



THE VISIT: Scheduling



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

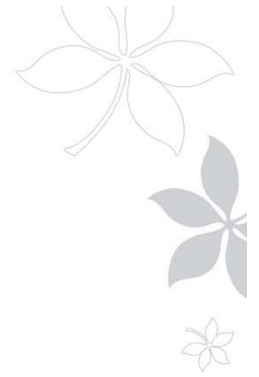




Core IM residency program
+ IM/Peds residency program
+ 15 fellowships

- 6 ACGME field representatives
- 2.5 days

* Due to the numerous people involved, I was chose to be the point person and the lead field rep (Dr Joe Gilhooly) and myself communicated almost exclusively





Timeline – 90 day window

- **FEB 28 – MARCH 2 – SITE VISIT**
- 12/5/16 – initial email with site visit date
- 12/15/16 – 1st conversation with the lead field representative
- 12/28/16 – received email from lead field representation with specific site visit information
 - NOW DOWN TO 60 DAYS!!!
- DEC – scheduling (dates, people, rooms)
- JAN/FEB – meetings, prep work, scheduling cont.



RECOMMENDATION

- Large Core Programs with subspecialty fellowships
 - MEET FREQUENTLY
 - SHARE DOCUMENTS

- Program Coordinator connection
 - Email groups
 - Weekly meetings

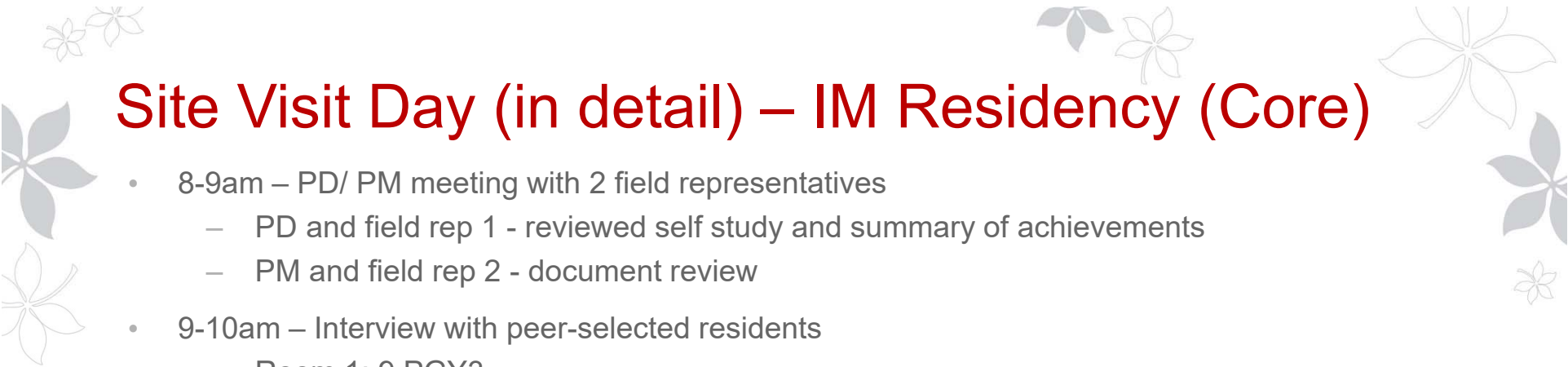
ACGME SITE VISIT AT OSU
February 28 - March 2, 2017

Tuesday, February 28, 2017	Morning	IM Core Program
Tuesday, February 28, 2017	Afternoon	IM/Peds Program
Wednesday, March 1, 2017	Morning	Rheumatology Heart Failure Nephrology EP Cardio Gastro
Wednesday, March 1, 2017	Afternoon	Interventional Cardiology Pulm/CC Palliative Hepatology Sleep
Thursday, March 2, 2017	Morning	Endocrinology ID Heme/Onc Geriatrics Cardiology



Fellowship Site Reviews

- Each half day, 5 fellowships were having their site reviews with 5 different field reps
- Have a central meeting location for early morning, lunch, and late afternoon
 - Our site reviewers traveled from the hotel to OSU together
 - FC and I met them in the lobby of our building
 - FC escorted them to the division meeting location
 - FC escorted them back to me when review was complete



