

University of Colorado Denver **School of Medicine**

Securing the future of medicine together



University of Colorado Denver
SCHOOL OF MEDICINE
Advancing Science
Improving Care.

2008- 2009 GME Annual Report

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Associate Dean for Graduate Medical
Education and DIO

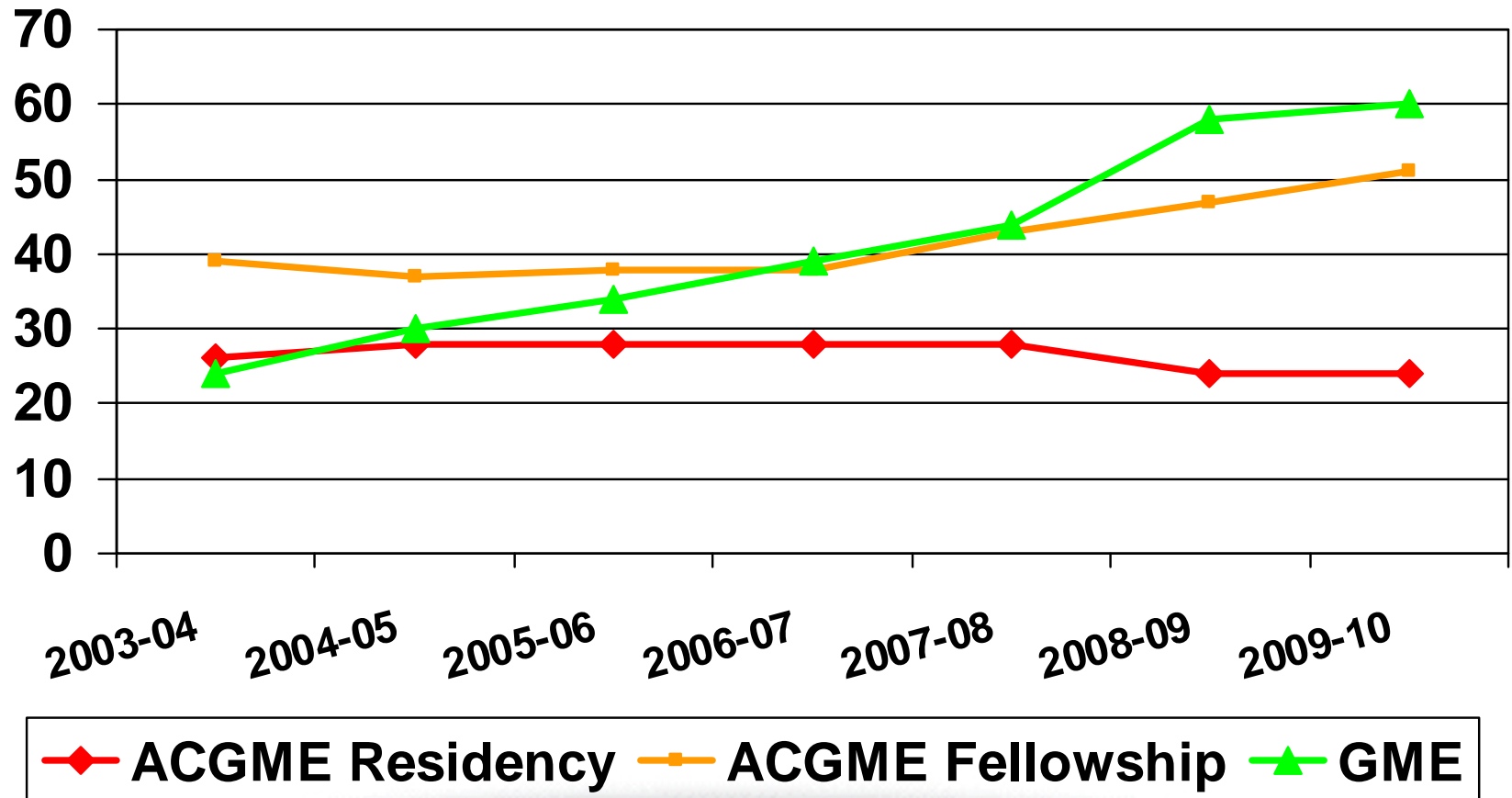
SOM Executive Committee
October 20, 2009

