

Volume 1, Issue 2 - Winter 2010

A Message From The Co-Chairs Of The GME Committee

The GME Committee (GMEC) continues to pursue its mission of excellence in graduate education. The Committee's most recent meeting was held on January 20th, 2010, in the Gamble Room of the house-staff library. Agenda items included approval of the reports of internal reviews for two Children's Hospital training programs and the usual informational news of correspondence with the ACGME. Another item reviewed by the GMEC at this session is of particular importance to all residents, fellows, and their training directors. The GMEC approved the distribution of a **Guide to the Annual ACGME Trainee Survey** prepared by our Office of GME. This **Guide** explains in depth the intent of each question on the ACGME survey and helps the trainee improve his or her understanding the questions so as to give the most accurate responses. Since the ACGME uses the results of its independent survey of trainees in its assessment of the compliance of a training program with its regulations, it is of paramount importance that all trainees give honest and accurate responses. The ACGME survey is conducted between January-May of each year, so trainees should anticipate being contacted via email. If a trainee or a training program director still needs a copy of the **Guide**, please contact Ms. Tery Noseworthy at the GME Office at telephone extension 5-3396. You can also access the Guide via the Internet at the GME webpage on the Children's Hospital internal website.

The GMEC continues its ongoing work on duty hour issues, compliance with other ACGME standards, and advocacy for house-staff education and wellbeing, including a new initiative seeking the updating of resident benefits. The GMEC continues to explore novel ways to help individual programs satisfy the dual ACGME competencies of 'Practice-Based Learning & Improvement' and 'Systems-Based Practice", in partnership with the Program in Patient Safety & Quality (PPSQ) at Children's Hospital and officials at the Institute for Healthcare Improvement. This new program intends to provide succinct, internet-based curricular materials on the principles of quality improvement so as to familiarize residents and fellows with these critical aspects of health care services. A second arm of the program is to provide some choices of experiential opportunities for house-staff to participate in clinically relevant, rapid cycle change, quality improvement endeavors. **Drs. Mira Irons, Caleb Nelson,** and **David Waisel** are leading that effort on behalf of the GMEC.

The GMEC also continues to work with **Drs. Robert Truog, Elizabeth Rider**, and others at the Institute for Professionalism and Ethical Practice in providing physicians with a wide range of training opportunities focused on difficult conversations in healthcare. These courses and programs address the ACGME competencies of communication skills, professionalism, and patient care. You can read

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GME STAFF

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> Fred Lovejoy, MD Co-Chair, GME Committee

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A Message From The Co-Chairs... (Cont'd)

more about this initiative in Dr. Rider's column on page 5 of this issue of the GME On-Call newsletter.

The annual **national meeting of the ACGME** will be held this year on **March 4-7, 2010 in Nashville, Tennessee.** Innovative programs in graduate medical education are showcased at this meeting. Also ACGME officials take the opportunity to communicate new directions of the organization and how its regulations are changing at this meeting. Participants can also choose from a wide array of workshops designed for training program directors, designated institutional officials, incumbent RRC members, program coordinators, physician trainees, and others. **Drs. Alan Woolf and Jennifer Kesselheim** and **Ms. Tery Noseworthy** from the Office of GME will be attending the meeting on behalf of Children's Hospital. If others in individual training programs are interested in attending, information on how to register is available at the ACGME website: www.acgme.com.

Please keep in mind two important upcoming dates. The **3rd semi-annual GME Retreat** will be held at Conference Center at Harvard Medical School on Avenue Louis
Pasteur on **Friday, February 12th, from noon-4pm**. Please join us for the luncheon and
afternoon sessions on giving feedback to residents regarding their performance. **Drs. Jennifer Kesselheim, Ted Sectish,** and **Nancy Spector** (a nationally prominent educator at St.
Christopher's Hospital in Philadelphia) are developing the content for this meeting. All physician
faculty who train residents and fellows, and others interested in medical education are invited
to participate. Please RSVP to Ida Burroughs in the Office of GME by email or at telephone
extension 5-4372. The **next meeting of the GMEC** will be held on Wednesday, **February 24th, from 5-6pm** in the **Gamble Room** in the house-staff library. All training program
directors, associate directors, coordinators, and resident/fellow representatives are invited to
attend. We hope to see you there!