Site Visit Day (in detail) – IM Residency (Core)

- 8-9am – PD/ PM meeting with 2 field representatives
 - PD and field rep 1 - reviewed self study and summary of achievements
 - PM and field rep 2 - document review
- 9-10am – Interview with peer-selected residents
 - Room 1: 9 PGY3
 - Room 2: 6 PGY2 + 6 PGY1
- 10-10:45am – Interview with key faculty (core faculty, CL, CCC & PEC members)
 - Room 1: 8 Gen Med / Hospital Med
 - Room 2: 8 Subspecialty
- 10:45-11:15 – Interview with DIO and Department Chairman
 - Room 1: DIO (Dr. Scott Holliday)
 - Room 2: Chair (and Vice-Chair for Education)
- 11:15-11:45 – Private working time for field reps
- 11:45-12:15 – Concluding Meeting with PD, PM and field reps

Interview with Residents and Faculty

MEMO TO: RESIDENTS/FELLOWS

FROM: Joseph Gilhooly, MD, ACGME Accreditation Field Representative

Because the ACGME values input into the site visit from all residents/fellows, I would appreciate receiving from your resident/fellow group a single collective (consensus) list of up to five strengths of your program and up to five areas for improvement of your program that you want to be sure we discuss during the resident/fellow interview.

- Please send the list to me by e-mail (jgilhooly@acgme.org) at least a week prior to the site visit.
- Identify the following on the subject line of the e-mail: institution, specialty, and site visit date. (Abbreviations are OK.)
- Please do not share the list with your Program Director or your Program Coordinator.
- Bring a copy of list with you to the site visit interview.

The list that you provide to us will be confidential. Topics will not be shared with your program director or faculty unless you give us permission to do so during the site visit interview.

Thank you! We look forward to meeting with you.

- Follow similar process with faculty
 - One of our Assistant Program Directors was the lead
 - Collected responses via email and then met as a group to narrow down and discuss

- Elect a resident to lead this effort (senior resident, upcoming chief)
- Allow time for them for the residents to meet as a group (during a scheduled conference time, etc)
- Continue to FOLLOW-UP with them regarding their progress and submission to lead field rep

The slide features several decorative floral graphics in light gray. On the left side, there are three stylized flowers of varying sizes. On the right side, there are also three stylized flowers, including one large one at the top and two smaller ones below it. The main title is in a bold, red, sans-serif font.

Important Notes for your Program Coordinators:

- When scheduling residents/faculty to meet with field reps, cancel clinics, rearrange schedules
 - This site visit (hopefully) only happens every 10 years
 - Their participation in these meetings is IMPORTANT
- BE (or act) ORGANIZED AND PREPARED
- Field representatives like to stay ON TIME
 - PAGE groups and have people ready before their assigned meeting time
- Have drinks (water/coffee) & snacks available
- Conflicts/emergencies will arise on the day of the site visit. Our field reps were flexible and understanding.



THE VISIT: Document Review



THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER





- LOGIN
- Accreditation Data System (ADS)
 - ACGME Surveys
 - Resident Case Log System

What We Do	Designated Institutional Officials	Program Directors and Coordinators	Residents and Fellows	Meetings and Educational Activities	Data Collection Systems	Specialties
------------	------------------------------------	------------------------------------	-----------------------	-------------------------------------	-------------------------	-------------

Home > What We Do > Accreditation > Site Visit

Site Visit

The Accreditation Site Visit

The accreditation process for Sponsoring Institutions and programs includes on-site visits to assess compliance with the Institutional and Program Requirements, as applicable. All accreditation site visits for Sponsoring Institutions and programs are performed by Accreditation Field Representatives who are employed by the ACGME.

Types of Site Visits

Program Applications: A site visit is conducted to review all specialty (core) and many subspecialty programs when an application for accreditation is submitted. The site visit seeks to verify and clarify the application documents in which institutional and program leadership have described the resources of the program and how it will comply with the Program Requirements. Applications for Sponsoring Institutions and some subspecialty programs are reviewed without a site visit.

American Osteopathic Organization (AOA)-Approved Programs with Pre-Accreditation Status: The site visit for an AOA-approved program with Pre-Accreditation status is similar in many ways to a site visit for an application as described above. Osteopathic Sponsoring Institutions with Pre-Accreditation status are reviewed without a site visit.

