## UMDNJ-Robert Wood Johnson Medical School

# Graduate Medical Education Annual Report

Academic Year 2006-07

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#### **GRADUATE MEDICAL EDUCATION**

UMDNJ-Robert Wood Johnson Medical School, through its Graduate Medical Education Committee (GMEC) and the Office of Graduate Medical Education (GME), has ultimate responsibility for all the GME programs sponsored by the school. This responsibility includes demonstrating an overall commitment to GME, maintaining affiliation agreements with other institutions participating in GME, monitoring the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 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, and monitoring the residents' work environment. The school tracks program outcome measures, conducts extensive internal reviews of each GME program, and 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 GMEC, whose existence and activities are prescribed by the Accreditation Council for Graduate Medical Education (ACGME), is governed by the Bylaws of the Medical School. It is composed of program directors, peer-elected and appointed residents, the Associate Dean for Graduate Medical Education, and administrative representatives from each participating affiliated hospital. The Committee is charged with the responsibility of advising on all aspects of residency education. During academic year 2006-07, the GMEC met ten times. The GMEC meetings include discussions of: ACGME and Residency Review Committee (RRC) requirements; approval of all correspondence and requests before their submission to the ACGME; JCAHO regulations; patient care issues; hospital and resident issues; and state and federal legislation affecting GME.

Working with the Office of Graduate Medical Education, the GMEC has developed and approved policies which govern all programs. These policies are collected in the GME Policy Manual, which is maintained on the RWJMS GME web site (<a href="http://rwjms.umdnj.edu/gme">http://rwjms.umdnj.edu/gme</a>).

The GMEC is supported by the Office of Graduate Medical Education. The Associate Dean for Graduate Medical Education is the Designated Institutional Official, responsible to the ACGME for compliance with institutional and program-specific accreditation standards. The Office of Graduate Medical Education also conducts an annual Orientation Program for new residents, facilitates the registration and permits required of all unlicensed physicians in New Jersey, and provides support for each residency and fellowship program. The GME office maintains oversight of program specific policies required by the ACGME by monitoring and maintaining a copy of all required policies.

#### **OUTCOMES MEASURES**

Accreditation Status of Graduate Medical Education Programs at UMDNJ-RWJMS UMDNJ-Robert Wood Johnson Medical School is the sponsoring institution for forty-seven active Graduate Medical Education Programs, forty-one of which are accredited by the ACGME. UMDNJ-RWJMS also has institutional accreditation by the ACGME.

Programs Accredited by the ACGME:

Anesthesiology Residency

Pain Management Fellowship Colon and Rectal Surgery Residency

**Dermatology Residency** 

Family Medicine (New Brunswick) Residency

Geriatric Medicine Fellowship Sports Medicine Fellowship

Family Medicine (Capital Health) Residency

Family Medicine (CentraState) Residency

Geriatric Medicine Fellowship

Internal Medicine Residency

Cardiovascular Disease Fellowship

Endocrinology Fellowship
Gastroenterology Fellowship
Infectious Disease Fellowship

Nephrology Fellowship Rheumatology Fellowship

Interventional Cardiology Fellowship Hematology/Oncology Fellowship Pulmonary/Critical Care Fellowship

Neurology Residency

Obstetrics and Gynecology Residency

Orthopaedic Surgery Residency

Pathology Residency

Hemato-Pathology Fellowship

Pediatrics Residency

Pediatric Critical Care Fellowship

Pediatric Hematology/Oncology Fellowship Neonatal-Perinatal Medicine Fellowship Prev Med-Occupational Medicine Residency

Psychiatry Residency

Addiction Psychiatry Fellowship

Child and Adolescent Psychiatry Fellowship

Geriatric Psychiatry Fellowship Diagnostic Radiology Residency

Vascular Interventional Radiology Fellowship

Radiation Oncology Residency

Surgery Residency

Vascular Surgery Fellowship Thoracic Surgery Residency

**Urology Residency** 

#### Programs Not Accredited by the ACGME:

OB/GYN Maternal Fetal Medicine Fellowship (Accredited by the American Board of Obstetrics & Gynecology)

Breast Surgery Fellowship (Approved by the Society of Surgical Oncology)

Advanced Heart Failure and Transplant Cardiology Fellowship (no accreditation available)

Cardiac Anesthesia Fellowship

Family Medicine-Health Policy Fellowship (no accreditation available)

