

# 2012-2013 Graduate Medical Education Annual Report

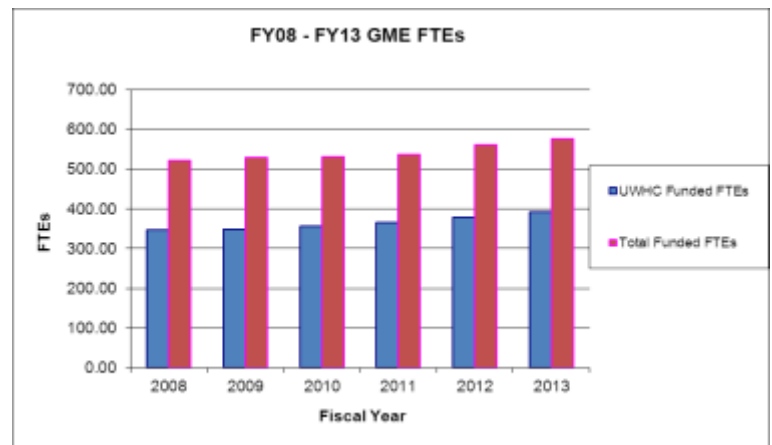


## Institutional Overview

The 2012-13 training year brought many new and exciting opportunities for the UW Health Graduate Medical Education community. UW Hospital and Clinics continued the trend of increasing numbers of GME programs and positions. Child Neurology, Preventive Medicine and Surgical Critical Care were developed as new programs.

The requirements of the new ACGME Next Accreditation System (NAS) place new and increasing demands on our programs and on sponsoring institutions. Under the NAS, programs in good standing are given a ten to twelve-year cycle.

Among the UWHC's 60 ACGME-accredited programs (see chart on page 11), 54 are now scheduled to have their site visits under the new system at dates now ranging from early 2016 (Pediatrics, Radiology and Dermatology) to 2024 (Orthopedic Surgery and Otolaryngology). The policies and protocols that governed internal review will be transformed and piloted over the next year to meet the needs of the only two controls the ACGME now requires: the Annual Program Review and Special Review processes. The UWHC prides itself on its history of high quality among the residencies and fellowships it sponsors. It is therefore incumbent on us to maintain effective mechanisms for oversight in the new accreditation system.



## ACGME Resident Survey Results—Institutional Aggregate Data (See Appendix A—ACGME Institutional Aggregated Program Survey Data)

With the great majority of UW Health programs performing well on the ACGME Resident Survey, a breakdown of issues and trends among those categories reveals few concerns to be addressed. The major survey areas include: Duty Hours, Faculty, Evaluation, Educational Content, Resources, Patient Safety and Teamwork. Only a few of the most pertinent areas are addressed here:

**Duty Hours:** The GME Office and the GMEOC have developed a robust duty hours monitoring and reporting process. The ACGME Institutional Survey tallies our overall compliance at greater than 97%. This year an internal audit of duty hours was conducted by the UWHC. The audit revealed substantial compliance in all areas with the possible exception of residents and fellows inconsistently logging their moonlighting hours in the Med Hub Residency Management System. All Program Directors and Coordinators have been provided this feedback and asked to monitor trainee documentation of moonlighting hours more closely. In addition, the GME Office has implemented a new moonlighting request workflow; residents/fellows are now required to enter their requests into Medhub for Director and DIO approval, after which the recording of those hours will be more readily tracked.

**Patient Safety and Quality Improvement:** The UWHC's lowest institutional survey score is consistently in **Patient Safety**, at 4.4 (Scale of 1 to 5); nonetheless, this is still above the national mean. This score results predominantly from residents' responses to questions on participation in quality improvement efforts. This year Sue Sanford-Ring, MHA, and Sally Kraft, MD, MPH, became members and active participants on the GMEOC, at which they review the UW Health Quality Scorecard and share information about the nature, progress and success of institutional improvement initiatives. In December 2012, the Quality Council charged an ad hoc working group to continue the work on an A3 improvement project that Sally Kraft, MD, MPH began with Program Directors at the **GME Directors' Retreat** in September 2012 to address the issue of how to integrate residents into UW Health patient safety and QI activities. Janis Tupesis, MD, Emergency Medicine Residency Program Director, continued working with GME to lead that initiative, entitled **Resident Involvement in UW Health Quality Improvement**. One component of this effort included a survey of all Department/Program leadership and trainees, part of a gap analysis designed to assess the current state of each department's QI infrastructure and the effectiveness of resident integration into QI activities.

The widest variability in survey responses is on the topic of **Providing Clinical Data to Show Personal Clinical Effectiveness**, with scores ranging from 14% to 100%. All UW Health residents receive feedback

on their clinical performance on all rotations and receive an overall evaluation every six months. However, the ACGME has set an expectation that residents receive patient-related outcome data that can be used as

a measure of their individual clinical practice habits. Although this is possible in resident-run continuity clinics, the IT Department has not been able to provide this kind of clinical outcome data for most residents. Exploration of the possibility of using the **Treatment Team and Care Team** functions of HealthLink, which allow a resident to add their name to the patient care team in the electronic record, is underway. This functionality may also allow for easier collection of data by residents for patient panel review and an assessment of their effectiveness with different patient populations.

GME now meets regularly with QI and PS leaders to move forward the integration of residents into all related activities. This year a **Resident Patient Safety and Quality Council** was initiated, with a representative from each core program. Council members will serve as a liaison between UW Health Quality leadership and their programs to disseminate information about patient safety and QI priorities, as well as to help develop the means and mechanisms for getting residents engaged in UW Health activities. In the current (2013-2014) training year, it is our hope that the Quality Council will require that each Department's A3 project team include active resident participation.

