

SES106

Using the self-study to further GME institutional integration: From notification to implementation!

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SPEAKERS:

- Ann Dohn, MA, DIO & GME Director (virtual)
- Pedro Tanaka, MD, PhD, Associate DIO & Associate Dean of Faculty Affairs
- Trey Huynh-Ngo, MBA, GME Program Manager & Education Specialist

Disclosure

None of the speakers for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.





- Overview of institutional self-study
- Our work plan (with a focus on integration)
 - Team members
 - Mission statement
 - SWOT
 - Aims
 - Action plans
- Monitoring, lessons learned, and current stage
- Discussion and Q&A





Session Objectives



Define an institutional aim



Identify areas for improvement aligned with the sponsoring institution mission



Create an action plan for the sponsoring institution.



What brought you to this session?



OVERVIEW OF INSTITUTIONAL SELF STUDY



- The Self-Study is an **objective and comprehensive evaluation** of the GME within a sponsoring institution with the aim of improving it. The self study committee is charged with:
 - Analyzing GME performance by:
 - Reviewing the Annual Institutional Reports from the last 5 years
 - Completing a SWOT analysis
 - Developing and implementing a strategic plan, involving:
 - A GME institutional mission
 - Three to five discrete aims
 - Action plans to achieve each aim over the next three to five years





Completed by Institutional Self-Study Committee

• Submitted to ACGME

Question 1: Institutional Self-Study Team

Who was included in the Institutional Self-Study team and why? List by name, role, and title. (Maximum 300 words.)

Question 2: Sponsoring Institution Mission

State the Sponsoring Institution's graduate medical education (GME) mission. (Maximum 250 words.)

Question 3: Opportunities for the Sponsoring Institution

Describe important opportunities for the Sponsoring Institution. (Include information gathered for the Institutional Self-Study, and the Institutional Self-Study team's analysis of institutional performance, to discuss the Sponsoring Institution's environmental context. Maximum 250 words.)

Question 4: Threats Facing the Sponsoring Institution

Describe real or potential challenges that may affect the Sponsoring Institution's ability to achieve its aims. (Maximum 250 words.)

Question 5: Sponsoring Institution Aims

Describe three to five aims related to the Sponsoring Institution's GME mission, and informed by the Institutional Self-Study team's analysis. (Maximum 150 words.)

Question 6: Aims Linked to National Learning Community for Sponsoring Institutions

If applicable, identify any institutional aims that are aligned with the work of the ACGME's national learning community for Sponsoring Institutions. (Maximum 200 words.)

Question 7: Advancing the Aims

Describe current resources, processes, activities, and/or policies that contribute to advancing these aims. (Maximum 250 words.)

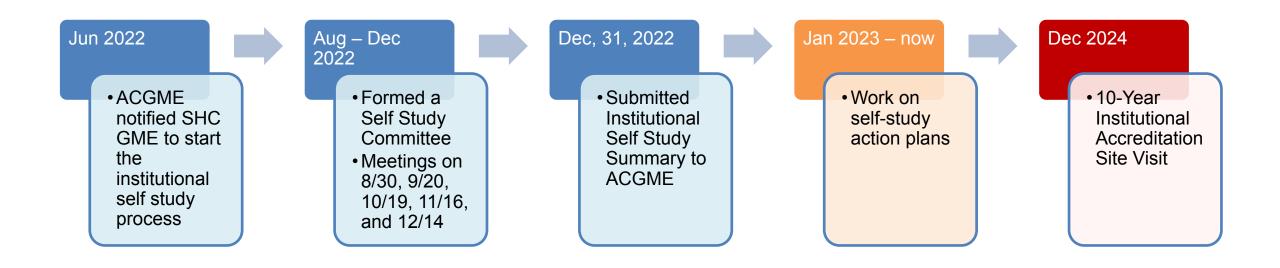
Question 8: Sponsoring Institution Actions

Describe actions that the Sponsoring Institution will take over the next three to five years to achieve each aim. (Maximum 350 words)





Timeline of SHC Institutional Self-Study









GME Department

• DIO

- Associate DIO
- 3 GME Program Managers
- GME Associate Dean
- Assistant Dean for GME
 Well-Being
- Assistant Dean for GME Diversity

