

WRIGHT STATE UNIVERSITY BOONSHOFT SCHOOL OF MEDICINE
Executive Committee Meeting
February 13, 2020
MINUTES

Presiding: Margaret M. Dunn, Dean

Present: Drs. Linda Barney, Eric Bennett, John Duby, Tom Hardy, Mike Johnson, Madhavi Kadakia, Paul Koles, Gary LeRoy, Michael Leffak, Col. Lloyd, Marietta Orłowski, Al Painter, Brenda Roman, Glen Solomon, Jeff Travers, Julian Trevino, Randy Welton, Randy Woods, and Jerry Yaklic

Staff: Angela Clements, Drew Dieckman and Kim Paul

The meeting was called to order at 4:37 p.m. by Dean Margaret Dunn

1. Approval of Minutes:

A motion was made, seconded and passed unanimously to approve the minutes of January 9, 2020, as written.

2. Report of the Dean:

A. BSOM Dean Search:

The position has been posted and six people have already applied. The first consideration date is scheduled for March 16 and campus interviews will hopefully be held between May 6 and 14.

B. WSU Health College:

Dr. Dunn will be attending a visioning event for the new health college, which will tentatively launch in 2021. The event will be facilitated by Dr. Sue Ott Rowlands, provost at Northern Kentucky University (NKU). NKU recently launched a similar college and Dr. Ott Rowlands will be an excellent resource to help guide the discussions.

C. VP of Research:

Provost Leaman is reactivating the search for the VP of Research and Dr. Kadakia will be chairing the committee.

3. Information Items:

A. Personnel Actions:

Dr. Painter presented the personnel action items that were distributed with the agenda. A motion was made, seconded and unanimously approved to accept the personnel actions as distributed.

B. Members' Items:

- Dr. Hardy: The Dayton VA has a new medical center director, Mark Murdock. Mark was formerly the associate director of the Dayton VA and also the medical center director of the Cincinnati VAMC.
- Dr. Yaklic: There are two new physicians joining the OB faculty, Dr. Keith Reisinger-Kindle and Dr. David Dhanraj.

Dr. Yaklic accepted a position as department chair at the University of Texas Galveston Medical School. Dr. Binder will assume the position of interim Associate Dean of Clinical Affairs effective May 21.

- Dr. Kadakia: Loren Friedman retired from WSU in December 2019. An offer has been extended to fill the CTRA Manager of Business Development & Marketing position with the hope of securing a candidate to start in early March.
- Angela Clements: Please register for the BSOM reunion weekend and especially for the Saturday, May 16 evening dinner, dancing and beer and wine tasting at the Hilton Garden Inn Ballroom. The cost is \$50 per person.
<https://medicine.wright.edu/community/alumni/reunion-weekend>
- Dr. Orłowski: Dr. Ramzi Nahhas, Biostatistician, is rejoining the Department of Population & Public Health Sciences faculty effective Monday, February 17.
- Dr. Woods: The Department of Surgery recently hired three new physicians; Dr. Alyssa Gans, Dr. Christopher Schneider and Dr. John Bruun.

There was a Resident and Fellow Wall of Excellence ceremony this week hosted by MVH. MVH recognized 12 residents and fellows who have demonstrated a commitment to outstanding patient experience through high-quality clinical care. The vast majority of the 12 residents and fellows recognized were from BSOM.

The clinical office moved from the 5th floor of MVH to the 6th floor and is now located in suite 6258.

- Dr. Welton: After more than 20 years at Elizabeth Place, the Department of Psychiatry moved to their new location across from WSU at 2555 University Blvd., Dayton, Ohio 45435. There will be an open house to view the new offices in the near future.

New Business:

- A. Annual Institutional Report for GME**– Al Painter, Psy.D., Associate Dean of Faculty Affairs; BSOM Designated Institutional Official Graduate Medical Education
 - The 2019 Annual Institutional Report was presented and is attached.
- B. Potential Repeat IRB Information Session**– Madhavi Kadakia, Ph.D., Associate Dean for Research Affairs
 - After discussion, it was decided a repeat IRB information session would be beneficial as long as it was different from the last session, included new updates and rules, and allowed attendees to ask and work through specific questions.

