I am pleased to report that the Wayne State University School of Medicine Office of Graduate Medical Education (GME) had another remarkable year. We continued on an accelerated path of change guided by the Accreditation Council for Graduate Medical Education’s (ACGME) Next Accreditation system requirements and changing regional hospital landscape.

The Wayne State University School of Medicine, as a sponsoring institution, was once again awarded continued accreditation status with no citations from the ACGME and received a commendation from the Institutional Review Committee. This is a testament to our educational excellence.

As you will see in this Annual Institutional Review (AIR) Executive Summary, we have accomplished all of the institutional action plans set forth in 2015-16, and some of these themes will continue with new specific SMART (specific, measurable, attainable, relevant and time-bound) goals in the coming year.

We also continued to improve the Graduate Medical Education Committee’s (GMEC) oversight procedures for program quality through enhanced standardization of our Annual Program Evaluation templates and the program directors’ peer-review process. Through this process, we identified two programs needing special reviews and outlined specific recommendations for improvement, monitored by the GMEC. Through accurate, thorough and multisource collection of information, we focused on a data-driven process of program improvement through development of program and institutional dashboards.

This year, we also focused on providing resources to support resident and faculty scholarly activities through research and quality-improvement initiatives. We established the GME Seed Grant program and hired a research specialist and director of education to broaden the office’s expertise in institutional research board support, manuscript writing, data management, psychometrics and statistical analysis. We were also proactive in disseminating information through peer-reviewed publications, poster presentations, and the GME newsletter and website. We thank everyone for using these tools to create a positive culture of inquiry and academic focus.

In May 2016, Crittenton Hospital — our biggest partner — had an institutional Clinical Learning Environment Review (CLER) site visit from an ACGME team. The team met with hospital residents, faculty, staff and administrators to evaluate the clinical learning environment and provide constructive feedback. We are making strides in all of the CLER focus areas, especially those relating to Quality Improvement, Safety, Supervision and Professionalism. Through the revitalized GME/Crittenton CLER Council — which I chair as the Designated Institution Official (DIO) — and involving program directors, faculty, residents and the hospital’s quality improvement director, we are constantly working on initiatives with an impact that spreads throughout the entire institution.

The highlight was a nationally recognized project with emphasis on health care disparity through our collaboration with the Alliance of Independent Academic Medical Center’s (AIAMC) National Initiative V. The implementation of curriculum on education and disparity, cultural competency, population health, and use of community health assessments also took place in 2015-16. It resulted in positive patient outcomes due to increased awareness of providers of hospital and community resources for diabetes self-care and broadening of our community outreach for obesity prevention at local schools.

In closing, I would like to thank each member of our extended GME community for their hard work and dedication. We are continuing our quest of creating the optimal learning environment for our residents, working collaboratively with our six hospital partners and directly affecting the quality of patient care in our communities.

At the end of this report, we share our institutional SMART goals for the upcoming academic year, which we developed with our residents, staff, faculty and hospital administrators.

We look forward to another productive year!

Tsveti Markova, M.D., FAAFP
Associate Dean for Graduate Medical Education and DIO
Wayne State University School of Medicine
Medical education at the Wayne State University School of Medicine is undergoing a transformation. At all levels, the school is examining how we educate tomorrow's physicians to ensure they are equipped to provide cutting-edge, patient-focused care. In order to do this, we are committed to three objectives:

- Operational excellence
- Excellence in learning and teaching
- A culture of continuous quality improvement

In accordance with the School of Medicine's objectives for medical education, the Office of Graduate Medical Education has developed its own program-specific objectives. These include:

- Continue to create national visibility on innovative medical education initiatives
- Transition into the ACGME Next Accreditation System (NAS) and the Clinical Learning Environment Review (CLER)
- Provide faculty, program directors, residents and staff development materials on competency-based and milestone education
- Advocate for more graduate medical education slots and funding to meet the state and national need of providers through the Michigan Area of Health Education Center (MI-AHEC) and the MIDocs consortium
Operational Excellence
WSU Graduate Medical Education National Visibility

Throughout 2015-16, GME made significant changes in order to better provide operational support to residents, monitor and track program outcomes, increase faculty outputs, and more. As a result, the GME office completed a number of institutionwide projects, some of which were accepted for presentations at national events throughout 2016. These include:

- **From Measuring Burnout to Wellness**, *AMA IPM Summit presentation, Chicago*
- **How Is the AIR Over There? Successful Data Management Strategies for Effective GME Oversight**, *GRA Spring Meeting presentation, New Orleans*
- **How to Stimulate Resident Research and Quality Improvement Activities: Try a GME Seed Grant Program**, *poster presentation at GRA Spring Meeting, New Orleans, and the Annual AIAMC Meeting, Tucson, Arizona*
- **Health Disparities in Diabetes**, *NI V storyboard presentation, Annual AIAMC Meeting, Tucson, Arizona*
- **Preparing Academic Medical Centers for the Clinical Learning Environment Review: AIAMC National Initiative IV Outcomes and Evaluation**, *publication in The Ochsner Journal*
Graduate Medical Education Committee

The Graduate Medical Education Committee (GMEC) is a collaborative team of university administrators, faculty, staff, clinical partners and current residents. Together, the committee members ensure that graduate medical education at Wayne State provides residents with the training and resources they need to be successful.

Subcommittee for Compliance and Improvement

Program Coordinator Committee

Resident Council

GME CLER Council

Graduate Medical Education Committee
Chair: DIO
Members include:
- WSU Dean/Designee (Vice Dean of Ed. Leadership reps from each host institution)
- GME program directors and coordinators
- Department Chairs and/or other department representative

WSU Clinical Departments

Residency Programs

OMS

WSU Board of Governors

WSU President
M. Roy Wilson, M.D., M.S.

WSU SOM Dean
Jack Sobel, M.D.

Vice Dean of Education
Richard Baker, M.D.

DIO/Associate Dean for GME
Tsvei Markova, M.D., FAAFP

GME Office
Administrative Director
Director of Education Research Coordinator
GME Coordinator
Our Clinical Partners
The School of Medicine partners with many of Southeast Michigan’s leading health care institutions on our Wayne State University sponsored residency programs. These clinical partners include:

- Beaumont Hospital, Dearborn
- Beaumont Hospital, Taylor
- Crittenton Hospital Medical Center/Ascension
- Karmanos Cancer Institute
- St. Joseph Mercy Oakland

Our Residency Programs
As a sponsoring institution, the School of Medicine received the maximum accreditation from the Accreditation Council for Graduate Medical Education (ACGME), with no citations and a commendation for significant compliance and quality of oversight. The self-study visit for the school will take place in April 2024.

The School of Medicine sponsors 10 GME residency and fellowship programs. This is a listing of those programs, including information on their individual programmatic accreditation statuses.

<table>
<thead>
<tr>
<th>Program</th>
<th>Accreditation status</th>
<th>Program self-study date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>Continued</td>
<td>October 1, 2026</td>
</tr>
<tr>
<td>Ophthalmic plastic fellowship</td>
<td>Continued</td>
<td>December 1, 2023</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>Continued</td>
<td>September 1, 2023</td>
</tr>
<tr>
<td>Brain injury medicine</td>
<td>Initial accreditation</td>
<td>August 1, 2023</td>
</tr>
<tr>
<td>Physical medicine and rehab</td>
<td>Continued</td>
<td>August 1, 2023</td>
</tr>
<tr>
<td>Otolaryngology</td>
<td>Continued</td>
<td>August 1, 2021</td>
</tr>
<tr>
<td>Transitional year</td>
<td>Continued</td>
<td>November 1, 2020</td>
</tr>
<tr>
<td>Dermatology</td>
<td>Continued</td>
<td>July 1, 2020</td>
</tr>
<tr>
<td>Urology</td>
<td>Continued</td>
<td>June 1, 2018</td>
</tr>
<tr>
<td>Family medicine</td>
<td>Continued, with warning</td>
<td>February 2, 2017</td>
</tr>
</tbody>
</table>
The GMEC is committed to providing continuous tracking and monitoring of past programmatic citations to ensure our residencies are meeting ACGME’s standards. In the 2015-16 academic year, our investments in program personnel and resources resulted in two more citations being lifted. In total, the GMEC has seen 15 citations lifted from its programs since 2014. The six remaining citations for our programs fall within the following subcategories:

- Institutional Support
- Program Personnel and Resources
- Educational Program
- Evaluation
## GME Action Plans 2015-16

In 2014, GME began a formalized annual review process to determine its institutional goals for the upcoming year. Ten goals were identified for 2015-16. The goals and year-end status updates for each are below.