GME Community

- SHC CEO & CMO
- 3 Core Program Director
- 1 Fellowship Program Director
- 1 Chief Resident representative
- 1 Program Coordinator representative

Key Stakeholders (From Institution & Affiliates)

- 1 Affiliate Department Chair
- 1 Affiliate Program Director (LPCH)
- Major affiliate representative CMO
- Vice President of patient experience at SHC

Key Focus - Integration



Stanford HEALTH CARE Increasing Voice & Representation: Comprehensive Focus Groups

- Program Directors
- Program Coordinators
- Chief Residents
- Faculty
- Former Program Directors
- Vice Chairs for Education
- Department Finance Administrators
- Information Technology
- Advanced Practice Providers
- Patient Experience

- Nursing
- School of Madicina Educational Loadarchin



Who would you include in your self-study committee?



TASK #1: GME MISSION STATEMENT



Current Mission Statement

GME

 Stanford Health Care is dedicated to pursuing the highest quality of patient care and graduate medical education.

SHC

• Healing humanity through science and compassion, one patient at a time.

SOM

 To educate and inspire a diverse group of leaders in medicine and science who will improve human health through discovery, innovation, scholarship, education, and the delivery of outstanding patient-centered care.





- 1. "Cultivating the next generation of leaders through a commitment to clinical excellence, an inclusive learning environment, and promotion of scholarship." +8
- "Empower the next generation of leaders in education, clinical care, science, innovation, and advocacy through excellence in delivering compassionate clinical care, teaching and learning in a person-centered and inclusive premier education, and advancing knowledge with scholarly discovery." +11
- 3. "Stanford GME's mission is to empower the next generation of leaders to advance the field of medicine through providing a premier education in delivering exceptional clinical care and scholarly pursuits." +5
- Other suggested mission statements provided by program directors:
 - 4. "Educating future medical leaders who will advance the field of medicine through clinical excellence, scholarship, and education."
 - 5. "Train the next generation of educators, clinicians, scientists through Innovation and inclusivity"
 - 6. "Cultivating the next generation of PHYSICIAN leaders through a commitment to clinical excellence, an inclusive learning environment, and promotion of scholarship."
 - 7. "Stanford's GME mission is to educate and empower the next generation of leaders in medicine by providing premier training in clinical care, scholarship, teaching, and advocacy."





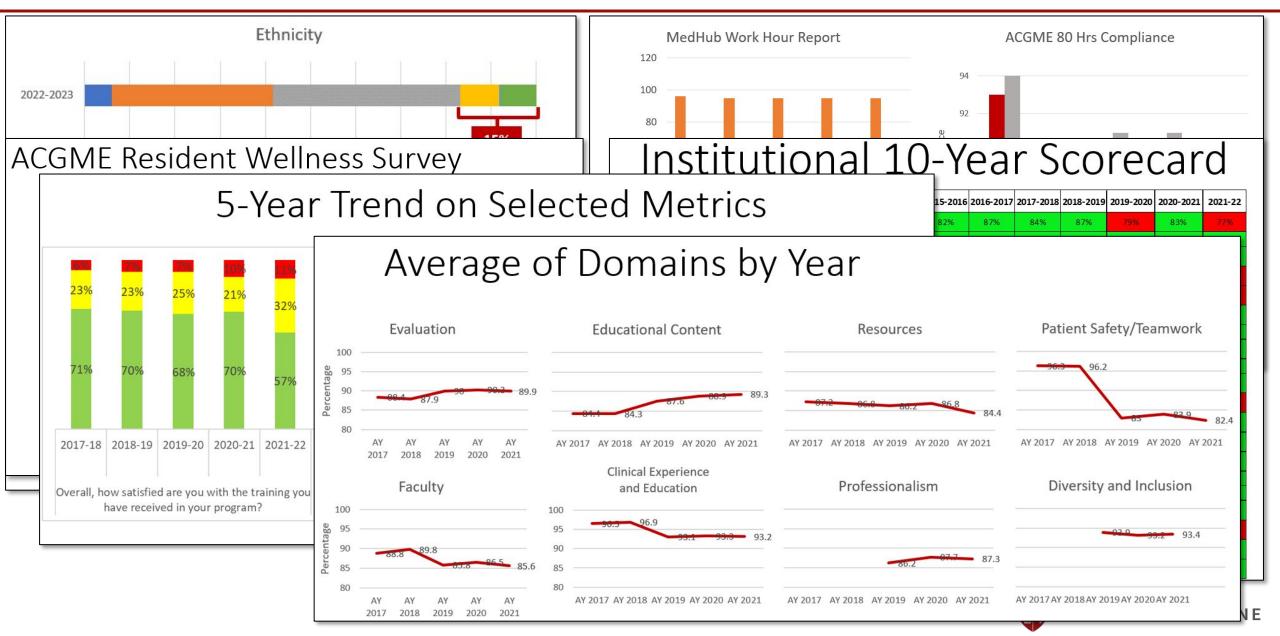
Stanford's GME mission is to educate and empower the next generation of leaders in medicine by providing premier training in clinical care, scholarship, teaching, and advocacy in a diverse and inclusive learning environment