GME Enterprise at UCDSOM

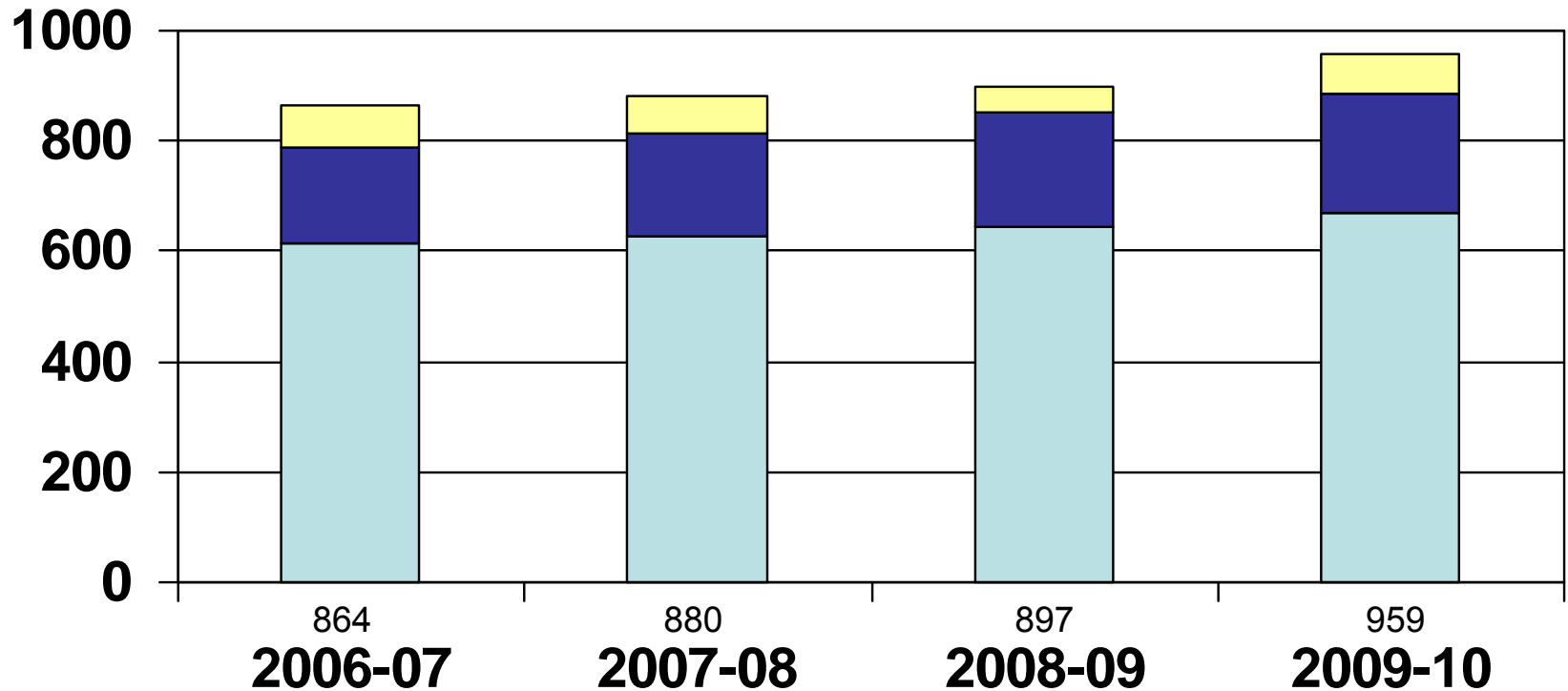
For the academic year 2008-2009

- 129 active residency & fellowship programs (897)**
- 73 ACGME accredited residencies/fellowships (850)**
 - 24 residencies (646)**
 - 49 fellowships (204)**
- 55 non-ACGME accredited programs (47 fellows)**
 - GMEC locally approved**