5. Adjournment:

There being no further business, the meeting was adjourned at 5:19 p.m.

The next scheduled meeting is Thursday, April 9, 4:30 p.m. at the Wandering Griffin, 3725 Presidential Drive, Beavercreek, Ohio 45324.

Respectfully submitted,
Drew Dieckman
Recorder



Annual Institutional Report

Albert F. Painter, PsyD

Associate Dean for Faculty and Clinical Affairs

ACGME Designated Institutional Official (DIO)



2019

**Wright State University Boonshoft School of Medicine, (WSUBSOM)
Sponsored Graduate Medical Education
Annual Institutional Report 2019**

Albert F. Painter, Psy.D.
Associate Dean, Faculty and Clinical Affairs
Designated Institutional Official (DIO) WSUBSOM

Randon Welton, M.D.
Chair, Graduate Medical Education Committee (GMEC) WSUBSOM
Program Director, WSU BSOM Psychiatry Residency Program

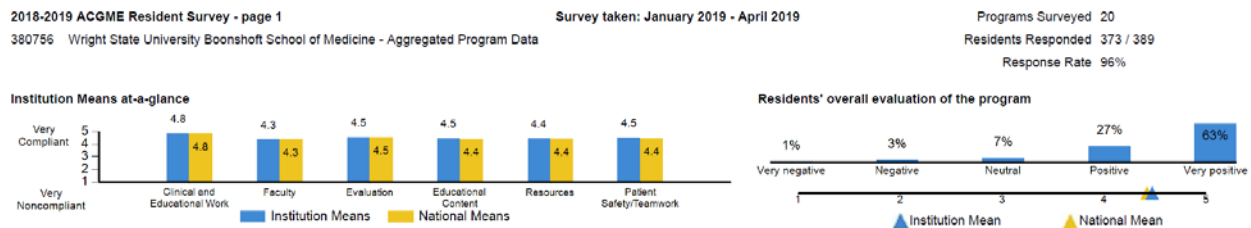
2019 GME Highlights

The Wright State University Boonshoft School of Medicine:

- Trained 391 residents and fellows
- Sponsors 21 programs and one pending ACGME application (19 ACGME accredited and 2 non-ACGME accredited)
- Oversees and provides support to approximately 20 program directors, 14 program coordinators, and 510 fully-affiliated and 1300 partially-affiliated faculty
- Partners with 3 hospital systems, 2 government facilities, & 1 clinical affiliate
 - Dayton Children’s Hospital, employs residents
 - Kettering Health Network, employs residents
 - Premier Health, employs residents and fellows
 - Dayton Veterans Administration Medical Center
 - Wright Patterson Air Force Base Medical Center (WPAFB), employs residents
 - Wright State Physicians, Inc., employs residents
- Combined civilian/military programs with WPAFB and the USAF School of Aerospace Medicine

| | |
|--------------------|--------------------|
| Emergency Medicine | OB/GYN |
| Family Medicine | Pediatric Medicine |
| General Surgery | Psychiatry |
| Internal Medicine | |

- The Boonshoft School of Medicine received Continued Accreditation with substantial compliance with criteria for sponsorship by the ACGME Institutional Review Committee. This marked the 13th consecutive year of this designation by the ACGME. A major marker of institutional health is the aggregate data of the annual ACGME residency survey. BSOM scored at or slightly above the national average in all major categories of this important measure on both the Resident Survey below and Appendix A and the Faculty Survey Appendix B.



- Anticipates its ACGME Institutional Self-Study in approximately April 2024 and the 10-year site visit October 2025
- Each program received Continued Accreditation with no citations with the exception of the programs below.

