

On the Educational Outcomes Road

Peter G. Coggan MD, MS Ed

Fall 2011

This is the time of year when we recognize the many physician faculty who provide invaluable support to our residency programs through the generous donation of their time, knowledge and skills. The "Excellence in Clinical Teaching" Faculty Recognition Dinner, on September 21, was an opportunity to say "thank you" to faculty for the many positive contributions they make to the education of our future physicians.

It is, nevertheless, clear that the faculty role is changing due to revisions in ACGME residency accreditation requirements. Why is this so? The development of the ACGME competencies more than 10 years ago began a trend that brought more educational structure to residency training. This is a good thing. We now have a better sense of what residents need to learn, particularly in the previously neglected topics of interpersonal and communication skills, systems-based practice, professionalism, and practice-based learning and improvement. The six ACGME competencies have been integrated into our resident performance evaluations and have become defining themes for us as teachers and overseers of resident performance.

What is the next logical step? The ACGME's "Outcomes Project" asks us to define resident performance on a more granular level by developing educational objectives and metrics to demonstrate achievement for each postgraduate year. Makes sense, doesn't it? Like patient care, physicians assess progress based on a treatment plan and modify that plan as needed to facilitate the desired healthy outcome. The goal of achieving the best possible patient outcome is fundamental to our professional beliefs. Application of this same thinking to residency education is not only logical but entirely consistent with the high standards we set for patient care. The directive from ACGME to improve the educational experience and to monitor resident progress based on predetermined educational goals and objectives is consistent with the way we practice medicine. Our outcome: graduating residents who are highly competent in medical knowledge, patient care, communication, professionalism, systems-based practice, and life-long learning.

What can GRMEP do to support the faculty in this endeavor? Following the trajectory of the ACGME "Outcome Project", we have identified faculty development as an organizational priority. This is an important step toward maintaining and improving the quality of our GME programs, and in providing our faculty with the tools and resources they need for their changing roles. GRMEP's Faculty Development Committee and Graduate Medical Education Committee have identified basic expectations for all faculty irrespective of specialty ([click here for basic expectations](#)), including a plan to enhance teaching skills and strategies. Closely related to this effort is the formation of an Education Advisory Committee; this group will keep faculty development initiatives at the forefront of our educational agenda. Faculty development sessions and website resources are in progress and also under construction.

Far from being a burdensome new requirement, engagement in faculty development will enhance professional satisfaction and the educational experience for our residents and fellows. It is our ethical and professional obligation to facilitate the best educational outcomes in our GME programs, just as it is to achieve the best results in patient care. I appreciate your commitment to this journey and welcome your feedback.

MSU/CHM Update

Peg Thompson MD

The Grand Rapids campus of the Michigan State University College of Human Medicine began its second year of having 100 first-year (Block I) medical students. The Block I curriculum consists of three semesters, during which the students learn many of the basic sciences, including gross anatomy, histology, microbiology, physiology, pathology, and pharmacology. Students also prepare for direct clinical work in their "Interactional Skills" and "Introduction to the Physician-Patient Relationship" courses.

One unique course experience that Block I students enjoy is the "Integrated Clinical Correlations" module, where a clinician, patient, and basic scientist all present to the students about the different facets of a particular disease from the clinical and basic science points of view, as well as from the experience of the patient.

As we have expanded our student numbers in the first two years, our numbers are also growing in the third and fourth years. We had about 55 students begin their clinical rotations in Grand Rapids in early July. This is the largest third-year class to date, as we gradually expand to the point where we will accommodate between 80 and 100 students in the third year with future classes. Our clerkships will now all run year-round, with six iterations of each eight-week clerkship. We are grateful to have been able to welcome many new clinical sites, including Holland Hospital and Hope Network for Psychiatry, the Hackley Community Care Center in Muskegon for Family Medicine, and several new primary care offices for ambulatory experiences. We continue to explore opportunities with the VA Clinic in Grand Rapids, as well as other opportunities in Holland, Greenville, and Fremont.

