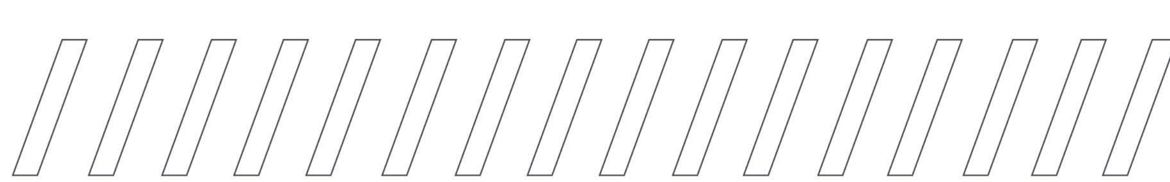


MEDICINE

THE GME AND C-SUITE RELATIONSHIP; PEARLS AND PITFALLS

MO SOM, D.O. MS

JUNE 7, 2023

HISTORICAL PERSPECTIVE

HISTORY OF MEDICAL EDUCATION*

BY

JOHN F. FULTON, O.B.E., M.D., F.R.C.P.

Sterling Professor of the History of Medicine, Yale University, New Haven, Connecticut, U.S.A.

"From the earliest times, medicine has been a curious blend of superstition, empiricism, and that kind of sagacious observation which is the stuff out of which ultimately science is made. Of these three strands—superstition, empiricism, and observation—medicine was constituted in the days of the priest-physicians of Egypt and Babylonia; of the same three strands it is still composed. The proportions have, however, varied significantly; an increasingly alert and determined effort, running through the ages, has endeavoured to expel superstition, to narrow the range of empiricism, and to enlarge, refine, and systematize the scope of observation. . . . The general trend of medicine has been away from magic and empiricism and in the direction of rationality. . . ." (Flexner, 1925).

There are many in this era who lament the fact that the personal tie between teacher and pupil no longer plays so vital a part in medical education, and they would urge a return to the earlier mode of teaching.
—John Fulton

Just leave us alone so we can get some work done!

Not our fault.

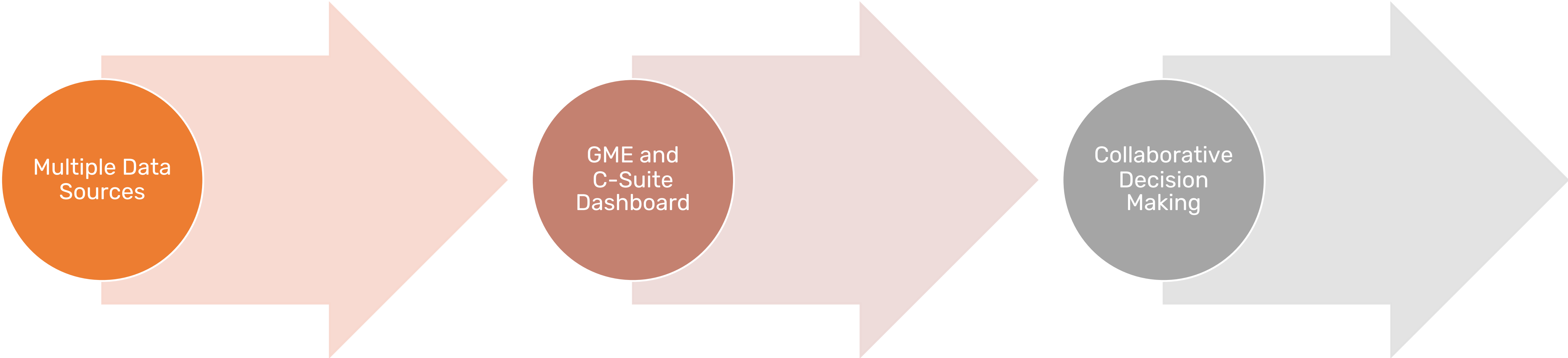
Anyone out there? Finance? Someone?

workplace-silos

https://focusu.com/blog/how-to-break-silos-within-an-organisation/

DATA SOURCES

AGGREGATE DATA IN COHESIVE DECISION-MAKING



KEY MEASURES	PROGRAM A	PROGRAM B	PROGRAM C	PROGRAM D	PROGRAM E	PROGRAM F
Resident Overall Satisfaction	95%	43%				
NRMP Match Rate	100%	25%				
Retention of Graduates in State of Oklahoma						
Program on Special Review	N/A					

USE THIS TOOL TO ASSIST IN FILLING IN NEEDS

- Focus on educational quality of programs
- Alignment with hospital mission/strategic plans
- Interval growth in teaching faculty, specialty institutes and departments that offer educational opportunities
- Long term plans for departmental growth
- Program specific growth in ambulatory and inpatient volume (historical and projected)
- Workforce needs

WHO IS THE SPONSORING INSTITUTION, AND WHAT IS THEIR ROLE?

