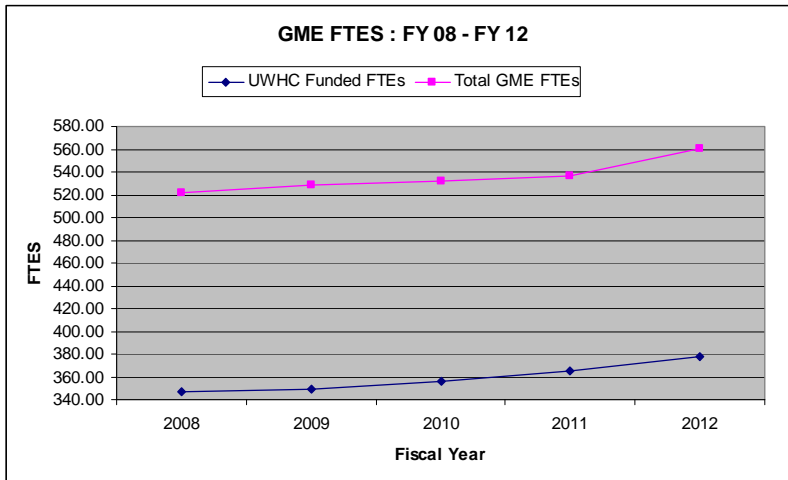


2011-2012 Graduate Medical Education Annual Report



UWHealth
University of Wisconsin
Hospital and Clinics

INSTITUTIONAL OVERVIEW



The 2011-12 training year brought many new challenges for the UW Health Graduate Medical Education Community. As Chair of the GME Oversight Committee (GMEOC), Designated Institutional Official (DIO) Susan L. Goelzer saw a significant increase in the number of requests for new resident and fellow positions among the UWHC's training programs. In 2011-12, ten new FTE resident positions plus ten previously approved (but unfilled) positions were added, bringing the total number of positions to 560 (378 of these positions are funded by UWHC.) Each approved new position will add an FTE for each year of

the program, further increasing the total number of FTEs in future years. This year we have already seen requests for more than twenty additional positions, many of which are part of faculty leadership recruitment and retention packages. In addition, two new fellowship programs in Pediatric Infectious Diseases and Advanced Heart Failure were added for 2012-13, bringing the total number of UWHC programs to 60-plus one combined.

This year the Accreditation Council for Graduate Medical Education (ACGME) began implementation of an entirely new outcomes-focused Next Accreditation System (NAS). Driven by the annual collection of resident, faculty, graduate and other program data, the NAS is designed to replace the existing cyclic process of reaccreditation every one to five years—and is expected to place new demands on the infrastructure of institutions supporting training programs. The ACGME piloted the Next Accreditation System in 2012 by implementing the new program accreditation process among eight specialties (Pediatrics, Medicine, Urology, Orthopedic Surgery, Emergency Medicine, Radiology and Neurosurgery).

Under the NAS, programs with a current cycle of three or more years and no serious citations will have their site visit delayed and given a full ten years before their next accreditation review. Several UWHC programs that underwent conventional site visits this year received these extended cycles, including Orthopedic Surgery, Emergency Medicine and Neurosurgery. Other programs targeted for pilot participation in the NAS received 2 to 4 year extensions on upcoming reaccreditation site visits, including UWHC's Radiology and Pediatrics residency programs and the Departments' subspecialty programs.

Implementation of the ACGME Next Accreditation System (NAS)

The NAS has its origins in 2007, when the ACGME restructured its accreditation system to be based on educational outcomes in six core competencies deemed essential for an effective practicing physician. The additional development of specialty-specific Milestones for benchmarking resident progress toward mastery of these competencies provides new targets and tools to assess resident performance. The culmination of these efforts is embodied in the emergent NAS, which is scheduled for phased implementation across all specialties beginning in July 2013. Among the key benefits the NAS will deliver, according to the ACGME, are: a national framework for assessment of physician outcomes that utilizes comparative performance data, enhanced physician education in quality, patient safety and teamwork, the opportunity for programs to innovate to the benefit of resident learning, and an overall reduction in the burden associated with the current process-based accreditation system. For UW Health, this new system requires preparing all 60 training programs for an entirely new process and system. We plan to begin this process with monthly updates to all Program Directors at the GMEOC and to all Program Coordinators at a new Program Coordinators Monthly Meeting.

