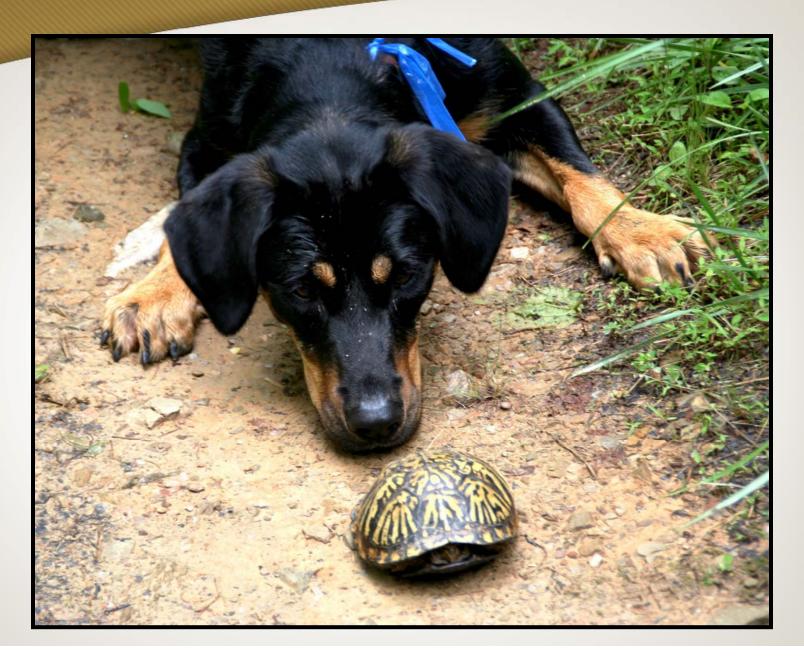


Graduate Medical Education's Response to Reform: The Vanderbilt Experience

Innovations in Health Care Reform: Experience of Academic Medical Centers New York Presbyterian Hospital October 28, 2011

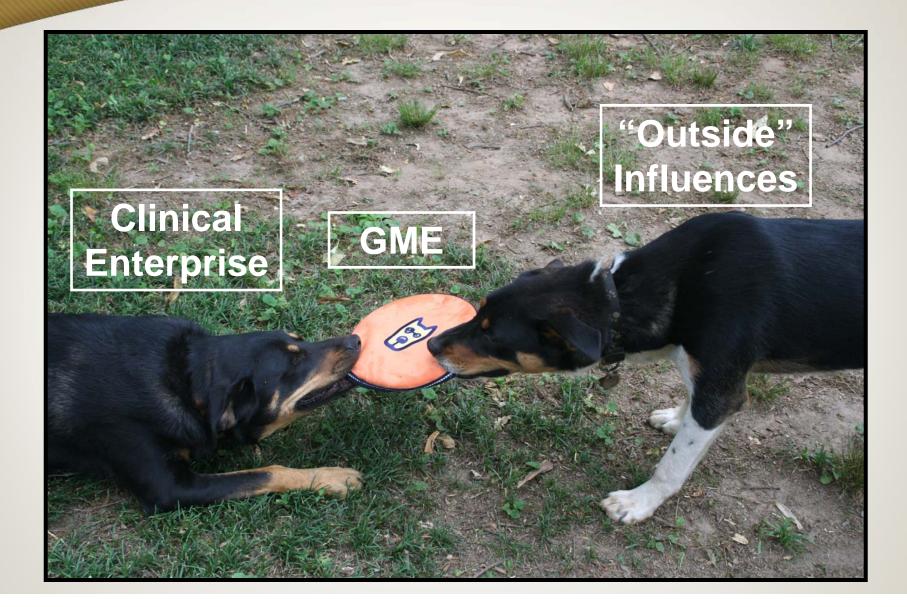


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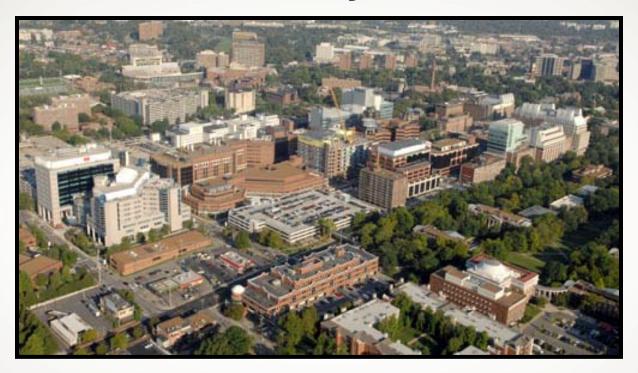


Where is GME (or am I) on This Totem Pole?





