Basic Science Department: Michael Bukrinsky (Microbiology, Immunol., & Trop. Med.)  
Robert Hawley (Anatomy & Regenerative Biology)  
Imtiaz Khan (Microbiology, Immunol., & Trop. Med.)

Approval was provided by a two-thirds vote to proceed with election even though there was only one nominee for Health Science Department seat.

Robert Zeman, Ellen Costello, and Robert Hawley were elected by majority votes.

## **III. Proposal to Amend SMHS Bylaws to Establish the Committee on the Learning Environment as a Standing Committee of the SMHS Faculty Assembly.**

The proposed changes to the Bylaws making the Committee on the Learning Environment (CLE) a permanent committee of the Faculty Assembly was approved by a unanimous hand vote with 50 faculty voting.

Section X.B.2.i (NEW SECTION)

i. Committee on the Learning Environment

The Committee on the Learning Environment (CLE) shall advise the Dean and provide oversight of the learning environment for students and residents at the School of Medicine and Health Sciences. Specific charges include:

- Respond to directives from the Dean;
- Develop programs or strategies that create, support and facilitate a learning environment rooted in respect, excellence, compassion, integrity and human dignity;
- Develop strategies to collect and analyze data from internal and external sources that evaluate the learning environment;
- Initiate and approve policies related to the learning environment and student, resident, faculty, and staff conduct in the learning environment;

- Investigate allegations of student or resident mistreatment brought forth through the processes outlined in the Policy on Student and Resident Mistreatment;
- Recommend to the Dean remedies for individuals found to have violated the Policy on Student and Resident Mistreatment;

The membership of this committee shall consist of four (4) faculty members from clinical departments (at least one from Children's National Health System); one (1) basic science faculty member; one (1) health sciences faculty member; two (2) residents; three (3) medical students from years 3 and 4; and one (1) health sciences student. The committee may designate resident and student alternates to ensure adequate representation at each meeting. Term of Service: Three (3) years for faculty, residents, and students.

Faculty members of the CLE may be at any of the professorial ranks. Additionally, the Dean shall appoint non-voting decanal and ex-officio members to the CLE whose roles and responsibilities pertain to the undergraduate health sciences and medicine programs and the residency and fellowship programs. The institutional Ombudperson(s) for Mistreatment shall serve as ex-officio members of the CLE.

#### **IV. Executive Committee Report**

Michael Berrigan, Chair of the Executive Committee, introduced Committee members and then provided a report on the Committee's activities since the last Faculty Assembly meeting (see Attachment One).

#### **V. Update on Searches**

Dean Akman provided an update on recent searches for department chairs and deans.

#### **VI. GWU Faculty Senate Report**

Anton Sidawy provided a brief update on the activities of the Senate since the last Faculty Assembly meeting.

#### **VII. Faculty Affairs Report**

Ray Lucas provided a brief update on the activities of Medical Faculty Affairs.

#### **VIII. Update on Office of Diversity and Inclusion**

Yolanda Haywood provided a brief update on recent activities of her office.

#### **IX. Update on Graduate Medical Education**

Jeffrey Berger provided the annual GME report (see Attachment Two).

#### **X. Dean's Report**

Dean Akman provided a brief update on the School.

The meeting was adjourned at 5:55 pm.

Respectfully submitted:

Jeffrey Sich

Executive Director, Faculty Affairs

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

### Report to the Faculty Assembly October 6, 2014

#### Executive Committee Leadership

##### 2013-14

Chair: Robert Hawley (Anatomy & Regenerative Biology)  
Vice Chair: Michael Berrigan (Anesthesiology & Critical Care Medicine)  
Vice Chair: Joyce Maring (Physical Therapy & Health Care Sciences)

##### 2014-15

Chair: Michael Berrigan (Anesthesiology & Critical Care Medicine)  
Vice Chair: Margaret Plack (Physical Therapy & Health Care Sciences)

#### Appointment of Search Committee Members

##### *Cancer Center Director*

|                      |                      |   |                        |
|----------------------|----------------------|---|------------------------|
| Rachel Brem (Chair)* | Radiology            | Alexandros Tzatsos                                | Anatomy & Regen. Biol. |
| Marie Borum          | Medicine             | Robert Zeman                                      | Radiology              |
| Paul Brindley        | MITM                 | <i>Ex officio Members</i>                         |                        |
| Mandi Chapman        | GW Cancer Institute  | Harvey Katzen                                     |                        |
| Kimberly Horn        | SPH                  | Board of Directors, Katzen Cancer Research Center |                        |
| Norman Lee           | Pharm. & Physiology  | Robert Miller                                     |                        |
| Yang Liu             | CNHS                 | Sr. Associate Dean for Research-SMHS              |                        |
| Jonathan Sherman     | Neurological Surgery | Ellen Sigal                                       |                        |
| Anton Sidawy         | Surgery              | Chairperson/Founder, Friends of Cancer Research   |                        |
| Robert Siegel        | Medicine             | Pierre Vigilance                                  |                        |
|                      |                      | Associate Dean for Public Health Practice-SPH     |                        |

##### *Orthopaedic Surgery Chair*

|                         |                                    |                 |                        |
|-------------------------|------------------------------------|-----------------|------------------------|
| Anton Sidawy (Chair)* - | Surgery                            | Andrew Nevaizer | Orthopedic Surgery     |
| Anthony Caputy          | Neurological Surgery               | Matt Oetgen     | Orthopedic Surgery-CNH |
| Paul Dangerfield        | Anesthesiology & Crit. Care Med.   | Colleen Roche   | Emergency Medicine     |
| Shawn Haji-Momenian     | Radiology                          | Babak Sarani    | Surgery                |
| Holly Jonely            | Physical Therapy                   | Leah Schulte    | Orthopedic Surgery     |
| Panos Labropoulos       | Orthopedic Surgery                 | Vicki Shanmugam | Medicine/Rheumatology  |
| Peter Moskovitz         | Orthopedic Surgery (Clin. Faculty) |                 |                        |