**Teamwork:** One area of the survey in which aggregate scores trend a little lower is in **Effectively Works in Interprofessional Teams**. Given the priority focus across medical and other health professional education on developing the skills needed to work collaboratively and effectively as part of a multi-disciplinary, interprofessional team, the GME Curriculum subcommittee chose to design its annual education conference around that topic. This year's **Continuum of Medical Education Conference**, a joint venture between GME and the SMPH, focused on Interprofessional Team Skills in the Health Sciences: From Teaching to Practice. The Keynote presentation, "**Teamwork when the Lives of Others Depend on It**" was delivered by Eduardo Salas, PhD, Trustee Chair and Professor of Psychology from the University of Central Florida. The conference featured Karyn Baum, MD, MPH, Carla Pugh, MD, PhD and Josh Ross, MD, as plenary speakers. Dr. Baum presented on how to use the TeamSTEPPS interprofessional Curriculum to teach effective team communication skills; Drs. Pugh and Ross on using simulation-based training to teach team competencies. The Conference offered participants the opportunity to visit the UW Simulation Center to observe two of four different case-based scenarios developed to teach a variety of team competencies across clinical venues. Drs. Janis Tupesis, Nestor Rodriguez, Joan Addington-White, Ken Van Dyke and Melissa Cercone each developed and led a scenario set in the ER, Clinic, OR and PICU, respectively.

## ACGME Resident Survey Results

The UW Health Institutional Summary of the ACGME Resident Survey Results is simply a compilation of all UWHC programs participating in the survey process. The residents' overall evaluation of our programs is above the national mean at 4.7 (on a scale of 1-5). The Institutional Summary demonstrates that overall our core programs are doing exceptionally well in all categories, far above the national mean in all areas measured. Any areas of noncompliance on the resident survey are addressed by the Program Evaluation Committee (PEC) in each department and reported to Designated Institutional Official (DIO) and GMEOC as part of the Annual Program Evaluation. An action plan is developed to address any significant negative trends. The survey results and action plans are reviewed with the DIO during the Annual Program Review Meeting.

The **Plastic Surgery Residency Program** again received accolades for its perfect survey scores. Last year the **Department of Pediatrics** received notice from the ACGME that they would undergo a special focused visit unless their duty hour scores improved. Due to interventions by the Department and the GME Office, the survey results in all areas of concern are markedly improved. The residents report 100% compliance in duty hours.

The survey results for **the Department of Ophthalmology** indicate a significant downward trend in several areas. Although all means are at or above 4.0, their Overall Program Evaluation Mean as reported by the ACGME is only 3.7. All other core programs' overall means are greater than 4.5. Several areas of noncompliance that are of most concern include: faculty and staff interest, use of evaluations to improve program, education compromised by service and process to address problems/concerns. These issues are coincidental with a Program Director leave of absence, as well as with resident performance issues. The DIO

will address these concerns in the Annual Program Review with the Program Director and Coordinator. The Program had been scheduled for an ACGME Site Visit this spring, which has been delayed until May 2017.

There were no other programs with survey responses that warranted closer review.

### ACGME Resident Survey 2013 Summary by Program

Scale = 1 (very negative) to 5 (very positive). "Overall Evaluation" represents the percentage of responding program residents reporting that their experience of residency was either a "good" or "the best possible" experience.

	Duty Hours	Faculty	Evaluation	Educational Content	Resources	Patient Safety	Teamwork	Program Mean	Overall Evaluation
Anesthesiology	5	4.7	4.8	4.8	4.8	4.6	4.8	4.8	100%
Dermatology	5	4.5	4.4	4.4	4.4	4.5	3.7	5	100%
Emergency Medicine	4.9	4.6	4.6	4.5	4.4	4.6	4.9	4.6	95%
Internal Medicine	4.9	4.8	4.8	4.8	4.9	4.7	4.9	4.8	100%
Neurology	4.8	4.7	4.7	4.5	4.8	4.5	4.7	4.8	100%
Neurological Surgery	5	4.9	4.7	4.8	4.7	4.8	4.9	4.9	100%
Obstetrics and Gynecology	4.8	4.4	4.5	4.1	4.2	4.2	4.3	4.6	89%
Ophthalmology	4.9	4.1	4.3	4.3	4.3	4.4	4	3.7	55%
Orthopedic Surgery	4.8	4.3	4.6	4.4	4.5	4.1	4.6	4.8	95%
Otolaryngology	4.9	4.7	4.8	4.6	4.8	4.5	4.6	5	100%
Pathology	4.9	4.2	4.4	4.1	4.3	4.2	4.4	4.6	77%
Pediatrics	4.8	4.4	4.6	4.4	4.6	4.4	4.8	4.6	96%
Plastic Surgery	5	5	5	5	5	5	5	5	100%
Child Psychiatry	5	4.5	4.4	4.4	4.1	4.5	4.4	4	60%
Psychiatry	4.9	4.2	4.5	4.2	4.3	4.4	4.3	4.6	96%
Radiology	5	4.8	4.7	4.7	4.7	4.6	4.5	4.8	97%
PM&R	5	4.7	4.8	4.6	4.8	4.7	4.9	4.9	100%
Radiation Oncology	5	4.7	4.7	4.3	4.6	4.8	4.6	4.7	100%
Surgery	4.8	4.6	4.7	4.5	4.6	4.4	4.8	4.5	92%
Urology	4.9	4.9	5	4.5	4.9	4.8	4.9	4.8	100%

