I know you are all anxiously following the news about the ACGME Next Accreditation System (NAS). The milestones for all NAS Phase I programs are now posted on the ACGME NAS website and can be found here. Even if you don’t work in one of the Phase I programs, I urge you to review the files. The format is quite comparable across disciplines. It also provides a positive alignment to the expectations of the NAS. Each program can still use their current evaluation system to measure resident’s progress, but must unify their Clinical Competency Committees (CCCs) to assess the need for changing or adding evaluation tools. The CCCs will triangulate the evaluation data and report semiannually to the ACGME on trainee progress relative to the milestones. The Phase I milestone reports will be due in December 2013, and Phase II programs will begin their data collection in 2014. Phase II programs can learn from their peers this year about what to expect, so please reach out to Phase I participating programs (Internal Medicine, Orthopaedic Surgery & Urology) to see how things are working out. We will also share progress and “lessons learned” at the GMEC meetings. The accreditation reporting mechanisms are becoming similar across specialties, and more than ever we recognize the need for streamlining some institutional processes to help all programs succeed. Remember, we are all in this together!

Thanks to all who helped make the inaugural issue of the Residency Times such a success! The feedback we received was very positive and we encourage your comments or suggestions. If you have something that should be featured, please send the verbiage and any attachments to Amelia Mills. The winner of the trivia question was Dawn Bolles, Program Coordinator for the Internal Medicine Residency Program. If you know the answer to the trivia question, email Amelia Mills. The first person to email Amelia with the correct answer will receive a gift card to Starbucks coffee.

ACGME Webinar Series Notice:
The slides and audio versions of the webinars that took place on December 14, 2012 (The Clinical Learning Environment Review Program: Early Experiences) and January 24, 2013 (Implementing the Next Accreditation System) are now available on the ACGME’s Next Accreditation System microsite under “Recent News”.

Family Medicine Milestones and Presentation Available Online:
Resident performance on milestones is one of the required data elements for program accreditation in the NAS. The draft milestones document for family medicine programs has been posted on the milestones page of the ACGME’s NAS microsite: www.acgme-nas.org/milestones.html. Additionally, a presentation on the development of these milestones is available on the same page, under “Educational Materials” in the right-hand column.

2014 ACGME Awards:
Nominate residents or resident teams (David C. Leach Award), program directors (Parker J. Palmer Courage to Teach Award), coordinators (GME Program and Institutional Coordinator Excellence Awards), designated institutional officials (Parker J. Palmer Courage to Lead Award), and other GME leaders (John C. Gienapp Distinguished Service)! To learn more about the awards and download nomination forms go to www.acgme.org (click on the “Awards” tab on the top-right corner of the homepage).
Admin Updates

Upcoming Important Dates:

- **March 5th** — Resident Quality Council Meeting, Traffic Jam & Snug
- **March 12th** — PD Task Force & GMEC Meeting, 1358 Scott Hall, Detroit
- **March 27th** — MAME Conference
- **April 23rd** — Transitional Year Internal Review
- **April 24th** — Special Program Coordinator Development Session—Getting Things Done led by Dr. Linda Roth

Trivia Question

According to the NRMP:

- SOAP stands for what?
- What did it replace?

Last newsletter’s winner:
Dawn Bolles, Internal Medicine Residency Program Coordinator, Crittenton Hospital—Congratulations!

GME Focus:

Our conversational focus at the GMEC and all Internal Review’s done lately has been the smooth transition to the NAS, especially our Phase I programs; Orthopaedic Surgery, Urology & Internal Medicine. Most RRC’s have revised their program’s specific requirements and are incorporating elements around learning environments, quality improvement & safety and resident supervision. The upcoming site visits for PM & R, Internal Medicine and Ophthalmic Plastic Surgery will be also focusing on these. I am pleased to report that most residency programs have established their CCC’s. They assess and evaluate each resident’s/fellow’s performance related to program-specific milestones. The CCC will make recommendations to the program director on resident/fellow advancement, remediation, and other academic actions. CCC’s include approximately 5 core faculty members, the program director or associate program director, program coordinator, and resident representatives. General guidelines for CCC’s have been distributed by the GME office and we will continue refining the CCC objectives on both the institutional and program levels. Great resources for reevaluating the program’s evaluation tools and outcome-based learning methods can be found on the ACGME’s GME Focus. GME Focus is a web-based compendium of summaries on current research articles solely devoted the GME, to assist educators, researchers, and others interested in scanning the current literature in GME. The goal is to provide a timely and concise review of the GME literature in one location to assist busy professionals such as you. The compendium is arranged by category and specialty to make access easy. Article titles include the publication date and peer reviewed journal in which the article appears.

To access the new Program Director Guide to the Common Program Requirements, **click here**.

Internal Reviews:

- Transitional Year — April 23, 2013
- Ophthalmic Plastic Fellowship — May 3, 2013
- Internal Medicine — June 4, 2013
- Physical Medicine & Rehab — June 19, 2013

AAMC Updates

The AAMC just published an updated version of its guide entitled Medicare Payments for Graduate Medical Education: What Every Medical Student, Resident and Advisor Needs to Know. (This updates the version last published in 2006.) The brochure briefly describes how Medicare pays teaching hospitals for graduate medical education and discusses the impact that the payment system may have on an individual resident. To access this publication, please **click here**.

