With the beginning of the New Year, I can’t help myself but to reflect on a very busy 2013. The new ACGME accreditation requirements put a lot of challenges on our residency programs and institutions. We all underwent a thorough analysis of current practices, which lead to reorganization. We learned and are still learning the new ACGME alphabet (NAS, APE, AIR, milestones, CCC, EPC, etc…). Last year we were focused on these logistics for both our Phase I and Phase II programs. We were all very busy with the implementation of new evaluation tools to match specialty specific milestones, looking at new methods of direct observation in the clinical day to day practice, and trying to utilize New Innovations to its optimal capabilities. In other words, we were extremely active in preparing for responding to the NAS requirements and now, thankfully, we have a lot of the infrastructure in place.

In order for us all to prepare our residents for the ever changing healthcare system, the ACGME has published a clinical learning guide; the Clinical Learning Environment Review (CLER) Pathways to Excellence. Because we are all looking for ways to educate and improve patient care with resident physicians, this document is extremely critical to you, your programs, and to us as an institution. Please click here for the CLER Pathways to Excellence.

What is next you ask? The emphasis is on all aspects of student and resident education and their clinical learning environment. We will be looking at better alignment for our educational objectives to patient care outcomes. The focus will be on data collection for individual residents, faculty, programs, and institutions; and sharing that data in meaningful ways planning for continuous improvement.

My main message to all of you is this: while plowing through new educational requirements (and snow), let’s keep a clear vision on what we are all here to do. Our ultimate outcome should be high quality, effective, efficient, compassionate, safe & patient centered care.

The new CLER guidelines are out. Visit the ACGME CLER website for all related details.


Upcoming Webinars: NAS Phase II Series: 11:00 am – 12:30 pm CST
- Neurology – February 13, 2014
- Dermatology – February 14, 2014
- Family Medicine – February 19, 2014
Admin Updates

Upcoming Important Dates:

- **February 11**—Program Coordinator Development Session
- **February 11**—Transitions of Care Task Force Meeting
- **February 13**—Neurology NAS Webinar, 12:00 pm EST
- **February 14**—Dermatology NAS Webinar, 12:00 pm EST
- **February 19**—Family Medicine NAS Webinar, 12:00 pm EST
- **February 21**—Quality Improvement Task Force Meeting at CHMC
- **March 21**—Quality Improvement Task Force Meeting at CHMC
- **March 25**—Institutional GME Review: Special GMEC Meeting (RESCHEDULED from January)

New Innovations:

New Innovations just presented three webinars on ACGME NAS milestones to show what they have developed to assist the residency programs with their milestone evaluations. If you missed any of the webinars recordings are available on the New Innovations website.

Wayne State University School of Medicine Recruitment Fair

Save the Date: **June 3, 2014**

We will have more information as the date approaches – we encourage all WSU residency programs to participate. This visit is focused on 3rd year medical students but all years are invited to attend.

Site Visits:

Anesthesia – application for a new program – February 21, 2014

IHI Open School & QI Update

The IHI Open School modules categories include Quality Improvement; Patient Safety; Leadership; Quality, Cost, and Value; Person-and Family-Centered Care; and Triple Aim for Populations. All of these have a significant impact on today’s healthcare system as a whole. Not only can residents train in these areas for the future, but faculty can participate as well. Both residents and faculty can subscribe free of charge, but make sure to sign up under Wayne State University. We strongly encourage you to register here.

Currently, 5 of our 8 residency programs have integrated the IHI Open School modules as part of their Quality Improvement and Patient Safety curriculum. They are Family Medicine, Transitional Year, Internal Medicine, Otolaryngology, and Physical Medicine & Rehabilitation. The Crittenton based programs participate in projects connected to the hospital which feature topics such as reducing readmission rates, nursing education, reducing superfluous lab orders, as well as standardizing tests and procedures on specific diagnoses. The ongoing projects, which are growing in number exponentially, utilize theoretical knowledge gained from the IHI modules. All of these projects are part of a greater initiative to minimize errors in an effort to increase patient safety while instituting cost-saving methods for the hospital and healthcare in general.

There is a fundamental difference between research projects and quality improvement projects. One of the identifying factors of a QI project is the Rapid Cycle Process which is comprised of the following steps: Plan, Do, Study, Act. It is different from the traditional research process of forming a hypothesis, data collection, analysis/interpretation, and implementation. One of the best ways to introduce QI is with the IHI modules; they present the strategies used in QI projects that when applied to a scope, can bring about direct and meaningful results.

PM&R is the newest program to adopt these modules. Part of their policy requires faculty to remain up to date on their modules in order to supervise the residents on their projects. In addition, other QI team members from the hospital (Administrator, PA’s and PT’s) will participate in the modules. This will ensure that the team can work efficiently to align their progress with the goal(s) of the project.