\* Appointed by Dean

#### Appointment of Standing Committee Members (Three-year terms unless noted)

##### *Committee on MD Program Admissions*

|                    |                                  |
|--------------------|----------------------------------|
| Rinku Mehra        | Pediatrics                       |
| John Keiser        | Pathology                        |
| Carolyn Robinowitz | Psychiatry & Behavioral Sciences |
| Eric Wargotz*      | Pathology                        |
| Rachel Brem*       | Radiology (1 year)               |
| Samantha Easley    | Pathology (1 year)               |

### ***Committee on Appointments, Promotions, and Tenure***

|                  |   |
|------------------|---|
| William Weglicki | Biochemistry & Molecular Medicine       |
| Joyce Maring     | Physical Therapy & Health Care Sciences |
| Margaret Plack   | Physical Therapy & Health Care Sciences |

### ***Committee on Health Sciences Curricula***

|                   |                                   |
|-------------------|-----------------------------------|
| Attila Hertelendy | Clinical Research & Leadership    |
| Debra Herrmann    | Physician Assistant Studies       |
| Zhiyong Han       | Biochemistry & Molecular Medicine |

### ***Committee on Undergraduate Medical Education Curriculum***

|                 |                               |
|-----------------|-------------------------------|
| Susan Ceryak    | Pharmacology & Physiology     |
| Rosalyn Jurjus  | Anat. & Regen. Bio. (2 years) |
| Zhiyong Han     | Biochem./Molec. Med. (1 year) |
| David Belyea    | Ophthalmology (1 year)        |
| Tracy Yarbrough | Pharmacology & Physiology     |
| Colleen Roche   | Emergency Medicine            |

### ***Committee on Health Sciences Student Evaluation***

|                 |                                |
|-----------------|--------------------------------|
| Kenneth Harwood | Clinical Research & Leadership |
| Marianne Vail   | Physician Assistant Studies    |

### ***Committee on Medical Student Evaluation***

|                   |                           |
|-------------------|---------------------------|
| Keith Boniface    | Emergency Medicine        |
| Katherine Kennedy | Pharmacology & Physiology |

### ***Committee on Research***

|                    |           |
|--------------------|-----------|
| Sabyasachi Sen     | Medicine  |
| Victoria Shanmugam | Medicine  |
| Henry Kaminski     | Neurology |
| Bao-Ngoc Nguyen    | Surgery   |

### ***Committee on Masters and Doctorate Graduate Programs***

|                |                             |
|----------------|-----------------------------|
| Lisa Alexander | Physician Assistant Studies |
| Norman Lee     | Pharmacology & Physiology   |

\* Appointed by Dean

## **Received and Reviewed Annual Reports of Standing Committees**

### **Approved Changes to Regulations for M.D. Candidates.**

The Committee unanimously approved new Regulations as recommended by the Medical Student Evaluation Committee.

### **Reviewed and Approved Guidelines for Limited Service Appointments**

### **Reviewed and Recommended Approval of Change to Bylaws Regarding the Roles of the Committee on MD Program Admissions**

## ATTACHMENT TWO

### Office of Graduate Medical Education The George Washington University School of Medicine and Health Sciences

#### ANNUAL REPORT: Academic Year: 2012-2013

**From: Nancy D. Gaba, M.D.**

**Associate Dean for Graduate Medical Education, Designated Institutional Official (DIO), and  
Chair, GME Committee**

**To: The George Washington University School of Medicine and Health Sciences Faculty Assembly  
The George Washington University Hospital Medical Staff Executive Committee  
The George Washington University Vice President for Health Affairs and Dean, School of  
Medicine and Health Sciences  
Affiliated Hospitals of the George Washington University Graduate Medical Education Programs**

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, 2012 to June 30, 2013.

#### **ADMINISTRATION:**

- **Office of Graduate Medical Education:** The GME Office was temporarily moved from Ross Hall to the 6<sup>th</sup> floor of the GW Hospital during the renovation of Ross Hall. The office will move back to newly renovated space in Ross Hall in early 2014.
- **Committee on Graduate Medical Education (GMEC):** The GMEC meets monthly on the 3<sup>rd</sup> Monday of the month. The Executive Committee of the GMEC, which includes program directors from GME programs with 20 or more residents, plus resident representatives and administrators, meets every month. The full GME Committee, which includes the Executive Committee members, plus all other program directors, meets quarterly. During 2012-2013, the two Committees in total held 12 meetings.
- **New Program Directors:** Newly appointed program directors are Dr. Albert Chun (Interventional Radiology), Dr. Lisa Catapano (Psychiatry), and Dr. Danielle Davison (Critical Care Medicine).
- **Match Results:** The residency programs matched 97% of the total positions offered in the Main Residency Match (98/101 positions). Twelve percent of the positions were matched to students from the GWU School of Medicine and Health Sciences.
- **Resident Recruitment and ERAS:** The GME Office supports program recruitment by coordinating with University Information Systems to provide access and support for programs currently using the Electronic Residency Application Service (ERAS).

#### **ACCREDITATION:**

- **Current status of accredited programs (as of June 30, 2013):**
  - Full Accreditation: 36

- Initial Accreditation: 1
- **Changes to current programs:**
  - Emergency Medicine: approved for an increase in complement from 10 to 11 residents per year; received approval to delete Prince George's Hospital as a participating site for the program.
  - Anesthesiology: approved for an increase in complement from 7 to 8 residents per year.
  - Diagnostic Radiology: approved for an increase in complement of 1 resident.
- **RRC site visit results for residency programs reviewed:** The following residency programs had site visits by their Residency Review Committees, the results of which were presented to the GMEC in academic year 2012-2013, with requests for follow-up reports back to the GMEC on corrections to citations as appropriate. Each program received "Continued Accreditation" with varying review cycles (5 years being the longest possible cycle).
  - Pediatric Anesthesiology, Continued Accreditation, 5-year cycle, commendation by the RRC for demonstrated substantial compliance with ACGME requirements.
  - Clinical Neurophysiology, Continued Accreditation, 5-year cycle, commendation by the RRC for demonstrated substantial compliance with ACGME requirements.
  - Pathology, Continued Accreditation, 5 year cycle, commendation by the RRC for demonstrated substantial compliance with ACGME requirements.