Contact Us

Fieldrepresentatives@acgme.org

Quick Links

- Accreditation Field Representatives
- Site Visit
- The ACGME and the Accreditation Process
- Evaluation of Your Recent Accreditation Site Visit

ACGME Site Visit Website:

- [Accreditation Field Representatives](#)
- [ACGME Expectations for Content of Resident and Fellow Files](#)
- [Site Visit Document List for the 10-Year Accreditation Site Visit](#)

Quick Links

[Accreditation Field Representatives](#) »

[Site Visit](#) »

[The ACGME and the Accreditation Process](#) »

[Evaluation of Your Recent Accreditation Site Visit](#) »

[Site Visit FAQs](#) »

[Self-Study](#) »

[Self-Study Tools](#) »

Common Program Requirements

1) Current, signed program letters of agreement (PLAs)

PLAs

- **COPC (Central Ohio Primary Care)**
 - Outpatient continuity clinic location for 2 residents
- **Columbus Free Clinic**
 - Residents can volunteer to rotate at the Free Clinic during their outpatient electives
- **Department of Corrections**
 - Residents rotate at the Correctional Medical Center (Franklin Medical Center) as part of Dermatology elective
- **Heartland – Dublin**
 - Long-term care facility / included in PGY3 Geriatrics rotation
- **Heartland – Westerville**
 - Long-term care facility / included in PGY3 Geriatrics rotation
- **Holzer**
 - Rural rotation for PGY3 Primary Care Track residents
- **Cambridge**
 - Rural rotation for PGY3 Primary Care Track residents
- **Barnesville**
 - Rural rotation for PGY3 Primary Care Track residents
- **VA – Chalmers P. Wylie Veterans Affairs Outpatient Clinic**
 - Outpatient rotation for PGY2 Categorical and PGY2&3 IM/Peds residents

- Have signed, up-to-date copies of all affiliation agreements available for review



Resident Appointment and Evaluations

2) Files of recent program graduates and current residents/fellows, including:

- 1-2 in *each year of training* & 1-2 recent graduates
- Transfers in or out of the program (last 3 years)
- Any individuals who were dismissed from the program or left training (last 3 years)

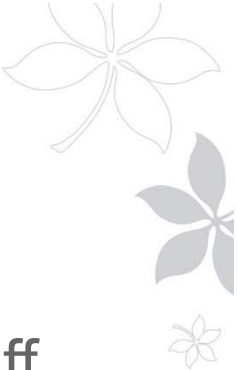
- *Those with academic performance or professionalism problems*



Resident Appointment and Evaluations



Resident Files should include:

- Evaluations by faculty, peers, patients, self, other staff
 - Evidence of semi-annual review evaluations (& *meetings*)
 - Final summary evaluations (year end and end of training)
- 



Resident Appointment and Evaluations cont.

THE GOOD NEWS:

- You only have to show them a small number of files
AND YOU GET TO CHOOSE THE FILES!
 - 1-2 files for each PGY
 - 1-2 files from most recent graduating class
- + transfer resident (within last 3 years)
- + dismissed/resigned resident (within last 3 years)

Resident Appointment and Evaluations cont.

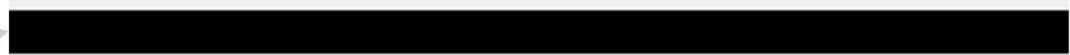
anager > HouseStaff Info > 16-17 > Resident Files > PGY2 > [REDACTED] > SemiAnnual Reviews

Name	Date modified
Fall '16 Semi Annual Review	1/24/2017 11:56 AM
Fall 2015 SemiAnnual Review	12/13/2015 8:46 PM
Spring 17 Semi Annual Review	4/13/2017 11:30 AM
Spring 2016 SemiAnnual Review	

-17 > Resident Files > PGY2 > [REDACTED] > SemiAnnual Reviews > Fall '16 Semi Annual Review