In addition, the NAS changes the way sponsoring institutions are reviewed and accredited. Although the top-performing institutions may have their accreditation cycles extended from five to ten years, every institution will have an intensive site visit from the ACGME every eighteen months. The ultimate goal of these Clinical Learning Environment Review (CLER) visits is to broaden the focus of accreditation visits from the individual activities of residents in their local programs to the how they operate as part of the training institution's delivery of high quality, safe patient care. The ACGME will provide the institution between seven to 21 days notice prior to a CLER visit. These visits require participation of the CEO, CNO, CQO, CMO, DIO, and Program Directors, as well as peer-selected faculty and residents. The ACGME team of reviewers will visit the site for three to five days and will require access to both clinical and nonclinical areas using a tracer methodology.

The ACGME has established CLER as a key component of NAS with the aims of promoting patient safety and quality of care. The six areas of focus for the CLER Program include:

- Integration of residents in patient safety programs and demonstration of impact
- Integration of residents into institutional Quality Improvement projects and efforts to reduce disparities in health care delivery and demonstration of impact
- Establishment, implementation and oversight of Supervision Policies
- Oversight of Transition in Care
- Oversight of Duty Hours, Fatigue Management and Mitigation
- Education and Monitoring of Professionalism

Clearly the focus of our efforts in the GME Office in the coming months will be to redesign our systems to adapt to and succeed in the NAS.

Overview of Training Programs

The following statistics provide an overview of the UWHC's current ACGME accredited graduate medical education training programs and accreditation activity in the 2011-2012 training year. All UWHC training programs filled all Main (Residency) NRMP Match positions with only one exception.

PROGRAM ACCREDITATION DATA

	Residency	Fellowship	Total
ACGME Accredited Programs	21	38	58
Trainees in ACGME Accredited Programs	469	102	572
Accreditation Cycle Range	3 – 12 years	3 – 9 years	--

2011-2012 ACTIVITIES

	Residency	Fellowship	Total
Program Graduates	106	52	158
Internal Reviews Conducted	3	10	13
ACGME Accreditation Decisions	3	2	5

2011-2012 PROGRAMS WITH ACCREDITATION DECISIONS

Program	Cycle Length	Number of Citations
Neurosurgery	11 (Self-Study)	0
Orthopedic Surgery	12 (Self-Study)	0
Pathology	5	0
Pediatric Sports Medicine	5	3
Vascular Neurology	4	0
Emergency Medicine	10 (Self-Study)	0

Accreditation Cycle Length

Of our 60 GME programs, 72% have a 5-year or longer cycle; 14% have a four-year and only 14% have a three-year.

INSTITUTIONAL HIGHLIGHTS

The GME Office saw turnover in three positions this year, presenting an opportunity for the redesign of staff roles and responsibilities to better meet the evolving needs of the entire GME community. This included consolidating duties related to finance, billing and operations management, leading to the hire of **Mary Newton-Kellogg, MBA**, as GME's new Business Operations Specialist in September 2012. **Linda Donoghue, BA**, was hired as the new Administrative Assistant to Debra Coe-Bradish and Anne Gravel Sullivan in early October. The search continues to fill a third position—that of GME Systems Coordinator—vacated by Sam Zielke in July.

GME OFFICE Susan Goelzer, MD, MS <i>Designated Institutional Official (DIO)</i>	
Debra Coe-Bradish, MS Director of GME <i>Human Resources/Operations</i>	Anne Gravel Sullivan, PhD GME Program Manager <i>Accreditation/Education</i>
Linda Donoghue, BA Administrative Assistant <i>Admin Support</i>	
Mary Newton-Kellogg, MBA Business Operations Specialist <i>Finance & Systems Improvement</i>	Vacant GME Systems Coordinator <i>Med Hub, Training</i>
Jeanne Sarbacker, AAS GME Accreditation Coordinator <i>Internal Review & GMEOC</i>	
Cindy Feuling GME Specialist <i>Human Resources & Compliance</i>	Erin Syverson Student Assistant <i>MedHub, Data Tracking</i>