<table>
<thead>
<tr>
<th>Action Plan</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide oversight and support for program accreditation</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Support resident scholarly activity through collaboration with university partners</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Develop an institutional intervention to serve as a basis for resident health care disparity education on diabetes</td>
<td>Complete</td>
</tr>
<tr>
<td>Enhance quality improvement and safety education across the institution</td>
<td>Complete, next steps</td>
</tr>
<tr>
<td>Implement a program-monitoring mechanism for Transitions of Care (ToC) policy to review faculty monitoring of resident handoffs</td>
<td>Complete, next steps</td>
</tr>
<tr>
<td>Improve access to the level of supervision required for residents across the institution</td>
<td>Complete, next steps</td>
</tr>
<tr>
<td>Support program efforts to increase resident reporting of errors, misses and near-misses</td>
<td>Complete, next steps</td>
</tr>
<tr>
<td>Educate program directors, faculty and staff on core principles of holistic review</td>
<td>Complete</td>
</tr>
<tr>
<td>Conduct an applicant survey through Electronic Residency Application Service (ERAS) for the institution</td>
<td>Complete</td>
</tr>
<tr>
<td>Enhance professional development for program directors, faculty and program coordinators</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Excellence in Learning and Teaching

Wayne State’s programs continue to develop residents’ clinical and professional competencies to provide safe, high-quality, equitable and patient-centered care. From an intense orientation process to robust patient care experiences under the supervision of Wayne State faculty physicians and researchers, residents graduate prepared to enter the physician workforce in a variety of settings, including clinical practice, academic medicine, fellowship training and more. Overall, 98 percent of all graduating residents feel prepared for clinical care in their chosen specialty or for additional GME training.
Holistic Review of Residency Applicants

The Association of American Medical Colleges (AAMC) has assembled a set of inclusive metrics for medical schools and residency programs to adopt into their admissions framework, ensuring equal opportunities for all applicants. This is known as the Holistic Review Model and it includes considerations such as broad-based screening; evaluating candidates based on multiple factors, including experiences, attributes and academic measures; individualized consideration of applicants; and ensuring applicant diversity.

Last year, GME leadership began the process of educating and assisting program directors with the implementation of these standards. This year, GME expanded its efforts to its usage of the Electronic Residency Application Service (ERAS). ERAS application filters were screened by the GME office to ensure unbiased selection of candidates. As a result, the following filters were excluded from the applicant review process:

- Birthdate
- Birthplace
- Gender
- Limitations
- Photograph
- Self-identification

![Diagram of Holistic Review Model](image-url)
2015-16 Resident Demographics

For the first year, ERAS introduced a mechanism that allowed institutions to access their applicants’ demographics, allowing the GMEC to trace matched applicants according to ethnicity, gender and geographic place of residence. In 2016, we had a 100 percent match rate. Of those residents who matched, 13 percent were Wayne State seniors, 41 percent came from other U.S. medical schools, and 46 percent were international graduates, primarily from Caribbean schools.

Preparing Our Residents

In order to position residents for success, GME continues to expand and monitor the effectiveness of our residency onboarding process and support services.

New resident onboarding includes 23 modules that deal with the practice of medicine, teaching and a basic quality improvement curriculum. This year, all residents completed every module. Below are the core competencies that new residents gain within these onboarding curricula.

**Introduction to the Practice of Medicine Modules (AMA)**

- Resident Intimidation
- Residents as Teachers
- Thriving Through Residency: The Resilient Resident
- Patient Handoffs
- Cultural Competency in Health Care
- Sleep Deprivation: Your Life and Your Work
- Physician Health: Physicians Caring for Ourselves
- Health Care Quality: Measuring Physician Performance
- Do’s and Don’ts When Dealing With Difficult Patients
- End-of-Life Myths
- Patient Safety Series
  - Further Steps to Prevent Patient Harm
  - Identifying Medical Errors
  - National Patient Safety Goals
Continuous Support

As residents begin and progress through their programs, GME provides them with continuous training and development, research support, and health-and-wellness resources. These offerings include a variety of initiatives, which are detailed below.