Vanderbilt University Medical Center



"One University" Integrated SOM and Medical Center



Vanderbilt GME



74+ ACGME Training Programs

980 Residents and Clinical Felllows

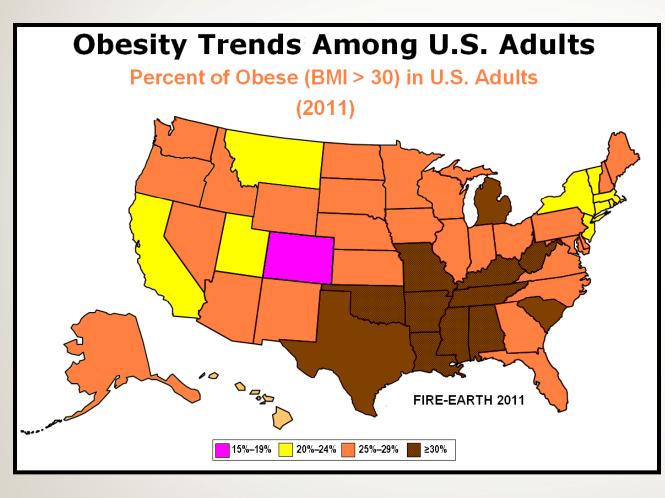
50 non-ACGME Clinical Fellowships

Vanderbilt Clinical Growth & GME

	2000-2001	2010-2011	% increase
Licensed Beds	631	916	45%
Admissions	31,590	51,874	64%
Pt Days	159,524	271,747	70%
ED Visits	57,604	108,398	88%
Outpatient visits	Approx. 600,000	1,586,000	164%
Number of ACGME Programs	59	74	25%
Number of Residents	545	658	20%
Number of Fellows	136	261	92%



Tennessee Medical Statistics



- 4th highest in rate of adult obesity (31.9%)
- 5th highest in % of obese /overweight children (age 10-17)
- 8th lowest in life expectancy (76.2 yrs vs 78.6 US avg)



We cannot divorce the value of training our next generation of physicians from the value of our house staff to the current clinical enterprise.

General Outline of Vanderbilt Initiatives

- Patient Safety & Quality Initiatives
- Interprofessional Training
- Professional Development
- Bioinformatics
- GME "sizing"
- Generational Issues
- Social Media
- Resident Wellness



Intern Boot Camp



- Began 2008: Anesthesia, Surgery
- 2010: added EM & IM
- Common Topics
 - Code Simulation (teamwork)
 - Vascular Access
 - Hands on
 - Ultrasound
 - Airway management



Intern Boot Camp



- Additional Anesthesia/Surgery topics
 - Knots & Sutures
 - Fluids/Pressors
 - Common Calls to the Floor
 - Consents (pre-op/preprocedure)



Patient Safety

- Training multi-pronged
 - Central
 - Online
 - Orientation workshop
 - Disseminated (Patient Safety Officers)
- Veritas
 - Resident portal?
- Coordinated with quality

Quality & Improvement

"We want residents to realize that they are so close to the teeth of the gears, where the rubber meets the road, they know better than anyone what's going on and have great insight."