- Program Citations – Citations and action plans are being reviewed and program action plans are closely monitored by the GMEC.
 - Emergency Medicine, continued accreditation with warning – five existing citations from 2018 for Faculty Responsibilities, Resources, Patient Care Experience, Procedural Experience, and Scholarly Activity.
 - OB/GYN, continued accreditation – three new citations for Faculty Responsibilities, Service to Education Imbalance, and Learning and Work Environment-80 hours per week.
 - Orthopaedic Surgery, continued accreditation – one new citation for Qualifications of Faculty
- Filled all first-year residency positions through the National Residency Match Program, (NRMP).
- Plastic Surgery-Integrated Program requested ACGME approval to increase the program by one per year starting in July 1, 2020. The educational rationale and funding sources were reviewed and approved by the GMEC prior to the request submission to the ACGME.
- Vascular Neurology Fellowship application was submitted to the ACGME for approval. The educational rationale and funding sources were reviewed and approved by the GMEC prior to application submission to the ACGME.

Challenges

- The Family Medicine, Emergency Medicine, Hematology/Oncology, Plastic Surgery, Psychiatry, and General Surgery residency and fellowship programs successfully transitioned to other major sites with closure of Good Samaritan Hospital in July 2018. The resident and fellow survey trends improved over the previous year when the closure was announced.
- Premier Health Partners have applied to CMS to move the FTE CAP positions from Good Samaritan Hospital to Miami Valley Hospital. The application is pending.
- The Cardiovascular Fellowship voluntarily withdrew ACGME accreditation and closed on June 30, 2019 due to educational and resource issues. The four fellows transferred to the following programs to complete their training: Kettering Health System, University Hospitals-Cleveland, the University of Florida, and the University of Buffalo. The program is working to ensure the verifications of training are completed for graduates to sit for specific board certification.
- Alternative funding sources were obtained for the Psychiatry and Child and Adolescent Psychiatry Programs. The Internal Medicine and Surgery Programs reduced the program size.
- Information technology access and integration challenges continue to be a logistical barrier with the programs, residents, fellows, and faculty located across the different the different hospital systems. As reflected in the ACGME Resident Survey there are issues with the EMR across the different systems and not having access to the resident data. GME staff must respond and serve in a variety of locations. Central monitoring has become an integral part of the GMEC responsibilities as a sponsoring institution. This year, the GME office has been able to monitor attendance at required conferences.
- The ACGME requires the residents and fellows be evaluated by faculty in a timely manner after the completion of each assignment. Residents and fellows are to have 360° evaluations completed by nurses, program coordinators and auxiliary staff. This is a challenge and is reflected in the resident surveys and during the site visits.
- The ACGME program requirements increased for the Annual Program Update in WebADS, focusing on faculty development in the following areas: as educators, in quality improvement and patient safety, in fostering their own and their residents' well-being, in patient care based on their practice-based learning and improvement efforts, and in contributing to an inclusive work environment. In addition, the program must document the scholarly activities for each faculty member. This is challenging for the programs and GME sponsors to meet.

2019-2020 GME ENROLLMENT DATA & TRENDS

21 residency and fellowship programs with 391 residents and fellows:

- 11 ACGME residency programs
- 7 ACGME fellowship programs
- 2 Non-ACGME fellowship programs

New program directors – 1 of 20 (5% turnover rate)

New program coordinators – 4 of 14 (28% turnover rate)