Department of Medicine Survey Summary 2013										
Specialty/ Subspecialty	Duty Hours	Faculty	Evaluation	Educational Content	Resources	Patient Safety	Team work	Program Mean	Overall Evaluation	
Internal Medicine Residency	4.9		4.8	4.8	4.8	4.9	4.7	4.9	4.8	100%
Allergy (4/5)	4.8		5	4.8	4.7	4.7	4.8	4.6	4.7	100%
Cardiovascular Disease (9/9)	5		4.4	4.7	4.8	4.7	4.8	4.8	4.8	100%
Endocrinology, Diabetes, and Metabolism (6/6)	5		4.9	4.5	4.8	4.7	4.8	4.4	5	100%

Gastroenterology (8/8)	5	4.7	4.8	4.9	4.8	4.5	4.8	5	100%
Hematology and Oncology (7/9)	5	4.1	4.4	4.6	4.5	4.4	4.4	4.4	100%
Infectious Disease (4/4)	5	5	5	5	5	5	5	5	100%
Nephrology (5/5)	4.8	4.4	4.3	4.4	4.4	4.6	4.5	4	100%
Pulmonary Critical Care (6/8)	4.8	4.5	4.7	4.7	4.4	4.6	4.9	4.3	83%

Department of Pediatrics Survey Summary 2013									
Specialty/Subspecialty	Duty Hours	Faculty	Evaluation	Educational Content	Resources	Patient Safety	Team work	Program Mean	Overall Evaluation
Pediatrics	4.8	4.4	4.6	4.4	4.6	4.4	4.8	4.6	96%
Pediatrics Critical Care (4/4)	4.6	4.5	4.4	4	4.4	4.2	4.6	4.5	100%

### New ACGME Faculty Surveys

The UWHC received the results of its first ACGME Faculty Surveys, deployed in 2012-13 among only the NAS' Phase One specialties and subspecialties. Scores on this initial round of Faculty surveys overall were very high, with respondents expressing great satisfaction across categories that included quality of resident performance and supervision, education, resources and safety.

### Implementation of the ACGME's Clinical Learning Environment Review Accreditation Process

The primary focus of the GME Office and GMEOC over the past year has been to prepare for the implementation of the ACGME's new institutional accreditation process, including the UWHC's first **Clinical Learning Environment Review (CLER)**. This review component is designed to ensure that a safe, appropriate and effective learning environment is being provided by institutions that sponsor GME training programs, as well as to assess how well residents operate as part of the training institution's delivery of high quality, safe patient care. CLER visits focus on six areas of compliance:

- Supervision
- Duty Hours
- Patient Safety
- Quality Improvement
- Transitions of Care
- Professionalism

The ACGME will provide the institution a 14-day notice of a CLER visit, during which reviewers will hold meetings with the CEO, CNO, CQO, CMO, DIO, and Program Directors, faculty and a peer-selected group of residents. The ACGME team of reviewers will also, over the course of a two to three day visit, drop in on three different clinical services to observe residents performing responsibilities and assess their knowledge and skills in implementing UW Health patient safety, error reporting and other policies, as well as how well they execute the institution's standardized handoff methodology (i.e. SBAR).

The GME Office is partnering with UWHC leadership in **Quality, Safety and Innovations** to make use of their existing communication and coordination infrastructure, working with Sue Sanford-Ring, MHA, and Jackie Smith-Helmenstine, BAHCA, CPHQ, among others to prepare and mobilize the resources needed to execute a CLE Review.

To aid Program Directors and Coordinators, the GME Office hosted a GME Program Directors' Retreat in September 2012 focusing on Preparing for the Next Accreditation System (NAS). Presenters included Drs. Susan Goelzer and John Frohna, who gave an update on the impact of NAS requirements on program structure and operations; in addition, the following breakout workshops provided information and training:

- **Building your Program's Competency Committee and Core Faculty** (*Susan Goelzer, MD, MS, DIO*)
- **Developing Faculty Capacity to Effectively Assess Trainee Performance** (*Jeremy Smith, MD*)
- **Mentoring Improvers: Using and Teaching Critical Improvement Tools** (*Sally Kraft, MD*)
- **Developing a GME Database to Track Trainee Outcomes** (*Tim Ziemlewicz, MD, Alyson Grayev, MD, Jessica Robbins, MD*)
- **A Curriculum for Teaching Residents Transitions of Care** (*Holly Bottoms, MD, PharmD*)
- **Developing a Direct Observation Tool for Assessing Residency Performance** (*Chip Foley, MD, Robert McDonald, PhD, Carly Glarner, MD, Amy Smith, MS*)
- **Using Departmental Data and Teams to Engage in QI at UWHC** (*Peter Newcomer, MD, Greg Kennedy, MD, Janis Tupesis, MD, Tom Brazelton, MD*)
- **A Practical Guide to Creating Effective Interprofessional Teams in a Resident Clinic** (*Joan Addington-White, MD*)

### Overview of 2012-2013 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 2012-2013 training year. All UWHC training programs filled all Main (Residency) NRMP Match positions with three exceptions.