Number of GME Residency/Fellowship Programs



GME Enrollment

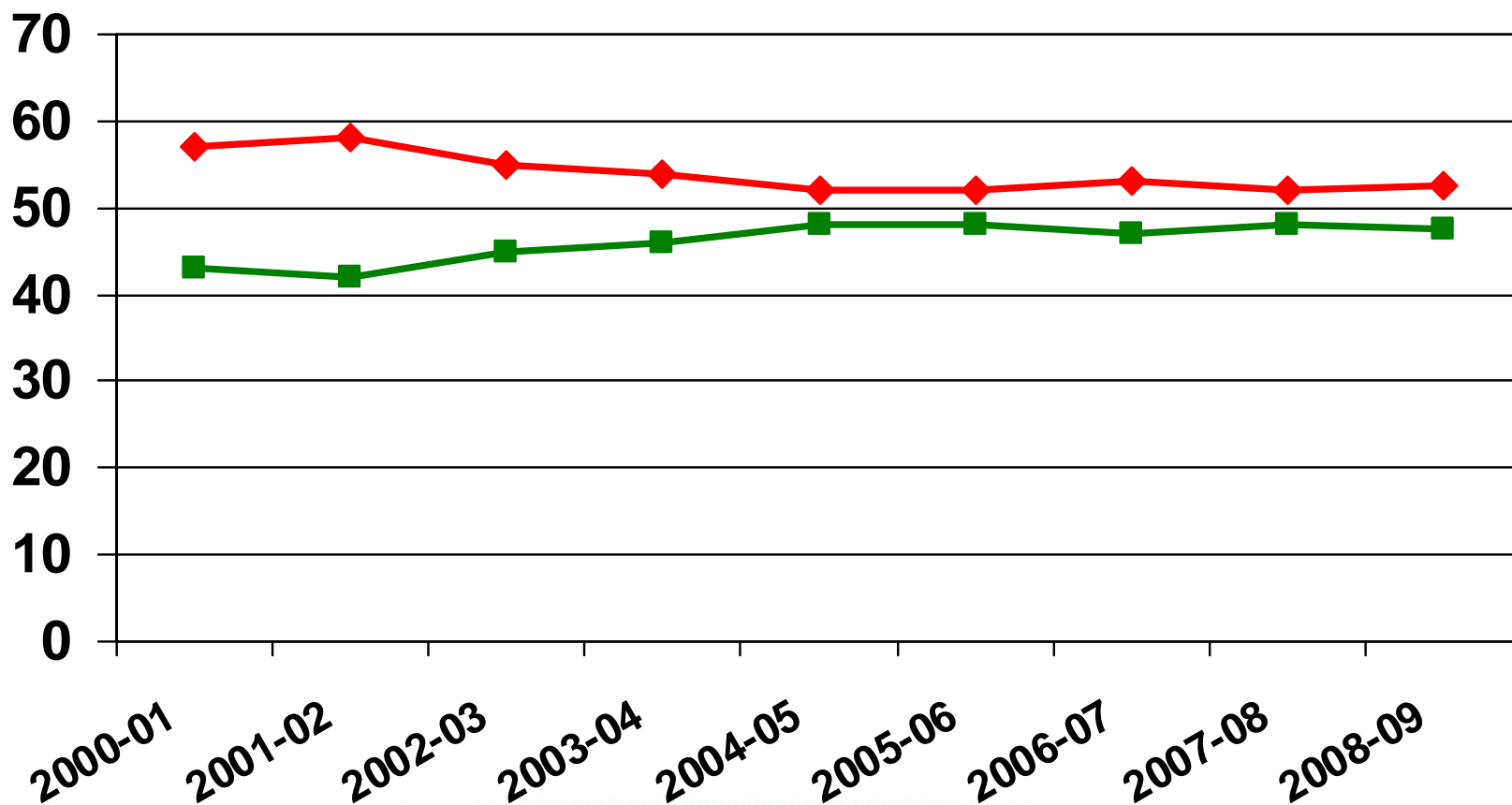


ACGME Residency ACGME Fellowship GME

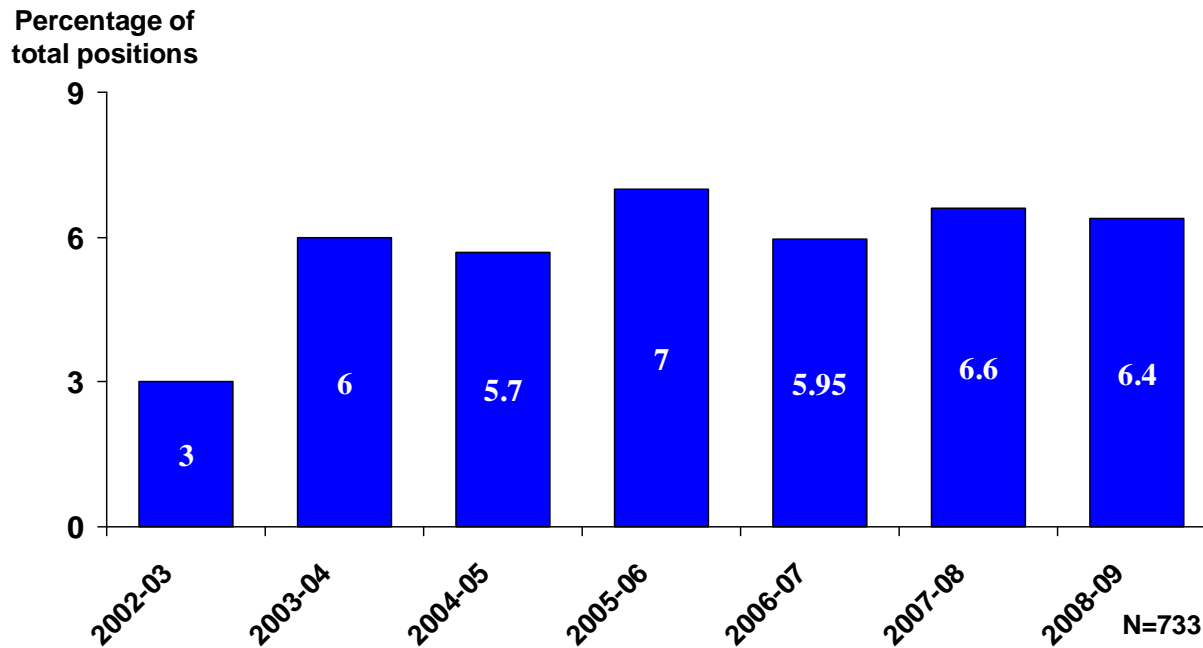
Growth from 08/09 to 09/10

- 22 new ACGME residency positions (12 in Primary Care – FM, IM, Peds, OB/GYN)
- 12 new ACGME fellowship positions
- 28 new GMEC (non-ACGME) subspecialty positions (5 new programs and current programs filled positions)

Resident/Fellow Gender



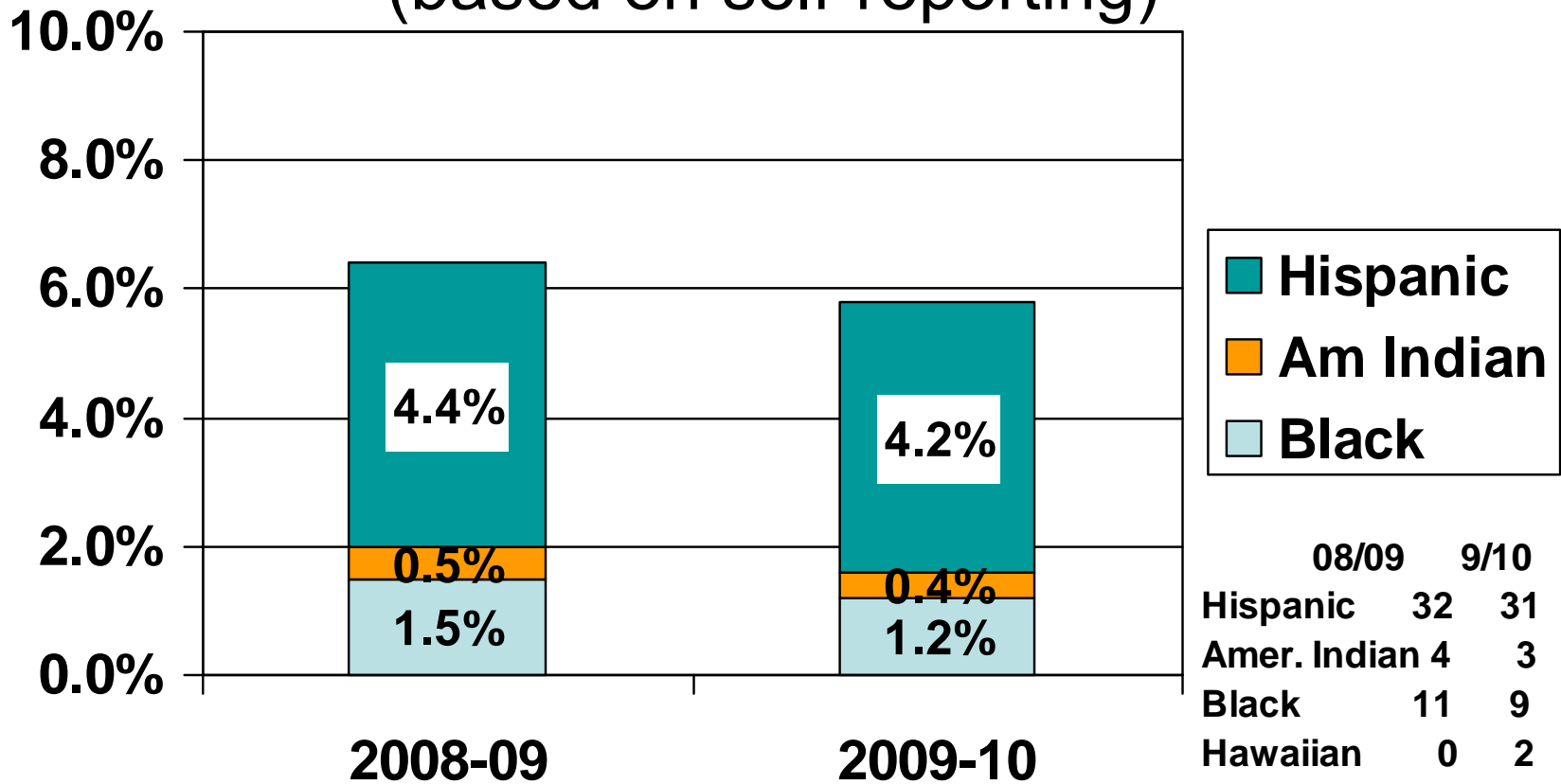
Under-represented Minority Enrollment in GME (Based on Self-Reporting)



For 2008-09 URM includes; Black, American Indian, Hawaiian, Hispanic
N= 872 with 16% not reporting

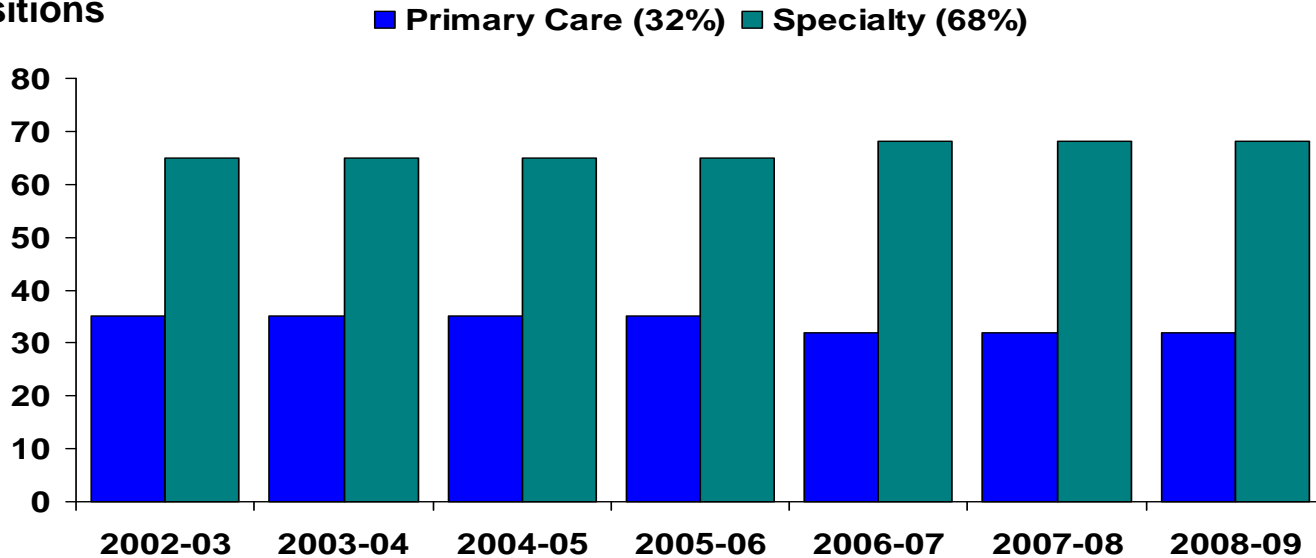
Under-represented Minority enrollment in GME