- Alan Woolf, MD, MPH & Frederick H. Lovejoy, Jr., MD

Office of GME, Duty Hours Logging Policy

Alan Woolf, MD, MPH

All credentialed residents and clinical fellows at CHB* (whether or not the program is ACGME-certified) log their duty hours using New Innovations software. They are automatically emailed one reminder per week. All residents and clinical fellows receive instruction on the use of New Innovations during their orientation at program entry at Children's Hospital. Instructions on New Innovations are also available in the house-staff handbook and on the GME Office internal website. GME Office staff members are available for consultation on the use of New Innovations software.

*Note: Rotating residents and clinical fellows do not need to perform this function and simply follow their home institution's guidance.

a. Calculation: monthly duty hours logging compliance

If 3 out of 4 residents log their 4 week's hours fully and 1 resident neglects to do so for 1 week in a month, then the compliance calculation is:

Accreditation Site Visits

9 Red Flags in

ACGME

Lack of Program
Leadership
Failure to listen to resident
concerns and to make
program changes

Lack of Program Infrastructure Insufficient curriculum; deficiencies in evaluating residents, faculty, or program

3 Lack of Appropriate Volume and Variety of Patients

Too few patients, lack of balance of diagnoses, evidence of disputes between specialties over who gets the patients

Problems with Resident Recruitment or Retention Unfilled positions or high resident turnover or too few

Lack of Dedicated Teachers

graduates taking Boards

Few faculty credentialed and committed to teaching residents; insufficient support services for patient care; residents often 'covering' clinical services with no teaching opportunities









ACGME 9 Red Flags in Accreditation Site Visits

6 Lack of Meaningful **Didactics**

Few rounds, conferences, or scheduled lectures

Lack of Financial & **Human Resources**

Outdated facilities; excessive clinical demands of faculty & program director; insufficient support services for patient care; residents 'covering' multiple clinics and hospitals

Service Much Greater Than Education

Undue reliance on residents; pattern of duty hour violations

Lack of preparation for **Accreditation Process**

Poorly prepared PIF (obvious errors, lack of documentation, failure to follow instructions, late submission); Arguing with site visitor over ACGME standards or evidence of lack of 'buy-in' regarding all accreditation standards and the process

Excerpt from the ACGME website

Duty Hours Logging Policy... (Cont'd)

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b. Duty hours logging close-out dates

All logging entries for the preceding month are closed out at midnight of the 15th day of the following month. No additional logging of that month's duty hours can be performed by residents after that date.

Note: When the 15th is a weekend day or a holiday, then the following next week day will be the closeout date.

c. Mandatory logging

Logging of duty hours by residents and clinical fellows is mandatory at Children's Hospital. Waivers and appeals of logging non-compliance for extenuating circumstances are considered by the Executive Committee for individual cases when submitted in writing within 4 weeks of the non-compliance notification.

d. Notification of non-compliance

All residency and fellowship training directors are notified on or near the 30th of each month of the % of 'resident-weeks' of compliance with logging for that month. Directors of programs with less than the prescribed percentage (75% in January 2010, 80% in February 2010, 85% in March 2010, and 90% in April 2010 and thereafter) are then notified of their program's 'status of non-compliance' on or about the 7th day of the following month. Training directors and department chiefs are notified of 'emergency status of non-compliance' by the 14th day.

e. Loss of AS&T departmental funds for non-compliance

All programs with 2 months of duty hours logging non-compliance in any 3 month calendar period face loss of a portion of AS&T funding in that quarter.

Improving patient safety in health care is of paramount importance nationally, and fostering lifelong interests and skills in changing clinical practice to improve patient outcomes begins during medical training. In this article, researchers in the Division of General Medicine at the University of Virginia describe a prospective, longitudinal, experiential curriculum in quality improvement for internal medicine residents that evolved over a 6-year period. Their intent was to address resident competencies in both systems-based practice (SBP) and practice-based learning and improvement (PBLI).

FAQ - Duty Hours Logging

Q. Who needs to log their duty hours?

A. Anyone who is credentialed as a resident or clinical fellows in a Children's Hospital Bostonbased training program must log their hours, regardless of whether the program is ACGMEaccredited or not.

Q. How often do residents/clinical fellows need to log their hours?

A. Logging of duty hours is an ongoing requirement at Children's Hospital Boston. Residents/ clinical fellows should log their hours at least once a week; they will receive a reminder email with a link to the duty hours module in New Innovations.

