



Naval Medical Center Portsmouth

Annual Report to the Organized Medical Staff and Graduate Medical Education Committee Activities
2010 – 2011 Academic Year

Introduction

In accordance with the institutional requirements established by the American Council on Graduate Medical Education (ACGME), this annual report provides an overview of our academic training programs at NMCP. As specified by the ACGME, this report addresses: 1) resident supervision, 2) resident responsibilities, 3) resident evaluation, 4) compliance with duty hour standards, and 5) Resident participation in patient safety and quality of care education. In addition, our report addresses the NMCP training environment and strategic goals and challenges.

Programs

During the 2010 – 2011 academic year, NMCP sponsored Graduate Medical and Dental Education for 12 ACGME residency training programs, 2 fellowships, 2 Dental Programs, and a Transitional Year (TY) internship program. All programs are fully accredited by the ACGME, with 11 of 12 ACGME programs having achieved 4 or 5 year accreditation cycles. 3 Internal Reviews and 4 ACGME RRC site reviews were completed during this period. Each of the programs has embraced the new ACGME Common Program Requirements scheduled to go into effect July 1, 2011 by implementing scheduling changes, monitoring assessment outcomes and enhancing residency curriculum at every opportunity.

I. Resident Supervision

The ACGME Common Program Requirements require that programs define specific policies for resident supervision and define levels of progression. These policies are clearly described in each residency program manual. When trainees enter GME programs at NMCP, each is provided with a copy of their specific program curriculum as well as the institutional/program instructions regarding supervision. Further, programs provide each faculty members with program policies in this area, and review expectations as part of regular meetings with their faculty. The DIO meets at least annually with each Program Director and Academic Chair in order to review key educational issues including: resident supervision, duty hours, resources, funding, staffing, and training outcomes.

Oversight of supervision within the context of residency education is accomplished as a key responsibility of the Graduate Medical Education Committee (GMEC). This committee, which meets monthly, is chaired by Director, Professional Education (DPE) who also serves as our ACGME Designated Institutional Official (DIO). The GMEC members include residency program directors (PDs), the Institutional Intern Coordinator, resident members selected by their peers, and ad-hoc

members. The DIO serves as a member of the Command Executive Board (CEB), our institutional governing body. In addition, he serves as a member of our Executive Committee of the Medical Staff (ECOMS). As an ECOMS and CEB member, the DIO ensures that GME-related issues are readily communicated and discussed among hospital leadership. GMEC activities during this academic year included:

1. Assured that there was adequate communication among DIO, GMEC, and all program directors within the institution.
2. Assisted all programs with the new resident duty hour policies. Programs began to institute new policy for to meet new requirements and monitoring the programs for unintended consequences and opportunity to improve programs.
3. Monitored supervision of residents to ensure that appropriate supervision supports the educational needs of the residents and provides an environment conducive to safe and effective patient care.
4. Facilitated communication with the organized Medical Staff through active participation and regular reports to the Executive Committee of the Medical Staff (ECOMS).
5. Ensured that each program provided a curriculum and an evaluation system that monitors resident ability to demonstrate achievement of the ACGME core competencies.
6. Monitored program-level interventions/discipline and formal adverse actions for sub-standard performance among residents. GMEC considered all proposed adverse actions, functioning as an appropriate due process forum in these cases.
7. Assisted/participated in preparation, including internal reviews, for scheduled ACGME Residency Review Committee (RRC) site visits.
8. Monitored changes in program structure, including changes in participating sites.
9. Monitored each program's annual ACGME Resident Survey and reviewed the aggregate data with the GMEC to assess for trends or systematic problems.