Name	Date modified
Clinic Eval by Attending	10/17/2016 2:03 PM
Conference attendance	10/12/2016 3:01 PM
Evaluation of Resident by Attending - Electives	10/12/2016 10:33 AM
Evaluation of Resident by Attending - Inpatient	10/12/2016 2:15 PM
Health Professional Evaluation of Trainee	10/12/2016 4:05 PM
Intern Evaluation of Resident	10/13/2016 10:58 AM
Med Student Evals	10/17/2016 3:03 PM
Morning Report Evaluation Form	11/14/2016 10:18 AM
OSU INTERNAL MEDICINE RESIDENCY REQUIRED REFLECTIONS [REDACTED]	12/7/2016 10:54 AM
Procedure Log	10/7/2016 12:33 PM
Resident Evaluation of Intern	10/13/2016 11:34 AM
Semiannual resident reviews - [REDACTED]	12/2/2016 12:27 PM

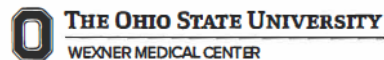
Resident Appointment and Evaluations cont.



anned Files - Residents > E > [Redacted]

Name

- Final Verification
- PGY1, 2, Hiring & ERAS
- PGY3
- Residency Certificate
- Verifications



Department of Internal Medicine
Office Tower, 3rd Floor
395 West 12th Avenue
Columbus, OH 43210
medicalcenter.osu.edu

THE OHIO STATE UNIVERSITY

INTERNAL MEDICINE RESIDENCY PROGRAM

CONFIDENTIAL VERIFICATION AND REFERENCE FOR:

NAME: [Redacted]
SOCIAL SECURITY NUMBER: [Redacted]

This confidential document relating to a former resident is provided to you by the Ohio State University Department of Internal Medicine Residency Program. We submit this document in response to your request for verification of Internal Medicine residency training and reference information in lieu of other forms. The original notarized signature of the current program director will verify its authenticity. The contents of this document are provided with the permission of the above named physician and should not be released to any other party without the consent of that physician.

I. Verification of Training:

Dr. [Redacted] successfully completed Internal Medicine residency training at The Ohio State University as follows:

Internship: 07/01/13 – 06/30/14
Residency: 07/01/14 – 06/30/16

II. Disciplinary Action:

During the dates of training at this institution, Dr. [Redacted] was not subject to any institutional disciplinary action.

III. Professional Liability:

UNIVERSITY
ER

(Final) Summative Verification

- Part of resident's permanent record maintained by the institution
- Accessible for review by the resident
- Document resident's performance



Resident Appointment and Evaluations cont.

Trainees Who Have Transferred In/Out of the Program:

- Transfer documents
 - IM requirements state:

Before accepting a resident who is transferring from another program, the program director must obtain written or electronic verification of previous educational experiences and a summative competency-based performance evaluation of the transferring resident.

- Previous educational experiences = list of rotations
- Summary evaluation of specialty-specific milestones



Resident Appointment and Evaluations cont.

Trainees who have had academic performance or professionalism problems


AND/OR

Trainees who were dismissed from the program or left training

- Keep important confidential documents for any “reportable” issues:
 - Include:
 - Minutes from Housestaff Evaluation Committee meetings
 - Other meeting notes (meetings with resident & PD)
 - Formal, signed letters for focused review, probation, extension of training
 - Include dates and metrics for improvement

Educational Program

3) A sample of competency-based, educational level-specific goals and objectives for one rotation/assignment
— Hematology 1 Inpatient Service

 Internal Medicine Residency Program Basics Compliance & Certification Conferences NEJM Resident 360 Inpatient

Heme 1

← return to OSUIM

Useful Guidelines

- Antibiotic Chart
- HTN Management

Inpatient Services



- CHF
- HEP
- Gen Med 1, 2, 5, 7
- Gen Med 2 - Neurology
- Gen Med 4 (Pulmonary)
- Gen Med A/C (OSU East)
- Heart 1, 3

Heme 1

- Heme 5
- MC
- MICU
- Onc 1
- Night Float

Last modified at 12/6/2018 3:37 PM by  Stinehart, Kyle [\[Edit this page\]](#)

Goals and Objectives

-  [Hematology 1 Ward Curriculum A Walker 1-31-2017.doc](#)
-  [Heme 1 Selective Resident Guidelines 11-30-2018.docx](#)



Service Overview

- This is a 1 Resident, 2 Intern service. Cap is 16 patients.