#### PROGRAM ACCREDITATION DATA

	Residency	Fellowship	Total
ACGME Accredited Programs	21	39	60
Trainees in ACGME Accredited Programs	463	101	564
Accreditation Cycle Range	3 - 15 years	3 – 1414 years	--

#### ACTIVITIES

	Residency	Fellowship	Total
Program Graduates	118	52	170
Internal Reviews Conducted	1	1	2
ACGME Accreditation Decisions	5	7	12

#### PROGRAMS WITH ACCREDITATION DECISIONS

Program	Cycle Length	Number of Citations
Advanced Heart Failure & Transplant Cardiology	3 (New Program)	0
Hospice & Palliative Medicine	5	2
Clinical Neurophysiology	6	3
Obstetrics and Gynecology	8	6
Orthopaedic Sports Medicine	11	1
Otolaryngology	11	4
Blood banking/Transfusion Medicine	Voluntary withdrawal of accreditation	NA
Cytopathology	10	0
Geriatric Psychiatry	7	1
Surgery	9	1
Urology	10	0
Vascular Surgery – Integrated	11	2

## **Accreditation Cycle Length**

Average cycle length is 8.35 under NAS.

## **Internal Reviews**

The GMEOC conducted two final program internal reviews this year (the Nuclear Medicine Residency and Vascular Surgery Fellowship) and began preparing for its transition to the new ACGME accreditation requirements, which will go into effect July 1, 2014. As previously noted, the ACGME is replacing the Internal Review process with new Annual Program Review and Special Review processes. UW Health's GMEOC is developing these new processes for pilot implementation in 2013-14.

## **INSTITUTIONAL HIGHLIGHTS**

### **Progress in Integrating GME into UW Health Quality and Patient Safety**

Over the past several years, ACGME Requirements emphasize the need to expand education efforts in both Quality Improvement and Patient Safety. Historically, the connections between the Departmental training Programs and the UW Health Quality and Safety Programs had not been well established. Several years ago the GME leadership embarked on a vision to integrate GME into the institution's Quality and Patient Safety activities. This effort required extensive, ongoing collaboration between GME Leadership, UW Health Quality and Patient Safety Leadership, Departmental Leadership, Program Directors, the trainees and UWSMPH Curriculum Leadership. Significant progress has been made and educational offerings now exist across the continuum of education. GME's Program Director Retreats and Educational Conferences have focused on several aspects of Quality and Patient Safety. Our interns are required to take online training modules in patient safety and QI, including a pre- and post- skills assessment. Resident orientation includes a half-day Introduction to Quality and Patient Safety at UW Health. UWHC has created a Quality and Patient Safety faculty leadership position in each department and encouraged them to work hand in hand with Program Directors to integrate QI into residencies. Dr. Goelzer, as DIO, sits on the Quality Council and Sally Kraft, MD, MPH, and Sue Sanford-Ring, MHA, are members of the GMEOC. Trainees are appointed to all Quality and Patient Safety related committees and now have their own Resident Quality and Patient Safety Council. The Patient Safety Network (PSN) has been refined to facilitate physician reporting. Residents are leaders in EMR improvements; each program has HealthLink Superusers that actively participate in UW Health Quality Week and are encouraged to respond to the UWHC Culture of Quality Survey. The current plan is to highlight a few major institutional priorities each year that encourage resident participation and require each department to complete improvement projects (A3). Many project leaders have shared their best practices through presentations at GMEOC, Program Retreats, Quality Council and other venues.

Although much progress has been made, there is much work yet to be done to ensure that the UWHC's clinical learning environment is designed to embrace resident participation in Quality and Patient Safety initiatives. In an effort to enhance this integration, Dr. Kraft is leading a GPIN (Group on Practice Improvement Network) on Quality Improvement in Teaching Programs to share best practices nationwide across institutions that sponsor GME programs.

### **UW Health Central Line Curriculum and Training Initiative**

This year the GME Office collaborated with QSI and the UW Simulation Program in developing the new UW Health Central Line (CL) curriculum. The online didactic Central Line curriculum in Med Hub, which was developed by GME in collaboration with the Central Line Curriculum Development Committee, served as a key component of the initiative and prepared residents with a base knowledge and rationale prior to intensive training in the simulation center. The curriculum introduced residents to the most recent research pertaining to central line insertion, including evidence-based methods for reducing CLABSI rates and the use of a central line checklist, and emphasized the multiple roles physicians play in promoting a culture of safety. The central line training initiative began its pilot in June 2013; over the summer, 50 residents and fellows from Anesthesiology, Surgery, Emergency Medicine, Nephrology, Pulmonary Critical Care, and Pediatrics Critical Care were trained in the new UW Health Central Line process.

## Program Coordinator Subcommittee

This year the DIO established the Program Coordinator Subcommittee with a charge of reviewing relevant items from the GME Oversight Committee and providing a forum for GME Office communication, as well as continuing coordinator education. Education topics presented include how to effectively update a program's WebADS database (Katy Oksuita and Michelle Kipp), The UW Health Simulation Center (Sue Olson, RN) and Best Practices for Resident Recruitment (Dee Mussehl). Committee members Amy Romandine and Katy Oksuita also developed an Introduction to MedHub for presentation at GME Orientation. The Committee also facilitated Coordinator mentor assignments. Program Coordinator response to the Committee has been positive overall—the committee has given Coordinators the opportunity to routinely be in communication with one another, as well as to provide support and training for one another in identified areas of need.

## 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 Negotiating Contracts Understanding Healthcare Reimbursement Systems Health Care Reform	2009
<i>Sleep and Fatigue Education in Residency</i>	Effects of Sleep Deprivation on Physician Well-being and Patient Safety, Best Practices in Alertness Management <i>Also deployed to faculty in February 2013</i>	2009
<i>GME Curriculum in Patient Safety and Quality Improvement</i>	Introduction to the Culture of Safety, Medical Error, Understanding Systems, and the UW Health Improvement Network's Introduction to the Improvement Process	Dec 2011

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

## Med Hub Update

In Fiscal Year 2013, the GME Office began using Med Hub's appointment letter functionality, effectively streamlining the process of generating appointment letters and letters of intent for all programs through the use of electronic formatting and signatures, eliminating paper and significantly reducing resource hours to administer. In addition, enhancements to Med Hub's New Hire Portal function significantly reduced the burden of work to prepare print documents for hiring and onboarding new residents and fellows for the 2013-14 training year.



