Graduate Medical Education
AY 2013 Annual Report

Submitted from Division of Education
Office of Graduate Medical Education
by:

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Introduction

This report covers academic year 2013 ending in June 2013. The Graduate Medical Education community at Lehigh Valley Health Network continues to develop and implement policies and learning strategies that achieve accreditation requirements and that prepare our resident physicians to serve the Lehigh Valley community and beyond. The Graduate Medical Education Committee (GMEC) and the Division of Education provides the institutional oversight required to achieve these ends.

GMEC Mission – to offer graduate medical education programs in which physicians in training develop personal, clinical, and professional competence under the guidance and supervision of the faculty and staff.

GMEC Vision –to develop the strategies and mechanisms needed to ensure that LVHN's graduate medical education programs have adequate educational, financial, and human resources to demonstrate measurable improvements in learning and patient outcomes.

GMEC Strategy – GMEC's strategy is based on organizational objectives and the Accreditation Council for Graduate Medical Education (ACGME)'s definition of "institutional competency," which includes an organization's ability to:

- Gather and analyze data from the educational and clinical environments.
- Ensure resident education in patient safety and quality of care.
- Lead program and academic innovations.
- Predict and trend performance.
- Develop, align and implement policies and procedures that impact graduate medical education programs.
- Create conditions that promote collaboration and knowledge sharing and transfer.

We are pleased to provide the following 2013 Graduate Medical Education report highlighting evidence of ongoing strengths, opportunities and the larger trends affecting Lehigh Valley Health Network's Graduate Medical Education programs.

Overview: Academic Years 2011-2013

GME Demographics	AY11	AY12	AY13
# residents/fellows	215	228	235
# visiting residents	73	81	79
# total accredited residency programs	15	17	18
# allopathic (ACGME) accredited programs	10	12	13
# osteopathic (AOA) accredited programs	5	5	5
# dually (ACGME/AOA) accredited programs	2	2	2
# re-accredited programs	2	5	5
# new program(s) applied for	3	2	0
# of graduates	81	87	94
Resident Recruitment and Match Data			
# U.S. medical school applicants	1782	2360	2193
# applicant interviews conducted	658	879	816
# match positions available	79	81	84
% from allopathic accredited medical schools	49%	50%	41%
% from osteopathic medical schools	35%	33%	43%
% from international medical schools	16%	17%	16%
% from Pennsylvania medical schools	30%	33%	47%
Program Development			
# internal reviews conducted	4	2	2
# progress reports reviewed and approved	2	2	2
Resident satisfaction survey (LVHN internal survey)			
Participation rate	92%	74%	82%
Overall satisfaction (1=poor, 5=excellent)	4.03	4.2	4.04
Resident satisfaction survey (ACGME)			
Participation rate 90% (appx for full report)	94%	90%	93%
GME policies reviewed and updated	20	7	5
# residents contributing to publications	28	30	39
# residents contributing to poster presentations	53	15	70
% senior residents participating in QI	100%	100%	98%
Faculty Development (DOE provided)			
# faculty development workshops offered	78	40	22
# attendees	401	239	358
# resident as teacher workshops offered*	12	13	5
# attendees	273	291	178

*In 2012 the Resident as Teacher Leader program began shifting teaching responsibilities to the Lehigh Valley Residents Association that the program may become more resident-lead and resident-focused.

Challenges and Improvements in GME

Resident Evaluation

GMEC has developed and implemented a policy to ensure timely feedback of residents. The goal is that core faculty members complete 75% of their evaluations assigned to them within 30 days of a resident's completion of a rotation. In AY13, departments met the following compliance percentages:

Department	
Cardiology Fellowship	80.51%
Colon/Rectal Surgery	45.00%
Dermatology	59.81%
Emergency Medicine	93.64%
Family Medicine	94.30%
General Surgery	70.78%
Hospice/Palliative Medicine	70.45%
Internal Medicine	85.40%
Transitional Year	87.50%
Nephrology	80.77%
Obstetrics/Gynecology	73.86%
Pediatrics	75.24%
Plastic Surgery	100.00%
Surgical Critical Care	66.67%

Evaluation compliance will continue to be a focus area for GMEC. Also, the conversion of evaluation forms into milestones linked forms is a process that will be ongoing for AY14 and AY15.

Resident Duty Hours Tracking:

GMEC elected in AY12 to track the directive that residents "should have 10 hours off between clinical duties" with awareness that the regulations state "must have 8 hours off." The process for duty hours tracking worked well in AY13 and no cases were referred to the DIO/Disciplinary Action Review Committee. Many of the duty hours violations had explanations in the comments such as "stayed for interesting OR case," which is allowed by AGGME rules. The recurrent short break violations in EM are due to educational obligations that are timed from 9am to 2pm, leaving only 9 hours before an 11pm shift start time.