Cranio-Facial Surgery Fellowship

#### National Resident Matching Program

UMDNJ-RWJMS programs matched 97.92% of sought positions via the 2007 National Resident Matching Program (NRMP); this is the best performance in the last twelve years. Fourteen of the sixteen RWJMS programs in the 2007 NRMP filled all spots via the match: Anesthesia-Advanced, Dermatology, Family Medicine-New Brunswick, Family Medicine-CentraState, Internal Medicine-Categorical, Internal Medicine-Preliminary, Obstetrics-Gynecology, Pathology, Pediatrics, Physical Med & Rehab, Psychiatry, Radiology-Advanced, Radiation Oncology and Surgery-Categorical. In the 2007 NRMP, the following programs filled all slots with graduates of US Schools: Anesthesia-Advanced, Dermatology, Internal Medicine- Preliminary, Internal Medicine- Categorical, Surgery-Categorical, Surgery-Preliminary, Pediatrics, Orthopaedic Surgery, Pathology, Psychiatry, Physical Medicine and Rehabilitation, Radiology Advanced and Radiation Oncology.

#### Performance on Certifying Examinations

Performance on board certification examinations is carefully reviewed each year. During 2006, 95.9% of graduates taking the written exam for the first time passed on the first attempt. The passing rate for all graduates taking written board certification exams in 2003 was 87.3%; in 2004 was 90.2% and in 2005 was 91.3%.

#### **GMEC Program Reviews**

The GMEC is required by the ACGME to conduct internal reviews of each program at the midpoint of each program's review cycle. In the 2006-07 academic year, the GMEC conducted Internal Reviews of ten programs, ensuring compliance with all the programmatic requirements. The protocol for the review process, mandated by the ACGME, was followed meticulously. Programs reviewed were:

Family Medicine-New Brunswick Residency

Family Medicine-Geriatrics-New Brunswick Fellowship

Family Medicine-Capital Health System Residency

Pediatric Neonatal-Perinatal Medicine Fellowship

Pathology-Hematology Fellowship

Psychiatry Residency

Geriatric Psychiatry Fellowship

Radiation Oncology Residency

Pediatric Critical Care Fellowship

Pediatric Residency

### New Programs Approved by RWJMS GMEC for Development in 2006-2007

The GMEC considers all proposed new GME programs prior to the program's application for accreditation and/or inception. The following programs were proposed and approved by the GMEC during the 2006-07 academic year.

EMS/Disaster Fellowship (Unaccredited)

Reproductive Endocrinology Fellowship (American Board Obstetrics-Gynecology)

Developmental-Behavioral Pediatrics Fellowship (ACGME)

#### ACGME Program Reviews

ACGME Accreditation Results from 2005-2006 Reviews:

#### UMDNJ-RWJMS Institutional Review.

The ACGME conducted an Institutional Review of Robert Wood Johnson Medical School on April 11, 2006; however, at the time of the last annual report, the status was pending. On December 21, 2006, the ACGME notified RWJMS that it had received "Continued accreditation" for five years. "The Review Committee commended the institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements." There was one citation for the process by which peer-elected residents were selected to be interviewed as part of the internal review of each program.

Neurology Residency received Initial Accreditation Obstetrics and Gynecology Residency received Continued Accreditation

#### Results of ACGME Accreditation Reviews conducted in 2006-07

Anesthesia Residency received Continued Accreditation Anesthesia-Pain Management Fellowship received Continued Accreditation Dermatology Residency received Continued Accreditation Family Medicine-New Brunswick Residency received Continued Accreditation Family Medicine-Geriatrics CentraState received Accreditation (New Program) Family Medicine-Geriatric New Brunswick Fellowship results are pending Internal Medicine Residency received Continued Accreditation Internal Medicine-Cardiology Fellowship received Continued Accreditation Internal Medicine-Endocrinology Fellowship received Continued Accreditation Internal Medicine-Gastroenterology Fellowship received Continued Accreditation Internal Medicine-Infectious Disease Fellowship received Continued Accreditation Internal Medicine-Nephrology Fellowship received Continued Accreditation Internal Medicine-Rheumatology Fellowship received Continued Accreditation Internal Medicine-Interventional Cardiology Fellowship received Continued Accreditation Internal Medicine-Hematology/Oncology Fellowship received Continued Accreditation Internal Medicine-Pulmonary/Critical Care Fellowship received Continued Accreditation Pediatric Hematology/Oncology received Accreditation (New Program) General Surgery Residency received Continued Accreditation Thoracic Surgery Residency results are pending

The Breast Surgery Fellowship was reviewed by the Society of Surgical Oncology on June 8, 2007, with pending results.

#### **PATIENT SAFETY**

Patient safety and the delivery of quality patient care are ongoing concerns of RWJMS residency programs, the office of Graduate Medical Education, and the GMEC. Resident education in patient safety and quality of care begins with all new residents during Resident Orientation and continues throughout the year in each program. Throughout the academic year, 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.