II. Resident Responsibilities

The ultimate goal in residency training is to produce highly capable, knowledgeable, and caring physicians that are prepared to meet the challenges of independent medical practice. In order to achieve this goal, progressive responsibility is a critical element of the training process. Accordingly, our resident's responsibilities increase with their level of education and experience. In doing this, we remain mindful that high quality patient care and safety must be our priority. NMCP GME leadership emphasized and supported these concepts in the following ways:

1. All residents were provided with the Graduate Medical Education Residency Training Agreement which documents the residents' responsibilities as well as our institution's responsibilities in supporting their training.
2. PGY-1 Orientation for 88 PGY-1 residents was conducted over a 3 week period in June which included many topics relevant to the educational process. Among the many topics addressed, several sections were devoted to discussion of professional responsibilities including: specific training in professional responsibility, responsibilities as Naval Officers, hospital polices, and the progression of patient care responsibility. Also training was provided in the use of institutional information technology, sleep/fatigue, new duty hour requirements, supervision and levels of progression, transitions of care, physician impairment, and equal opportunity.

3. Specific trainee responsibilities and expectations are delineated in the program's policy manual. GMEC monitors implementation of program curricula including appropriate levels of trainee responsibility through: 1) regular committee discussion, 2) internal reviews, 3) regular meetings between DIO, Program Director, and Program Chair, and 4) through review of resident surveys. DIO gains additional perspectives in this area through participation with residents on ECOMS and Executive Housestaff Council.

III. Resident Evaluation

Summative and formative evaluations are key elements of the residency educational process. Likewise, Program and Institutional evaluation are necessary to ensure that the educational needs of the residents are met and that we are in compliance with ACGME institutional and common program requirements. Evaluation methods included:

1. Residents received written, web-based, competency and outcome based evaluations for each of their rotations. Within the New Innovations program, evaluations are tailored to the educational and training objectives of each program, and designed to be summative and formative.
2. Programs were encouraged to incorporate a variety of evaluation tools as appropriate for their specialty. These may include "360" degree evaluations, written procedural evaluation, and in some cases, patient evaluations.
3. Annual in-training exam results were used to assess progress in medical knowledge. Results may also be used to address specific individual or programmatic educational needs.
4. Regular review: All residents met at least semi-annually with their respective Program Director to review the resident's progress within the framework of the core educational competencies. These reviews also provided an opportunity for the resident to raise any concerns they may have regarding their training. Further, residents were provided an opportunity to anonymously evaluate their program annually.
5. ACGME resident/fellow surveys were administered anonymously, allowing assessment of institutional and common program requirements. This also provided a feedback for institutions and program directors.
6. An anonymous email method is available for trainees who prefer to share concerns in this manner.
7. NMCP has developed a web-based resident survey that mirrors the ACGME survey. The data is collected electronically and anonymously. This tool may be used to monitor programs for which we desire more frequent survey information, such as in tracking compliance or trainee perception in an area of concern.

IV. Compliance with duty hours

In July 2003, due to growing public concern with patient safety issues associated with resident fatigue, the ACGME instituted a comprehensive duty hour policy which included standards for resident hours, transitions of care and institutional oversight. Further, NMCP DIO and GMEC have been actively planning for expected changes to be implemented in July 2011. NMCP recognizes the importance of compliance in this area and relies on Program efforts to establish a suitable educational environment and scheduling processes which fosters compliance, with the understanding that each trainee is responsible for their compliance in this setting. Ways that NMCP ensured compliance include:

1. Program use of web-based residency management software (New Innovations, Residency Management Software System) to monitor compliance. Residents self-report duty hours which are then available for oversight by program directors and institutional GME leadership.
2. Trainee self-identification of potential violations in advance, so that changes can be made to schedules. Each service monitors schedules to ensure compliance. When residents are away for outside rotations, they continue to use the New Innovations system. Trainees at NMCP for clerkships and rotations (residents, medical students) follow our institutional policy on duty hour compliance.
3. The GMEC monitored duty hours routinely using internal reviews, annual meetings with the DIO, ACGME resident surveys, and RRC site survey summaries. Also, the Executive Council of the House Staff (ECOHS), which is a resident-led leadership council comprised of chief residents and the DIO, provided an important avenue for direct communication between resident leaders and the DIO.
4. All PGY-1 residents received detailed training in sleep deprivation, fatigue, and duty hour expectations during orientation. They were instructed to report duty hour violations, but also to anticipate violations well in advance when possible so that these can be averted.
5. A new faculty development workshop was developed by the Associate Director Professional Education who is fellowship trained. The workshop is open to all staff and was developed with topics that include specific training in resident fatigue and understanding the ACGME duty hour policy.