AY13 ACGME Rule Compliance –
July 1, 2012 – June 30, 2013

Department	80 HR	Call	Days Off	Night Float	24+	Short Break – 10	Short Break – 8
Cardiology Fellowship							
Dermatology							23
Emergency Medicine	2			7	63	406	121
Family Medicine							3
General Surgery	3		10		19	14	1
Hospice/Palliative Medicine							
Internal Medicine	4		12		11	45	9
Transitional Year							
Nephrology							
Obstetrics/Gynecology			1		5		
Pediatrics			2		6	39	12
Plastic Surgery			1				

Recruiting Efforts:

In February 2013, the GME office participated in the annual Latino Medical Student Association conference held at Drexel. Members of the Office of Graduate Medical Education as well as resident representatives from the Department of Medicine and the Department of Obstetrics and Gynecology met with approximately 150 students to provide information on the exciting opportunities available to LVHN residents. Additionally, information about externships for visiting medicals students was also provided. Future central recruiting efforts have been focusing on the development of an improved website, an active project for FY 2014. Each residency is targeting different sets of applicants due to their relative competitiveness in their field. Each residency will continue to conduct the in person recruiting activities it feels are most appropriate. The increased numbers of graduating medical students, combined with a fixed or only slightly enlarging residency slot number nationally should lead to more competitive applicants without any effort on our part. This year we had 2193 applicants for all programs combined and hosted 816 interviews.

Common GME Curricula:

Resident Orientation 2013 well received:

Resident orientation meets many needs with regard to common program requirements. This year's common orientation included the standard HR orientation for all employees, additional talks on professionalism, and a day-long seminar that covered the following topics:

Orientation Session (Instructor Led)	What Residents Found Most Useful
Crucial Conversations conflict resolution (4 hour workshop)	"Learning how to identify a crucial conversation as well as the tools needed to make the conversation useful."
Stress Reactivity (1 hour)	"Great take home message that we should take care of ourselves before we take care of our patients."
Decision Making and Performance Under Pressure	"Learning activities to help us become more mentally tough so we can handle emergency situations to the best of our ability."
TeamSTEPPS® (1 hour introduction)	"Provided real-life examples, strategies, and tools."
Handover	"The fact is this is one of the more important things which I will do as a resident, and learning how to improve my handoff skills is extremely important."
Cultural Competency and Interpreter Services (1 hour)	"Learning to respect and appreciate other peoples' cultures and that culture is not just limited to race or ethnicity"

IHI Open School Modules:

LVHN purchased a subscription to the IHI Open School online modules that include patient safety and quality. Those modules were made available to the residents in spring and some residencies are specifically assigning courses for FY13. These modules are hosted in an outside learning management system.

- Total of 751 lessons completed by residents.
- 54 different residents completed lessons.
- Average score of 94.7% for all lessons completed by residents.
- 60 different lessons taken from 16 different courses.
- 51.7% of courses taken were in QI with an average score of 94.5%
- 45.7% of courses taken were in PS with an average score of 94.5%
- The majority of residents were able to complete a full course the same day they began.
- In 74 instances, a resident achieved a 100% score the first time a lesson was attempted for all lessons completed within a single course.

Data Repository Project:

The data repository for scholarly works launched in fall of 2012 by Library Services. The data repository is a great way for LVHN residents and faculty to have their work visible to the public and other academic colleagues. These can include peer reviewed works and also includes lectures given at meetings, abstracts, posters, and articles. The process for tagging works as "resident" works involves manual tagging and we plan to encourage more submission to the repository, as well as thorough resident labeling. That said, we have 53 items labeled as resident works with resident involvement in CY12, and 13 items labeled as works with resident involvement in CY13 (as of access 10-8-13). A report with links to the actual works can be found at: http://scholarlyworks.lvhn.org/fellows-residents/

Support for Research in GME:

The Lehigh Valley Health Network Office of Research and Innovation (NORI) provides resources, infrastructure, tools, and managerial support to Principal Investigators and their research teams as they pursue, execute, and deliver high quality research. NORI facilitates the standardization, coordination, and delivery of administrative activities that must occur prior to the execution of a research project, the detailed financial and regulatory management activities that occur throughout the conduct of a research project, and the oversight of the personnel working with the PI in order to ensure the proper execution of research.

In late FY12 NORI developed open weekly office hours for statistical support of research projects. Additionally scheduled appointments are available to meet with a NORI research scientist. During FY13, 37 scholarly works involving one or more residents included NORI collaboration/contribution. We are grateful for the increased and continued support of GME scholarly work by NORI. The full details of their report on resident use are available upon request.