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. Efforts continue to fit test all residents with required respiratory equipment at each affiliated hospital.

The GMEC discusses quality of care and safety issues throughout the year. A representative from each hospital is a voting member of the GMEC and participates in committee meetings, Internal Reviews, and all activities of the GMEC. These hospital representatives facilitate communication between each hospital and the GMEC.

#### HOUSESTAFF ORIENTATION

Each year an orientation session is held to prepare residents for their residency program at RWJMS. Faculty and outside speakers present sessions on the following topics: State regulations from the Board of Medical Examiners, University policies, blood bank and autopsy protocols, physician impairment, legal issues involving malpractice, the Employee Assistance Program, professional ethics, and resident fatigue. Two workshops are provided: *Residents as Teachers* and *Equal Opportunity and Diversity*. Residents are also instructed on HBV/HIV prophylaxis and universal health precautions.

#### RESIDENT SPECIFIC ISSUES

#### Work Requirements

The GME Office and the GMEC maintain vigilance to be sure all programs comply with the ACGME-mandated limitations on resident duty hours. The ACGME duty hours standards state: 1) duty hours must not exceed 80 hours per week, averaged over a 4-week period, 2) residents must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, 3) there should be a period of at least 10 hours provided between all daily duty periods and after in-house call, 4) in-house call must not occur more frequently than every third night, averaged over a 4-week period, and 5) continuous on-site duty must not exceed 24 consecutive hours; residents may remain on duty for up to 6 additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.

RWJMS residency programs remain compliant with the ACGME Requirements for Resident Work Hours, which went into effect July 1, 2003. Random quarterly resident surveys, focus group meetings and ACGME resident survey summaries help to ensure that all requirements are being met.

#### Supervision

Resident Supervision is an ongoing concern of the GMEC and the Medical School. Specific guidelines have been developed to assure adequate supervision for residents and fellows. Each house officer is assigned to a designated service. Back up is available at all times through more senior house officers and faculty and attending physicians. Each program director is responsible for establishing detailed written policies describing resident supervision at each level for their individual residency program. The requirements for onsite supervision are established by each department in accordance with ACGME guidelines and are monitored through departmental reviews. A copy of each program's supervision policy is on file in the GME Office. Resident supervision is also monitored through the GMEC Internal Review process and by annual "focus group" meetings held by the Associate Dean for Graduate Medical Education with trainees in each program.

#### Responsibility

The general expectations of residents are listed in the GME policy manual and program-specific responsibilities are defined by each program for each resident level. Each program is required to attach a description of the role of each level of residency training to the resident's contract. This contract is signed by the resident, the program director, the chair, and the dean's designee (the Associate Dean for GME). The GMEC monitors common and program specific requirements of the ACGME to ensure compliance. Residents are provided an open forum to discuss concerns at each meeting of the GMEC. Additionally, Focus Group meetings and the GMEC Internal Reviews monitor the balance between education and service requirements.

#### Evaluation

The GME Policy Manual describes guidelines for resident performance evaluation. Each Program Director assumes responsibility for establishing the mechanism and frequency of performance evaluations in compliance with the ACGME essentials for the specific program. Formal evaluation sessions with each resident occur at least twice a year. The program's compliance with evaluation standards is assessed in the GMEC Internal Reviews.

#### Resident Feedback

Focus group meetings with residents, organized to obtain feedback from residents, were conducted by the Designated Institutional Official with the following programs: Anesthesia; Anesthesia-Pain Management; Colon-Rectal Surgery; Dermatology; Family Medicine-New Brunswick; Family Medicine-Capital Health System; Family Medicine-CentraState; Internal Medicine, Internal Medicine Fellowships: Endocrinology, Gastroenterology, Infectious Disease, Nephrology, Hematology/Oncology, Pulmonary/Critical Care; Obstetrics and Gynecology; Pathology; Hematopathology; Pediatrics; Pediatric Critical Care; Neonatology; Occupational Medicine; Psychiatry; Addiction Psychiatry; Child & Adolescent Psychiatry; Geriatric Psychiatry; Diagnostic Radiology; Vascular Interventional Radiology; Surgery; Vascular Surgery; and Urology. A report of the results of each meeting is sent to the involved Program Director and Department Chair.

At every GMEC meeting, the agenda includes a report from the Chair of the Resident Council and discussion of any concerns in the report. A resident in any program may anonymously refer any issue to the GMEC by discussing it with one of the peer-elected resident members of the GMEC. Residents may also discuss any concerns with the school Ombudsperson or with the Associate Dean for Graduate Medical Education.