> Waldon Garriss, MD Associate PD, Internal Medicine

Efforts in Quality Improvement

- Internal Medicine: Group QI Initiatives
 - 8 week seminar series during ambulatory block
 - Effective group projects
 - CAP & antibiotics timing
 - Timing of STAT portable radiology results
- Emergency Medicine: Kaizen Toyota model
 - 1100 suggestions as of 7/10
 - 80% implemented
 - Began as resident project

QI: Need for Cross Fertilization

- "Best Practice" QI Initiative Sharing in PD mtgs
- DIO on Quality Council
- Education Director from Quality Office on GMEC
- PD Quality Challenge Cycle
 - Chief Quality Officer
 - Chief of Staff
 - CME Director

VPIL: Vanderbilt Program in Interprofessional Learning

- Pilot began July 2010
- Crosses the continuum (UME, GME, CME)
- Medical, Nursing, Pharmacy, & Social Work
 - 32 students per year
 - 5 different colleges
- Portion embedded in resident continuity clinics

Ongoing Professional Development

- GME-Specific
 - Program Directors' Series
 - New Program Director Series
 - Quarterly PD series
 - Chief Resident Leadership Series
 - Program Coordinator Series
- General Medical Education
 - Medical Education Grand Rounds
 - Med Ed Journal Club
 - Dean's Lecture Series



Bioinformatics



Illustration by Pete MacArthur

- Largest academic DBMI in US
- Many links to GME
 - -KnowledgeMap/Portfolio
 - -Decision support
 - •PREDICT (<u>Pharmacogenomic Resource</u> for <u>Enhanced Decision in Care and</u> <u>Treatment</u>)
 - -MTeHC
 - -EMR Handover Tool
 - -Fellowships



Bioinformatics Utilization





KnowledgeMap/Portfolio

- -Trainees' documents from EMR
 - Medicine
 - Ophthalmology
 - Med-Peds
 - Psychiatry
 - •OBGYN

•etc

- -Log trainees' clinical exposures
- -Tag to core learning objectives
- -Competency-based training?

ACGME DIO Survey: Estimated National Impact of Proposed GME Funding Reductions

		33% Reduction		50% Reduction	
2011 ACGME	Number	Reduction #(%)	Remaining	Reduction #(%)	Remaining
Accredited Programs	8,887	1,639 (18.4)	7,248	2,551 (28.7)	6,336
Residents/Fellows in Accredited Programs (Occupied Positions)	113,132	19,879 (17.6)	93,253	33,023 (29.2)	80,109
Residents Occupying 1 st Yr Pipeline Residency Positions	26,107	Not est.	Not est.	6,396 (24.5)	19,711

Source for Number: ACGME Date Resource Book, 2010-2011.

Pipeline Positions – Residency Positions leading to initial eligibility for primary specialty board certification

Now: >2500 osteopath grads, > 7100 IMGs [3500 US citizens] in pipeline positions 2020-2021 = projected 20,222 1st yr matriculants across all LCME accredited SOMs



GME Rightsizing?



- Right size relative to:
 - Enterprise needs?
 - Enterprise capabilities?
 - Local/regional national needs?



Expansion Process

GROUP	RESPONSIBILITY	COMPOSITION
GMEC	Review of educational	PDs, Residents,
(incl Expansion	components; basic plan	Administrators, Finance
Subcommittee)	for funding included	Officers
CCC	Initial review of funding	CNOs, CMOs, Assistant
(Clinical Coverage	request; service	VCs for Adult/Pediatric
Committee)	coverage options	Affairs, Finance
CEEC	Final approval;	VUMC leadership
(Clinical Enterprise	integration of all	across clinical
Executive Committee)	components	enterprise



The Power of 4: Generational Differences and Postgraduate Medical Education

Dr. Rebecca Swan, Program Director, Pediatrics Dr. Donald Brady, DIO/Assoc Dean for Graduate Medical Education Vanderbilt University

> International Conference on Residency Education September 24, 2011 Quebec City, QC Canada

Appreciation and acknowledgment to Dr. Breda Bova, Professor at UNM, author of Workplace Learning and Generation X

Changing World, Changing Education





- By 2020 in the US,
 - 30 million person "worker" deficit
 - key employee age group (25-44) <u>shrinks</u> 3%,
 - that over 65 grows 54%
 - those 55-64 grow 73%
- By 2016 in the US, women
 - 60% Bachelor's, 63% Master's, 54%
 Doctorates
- By 2050 in China,
 - More people over age 65 than rest of world combined