Awards and Presentations

- We are pleased to report **Claudia Reardon, MD, Associate Program Director for Psychiatry**, received the **Association for Academic Psychiatry's Junior Faculty Development Award**. Dr. Reardon sits on the GME Curriculum Subcommittee and played a critical role in the development of an institution-wide GME Curriculum in Quality Improvement for all first-year residents.
- Congratulations are due as well to **John Frohna, MD, MPH, Director of the Pediatrics Residency and Vice Chair of Education for the Department of Pediatrics**, was elected to the American Board of Pediatrics in October 2012.
- We continue to support nominations for ACGME Awards; this year the GME Office provided letters of support for five high-performing UWHC program coordinators for the 2013 ACGME Coordinator Award.
- Susan Goelzer and Anne Gravel Sullivan presented ***Building a GME Infrastructure to Develop your Learning Community*** at the **ACGME Conference in March 2012**, on the work the UWHC Graduate Medical Education Office and Leadership have engaged in over the last four years.
- At the AAMC's **Integrating Quality Conference in June, 2012**, Sam Zielke and Anne Gravel Sullivan presented a poster --***A Small Shop with a Big Goal: Building a Validated, Institutional Quality Improvement Curriculum Experience for 1st Year Residents at a Large Teaching Hospital--*** highlighting the development of the GME Patient Safety and Quality Improvement Curriculum.

Integration of GME into UW Health Patient Safety and Quality Improvement

Quality Curriculum

A four-member working group of the GMEOC's Curriculum subcommittee, chaired by Erik Ranheim (Residency Director and Vice Chair of Education for the Department of Pathology) and comprised of Anne Gravel Sullivan, Bob McDonald, Claudia Reardon and Sam Zielke, designed and implemented the UWHC's

first institution-wide curriculum in patient safety and quality improvement. Based on two years' work assessing UWHC programs' capacity for providing the QI education required by the ACGME, the working group committed to developing the most relevant and effective curriculum for all first-year residents. The group worked in close collaboration with the UW Health Improvement Network's Curriculum development team to ensure that the curriculum aligned and supported the work of the Quality, Safety and Innovation Department.

Developed and deployed in Med Hub's learning management system, the curriculum was delivered to and completed by 94 first-year residents across the institution. The working group secured the permission of Greg Ogrinc, MD, from the Geisel College of Medicine at Dartmouth, to use his **Quality Improvement Knowledge Assessment Test (QI-KAT)**, one of the only validated instruments for assessing clinicians' knowledge and skills in improvement work. The QI-KAT was administered to all first year residents to assess their baseline knowledge, then readministered as they transitioned to their second year to evaluate knowledge and skills gained. A cohort of 2011-12 second year residents was used as an historical control group; results of a related research project assessing trainees' growth in learning are forthcoming. The QI-KAT will continue to be administered to incoming UWHC residents in the next year; assessment results will be used to evaluate the effectiveness of the **GME QI Curriculum** and to continuously adapt and improve it. Dr. Ogrinc recognizes we are the first organization to use the QIKAT institution-wide.

Consults Project and Central Line Training Initiative

GME stepped up its collaboration with QSI and got residents involved in two institution-wide projects in 2011-12: a **Communication around Consults** project spearheaded by Claudia Reardon, MD and Peter Newcomer, MD, and the development of a standardized **Central Line Insertion training process** led by a multiprofessional, multidisciplinary team of content and educational experts. In recognition of UWHC's effort to reduce blood stream infections and to improve overall patient care, the GME Office and the UWSMPH Simulation Center are developing training for all relevant residents on optimal insertion, care and removal of central venous lines.

Health Link Superuser Group

UWHC's team of Health Link Resident Superusers continue to prove invaluable as a resource in QSI's and GME's work in quality improvement. This team of 33 senior residents and fellows not only train incoming residents and fellows on Health Link in their specialties, but routinely consult on a variety of improvement projects. This year Superusers became involved with the Communication around Consults QI project and are helping explore the possible use of Health Link's Care/Treatment Team features to facilitate resident data collection on their patient panels.