GME Website

Residents work throughout metro Detroit, and centralized resources on the GME website provide them easy access to information on a variety of topics, including research opportunities, library resources, resident council information and updates, and more.

Quality Improvement Initiatives

Residents are encouraged to participate in a number of quality improvement initiatives, such as the annual hospitalwide QI Day at Crittenton and the Southeastern Michigan CME QI Summit. In 2015-16, Wayne State residents presented 10 posters at the summit.

In addition to events, GME provides resources for quality improvement projects such as training, templates, survey software and more. This year, 56 percent of residents were involved in a quality improvement project, an 18 percent increase from the prior year. Faculty mentorship also improved significantly, from nine QI faculty mentors in 2014-15 to 21 in 2015-16.
**Burnout to Wellness Initiatives**

This year, GME is focusing on the development of an instrument to measure resident wellness in partnership with Loma Linda and the ACGME. It is currently being piloted and will be presented at a meeting with the ACGME and AIAMC in 2017.

Current literature on resident burnout and depression risks focuses solely on the low end of the wellness continuum, generating results that come too late for preventative intervention and telegraphing a focus on negative rather than positive outcomes. We seek to develop a measure of resident wellness sensitive to variance above catastrophic levels of burnout and depression while signaling that educators value their residents’ overall well-being.

**Research Support**

GME provides physicians interested in research with many resources, including:

- GME Seed Grants for research and QI projects
- Individual mentoring and counseling
- Group training sessions, including topics such as:
  - IRB and publication process
  - Improving statistical power

**Developing Active Resident Teachers (DART)**

As a part of their training, residents take on teaching responsibilities in order to demonstrate acquired learning. Residents teach medical students, other residents, health professionals and members of the community. Thus, it is imperative that they are equipped with the tools and resources needed to meet these expectations.

The DART program prepares residents to be effective teachers through a series of training sessions that begin during the onboarding process and continue throughout their training. Initial training includes modules in the FD4ME catalog. Residents can continue this training in PGY2 through an educational process-improvement project.

In the coming year, GME will finalize a resident teaching certificate as part of DART, which is being piloted by the Residency Council in 2017.
<table>
<thead>
<tr>
<th>Scholarship Outcomes by the Numbers 2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>42 journal articles and book chapters published by residents</td>
</tr>
<tr>
<td>25% of residents published research</td>
</tr>
<tr>
<td>53 articles and book chapters published by faculty</td>
</tr>
<tr>
<td>7 residents received GME Seed Grants for research projects</td>
</tr>
<tr>
<td>$6,782 amount of GME Seed Grant funds awarded for resident research in 2015-16</td>
</tr>
<tr>
<td>56% of residents completed QI projects (from 38% in 2014-15)</td>
</tr>
<tr>
<td>21 faculty members involved as QI mentors (from nine in 2014-15)</td>
</tr>
</tbody>
</table>
Continuous Quality Improvement

GME has done extensive work developing dashboards, surveys and process-planning exercises to continue fostering an environment of continuous quality improvement across all programs. The following sections highlight some of these key initiatives.

Annual Program Evaluation (APE) Cycle
The Annual Program Evaluation process is based on continuous improvement principles with data-driven outcomes. Based on constructive feedback, we continue to improve our process of accurate and thorough data collection and access to multiple data sources, leading to the creation of a central repository with the development of multiple dashboards. These dashboards enable oversight of key program activities and promote SMART action plans.

Programmatic Initiatives

The APE Cycle

- **Annual Institutional Review**
  - January

- **APE Template Annual Update and Edit**
  - February and March

- **APE Program Meetings**
  - May and June

- **APE Peer Discussion and Vote on Action**
  - August SCI Meeting

- **APE Feedback to Programs**
  - Mid-August - Sept. 30

- **APE Data Aggregation**
  - October and November

- **APE Peer and GME Review**
  - July 15 - Aug. 1

- **APE Due to GME Office**
  - July 15
Annual Institutional Review

The Annual Institutional Review takes place in January and involves multiple stakeholders: the GMEC, program coordinators, residents and hospital partner leadership. We present and analyze data from different sources, including ACGME resident and faculty surveys, GME annual surveys, the CLER visit report, dashboard info, educational and scholarly outcomes, and more to brainstorm strengths and opportunities for improvement for the institution as a whole. We also monitor the completion of the previous year’s institutional SMART goals and formulate the ones for the upcoming academic year. We have consistently achieved our set goals.