Data, Data,...





And More Data ...

| Bunch Monipoland Manage | | House Staff Benefits Resident + | Family (Resident, | | | |
|---|--|---|---------------------|-------------------------|-------|----------|
| Book allowance SA MD Earling allowance SA (MD Earling Lenses - sko reimbures Part (State State) 100000 Iss Single on-campus* Iss Single on-campus* Iss Souther state (State) Souther state (State) <t< th=""><th>Annually unless otherwise stated Moving Allowance (one time for new hires - r</th><th></th><th></th><th>of living</th><th>122 2</th><th>022-2023</th></t<> | Annually unless otherwise stated Moving Allowance (one time for new hires - r | | | of living | 122 2 | 022-2023 |
| DEA (Initial and renewals during SHC training) 5504 77771 USMELII (IPCV, II, or III) 5000 Autumn, Winter, Spring, 1224 83657.4. Stouality Incorement Bonus* 85000 Summer 20.8 88400 Call phone allowance 80000 75000 20.8 88400 20.8 88400 Dental (Basic PPO) Basic Uff (SS.000 coverage) 5000 1208 93953.0. 1208 93953.0. Long Tarm Disability 75000 75000 75000 76000 \$9,120 43.2 98092.3. Best (Inf (SS.000 coverage) 5000 700000 700000 800000 80 | CA MD training Licensealso reimbures Part I (\$416.50) Full CA MD License (PGY IV and above) | | Single on-campus* | | 1864 | 74027.2 |
| Annual educational allowance* 2224 83657.4 Cell phone allowance 80000 20.8 88400 Medical/Vision (Aetria PPO and VSP) 9000 20.8 88400 Dental (Basic PPO) 9305.1% (550.000 coverage) 1.028 93953.0 Long Term Disability 7000 7000 1.028 93953.0 Retirement as of 1/1/22 2% with possible 2% 5500 43.2 98092.8 SUB - TOTAL (Annual) 2018-2019 2019-2020 2021-2022 2022-2023 Medical/Vision \$2,180 88.8 103604.4 Books/supplies \$1,380 64.8 108326.4 | DEA (initial and renewals during SHC training) USMLE III (PGY I, II, or III) 1% Quality Improvement Bonus* | | Living Costs | Autumn, Winter, Spring, | 5504 | 77771.2 |
| Media/Vision (Activa PPO and VSP) Food \$8,900 1208 93953.0 Basic Life (550,000 coverage) 70000 70000 1208 93953.0 43.2 98092.8 43.8 103604.8 43.8 103604.8 43.8 43.8 43.8 43.8 43.8 43.8 43.8 43.8 | Annual educational allowance * Cell phone allowance | | Campus housing/rent | | | 83657.6 |
| Health Reimbursement Account (HRA)** Personal \$9,120 43.2 98092.5 Grand Control (Annual) 60000 2018-2019 2019-2020 2020-2021 2022-2023 Transportation \$2,180 88.8 103604.5 Books/supplies \$1,380 64.8 108326.5 | Dental (Basic PPO) Basic Life (\$50,000 coverage) | | Food | \$8,900 | | 93953.6 |
| SUB - TOTAL (Annual) South - TotAL (Annual) Transportation \$2,180 88.8 103604.8 2018-2019 2019-2020 2020-2021 2021-2022 2022-2023 Books/supplies \$1,380 64.8 108326.4 | Health Reimbursement Account (HRA) ** Employee Assistance (EAP) | | Personal | \$9,120 | 43.2 | 98092.8 |
| Books/supplies \$1,380 | SUB - TOTAL (Annual) | 2018-2019 2019-2020 2020-2021 2021-2022 2022-2023 | Transportation | \$2,180 | 88.8 | 103604.8 |
| Campus Health Service Fee \$964 | | | Books/supplies | \$1,380 | .64.8 | 108326.4 |
| | - | | | | | |
| Cardinal Care Health Insurance † \$6,768 Total Living Allowance* \$51,022 | | | | | | |