Professional Development for Program Directors and Faculty

The GME Office continued to provide professional development opportunities for UWHC Program Directors and faculty, including a February 2012 **Program Director Retreat on Quality and the NAS** in September 2012. Quality, Safety, and Innovations (QSI) Leadership, including Sally Kraft, Sue Sanford-Ring, and others presented to over 40 Program Directors and faculty on UWHC's existing QI initiatives. Directors were encouraged to get residents and fellows involved in projects relevant to their specialties and work, and shared project leadership contact information with participants. Jonathan Jaffrey spoke to the group about the imperative that Centralized Medicaid and Medicare Services' value-based purchasing plan presented for UW Health and the practice of medicine in general, pointing to the urgent need to train not only residents but faculty as well in quality improvement processes. In addition, program best practices in integrating residents in QI were shared as part of a panel. The Retreat also ushered in the GME Curriculum in Patient Safety and Quality Improvement, part of the UW Health Improvement Network, which provides resources for all training programs.

One of this year's **GME Grand Rounds** included a presentation on significant changes to NRMP policy, delivered by Laurie Curtin, Director of Match Policy for the National Match. The second Grand Rounds, **Teaching about Quality and Systems along the Developmental Continuum** was given in May by Greg Ogrinc, MD, from the Geisel School of Medicine at Dartmouth. Dr. Ogrinc also gave a two-hour workshop on **Publishing your Quality Improvement Research**, which included a panel of local faculty who have been promoted on or recognized for their work in quality improvement.

The first jointly-sponsored **UWHC GME and School of Medicine and Public Health Continuum of Medical Education Teaching Conference** was held September 28th, 2012. Titled ***Back to the Old Chalkboard: Rethinking how and what we Teach in Medicine***, the conference opened with a GME Grand Rounds on “***Maximally-Invasive Teaching***,” delivered by **Debra DaRosa, PhD, MS; Professor of Surgery and Vice Chair of Education at Northwestern University**. The conference was very well-attended, with over 150 people attending the GME Grand Rounds and additional attendees viewing a live broadcast of the event. It is our intention that this becomes an annual event, jointly sponsored by GME and the School of Medicine and Public Health, and aimed at faculty development in medical education.

Conference morning sessions featured presentation on topics relevant to most faculty educators, including:

- **Trainees as Teachers: Expectations and Opportunities** (Christie Seibert, MD and Roberta Rusch, MS)
- **Building Infrastructure to Support Faculty Development** (Pat Kokotailo, MD, MPH, Susan Goelzer, MD, MS and Chris Carlson-Dakes, PhD)
- **Methods for Mentoring, Rewarding and Recruiting Faculty** (A luncheon forum with Dr. DaRosa, Dr. Goelzer, Erik Ranheim, MD, PhD, and Claudia Reardon, MD)

The afternoon was devoted to a series of professional development sessions targeting teaching and learning skills, with the goal of improving educator skills in assessment and curriculum development. Included were sessions on:

- **Optimizing the Learning Environment for Students & Other Learners**(Pat McBride, MD and Rosa Garner, MS)
- **Improving the Quality of Direct Observation** (Jeremy Smith, MD)
- **Giving Effective Feedback** (Jeremy Smith, MD)
- **Developing Curriculum for Simulation** (George Selix, PhD)
- **The Role of Reflection in Teaching and Learning** (Amy Smith, MS)

The GME Office began a GME Brown Bag series covering topics relevant to GME programs, including teaching residents QI, building a GME community, interprofessional teamwork skills, the CMS Value-Based Purchasing program and opportunities for engaging residents and fellows in UWHC quality initiatives. This series also included GME’s first collaboration with the SMPH on a Brown Bag on **Developing a Faculty Portfolio**, given by Gwen McIntosh, MD.

The Program Director Administrative Fellowship continued into its third year, having proven highly effective at training new core Residency Directors.