Clinical Practice Guidelines

Heme Fellow IVC Filter Algorithm (6/2017): · [IVC filter algorithm.pdf](#)

Core Reading and Lectures

- [Bone Marrow Checklist.pdf](#)
- [Multiple Myeloma - Review - NEJM 2011](#)
- [Antimicrobial agents in neutropenic patients with cancer - IDSA Clinical Practice Guidelines - Clin Infect Dis 2011](#)
- [Tumor Lysis Syndrome - Review - NEJM 2011](#)
-  [Management of Nausea and Vomiting.pptx](#)
- [Management of Intractable Nausea and Vomiting in Patients at the End of Life.pdf](#) - Wood et al (2007)

Landmark Studies



Educational Program

4) Conference schedule for the current academic year

2016-2017 Educational Conferences:

- **Fundamentals of Medicine Lecture Series**
12:15-1pm Monday, Wednesday, Friday (July & August only)
Intern Focused, although residents are welcome
- **Morning Report**
7:15-8am Monday, Wednesday, Friday (Sept – June)
Senior Resident Focused, although interns are welcome
- **Intern Huddle**
12:15-1pm Monday, Wednesday, Friday (Sept – June)
Aimed towards interns on inpatient rotations
Senior Residents carry intern pagers and address all patient care issues during that hour
- **Ambulatory Conference**
12:15-1pm Monday, Wednesday, Thursday, Friday
Geared towards residents/interns on clinic rotations during that block
- **Tuesday Afternoon Conference Block**
12:30pm-4pm Tuesdays
- **Department of Internal Medicine Grand Rounds**
7:30-8:30am Thursdays

Faculty and Program Evaluation

5) Sample of completed annual confidential evaluation of faculty by residents

- I chose 1 faculty member (out of hundreds in our Dept) and ran a 1 year summary report of inpatient and elective (consults & outpatient) evaluations

Ohio State University
Internal Medicine - General
Analysis of Educator Performance

Subject: ██████████
Activity Group: Internal Medicine - General Electives with SAB and JAB
Time Period: 01/01/2016 to 01/01/2017
Time Period Type: Request Date
Report Date: 01/23/2017

Question ID	Question	Zero Count	Applicable Answers	Mean	Scale	Std
50551	Learning and Participation Created a learning climate that encouraged participation by all participants	0	7	5.00	1 to 5	0.00
50555	Medical Decision-Making Actively involved me in medical decision making	0	7	4.86	1 to 5	0.38
50556	Psychosocial Issues Provided assistance/education on psychosocial issues in patient care	0	7	4.86	1 to 5	0.38
50557	Motivate Additional Learning Motivated me to read on my own to further my learning	0	7	5.00	1 to 5	0.00
50558	Verbal Feedback Provided verbal feedback to me throughout rotation	0	7	4.86	1 to 5	0.38
50560	Professionalism Acted professionally towards other physicians	0	7	5.00	1 to 5	0.00
50597	Knowledgeable Physician Was a good role model as a knowledgeable physician	0	7	5.00	1 to 5	0.00
50598	Compassionate Physician Was a good role model as a compassionate physician	0	7	4.86	1 to 5	0.38
50599	Teacher Was a good role model as a teacher	0	7	5.00	1 to 5	0.00
	Work with Attending					



Faculty and Program Evaluation

6) Written description of CCC: membership, semi-annual resident evaluation process, reporting of Milestones evaluation to ACGME, CCC advising on resident progress including promotion, remediation, and dismissal

Clinical Competency Committee – Internal Medicine Residency Program Description of Responsibilities Version 2-10-2017

Committee Membership:

Program Director, Associate Program Directors, Assistant Program Directors, Director of Remediation and Coaching, Core Liaisons (Liaisons from specialty divisions to the core residency program), Residency Program Ambulatory Leadership Group members, Program Manager. Chief residents may attend the committee meetings and participate in discussions but are not directly involved in scoring the milestones.

Data Review

Committee members share the responsibilities for reviewing relevant available evaluation data for each resident and formulating scores for the 22 Internal Medicine reportable subcompetencies twice annually. Commonly reviewed data would include performance reports from assigned rotations from attendings, peers, case managers, nurses, and students. Patient input is incorporated when meaningful quantity of input is available. Direct observation cards/reports, conference attendance, procedure logs, completion of online learning requirements, qi project & education logs, self-evaluations including required reflections sheets may also be included. The committee members are encouraged to contribute ideas for additional sources of data and/or tools that would facilitate the scoring of subcompetencies.