Figure 1: Decision-Making by GME-Sponsoring Institutions Focuses on Many Factors Other Than National and Regional Workforce Needs

Designated Institutional Officials

The Designated Institutional Officials (DIO) section is designed to provide broad-based resources for DIOs and others involved in graduate medical education at the institutional level, as well as news items and time-sensitive communications.

About Sponsoring Institutions

Every ACGME-accredited residency or fellowship program must be overseen and supported by an ACGME-accredited Sponsoring Institution. In order to receive and maintain institutional accreditation, Sponsoring Institutions must substantially comply with ACGME Institutional Requirements. Each Sponsoring Institution must identify a Designated Institutional Official (DIO) who has the authority and responsibility for oversight and administration of its programs.

THE PITFALLS OF GME

DISCIPLINARY ACTION

- Non-Reviewable/Informal Actions are any additional training, supervision, or assistance above what is typical for training in the specialty
- Reviewable/Formal Actions are based on a decision that the performance or conduct of a learner falls short of program requirements
- Designated Institutional Official (DIO) notification should occur in all cases of formal remediation and may be advisable with informal remediation in some cases.

WHY HR SHOULD NOT BE THE SOLE RESPONSIBILITY PARTY IN GME DISCIPLINARY ISSUES

- Residents and fellows are in a unique position as they are hospital employees and learners simultaneously
- The ACGME Common Program Requirements charge the program director with ensuring compliance with mandates for trainees to raise a grievance and have the benefit of due process.
- The ACGME institutional requirements specify that sponsoring institutions must have a policy that provides residents and fellows with due process upon suspension, nonrenewal, non-promotion, or dismissal

THE GRADUATE MEDICAL EDUCATION COMPLIANCE PROJECT

Brantl v. Univ of Missouri

Page created: 09 July 2018

Dr. Brantl was a neurosurgery resident at the University of Missouri – Columbia. From 2008 to 2013 he looks to have been a good resident – did lots of cases, no failed rotations, even passed the written boards for neurosurgery while in residency. Neurosurgery is a 6 year residency, and it looks like he was not offered a contract for his 5th year. It appears that his termination was most likely related to the personal agenda of his program director, who has a long list of complaints against him in this petition. It also appears that institutional and ACGME due processes were not followed.

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF MISSOURI
CENTRAL DIVISION

Rylan Brantl, Plaintiff,

v.

The Curators of the University of Missouri, Defendant.

Case No. ____________

JURY TRIAL DEMANDED

PLAINTIFF'S COMPLAINT

COMES NOW, Plaintiff Rylan Brantl, for his Complaint, and states as follows:

1. Plaintiff Rylan Brantl ("Dr. Brantl"), is a United States citizen, and a resident of the State of North Dakota. He was continuously employed, full-time, by the Curators of the University of Missouri, University of Missouri-Columbia as a neurosurgery resident at the School of Medicine (hereinafter "SOM") from July 1, 2008 to June 30, 2013. He presently resides in Bismarck, North Dakota and is employed by Heart of America Medical Center in Rugby, North Dakota as a physician general practitioner.

2. Under section 172.010 et seq., RSMo., and pursuant to sections 9(a) and 9(b) of Article IX of the Missouri Constitution, the University of Missouri, an institution of higher education, was incorporated and created as a body politic to be known by the name "The Curators of the University of Missouri" (hereinafter "Curators" or "University").

3. Defendant University is a citizen of the State of Missouri for purposes of diversity

"…it appears that his termination was most likely related to the personal agenda of his program director, who has a long list of complaints against him in this petition. It also appears that institutional and ACGME due processes were not followed."

THE GRADUATE MEDICAL EDUCATION COMPLIANCE PROJECT

Resident v. Johns Hopkins

The resident in this petition was not able to overcome the academic assertions that she would not be able to function independently as an orthopedic surgeon. On GMECP review, there appear to be significant issues with due process, evaluation, probation terms, remediation plans, disallowed academic appeal, dysfunctional faculty behavior, lack of true deliberative and conscientious review of her record,… as a partial list.