Professional Development of Program Coordinators

The cohort of experienced Coordinators that comprise the UWHC Coordinator Council met monthly over the 2011-12 year to begin developing the necessary infrastructure to meet the professional development needs of the UWHC Coordinator community. Facilitated by the GME Systems Coordinator, a number of new initiatives providing educational offerings for coordinators were implemented over the course of the year. Three workshops were developed for coordinators in 2011-12, including:

- **PIFsmanship 101** (Dee Mussehl, MS and Katy Oksuita, MS)
- **Preparing for an Internal Review** (Jeanne Sarbacker and Jennifer Hanser)
- **Conducting your Annual Program Evaluation** (Julie Thomas, Dee Mussehl, MS and Katy Oksuita, MS).
- **Hiring Workshop** (Debra Coe-Bradish, MS and Cindy Feuling)

Our vision is that this Council works with the GME Office to create a monthly Program Coordinator Committee that improves communication, provides professional development and builds a professional community.

Curriculum Development for Residents and Fellows

GME continued to offer its annual curriculum for residents and fellows in a variety of competency areas, including:

<u>Conference</u>	<u>Topic</u>	<u>Year Began</u>
<i>Business of Medicine</i>	Introduction to Practice Management Understanding Healthcare Reimbursement Systems <i>New for 2011-12: Health Care Reform</i>	2009
<i>Sleep and Fatigue Education for Residents</i>	Promote awareness of effects sleep deprivation has on physician well-being and patient safety, as well as best practices in alertness management. <i>New for 2011-12: Deployed to faculty</i>	2009
<i>Quality Improvement</i>	Introduction to Quality and Improvement Processes Promoting Culture of Safety	Oct 2011
<i>GME Curriculum in Patient Safety and Quality Improvement</i>	Introduction to the Culture of Safety, Medical Error, Understanding Systems, and the UWHC Process of Improvement <i>New for 2011-12: Online Modules</i>	Dec 2011 - March 2012

All incoming residents attend mandatory Professionalism Panel and Introduction to Patient Safety and Quality Improvement sessions during orientation.

Med Hub Update

Fiscal Year 2012 saw the GME Office begin using Med Hub to utilize the integrated billing function. The scheduling data entered by coordinators and chief residents are utilized by MedHub to prepare both the IRIS billing report for Centralized Medicaid and Medicare Services as well as the billing for UWHC's training affiliates for resident and fellow activities. In addition, financial staff in our affiliated institutions have been given access to the MedHub schedules that support billing, in order to improve communication and reduce billing questions.

For the first time this year, the GME Office used Med Hub's New Hire Portal function, which significantly helped to streamline the related paperwork process. Each incoming resident or fellow had their own secure new hire page that was customized for their training level. Required forms and documents were posted to their pages and uploaded after they were completed. Both the GME staff and Program Coordinators were able to view the status of new hire paperwork.

Beginning July 1, 2011, all residents and fellows were required to submit their duty hours via Med Hub. UWHC GME Programs achieved 98% compliance in submission of duty hour data for the year. Quarterly Institutional Summary Duty Hour reports were developed and are reviewed by the DIO, GME Office and GMEOC. Any duty hour violations were discussed by GME Leadership and institutional leaders.

MedHub Statistics:

Logins by User Type

Residents	156,915
Faculty	24,865
Administrators	44,164
GME	9686
Read Only (Nurses)	5840

Number of Active Users

Residents	778
Faculty	1048

GME ADMINISTRATION REPORT

2011 - 2012 Financial Report

\$ 27,231,225 spent on GME stipends, benefits, administration

\$ 2,488,486 *paid to UW Medical School through the Affiliation Agreement for GME*

\$ 29,719,711 total dollars spent on Graduate Medical Education

\$ 9,287,600 *preliminary* estimated reimbursement by Medicare for direct GME

\$ 20,432,111 balance spent on GME

2011-2012 GME Office Highlights

- The GME Office held a Coordinator Tracer Day in preparation for a visit by the Joint Commission.
- The GME Office converted a majority of paper files into electronic documents stored in UWHC's Onbase database.