Process to achieve consensus scores

Each resident will have two committee members assigned as primary reviewers of their files for each scoring period. Usually one reviewer will be the resident's assigned program director. The primary reviewers will have access to prior term scores (if any) and will separately formulate initial scores for each subcompetency. During committee meetings consensus is



Faculty and Program Evaluation

7) Written description of PEC: membership, resident and faculty evaluations of the program, program evaluation and action plan tracking protocols

Internal Medicine Residency Program Evaluation and Improvement

The Internal Medicine Residency Program undergoes continuous evaluation and planning for improvement through a variety of formal processes, committees, and working groups. All efforts are reviewed by the Program Evaluation Committee (PEC) which is composed of the members of the residency program directorate and appointed resident representatives. The residency program directorate includes the program director, associate and assistant program directors, chief medical residents, and the residency program coordinator. Two resident representatives are appointed to the committee by the program director.

The PEC convenes every other month to review both meeting minutes, suggestions, and feedback from other committees and working groups and to review residency program performance data relevant to the effectiveness of educational efforts within the program. The PEC is informed of the value and effectiveness of residency programming in the following ways: Housestaff Education Committee, Core Liaisons, Educational Initiatives Program Working Groups, Resident Ambulatory Practice Leadership Group, annual program evaluation completed by residents and faculty, rolling three year ABIM pass rates and in training exam scores. Informal means of communicating the value and effectiveness of programming occur through direct resident, faculty, staff, and patient feedback to members of the PEC. The assignments and purpose of each committee and working group is detailed elsewhere.

The PEC has overall responsibility for 1) planning, developing, implementing and evaluating the educational activities of the program 2) reviewing and making recommendations for revision of competency-based curriculum goals and objectives 3) addressing areas of non-compliance with ACGME standards 4) reviewing the program annually using evaluations of faculty, residents, and others. However, at the discretion of PEC, committees and working groups may be tasked by PEC to further evaluate areas of interest to the PEC and/or develop proposals and implement plans to correct areas of deficit or concern.

The PEC is responsible for responding to commentary and suggestions for improvement from the various working groups and committees. If concerns or suggestions are brought to the PEC through

Duty Hours and the Learning Environment

8) Program-specific (not institutional) policy for supervision of residents/fellows (addressing progressive responsibilities for patient care, and faculty responsibility of supervision), including guidelines for circumstances and events that require residents/fellows to communicate with appropriate supervising faculty members



OHIO STATE UNIVERSITY COLLEGE OF MEDICINE AND PUBLIC HEALTH
DEPARTMENT OF INTERNAL MEDICINE
Policy: Supervision of House Staff
Revised 5/13/03
Revised 5/22/04
Revised 7/3/08 ~~du~~
Revised 4/20/2010
Revised 1/20/2017

Applicable Institutions:

University Hospital
Arthur G. James Cancer Center
University Hospital East
Richard M. Ross Cardiology Hospital

Our philosophy is that excellent patient care and outstanding teaching are so closely entwined that they are indistinguishable from one another. This is underscored by the carefully supervised and graded responsibility placed in the hands of our house staff. Trainee contact with faculty physicians is an integral component of our program.

At all levels of training, faculty supervision continues as trainees assume more autonomy in decision-making according to their level of education, ability and experience. In all cases, this is at the discretion of the responsible attending physician.

Awareness of Scope of Practice

Each trainee will know the limits on his/her scope of authority after undergoing orientation and ongoing education from the program. Interns will understand that direct supervision is immediately available at all times.

Patient Care Activities:

Residents are responsible for supervising the care provided by their interns. Residents should examine patients daily and review chart documentation to insure that interns have correctly assessed and are appropriately managing the patient. Residents should provide timely feedback to their interns.