Q. Do rotating residents/clinical fellows need to log their duty hours?

A. Rotating residents/clinical fellows do not have to log their duty hours in our system; they should follow the requirements of their home institution.







FAQ - Duty Hours Logging (Cont'd)

Q. Do our residents/clinical fellows need to log their hours while they are on rotation at another location?

A.Yes. Residents/fellows must log all of their work hours, regardless of where that work takes place.

Q. Do our residents/clinical fellows need to log the hours they spend doing research in a laboratory setting?

A. Yes. The ACGME defines duty hours as all clinical and academic activities related to the training program.

Q. Do our residents/clinical fellows need to log the hours they are on telephone oncall from home?

A. No. When a resident/clinical fellows takes call from home, only time that the resident/clinical fellows spends in the hospital after being called in is counted toward the weekly duty hour limit. The only rule that applies is that the resident/clinical fellow have one day in seven completely free of all patient care responsibilities, including home call. The ACGME also requires that programs monitor the intensity and workload of home call

Q. If our residents/clinical fellows work moonlighting hours at Children's Hospital Boston site ('internal moonlighting'), do they need to log those hours?

A.Yes. All internal moonlighting counts towards the 80-hour weekly limit on duty hours. While the other standards do not apply, it is expected programs will monitor residents'/clinical fellows total hours spent in-house to ensure it is optimal for patient safety and learning.

Q. If our residents/clinical fellows work moonlighting hours in a non-Children's Hospital Boston site ('external moonlighting'), do they need to log those hours?

A. The ACGME does not require that external moonlighting be counted towards any of the duty hours rules and thus the GME Office does not require that residents/clinical fellows log their external moonlighting activities. However, the ACGME does require that the program will monitor all of the residents'/clinical fellows' moonlighting activities to ensure they are not excessive or adversely affecting patient safety or the residents'/clinical fellows' ability to learn. It is possible to use New Innovations to log external moonlighting without the data being included in the duty hours compliance; contact Tery Noseworthy x53396 for assistance with this.

Q.What if I have a resident/clinical fellow who is on vacation or leave?

A. New Innovations provides an option for logging vacation/leave – the resident/clinical fellows can choose this option and indicate the applicable dates; the residency/fellowship coordinator can also do this on their behalf.

Q. Is there a guide for residents/clinical fellows on how to log duty hours?

A. Yes. There is a guide available on the GME page of the internal web under the duty hours tab.

Q. Can I see my program's compliance with duty hours logging?

A.Yes.All residency/fellowship coordinators and program directors have the ability ro run duty hours compliance reports. Refer to the guide "Generating Duty Hours Reports" under the duty hours tab on the GME page of the internal web site.

Q. Who do I call if I have more questions?

A. Contact Tery Noseworthy in the GME Office (x5-3396) if you have any questions about duty hours.

HMS By The Numbers

September 19th

1782

Date of first class at

Harvard Medical School

Place: Harvard Hall on the College yard in Cambridge

Number of faculty

Faculty Names:

Benjamin Waterhouse, anatomy and surgery John Warren, theory and practice of physic Aaron Dextor, chemistry & materia medica (pharmacology).

10,884 Number of Current HMS Faculty

668
Faculty Based on Quad



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HMS By The Numbers

4,391
Voting Faculty

6,493

8,074
Total Full-time Faculty

8,040
Resident/Fellow
Trainees

30
Howard Hughes
Medical Institute
Investigators

67
National Academy of Sciences Members

5,139
HMS Medical Student Applicants

HUMANISM AND PROFESSIONALISM IN PEDIATRICS: An educational innovation in the BCRP

Jennifer Kesselheim, MD, M.Ed. and Katharine Garvey, MD

In 2007, the Boston Combined Residency Program in Pediatrics (BCRP) implemented a novel curriculum to teach humanism and professionalism, developed by Katharine Garvey, MD and Jennifer Kesselheim, MD, M.Ed . The curriculum aims to support residents, allow them time to reflect on various aspects of humanism and professionalism inherent to doctoring, and help them develop coping skills to apply to their daily work.