#### In 2006-2007

- The Graduate Medical Education Committee approved new program directors for the following programs: General Surgery (Stanley Z. Trooskin, MD – effective 09/01/06); Pediatric Critical Care (Thomas Bojko, MD, MS – effective 6/15/07); and Geriatric Psychiatry (Shailaja Shah, MD – effective 7/30/07).
- The Office of Graduate Medical Education moved from the Piscataway Campus to the New Brunswick Campus (97 Paterson Street, Room 118), putting the office in closer proximity to the majority of residency and fellowship programs.
- The Office of Graduate Medicine Education organized The Ninth Annual Chief Resident Retreat, which was held at UMDNJ-Robert Wood Johnson Medical School in Piscataway. Chief Residents for academic year 2007-08 were provided information to help them prepare for their new responsibilities and the opportunity to learn from the experience of their predecessors. Forty-one chief residents attended, including eighteen from programs outside of UMDNJ-RWJMS.
- The Office of Graduate Medical Education and the RWJMS Information Technology Department are jointly developing GME-NET. GME-NET has three separate components with part one encompassing a scheduling segment (point & click operation), part two dedicated to an evaluation system and part three a GME billing program which interfaces with the scheduling segment. The scheduling segment allows programs to set up rotation time blocks for all clinical locations, view individual schedules, indicate vacations, leave of absences as well as providing the ability to view individual location calendars. The evaluation component permits evaluations to be completed by residents of faculty, faculty of residents and program evaluations for all rotations. The GME billing process possesses the ability to compile information for the monthly affiliated hospital bills.

Mr. Jim Galt, the Curriculum Development and Instructional Design Specialist from the Office of Education established a swing office in New Brunswick to help facilitate the implementation and support for GME-NET.

• Dr. Rhonda Allen, Director of Faculty Development included residents in the following development seminars:

development seminars:	
09/19/06	Women in Medicine, Featuring Rosalyn Richman from the
	Hedwig van Amerigen Executive Leadership in Academic Medicine (ELAM) Program
12/20/06	Improving Bedside Clinical Teaching, Dr. Louis Binder, Associate
	Emergency Medicine Residency Program Director, Director of
	Education, MetroHealth Medical Center, Professor of Emergency
	Medicine, Case Western Reserve
03/20/07	Teaching and Evaluating Professionalism, Dr. Ruth Margalit,
	Assistant Professor, Section on Humanities and Law, Department of
	Preventive and Societal Medicine, University of Nebraska Medical
	Center
04/11/07	Career Management: Forward-looking Strategies for Common
	Dilemmas, Ms. Janet Bickel, Career Development and Executive
	Coach.
04/11/07	Turning your Intellectual Capital in to Career Capital, Ms. Janet Bickel,
	Career Development and Executive Coach.
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• Senior residents and fellows were invited by the Internal Medicine Residency Program Director, Dr. Ranita Sharma to attend the *Business of Medicine* conference on March 26, 2007, where "contract negotiations" was the topic of discussion.

#### **Distribution List:**

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- Dr. Stephen F. Lowry, Senior Associate Dean for Education, UMDNJ-RWJMS
- Dr. Al Maghazehe, President and Chief Executive Officer, Capital Health System
- Dr. Robert Remstein, Vice President for Medical Affairs and GMEC Representative, Cap Health Sys
- Mr. John T. Gribbin, President and Chief Executive Officer, CentraState
- Dr. Benjamin Weinstein, Sr. VP, Medical Director and GMEC Representative, CentraState
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- Dr. Lynn B. McGrath, Vice President for Medical Affairs and GMEC Representative, DH&LC
- Dr. Dana Supe, Pulmonary/Critical Care Specialist and GMEC Representative, DH&LC
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- Dr. John Middleton, Chief Med Officer/Chair, Dept. of Medicine and GMEC Representative, RBMC
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- Mr. Kevin McTernan, VP Administrative Services and GMEC Representative, RWJUH
- Mr. Carl O'Brien, Asst. VP Business Planning & Development and GMEC Representative, RWJUH
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- Dr. Richard T. Paris, Chief Medical Officer and GMEC Representative, SMC
- Dr. John Bucek, Interim Director of Fam Med and GMEC Representative, SMC
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- Mr. Christopher Kosseff, President and Chief Executive Officer, UMDNJ-UBHC
- Dr. Theresa Miskimen, VP for Medical Services and GMEC Representative, UMDNJ-UBHC
- Dr. Dennis P. Quinlan, Sr., Chief of Medical Services, VANJHCS
- Dr. Marilyn Miller, Assoc. Chief of Staff for Education and GMEC Representative, VANJHCS