Resident Baseline Assessment

A new resident baseline assessment program was brought on board in 2009. Dr. Amy Smith introduced this competency based assessment to assess residents' level of attitudes and skills in communicating with patients, families and colleagues. The objective for the baseline assessment is to assess performance and competence with the core competencies including interpersonal and communication skills, professionalism, and patient care for the Dental Medicine (7), Family Medicine (6), Emergency Medicine (14), Internal Medicine (16), Obstetrics & Gynecology (6), Surgery (7), Transitional Medicine (14), Pediatrics (6), and Dermatology (2) residents. Standardized patients were trained to portray the patient or family member in 4 separate scenarios. The standardized patient completed a checklist on the intern's performance. Each station was also recorded. New this year was the ability to utilize the Outpatient Simulation Center and pilot using the METI Learning Space® to record the sessions. Residents were able to present to an attending as part of one of the scenarios. The Baseline Assessment continues to evolve with the goal of identifying residents who may need help with communication, professionalism and competency issues.

Resident as Teacher & Leader Series

The *Residents as Teachers & Leaders Series* began in 2010 to provide all residents with tools and opportunities to develop teaching and leadership skills. This program was developed to train faculty and senior residents to facilitate, implement, and sustain the Residents as Teachers & Leaders Series within each department.

An Emergency Medicine Resident completed a study *Residents as teachers: residents' perceptions before and after receiving instruction in clinical teaching* which was published in the Journal of the American Osteopathic Association (Wachtel, J.K., Greenberg, M.R., Smith, A.B., Weaver, K.R., Kane, B.G. Residents as teachers: residents' perceptions before and after receiving instruction in clinical teaching. *J Am Osteopath Assoc*. 2013;113(1):23-33.)

Improving Decisions – Making and Performance of Healthcare Clinicians Under Stress

A collaborative multi-year research project (*Improving Decision-Making and Performance of Healthcare Clinicians Under Stress* - IRB Approved Research (PRO00000029**))** was undertaken between the Division of Education (DOE) and the Department of Surgery (DOS). This is a "work in progress" research project. The research is designed to assess how residents respond to various stressors and if specific interventions will improve their decision-making and performance under pressure during critical events. The principal investigators are Bill Boyer, D.H.Sc., M.S., Medical Educator, DOE and Hubert Huang, M.S., M.Ed., Data Analyst, DOE. The DOS is represented by Charles Scagliotti, M.D., and Robert Ruhf, Coordinator, Surgery Education Center, DOS. Further, two Research Scholars from Lafayette College are mentored by Dr. Boyer and Mr. Huang. The initial "work in progress" abstract was accepted and presented at the 2012 American College of Surgeons Annual Consortium Meeting.

Approximately 20 PGY1 through PGY5 surgical and 20 PGY1-PGY4 OB-GYN residents will complete five task stations using the Fundamentals of Laparoscopic Surgery (FLS) task trainer. The five task stations assist residents in preparation for the FLS exam. The FLS measures basic laparoscopic technical skills, eye-hand coordination, ambidexterity, and depth perception. Assessment of the residents' laparoscopic performance will be measured and documented manually and through simulator software, including object drops, accuracy of tasks, and time of completion. Stress will be assessed objectively by heart rate, blood pressure, respiratory rate, and Cortisol measures and subjectively by a pre- and post-assessment survey. The residents also complete the Enhanced Performance Skills survey, The Maslach Burnout Inventory and the Myers-Briggs Traits Inventory (MBTI). Data will be analyzed using SPSS. The results of this study will contribute to the limited research on surgical and OB-GYN residents, laparoscopic skills, simulation training, and stress. In a surgical education context, the findings can inform stress management programs in resident surgical education. Future studies could compare the resident's stress from laparoscopic surgery and open surgery.

Summary and Schedule of Program Reviews

Going forward as we move into the Next Accreditation System (NAS) of the ACGME programs will be evaluated every 10 years with a site visit. Early site visits can occur sooner based on annual data being submitted by the programs. The institution will have Clinical Learning Environment Review (CLER) data submission and site visits every 18 months.