*Trivia Question*

According to the ACGME, what does EPC stand for? What is its main purpose?
Resident Quality Council Update

At the meeting on 1/21/14 at Xochimilco’s, the RQC Bowling event was discussed. Also discussed was the possibility of visiting lecture/speakers on the following topics. Residents should choose their top 2 or 3 they are most interested in and inform their program RQC representative. 1. Benefits—a one hour talk from a WSU representative who would cover when residents are vested, “healthy benefits” from medical insurance and field other topics; 2. Student loans and financial aid; 3. Starting your own practice; 4. Billing and coding; 5. Contract consultation from a legal office about student loan paybacks vs. buying into a practice, non-compete clauses and other topics; OR 6. Benefits discussion re: receiving pay for unused vacation days, holiday bonuses, etc. If interested, Residents should acquire contracts/pdfs from other residency programs and submit to RQC or GME for comparison purposes to be evaluated for possible benefits modifications/additions.
Next meeting will take place on March 18, 2014. Location TBD

Faculty Accolades

Dr. Azzat Ali et al, Internal Medicine, had the case report poster entitled “Rituximab-induced Hypersensitivity Pneumonitis” accepted for the 2014 International CHEST World Congress in Madrid, Spain (March 23, 2014).

Kudos to the Department of Physical Medicine & Rehabilitation for their outreach to those interested in pursuing a career in medicine. With dedicated mentoring from Jay Meythaler, MD, JD, a WSU student, Christopher Jackson, has received the Rehabilitation Research Experience for Medical Students Program Award from the Association of Academic Physiatrists for his work in the research study “The Role of Rehabilitation in Potentiating the Effects of Human Neural Progenitor Cells in Severe Spinal Cord Injury”. To read the full Prognosis E-News article, please click here.

ACGME News Within WSU

Here’s what’s happening in our WSUGME programs in accordance with the ACGME requirements:

The ACGME Annual Faculty Survey went out to all Core Faculty on January 13, 2014. They have also initiated the Annual Resident Survey to run concurrently for the following programs: Dermatology, Orthopaedic Surgery, Physical Medicine & Rehabilitation and Urology. It is critical that we have 100% compliance on BOTH surveys. Please stress the importance of the completion of these surveys with your programs. Please contact Martha Jordan if you have any questions or need any assistance with accessing the ACGME website.

RQC Bowling Event

The WSU GME Resident Quality Council sponsored a Rock-N-Bowl Party at the historic Garden Bowl in Detroit on January 10, 2014. It was a great chance for residents of all WSU GME programs to meet, socialize, eat and drink, all while having fun bowling. Highlights included glow in the dark lanes, disco lights, and a fun atmosphere for all to enjoy bowling while getting to know residents from other programs.
PM&R Faculty/Resident Presentations at AAP Conference

Congratulations to the following faculty & residents from the Department of Physical Medicine & Rehabilitation who have been accepted to present at the 2014 Annual Association of Academic Physiatrists taking place from February 25 — March 1 in Nashville, Tennessee:

**Cardio-pulmonary complications of brain injury**
Parag Shah, MD
Michael Yoshida, MD

**Atypical Presentation of Right Arm Swelling in a Collegiate Softball Pitcher: A Case Report of Paget-Schroetter Syndrome**
Geraldine Dapul, MD, MA
Adam Poureho, DO, ATC
Parmod Mukhi, MD, MD

**Acute dystonia in a patient with profound hypomagnesemia and selective hypermagnesuria: A Case Report**
William B. Gray, DO
Jay Meythaler, MD
Steven Hinderer, MD

**Exercise-induced rhabdomyolysis in a patient on long term statin therapy: A Case Report**
William B. Gray, DO
Steven Hinderer, MD

**Cerebellar stroke causing significant alleviation of essential tremor with functional improvement**
Sungho Hong, MD
William B. Gray, DO
Parag Shah, MD
Jay Meythaler

**A novel approach to sensory recovery and pain reduction post thalamic cerebrovascular accident: A Case Report**
Paul Withers, MD
William B. Gray, DO
Jay Meythaler, MD

**A novel use of Amantadine for improvement of myoclonus: A Case Report**
Paul Withers, MD
William B. Gray, DO
Jay Meythaler, MD
Steven Hinderer, MD
Aashish Deshpande, MD

**Antecedent Lyme disease in a patient with Guillain Barre Syndrome: A Case Report**
William B. Gray, DO
Michael K. Yoshida, MD
Jay M. Meythaler, MD

**Oculomotor and Trochlear neuropathy in traumatic brain injury: A Case Report**
William B. Gray, DO
Saurabha Bhattacharjee, MD
Jay M. Meythaler, MD

**Triad of sacroiliitis, piriformis syndrome, and trochanteric bursitis: A Case Report**
William B. Gray, DO
Saurabha Bhattacharjee, MD
Richard K. Nadjian, MD

**Subarachnoid hemorrhage and traumatic brain injury in a patient with ruptured saccular aneurysm: A Case Report**
William B. Gray, DO
Richard E. Hoyt, MD
Michael K. Yoshida, MD
Jay M. Meythaler, MD
Steven Hinderer, MD

**Retropharyngeal abscess with septic emboli to the brain causing acute tetraparesis: A Case Report**
William B. Gray, DO
Richard E. Hoyt, MD
Jay M. Meythaler, MD
Steven Hinderer, MD

**Diplopia and ocular incoordination treated successfully with oral propranolol: A Case Report**
Richard Hoyt, MD
William B. Gray, DO
Jay M. Meythaler, MD
Steven Hinderer, MD

**Atypical Ulnar Neuropathy Localized with Tinel’s Sign: A Case Report**
Riley Smith, MD
Annette DeSantis, MD