Upcoming Events

IHI Satellite Broadcast
December 6-7 (see p.7)

**W. MI Interprofessional
Education Conference**
January 5-6, 2012
(Registration info p.2)

Match Day, Secchia
March 16, 2012

GRMEP Research Day
April 25, 2012

5th Annual “Excellence in Clinical Teaching”

Outstanding Educator Awards - 2011

Outstanding Undergraduate Educator

Willard Stawski MD, General Surgery

Outstanding GVSU PA Preceptor

Ron L. Nelson, PA-C

House Staff Council Outstanding Educator

Donald Malcolm MD, Pediatric Cardiology
Geron Turke DO, Obstetrics & Gynecology

Outstanding Graduate Educator

Tim Conroy MD, Pediatrics
Daniel Harro MD, Family Medicine

GRMEP Leadership Award

Jeri Kessenich MD, Pediatrics
John vanSchagen MD, Family Medicine



For more information about educational presentations, and photos from the Faculty Recognition Dinner ([click here](#))

Resident Review—ACGME Online Newsletter for Residents

The ACGME’s online newsletter for residents, *Resident Review*, includes news articles, opinion pieces, lists of useful websites and upcoming meetings. Published twice annually since 2006, it was developed to educate residents about the purpose and function of the ACGME, and to provide a forum for members of the ACGME’s Council of Review Committee Residents (CRCR) and other residents to write opinion pieces. The CRCR is made up of the resident members of each of the ACGME’s Review Committees. Residents have written about such topics as intergenerational communication among physicians, the importance of getting involved in organized medicine, and how to develop leadership skills, among others.

In addition to the resident-written columns, *Resident Review* includes brief news articles on subjects of interest to residents. Over the past four years, articles have appeared on the role of designated institutional officials (DIOs), how the Office of Resident Services helps residents, summaries of CRCR meetings, what residents can expect during a site visit, and the experiences of residents testing the ACGME Learning Portfolio.

[Click here](#) for current and back issues of *Resident Review*. Article ideas and comments are welcome. Please send ideas or suggestions to the editor, Julie A. Jacob, Manager of Corporate Communications, juliej@acgme.org or to Marsha Miller, Associate Vice President of Resident Services, mmiller@acgme.org.



4th Annual West Michigan Interprofessional Education (IPE) & Practice Conference

This year’s conference, *Anticipating Healthcare Reform: The Central Role of IPE and Practice*, will be held January 5-6, 2012 at Richard M. DeVos Center in the Loosemore Auditorium on Grand Valley State University’s downtown campus. Plenary speakers include Mandy Lowe BSc(OT), MSc, Clinical and Professional Development, Centre for IPE, University of Toronto; Deborah Gardner PhD, RN, Senior Advisor of the Bureau of Health Professions HRSA; and Robert Graham MD, National Program Director for Aligning Forces for Health.

The conference will showcase interprofessional education and practice on new delivery models of care, healthcare quality and efficiency, as well as implementing strategies for interprofessional learning in practice. For questions, please contact Brenda Pawl at 616-331-5960 or email pawlb@gvsu.edu

For more information on registration and the call for abstracts click [conference details](#)

ACGME Core Competencies

PATIENT CARE
What we do

MEDICAL KNOWLEDGE
What we know

**PRACTICE BASED
LEARNING & IMPROVEMENT**
How we get better

**INTERPERSONAL &
COMMUNICATION SKILLS**
How we interact

PROFESSIONALISM
How we behave

SYSTEMS BASED PRACTICE
How we work in the healthcare system

CME moves towards Performance Improvement CME (PI-CME)

Julie McHugh

What is PI-CME?

Continuing Medical Education (CME) has changed dramatically over the past 10 years. In 2005, a new format of CME was introduced called Performance Improvement CME (PI-CME). PI-CME is based on participation in a project established and/or guided by a provider in which a physician identifies an educational need through a measure of his/her performance in practice, engages in educational experiences to meet the need, integrates learning into patient care and then re-evaluates his/her performance. The key components are improving professional practice and quality improvement.

PI-CME is a three-stage process. The first stage, *Assessment*, begins with an evaluation of each physician's current practice using identified evidence-based performance measures. Through self-assessment, physicians compare their performance to national benchmarks and to the performance of peers. The second stage, *Intervention*, involves the implementation of a new process based on the performance measures assessed and the identified need for change. The third stage, *Evaluation*, compares the evidenced-based performance measures obtained before and after the intervention, and includes reflection and summarization of outcome changes resulting from the PI-CME activity. Physicians completing all three components may claim a total of 20 credits. All participants involved in a PI-CME project must be involved from the start of the project. If a physician decides at a later date they need to leave the project, they are able to do so. Although, once the project has started no new participants are able to join and receive CME credit.