## MedHub Statistics

<b>Residents</b>	<b>184,151</b>
<b>Faculty</b>	<b>26,303</b>
<b>Administrators</b>	<b>44,077</b>
<b>GME</b>	<b>11,872</b>
<b>Read Only (Nurses)</b>	<b>6,882</b>

## Logins by User Type Number of Active Users

<b>Residents</b>	<b>760</b>
<b>Faculty</b>	<b>1091</b>
<b>Administrators</b>	<b>190</b>

## GME ADMINISTRATION REPORT

### 2012 - 2013 Financial Statement

<b>\$ 40,309,214</b>	Stipends, benefits, administration
<b><u>\$ 2,488,486</u></b>	Funding provided to UWSMPH departments per affiliation agreement
<b>\$ 42,797,700</b>	Total GME Costs
<b>\$ (11,618,245)</b>	Less: reimbursements from affiliated organizations
<b><u>\$ ( 9,295,000)</u></b>	Less: <i>preliminary</i> estimated Medicare reimbursement for direct GME
<b>\$ <u>21,884,455</u></b>	Total UWHC GME Expenditure

### 2012-2013 GME Office Highlights

The GME Office hired Kara Westmas, MS, as the new GME Systems Coordinator in January 2013. Kara is a recent graduate of the UW's Educational Leadership and Policy Analysis program and will be active in the GME Office's implementation of the new institutional accreditation processes and curriculum development, as well as maintenance of the Med Hub Residency Management System.

The GME Office redesigned its process for licensing residents and fellows this year, moving up the timeline for new licenses in order to assure a more timely process.

### Awards and Presentations

- Congratulations to **Beth Brace**, Cardiovascular Medicine Program Coordinator, who was awarded the 2013 ACGME Coordinator Award.
- Congratulations as well to **Art Walaszek, MD**, Psychiatry Residency Director, on his nomination for the 2014 ACGME's Courage to Teach Award.
- **Bob Holland, MD** (Internal Medicine Associate Program Director) and Assistant Professor **Dave Meyer, MD**, were awarded the Association of Program Directors in Internal Medicine award for Excellence in Program Innovation for their QI project with residents.

- The **Surgery Residency** was awarded a development grant of \$375,000 from the Wisconsin Rural Physician Residency Program to establish a rural General Surgery Residency Program. The program will be funded \$150,000 in year one, \$125,000 in year two and \$100,000 in year three.
- **Kevin McKown, MD**, Rheumatology Program Director, received the Department of Medicine's Schilling-Harkness Teaching Award for excellence in educating medical students. He was also appointed as the national representative for Rheumatology Fellowship Program Directors on the Association of Specialty Professors Council, as well as a UWSMPH representative to the Association of American Medical Colleges' Council of Faculty and Academic Societies.
- **James Gern, MD**, Allergy Program Director, was elected to the Alpha Omega Alpha Honor Medical Society by the University of Wisconsin School of Medicine and Public Health
- **Daniel Resnick, MD**, Neurosurgery Residency Director, was elected President of the Congress of Neurological Surgeons, an organization dedicated to advancing neurosurgery through innovation and excellence in education. More than 8,300 members comprise the CNS; its primary mission is to enhance health and improve lives worldwide through the advancement of education and scientific change.
- **Janis Tupesis, MD**, Emergency Medicine Residency Program Director, was elected Co-Chairperson for the Medical Education Didactic Session for Global Research, Collaboration from Nations to Specialties, at the 2012 Academic Emergency Medicine Consensus Conference – *Global Health and Emergency Care: A Research Agenda*. He was also appointed Chair of the Mentorship Committee and sits on the Education Committee of the Global Emergency Medicine Academy.
- **Bonnie Weigert, MD**, Physical Medicine and Rehabilitation Residency Director, continues her appointment as Chair of the American Association of Neuromuscular and Electrodiagnostic Medicine's GME committee and will serve as Program Chair for the Performing Arts Medicine Association's Annual Symposium on Medical Problems of Performing Artists in 2014.
- **Anne Gravel Sullivan, PhD, and Kara Westmas, MS**, presented a poster on *The Impacts of Implementing an Institution-Wide Patient Safety and Quality Improvement Curriculum for First-Year Residents* at the AAMC's Integrating Quality Conference in June, 2013.
- **UWHC**, as the Sponsoring Institution of 60 training programs, received an **extended accreditation cycle from the ACGME**, bringing its next site visit to October 2021. This extension is based on UWHC GME's outstanding performance on the institution's 2009 site visit.