WSU Sponsored Residency and Fellowship Programs

| Program | Program Director | Self-Study Date | Site Visit Date, Approximate | Number of Residents, 1/2020 |
|-----------------------------|---------------------------|------------------------|-------------------------------------|------------------------------------|
| Dermatology | Julian Trevino, M.D. | 10/01/2017 | 10/1/2019 | 6 |
| Emergency Medicine | Michael Ballester, M.D. | 09/1/2028 | 9/1/2030 | 50 |
| Family Medicine | Peter Reynolds, M.D. | 8/1/2018 | 8/1/2020 | 33 |
| Geriatric Medicine | Steven Swedlund, M.D. | 8/1/2018 | 8/1/2020 | 0 |
| Hospice and Palliative Care | Abi Katz, D.O.* | 1/1/2017 | 8/1/2020 | 1 |
| General Surgery | Rebecca Tuttle, M.D. | 2/1/2024 | 2/1/2026 | 44 |
| Acute Care** | Mbaga Walusimbi, M.D. | n/a | 2/18/2018 | 1 |
| Surgical Critical Care | Mbaga Walusimbi, M.D. | 2/1/2024 | 2/1/2026 | 1 |
| Internal Medicine | Glen Solomon, M.D. | 4/1/2029 | 4/1/2031 | 79 |
| Cardiovascular Disease | Abdul Wase, M.D. | 1/1/2017 | Withdrew, 6/30/19 | |
| Gastroenterology | Sangeeta Agrawal, M.D. | 4/1/2029 | 4/1/2031 | 4 |
| Hematology/Oncology | Howard Gross, M.D. | 4/1/2029 | 4/1/2031 | 6 |
| Infectious Disease | Steven Burdette, M.D. | 4/1/2029 | 4/1/2031 | 1 |
| Neurology | Bradley Jacobs, M.D. | 1/1/2026 | 1/1/2028 | 16 |
| Vascular Neurology | Esteban Cheng-Ching, M.D. | Pending | Pending | |
| Obstetrics and Gynecology | Ted Talbot, M.D. | 6/1/2024 | 6/1/2026 | 24 |
| Orthopedic Surgery | Anil Krishnamurthy, M.D. | 1/1/2017 | 1/1/2019 | 20 |
| Orthopedic Trauma** | Michael Prayson, M.D. | n/a | | 1 |
| Pediatrics | Ann Burke, M.D. | 4/1/2021 | 4/1/2023 | 47 |
| Plastic Surgery | R. Michael Johnson, M.D. | 4/30/2018 | 4/1/2020 | 6 |
| Psychiatry | Randon Welton, M.D. | 10/1/2023 | 10/1/2025 | 37 |
| Child & Adolescent | Ryan Mast, M.D. | 10/1/2023 | 10/1/2025 | 3 |

*New program directors

**Non-ACGME Accreditation, Specialty Accreditation

^ACGME Site Visit Scheduled Date

OVERSIGHT SUBCOMITTEE

The Oversight Subcommittee of the Graduate Medical Education Committee (GMEC) functions to perform an annual review of all sponsored programs including identification of Underperforming Programs in compliance with the ACGME requirements for sponsors. This committee is composed of the following: BSOM DIO, GMEC Chair and Vice Chair, BSOM GME Administrative Director, BSOM Director of Patient Safety and Quality Improvement, Premier Health Vice President for Medical Education and a resident representative. Four programs were considered Underperforming for Special Review: Emergency Medicine and OB/GYN due to citations. Special Reviews have been completed and close monitoring of action plans by the GMEC; as well as active participation in special meetings by the DIO and Administrative Director. The Oversight Subcommittee added will to monitor program performance by adding the ACGME identifying Patient Safety and Quality as Areas for Improvement as a metric.

Programs are evaluated according using the following metric sources:

1. ACGME Resident Surveys
2. ACGME Faculty Surveys
3. Program board passage rates for the past 5 years
4. ACGME accreditation letters including citations and areas for improvement.

2019 ACGME WSU BSOM Residency & Faculty Survey Results

Residents and Faculty of all ACGME accredited programs are required to complete this annual survey. Results of the surveys are utilized by the ACGME as a key performance indicator for program quality and compliance with work and training environment requirements and for WSUBSOM institutional performance. 19 ACGME programs were surveyed in the areas of Duty Hours, Educational Content, Evaluation, Faculty, Patient Safety/Teamwork, and Resources. In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements to include Resident and Faculty Wellbeing. In 2018, the resident and faculty wellbeing were survey to establish a baseline and is being assessed by the Residency Review Committees.

Resident Survey Results: 96% response rate (373/389)

Faculty Survey Results: 83% response rate (143/172)

WSU BSOM is above, at, or slightly below the national mean for all survey questions.