Individual program citations identified by the above RRCs generally included areas related to inadequate clerical support personnel, funding and support for faculty scholarly activity, autopsy turnaround time, inadequate call rooms at participating sites, and incorrect coding of faculty certification on the PIF. There were no duty hour citations.

- **Upcoming Site Visits:**
  - Pediatric Pathology – October 9, 2013
- **Mock Site Visit:**

The RRC site visit for the Cytopathology program, scheduled to be conducted in May 2013, was canceled by the RRC and a new date will be determined under the Next Accreditation System (NAS). Since the program was already prepared for the site visit, the DIO decided to conduct a mock site visit, chaired by most recent chair of the cytopathology internal review. A report was generated and presented to the GMEC.
- **Institutional Internal Reviews:** Revisions to the Accreditation Council for Graduate Medical Education (ACGME) Institutional Requirements effective July 1, 2014, and relative to the internal review process, will require the GMEC to demonstrate effective oversight of underperforming programs through a special review process. The GMEC has decided to continue to conduct internal reviews. Beginning with the 2013-2014 academic year, each program will be reviewed every two and one-half years. For those programs that have a self-study date anticipated in the next three years, an internal review will be conducted in the 2013-2014 academic year. The GMEC recommended that internal review subcommittees be created for hospital specialties, surgical specialties, and ambulatory specialties. In addition, the GMEC will regularly review the information submitted by programs on the ACGME Web Accreditation System. The goal of the reviews is to provide useful and measurable information that can be used to meet requirements of the Next Accreditation System (NAS). The GMEC's current internal review protocol will be revised accordingly.

The following programs were reviewed in academic year 2012-2013: Diagnostic Radiology, Interventional Radiology, Otolaryngology, Urology, and Sleep Medicine

The most common areas of non-compliance with program and institutional requirements identified during internal reviews were: procedure experience (monitoring and documenting), documentation

deficiencies (written curriculum, goals and objectives, program policies, etc.), annual meeting documentation and implementation of performance improvement activities, monitoring of resident fatigue, documentation of handoff process, improvement of didactics, and space issues. Particular attention was paid to previous RRC citations and their resolution.

The internal review reports were reviewed, discussed, and approved by the GMEC. The GMEC requires the Program Director to provide follow-up reports to the Committee until all issues are resolved.

- **ACGME Resident Survey:** The GMEC reviews all resident survey reports annually and at the time of the program internal reviews. The DIO meets with program directors, teaching faculty, and residents if an analysis of the survey results indicates substantial noncompliance in multiple areas. As a result of the 2012 Resident Survey, the Pathology program received a letter from the RRC detailing several areas of noncompliance. The GMEC responded by appointing a program director from another residency to meet with the Pathology residents to address their issues. A follow-up report was provided to the GMEC.

For the 2012-2013 Resident Survey, aggregated program data for GWU showed that our programs were at or just slightly under the National Mean in all categories except Educational Content, where we scored below the National Mean in providing data about practice habits.

- **ACGME Faculty Survey:** The first annual Faculty Survey was conducted by the AGME in academic year 2012-2013. Areas measured in the survey included faculty support and teaching, educational content, resources, patient safety, and team work. Twenty-two programs were required to participate and the overall compliance rate was 100%. Program faculty compliance for completion ranged from 70% to 100% of the faculty participating. Data was available for those programs that achieved the required rate of compliance and had more than three faculty members eligible to participate. Of the ten programs with available data, the faculty members surveyed indicated a positive overall evaluation of the program. Individual program data from the Faculty Survey was discussed with program directors at their Annual Program Review Meeting with the DIO.
- **Institutional Policy Reviews:** The GMEC revised, or promulgated the following institutional policies during the 2012-2013 academic year:
  - Resident Supervision
  - Recruitment, Eligibility, Selection and Appointment of Residents

## **EDUCATION:**

- **Research Curriculum:** In academic year 2008-09, the GME Committee, in collaboration with the Office of Health Research, approved an initiative to provide a series of conferences for all residency programs on research topics. The Research Conferences continued in 2012-2013, with presentations by Dr. David Frankfurter, Professor of Obstetrics & Gynecology and Medical Director, IVF and Donor Egg Program, who conducted a session on “Evidence Based Medicine: Study Design and Numbers,” and Dr. Anne N. Hirshfield, Associate Vice President for Research and Professor of Anatomy, whose topic was “Ethics of Research: Involving Human Subjects.”
- **Residents As Teachers:** This educational development program for Residents (Residents as Teachers or RATS), initiated in the Ob/Gyn program as a joint undertaking with the Medical School’s Office of Interdisciplinary Medical Education (OIME), utilizes a workshop format led by faculty mentors and Ob/Gyn leadership, and involves practical application of teaching skills as well as evaluation methods utilizing standardized students. The program is multi-disciplinary and also provides leadership training. Leaders from the OIME, as well as involved Ob/Gyn faculty and GMEC members, presented the



program to the GMEC membership. Dr. Nancy Gaba and a team of educators including Drs. Jim Blatt, Larrie Geenberg, and Jennifer Keller have been conducting RATS workshops utilizing a “train the trainer” model. Participating programs include General 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). A RATS coordinator from the GME office works with program directors, faculty and OIME staff to facilitate scheduling and implementation and to support program directors who are interested in participating.