Clinical Learning Environment Review

Crittenton Hospital — our largest teaching hospital partner — participated in its second Clinical Learning Environment Review (CLER) site visit on May 17-18, 2016. During the visit, ACGME representatives met with residents, faculty, program directors, hospital quality- and risk-management officials, nursing staff, the Designated Institution Official, and the C-Suite to index the relative alignment of the institution and hospital with respect to the six CLER focus areas. Significant improvements were noted in the areas of Quality Improvement and Health Care Disparities, as well as Patient Safety. The efforts for improvement in all focus areas are ongoing and tabulated below. The progress of the CLER initiatives is designed and closely monitored by the invigorated GME/Crittenton CLER Council, which is composed of program leadership, faculty, residents, staff and the hospital’s quality improvement director, and chaired by the DIO.
<table>
<thead>
<tr>
<th>Focus Area</th>
<th>CLER Site Visit Report</th>
<th>WSU GME Response and Plan for Improvement</th>
</tr>
</thead>
</table>
| Patient Safety      | Although there has been an increase in resident reporting of events, there are still areas for improvement in knowledge of what events are and how to report them. | • More training sessions to educate residents and nursing staff on range of reportable events.  
• Increase efforts to improve resident involvement in RCA and feedback after reporting. |
| Health Care Quality | There has been an increase in resident involvement in quality improvement projects aligned with hospital initiatives. | Improvement in resident participation in committees and opportunities to provide residents with data related to their own patient-care parameters with the goal of improving patient care. |
| Transitions of Care | Areas of vulnerability exist during interdepartmental transfers in care (ER-Floor, Floor-ICU). | Developing a systemic approach to institute a hospitalwide handoff system. Efforts will include institutional training and evaluation of the handoff process. |
| Supervision         | Nursing staff’s ability to verify residents’ procedural competency and level of required supervision. | Institutional initiative for opportunities for nurses to electronically access residents’ level of competency when performing procedures. |
| Duty Hours/Fatigue Management | Some expressions of feelings of burnout and fatigue by faculty and program directors. | Increase efforts for monitoring and education on wellness, resilience and work-life balance. |
| Professionalism     | Majority of residents report a positive clinical and educational culture where they are able to express concerns without fear of retaliation. | Continue efforts for monitoring the learning environment to maintain an overall sense of a safe culture, consistent among residents, faculty members, program directors and staff. |
The noted area of significant improvement was around the health care disparities theme. We designed and implemented an institutionwide project involving the family medicine, internal medicine and transitional-year programs. We delivered an effective educational intervention on diabetic health care disparities. We partnered with several hospital departments and community resources. Residents provided input on a problem-based learning case, which was highly evaluated by participants. We launched the development of the curriculum to tackle the following topics:

- Resident knowledge about health care disparities in general and those pertaining to diabetes
- Resident knowledge and self-reported implementation of the Diabetic Self-Management Education (DSME) guidelines
- Resident comprehension of the Community Health Needs Assessment (CHNA), including how to access it and knowledge of hospital priorities
- Resident awareness of diabetic health care disparities in the local CHMC community
- Resident awareness and use of resources targeted at addressing disparities

The project was recognized at the 2017 AIAMC annual meeting as part of the National Initiative V (NI V): Improving Community Health and Health Equity Through Medical Education. The AIAMC NI V is the only national and multi-institutional collaborative of its kind in which residents lead multidisciplinary teams in quality improvement projects aligned to their institution's strategic goals. The initiatives drive change that results in meaningful and sustainable outcomes that improve the quality and safety of patient care.
Overall Goals

- Enhancing resident awareness of the health disparities that exist in the hospital community
- Engagement of residents and increased resident knowledge about important community health needs prioritized by the CHNA
- Improving population health in the hospital community through prevention of obesity in children and increased utilization of Diabetes Self-Management and Education

Data Sources

- Formal GME Surveys to Faculty and Residents
- PBL Case Feedback
- Pre and Post-Intervention Survey
- Pre- and Post Number of Referrals to Diabetes Center
Resident Assessment Initiatives

This year, several resident surveys were conducted to continue assessing and meeting student needs. These included an ERAS applicant survey, a GME-produced resident survey and an ACGME-produced resident survey.