CLINICAL LEARNING ENVIRONMENT REVIEW (CLER) EXECUTIVE SUMMARY

BSOM received our third ACGME CLER (Clinical Learning Evaluation Review) in May 1, 2018. This activity was held at Miami Valley Hospital, our major teaching site where the majority of our residents and fellows spent most of their clinical training. The review was conducted by Drs. Zayas and Damewood and included BSOM and MVH leadership, program directors, core program faculty, trainees, MVH and BSOM patient and safety representatives, and health care team members in clinical areas visited during walking rounds. No major areas of non-compliance were found. Below is the Executive Summary of Feedback.

Accomplishments:

- 92% of residents and fellows indicate MVH provides a supportive and non-punitive environment for reporting safety events (Patient safety and QI).
- 86% of program directors reported that MVH is usually or always effective when dealing with a report of lack of respect (Professionalism).
- 92% of residents and PDs indicate there is an objective measure in place to assess and verify levels of supervision required to do a procedure-huge win for New Innovations/city-wide system.
- Nurses indicated they feel positively about working with the residents

Opportunities for Improvement:

The actions below were taken to improve the areas identified in the Executive Summary.

Transitions of care

- All residency programs received training in transitions of care in 2019. Specific areas of concern were addressed in each program. Concerns expressed by residents for which there was a potential solution were brought to hospital leadership.

Patient Safety: MVH Leadership identified reducing the number of safety events as a major priority.

- Daily check in participation and filing of incident reports has increased in 2019 with most programs participating every day. (See attached for more detail).
- All programs have completed disclosure training in 2018-19.
- All programs have been instructed to record quality and safety educational activities and projects in New Innovations in support of central monitoring.
- Residents and fellows vary in their understanding of how to investigate RCA and IAs and programs and departments vary in their teaching.

Quality:

- All programs have been instructed to record quality and safety educational activities and projects in New Innovations in support of central monitoring.
- Quality basics training inclusive of this information was provided to all residency programs in 2019.

Healthcare Disparities:

- COPE (Cost of Poverty Experience) training was provided to all chief residents in 2019 as a pilot trial to determine interest and engagement in experiential learning activities. All incoming residents will receive this training in fall of their intern year beginning in 2020 & moving forward. A healthcare disparity module will be required for all residency programs in 2020.

Well Being:

- MVH, KMC, and WSP provide 24/7 psychological services through the Employee Assistance Program as an employer. WSU has provided the residents with a resource for extended care. Each program is working on improving burn-out, self-harm, fatigue and work life balance; however, central support and monitoring will be added to the 2020 action plan.

Professionalism:

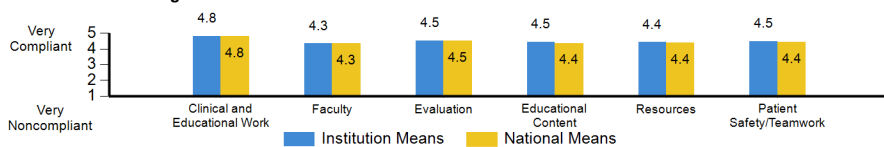
- Each program has been working on these areas; however, central support and monitoring will be added to the 2020 action plan.
- 27% residents and 8% faculty indicate they have documented a history or finding that they did not personally elicit eg. copy and paste.
- 27% indicate they had been asked to compromise their integrity at least one time while working at MVH but declined to provide examples.

2020 ACTION PLAN ACCOMPLISHMENTS:

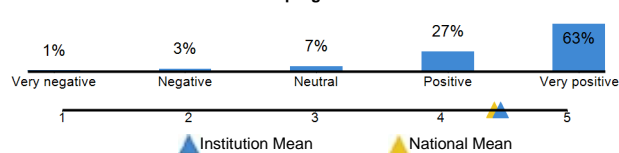
1. Continue to address the issue of low resident attendance at Root Cause and Intensive Analysis Case Reviews: *58% were resident attended as of December 2, 2019.*
2. The GME Office will continue to monitor all safety and quality activities in NI.
3. The Cost of Poverty Experience (COPE) Training will be required for all first year residents during the Fall 2020.
4. The GME Office will continue to monitor residents on committees and their attendance.
5. The GMEC focus will be on resident and faculty Well Being and Professionalism.