#### Goals for 2013-14

- Redesign GME Policies and Processes for NAS
- Recruit a Director of Graduate Medical Education and Manage the Transition
- Expand GME Office Staffing in accordance with NAS
- Establish a Culture of Continued Readiness for Accreditation

2012-2013 UWHC Graduate Medical Education Program Overview chart complete	Program Director Name	Accreditation Cycle Length (years)	# of Grads	Length of Training (years)	Date of Next Site Visit (* NAS Self-study)
Program Name					
Anesthesiology	Paul Kranner, M.D.	11	12	4	4/1/2021*
Anesthesiology Critical Care	Jonathan Ketzler, M.D.	10	2	1	4/1/2021*
Dermatology	William Aughenbaugh, M.D.	10	2	3	5/1/2019*
Procedural Dermatology	Juliet Aylward, M.D.	7	1	1	5/1/2019*
Medicine/Dermatology (combined)	Vogelman/Aughenbaugh	NA	1	4	NA
Emergency Medicine	Janis Tupesis, M.D.	10	6	3	2/1/21*
Internal Medicine	Bennett Vogelman, M.D.	15	25	3	10/1/2017*
Allergy/Immunology	James Gern, M.D.	5	2	2	TBD
Cardiovascular Disease	Nancy Sweitzer, M.D.	9	3	3	10/1/2017*
Advanced Heart Failure & Transplant Cardiology	Nancy Sweitzer, M.D.	3	0	1	7/1/2015
Clinical Cardiac Electrophysiology	Douglas Kopp, M.D.	8	1	1	10/1/2017*
Interventional Cardiology	Giorgio Gimelli, M.D.	9	2	1	10/1/2017*
Endocrinology, Diabetes & Metabolism	Yoram Shenker, M.D.	9	3	2	10/1/2017*
Gastroenterology	Eric Gaumnitz, M.D.	9	3	3	10/1/2017*
Transplant Hepatology	Adnan Said, M.D.	8	0	1	10/1/2017*
Geriatric Medicine	Steven Barczy, M.D.	9	2	1	10/1/2017*
Hematology & Oncology	Thomas McFarland, M.D.	3	1	3	TBD
Hospice and Palliative Care	Toby Campbell, M.D.	5	2	1	10/1/2017*
Infectious Disease	David Andes, M.D.	9	2	2	10/1/2017*
Nephrology	Arjang Djarnali, M.D.	9	1	2	10/1/2017*
Pulmonary Disease & Critical Care Medicine	Mark Regan, M.D.	9	2	3	10/1/2017*
Rheumatology	Kevin McKown, M.D.	9	1	2	10/1/2017*
Sleep Medicine	Ruth Benca, M.D.	9	2	1	10/1/2017*
Neurological Surgery	Dan Resnick, M.D.	11	2	7	6/1/2023*
Neurology	Justin Sattin, M.D.	10	3	4	11/1/2018*
Clinical Neurophysiology	Rami Maganti, M.D.	6	1	1	11/1/2018*
Vascular Neurology	Matthew Jensen, M.D.	6	0	1	11/1/2018*
Nuclear Medicine	Lance Hall, M.D.	8	0	3	11/1/2018*
Obstetrics & Gynecology	Laura Sabo, M.D.	8	7	4	12/1/2020*
Ophthalmology	Stephen Sauer, M.D.	8	3	3	5/1/2017*
Orthopaedic Surgery	Matthew Squire, M.D.	12	5	5	1/1/24*
Orthopaedic Sports Medicine	John Orwin, M.D.	11	1	1	1/1/24*
Otolaryngology	Mark Pyle, M.D.	11	2	5	2/1/2024*
Pathology - Anatomic & Clinical	Erik Ranheim, M.D.	11	6	4	4/1/2023*
Blood Banking/Transfusion Medicine	A.J. Hibbard, M.D.	Withdrew accreditation	1	1	Withdrew accreditation
Cytopathology	Suzanne Selvaggi, M.D.	10	2	1	4/1/2023*
Hematopathology	Catherine Leith, M.D.	14	1	1	4/1/2023*
Pediatrics	John Frohna, M.D.	9	15	3	3/1/2016*
Medical Genetics	David Wargowski, M.D.	10	0	2	9/1/19*
Neonatal - Perinatal/Perinatal Medicine	John Frohna, M.D.	6	0	3	3/1/2016*
Pediatric Critical Care Medicine	Michael Wilhelm, M.D.	9	0	3	3/1/2016*
Pediatric Endocrinology	David Allen, M.D.	9	1	3	3/1/2016*
Pediatric Hematology/Oncology	Neha Patel, M.D.	9	1	3	3/1/2016*
Pediatric Infectious Disease	James Conway, M.D.	3	0	3	4/1/2015
Pediatric Pulmonology	Michael Rock, M.D.	5	1	3	3/1/2016*
Pediatric Sports Medicine	David Bernhardt, M.D.	5	1	1	3/1/2016*
Physical Medicine & Rehabilitation	Bonnie Weigert, M.D.	8	3	4	8/1/2018*
Plastic Surgery	Neil Salyapongse, M.D.	5	3	6	10/17/2013
Psychiatry	Art Walaszek, M.D.	10	9	4	4/1/2020*
Addiction Psychiatry	Dean Krahn, M.D.	9	3	1	4/1/2020*
Child & Adolescent Psychiatry	Margaret Scallon, M.D.	10	3	2	4/1/2020*
Geriatric Psychiatry	Timothy Juergens, M.D.	7	0	1	4/1/2020*
Radiation Oncology	Kristen Bradley, M.D.	9	2	4	9/1/2021*
Radiology - Diagnostic	David Kim, M.D.	8	5	4	4/1/2016*
Neuroradiology	Tabassum Kennedy, M.D.	8	3	1	4/1/2016*
Vascular & Interventional Radiology	Orhan Ozkan, M.D.	7	1	1	4/1/2016*
Surgery	Eugene Foley, M.D.	9	5	5	11/1/2021*
Thoracic Surgery	James Maloney, M.D.	6	1	2	1/1/2017*
Vascular Surgery	John Hoch, M.D.	8	0	5	6/1/2021*
Vascular Surgery Integrated	John Hoch, M.D.	11	1	2	11/1/2021*
Urology	Daniel Williams, M.D.	10	2	4	3/1/2023*
<b>60 ACGME-accredited programs and 1 combined program</b>		8.35 average	158	NA	NA

