

**University of Medicine and Dentistry of New Jersey-
Robert Wood Johnson Medical School
Graduate Medical Education**

Academic Year 2011-2012 Annual Report

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Reviewed and approved by the UMDNJ- RWJMS Graduate Medical Education Committee at
its October 9th, 2012 meeting.

RWJMS Graduate Medical Education Annual Report

Academic Year July 1st, 2011- June 30th, 2012

I. INTRODUCTION

Graduate Medical Education (GME) is required training of medical school graduates which results in competence in a specialty/subspecialty of medicine and board eligibility in that field. The number of years required to complete training in a given specialty/subspecialty is determined by the respective Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME) or Board of Medical Specialties and varies from three to eight years. The ACGME is responsible for the accreditation of allopathic graduate medical education programs and their sponsoring institutions; it has five member organizations: the American Board of Medical Specialties, the American Hospital Association, the American Medical Association, the Association of American Medical Colleges, and the Council of Medical Specialty Societies.

The Associate Dean for Graduate Medical Education, Marie Trontell, MD, is the Designated Institutional Official (DIO), whom the ACGME defines as having “the authority and responsibility for all the ACGME-accredited GME programs”. The Associate Dean reports to the Senior Associate Dean for Education, Carol Terregino, MD, (Interim) who reports to the Dean, Peter Amenta, MD, PhD.

The ACGME requires that an annual report be given to the organized medical staffs and the governing bodies of RWJMS and its major participating sites. The report is required to include the activities of the Graduate Medical Education Committee (GMEC) as well as resident supervision, resident responsibilities, resident evaluation, compliance with duty hours standards, and resident participation in patient safety and quality of care education. The ACGME is implementing major changes in its accreditation policies and procedures, called the Next Accreditation System (NAS) which will begin in 2013.

II. RWJMS GME PROGRAM INFORMATION

In 2011-2012, UMDNJ-Robert Wood Johnson Medical School (RWJMS) sponsored forty-five residency and fellowship programs and has a close relationship with the Physical Medicine and Rehabilitation Residency program at John F Kennedy. Forty-two of the RWJMS programs are under the auspices of the ACGME, two fellowships are under the auspices of the American Board of Obstetrics-Gynecology (ABOG) and one fellowship is accredited by the Society of Surgical Oncology. (SrgOnc)

RWJMS, through its Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education (GME), has the ultimate responsibility for all of the GME programs sponsored by the school. The school’s responsibility for GME includes demonstrating an overall commitment to graduate medical education, maintaining affiliation agreements with institutions participating in GME, monitoring the Joint Commission status of participating institutions, ensuring that formal quality assurance programs are conducted at

participating institutions, monitoring eligibility and selection of residents, monitoring all aspects of resident appointment, monitoring resident participation in educational and professional activities, monitoring the residents' work environment, and monitoring the institution's and all programs' compliance with Accreditation Council for Graduate Medical Education (ACGME) requirements.

RWJMS examines program outcome measures, conducts extensive internal reviews of each GME program, and monitors program compliance with the ACGME standards, especially limitations on duty hours. The school ensures that each program teaches and assesses the ACGME general competencies: Patient Care, Medical Knowledge, Practice-Based Learning, Interpersonal and Communication Skills, Professionalism, and Systems-Based Practice. The Office of Graduate Medical Education facilitates the registration and permit process required of all unlicensed physicians in New Jersey and provides support for each residency and fellowship program and for the Graduate Medical Education Committee (GMEC).

RWJMS has affiliation agreements with hospitals participating in required residency rotations: Atlantic Health System –Overlook (AHS), Capital Health Regional Medical Center (Cap), CentraState, Children's Specialized Hospitals (Child. Spec), Cooper University Medical Center (Coopr), Deborah Heart and Lung Hospital (DH), Jersey Shore University Medical Center (JSUMC), John F Kennedy Hospital (JFK), Raritan Bay Medical Center (Rar Bay), Robert Wood Johnson University Hospital (RWJUH), Robert Wood Johnson University Hospital at Hamilton (RWJUH-H), Saint Peters University Hospital, (SPUH) University Behavioral Health Care (UBHC), University Medical Center of Princeton at Plainsboro (UMCPP), the Veterans Affairs New Jersey Health System (NJVA), and the Philadelphia Veterans Affairs System (Phila VA). RWJMS is also affiliated with residency programs not sponsored by RWJMS; those programs are sponsored by other institutions which are administratively responsible for them.