Identifying Professional Practice Gaps for Performance Improvement

Professional Practice Gaps are problems in research, administrative, educational and clinical practice. Clues to practice gaps include awareness that more can be done to solve a problem than is being done, and recognition that creditable actions are not yielding desired results. Professional practice gaps often involve lack of understanding, lack of knowledge, and lack of a strategy to intervene. Asking the following questions can help identify a professional practice gap: what practice-based issue can be improved; why does the problem exist; what barriers exist; and what intervention might be employed? Planning an activity with the end results in mind is often helpful.

Let the GRMEP CME Office know how we can help facilitate your planning of PI-CME and all other CME activities. Our hope is to continue to provide quality CME activities to help physicians improve their practice.

Contact us at 616-732-6250 (email: cmeoffice@grmep.org; fax: 616-233-6650).

Check out "Notable Practices" in GME from Other ACGME Programs/Specialties

Notable practices are shared through the ACGME website to provide programs and institutions with additional resources for resident education. A notable practice is not a requirement, but a process or practice that a Review Committee or other ACGME committee considered worthy of notice.

Potential notable practices are identified in several ways: a comment in a site visitor report, during review of submitted program materials, solicitation by the executive director or a Review Committee member based on knowledge of the program, or an unsolicited submission sent to the executive director or to a Review Committee member. If approved, the notable practice is posted on the specific Review Committee's web page, as well as the "All Review Committees Notable Practices" [web page](#). Notable Practices may be searched by topic area as well as specialty; some practices may easily be adapted to other specialties.

The Teaching Moment

"I am not ashamed to confess that I am ignorant of what I do not know."

Marcus T. Cicero

"We think of the effective teachers we have had over the years with a sense of recognition, but those who have touched our humanity we remember with a deep sense of gratitude."

Anonymous student

Flash Traffic from the GRMEP Research Department: Snippets from the West Wing

Alan T. Davis, PhD

Research Day 2011 - Yes, well, we never really reported on Research Day 2011, which featured over 200 presentations, well over 400 attendees, and a sockadollawollager guest speaker in Brian Rowe MD, whose topic was “Research in Clinical Practice: You Can’t Make Me!”. Fantastic day, wonderful presentations, great stuff all the way around!

Research Day 2012 - But now it’s time to focus on the future, on Research Day 2012, to be held at DeVos Place along the banks of the beautiful Grand River in downtown Grand Rapids, on Wednesday, April 25, 2012. Our keynote speaker will be Debra DaRosa PhD, professor of surgery and medical education at Northwestern University Feinberg School of Medicine in Chicago, IL. Her topic will focus on educational scholarship and research.

The call for abstracts for Research Day 2012 will be going out in early November, and the deadline for submission will be Friday, February 17, at precisely 11:56 PM EDT. There will be a change in the abstract submission requirements this year. In previous years, we have said that it was not necessary to include data and conclusions, that the author could merely note in their abstract that these would be provided at Research Day. Starting this year, however, all authors will be required to submit a complete abstract, with significance, methods, results and conclusion. No exceptions, buckaroos!

If you haven’t picked up your poster from last year’s Research Day, your time is almost up! Our annual Oktoberfest poster burning, complete with flaming arrows and ritualistic splendor, will take place under the waxing crescent moon this weekend in an undisclosed but highly prominent location. Parental discretion is advised.

An important reminder for all researchers - all research projects require IRB approval before you can begin. So, the proper order is: write the proposal, get IRB approval, gather the data, write the abstract, present the study, write the manuscript. An improper order would be, write the abstract, present the study, scramble like crazy to write a proposal and get it approved because they won’t accept your manuscript without IRB approval, write the manuscript. Sooooooo, all together now, proposal first, then IRB approval, then all of that other stuff. If you need assistance getting started, send us an email at research@grmep.org, we can help you out.



Founders Bank & Trust Award

Lori Brooks, AVP Business Development,
Founders Bank & Trust

GRMEP President & CEO,
Dr. Peter Coggan

Liz Martin DO, Founders Award Recipient

GRMEP provides poster printing for all posters with resident authors/co-authors. However, we don’t employ elves, and there is no printing equipment in the bowels of the GRMEP Research Department. So, then, if you’d like to have your poster printed through us in a timely manner, please try to get it to us about three weeks prior to the date when you need it. This will give us time to provide editing suggestions back to you, as well as give us a chance to handle all of the other posters that have been turned in. Less rushing and more time for feedback means a double-plusgood poster for you! *[continued on page 6](#)*

Want to be more involved?