nford | medicine



SWOT Analysis

Qualitative Data Sources

| Source Name | Timeframe | Participants | N |
|---------------------|-----------|--|----------------------------|
| Pulse Surveys | 2021 | Program Directors Program Coordinators | 52 44 |
| House Staff Survey | 2017-2021 | Residents/Fellows | Avg 657/year |
| Program Evaluations | 2020-2022 | Residents/Fellows Faculty | 140-180 reports/year |
| Focus Groups | 2022 | Residents/Fellows Faculty Chief Residents Program Directors Program Coordinators | 1 4 14 40~ 40~ |

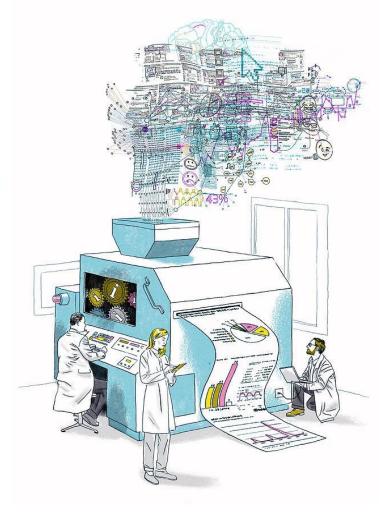


Ongoing Data Collection and Analysis

office disparities burnout volumes training partnership university leadership experience health strengths service cases pc quality education educational challenges pcs support-staff patient trainees communication research clinical high Wellness program turnover som comunity stanford deigme lack faculty space lpch efforts shc medicine presence diverse jeopardy limited feedback stanford's weaknesses

Stanford

HEALTH CARE







SWOT – Weaknesses and Threats

- Imbalance of service over education
- Limited protected time for education for faculty and trainees
- Balancing business of medicine with needs of training within medicine
- Not enough support staff (APPs, nurses, administrative positions, social workers, case managers), causes delay in cases and non-physician tasks eating into education
- Poor quality of feedback for house staff
- Challenges around confidentiality and completion of evaluations
- Lack of formal training on working with other health providers

- Sustained surge volumes in hospital
- Lack of capacity and appropriate staffing
- Burnout in residents and fellows
- High turnover for faculty, support staff, and program leadership
- Under-resourced FTE for program leadership workload
- Parking, meal benefits
- Call rooms and workspace
- Faculty burnout may be passed down to trainees
- Inability to hire non-housestaff providers due to poor applicant pool

- Health disparities, challenges serving patients with limited resources
- Recruitment and retention of diverse/UIM candidates
- Impacts of listed threats on vulnerable members of GME community (UIM, PCs, women)

- No resident space at 500P
- Lack of transparency/communication
- Lack of trainee voice/involvement in decisions
- Disconnects between different bodies (SHC, LPCH, SOM, etc.)
- Conflicting interests, policies, deadlines, bureaucracies of ACGME and Stanford
- Need for streamlined communication and partnership between GME office, program administration and academic departments
- Lack of PD/faculty voice/involvement in decisions
- Decisions on resources are not made with transparency



What challenges do you face integrating GME in your institution?





Institutional Aims

- Institutional aims are key expectations for the institution that are relevant to the institutional mission.
 - -How does my institution differentiate itself from others?
 - -Take a longer-term strategic view

Examples

- -Strengthening our quality improvement culture by launching interprofessional initiatives
- -Advancing diversity, inclusion, and health equity

Institutional self study requires the committee to generate 3-5 discrete institutional aims for next 3-5 years





Institutional Priorities

Pulse Survey: administered to Program Directors and Program Coordinators

Q: Which of the following issues should be the highest priority to Stanford GME?