The following table shows 2011-12 program and institution information:

PROGRAM Status AY 2011- 2012

Residency and fellowship programs	Accred. body	Accreditation Status	Effective Dates	Participating sites	Number trainees
Institution- UMDNJ-RWJMS	ACGME	Cont Accred - 4 yrs	04/13/2012	RWJMS plus all below	439
Anesthesiology	ACGME	Cont. Accred - 4 yrs	10/28/2011	RWJUH	31
Adult Cardiothoracic Anes	ACGME	Accreditation -3 yrs	04/29/2011	RWJUH	2
Colon-Rectal Surgery	ACGME	Cont. Accred- 5 yrs	9/25/2009	JFK, AHS	3
Dermatology	ACGME	Cont. Accred.– 2 yrs	9/11/2010	RWJUH, RWJMS	3
Emergency Medicine	ACGME	Initial Accred – 3 yrs	7/01/2009	RWJUH	12
Family Medicine – NB	ACGME	Cont. Accred - 5 yrs	9/15/2010	RWJUH, RWJMS	12
Family Medicine – CHS	ACGME	Cont. Accred -5 yrs	9/24/2008	Cap	12
Family Medicine – CSMC	ACGME	Cont. Accred – 5 yrs	9/24/2008	CentraState	18
Fam Med – Geriatrics CSMC	ACGME	Cont. Accred. - 5 yrs	9/23/2009	CentraState	2
Fam Med – Geriatrics –NB	ACGME	Cont. Accred. - 3 yrs	9/23/2009	RWJUH	0
Fam Med – Sports Medicine	ACGME	Cont. Accred -5 yrs	9/26/2011	RWJUH, RWJMS	1
Internal Medicine	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, UMC, VA	68
IM Cardiology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, JSUMC, VA	10
IM Endocrinology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, JSUMC	4
IM Gastroenterology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, VA	6
IM Infectious Disease	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, JSUMC	4
IM Nephrology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH	4

IM Rheumatology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH	2
IM Interventional Cardiology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH	1
IM Hematology/ Oncology	ACGME	Cont. Accred - 5 yrs	5/22/2007	RWJUH, CINJ	11
IM Pulmonary/Critical Care	ACGME	Cont. Accred – 3 yrs	2/01/2010	RWJUH, JSUMC, DH, VA	7
Neurology	ACGME	Cont. Accred – 2 yrs	05/17/12	RWJUH	9
Obstetrics & Gynecology	ACGME	Cont. Accred - 3 yrs	1/22/2010	RWJUH, RAR BAY	19
Orthopedic Surgery	ACGME	Cont. Accred - 2 yrs	1/13/2012	RWJUH, SPUH, JSUMC	18
Pain Medicine	ACGME	Cont. Accred- 2 yrs	4/20/2012	RWJUH	2
Pathology	ACGME	Cont. Accred -5 yrs	4/07/2011	RWJUH, COOPER	8
Pathology-Hematology	ACGME	Cont. Accred – 4 yrs	10/2/2009	RWJUH	1
Pediatrics	ACGME	Cont. Accred– 5yrs	4/11/2010	RWJUH, CHILD.SPEC	33
Pediatric Neonatal/Perinatal	ACGME	Cont. Accred – 3 yrs	4/15/2012	RWJUH,,COOPR,HACK	8
Pediatric Develop. Behavioral	ACGME	Accreditation – 4yrs	10/23/2011	CHILD. SPEC	1
Preventive Med Occupational	ACGME	Cont. Accred - 5 yrs	03/12/2012	RWJMS	3
Psychiatry	ACGME	Cont. Accred –5yrs	4/23/2010	UBHC, RWJUH, JSUMC, NJVA, CAP., PHILA VA	23
Psychiatry- Child	ACGME	Cont. Accred - 5 yrs	10/17/2008	UBHC, JSUMC	7
Psychiatry – Forensic	ACGME	Accreditation – 5 yrs	10/14/2011	UBHC	2
Radiology –Diagnostic	ACGME	Cont. Accred - 5 yrs	3/13/2008	RWJUH,SPUH, RWJMS	20
Rad- Vascular/Interventional	ACGME	Cont. Accred - 4 yrs	3/13/2008	RWJUH	0
Radiation Oncology	ACGME	Cont. Accred – 5 yrs	7/21/2008	RWJUH, NJVA	8
Surgery	ACGME	Cont Accred - 5 yrs	2/16/2012	RWJUH, UMCP, JSUMC	42
Surgery Critical Care	ACGME	Initial Accred– 2 yrs.	7/01/2011	RWJUH	1
Surgery – Vascular	ACGME	Cont. Accred - 5 yrs	6/26/2008	RWJUH	2
Surgery – Thoracic	ACGME	Cont. Accred - 5 yrs	1/11/2008	RWJUH	1
Urology	ACGME	Cont.Accred - 4 yrs	12/2/2010	RWJUH, UMCP,COOPR	8
Ob-Gyn- Maternal Fetal Medicine	ABOG	Accredited	5/07/2012	RWJUH	2
Ob-Gyn- Reproductive Endocrinology & Infertility	ABOG	Accredited- 4 years	07/28/2011	RWJUH, REI	2
Surgery- Breast Surgery	SrgOnc	Accredited- 5 years	11/04/2007	CINJ	1
Physical Med & Rehab*	ACGME	Cont. Accred- 5 years	04/07/2009	JFK	