Overall, results from the ACGME survey show our institutional means meet or exceed the national average. Noted trends with a slight decreased level of satisfaction were identified in the areas of “faculty” and “resources.” Decreases assessed in 2014-15 in the categories “satisfied with feedback after assignments” and “program uses evaluations to improve” were corrected and show improvement.
Faculty Assessment Initiatives

An ACGME faculty survey was also conducted to ensure that we are supporting our educators. With a 95 percent response rate, 100 percent responded “positive” or “very positive” about the overall quality of their program. Institutional means are above average compared to national averages.
Looking Ahead

The GME office has developed an action plan for 2016-17 that builds on the successes of the past year. These plans include:

**Action Plans for AY 2016-17**

1. Provide oversight and support for program accreditation
   **Assigned to:** GME office
   **Realistic:**
   - Standardize APE templates
   - Share best practices on conducting APE retreat
   - Attend PEC meetings to provide input on CQI
   **Timely outcomes:** APE cycle outlines all important timelines

2. Support resident scholarly activity
   **Assigned to:** GME office
   **Realistic:**
   - GME Seed Grant
   - Research coordinator
   - Lectures on demand
   - IRB support
   **Timely outcomes:** Increased number of seed grant utilization
   - Increased efficiency of the IRB process
   - Increased number of presentations and publications

3. Develop program and institutional dashboards
   **Assigned to:** GME office
   **Realistic:**
   - Create database
   - Access multisource data
   **Timely outcomes:** Dashboards distributed to programs prior to their APEs

4. Design an institutional initiative on resident wellness
   **Assigned to:** GME office and Resident Council
   **Realistic:**
   - Scale in the annual GME survey
   - Create a resident wellness scale
   - Design Resident Council’s wellness initiatives
   **Timely outcomes:**
   - Scale development by the beginning of AY2017
   - GME survey in October and November
   - Results disseminated prior to AIR in January

5. Implement a Transition of Care institutionwide training and evaluation of resident handoffs
   **Assigned to:** GME office, GMEC’s subcommittee on compliance and improvement, GME/Crittenton CLER Council
   **Realistic:**
   - Scale in the annual GME survey
   - Design OSHE evaluation tool based on the SAFER mnemonic
   - Implement OSHE at orientation
   **Timely outcomes:** July and August 2017

6. Enhance resident communication skills curriculum
   **Assigned to:** GME office, GMEC’s subcommittee on compliance and improvement
   **Realistic:** Re-evaluate the OSCE cases based on targeted competencies
   **Timely outcomes:**
   - Prior to orientation
   - OSCE in July and August 2017
   - Analyze results on a continuum scale per individual
7. Design and implement DART program for improving residents’ skills as teachers
   Assigned to: GME office and OLT, Resident Council
   Realistic:
   - Incorporate appropriate resources from School of Medicine and GME office
   - Engage Resident Council to pilot it
   - GME Director of Education and faculty serve as mentors
   Timely outcomes: Issue certificates of completion

8. Educate program directors, faculty and staff on core principles of holistic review
   Assigned to: GMEC
   Realistic:
   - Conduct survey on candidates through ERAS
   - Analyze ERAS data on demographics of applicant pool
   - Blind fields on ERAS applications
   Timely outcomes: NRMP match season

9. Incorporate new ACGME common requirements in all programs
   Assigned to: GME office and GMEC
   Realistic:
   - Develop new policies and procedures
   - Disseminate to and adopt by all programs
   Timely outcomes: New policies approved by the GMEC by July 2017

10. Enhance professional development for program directors, faculty and program coordinators
    Assigned to: GME office
    Realistic:
    - The scale in the annual GME survey
    - Program coordinators development program through flipped classroom concept
    - GMEC presentations from OLT, library, etc.
    Timely outcomes:
    - Every other month