(based on self-reporting)



Primary Care versus Specialty

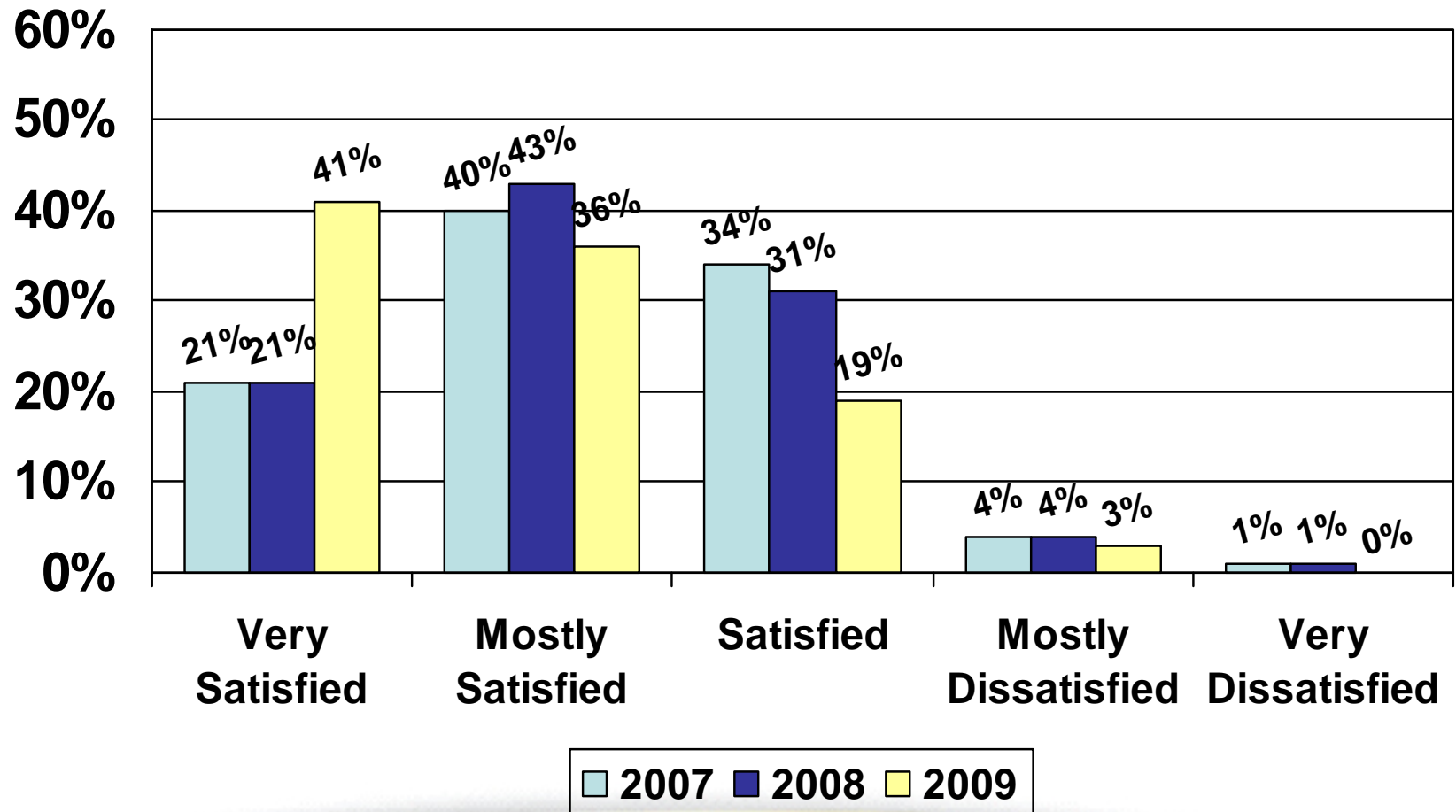
% of total positions



N= 283 PC out of 895

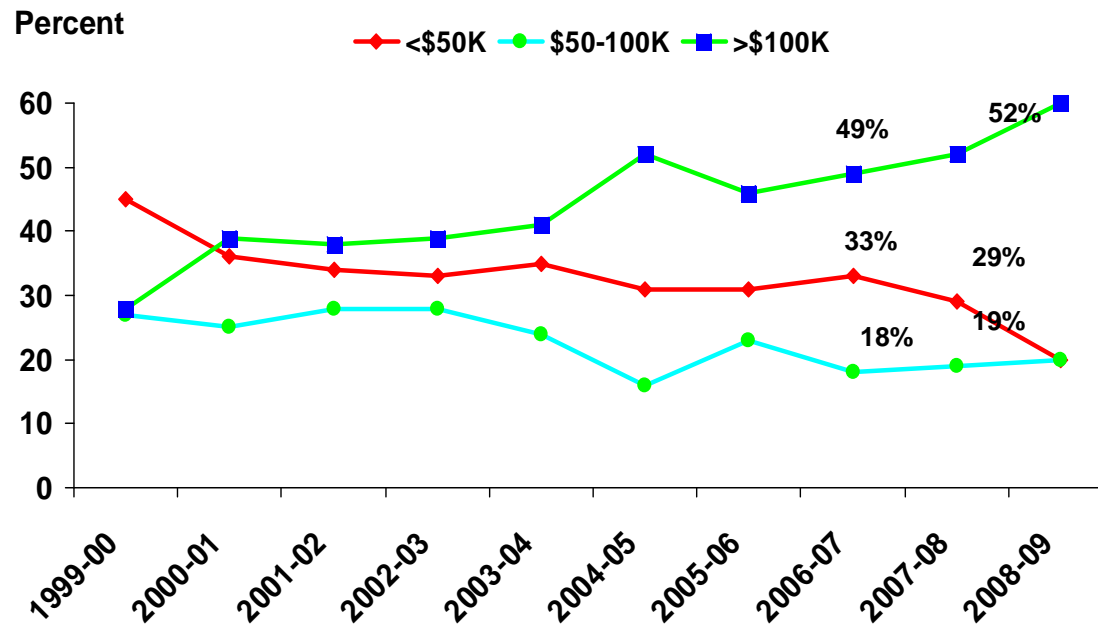
Primary Care includes: Family Medicine, Internal Medicine and Pediatrics