* sponsored by JFK

III. RWJMS Performance via National Quality Measures

A. Accreditation Status of Programs at UMDNJ-RWJMS

All GME programs and RWJMS as a sponsoring institution for GME are accredited. The following programs underwent site visits in the 2011-12 academic year with the following results:

1. RWJMS Institutional visit- 4/13/2012- continued accreditation
2. Orthopedic Surgery – 9/27/11 – continued accreditation
3. Occupational Environmental Medicine – 9/27/11 – continued accreditation
4. Pediatric Neonatal/ Perinatal Medicine – 9/28/11 – continued accreditation
5. Surgery – 9/28/11- continued accreditation
6. Pain Medicine – 9/29/11- continued accreditation
7. Ob-Gyn: Maternal Fetal Medicine – 1/24/12 – continued accreditation
8. Neurology – 2/15/12- continued accreditation
9. Dermatology – 5/9/12 – Pending

B. Performance on Certifying Examinations

Performance on board certification examinations is carefully reviewed each year. During 2011, 142 graduates of 35 RWJMS programs took certifying board examinations; 127 passed on their first attempt. The board passage rate was 100% for first time takers from 25 of the 35 programs. The average program percent passage rate on board examinations for first time takers in 2011 was 89.4%. The average percent passing rate for past years and the five year average is shown below.

2007	2008	2009	2010	2011	5 YEAR AVERAGE
93.4%	88.1%	93%	87.7%	89.4%	90.3%

C. National Resident Matching Program

UMDNJ-RWJMS programs matched 100% of sought positions via the 2012 National Resident Matching Program (NRMP); 87.5% of the matched positions were filled by US senior students. In the 2012 NRMP, the following programs filled all NRMP positions with US seniors: Anesthesia, Dermatology, Internal Medicine Preliminary, Internal Medicine Categorical, Neurology, Obstetrics-Gynecology, Orthopedic Surgery, Pathology, Psychiatry, Radiology, Radiation Oncology, Surgery Preliminary, and Surgery Categorical

D. GME Quality Dashboard overview

The GMEC has begun reviewing GME outcomes measures via a Quality Dashboard, where “green” indicates excellence, “yellow” indicates a need for improvement, and “red” indicates unsatisfactory. The dashboard showed program performance in the categories of: (1) accreditation, (2) 2011 board certification examination passage rates, (3) Average passage rate on board certification examinations over the last three years, (4) recruitment, (5) Program Director protected time sufficiency, (6) compliance with ACGME duty hours limits, (7) transition of patient care policies, and (8) involvement of trainees in patient safety and quality improvement activities. The programs listed below achieved “green” status in all the above categories: Colon Rectal Surgery, CentraState Family Medicine residency, Internal Medicine Infectious Disease fellowship, Internal Medicine Pulmonary/Critical Care fellowship, Pediatric Neonatal-Perinatal fellowship, Psychiatry residency, and Urology residency.

IV. ACTIVITIES OF THE GMEC DURING 2011-12

The existence and activities of the GMEC are prescribed by RWJMS Bylaws and by the Accreditation Council for Graduate Medical Education (ACGME). It met eleven times during academic year 2011-12. There were 179 members, including program directors, chief residents, peer-elected residents, the Associate Dean for Graduate Medical Education, and administrative representatives from each participating affiliated hospital. The GMEC advises the Dean on all aspects of graduate medical education, conducts internal reviews of all residency and fellowship programs, oversees the accreditation status of all programs and all programmatic interactions with accrediting bodies, and discusses ACGME and Residency Review Committee (RRC) requirements, JCAHO regulations, patient care issues, hospital and resident issues, and state and federal legislation affecting GME.