2013-2014 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	9	13.7	12.5	13	0	0	0	48.2	43.2	1	4	0	0	0	0
Anesthesiology Critical Care	0	0	0	0	1	0	0	1	.5	0	0	0	.5	.5	0
Dermatology	0	3	2	2	0	0	0	7	4.4	2.6	0	0	0	0	0
Procedural Dermatology	0	0	0	0	1	0	0	1	0	0	0	0	0	1	0
Medicine/Dermatology (combined)	1	1	1	1	1	0	0	5	3.5	1.3	0.1	0	0.1	0	0
Emergency Medicine	12	8	8	0	0	0	0	28	24.6	1.2	0.9	0	1.2	0	0
Internal Medicine	26	27	22.5	0	0	0	0	75.5	39.5	31.1	4.9	0	0	0	0
Allergy/Immunology	0	0	0	3	2	1	0	6	2	1	0	0	0	0	3
Cardiovascular Disease	0	0	0	4	3	3	0	10	7	2	0	0	0	0	1
Clinical Cardiac Electrophysiology	0	0	0	0	0	0	2	2	1	0	0	0	0	1	0
Interventional Cardiology	0	0	0	0	0	0	2	2	1	0	0	0	0	1	0
Advanced Heart Failure & Transplant Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Endocrinology, Diabetes & Metabolism	0	0	0	3	3	0	0	6	1	2	0	0	0	3	0
Gastroenterology	0	0	0	3	2	2	0	7	2.4	3	0.8	0.8	0	0	0
Transplant Hepatology	0	0	0	0	0	1	0	1	0	0	0	0	0	1	0
Geriatric Medicine	0	0	0	4	0	0	0	4	0	4	0	0	0	0	0
Hematology & Oncology	0	0	0	3	4	3.1	0	10.1	5.6	4.5	0	0	0	0	0
Hospice & Palliative Care	0	0	0	2.6	0	0	0	2.6	1.3	0.7	0	0	0.6	0	0
Infectious Disease	0	0	0	2	2	0	0	4	2	2	0	0	0	0	0
Nephrology	0	0	0	3.1	3.4	0	0	6.5	4	2	0.5	0	0	0	0
Pulmonary Disease & Critical Care Medicine	0	0	0	2	3	2.6	0	7.6	5	2	0	0	0	0.6	0
Rheumatology	0	0	0	0	2	0	0	2	1	1	0	0	0	0	0
Sleep Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Neurological Surgery	2	2	2	3	1	2	2	14	11	1	1	0	0	1	0
Neurology	2	3	3	4	0	0	0	12	8	4	0	0	0	0	0
Child Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Clinical Neurophysiology	0	0	0	0	2	0	0	2	1.7	0.3	0	0	0	0	0
Vascular Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Obstetrics & Gynecology	6	6	6	6	0	0	0	24	7.8	0	12.9	3.3	0	0	0
Ophthalmology	0	3	3	3.5	0	0	0	9.5	6.5	3	0	0	0	0	0
Orthopaedic Surgery	5	5	5	5	5	0	0	25	19.9	2	2.9	0.2	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	6.8	0	0	0	1.2	0	1
Pathology - Anatomic & Clinical	6	4	5	4	0	0	0	19	13	4	1	1	0	0	0
Cytopathology	0	0	0	0	1	0	0	1	0.5	0	0	0	0	0.5	0
Hematopathology	0	0	0	0	1	0	0	1	0.5	0	0	0	0	0.5	0
Pediatrics	15.2	14.8	13.4	0	0	0	0	43.4	37.6	0	5.8	0	0	0	0
Pediatric Critical Care	0	0	0	1	2	2	0	5	3	0	0	0	0	2	0
Pediatric Endocrinology	0	0	0	1	1	1	0	3	1	0	0	0	0	2	0
Medical Genetics Medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Peds Hematology/Oncology	0	0	0	2	1	1	0	4	2	0	0	0	0	0	2
Peds Infectious Disease	0	0	0	1	0	0	0	1	1	0	0	0	0	0	0
Neonatal & Perinatal	0	0	0	1	0	0	0	1	0	0	1	0	0	0	0
Pediatric Pulmonology	0	0	0	.3	.7	0	0	1	0.5	0	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	8.4	7.6	5	0	0	0	29	23	5.2	0	0	0.3	0.5	0
Addiction Psychiatry	0	0	0	0	0.1	0	0	0.1	0	0.1	0	0	0	0	0
Child & Adolescent Psychiatry	0	0	0	2	2.2	0	0	4.2	2.9	0	1.1	0	0.1	0	0
Geriatric Psychiatry	0	0	0	0	0	0	0	0	0	0	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	0	.6	1.4	0	0	0	2	1	0	0	0	0	1	0
Radiology - Diagnostic	1	8	8	8	7	0	0	32	29.2	2	0.8	0	0	0	0
Neuroradiology	0	0	0	0	0	3	0	3	1	1	0	0	0	1	0
Vascular & Interventional	0	0	0	0	0	2	0	2	2	0	0	0	0	0	0
Thoracic Surgery	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Otolaryngology	3	2	3	2	3	0	0	13	10	2	1	0	0	0	0
Plastic Surgery	3	3	2	2	3	1	0	14	7.6	1.8	2.6	0.9	0	0	1
Surgery	10	6	10	9	3	5.1	0	43.1	26.8	4.2	3.1	0	0	0	9
Vascular Surgery (Residency)	1	1	1	1	0	0	0	4	2.8	0.8	0.4	0	0	0	0
Vascular Surgery (Fellowship)	0	0	0	0	0	0	1	1	0.6	0.4	0	0	0	0	0
Urology	0	3	2	2	2	0	0	9	5	1	1	1	0	0	1
<b>TOTAL (rounded numbers)</b>	<b>111</b>	<b>127</b>	<b>123</b>	<b>116</b>	<b>64</b>	<b>31</b>	<b>7</b>	<b>579</b>	<b>393</b>	<b>94</b>	<b>46</b>	<b>7</b>	<b>4</b>	<b>17</b>	<b>18</b>