Each intern and junior resident is assigned to a small group consisting of approximately 10 of their classmates and 2-3 trained faculty facilitators. The group members stay constant over time to foster continuity and a safe, familiar environment for discussion. The groups convene monthly to discuss topics including work-life balance, medical errors, difficult patients, bereavement, cultural sensitivity, depression/burnout, and more.

Residents receive readings from the artistic medical literature prior to each session. Faculty facilitators receive cases, teaching guides, and readings for preparation. During each session, participants read aloud a vignette highlighting one of the many challenges to humanism and professionalism that residents face. The vignette is used as a reflective trigger for ensuing discussion, and several questions are available for guidance.

Feedback from the residents has been overwhelmingly positive. Residents have indicated that the sessions foster camaraderie, address important issues, and help them to reflect and communicate on the various session topics. They also feel that the faculty members act as strong role models during and outside of the sessions; hearing faculty experiences is very illuminating. The curriculum has been presented at two national conferences and will soon be published online at Med Ed Portal (www.mededportal.org). Please feel free to contact Drs. Kesselheim and Garvey to discuss this exciting module further.

DIFFICULT CONVERSATIONS FOR RESIDENTS: Meeting the ACGME Competencies

Elizabeth A. Rider, MSW, MD and Robert D. Truog, MD

To help meet ACGME requirements for competency-based learning, Elizabeth A. Rider, MSW, MD and Robert D. Truog, MD have developed and piloted a new program, "Difficult Conversations for Residents."

The program, offered by the Institute for Professionalism and Ethical Practice (IPEP) at Children's Hospital, aims to enhance residents' competence and skills for two core ACGME competencies—Interpersonal and Communication Skills and Professionalism—and to address a third competency, Patient Care.

The central component of the Difficult Conversations for Residents Program is a 5-hour course developed for each PGY year. Each course utilizes an innovative, collaborative relational learning model, and uses realistic enactments with professional actors, narratives for learning and reflection, evocative trigger tapes, reflective debriefing and feedback, group discussion, and other innovative teaching strategies.





DIFFICULT CONVERSATIONS...

(Cont'd)

Over the past two years, Drs. Rider and Truog, with the help of colleagues, developed the overall program, as well as the first of three courses. The first course addresses difficult conversations in the emergency department and the outpatient setting. Kate Garvey, MD and Jennifer Kesselheim, MD helped with case development, and Tregony Simoneau, MD and Laura McCullough, MD serve in an advisory capacity for the program. Subsequent resident courses will focus on communicating bad news and end-of-life decision-making, and communicating about conflict and medical error.

The first course, "Difficult Conversations for Residents: Communicating in the Emergency Department and Outpatient Setting", was piloted in August. Eighteen individuals participated in the pilot, including physician and family faculty, chief resident, resident, fellow, the actors, and the IPEP Leadership Team and faculty associates. The pilot was enthusiastically received.

The long-term plan is for each resident to attend 4 courses (a total of 4 afternoons) during the 3-year residency--three Difficult Conversations for Residents courses and one additional IPEP course or other activity designed to provide learning for the Interpersonal and Communication Skills competency. Residents will have the opportunity to enhance their skills in communicating with patients and families, and to engage in reflective learning.

The Difficult Conversations for Residents Program will provide formative feedback and debriefing for residents, help them to identify individual learning goals and to follow these goals longitudinally. The program encourages residents to reflect on their personal and professional experience, and how that experience can influence their approach to difficult conversations with patients and families.

A core group of faculty will participate in teaching in the Difficult Conversations for Residents Program. Course faculty will have the opportunity to attend IPEP's international faculty development course, Difficult Conversations in Healthcare: Pedagogy and Practice. This faculty development course, also directed by Dr. Rider, serves as a pre-course for two Harvard Macy Institute Programs: the Program for Educators in Health Professions, and the Program for Leading Innovations in Healthcare and Education. The course has trained over 130 faculty from all over the world. [Course information: http://cme.med.harvard.edu/cmeups/custom/03024266/index.htm]

The Institute for Professionalism and Ethical Practice (IPEP) is dedicated to cultivating relational competence in health care. Its mission is to promote relational learning for healthcare professionals that integrates patient and family perspectives, professionalism, and the everyday ethics of clinical practice. IPEP specializes in developing and conducting innovative educational programs and interventions focused on difficult conversations occurring across a wide range of settings in pediatric and adult medicine. To date, more than 1500 healthcare professionals have participated in IPEP's educational programs. [Website: http://www.ipepweb.org]