V. Resident Participation in Patient Safety and Quality of Care Education

Resident participation in patient safety and quality of care is an important element of residency training. We believe that participation in these activities is vital to the process of developing future members of the Medical Staff. Further, resident participation enhances communication on specific issues relevant to patient care, quality of care, and patient safety. We have worked to achieve these objectives in the following ways:

1. For the 2010-2011 academic year, 64 trainees were members of 16 institutional committees that monitor patient safety/care and develop policy. Some examples of committees with one or more resident members include: ECOMS, Patient Safety, Pharmacy and Therapeutics, Credentials, Quality Council, Medical Records.
2. Residents also participated in quality improvement projects. During this academic year a resident placed second in our institutional Quality Improvement Competition, a forum which showcases groups who have contributed to our hospital's efforts to enhance patient safety.
3. Residents were selected to participate in quality of care investigations (root cause analyses). As a core member of the Executive Committee of the Medical Staff (ECOMS), the DIO participates in reviews of quality of care events (RCA, Sentinel Events). From this perspective, the DIO is able to examine these cases in the context of the resident involvement in order to determine if appropriate educational and supervisory controls are in place. Resident members of ECOMS also contribute to the important committee dialogue regarding patient safety and care quality issues, ensuring that their input is considered in developing hospital policies which ensure a culture of safety.

VI. Training Support Environment

The GME department provides administrative support for a variety of requirements, such as licensure and further GME application. Our GME infrastructure is well positioned to advocate for trainee needs, which

include appropriate access to computers, call rooms, lockers, reference books, and on-call facilities. Our GMEC has recently conducted a review of our call room status with respect to privacy, security, and computer access. While the number of rooms meets current trainee/program demands, changes in resident complement and duty hours may impact our future call room status. The GMEC continues to closely monitor this. Finally, funding has been secured in order to equip call rooms with computer access as we move toward implementation of an inpatient electronic medical record. Our on-site library, medical illustration and photography, and simulation center further enhance residents' access to important educational resources.

VII. Challenges and Strategic Goals

1. **Faculty Development:** NMCP recognizes the importance of support for faculty Development efforts at the institutional level. We anticipate further enhancing and increasing specific programs and courses in support of this key educational area.
2. **Duty hour changes:** Changes to the current ACGME duty hour rules are expected to take effect in July 2011. Our overarching goal is to maintain full compliance with duty hour requirements while ensuring continued success of patient safety efforts as well as quality of the educational experience. Accordingly, GME has actively collaborated with Program Directors, clinical leaders, and our governing body to ensure that NMCP is well positioned to address these new requirements.
3. **RRC site visits:** Residency Review Committee (RRC) site visits are scheduled during the 2011 - 2012 academic year for 3 programs. Programs to be reviewed are: Anesthesiology, Orthopaedics, and the Institutional Review).
4. **Musculoskeletal radiology fellowship:** This 1-year, full time fellowship was approved by the Navy's Medical Education Policy Council (MEPC) and a candidate started in summer 2010. We are examining the possibility of applying for ACGME accreditation once the fellowship is in progress for 1-2 years.
5. **Resident research:** We continue to place a high value on scientific inquiry at NMCP. Most departments have active protocols that involve residents at multiple levels, including resident principal investigators. Residents are encouraged to apply for local grants through our "Commander's Fund" as well as competitive grants offered by BUMED or other organizations. Our Clinical Investigation Department (CID) offers assistance with research design, biostatistical analysis, and grant writing, and conducts courses semi-annually on various topics related to conduct of Research. Additionally, CID sponsors an annual research competition which includes a category for resident research. Finally, we have set aside funding to allow residents to travel and present research at scientific meetings.
6. **Resident Participation in Humanitarian Assistance/Disaster Relief Exercises (HA/DR).** For the past 4 years, we have supported resident participation in brief elective rotations aboard our hospital ships and other ships conducting Humanitarian assistance exercises. Participants have found their experiences to be invaluable. Given the growing importance of HA/DR to the strategic goals of the Navy, we believe these brief exposures will offer residents a unique opportunity to gain "real-world" experience.