The reality (in our opinion from many interactions with residents and faculty) is that once a resident is marked as a problem by the program director (or another powerful faculty), the scrutiny by everyone else is increased such that the resident can be held to a different standard than his peers. This is a form of group think, and the cards can become stacked against him. Whether this was the case for the resident cannot be known. However, on review of the summary judgment, it seems that no faculty attempted to identify and help her improve specific supposed deficiencies. Meanwhile, the complaints started to pile up. For example, there is a criticism that she was deficient in the OR, so she was given less time in the OR in order to "work on basics." Then, she was subsequently criticized because she didn't improve in the OR. This type of setup can become a no-win situation for a resident.

"…it seems that no faculty attempted to identify and help her improve specific supposed deficiencies. Meanwhile, the complaints started to pile up. For example, there is a criticism that she was deficient in the OR, so she was given less time in the OR in order to 'work on the basics'."

CAN I DISCLOSE NEGATIVE PERFORMANCE MEASURES INTERNALLY?

- Case law supports educators' critical evaluation of a trainee's performance and abilities
- Kraft v William decision upholds the dissemination of this information within an educational institution

CAN I DISCLOSE NEGATIVE PERFORMANCE MEASURES EXTERNALLY?

- Educators are bound by an ethical obligation and professional duty to truthfully report formal remediation and/or probation (when solicited)
- Legal action could potentially be sought by the trainee if he or she believes the probation status was unwarranted and/or inaccurate, or the disclosure of his or her status was improper

WHAT ABOUT THE LEGAL IMPLICATIONS FOR DISMISSING A RESIDENT?

- While unsuccessful remediation resulting in dismissal poses possible liability, institutions are generally on solid legal ground

WHAT HAPPENS WHEN A DISABILITY IS DISCOVERED?

When a disability is discovered during training, programs should protect the resident by collaborating with institutional officials familiar with the Americans with Disabilities Act.

By Stacy Weiner, Senior Staff Writer

November 25, 2019

RESIDENCY UNIONIZATION

Thousands of medical residents are unionizing. Here's what that means for doctors, hospitals, and the patients they serve

Newly minted physicians often bemoan long hours and relatively low wages. Now, a growing number are unionizing, which those involved say brings benefits — but also drawbacks.