Survey taken: January 2019 - April 2019

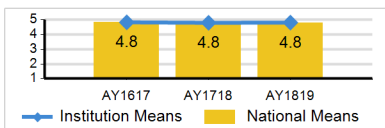
Institution Means at-a-glance



Residents' overall evaluation of the program



Clinical and Educational Work



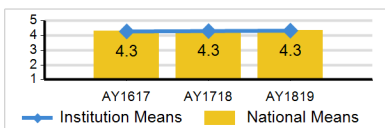
- 80 hours
- 1 day free in 7
- In-house call every 3rd night
- 14 hours free after 24 hours of in-house call
- 8 hours between clinical exp and ed work hours
- Continuous hours scheduled

| | % Program Compliant | Program Mean | % National Compliant | National Mean |
|--|---------------------|--------------|----------------------|---------------|
| | 94% | 4.7 | 94% | 4.7 |
| | 97% | 4.9 | 97% | 4.8 |
| | 100% | 5.0 | 99% | 5.0 |
| | 99% | 4.9 | 99% | 4.9 |
| | 99% | 4.7 | 98% | 4.7 |
| | 97% | 4.8 | 96% | 4.8 |

Reasons for exceeding clinical experience and education rules:

| | | | |
|--------------------------|----|---------------------------|----|
| Patient needs | 6% | Cover someone else's work | 2% |
| Paperwork | 7% | Night float | 2% |
| Additional ed experience | 3% | Schedule conflict | 4% |
| | | Other | 3% |

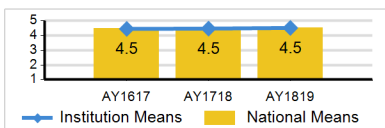
Faculty



- Sufficient supervision
- Appropriate level of supervision
- Sufficient instruction
- Faculty and staff interested in residency education
- Faculty and staff create environment of inquiry

| | % Program Compliant | Program Mean | % National Compliant | National Mean |
|--|---------------------|--------------|----------------------|---------------|
| | 93% | 4.4 | 92% | 4.4 |
| | 96% | 4.7 | 96% | 4.6 |
| | 86% | 4.2 | 86% | 4.2 |
| | 85% | 4.3 | 86% | 4.3 |
| | 79% | 4.1 | 80% | 4.2 |

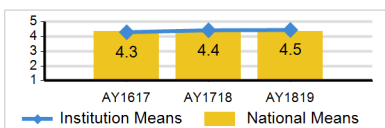
Evaluation



- Able to access evaluations
- Opportunity to evaluate faculty members
- Satisfied that evaluations of faculty are confidential
- Opportunity to evaluate program
- Satisfied that evaluations of program are confidential
- Satisfied that program uses evaluations to improve
- Satisfied with feedback after assignments

| | % Program Compliant | Program Mean | % National Compliant | National Mean |
|--|---------------------|--------------|----------------------|---------------|
| | 98% | 4.9 | 99% | 5.0 |
| | 100% | 5.0 | 99% | 5.0 |
| | 88% | 4.4 | 86% | 4.3 |
| | 99% | 5.0 | 98% | 4.9 |
| | 91% | 4.5 | 88% | 4.4 |
| | 75% | 4.1 | 76% | 4.1 |
| | 65% | 3.8 | 73% | 4.0 |

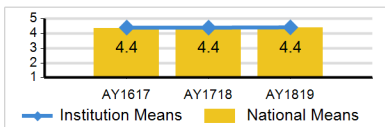
Educational Content



- Provided goals and objectives for assignments
- Instructed how to manage fatigue
- Satisfied with opportunities for scholarly activities
- Appropriate balance between ed and other clinical demands
- Education (not) compromised by excessive reliance on non-physician obligations
- Supervisors delegate appropriately
- Provided data about practice habits
- See patients across variety of settings

| | % Program Compliant | Program Mean | % National Compliant | National Mean |
|--|---------------------|--------------|----------------------|---------------|
| | 95% | 4.8 | 94% | 4.8 |
| | 91% | 4.6 | 91% | 4.6 |
| | 79% | 4.2 | 77% | 4.1 |
| | 87% | 4.3 | 81% | 4.2 |
| | 82% | 4.3 | 76% | 4.0 |
| | 99% | 4.6 | 99% | 4.6 |
| | 72% | 3.9 | 71% | 3.9 |
| | 98% | 4.9 | 96% | 4.9 |