Progressive Authority and Responsibility, Conditional Independence, and Supervisory Role in Patient Care

Progressive authority and responsibility is generally associated with current training status in the program, such as first 6 months PGY1, second 6 months PGY1, PGY2 or PGY3 and the assignments usually linked to those years of training. However, the program director and other members of the Clinical Competency Committee review milestone-based evaluation data to determine whether each individual trainee is meeting expectations for level of training (and associated clinical assignments) through every 6 months summative assessments. Trainees with unsatisfactory or "conditional on improvement" performance in any competency may be denied a step of increased authority and





Duty Hours and the Learning Environment

9) Sample duty hour compliance data demonstrating your monitoring system

- Sept 2016 Housestaff Education Committee Meeting
 - 7/1/16 – 9/23/16
 - Summary of Duty Hour Reporting Data



Quality Improvement

10) Sample documents demonstrating resident/fellow participation in patient safety and quality improvement projects


- Our residents complete a self-reflection form twice annually
 - They list their institutional/departmental QI involvement and/or personal QI project and patient safety initiatives
- APD for Quality maintains a QI project list for our residents

Annual Program Evaluation and Self-Study Documents

- The documents below will NOT be accessed or reviewed by the site visitors, but should be available to the program director for a discussion of the program's ongoing improvement efforts.
 - 11) Annual Program Evaluations for the past five years, action plans resulting from these evaluations, data tracked and information on improvement activities
 - 12) Self-Study Documentation, if available (in addition to the Self-Study Summary)



Small Group Discussion



For which of the following do you have a great example to share?



For which of the following could you use a great example?

- Rotational Learning Objectives by competency & PGY
- Policy on supervision
- Documentation of QI participation
- Work hour compliance data & monitoring system



Jot it down now!

What types of required documentation does your program need to “fine tune” prior to your next visit?

Examples:

- Organized, complete resident files
- Documentation of Duty Hour Compliance
- Rotational Learning Objectives (updated, complete)
- Program Letters of Agreement
- Policy on Supervision




Take Home Points





Take Home Points: DIO, Chairs

- 
- Time with DIO or Chair tends to be brief
 - Focus will be on support, strengths, culture
 - Don't send your chair (or DIO) into the meeting without some briefing & context
 - Talking points related to self study and areas of excellence.

The slide features several decorative floral and leaf motifs in light gray. On the left side, there are two clusters of flowers and leaves. On the right side, there are two larger floral designs, one at the top and one at the bottom. The main title is centered in a large, bold, red font.

Take Home Points: Program Managers

- Take charge! Be the leader!
- Be available and helpful to the fellowship programs
- Be organized
- Know your documents inside and out

The slide features several decorative floral graphics in shades of gray. On the left side, there are three distinct floral motifs: a small cluster of three flowers at the top, a larger five-petaled flower in the middle, and another five-petaled flower at the bottom. On the right side, there are also three floral motifs: a large five-petaled flower at the top, a medium-sized five-petaled flower in the middle, and a small five-petaled flower at the bottom. The main title is centered and written in a bold, red, sans-serif font.

Take Home Points: Program Directors

- Implement SWOT Analyses prior to Self Study
- Is your program
 -in compliance with all core program requirements?
 -responding to data, & setting and pursuing goals?
 - ...documenting program improvements on WebADS?
- **Prep your Faculty & Trainees in Positive Ways**



Take Home Points: Core Faculty

- Grind axes elsewhere!
- They have their own SWOT analysis results
- Know faculty development resources
- Be well versed in program improvement initiatives




Graduate Medical Education Outcome Metrics





Large Group Discussion

- 
- Considering the topics we have discussed today, what are some program level and trainee level outcome metrics that could be tracked longitudinally as markers for success in your programs?



Graduate level

- Competence or individual performance
- Value of care
- Professional engagement or well-being

National Academies of Science, Engineering, and Medicine, 2018. *Graduate medical education outcomes and metrics: Proceedings of a workshop*. Washington, DC: The National Academies Press.



Program level

- Workforce
- Quality of care
- Board certification
- Internal process
 - Clinical learning environment
 - Professionalism measures
 - Patient outcomes data
 - Graduate data

National Academies of Science, Engineering, and Medicine, 2018. *Graduate medical education outcomes and metrics: Proceedings of a workshop*. Washington, DC: The National Academies Press.

Questions?



Contact info:

Program Director of IM Education Programs: kiki.chamberlain@osumc.edu

VC for Education: jennifer.mccallister@osumc.edu

Residency Director: david.wininger@osumc.edu