By Stacy Weiner, Senior Staff Writer
June 7, 2022

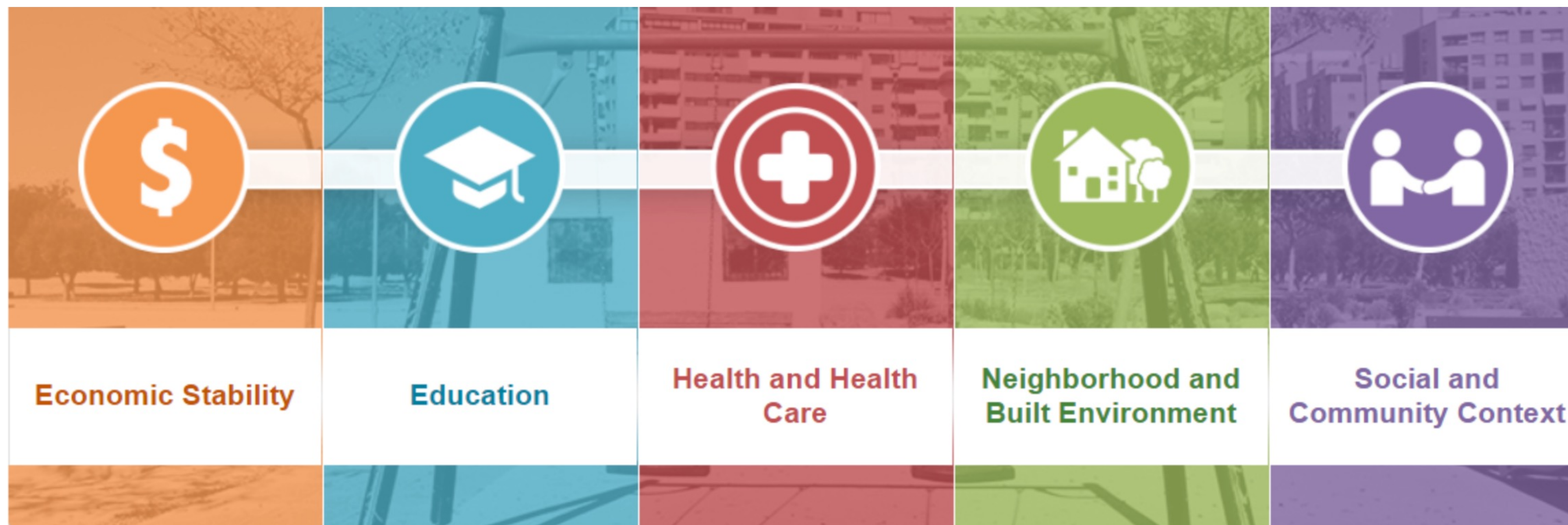
THE PEARLS

CLINICAL LEARNING ENVIRONMENT REVIEW

- Provides leaders of hospitals, medical centers, and other clinical settings with formative feedback through site visits that explore six Focus Areas: Patient Safety; Health Care Quality; Supervision; Teaming; Well-Being; and Professionalism
- Only accreditation link is that a SI must complete a CLER site visit if contacted
  - Egregious findings may prompt further evaluations

SOCIAL DETERMINANTS OF HEALTH

GME programs are required to focus on patient safety and social determinants of health (SDOH), which encourages health systems to increase their focus on these areas.



https://edhub.ama-assn.org/steps-forward/module/2702762

Original Investigation

FREE

May 23/30, 2017

Association Between Teaching Status and Mortality in US Hospitals

Laura G. Burke, MD, MPH[1,2]; Austin B. Frakt, PhD[3,4]; Dhruv Khullar, MD, MPP[5]; et al

» Author Affiliations | Article Information

JAMA. 2017;317(20):2105-2113. doi:10.1001/jama.2017.5702

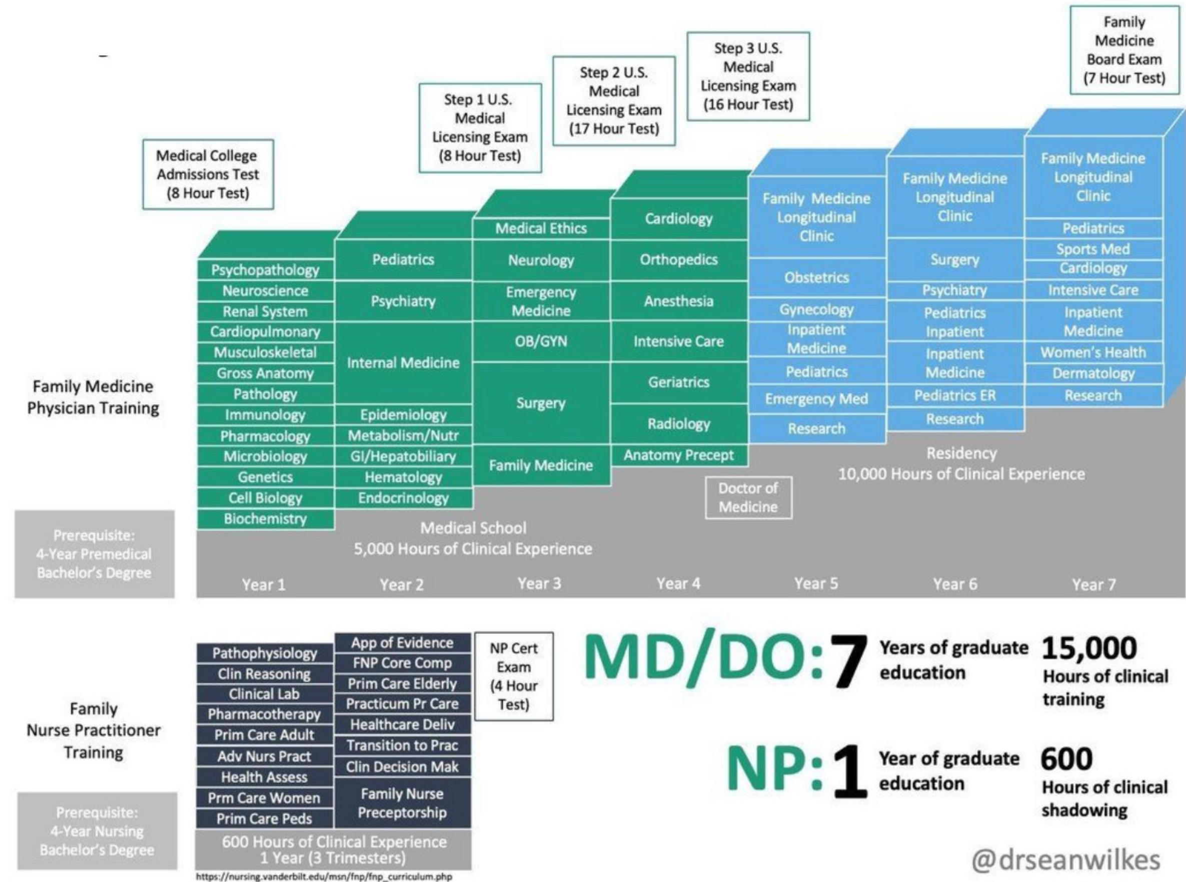
Comparing Outcomes and Costs of Medical Patients Treated at Major Teaching and Non-teaching Hospitals: A National Matched Analysis