Goals for 2012-13

- Understand and Communicate the new ACGME new accreditation process (NAS)
- Prepare for the NAS Institutional Review Process, including communicating and strengthening relationships between UWHC, GME and Quality, Safety and Innovations Leadership.
- Improve Financial Oversight of GME
- Full integration of Med Hub as a communication vehicle and repository of data for future ACGME Reporting
- Formalize and integrate the Quality Curriculum across the continuum of medical education
- Consider Plans for Future GME Funding Reductions
- Support continued growth of the GME Learning Community by formalizing infrastructure
- Redesign GME Office Staffing Structure
- Continue to develop GME Culture of Excellence
- Review and improve GME Office procedures

2011-2012 UWHC Graduate Medical Education Program Overview	Program Director Name	Accreditation Cycle Length (years)	# of Grads	Length of Training (years)	Date of Next Site Visit (* Self-study)
Program Name					
Anesthesiology	Paul Kranner, M.D.	5	11	4	10/1/2014
Anesthesiology Critical Care	Jonathan Ketzler, M.D.	5	1	1	4/1/2016
Dermatology	William Aughenbaugh, M.D.	5	2	3	5/1/2014
Procedural Dermatology	Juliet Aylward, M.D.	5	1	1	TBD
Medicine/Dermatology (combined)	Vogelman/Aughenbaugh	NA	1	4	NA
Emergency Medicine	Janis Tupesis, M.D.	5	5	3	2/1/21*
Internal Medicine	Bennett Vogelmann, M.D.	10	22	3	5/1/14*
Allergy/Immunology	James Gern, M.D.	5	4	2	2/1/2013
Cardiovascular Disease	Nancy Sweitzer, M.D.	6	3	3	5/1/14*
Clinical Cardiac Electrophysiology	Douglas Kopp, M.D.	5	0	1	5/1/14*
Interventional Cardiology	Giorgio Gimelli, M.D.	6	2	1	5/1/14*
Endocrinology, Diabetes & Metabolism	Yoram Shenker, M.D.	6	3	2	5/1/14*
Gastroenterology	Eric Gaumnitz, M.D.	6	2	3	5/1/14*
Transplant Hepatology	Adnan Said, M.D.	5	0	1	5/1/14*
Geriatric Medicine	Steven Barczy, M.D.	6	3	1	5/1/14*
Hematology & Oncology	Thomas McFarland, M.D.	3	5	3	7/1/2013
Hospice and Palliative Care	Toby Campbell, M.D.	3	1	1	5/1/14*
Infectious Disease	David Andes, M.D.	6	2	2	5/1/14*
Nephrology	Arjang Djamali, M.D.	6	4	2	5/1/14*
Pulmonary Disease & Critical Care Medicine	Mark Regan, M.D.	6	4	3	5/1/14*
Rheumatology	Kevin McKown, M.D.	6	3	2	5/1/14*