A. Policies

The GMEC developed new policies and updated existing policies. All policies are part of the GME Policy Manual, which is maintained on the RWJMS GME web site (<http://rwjms.umdj.edu/education/GME>)

B. Internal Reviews of programs

The GMEC, as required by the ACGME, conducts internal reviews of each program at the midpoint of each program’s review cycle. These comprehensive reviews are conducted by program directors and residents according to a formal protocol and include faculty and resident interviews; a thorough review of curriculum, policies, assessment tools, outcomes measures, and program documents. In the 2011-2012 academic year, the GMEC conducted Internal Reviews of seven programs, ensuring compliance with all the programmatic requirements. These reviews assessed program strengths and, as needed, raised concerns. The program directors update the GMEC on their progress in addressing any concerns raised at a subsequent GMEC meeting. Programs reviewed were:

Program	Internal Review Date
IM Pulmonary/Critical Care	09/13/11
Physical Medicine & Rehabilitation-JFK	09/13/11
Pathology-Hematology	10/11/11
Dermatology	01/17/12
Colon Rectal Surgery	02/14/12
Family Medicine Geriatrics – CSMS	02/14/12
Surgical Critical Care	02/14/12

C. Resident Supervision

ACGME policies on resident supervision require that each program have policies and procedures on resident supervision that specify that residents are provided with progressively increasing responsibility for patient care according to their level of education, ability, and experience. These policies must state the extent to which residents may undertake patient care without direct supervision. The classifications of supervision include: (1) Direct Supervision, in which the supervising physician is physically present with the resident and patient; (2) Indirect Supervision with direct supervision immediately available, in which the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision; (3) Indirect supervision with direct supervision available, in which the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision; and (4) Oversight, in which the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. The regulations also stipulate that PGY-1 residents should be supervised either directly or indirectly with direct supervision immediately available until the resident has demonstrated sufficient competence to progress to being supervised indirectly with direct supervision available.

Each trainee is assigned to a designated service and back-up is available at all times through more senior house officers and attending physicians. Each program director establishes detailed written policies describing resident supervision at each level for each site involved in

the residency program. A copy of each program's supervision policy is kept on file in the GME Office. Resident supervision is also monitored through the GMEC Internal Review process, internal surveys, ACGME resident surveys, and "focus group" meetings held by the Associate Dean for GME with the trainees in each program.

The ACGME regulations also stipulate that each sponsored program must establish schedules which show the supervising physicians and guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members. The GME office has assisted programs in creating and sharing electronic monthly schedules showing residents and supervising physicians.

D. Resident Responsibility

A description of the resident's responsibilities for the year is affixed to the resident's yearly contract. A copy is kept by the GME office. Each program is required to document the level of supervision a resident requires for various types of patient care activities. Each program is also required to have a formal process for assessing each resident's level of competence in specific procedures and to regularly document that level of competence for each of their participating hospitals. Specific resident responsibilities and expectations are noted in each program's policy manual. The GMEC monitors programs' curricula and trainee's responsibility through its Internal Reviews, institutional resident survey results, and review of the ACGME annual resident survey.

E. Resident Evaluation

Residents are evaluated after each rotation via multiple modalities by faculty, students, and others. The Program Director meets with each resident at least twice a year to formally assess their progress and to review their evaluations. The program's compliance with evaluation standards is monitored by the GMEC and by the ACGME. Residents may communicate any concerns, without fear of reprisal, to the RWJMS Ombuds, to peer-elected residents on the GMEC, and to the Associate Dean for Graduate Medical Education. Residents are provided an open forum to discuss concerns at each meeting of the GMEC.

F. Compliance with Duty Hours Standards

The GMEC and the GME office ensure that each program monitors resident duty hours.

1. The GME office anonymously surveys all residents each year (in four cohorts) about learning environment issues and duty hours. A report of this survey is sent to the program director by the Associate Dean for GME. Any program where residents report violations is asked to update the Associate Dean for GME.
2. The ACGME resident surveys are reviewed by the DIO, the GMEC, and the program directors.
3. The GMEC requires each program to have a formal policy regarding duty hours and a formal process to monitor compliance with duty hour limits.
4. Duty hours are discussed with trainees in the focus group meetings held with the Associate Dean for GME.
5. "Moonlighting" permission is granted under limited conditions. Any licensed resident wishing to work outside of their program ("Moonlight") must submit a request to RWJMS for consideration and possible approval. Written approval must be obtained from the Program Director, the Department Chair, the GME Associate Dean, and the

UMDNJ Compliance Office before a resident is allowed to moonlight. Such permission is only granted if there is full assurance that the number of hours worked per week will not exceed 80 hours and that there is no conflict with any component of the residency or fellowship.