Jeffrey H. Silber, MD, PhD[1,2,3,4,5], *Paul R. Rosenbaum, PhD*[5,6], *Bijan A. Niknam, BS*[1], *Richard N. Ross, MS*[1], *Joseph G. Reiter, MS*[1], *Alexander S. Hill, BS*[1], *Lauren L. Hochman, BA*[1], *Sydney E. Brown, MD, PhD*[3], *Alexander F. Arriaga, MD, MPH, ScD*[3,7,8], *and Lee A. Fleisher, MD*[3,5,8]

[1]Center for Outcomes Research, , Children's Hospital of Philadelphia, Philadelphia, PA, USA; [2]TheDepartment of Pediatrics, The University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA; [3]Department of Anesthesiology and Critical Care, The University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA; [4]Department of Health Care Management, Wharton School, University of Pennsylvania, Philadelphia, PA, USA; [5]Leonard Davis Institute of Health Economics, University of Pennsylvania, Philadelphia, PA, USA; [6]Department of Statistics, Wharton School, University of Pennsylvania, Philadelphia, PA, USA; [7]Department of Anesthesiology, Perioperative, and Pain Medicine, Brigham and Women's Hospital, Boston, MA, USA; [8]Center for Perioperative Outcomes Research and Transformation, University of Pennsylvania, Philadelphia, PA, USA.

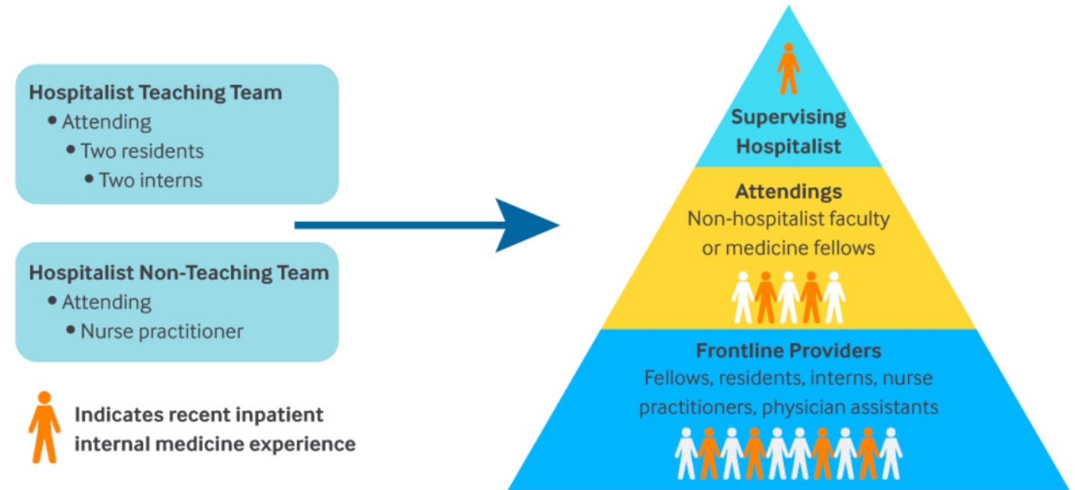
NP vs RESIDENCY TRAINING?

Replacing residents with advanced practice providers increases cost to an institution with no change in patient outcomes, resulting in net financial loss.