Sleep Medicine	Ruth Benca, M.D.	6	1	1	5/1/14*
Neurological Surgery	Dan Resnick, M.D.	11*	2	7	6/1/23*
Neurology	Justin Sattin, M.D.	5	3	4	11/1/2013
Clinical Neurophysiology	Paul Rutecki, M.D.	5	1	1	TBD
Vascular Neurology	Matthew Jensen, M.D.	4	0	1	5/1/2016
Nuclear Medicine	Mike Wilson, M.D.	4	0	3	5/1/2015
Obstetrics & Gynecology	Laura Sabo, M.D.	3	4	4	TBD
Ophthalmology	Stephen Sauer, M.D.	4	2	3	5/1/2013
Orthopaedic Surgery	Matthew Squire, M.D.	12*	5	5	1/1/24*
Orthopaedic Sports Medicine	John Orwin, M.D.	3	1	1	6/1/2012
Otolaryngology	Mark Pyle, M.D.	5	3	5	1/1/2013
Pathology - Anatomic & Clinical	Erik Ranheim, M.D.	5	2	4	4/1/2017
Blood Banking/Transfusion Medicine	A.J. Hibbard, M.D.	5	0	1	TBD
Cytopathology	Suzanne Selvaggi, M.D.	5	1	1	2/13/2013
Hematopathology	Catherine Leith, M.D.	5	0	1	10/1/2014
Pediatrics	John Frohna, M.D.	5	11	3	3/1/2016*
Medical Genetics	David Wargowski, M.D.	5	0	2	3/1/2016*
Neonatal - Perinatal Medicine	De-Ann Pillers, M.D.	5	1	3	3/1/2016*
Pediatric Critical Care Medicine	Michael Wilhelm, M.D.	5	0	3	3/1/2016*
Pediatric Endocrinology	David Allen, M.D.	5	1	3	3/1/2016*
Pediatric Hematology/Oncology	Neha Patel, M.D.	5	1	3	3/1/2016*
Pediatric Pulmonology	Michael Rock, M.D.	4	0	3	3/1/2016*
Pediatric Sports Medicine	David Bernhardt, M.D.	5	1	1	9/1/2016
Physical Medicine & Rehabilitation	Bonnie Weigert, M.D.	4	3	4	8/1/2014
Plastic Surgery	Neil Salyapongse, M.D.	5	4	6	4/1/2013
Psychiatry	Art Walaszek, M.D.	5	11	4	4/1/2015
Addiction Psychiatry	Dean Krahn, M.D.	5	0	1	4/1/2016
Child & Adolescent Psychiatry	Margaret Scallon, M.D.	3	0	2	10/1/2013
Geriatric Psychiatry	Timothy Juergens, M.D.	5	0	1	10/1/2012
Radiation Oncology	Kristen Bradley, M.D.	5	2	4	TBD
Radiology - Diagnostic	David Kim, M.D.	4	6	4	11/1/14*
Neuroradiology	Aaron Field, M.D.	5	3	1	11/1/14*
Vascular & Interventional Radiology	Orhan Ozkan, M.D.	4	1	1	11/1/14*
Surgery	Eugene Foley, M.D.	4	6	5	TBD
Thoracic Surgery	James Maloney, M.D.	3	1	2	1/1/2014
Vascular Surgery	John Hoch, M.D.	3	0	5	2/1/2013
Vascular Surgery	John Hoch, M.D.	5	1	2	10/1/2015
Urology	Daniel Williams, M.D.	3	2	4	12/1/2012
58 ACGME-accredited programs and 1 combined program		5.07	158	NA	NA