- Core Curriculum:** The GME Committee sponsored a series of core curriculum lectures on topics appropriate for all residency programs. These lectures are presented the first Wednesday of each month at 7:15 a.m. and 12:00 noon. Attendance at the core curriculum lectures is monitored on the E\*Value system, which is programmed to send reminders of the session to the residents and then to generate an evaluation to be sent to those who attended. Attendance reports are sent to the program directors. 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 website and document their attendance.

| <b>Dates<br/>(Wednesdays)</b>              | <b>Speakers</b>  | <b>Topics</b>   |
|--|--|---|
| Sept 5, 2012                               | Dr. Gail Povar, MPH<br>Cameron Medical Group, LLP, Silver Spring, MD   | Ethics  |
| Oct 3, 2012                                | John W. Crane, CLU®, ChFC®, MBA<br>First Financial Group, Reston, VA   | Making a Successful Financial Transition from Resident to Attending                     |
| Oct 24, 2012<br><b>(Noon Session Only)</b> | <u>Patient Safety Conference</u><br>Moderator: Carol Wright, MD<br>Resident, Emergency Medicine<br>Co-Chair, Residents Committee<br>Panel: Sylvia Gonshan-Bollie, MD<br>Todd Sterling, MD<br>Simran Vahali, MD<br>Keith Boniface, MD   | Doctors as Patients: an inside look at patient experience from a resident’s perspective |
| Nov 7, 2012                                | James Scott, MD<br>Professor of Emergency Medicine<br>Department of Emergency Medicine<br>George Washington University   | "The Global Health Service Corps: Where do we really need more doctors?"                |
| Dec 5, 2012                                | David Parenti, MD<br>Professor of Medicine<br>Division of Infectious Disease, Department of Medicine<br>George Washington University   | Infection Control and Patient Safety  |
| Jan 9, 2013<br>(2 <sup>nd</sup> Wed)       | Charles Samenow, MD<br>Assistant Professor of Psychiatry and Behavioral Sciences,<br>George Washington University  | Maintaining Proper Boundaries   |
| Feb 6, 2013                                | Claudia Ranniger, MD<br>Assistant Professor, Department of Emergency Medicine,<br>George Washington University   | Quality Assurance and Peer Review: A Practical Primer                                   |
| Mar 6, 2013                                | Antoinette R. Saddler, MD<br>Associate Professor of Medicine, Gastroenterology and Liver Disease, George Washington University   | Nutrition For Residents   |
| Mar 13, 2013<br><b>(Noon Session Only)</b> | <u>Patient Safety Conference</u><br>Moderator: Rebecca Howell, MD<br>Resident, Otolaryngology<br>Member, Residents Committee<br>Panel: Gary Little, MD<br>Marco Martello, Hospital IT Services, and<br>Cerner Corporation Team via telephone<br>Hospital Risk Management Nursing Staff | The Human Component of EHR  |
| March 20, 2013                             | <u>Resident Town Hall Meeting</u>  | Various Topics  |

|                            |  |   |
|----------------------------|--|---|
| <b>(Noon Session Only)</b> | Dr. Nancy Gaba, Residents Committee & GW Hospital Administrators   |   |
| April 3, 2013              | Stanley Knoll, MD, FACS<br>Medical Director, Office of International Medicine Programs,<br>Clinical Professor of Surgery<br>George Washington University | Global Health: Issues and Opportunities |
| May 1, 2013                | Harold A. Frazier, MD<br>Clinical Professor of Urology, Director of Urologic<br>Oncology, George Washington University                                   | The Business of Medical Practice        |
| June 5, 2013               | Jill Krapf, MD<br>Assistant Professor, Obstetrics and Gynecology<br>George Washington University   | Handoffs                                |

- Duty Hour Rules:** For the 2012-2013 academic year, no programs were cited by their RRCs for duty hour violations as a result of a program site visit or the Resident Survey: Monitoring of duty hours, at GWU via the E\*Value system, is mandated by the GMEC during certain time periods; namely, before an internal review, before the completion of the ACGME's annual web-based Accreditation Data System (WebADS) update, and at certain other random time periods. During the 2012-2013 academic year, all residents and fellows were required to report their hours for the month of September.

On a monthly basis, reports are generated from the E\*Value system and sent to each Program Director, Program Coordinator, and the GME Director. 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 have been reported. During the internal review process the survey is reviewed with the Program Director and the residents to determine how violations have been addressed. Results are reported to the GMEC in the internal review report.

- Supervision:** In the 2012-2013 academic year, there were no citations from the RRC for supervision. The Pathology program received a letter from the RRC as a result of the Resident Survey, where residents reported that there was inadequate faculty supervision. A faculty member from another department met with the residents to address their issues and provided a follow-up report to the GMEC.

Instruction in fatigue 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 the Core Curriculum sessions, using the Sleep Alertness & Fatigue in Residency (SAFER) tool developed by the American Academy of Sleep Medicine. In addition, as part of the ELM Risk Management Course, the first ELM Module for Sleep Deprivation and Fatigue for faculty is now available for all MFA faculty members. Completion of this training is mandatory.

The GMEC institutional policy for Supervision of Residents was reviewed and revised by the GMEC to delineate the circumstances under which residents are required to notify the supervising faculty member. Notification is recommended under the following criteria:

- Death of a Patient
- Transfer of a patient to a higher level of care
- Patient discharged "against medical advice," or not formally discharged
- Rapid response, code blue, or brain attack
- Sentinel event (as defined by the Joint Commission)

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 such a 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 at the program's internal review. A copy of each program's policy is placed on file in the GME Office.