Overall Satisfaction with Training Program



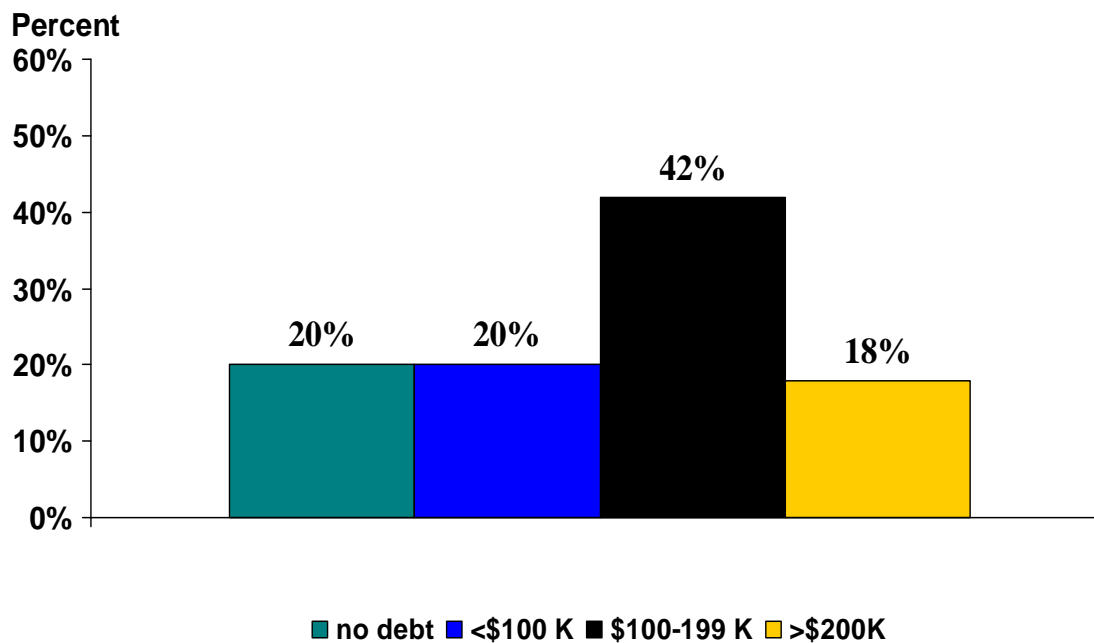
Exit Survey 2007 (95% response rate)
GME Exit Survey 2008 (84% response rate, 220/261)
GME Exit Survey 2009 (100% response rate, n=245)

Medical Education Financial Debt*



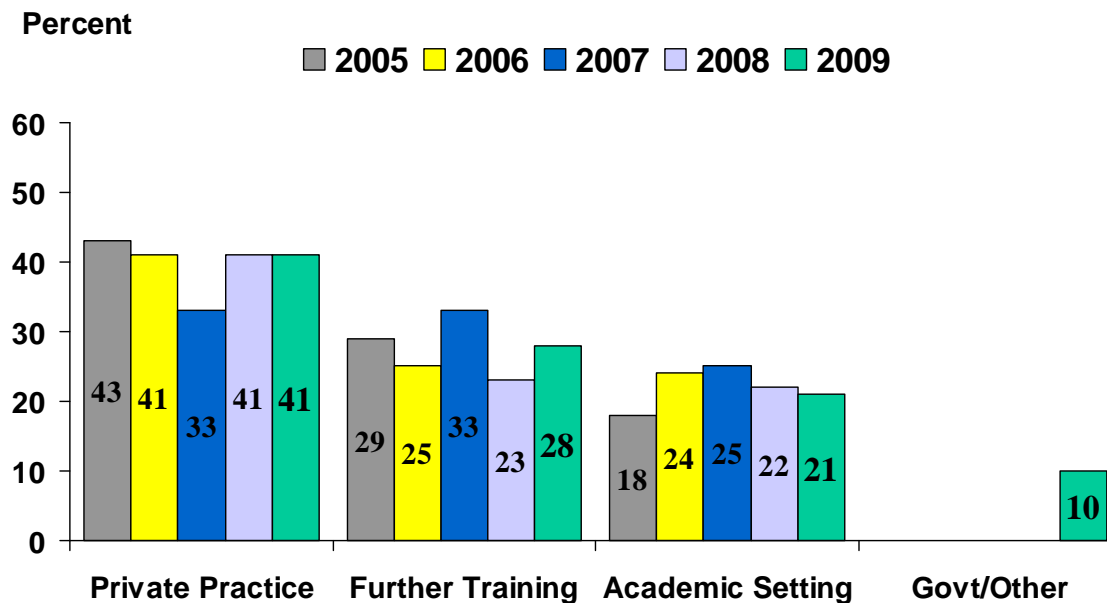
*Data from GME Exit Survey. Beginning 2008-09 additional categories added