Transitions of Care Task Force Update

Dermatology, Otolaryngology, Orthopaedic Surgery, and Urology are using iPatient SignOut. Internal and Family Medicine (plus TY) are delayed until a link can be established between Crittenton Hospital’s Cerner EMR System and Fluent Medical’s iPatient SignOut. Because of a delay in implementing the Epic EMR System at Oakwood Heritage, iPatient SignOut will be used by PM&R to meet the ACGME requirement for their forthcoming Program Review. Once Epic is installed, the use of SignOut will be reevaluated. A new version of iPatient SignOut will be available shortly. One of the improvements will be accessibility via iPad and iPhone. The iPhone app, however, will only allow read access. Given the size of the iPhone screen, Fluent Medical deemed that it was too small to make edit/update practical.
Patient Care Accolades

Patient Care excellence, as we know, is a crucial outcome in resident education. It should never go unnoticed when a resident goes above and beyond when it comes to the care of their patients. Below is a list of residents who have been acknowledged for their outstanding notable Patient Care:

Roman Barraza, Internal Medicine
Elizabeth Uhlenhake, Dermatology

Oakwood names WSU-staffed Physical Medicine and Rehabilitation unit Clinical Program of the Year. Oakwood Healthcare Inc. named the Oakwood Rehabilitation Trauma Unit, staffed by the Wayne State University Physical Medicine and Rehabilitation Oakwood Program, as Oakwood’s Clinical Program of the Year for 2012. Read more here.

Resident Accolades

ACP National Meeting—Internal Medicine residents submitted research projects that have been accepted to the American College of Physicians National Meeting. This is a great honor to be accepted for podium & poster presentations. The following residents will be featured:

Abstract 1: Podium presentation: Association of Body Mass Index and Colon Cancer. Alaeddin Maeza, Arun Muthusamy, Kavyashri Kodlipet Jagadeesh, Sarwan Kumar, Palaniappan Manickam

Abstract 2: Podium presentation: Von Willebrand Disease and Schwannomatosis: Role of Pseudogene! Zain Kulairi, Kavyashri Kodlipet Jagadeesh, Sagar Mallikethi Lepakshi Reddy, Reema George, Palaniappan Manickam, Saewan Kumar

Abstract 3: Poster presentation: Urgent Filter-Protected Thrombectomy and Percutaneous Angioplasty with Stent for Acute Vertebral Artery Thrombosis and Stenosis. Sayf Al-Tabaqchali, Ziad Kanaan, Garima Agrawal, Zain Kulairi, Ahmadreza Firouzgan, Samer Y. Kazziha

AACE 22nd Annual Scientific & Clinical Congress—Internal Medicine Resident Ferah Dalaly submitted her abstract poster presentation to the American Association of Clinical Endocrinologists national conference and it has been accepted. Her abstract is titled: Leydig Cell Tumor and Endometrial Hyperplasia: A Rare Association

Faculty Feature

Dr. Giancarlo Zuliani, ENT Program Director saved a life outside of the hospital! Here is his candid story:

I was at my gym working out with a trainer (Beverly Hills Club). The call for help, call 911 and bring the AED was called. All the trainers ran up to the spinning room. I followed. When we got up there was a 50 something who had passed out while riding the bike. He was extremely diaphoretic and pale. He was speaking and saying he felt OK. We got him some water and then he started to have cardiac arrest. We laid him down. At this point I took over. He was still breathing but not very responsive. His pulse was very irregular and tachycardic. At this point we ripped his shirt off and I wiped him off. There was a large scar from a previous bypass in the middle of his chest. I instructed the trainers to place the AED on the “spinner”. Just as this was happening he became unresponsive and lost his pulse. He stopped breathing. I began compressions (thank god I just took BLS) and not into 4 compressions when the AED advocated shock. He was shocked and immediately became responsive and began breathing again. I had the patient chew an aspirin and waited there until paramedics arrived. He eventually was taken to Beaumont hospital and the last I heard was doing fine. Kudos to Dr. Zuliani!
I am pleased to announce that WSU, partnering with Crittenton Hospital, received the 2012 Alliance Innovation Award. This is an institutional award for model educational practices, leading to improved patient outcomes. The institution selected for this prestigious honor demonstrates an institution-wide change in the development and implementation of innovative medical education programs for residents, physicians and other staff. As we have completed the first cycle of our integrated Graduate Medical Education QI and Safety project, aligned with the Crittenton strategic initiatives, the 3 teams, under the institutional leadership, have done an outstanding job.

In addition to integrating research, educational, and clinical objectives, the project is a testament of a strong partnership between an academic medical center and an independent hospital. We demonstrated that aligning GME process improvement projects with the hospital’s strategic objectives can lead to superior educational outcomes, reduced over-utilization of resources, improved patient safety and more efficient care delivery through teamwork with faculty, residents and hospital staff. The Award will be presented at the AIAMC National Meeting in mid-March.

The Award was highlighted in the WSU Prognosis E-News. To read the full article, [click here](#).

The following residents, faculty sponsors, hospital QI leadership, and hospital staff team members, are the participants in achieving this award:

- Tsveti Markova, MD—Project Champion & Associate Dean for GME/DIO, WSU
- Frank Sottile, MD – President & CEO, Crittenton Hospital
- Gary Altman – Director Process Excellence, Crittenton Hospital
- Sharon Ulep – Quality Manager, Crittenton Hospital
- Pierre Morris, MD – Family Medicine & Transitional Year Program Director
- William Murdoch, MD – Chief, Department of Family Medicine, Crittenton Hospital
- Zeina Arnouk, MD – Internal Medicine Resident
- Roman Barraza, MD – Internal Medicine Resident
- Hussaini Hina Syeda, MD – Family Medicine Resident
- Christina Kimbrough, MD – Family Medicine Resident
- Kavyashri Kodlipet Jagadeesh, MD – Internal Medicine Resident
- Alaeddin Macza, MD – Internal Medicine Resident
- Issa Jason Zeidan, MD – Family Medicine Resident