- **Evaluation:** 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. Most programs now use E\*Value for evaluations of the residents, faculty, and rotations, and we continue to encourage all programs to use the online evaluations wherever possible. We have had no recent citations in this category and the aggregate report of the Resident Survey shows that 99% of our responding residents are provided the opportunity to evaluate faculty and 98% of the residents have the opportunity to evaluate the program. Fewer residents (70%) report that they are satisfied with feedback after assignments. In the internal reviews conducted for academic year 2012-2013, one program had previous evaluation citations that were not resolved and recommendations were made by the internal review committee for the program to implement a formal process and to utilize the E\*Value system. This was reviewed again with the program director at the GME annual review and recommendations for improvement were suggested by the DIO.
  
- **Resident Research:**

The annual resident research competition was held, with 17 research papers submitted for review. One resident was chosen as a presenter at the School of Medicine and Health Sciences Annual Research Day held April. The resident winners for 2012-2013 are:

  - Clinical Science Research  
Mohamad Alkadi, MD, PGY 3  
Department of Internal Medicine  
Title: "The Influence of Race and Ethnicity on the Association Between Body Composition and Inflammation in Patients With Chronic Kidney Disease: Findings From the CRIC Study."
  
  - Case Reports (Tie)  
Sigrid Bairdain, MD, Research Year  
Department of Surgery  
Title: "Pediatric Blunt Abdominal Aortic Injury and the Use of Intra-operative Aortic Ultrasound for Surgical Decision Making."  
  
Hope Jackson, MD, Research Year  
Department of Surgery  
Title: "The Use of an Adapted FAST Protocol in Pregnant Patients with Hemodynamic Collapse."
  
  - Basic Science Research: No Winners in this category

## **FACULTY AND COORDINATOR DEVELOPMENT**

- **GME Retreat:** The 4th annual GME Retreat for Program Directors, Faculty, and Residency Coordinators was held April 19, 2013. The Keynote Speaker was Dr. Gary L. Dunnington, Chair of the Department of Surgery at Indiana University School of Medicine, who presented sessions on "Measuring Performance in Residency Training" and "Best Practices of Great Teachers." For the first time, the Retreat included a session presented by two Residents. Dr. Eric Pan, a GW resident in Anesthesiology, and Dr. Thomas Cudjoe, a resident in internal medicine at Howard University Hospital,

presented a session on “Graduate Medical Education Funding.” Drs. Pan and Cudjoe were assisted by Dr. James L. Scott, Professor of Emergency Medicine and former Dean of the School of Medicine and Health Sciences, and Dr. Fitzhugh S. M. Mullan, Professor of Health Policy and of Pediatrics. The GMEC was also pleased to welcome Dr. Diane M. Hartmann, Senior Associate Dean for GME and Professor of Ob/Gyn at the University of Rochester School of Medicine and Dentistry, who provided an overview of the “Clinical Learning Environment Review (CLER)” process. Workshops covered topics on physician wellness, humanism in graduate medical education and handoffs. A special session for residency coordinators was conducted by Mary Lynn Reed, Esq., Senior Counsel, on the “Academic Improvement Policy from the Perspective of the Residency Coordinator.” Feedback from attendees rated the program as excellent.

- **GME Autumn Professionalism Educational Retreat:** The GME Office sponsored a professionalism training session for faculty organized by Dr. Charles Samenow, Associate Professor of Psychiatry and Behavioral Science, and conducted by Visiting Professor Dr. Jeffrey Steiger on October 16, 2012. The Retreat was designed to engage faculty in professionalism education by employing real life scenarios designed to help them to develop new skills to teach professionalism to residents and fellows. Workshops were also offered to individual programs.
- **Workshops for New Program Directors:** Effective leadership of a residency program is a difficult, but rewarding job. The roles of the program director are numerous, and there is a steep learning curve. A series of workshops designed to assist new program directors and coordinators in running a program that most effectively achieves the goals of the individual department and meets ACGME requirements was designed and taught by the Associate Dean for GME and two experienced GME Program Directors. Practical topics, such as resident selection, resident evaluation, program organization, and curriculum design were covered in the initial session, which was held February 26, 2013. Twelve program directors and assistant program directors attended the half-day session. Each participant was provided with an electronic tool box of resource documents to use for their own programs. The goal is to hold 4-6 workshops over the course of the academic year.
- **E\*Value Conference:** The Annual National E\*Value User Conference was held October 10-11, 2012 in Minneapolis, MN. The GME Office sponsored attendance at the conference for the GME E\*Value Coordinator, the GME Fiscal Coordinator, and the Anesthesiology and Ophthalmology Residency Coordinators. The conference provides group training for basic and advanced functions in E\*Value, an opportunity for one-on-one consultations with a client services consultant or a subject matter expert, and the opportunity to meet with colleagues to share best practices and collaborate on E\*Value projects. The GME Office sponsored a workshop for Program Directors and Coordinators in the spring of 2013 to assist programs with setting up their schedules for the upcoming academic year on the system.

### **RESIDENT WORK ENVIRONMENT:**

- **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 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 2013-2014 academic year for the residents and fellows.

- **Residents Committee:** The Residents Committee met monthly with Dr. Nancy Gaba, Dr. Gary Little, the GW Hospital Medical Director, and members of the GME staff. Dr. Mary Tanski (Emergency Medicine) and Dr. Nisha Nathan (Internal Medicine) were elected to serve as co-chairs for the 2012-2013 academic year. In addition, two vice co-chairs were selected, Dr. Sarah Doaty and Dr. Anna McLean, both Internal Medicine residents.
- **New Resident Representatives on the GMEC for 2013-2014** are Dr. Carol Wright, Emergency Medicine, and Dr. Ramon Go, Anesthesiology. Both were elected as co-chairs of the Residents Committee for 2013-2014.
- **Institutional Committees:** Resident participation on GW Hospital Medical Staff Committees is strongly encouraged. Membership is open to all residents and fellows. Residents were selected to serve for the 2012-2013 academic year. Residents also serve on the Graduate Medical Education Committee.