Call or email us!

GME

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616.732.6204

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616.732.6223

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MSU/CHM Block II (2nd year)

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MSU/CHM Clinical Experiences

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MSU/CHM Update (continued)

In May, our fourth-year students graduated and have since moved on to residencies all over the United States. Seven students each matched in Internal Medicine and Emergency Medicine, while five students matched into Family Medicine, and four each into Obstetrics and Gynecology and Pediatrics. Other specialties selected by our Grand Rapids graduates include Otolaryngology, Ophthalmology, Dermatology, Neurology, General Surgery, Orthopedic Surgery, Vascular Surgery, Diagnostic Radiology, IM-Pediatrics, and Anesthesiology. Eight of our graduates stayed in Grand Rapids for GRMEP programs.

As the College of Human Medicine expands with an increasing number of faculty and students, our impact on the community will also grow. Beginning with the Class of 2013, all of our students are required to complete a service learning project prior to graduation. These projects need not be clinical, though many students are looking for ways to use their growing medical knowledge and skills to help others. Each student has a faculty advisor to help plan a project that serves the community. Students must spend at least 40 hours over their four years in medical school in service, and will write reflective essays on the experience prior to graduation. Our students have already been actively involved in the Engaged Partners Program, working in teams with Ferris State University Pharmacy students to help newly settled refugees in Grand Rapids navigate the medical system. Other students have volunteered in homeless shelters and helped with landscaping and community garden projects in some of the underserved neighborhoods in Grand Rapids. Our students are eager to give back to their communities, both locally and globally, and we anticipate great contributions from them in the future.

Newsworthy Notes

- Peter Coggan, MD, received the 2011 Weinberg Award at the Alliance of Independent Academic Medical Centers (AIAMC) annual awards dinner held March 25th in St. Pete Beach, Florida. The Ethel Weinberg, MD Award is presented annually to AIAMC members who demonstrate excellence in the areas of leadership and advocacy.
- John vanSchagen, MD, GRMEP/MSU Family Medicine Residency Program Director, received the 2011 MSU-CHM Outstanding Clinical Faculty Award.
- Bryan Judge, MD was appointed GRMEP/MSU Emergency Medicine Residency Program Director effective October 1, 2011.
- The GRMEP/MSU General Surgery Residency received 5 years continued ACGME accreditation.
- ACGME site reviews for 2012: GRMEP/MSU Vascular Surgery Residency and Fellowship, the Obstetrics and Gynecology Residency, and the Plastic Surgery Independent Residency.
- Congratulations to Pam Hritzkowin, Internal Medicine-Pediatrics Program Coordinator, for achieving national certification as a Training Administrator of Graduate Medical Education (TAGME).
- GRMEP's Competency-Based Curriculum Framework has been presented at several recent national and international meetings:
 - ACGME Annual Conference**, March 2011, Nashville. *The Critical Step: A Threaded and Leveled Competency-Based Curriculum Framework*, Gayla Jewell, PhD and Linda Youmans, MA
 - Association of Program Directors in Surgery/Association for Surgical Education**, March 2011, Boston. *Surgical Competencies: Force Fitting or Functional?* Gayla Jewell, PhD and Marc Schlatter, MD
 - Association of Residency Coordinators in Surgery**, March 2011, Boston. Professional Development Session – *The Engaged Coordinator: Activating Your Inner Educator*, Carissa O'Neill, BA and Gayla Jewell, PhD
 - International Conference on Residency Education**, September 2011, Quebec City. *Leveled and Threaded GRMEP Curriculum Framework*, Gayla Jewell, PhD and Ashraf Mansour, MD
- The GRMEP/MSU Pediatric Residency's patient safety education initiatives were highlighted in a Pre-Safety Summit Workshop entitled *Physician Engagement in the Safety and Reliability Journey* at the HPI Safety Summit 2011 in September at the Amway Grand Plaza. Drs. Jeri Kessenich, Lana Gagin, Leslie Jurecko, Madeline Chadehumbe and others outlined innovative safety curricula, longitudinal rotation experiences, a leadership and quality elective, and simulation activities.
- The new GRMEP Hospital and Palliative Medicine Fellowship welcomed its first fellow in August.