2012 - 2013 Position Budget Program	PG1 FTE	PG2 FTE	PG3 FTE	PG4 FTE	PG5 FTE	PG6 FTE	PG7 FTE	Total	UWHC FTE	VAH FTE	Meriter FTE	SSM FTE	Other FTE	MSTf FTE	Non FTE
Anesthesiology	8	13	13	12.2	0	0	0	46.2	42.2	1.4	2	.6	0	0	0
Anesthesiology Critical Care	0	0	0	0	2	0	0	2	1	0	0	0	0	1	0
Dermatology	0	2	2	2	0	0	0	6	2.9	2.7	0	0	.4	0	0
Procedural Dermatology	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0
Medicine/Dermatology (mbined)	1	1	1	1	1	0	0	5	3.4	1.3	.1	0	.2	0	0
Emergency Medicine	8	8	6	0	0	0	0	22	20.3	0	.7	0	1.1	0	0
Internal Medicine	28	23	26	0	0	0	0	77	40	32	5	0	0	0	0
Allergy/Immunology	0	0	0	3	1	1	0	5	2	1	0	0	0	0	2
Cardiovascular Disease	0	0	0	3	3	3	0	9	7	2	0	0	0	0	0
Clinical Cardiac Electrophysiology	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0
Interventional Cardiology	0	0	0	0	0	0	2	2	1	0	0	0	0	1	0
Endocrinology, Diabetes & Metabolism	0	0	0	3	3	0	0	6	1	2	0	0	1	2	0
Gastroenterology	0	0	0	3	3	3	0	9	2	3	1	1	0	2	0
Transplant Hepatology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Geriatric Medicine	0	0	0	2.8	1	0	0	3.8	0	3.8	0	0	0	0	0
Hematology & Oncology	0	0	0	4	3	3	0	10	5	3	0	0	0	0	2
Hospice & Palliative Care	0	0	0	2	0	0	0	2	1	.5	0	0	.5	0	0
Infectious Disease	0	0	0	2	1	1	0	4	2	2	0	0	0	0	0
Nephrology	0	0	0	3.5	1.5	0	0	5	3.5	1	.5	0	0	0	0
Pulmonary Disease & Critical Care Medicine	0	0	0	3	2.6	2.4	0	8	5.5	2	0	0	0	.5	0
Rheumatology	0	0	0	1	1	0	0	2	1	1	0	0	0	0	0
Sleep Medicine	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0
Neurological Surgery	2	2	3	1	2	2	2	14	11	1	1	0	0	1	0
Neurology	2	3	4	3	0	0	0	12	8	4	0	0	0	0	0
Clinical Neurophysiology	0	0	0	0	2.1	0	0	2.1	1.7	.4	0	0	0	0	0
Vascular Neurology	0	0	0	0	1	0	0	1	.5	.5	0	0	0	0	0
Obstetrics & Gynecology	6	6	6	6.1	0	0	0	24.1	10.5	.1	10.6	2.9	0	0	0
Ophthalmology	0	3	3	4	0	0	0	10	7	3	0	0	0	0	0
Orthopaedic Surgery	5	5	5	5	5	0	0	25	18.5	2.2	4.2	.2	0	0	0
Orthopaedic Sports Medicine	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0
Physical Medicine & Rehabilitation	0	3	3	3	0	0	0	9	7.3	.2	0	0	1.5	0	0
Pathology - Anatomic & Clinical	4	5	4	6	0	0	0	19	12.7	4	1	1	.4	0	0
Blood Banking/Transfusion	0	0	0	0	1	0	0	1	0	0	0	0	1	0	0
Cytopathology	0	0	0	0	2	0	0	2	1	0	0	0	0	1	0
Hematopathology	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0
Pediatrics	15	14.3	13.9	0	0	0	0	43.3	38	0	5.3	0	0	0	0
Pediatric Critical Care	0	0	0	2	2	0	0	4	4	0	0	0	0	0	0
Pediatric Endocrinology	0	0	0	1	1	1	0	3	1	0	0	0	0	0	2
Medical Genetics Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peds Hematology/Oncology	0	0	0	1	1	1	0	3	1	0	0	0	0	0	2
Neonatal & Perinatal	0	0	0	2	0	0	0	2	0	0	2	0	0	0	0
Pediatric Pulmonology	0	0	0	1	1	0	0	2	1.5	0	0	0	0	.5	0
Pediatric Sports Medicine	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0
Psychiatry	8	8	8	5.5	0	0	0	29.5	23.5	4.9	0	0	0	.1	1
Addiction Psychiatry	0	0	0	0	1.8	0	0	1.8	0	1.8	0	0	0	0	0
Child & Adolescent Psychiatry	0	0	0	2	2.5	0	0	4.5	3.3	0	.9	0	0	.3	0
Geriatric Psychiatry	0	0	0	0	1.1	0	0	1.1	0	1.1	0	0	0	0	0
Radiation Oncology	1	2	2	2	2	0	0	9	9	0	0	0	0	0	0
Nuclear Medicine	0	.6	1.4	0	0	0	0	2	1	0	0	0	0	1	0
Radiology - Diagnostic	4	8	8	7	7	0	0	34	31.1	2.2	.8	0	0	0	0
Neuroradiology	0	0	0	0	0	3	0	3	2	0	0	0	0	1	0
Vascular & Interventional	0	0	0	0	0	1	0	1	1	0	0	0	0	0	0
Thoracic Surgery	0	0	0	0	0	1	1	2	1.2	.8	0	0	0	0	0
Otolaryngology	2	3	2	3	2	0	0	12	8	3	1	0	0	0	0
Plastic Surgery	3	2	2	2	4	1	0	14	8.9	.9	1.7	1.5	0	0	1
Surgery	8	8	4	3	7	4	0	34	26.3	5	2.8	0	0	0	0
Surgery - Research	0	0	3	4	0	0	0	7	0	0	0	0	0	0	7
Vascular Surgery (Residency)	1	1	1	0	0	0	0	3	2.5	.3	.2	0	0	0	0
Vascular Surgery (Fellowship)	0	0	0	0	0	1	1	2	1	1	0	0	0	0	0
Urology	2	2	2	2	2	0	0	10	6.5	1.2	1.3	1	0	0	0
TOTAL (rounded numbers)	108	123	123	113	72	29	7	576	392	97	41	8	6	15	16