| <b>GW Hospital Medical Staff Committee</b>  | <b>Resident Member(s)</b>   |
|---|---|
| Cancer Committee                            | Roya Setarehshenas, MD– Pathology   |
| Critical Care Committee                     | Carrie Valdez, MD - General Surgery<br>Arshan Beyzaei Arani, MD - Pulmonary/Critical Care   |
| Ethics Committee                            | Liza McClellan, MD - Internal Medicine<br>Swathi Namburi, MD - Internal Medicine<br>Eugene Simopoulous, MD - Psychiatry<br>Elizabeth Phillips, MD - Emergency Medicine  |
| Infection Control Committee                 | Sean Peden, MD - Orthopaedic Surgery  |
| Operating Room Committee                    | Daniel Asay, MD - Anesthesiology  |
| Patient Education Committee                 | Paige Armstrong, MD - Emergency Medicine  |
| Peer Review Committee                       | Meghan Magley, MD - Psychiatry<br>Aditya Sharma, MD - Cardiology  |
| Perinatal Committee                         | Chidimma Eto, MD - Obstetrics and Gynecology  |
| Transfusion Medicine Committee              | Elizabeth Martinez, MD - Pathology<br>Mairo Diolombi, MD - Pathology<br>Sarah Doaty, MD - Internal Medicine   |
| Emergency Management Committee              | Garrett Luetgen, MD - Emergency Medicine  |
| Hospital Quality Council                    | Hanna Mariani, MD - Internal Medicine   |
| Medical Executive                           | Mary Tanski, MD, Emergency Medicine   |
| <b>Medical School Committee</b>             | <b>Resident Member(s) – 2012-2013</b>   |
| Graduate Medical Education Committee (GMEC) | Mary Tanski, MD, Emergency Medicine, Resident Committee Co-Chair<br>Nisha Nathan, MD, Internal Medicine, Residents Committee Co-Chair<br><br>Anna McLean, MD, Internal Medicine, Residents Committee Vice Co-Chair<br>Sarah Doaty, MD, Internal Medicine, Residents Committee Vice Co-Chair |

|                                |  |
|--------------------------------|--|
| Resident Peer Review Committee | Rachel Seay, MD, Obstetrics and Gynecology |
| Gold Humanism Society          | Christopher Bayne, MD, Urology             |

- **Resident Peer Review Committee:**

The Resident Peer Review Committee is a subcommittee of the Hospital's 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. The Chair of the Resident Peer Review Committee for 2012-2013 was Dr. Rachel Seay, PGY 4, Ob/Gyn. Dr. Juliet Lee, Associate Program Director, Surgery, served as the Faculty Advisor. Dr. Seay presented a report of the Committee's activities to the GMEC at the April 2013 meeting, outlining the three cases that were reviewed by the Committee and referred to the appropriate parties for resolution. A consultation protocol was developed, with a recommendation for backup coverage. Concerns related to patient safety were referred to the Hospital Peer Review Committee. The Chair of the Resident Peer Review Committee for the 2013-2014 academic year will be Dr. Laura Perry, a resident in the Internal Medicine program.

- **Psychiatric Support for Residents:** The GMEC continues to fund the 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.
- **Hospital Support:** The GWU Hospital CEO and the Hospital Medical Director continued to attend meetings of the GMEC and the Residents Committee in academic year 2012-2013 to discuss resident work environment issues. The Hospital sponsored several events for the residents, including a Winter Party, a Welcome Reception for the new interns, and a Chief Resident reception following the Orientation for the new Chief Residents. In addition, the Hospital now sponsors dry cleaning services for resident and fellow white coats.
- **Resident Town Hall Meeting:** A Town Hall Meeting for residents was held March 20, 2013. All residents and fellows were invited to attend. The co-chair of the Residents Committee conducted a pre-survey of the residents to determine areas of concern and topics for discussion. Issues discussed included follow-up on the IV team issues, cafeteria food and vendors, parking problems, specifically when attendants are not available, and Hospital IT support for Cerner. Panel members included Mr. Barry Wolfman, CEO of GWU Hospital; Dr. Gary Little, Medical Director; Dr. Nancy Gaba, and staff from the Hospital Risk Management Office and the Hospital IT Support Team.
- **New Resident Orientation:** A three-day orientation was held for new first-year residents June 17-19. The goals of the three-day event were 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, an overview of emergency preparedness, and use of social media. 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 a two-day orientation on July 1<sup>st</sup> and 2<sup>nd</sup>.

- **Chief Resident Orientation:** Dr. Nancy Gaba conducted a day of orientation for the new Chief Residents for the 2013-2014 academic year on May 14, 2013. The orientation covered the topics of Team Leadership, the Educational Environment, and Social Media and Professionalism. Dr. Annette Dorfman spoke to the rising Chief Residents on their role as leaders in the institution. 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. An interactive Yogic Session was held by Ms. Linda Lang of Therapeutic Yoga of Greater Washington. Lunch was provided around a forum for discussion with program directors as facilitators and assigned topics for each table. Topics discussed were 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. The day ended with a reception sponsored by the GW Hospital and attended by members of the Residents Committee.
- **Resident Appreciation Day:** The GME Office and GMEC hosted the annual Resident Appreciation Day luncheon May 22, 2013. This year's theme was BBQ. The Vice President for Health Affairs and Dean of the School of Medicine, 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 luggage, gift cards to retail stores and restaurants, theatre tickets, and baseball tickets.
- **Fourth 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, "Acts of Humanism That You Witnessed from Colleagues That Changed Your Practice." Drs. April Barbour, Juliet Lee, Jehan El-Bayoumi, and Ms. Mary Tucker volunteered to judge the essays. Winners were Dr. Erin Marra, Emergency Medicine, 1<sup>st</sup> place; Dr. Anne Bennett, Emergency Medicine, 2<sup>nd</sup> place; Dr. Sahana D'Silva, Psychiatry, 3<sup>rd</sup> place. Cash prizes were awarded to the winners.
- **Fellow Retreat:** The second annual GME Fellow Retreat was held November 27, 2012. This half-day of education, sponsored by the GME Office, 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 on the CRT Program, Dr. Nancy Gaba, 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." Plans are underway to host the next Fellow Retreat in the Fall of 2013.
- **Resident 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 E\*Value 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:

- Preparation for independent practice (4.46)
- Program director availability to residents and fellows (4.54)
- Faculty treatment of residents and fellows (4.4)
- Faculty interest in teaching (4.39)
- Opportunity to provide input through written evaluations of the faculty (4.39)
- Responsiveness of program to resident input (4.27)
- Effectiveness of program leadership (4.38)
- Quality of guidance on what residents need to do to improve (4.36)
- Quality of life with regard to duty hours (4.43)
- Institutional Support in terms of accessibility/availability/responsiveness of GME Office staff (4.4)

### **QUALITY IMPROVEMENT/PATIENT SAFETY:**

- **Quality Improvement:** As detailed above, internal review issues and RRC site visit results are discussed at GME Committee meetings, and based on these and other outcome measures, the GME Office works with the individual programs to foster improvement. The Director of GME and the GME staff meet monthly with the Residency Coordinators to share ideas, lend support, and to discuss ways to improve GME institutional support services to the programs and the residents. E\*Value training is offered periodically to program directors and coordinators in an effort to improve program compliance with utilizing the system. As reported above, the GME Office sponsored staff members to attend the annual E\*Value Conference in Minneapolis.

Residents are reminded of and encouraged to participate in the activities of the GWU Hospital Quality Improvement Committee. At least one resident serves on every GWU Hospital Medical Staff committee. Plans are underway to develop new QI initiatives in collaboration with Hospital leadership. The GMEC CLER Executive Committee will undertake this project.

Mr. Barry Wolfman, GW Hospital CEO, addressed the members of the GMEC about Joint Commission patient safety issues at the July 2012 meeting. He asked members to remind the residents about the importance of hand washing and infection control measures.

The GW Hospital enlisted the assistance of the residents in their pilot of a Patient Workbook. Patients were provided with workbooks to list their hospital plan for the day, their medications, and their bedside care providers. The goal is to get patients more involved in their care, to provide patients with a better understanding of their care providers, and to engage them in their treatment plan. The Hospital plans to make the workbook part of their admissions packet.

- **Patient Safety:** The Residents Committee, in collaboration with the Medical Faculty Associates and GWU Hospital, continued this initiative begun in the 2007-2008 academic year. Two multidisciplinary Patient Safety Conferences were held in 2012-2013. The first of the conferences was a panel discussion with residents and attending physicians who had been patients. Three residents and one attending physician participated in “Doctors and Patients: an Inside Look at Patient Experience from a Resident’s Perspective,” held October 24, 2012. Dr. Carol Wright, Co-chair of the Residents Committee, moderated the panel. The panel members shared their personal experiences relating to pain management, response time to patient care needs from staff, communication, and professionalism. The second Patient Safety Conference was held March 13, 2013. Dr. Rebecca Howell, a Resident in Otolaryngology, moderated a panel discussion on “The Human Component of EHR.” She presented 5 clinical vignettes and asked the panel and the audience to consider systems issues, risk management



issues, and the human/patient perspective in dealing with errors on the electronic record. The panel included participants from IT, Risk Management, Quality Assurance, and Hospital Administration.

- **Handoffs:** As a result of the new duty hour requirements, programs have reviewed and revised their handoff processes and shared the steps that have been taken to improve in this area with members of the GMEC. Some of the improvements include revising schedules to reduce the number of handoffs that occur each day; revising schedules to spread equal numbers of staff over the entire day, rather than during the daytime only; departmental outpatient M & M conferences that include hospitalists and attending physicians; and presentations to residents that include a handoff video created by a nationally known physician expert. The Hospital is now providing individual team rooms for handoff activities. A recommendation was made to the GMEC to appoint a “handoff monitor,” who would spend time attending handoffs of other teams. The GMEC drafted and approved an institutional policy for Transitions of Care/Handoffs.

### **NEW INITIATIVES:**

- **Gold Humanism Society:** GWU is one of ten institutions selected from a nationwide applicant pool to receive a grant to pilot a resident chapter of this prestigious honor society. Faculty supervisors are: Drs. Tenagne Haile-Mariam and Nancy Gaba. Thirty-one residents and fellows were nominated and selected to serve as members of the GWU Chapter of the Gold Humanism Society.

The GME Office sponsored an observance of the Gold Humanism Honor Society Solidarity Day, on February 14, 2013 at the GWU Hospital. This event, called “Humanism in Action” was a day of awareness held on the national Gold Humanism Solidarity Day. Organizers of the event included the members of the GWU Resident Chapter and the faculty advisors. Members of the GWU Resident Gold Humanism Honor Society Chapter set up a booth in the lobby of the GWU Hospital. Working in one-hour shifts throughout the day, the resident members invited students, residents, attending physicians, staff and others to write brief descriptions of “Humanism in Action” to post on a large board and display in the Hospital Lobby. Anyone who participated by writing a description of Humanism in Action and posting it on the boards was given a Gold Humanism Honor Society button to wear commemorating Solidarity Day. After the event, the boards were taken to the Office of Graduate Medical Education, and will be displayed in the newly renovated GME Offices in Ross Hall.

- **GMEC Annual Book Club Meeting:** The GMEC instituted an annual book review meeting as part of the agenda for the January meeting in the 2011-2012 academic year, and continued this for 2012-2013. After a brief business meeting, at the January 23, 2013 meeting, the GMEC members discussed The Tennis Partner by Abraham Verghese. The discussion was moderated by Dr. Linda Raphael, Director of the Medical Humanities Program, and Dr. Gerald Perman, an expert in behavioral science. The discussion centered on drug addiction and the relationship between the resident and the faculty supervisor, specifically the blurring of personal and professional boundaries.
- **Clinical Competency Committee Workshops:** The Associate Dean for GME planned and presented a workshop designed to assist program directors and faculty in forming their Clinical Competency Committees. Program directors, associate program directors, and residency coordinators in the NAS Phase 1 programs attended the session on May 21, 2013. As part of the workshop, participants formed workgroups to discuss and design the set-up of the CCC for their individual programs and to practice evaluation of milestones achievement for their residents. Another workshop for Phase 2 programs will be held July 30, 2013.