G. Resident Participation in Patient Safety and Quality of Care Initiatives

Patient safety and the delivery of quality patient care are important to the RWJMS residency programs, the office of Graduate Medical Education, and the GMEC.

1. Resident education in patient safety and quality of care is included in the RWJMS Orientation Program for new residents and continues throughout the year in each program.
2. Residents' training includes: physician impairment, fatigue: recognizing and treating drug/alcohol abuse, stress/anxiety, work hour policies, universal precautions, and compliance with State and Federal Regulations.
3. Residents are required to satisfactorily complete on-line, specialty-specific modules concerning Patient Safety and Quality Improvement.
4. Programs require their residents to be involved in Patient Safety and Patient Quality of Care. The GME office collects programs' reports on these activities. Examples of resident Patient Safety and Quality Improvement projects include:
 - a.) Diagnostic Radiology Residency: "Economic impact of Central Line Revision in the Pediatric Oncology Population", "Impact of Inpatient PET/CT Utilization", and "comparison in resident discrepancies Between 12 hour and 24 hour calls at SPUH".
 - b.) Dermatology residency: program has developed electronic medical record templates for systemic medications (ie. Methotrexate, isotretinoin) used in outpatients so that pertinent monitoring and patient education are documented and assured
 - c.) Radiation Oncology residency: residents attend the RWJ/CINJ Cancer Committee meetings and morbidity and mortality conferences
 - d.) Forensic Psychiatry fellowship: "ADHD guidelines for prisons"- this guideline is now implemented within the NJ Department of Corrections.
 - e.) Infectious Diseases felowship: All fellows are members of the Infection Prevention Committee, which meets monthly
 - f.) Interventional Radiology fellowship: "A Review of patient outcomes after stroke intervention."
 - g.) Surgical Critical Care fellowship: fellows participate in monthly 'SICU Safety Walking Rounds'. Trainees complete a standardized form noting compliance with established patient care standards. The data is compiled into a monthly report which is presents at the monthly SICU Performance Improvement meetings.
 - h.) Neonatology-Perinatology fellowship: "Improving on-call and weekend sign out"; Proper use of gloves in the neonatal intensive care unit", and "Improving maternal history gathering, flow sheet/Labor and Delivery data from nurses".

The GMEC will focus increased attention on resident involvement in these activities, which will be assessed by the ACGME as part of its Next Accreditation System (NAS).

5. To prevent or reduce the transmission of vaccine-preventable and other communicable diseases between residents and their patients, the University's Policy on "Resident

Immunizations and Health Requirements” is strictly monitored by Employee Health Services and reported annually to the GMEC. Efforts continue to fit test all residents with required respiratory equipment at each affiliated hospital. A report summarizing exposures to potentially contaminated body fluids is prepared by the Employee Health Service Director and is reviewed by the GMEC each year.

H. Professionalism

1. RWJMS Learning Environment Assessment Program (LEAP). The GMEC frequently discusses the school’s ongoing commitment to assessing and improving the learning environment of students and residents.
2. The GMEC discussed and endorsed the system by which student feedback on residents is communicated to program directors.
3. RWJMS is involved in an ongoing process to improve the professional behavior of faculty as perceived by third year medical clerkship students. The professional behavior of residents as perceived by medical students is assessed at the end of each clerkship rotation.

I. Residents as Teachers

RWJMS recognizes the crucial role played by residents in the teaching of medical students, colleagues, and patients. The school offers institution-level and residency-level programs to enhance the skills of residents who teach, evaluate, or supervise medical students. The clerkship directors, residency program directors, and GME office work to enhance the residents’ role in teaching and supervising medical students.

The students’ evaluations of the residents with whom they work are submitted electronically. The Associate Dean for GME reviews these evaluations and provides feedback to program directors as necessary. These efforts ensure full awareness of medical student teaching and supervision issues and cooperation between Program Directors and Clerkship Directors.

The importance of the residents’ role in the teaching of medical students is discussed frequently at meetings of the RWJMS GMEC. Residents receive written copies of the clerkship objectives and guidelines for student evaluation at the beginning of each student rotation. Each residency program provides written materials, workshops, or other learning sessions to residents which are designed to improve the residents’ teaching and evaluating skills. The programs maintain records of these offerings and the residents’ participation in them.

VII. SUMMARY

The Graduate Medical Education Residency and Fellowship programs at UMDNJ-Robert Wood Johnson Medical School continue to achieve excellent outcomes. The school’s Graduate Medical Education Committee and Graduate Medical Education office monitor, supervise, and support the school’s GME mission.