



Wright State University

Boonshoft School of Medicine

# **Sponsoring Institution Annual Report**

21

# Wright State University Boonshoft School of Medicine

## Sponsored Graduate Medical Education

### Annual Report 2012

#### **Albert F. Painter, Psy.D.**

Designated Institutional Official (DIO)

Wright State University Boonshoft School of Medicine (WSU BSOM)

#### **Teresa Zryd, M.D.**

Chair, Graduate Medical Education Committee (GMEC)

Wright State University Boonshoft School of Medicine

Our 23 sponsored programs have provided graduate medical education to 372 residents (see attachment). Affiliated programs in Internal Medicine, Transitional Year, and Cardiovascular Disease sponsored by Kettering Medical Center educated 47 trainees; the United States Air Force School of Aerospace Medicine delivered graduate training to 40 residents in Aerospace Medicine, Preventive Medicine, and Occupational Medicine.

#### **New Program Development, RRC Site Visits, Internal Reviews**

The recently created Department of Neurology has recruited faculty and begun the application process for a neurology residency program under the leadership of Bradley Jacobs, M.D., who has been a full time faculty member since 2006. It is anticipated that this program would be initially approved and new trainees begin in July 2014.

ACGME RRCs site visited two sponsored programs in 2012:

- Hospice and Palliative Medicine (SS 2017)
- Orthopaedic Trauma (SS 2017)

RRC reviews resulted in full accreditation status in each case, making all **WSU BSOM sponsored residencies fully accredited.**

Two internal reviews were conducted by the GMEC:

- Cardiovascular Surgery
- Sports Medicine

Responses to the most recent RRC citations for each program were discussed, additional areas of concern were highlighted, and follow up reports were requested by the GMEC. The internal review process has continued to become refined in terms of the depth of quality assurance and program improvement. Periodic training in chairing and participating on internal review committees is given to program directors, associate program directors, and residency faculty.

#### **Preparation for the Next Accreditation System (NAS) and Clinical Learning Environment Reviews (CLER)**

In 2012, the ACGME previewed the new accreditation system for programs and institutions. This sweeping change expands the competency-based model of accreditation into a more defined outcomes based approach. The GMEC and GME Office have undertaken significant efforts and resources to support our programs and BSOM in preparing for the new requirements that will come into effect in 2013 and 2014.

The GME Office sponsored two webinars from AHME: "Preparing for the NAS for Program Directors and Administrators," October; and "The NAS and the GME and Program Offices," December. These nationally based educational experiences provided overviews for the principals responsible for the new requirements and were well attended from across the Dayton area hospitals and residencies/fellowships. They created a citywide platform for understanding and changing our program and institutional planning.

Although the revised Institutional Requirements have not been finalized for 2014, the CLER program that focuses on institutional and hospital learning experiences began alpha and beta testing in 2012. The CLER reviews will be conducted in clinical settings and closely resemble JCAHO visits. Six areas will be monitored: patient safety, quality improvement, supervision, duty hours, fatigue recognition and mitigation, and professionalism. The GME Office was able to obtain the report from one of the alpha sites, TriHealth in Cincinnati, and presented their findings. This presentation was important in getting a realistic view of the process and specifics of these site visits, which are anticipated to occur every 18 months.

The first BSOM institutional CLER visit, which is anticipated in 2013-2014, will be based at Miami Valley Hospital, our major clinical training site. Accordingly, preparations have begun to engage successfully in that exercise that is intended by ACGME to be geared toward improvement versus accreditation. Dr. Painter, DIO, and Dr. JJ Schulte, director of medical education for Premier Health/MVH, made an introductory presentation on patient and safety and quality improvement to all BSOM MVH rotating programs. This included the major concepts and processes of PS/QI. In addition, residents began attending Daily Check In's (DCIs) at Miami Valley Hospital and Good Samaritan Hospital each morning (Monday-Friday) that consist of 15-20 minute "huddles" to report patient safety issues and plan for actions for change.

The GMEC created a new Patient Safety and Quality Improvement Council composed of one peer-selected resident and one faculty member from five of the major residencies based at MVH, the DME for Premier Health, and the vice president for quality improvement from Premier Health. This group will meet quarterly and advise the GMEC on PSQI initiatives. BSOM has approved the creation of a new director of patient safety and quality improvement in GME that will be a fully affiliated faculty appointment. Recruitment has begun for this new position, and it is planned that this individual will be in place before the end of the 2012-13 academic year. It is anticipated that the candidate selected will have a strong clinical and educational background in patient safety and quality improvement and become a leader in developing and implementing a curriculum and experiences that will be a national model.