- **Annual Program Review Meetings:** The program annual budget meetings were expanded in 2012-2013 to include discussion of GME Program Annual Reports. 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, in many cases, the Program Coordinator, to discuss resident FTEs and budget. In addition, this year, the discussion also included review of the Annual Report and ACGME requirements, including resident and faculty surveys, handoff education, patient safety and quality improvement, research, faculty development, evaluation, supervision, and needs of the program.

Many of the programs were found to have created innovative Quality Improvement and/or Patient Safety projects for their trainees, including:

**Internal Medicine:** The program created a Quality Improvement and Patient Safety rotation required for all residents. The two-week rotation includes both self-study, using Institute for Healthcare Improvement (IHI) online learning modules and daily seminars led by Internal Medicine faculty to solidify key concepts. By the end of the rotation, residents will understand common frameworks for evaluating patient safety and medical errors and be able to apply basic quality improvement techniques, such as performing root-cause analysis, creating fishbone diagrams, and performing PDSA cycles. Residents will work in groups to design a quality improvement project on a topic of their choosing.

**Geriatric Medicine and Hospice and Palliative Medicine:** Working together, the programs have incorporated the following into their curriculum: 1) Consult teams that emphasize the physician's role in safe transitions from the hospital to home, hospice or other settings for patients with serious or chronic illness; 2) the Master Faculty Scholar Program that focuses on QI and mentors fellows to complete QI projects that are important to their institutions; 3) Monthly M & M rounds; 4) Transitions of Care covered in the Core Conference series; 5) conferences with social workers who teach about use of adult protective services; and 6) core clinical programs, such as geriatrics clinic and home based primary care that emphasize safety assessment for all patients.

**Cardiology:** The program has instituted a QI project on heart failure re-admissions.

**Endocrinology:** The program is planning to utilize the resources of the Simulation Center to develop a handoff protocol using residents as patients.

**Gastroenterology:** The program plans to incorporate disease-specific notes into the Touchworks system.

**Infectious Disease:** The program has instituted a self-improvement project for the fellows. Continuing this year, each second year fellow will conduct a chart review looking at several health maintenance measures such as immunizations, instituting prophylactic therapy in HIV infected patients, counseling on safe sex practices, smoking cessation and other measures. Each fellow will then review how well they are adhering to offering these important measures and hopefully make positive changes towards the quality of care they provide. In addition the project will assess how well the electronic record is being utilized to capture these interventions.

**Rheumatology:** Each senior fellow is required to complete a QI project. This year's fellow reviewed 50-60 patients in his study of steroid-induced osteoporosis.

**Neurology:** The program instituted a Patient Safety Scavenger Hunt project, where residents were required to find information on hospital patient safety goals, the SBAR hand-Off Plan of Care form, and the adult IV medication guidelines.

**Ophthalmology:** The program has an ongoing project to study the driving habits of patients with low vision.

**Pathology:** The program is studying quality control issues in the laboratory relative to the competencies.

**Cytopathology:** The cytopathology fellow serves on the department's QA Committee.

- **CLER Executive Committee:** As the ACGME moves from a process-based to an outcomes-based accreditation system, the Associate Dean for GME and the GMEC formed a CLER Executive Committee as a subcommittee of the GMEC. The CLER Executive Committee will focus on the resident learning environment and develop initiatives in the six areas of the learning environment, including patient safety, quality improvement, transitions in care, supervision, duty hours monitoring/fatigue management, and professionalism.

Members include: Dr. Nancy Gaba, Associate Dean and DIO; Dr. Jeffrey Berger, Program Director, Anesthesiology; Dr. Colleen Roche, Program Director, Emergency Medicine; Dr. Katie Marko, Associate Program Director, Ob/Gyn; Dr. Zack Litvack, Associate Program Director, Neurological Surgery; Dr. Suzanne Sweidan, Hospitalist, Internal Medicine; Mr. Chris Jordan, Quality Improvement Officer, GW Hospital; and Ms. Mary Tucker, GME Director. The Committee also includes the following resident members: Dr. Alissa Romano (Neurology), Dr. Austin Smith (Internal Medicine), Dr. Erin Davidson (Internal Medicine), Dr. Fareen Zaver (Emergency Medicine), Dr. Ryan Tansek (Emergency Medicine), Dr. Erica Pasciullo (Ob/Gyn), Dr. Alice Harmon (Ob/Gyn), and Dr. Christopher Schroff (Anesthesiology).

Initiatives undertaken by the Committee include:

- Increasing the number of Patient Safety core curriculum sessions from two to four per academic year, with lectures based on the modules from the Institute for Healthcare Improvement (IHI)
- Utilizing the IHI curriculum for residents to complete Patient Safety/Quality Improvement modules to attain a certificate of completion and to satisfy milestone requirements
- Participation by hospital quality managers and key faculty in the IHI training course
- Preparation and dissemination of a handbook on the Learning Environment
- Development of a curriculum for a "Case of the Month" competition on Patient Safety/Quality Improvement
- Development of a listing of Quality Improvement/Patient Safety projects that are underway or available for resident participation, to include GW Hospital projects
- Creation, dissemination, and analysis of a Resident Learning Environment Survey
- Instruction on event reporting on the MIDAS system
- Standardization of the Procedure Competency Tracker
- Creation of Policies and Procedures for visiting residents
- Fatigue Management initiatives
- Planning for the CLER site visit