Medical Education Financial Debt 2008-2009



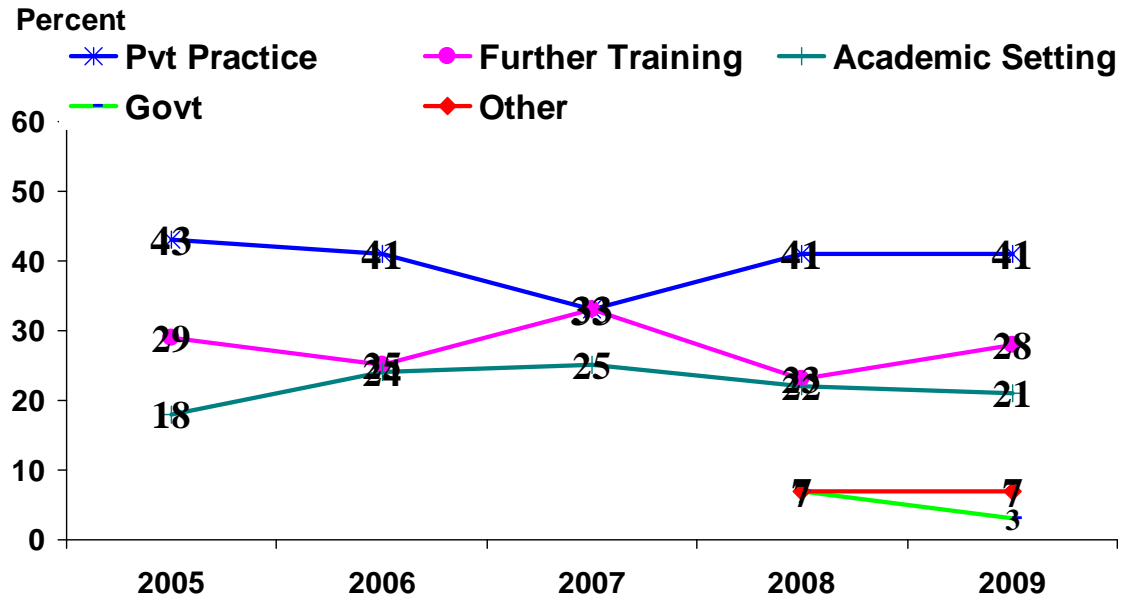
* GME Exit Survey 2009

What are Your Immediate Professional Plans?*



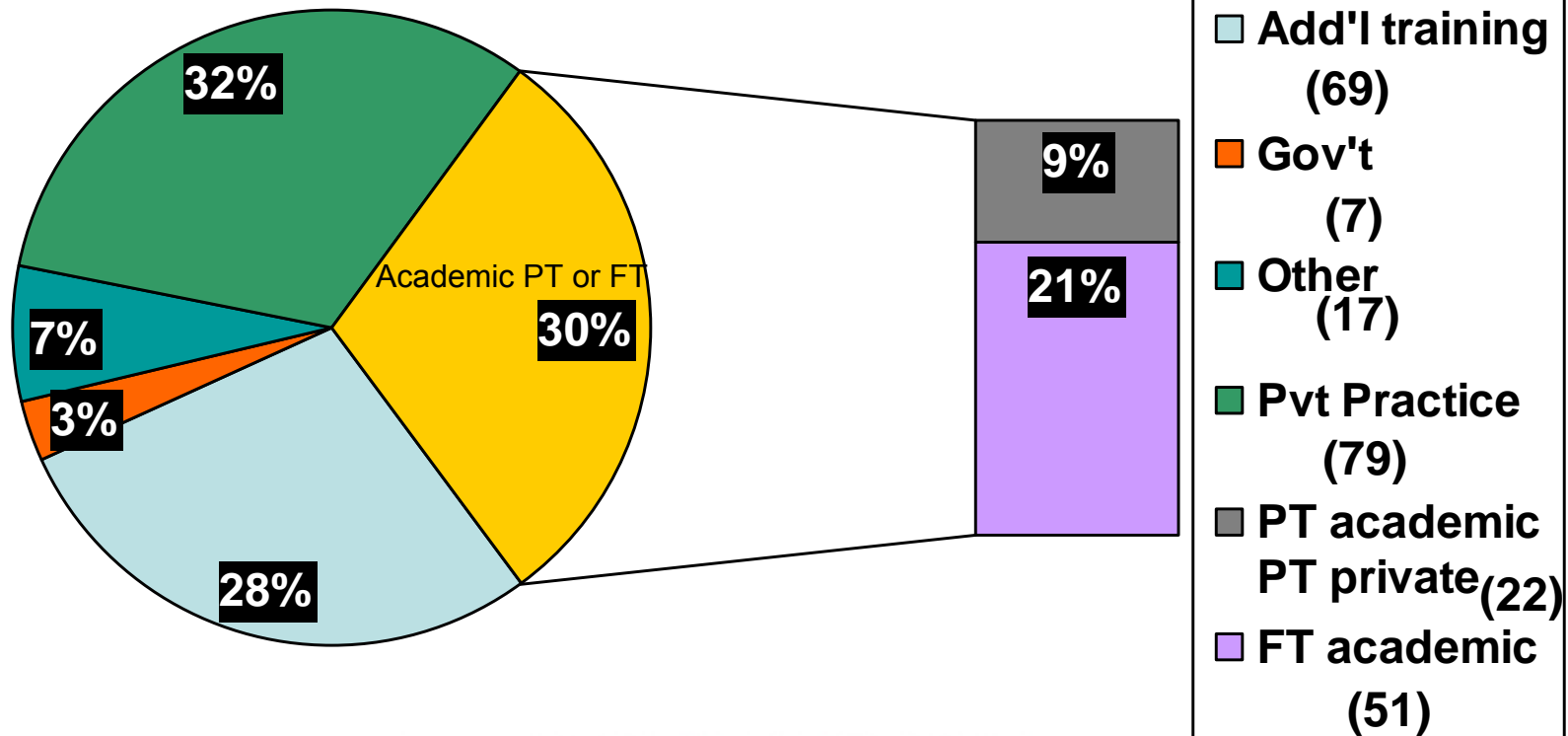
* GME Exit Survey

What are Your Immediate Professional Plans?*

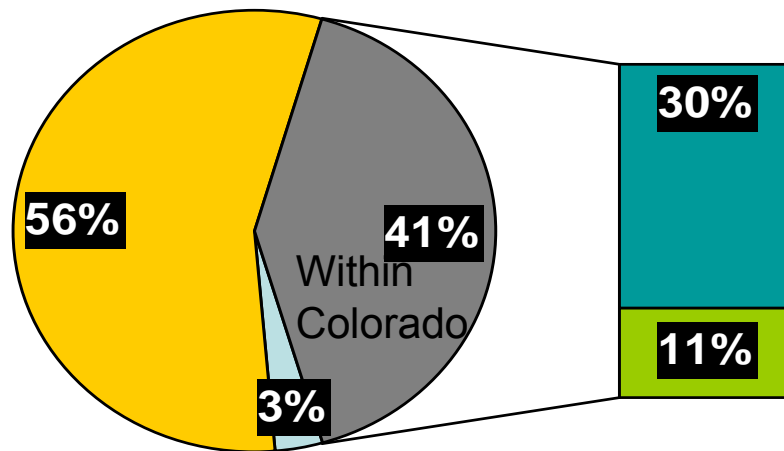


* GME Exit Survey

What are your professional plans?