Lastly, a citywide Patient Safety and Quality Improvement Workshop was held on October 30, 2012, at the Ponitz Center. Jeb Buchanan, M.D., DIO and program director, Fort Wayne GME Consortium, was the major presenter. All BSOM program directors and other GME administrators, including the new dean, attended the three-hour faculty development activity.

## **Resident Responsibilities**

Resident responsibilities as an effective physician include professional attitudes and interaction with peers, teachers, patients, and other members of the health care team. In addition to excellence in cognitive and performance aptitudes, residents are expected to develop and display impeccable professional attitudes and behaviors that meet the needs and expectations of the community and the medical profession. These and additional responsibilities are enumerated in the WSUBSOM Graduate Medical Education Agreement.

## **Resident Supervision**

The goal of supervision is to produce competent physicians capable of independent practice. Residents and fellows should be able to progress from regular, direct supervision at the start of their education to periodic, indirect piloting by its conclusion.

## **WSU Sponsored Residency and Fellowship Programs**

### **Program**

Aerospace Medicine  
Child and Adolescent Psychiatry  
Dermatology  
Emergency Medicine  
    Sports Medicine  
Family Medicine  
    Geriatrics  
General Surgery  
    Surgical Critical Care  
Internal Medicine  
    Cardiovascular Disease  
    Gastroenterology  
    Hematology/Oncology  
    Hospice and Palliative Care  
    Infectious Disease  
    Internal Medicine/Pediatrics  
Obstetrics and Gynecology  
Orthopedic Surgery  
    Orthopedic Trauma  
Pediatrics  
Plastic Surgery  
Psychiatry

### **WSU Affiliated Programs**

Internal Medicine, Kettering Medical Center  
    Cardiovascular  
    Interventional Cardiology  
Transitional Year, Kettering Medical Center

### **USAF School of Aerospace Medicine**

Aerospace Medicine  
Occupational Medicine  
General Preventive Medicine  
Undersea & Hyperbaric Medicine

Residents must assume progressive responsibility for patient care and recognize their limits, seeking consultation from attendings and supervisors in a timely fashion. First-year residents are regularly and directly supervised by experienced physicians in accordance with the ACGME rules. Senior house staff should have well-developed patient care skills and, therefore, require more periodic and indirect supervision. A description of individualized supervision and the supervisor's role is found in the WSUBSOM Resident Manual.

## **Resident Evaluation**

Resident performance evaluation and the provision of feedback are continuous processes. The supervisors should use fairness, patience and tact, always treating house staff with respect. Formative evaluation is ongoing and daily with supervisors providing trainees with interactive information about patient care activities and skill development on a more informal basis. Summative formal evaluations are discussed and acknowledged by residents on a regularly scheduled basis and in accordance with ACGME requirements. The objective of evaluation is to provide residents with consistent and clear information relating to their progression in meeting program requirements and gaining the necessary attributes and abilities to practice independently.

### **Program Director**

Farhad Sahiar, M.D.  
Christina Weston, M.D.  
Julian Trevino, M.D.  
James Brown, M.D.  
James Tytko, M.D.  
Teresa Zryd, M.D.  
Steven Swedlund, M.D.  
Randy Woods, M.D.  
Melissa Whitmill, M.D.  
Glen Solomon, M.D.  
Abdul Wase, M.D.  
Sangeeta Agrawal, M.D.  
Howard Gross, M.D.  
Geetika Kumar, M.D.  
Steven Burdette, M.D.  
Marc Raslich, M.D.  
Michael Galloway, D.O.  
Michael Herbenick, M.D.  
Michael Prayson, M.D.  
Ann Burke, M.D.  
R. Michael Johnson, M.D.  
David Bienenfeld, M.D.

Stephen McDonald, M.D.  
Harvey Hahn, M.D.  
Brian Schwartz, M.D.  
John Shrader, M.D.

Richard Allnut, M.D./David Rhodes, M.D.  
Marc Goldhagen, M.D., M.P.H.  
Kelly West, M.D.  
Gerry Brower, M.D.