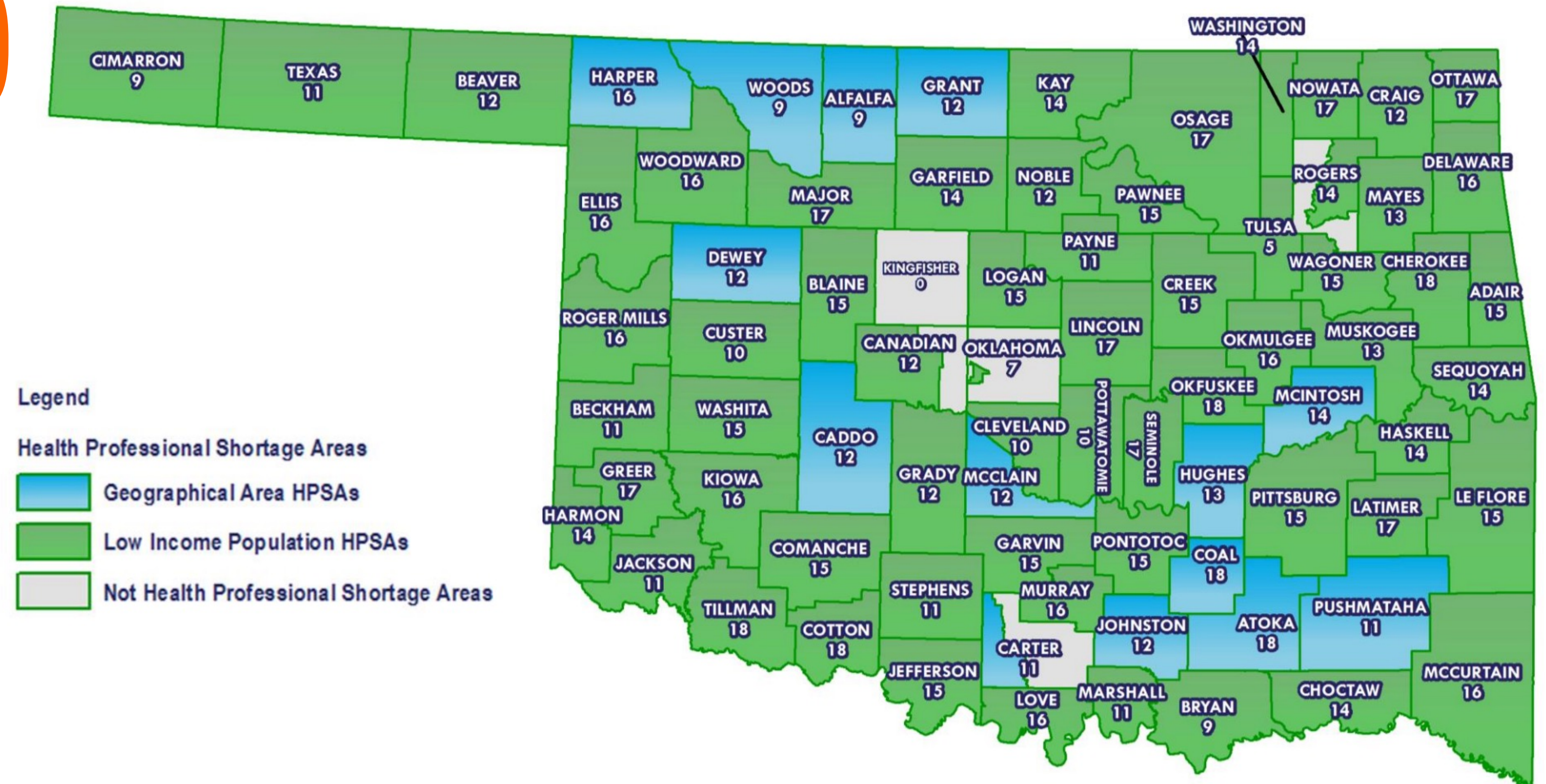


PUBLIC HEALTH EMERGENCIES

Trainees serve as a ready pool of re-deployable healthcare providers if public health emergencies arise.



PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAs)



Office of Primary Care & Rural Health Development
Oklahoma State Department of Health

Undergraduate Medical Education	Graduate Medical Education	Clinical Practice
• U.S. Allopathic Graduates • U.S. Osteopathic Graduates • U.S. International Graduates • International Medical Graduates	Pipeline Programs → Continuing GME	Subspecialist
	Pipeline Programs	Specialist

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