Key Generational Differences

- Communication styles and expectations
- Work styles
- Attitudes toward work/life balance
- Comfort with technology
- Views regarding loyalty and authority
- Acceptance of change

Implications for Education

- Duty hours
 - Boomers: "Slackers"
 - Gen Y'ers: "Work to live"

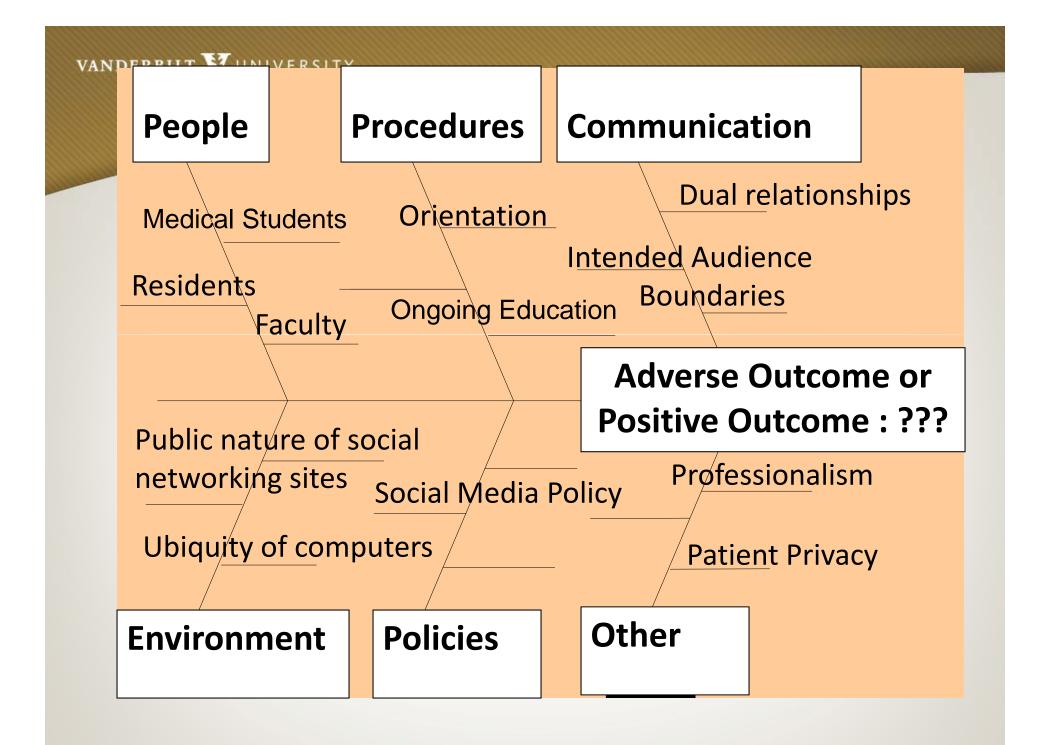
Competency-based training

- "Value for expertise" vs time spent
- Education leadership potentially caught in gap
 - Program Director
 - Chief fellow/resident
- Gen Y reaction to
 - Forced residencies?
 - Limited specialty slots?

Implications for Academic Medical Centers

- Workload and compensation
- Recruitment and retention
 - Retirement
 - Real
 - Delayed
 - "Power" positions
- Performance evaluation and requirements for advancement (Competency-based?)
- Attendance at required meetings





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Professionalism 2.0

- Discuss professionalism
- Review institutional policies
- Recognize the evolving nature of communication
- Explore the intersection of personal and professional responsibility
- Listen and teach

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Resident Wellness





- House Staff Advisory Council
- WorkLife Connections EAP
- House Staff Alliance (VHA)
- Vanderbilt Valet
- MHAMA, GSA
- Gym memberships
- "Rock Away the Blahs"









Are We Ready to Run With This?







"Excellence is the result of caring more than others think is wise, risking more than others think is safe, dreaming more than others think is practical, and expecting more than others think is possible."