# Appendix A: Institutional Aggregated Program Survey

2012-2013 ACGME Resident Survey - page 1

Survey taken: January 2013 - May 2013

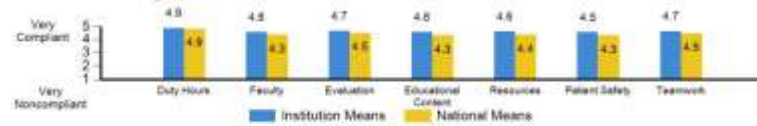
Programs Surveyed 55

560176 University of Wisconsin Hospital and Clinics - Aggregated Program Data

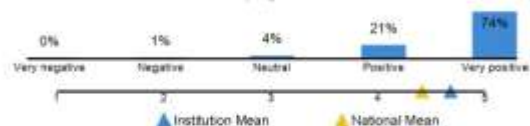
Residents Responded 513 / 553

Response Rate 93%

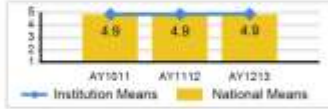
## Institution Means at-a-glance



## Residents' overall evaluation of the program



## Duty Hours



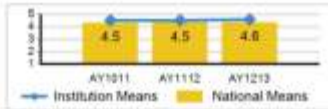
Requirement	% Compliant	Mean	National
80/85 hours*	100%	4.9	4.7
1 day free in 7	96%	4.9	4.9
In-house call every 3rd night	100%	5.0	5.0
Night float no more than 6 nights	100%	5.0	5.0
8 hours between duty periods (differs by level of training)	96%	4.8	4.7
Continuous hours scheduled (differs by level of training)	96%	4.9	4.8

### Reasons for exceeding duty hours:

Patient needs	1%	Cover someone else's work	0%
Paperwork	1%	Night float	0%
Additional Ed	1%	Schedule conflict	1%
Experience		Other	0%

\* Duty hour exception applicable to intermediate and advanced training levels within approved programs.

## Faculty



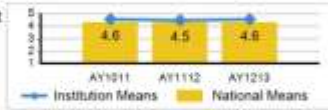
Requirement	% Compliant	Mean	National
Sufficient supervision	98%	4.6	4.4
Appropriate level of supervision	98%	4.8	4.7
Sufficient instruction	98%	4.5	4.2
Faculty and staff interested in residency education	95%	4.5	4.3
Faculty and staff create environment of inquiry	93%	4.5	4.2

## Evaluation



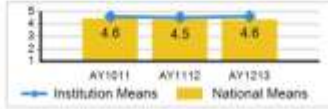
Requirement	% Compliant	Mean	National
Able to access evaluations	100%	5.0	5.0
Opportunity to evaluate faculty members	99%	5.0	5.0
Satisfied that evaluations of faculty are confidential	93%	4.6	4.3
Opportunity to evaluate program	100%	5.0	4.9
Satisfied that evaluations of program are confidential	95%	4.6	4.3
Satisfied that program uses evaluations to improve	89%	4.4	4.0
Satisfied with feedback after assignments	87%	4.3	4.0

## Educational Content



Requirement	% Compliant	Mean	National
Provided goals and objectives for assignments	99%	5.0	4.8
Instructed to manage fatigue	97%	4.9	4.7
Satisfied with opportunities for scholarly activities	90%	4.4	4.1
Appropriate balance for education	92%	4.5	4.2
Education (not) compromised by service obligations	88%	4.3	4.0
Supervisors delegate appropriately	99%	4.7	4.6
Provided data about practice habits	71%	3.8	3.3
See patients across variety of settings	98%	4.9	4.8

## Resources



Requirement	% Compliant / % Yes*	Mean	National
Access to reference materials	100%	5.0	5.0
Use electronic medical records in hospital*	100%	5.0	4.8
Use electronic medical records in ambulatory setting*	99%	5.0	4.7
Electronic medical records integrated across settings*	98%	5.0	4.6
Electronic medical records effective	99%	4.5	4.1
Provided a way to transition care when fatigued	88%	4.5	4.2
Satisfied with process to deal with problems and concerns	94%	4.5	4.2
Education (not) compromised by other trainees	98%	4.6	4.5
Residents can raise concerns without fear	91%	4.6	4.2

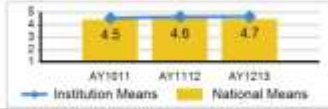
\*Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.

## Patient Safety



Requirement	% Compliant	Mean	National
Tell patients of respective role of residents	99%	4.6	4.5
Culture reinforces patient safety responsibility	99%	4.7	4.5
Participated in quality improvement	90%	4.6	4.2
Information (not) lost during shift changes or patient transfers	99%	4.3	4.0

## Teamwork



Requirement	% Compliant	Mean	National
Work in interprofessional teams	95%	4.7	4.5
Effectively work in interprofessional teams	100%	4.6	4.4

## Total Percentage of Compliance by Category

