

Annual Report on Resident Physician Education, 2008-2009

To the:

- **HealthPartners Institute for Medical Education Board of Directors**
- **Regions Hospital Board of Directors**
- **Regions Hospital Medical Executive Committee**

IME Overview: HealthPartners Institute for Medical Education (IME) is a nationally accredited, non-profit organization providing medical education for health professionals and students: locally, regionally, and nationally. IME develops and produces clinical education that measurably improves care. It develops, organizes, directs and evaluates educational activities for nursing, allied health, medical student, resident and physician education, including specialized expertise in simulation, continuing medical education, and medical library services. Over 17,000 participants every year learn in IME educational activities.

Residency Education: The HealthPartners Institute for Medical Education (IME) sponsors residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) in the following disciplines: Emergency Medicine, Medical Toxicology, and Occupational Medicine. In cooperation with HCMC, IME jointly sponsors an ACGME accredited residency program in Psychiatry. IME sponsors a Foot and Ankle Surgery residency accredited by the Council on Podiatric Medical Education.

In addition, IME sponsors non-ACGME residency and fellowship programs in: Hospitalist Medicine and Managed Care Pharmacy.

Regions Hospital and HealthPartners Medical Group Clinics are sites for resident physician experiences, under an affiliation agreement with the University of Minnesota School of Medicine, in:

- Anesthesiology
- Family Medicine
- Gastroenterology
- Geriatric Medicine
- Hematology and Oncology
- Infectious Disease
- Internal Medicine
- Pulmonary Disease and Critical Care Medicine
- Rheumatology
- Dermatology
- Pediatrics
- Neurological Surgery
- Neurology
- Obstetrics and Gynecology
- Ophthalmology
- Ortho Hand Surgery
- Orthopedic Surgery

Otolaryngology
Pediatric Emergency Medicine
Pediatric Gastroenterology
Pediatrics
Physical Medicine and Rehabilitation
Radiology – Diagnostic
Plastic Surgery
Surgery
Surgical Critical Care
Breast Radiology

At any one time there are approximately 165 resident physicians at HealthPartners hospital and clinic sites, learning from recognized faculty members and providing care for patients under faculty supervision.

The administration for the IME programs is provided by the Center for Undergraduate and Graduate Clinical Education; Eugenia Canaan, Director. This Center provides administrative support for all the medical student and resident activities within HealthPartners. The center is responsible for establishment and maintenance of affiliation agreements, accounting for resident activities for Medicare compliance, orientation, financial management of resident educational funding, policies affecting residents, liaison with Best Care Best Experience and Regions Hospital Quality Improvement. The Center provides staff support for the Graduate Medical Education Committee (GMEC).

Major Initiatives in 2008-2009:

- Alliance of Independent Academic Medical Centers National Initiative to improve patient care through resident engagement in quality improvement initiatives.
- The Resident Physician LEADER program. An awareness program developed by IME to improve the patient experience with care at Regions Hospital.
- The Core Competency Conference. Offered to all residents and faculty, this conference centered on the use of data to measure physician performance and quality improvement.

The GMEC: The Graduate Medical Education Committee (GMEC) meets monthly and is the principal forum for discussion of residency issues. Each residency program has representation, there is a representative from the University of Minnesota and Regions Hospital is represented by the Vice President for Medical Affairs.

The GMEC addresses many issues related to the residency programs including policies related to stipends, duty hours monitoring, resident supervision, communication with medical staff, program changes, curriculum and evaluation, resident status, oversight of program accreditation, management of institutional accreditation, and vendor interactions.

Among the topics discussed at the GMEC over the past year were:

Resident supervision

The philosophy of HealthPartners is that residents are primarily at our facilities to learn, and that service contributions are an integral and necessary part of learning, but not the driver for having residency programs. This philosophy has been reiterated many times during GMEC meetings. Specific issues related to supervision included the accuracy and promptness of signing verbal orders and discharge summaries. The February 2008 meeting had a special presentation about the importance of early discharge, and the necessity for residents, as part of the team, to anticipate discharge needs. The importance of progressive responsibility for resident activities was discussed in March 2009.

Resident responsibilities

One issue discussed on multiple occasions has been the responsibility of residents to participate in research. A small task force was assembled to study methods of improving the system for resident research and IRB approval. Recommendations for improvement were made in June 2009.

Residents participate in patient care, and are, in part, responsible for the patient experience of care in our facilities. A major effort was made to improve awareness of residents of their impact on the patient experience of care. The initiative, entitled “Resident Physician LEADER” was initiated, and data is being compiled on effectiveness of the project.

Resident evaluation

The ACGME Core Competencies were discussed at many GMEC meetings, resulting in a 2009 core competencies conference. The Conference theme was the use of data to evaluate residencies and residents. Residents and faculty learned about sources of data, use of data in evaluation of physicians, presentation of data and other related topics.

Compliance with duty-hour standards

Fortunately there has been little controversy for the ACGME-approved residency programs at IME with work and duty hours. Emergency Medicine residents have shifts of duty, which do not generate work and duty hour violations. Occupational Medicine and Medical Toxicology are not programs that require work hours beyond normal business hours. The GMEC has discussed the work hours for EM residents on ICU shifts, and, in response to concerns about these duty hours, changes were made to the hours for residents participating in these experiences.

Resident participation in patient safety and quality of care education

Residents from Regions Hospital have participated in several major programs to improve the quality and safety of care for patients. The IME sponsored a national initiative of the Alliance of Independent Academic Medical Centers to improve patient care through resident involvement in quality improvement efforts. Regions Hospital’s team focused on improvement in the handoff of patient care between resident teams.

HealthPartners Clinical Simulation programs were used to improve resident skills and confidence with clinical procedures, including central line placement and “codes.”

The Core Competencies Conference was a one day required residency activity with multiple speakers, focusing on the importance of data and measurement in improving patient care.

Opportunities for 2009-2010:

A new fellowship in breast radiology will be created this next academic year, with Regions Hospital as one of the sites for resident experiences.

A new opportunity for medical students to stay at Regions Hospital for multiple contiguous rotations will be piloted in 2010. The advantage for the student will be that only one electronic medical record will be used for the entire rotation, and the curriculum on quality of care or the medical system will be added.

Additional clinical simulation activities will be added to Regions Hospital and HealthPartners medical clinic sites, including emergent OB scenarios, clinical procedures training and interdisciplinary team and communications training.

Respectfully submitted:

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Health Partners Institute for Medical Education

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This report is prepared and presented in compliance with the ACGME institutional requirement:

“The DIO and/or the Chair of the GMEC must present an annual report to the Organized Medical Staff(s) (OMS) and the governing body(s) of the Sponsoring Institution. This report must also be given to the OMS and governing body of major participating sites that do not sponsor GME programs. This annual report will review the activities of the GMEC during the past year with attention to, at a minimum, resident supervision, resident responsibilities, resident evaluation, compliance with duty-hour standards, and resident participation in patient safety and quality of care education.”