For more information contact:

- Difficult Conversations for Residents Program:
 Elizabeth A. Rider, MSW, MD, Course Director, elizabeth.rider@childrens.harvard.edu or Robert Truog, MD, Course Co-Director, robert.truog@childrens.harvard.edu
- Faculty development course:
 Difficult Conversations in Healthcare: Pedagogy and Practice: Elizabeth A. Rider, MSW, MD, Course Director

HMS By The Numbers

85 Men (Matriculents)

80 Womer (Matriculents)

728
Total HMS MD Program
Students

586
PhD Program Students

133 MD-PhD Program

10
MD-PhD Program in Social Sciences

Source: HMS Website







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Frequently Asked Questions

The Program
Information Form (PIF)

Q: In a description of our program's rounds and other conferences on the PIF, what does the designation "mandatory" require?

A: A mandatory conference means that attendance by residents or fellows is required and written attendance records for each conference session are maintained.

Q: How do we format the educational goals and objectives for our training program?

A. Training goals and objectives must be in written form and must be categorized by which of the six ACGME competencies each learning objective satisfies. All written goals and objectives must be rotation specific and specific to each year of training.

Trainee Education in Patient Safety and Quality Improvement at Children's Hospital Boston

Mira Irons, MD & Caleb Nelson, MD, MPH

The ACGME has recently mandated that all training programs have in place a system for both didactic and experiential teaching of patient safety and quality improvement (PSQI). Although the mandate is relatively broad and non-specific, this requirement challenges our training programs because of the lack of formal PSQI education mechanisms within existing program curricula. To address this deficiency, and to assist training programs in meeting the new requirements, joint working groups of the PPSQ Education Committee and GME committee have worked together to devise an education program that will both meet the letter of the ACGME mandate, while also fitting well into the framework of principles that the hospital leadership has determined should guide safety and quality improvement efforts at Children's Hospital Boston. This summary is an introduction to the didactic component of the proposal.

We believe that any such education program should be structured around certain guiding themes that are central to an understanding of PSQI efforts. The four themes that we believe should be covered include: (I) Human factors in complex systems, (2) Medical errors and patient harm, (3) Communication among individuals and teams, and (4) Adverse event reporting and systems improvement. Furthermore, we will address these broad themes while also keeping in mind the unique PSQI issues that arise in the pediatric setting, as well as the culture of patient safety that has been developed at Children's Hospital Boston.

Fortunately, the quality improvement community has been actively developing PSQI educational materials for some time. In cooperation with the Open School at the Institute for Healthcare Improvement, we have selected a series of 8 internet-based teaching modules that will be available for all trainees to complete. These modules are currently available (http://www.ihi.org/ihi), and take approximately 2 hours to review. Through ongoing collaboration with IHI, we hope to develop a mechanism for our trainees to access these modules and for training program directors to receive confirmation of their trainees' progress. We would also hope also to further develop this curriculum in the future to include pediatric-specific, CHB-specific, and specialty-specific content that will enhance our trainees' understanding of PSQI issues in their actual practice environment.

More information on the didactic curriculum and our efforts to create a "menu" of ongoing PSQI projects that welcome trainee involvement will be discussed in this newsletter and in future GME Committee meetings.









Office of GME Announces New Data Coordinator

The Office of GME is pleased to announce the appointment of Ms. Kara O'Brien to the new position of Data Coordinator. Ms. O'Brien received her degree at James Madison University in Harrisburg, Pennsylvania, with a major in communication and is currently pursuing master's degree level work in health communications at Emerson College. Ms. O'Brien is proficient in a variety of computer software programs and will be working in the compilation, analysis, and presentation of data on house-staff performance that is collected using the New Innovations database, as well as the analysis of data generated by routine periodic faculty and house-staff surveys. She will also potentially have a role in future special GME Office projects. Ms. O'Brien will be working part-time at Children's Hospital starting February 1, 2010. She will be under the supervision of Ms. Tery Noseworthy, our program manager. Please join us in welcoming Kara to the team in the GME Office!

Questions? Contact the GME Office

Tery Noseworthy Program Manager 617-355-3396

Kara O'Brien
Data Coordinator

Ida Burroughs
Administrative
Associate
617-355-4372