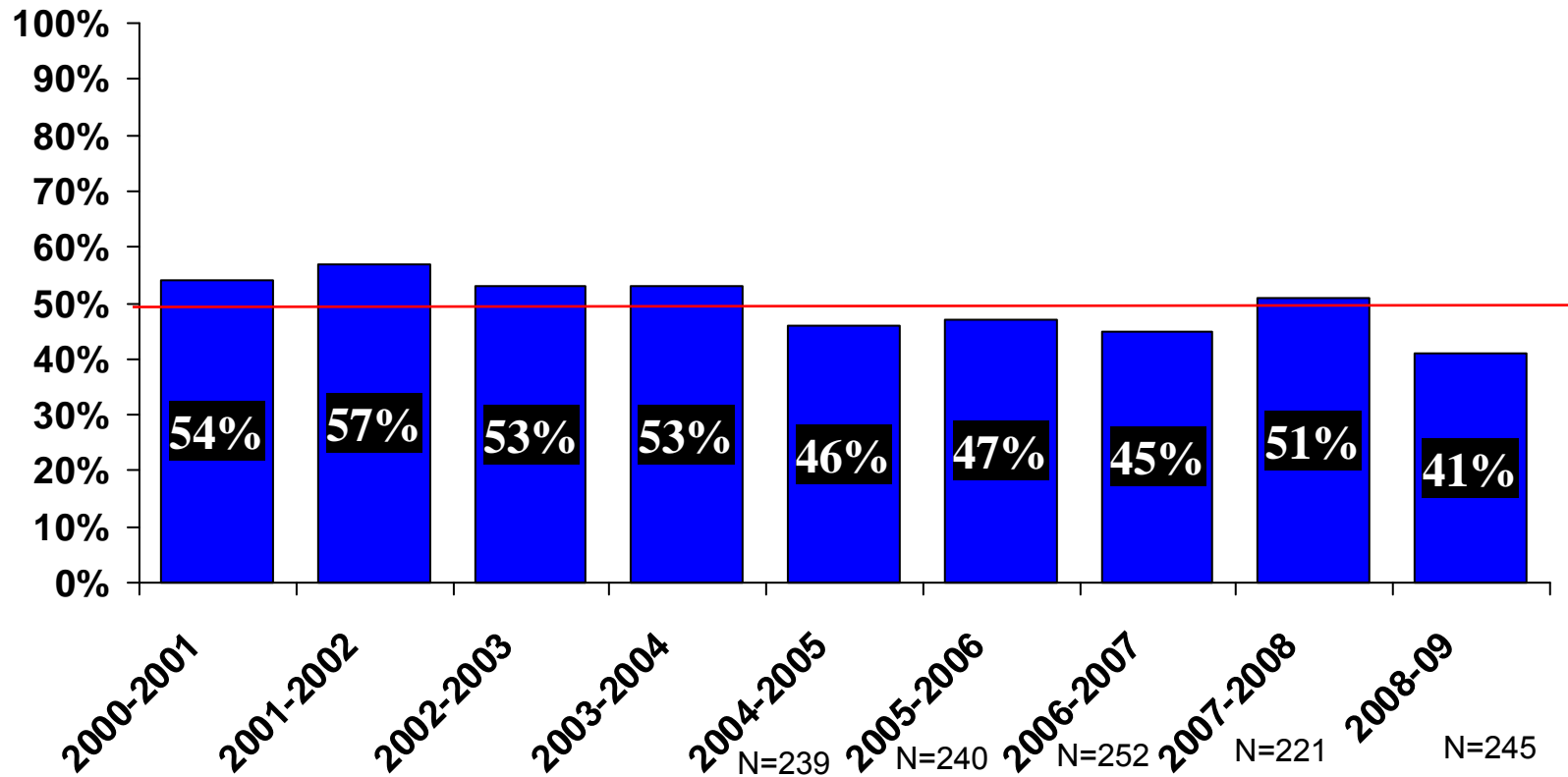


Where will exiting Housestaff practice?

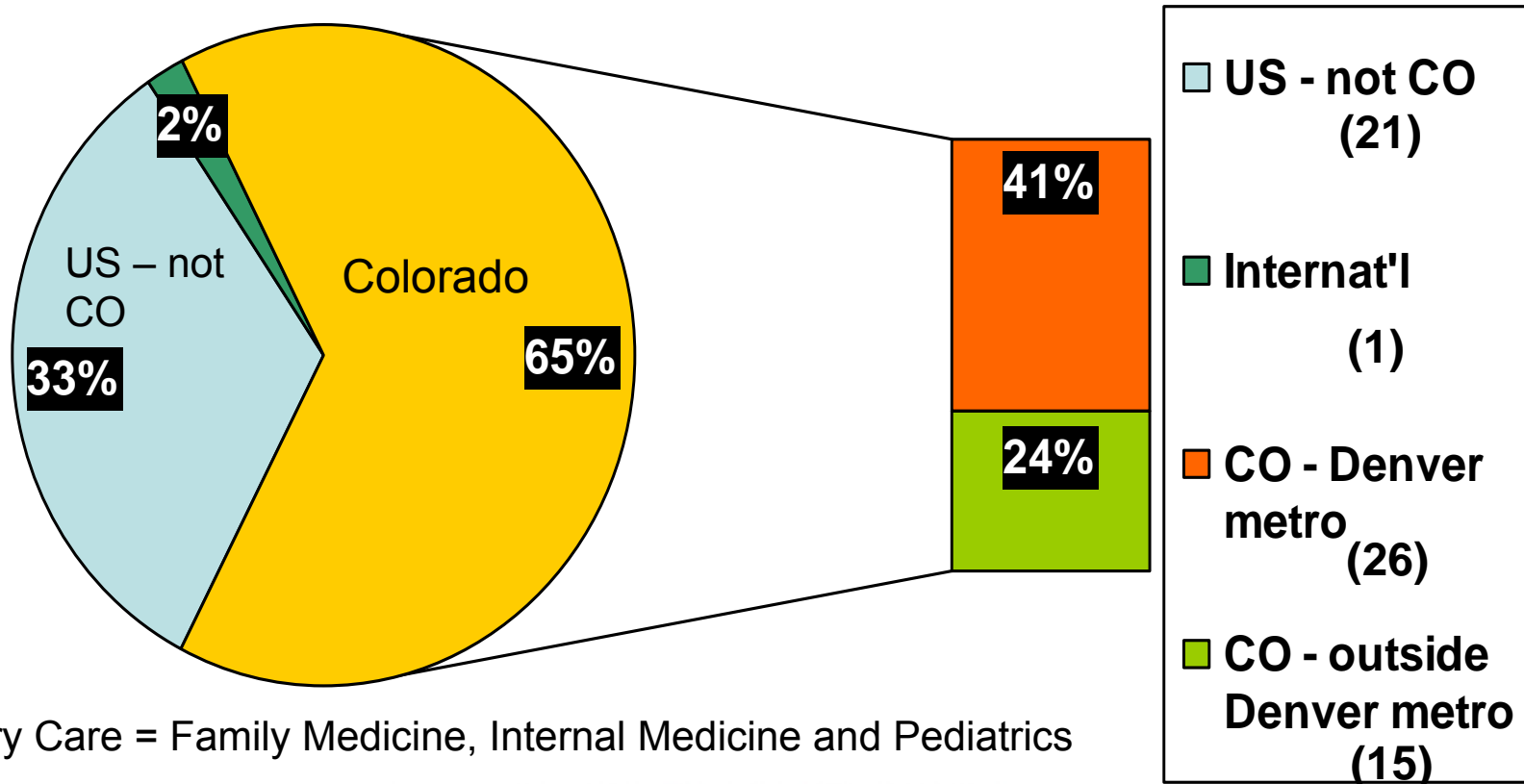


- International (8)
- Outside Colorado (100)
- Colorado Denver Metro (90)
- outside Denver metro (23)