- Cost of living (n=58) 11%
- Not enough support staff (n=49) 9%
- Burden of administrative/bureaucratic work (n=48) 9%
- Burnout (n=45) 8%
- Lack of accessible and affordable childcare (n=37) 7%
- Limited protected time for education for faculty and trainees (n=35) 6%
- High turnover for faculty, support staff, and program leadership (n=35) 6%
- Limited resident/fellow call rooms and workspace (n=28) 5%
- High patient volume (n=27) 5%
- Commutes and parking (n=26) 5%





Proposed Institutional Aims

Educational Experience

Enhance educational quality in clinical care, scholarship, teaching, and advocacy

Well-Being

Create a sustained focus on wellness and wellness-related issues



Foster a diverse and inclusive learning environment that provides equitable training & patient care



Strengthen GME integration within the institution using transparency, voice, representation, and partnership.





Finalized Institutional Aims

Educational Experience

]***

Enhance educational quality in clinical care, scholarship, teaching, and advocacy through institutional support

Well-Being

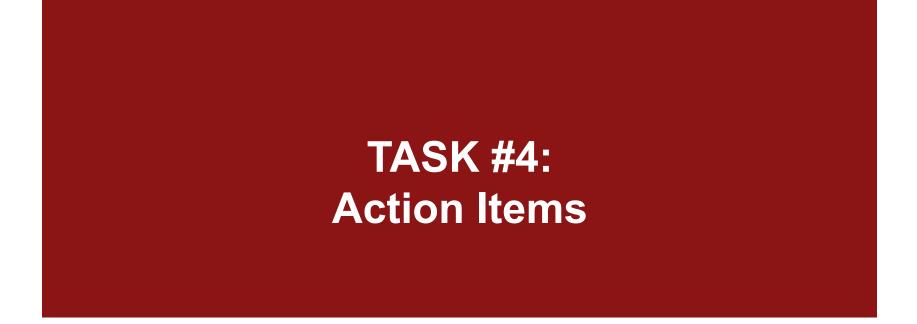
Promote a culture of well-being and belonging for residents and fellows, program educators, and program administrators



Foster a diverse and inclusive environment that provides equitable learning & working experiences GME Community/ Collaboration

Strengthen GME integration within the institution using transparency, voice, representation, & partnership





What are your action plans to address the challenges you've identified on integrating GME in your institution?



- Identify Current Resources, Initiatives, and Policies for each aim
- Gather Input on Actions from GME Community
- Create Proposed Actions

Planning (2022)

Implementation (2023 & 2024)

| AIM | Issue | Supporting Data Source | Proposed Actions | Person(s) Responsible | Due Date(s) | KPI Metric | Monitoring Frequency | Reporting & Communicatio n Plan |
|-----|-------|---------------------------|---------------------|--------------------------|-------------|------------|-------------------------|---------------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |





Selection Process for the Action Items

- Institutional based vs program based
- Institutional data from past 5 years
- □ Information from the focus groups
- Connections between the 4 aims
- Existing resources and initiatives



Action Plan – Educational Experience



| Aim | Issue | Proposed Actions | KPI Metric | Progress | |
|---------------------------|--|--|---|---|----------|
| Educational Experience | Low scores on feedback & evaluation | Explore existing data (milestones, MedHub evals, ITEs, USMLE) | ~Identify at least 2 strategies to recognize and mitigate bias & disseminate broadly in the GME website ~Collect data on ranges, comments, and feedback from faculty from 2 residencies and 2 fellowship with the lowest score on feedback ~List current barriers (3-5) to implement a well-functioning evaluation system for resident rotations in one department | Complete Complete Complete Complete | |
| | | Develop new tools & leverage existing resources (Assessment course, ACGME modules) | ~Implement one new tool for inclusive pedagogy in one department | Complete | |
| | | & evaluation | Faculty/resident development/program outreach | ~Provide one presentation for 2 departments with the lowest score on feedback | Complete |
| | | Measurement of progress/success | ~Measure current rate of evaluation completions by faculties for resident rotations in 2 residencies and 2 fellowship programs ~Define criteria capturing best practice process for feedback and assessment ~Implement new evaluation process of the 3 resident rotations with the lowest rate of completion based on best practice process and track response rates in one residency/fellowship program | CompleteCompleteComplete | |