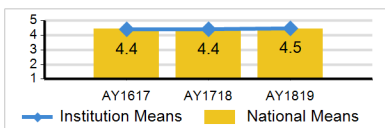
Resources



- Access to reference materials
- Use electronic medical records in hospital*
- Use electronic medical records in ambulatory setting*
- Electronic medical records integrated across settings*
- Electronic medical records effective
- Provided a way to transition care when fatigued
- Satisfied with process to deal with problems and concerns
- Education (not) compromised by other trainees
- Residents can raise concerns without fear

| | % Program Compliant / % Yes* | Program Mean | % National Compliant / % Yes* | National Mean |
|--|------------------------------|--------------|-------------------------------|---------------|
| | 99% | 5.0 | 99% | 5.0 |
| | 100% | 5.0 | 100% | 5.0 |
| | 99% | 5.0 | 99% | 5.0 |
| | 86% | 4.5 | 87% | 4.5 |
| | 96% | 4.3 | 95% | 4.2 |
| | 83% | 4.3 | 82% | 4.3 |
| | 85% | 4.3 | 81% | 4.2 |
| | 84% | 4.3 | 90% | 4.5 |
| | 85% | 4.3 | 82% | 4.3 |

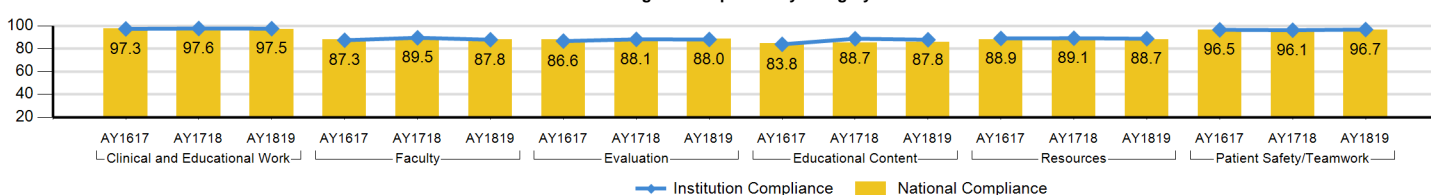
Patient Safety/Teamwork



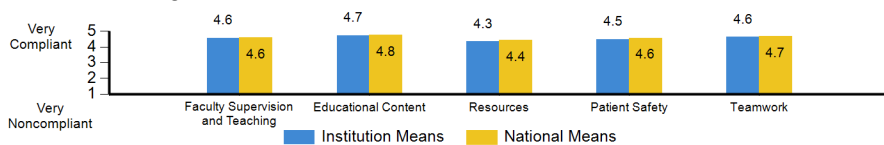
- Tell patients of respective roles of faculty and residents
- Culture reinforces patient safety responsibility
- Participated in quality improvement
- Information (not) lost during shift changes or patient transfers
- Work in interprofessional teams
- Effectively work in interprofessional teams

| | % Program Compliant | Program Mean | % National Compliant | National Mean |
|--|---------------------|--------------|----------------------|---------------|
| | 99% | 4.6 | 99% | 4.6 |
| | 99% | 4.6 | 99% | 4.5 |
| | 86% | 4.4 | 87% | 4.5 |
| | 97% | 4.1 | 97% | 4.0 |
| | 99% | 4.7 | 99% | 4.7 |
| | 99% | 4.5 | 99% | 4.4 |

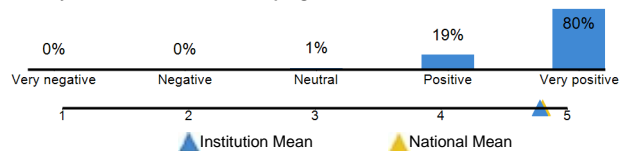
Total Percentage of Compliance by Category