Drs. Ethel Weinberg, Peter Coggan, &
AIAMC President Carl Patow

GRMEP Educational Services Update

- GRMEP Website: Education Services Department is now on the www.grmep.org website. Click on the "Skills & Simulation" tab to explore our services and resources.
- Addition of new Educator: Vicki Swendroski, RN joined our staff as an educator in June, 2011. Vicki brings years of clinical experience at Spectrum Health to her new role and has quickly become an integral member of our team.
- Simulation Support and New Suite: Education Services is committed to providing support and development in medical simulation. A new Simulation Suite at GRMEP's 1000 Monroe location is equipped with audio, visual, recording and live streaming capabilities as well as a separate instructor control room with one-way glass. In addition to activities held at our GRMEP location, increased in-situ simulation is occurring at Spectrum Health and Saint Mary's Health Care with Pediatrics, Internal Medicine, Family Medicine, and both Adult and Pediatric Trauma.



Sue Ybarra, Pam Jager, Vicki Swendroski, Jerry Isler, Ed Scheidel

For assistance with development of simulation activities:

Contact Education Services at 616-732-6222
or email IES.department@grmep.org

Institute for Healthcare Improvement (IHI) Updates

New Online Course for Faculty Development and Resident Education: The Institute for Healthcare Improvement's (IHI) *Open School* has added a new online course, *Patient and Family Centered Care PFC 101*, to its other online courses available in patient safety, quality improvement and leadership. ([click here](#)) Courses are free for students, residents and teaching faculty. To enroll, click "Log-In/Register" at <http://www.ihl.org> (top of page). When completing the registration, make sure to designate yourself as "Teacher/Professor", "Intern or Resident" or "Student" for courses to be free of charge.

Graduate Medical Education Interest Network: If you are interested in teaching or learning more about Quality Improvement, join the IHI's GME Interest Network for quarterly calls and a listserv. This interest group's mission is to enable a GME community to collaborate through the *IHI Open School* in order to share concepts, ideas, projects, and resources related to Quality Improvement education and program development. To join, email openschool@ihl.org or visit the [website](#).

Publishing Quality Improvement Related Work for GME Focus: An upcoming GME Interest Group collaborative conference call will focus on practical tips about how to write manuscripts for publication on topics related to Quality Improvement and/or Quality Improvement Education. Dr. Prathibha Varkey, affiliated with Mayo Clinic and well published in the field, will facilitate the session to be held Monday, November 21 from 4:00-5:00 pm. The session is free; visit <http://ihl.webex.com> and search for it in the *IHI Training Center*.

IHI Satellite Broadcast is scheduled for December 6-7, 2011. To attend contact Cathy Kaiser, 616-732-6206 or cathy.kaiser@grmep.org To view IHI event brochure [click here](#).

GRMEP Research Department (*continued*)

Say, there, residents, there is a one-time travel fund allowance provided through the GRMEP Research Department for a resident presenting as first-author at a research conference. The fine print says that you can't be a first year resident (unless you're a transitional year resident), and that the presentation can't be for a case report. Funds may also be available through your Residency program, but if you've been accepted for a meeting in Tahiti to present your research entitled "Surgical Reconstruction Using Paperclips and Really Big Magnets", please contact Mary Sepanik (mary.sepanik@grmep.org) or your program coordinator for more information on how to tap into this fund!

Journals on Quality in Healthcare

American Journal of Medical Quality: <http://ajm.sagepub.com>

BMC Health Services Research: <http://www.biomedcentral.com/bmchealthservres>

Health and Quality of Life Outcomes: <http://www.hqlo.com>

Health Services Research: <http://www.hsr.org>

International Journal for Quality in Health Care: <http://intqhc.oxfordjournals.org>

Medical Decision Making: <http://mdm.sagepub.com>

Patient Safety & Quality Healthcare: <http://www.psqh.com/>

Quality and Safety in Healthcare: <http://qshc.bmj.com/>

Quality of Life Research: <http://www.springer.com/medicine/journal/11136>

The Joint Commission Journal on Quality and Patient Safety:

<http://www.jcrinc.com/The-Joint-Commission-Journal-on-Quality-and-Patient-Safety>