| Aim | Issue | Proposed Actions | KPI Metric | Progress | |
|------------|--|---|--|----------------------|--|
| | Mistreatment & Toxic | Cultivate a sense of community among | ~In-person GME orientation ~Grab-n-go breakfast and trainee social events | Complete Complete | |
| Well-Being | culture causing to fragmented community | trainees, program leadership, faculty, | ~At least one program director retreat will be held in AY 2023 and/or AY2024. ~At least one program coordinator retreat will be held in AY 2023 and/or AY2024. - Develop and publicize a process for trainees to submit concerns about | Complete | |
| | | | | Complete | |
| | | | | In Progress | |
| | | | | In Progress | |
| | | Promote processes for helping trainees access mental health services | ~Develop best practices for scheduling mental health appointments and ways of decreasing stigma | Complete | |
| | | Enhance processes for leaves of absence | ~Hire dedicated HR person to handle trainee leaves of absence ~Highlight leaves of absence resources on GME website | Complete | |
| | | | | Complete | |







| Aim | Issue | Proposed Actions | KPI Metric | Progress | |
|---|--|---|---|-------------|--|
| | | Enhance specificity of UIM GME data collection | ~Define standard rubric for collecting demographic data (GME & UIM recruitment, SCORE application, Medhub, retention from GME trainee to faculty) through working with GME, SHC, and SOM for more specificity and consistency | In Progress | |
| Diversity Equity Inclusion & Belonging | Trainees do not feel connected and have a sense of belonging | Measure inclusion & belonging in training programs and across GME | Control Provide the second structure and surveys and evaluations of faculty and trainees | Complete | |
| | | Provide education to the GME community | ~Create online resource page on ODME website (cross link with GME) | Complete | |
| | | on fostering inclusive learning environments | ~Launch GME-ODME-OFDD partnership to host quarterly educational sessions for GME community and broader faculty | Complete | |
| | | Evaluate our GME data for training completion rates (timing, attrition) and milestones (known national disparities for women and UIM trainees) | Analyze data (in partnership with Educational Experience AIM) and identify programs with disparities and at least two structural strategies that can be adopted by programs to reduce bias in assessment. | In Progress | |



Stanford Action Plan – GME Community/Collaboration

| Aim | Issue | Proposed Actions | KPI Metric | Progress | | |
|------------------------------------|---|---|---|--|----------------------|-----------------------|
| GME Community/Collabor ation | GMEC does not feel empowered and GME communication within institution is disconnected | Review GMEC structures & practices | ~Re-define the GMEC's charge and structure ~Evaluate membership ~Publicize the meeting minutes ~Participate in routine stakeholder meetings: | • | Complete Complete | |
| | | | | ٠ | Complete | |
| | | communication within Crea institution is for | Create/define regular opportunities for partnership with stakeholders | ~OCMO huddle (quarterly) ~DFA meeting (semi-annually) ~Chairs' Advisory Committee (monthly) ~Council of Clinical Chairs (semi-annually) | ٠ | Complete & Ongoing |
| | | Enhance communication strategies for GME | ~Pilot various communication methods and channels (e.g., GME monthly newsletter) | • | Complete | |



Fig

GME Community/ Collaboration

Stanford HEALTH CARE Monitoring Frequency & Reporting Plan

Monitoring Frequency: Quarterly

Educational Experience

AIR Dashboard Self-study focus group self-study committee PD, PC, and GMEC Well-Being GMEC Self-study focus group Self-study committee

Diversity/Equity/ Inclusion/Belonging

Self-study committee PD, PC, and GMEC GME Community/ Collaboration

GMEC Self-study focus group self-study committee





Lessons learned

- Impact of hospital expansion with no communication with GME
- Relationship & working environment with nurses and advanced practice providers
- Perception of power dynamic among entities (affiliates)
- Role of GMEC within the institution





Implementation & Monitoring Stage

- Ongoing dialogue with C-suite leadership
- Example: Restructured GMEC to be more inclusive & integrative
- Dissemination of Self-Study in process













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Questions? cme@acgme.org