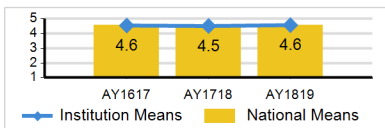
Institution Means at-a-glance



Faculty's overall evaluation of the program



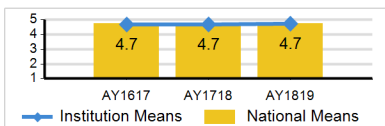
Faculty Supervision and Teaching



Sufficient time to supervise residents/fellows
 Residents/fellows seek supervisory guidance
 Interest of faculty and Program Director in education
 Rotation and educational assignment evaluation*
 Faculty performance evaluated*
 Faculty satisfied with personal performance feedback

| % Program Compliant | Program Mean | % National Compliant | National Mean |
|---------------------|--------------|----------------------|---------------|
| 99% | 4.7 | 96% | 4.7 |
| 92% | 4.6 | 94% | 4.6 |
| 96% | 4.7 | 97% | 4.7 |
| 99% | | 99% | |
| 98% | | 99% | |
| 84% | 4.3 | 89% | 4.4 |

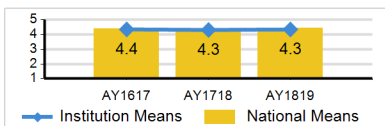
Educational Content



Worked on scholarly project with residents/fellows*
 Residents/fellows see patients across a variety of settings*
 Residents/fellows receive education to manage fatigue*
 Effectiveness of graduating residents/fellows
 Outcome achievement of graduating residents/fellows

| % Program Compliant | Program Mean | % National Compliant | National Mean |
|---------------------|--------------|----------------------|---------------|
| 72% | | 76% | |
| 99% | | 99% | |
| 99% | | 100% | |
| 100% | 4.7 | 98% | 4.7 |
| 99% | 4.8 | 99% | 4.9 |

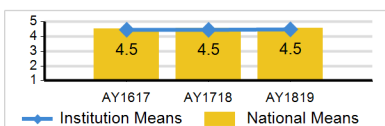
Resources



Program provides a way for residents/fellows to transition care when fatigued*
 Residents/fellows workload exceeds capacity to do the work
 Satisfied with faculty development to supervise and educate residents/fellows
 Satisfied with process to deal with residents/fellows' problems and concerns
 Prevent excessive reliance on residents/fellows to fulfill non-physician obligations

| % Program Compliant | Program Mean | % National Compliant | National Mean |
|---------------------|--------------|----------------------|---------------|
| 99% | | 99% | |
| 100% | 4.3 | 100% | 4.3 |
| 94% | 4.1 | 96% | 4.2 |
| 92% | 4.5 | 94% | 4.6 |
| 99% | 4.5 | 99% | 4.5 |

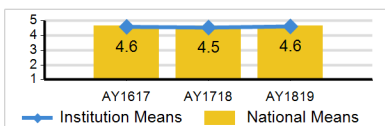
Patient Safety



Information not lost during shift changes or patient transfers
 Tell patients of respective roles of faculty and residents/fellows
 Culture reinforces patient safety responsibility
 Residents/fellows participate in quality improvement or patient safety activities

| % Program Compliant | Program Mean | % National Compliant | National Mean |
|---------------------|--------------|----------------------|---------------|
| 90% | 4.2 | 93% | 4.2 |
| 89% | 4.5 | 93% | 4.6 |
| 96% | 4.7 | 97% | 4.7 |
| 89% | 4.6 | 94% | 4.7 |

Teamwork



Residents/fellows communicate effectively when transferring clinical care
 Residents/fellows effectively work in interprofessional teams
 Program effective in teaching teamwork skills

| % Program Compliant | Program Mean | % National Compliant | National Mean |
|---------------------|--------------|----------------------|---------------|
| 99% | 4.8 | 98% | 4.8 |
| 99% | 4.7 | 100% | 4.7 |
| 98% | 4.5 | 99% | 4.6 |

Total Percentage of Compliance by Category