Exiting Housestaff Planning to Practice in Colorado



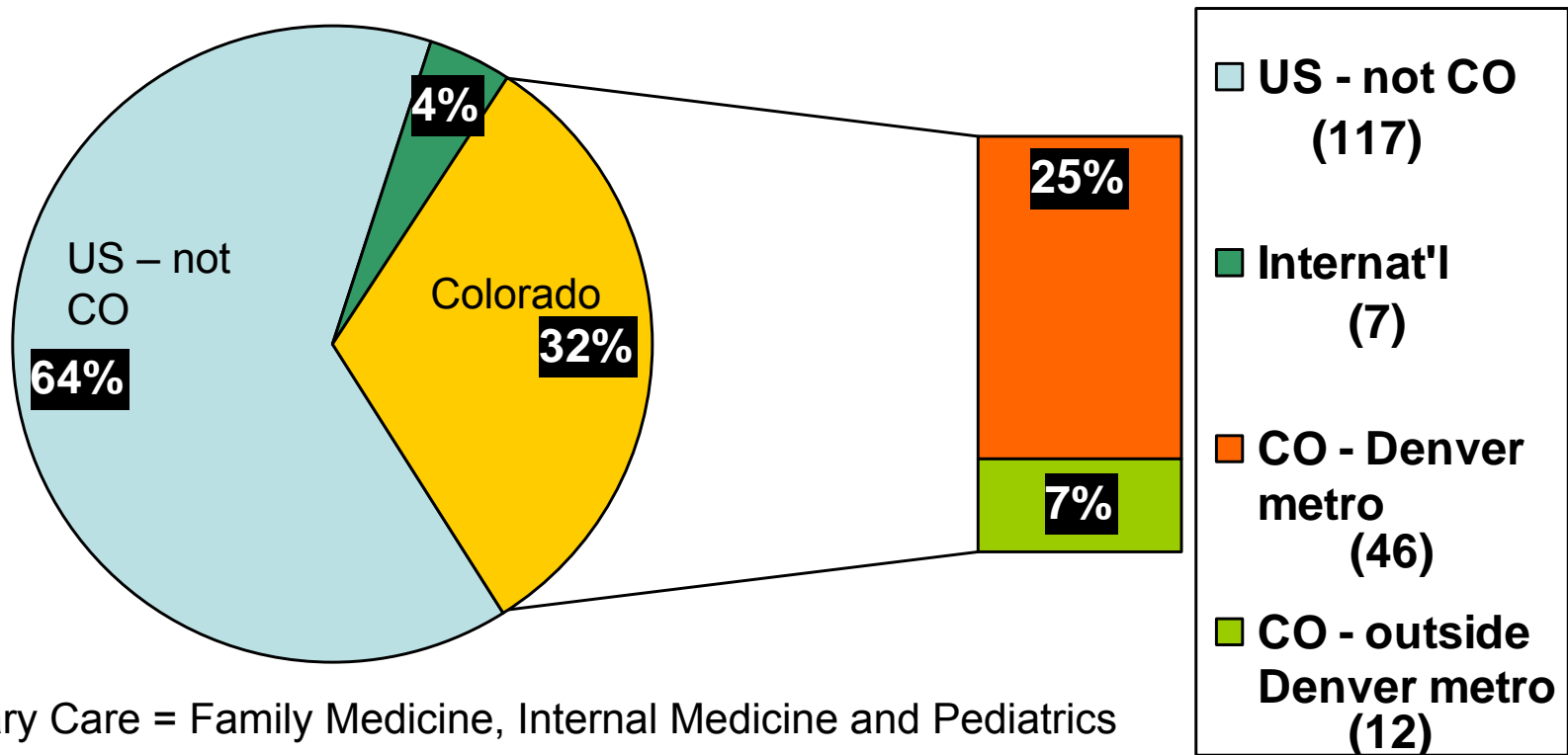
Where will primary care physicians practice?



Primary Care = Family Medicine, Internal Medicine and Pediatrics

2009 GME Exit Survey, n=245 (**Primary Care = 63 or 26%**) (Other Specialties = 182 or 74%)

Where will non-primary care physicians practice?



Primary Care = Family Medicine, Internal Medicine and Pediatrics

2009 GME Exit Survey, n=245 (**Other Specialties = 182 or 74%**) (Primary Care = 63 or 26%)

2009-2010 GME Activities Update

Established Affiliated Hospital Steering Committee – spring 2009

- GMEC September 9th prioritized program requests for new or additional hospital funding for positions starting July 1, 2010
- Affiliated Hospital Steering Committee met September 22 to review (13) GMEC prioritized requests. Hospitals will meet with Chairs/program directors to discuss approval of funding by 11/1/09

2009-2010 GME

Activities Update cont.

- GME Forum October 14, 2009 “Patient Centered Care and Resident Education”
- Four Task Force presentations
 - 1 Transition of Care and Patient Safety
 - 2 Balance of Service and Education
 - 3 GME Funding
 - 4 ACGME/Specialty Board Requirement Changes that Impact Level of Patient Care

Key Themes

- Patient Safety and Quality of Care
- Communication Issues
- Team Building: Geographic/Interdisciplinary
- Work Flow Improvements to cope with ACGME 80 hrs & Increased patient acuity

Just Do It: Patient Safety Goals

1. Cluster Rotations so at least 3 consecutive months at each Core teaching hospital to decrease systems errors
2. Develop Interdisciplinary Teams of Care
 - eg, TCH adding Clerks on rounds to write orders
 - eg, Bedside teaching w Patients/Families
3. Adopt Standardized Handoff/Transition of Care
 - a. Teach faculty and residents system wide
 - b. Explore terrific new IT resources for hand offs!

Transitions of Care and Patient Safety (Task Force 1)

- Recommendations:
 1. Development of consistent methodology that will apply to all residents at 4 primary sites
 2. Identify and develop software tools to minimize time spent gathering data and maximize educational value for residents
 3. Formalize methodology for teaching standardized patient hand-off
 4. Achieve executive sponsorship and leadership buy-in
 5. Develop multi-institutional task force

Balance of Service and Education (Task Force 2)

• Issues

1. Residents perform non physician roles
2. Paperwork overload (forms –authorizing, discharge, transfer)
3. Admit patients for other services
4. Rotations at multiple hospitals

• Recommendations

1. Delineate roles and review staffing
2. Develop similar form format for all hospitals, LEAN
3. Use hospitalists, develop teams
4. Cluster rotations per hospital

GME Funding (Task Force 3)

- **Issues**

1. Improve selection process for funding positions: >2010
2. Improve efficiencies
3. Think beyond Medicare (now 91%)

- **Recommendations**

1. Look at societal needs. Assess 2010 funding process
2. Establish multi-disciplinary teams, look at HIT systems
3. Outside sources: Kaiser, Rural, Saudi et al

Program Requirement Changes (Task Force 4)

- **Issues**
 1. RRC changes that impact patient care and res. Education
 2. RRC change that negatively impacts care
 3. QI projects that are team based as all residents must learn to improve their own practice
- **Recommendations**
 1. Each PD report proposed RRC changes to GMEC and how it will be addressed
 2. Protest change during comment period as an institution!
 3. All programs select QI project; GMEC report of best practices; Δ culture from punitive to opportunity to improve; look at outside models

2009-2010 GME Activities Update cont.

- GME Annual Survey (November 2009)
 - Additional questions regarding diversity to include:
 - Rural or small community
 - Do you claim a disability
- GME Retreat Yearly as a Forum
 - Share Best Practices esp. Multidisciplinary Care
 - Develop System Standards, Patient centered
 - Leadership expertise across hospitals
 - Develop Resident expertise in Error Management

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