Accredited Programs	Status	Effective Date	ACGME Site Visit Date (self-study)	Osteopathic Site Visit Date	Cycle Length	Internal Review Timeline	Osteopathic Internal Review Date	# Citations
Colon/Rectal Surgery	Continued Accreditation	09/21/2012	03/01/2020		4	09/11/2014		2
Emergency Medicine	Continued Accreditation	02/10/2012	02/01/2022	08/2016	10	02/01/2020	02/2014	5 1AOA
Family Medicine	Continued Accreditation	10/10/2012	10/01/2018	07/2015	NAS	10/01/2016	12/2013	6
Internal Medicine	Continued Accreditation	10/01/2006	10/01/2015		NAS			3
Cardiology	Continued Accreditation	05/15/2010	10/01/2015		NAS			1
Nephrology	Initial Accreditation	07/01/2012	07/01/2015		3			0
Hematology/Oncology	Initial Accreditation	07/01/2012	07/01/2015		3			0
OBGYN	Continued Accreditation	10/13/2011	10/01/2021		10	10/01/2019		0
Pediatrics	Initial Accreditation	07/01/2011	03/01/2014		3			4
Plastic Surgery	Continued Accreditation	10/03/2008	10/01/2019		10	10/01/2017		0
Surgery	Continued Accreditation	11/01/2012	11/01/2021		10	11/01/2019		1
Surgical Critical Care	Continued Accreditation	11/01/2012	11/01/2021		10	11/01/2019		0
Hospice/Pall Med	Initial Accreditation	07/01/2011	05/01/2014		3			0
Transitional Year	Continued Accreditation	05/21/2008	05/01/2018		10	05/01/2016		1
Osteopathic Internship/ Medicine	Continuing Approval	09/2011		07/2016	n/a		03/2014	0
Emergency Medical Services	Continuing Approval	2004					02/2014	0
Dermatology	Continuing Approval	08/2010		07/2014				0
Sponsoring Institution	Continued Accreditation		10/01/2023		10	10/1/2021		2

Match Summary

2013 Match Summary

Combined Allopathic, Osteopathic & Sub Spec. Matches

- 77 match positions available (+14 outside the match, +7 Dental)
- 98 total filled positions
- 41% from U.S. Allopathic schools (includes Dental)
- 43% from U.S. Osteopathic schools
- 16% from International medical schools

Allopathic Match (NRMP)

- 47 total positions available
- 44 filled
- 64% from U.S. Allopathic schools (2% or 1 student from University South Florida; 2% or 1 student from Penn State College of Medicine)
- 20% from U.S. Osteopathic schools (9)
- 16% from international medical schools (7)

Match from LCME Schools (All matches)

- 54% Non-PA based
- 46% PA-based
  - Drexel University School of Medicine (7)
  - Jefferson Medical College (1)
  - Penn State College of Medicine (1)
  - Temple University (1)
  - University of Pennsylvania (2)
  - Commonwealth Medical College(1)

Match from Osteopathic Medical Schools (DO Match)

- 32% Non-PA based
- 68% PA-based
  - Philadelphia College Osteopathic Medicine (8)
  - Lake Erie College Osteopathic Med (7)

LVHN Clerkship Rotations

- 35% of matching residents (n=34) did at least one clerkship at LVHN. These residents did a total of 74 rotations made up of third year clerkships and fourth year electives.

Resident Involvement in Quality and Patient Safety

Residents are encouraged to participate in the peer review process. Therefore, attending a peer review committee meeting (M&M) for their department counts toward this goal. Peer review committees discuss system factors, human factors, patient factors and medical decision making in their deliberations. Residents may also be directly involved in performance improvement projects. Such projects are typically interprofessional and often interdisciplinary. Network level performance improvement projects give exposure to SPPI coaches. In addition, residents often choose to write up their performance improvement projects at the abstract/poster level, some of which go on to become peer reviewed publications.

Program	# of Residents Performing Case Review	# of Residents assigned case review	% of residents completing case review	Nature of Case Review	# of senior residents participating in a PI project	# of senior residents	% of residents completing a PI project	Documentation Method (A3, ppt, paper)
Cardiology	15	15	100%	CAD/CHF chart review	5	5	100%	
Dental	7	7	100%	Treatment planning				
Dermatology	1	1	100%	Grand Rounds	2	2	100%	
Emergency Medicine	20	19	100%	Review of charts against EBM practice and M&M	16	16	1	paper
Family Medicine					7	7	100%	PI Project ppt upload to NI
Hematology/ Oncology								
HPM	0	0	100%		2	2	100%	
Internal Medicine	32	32	100%	M&M CCP CCU	16	16	100%	PPT, NI Entry, Paper
Nephrology	2	2	100%	M&M	2	2	100%	paper
Ob/Gyn	20	20	100%	M&M and review of charts with ob/gyn QA team	5	5	100%	paper
Surgery, Colon Rectal	2	2	100%	M&M	2	2	100%	paper
Surgery, General	22	22	100%	M&M	5	5	100%	Attendance at DOS QA

Surgery, Plastic	3	3	100%	M&M	1	1	100%	paper
Surgical Critical Care	1	1	100%	M&M	0	1	0%	
Totals	124	123	100%		63	63	100%	

Resident Scholarly Work

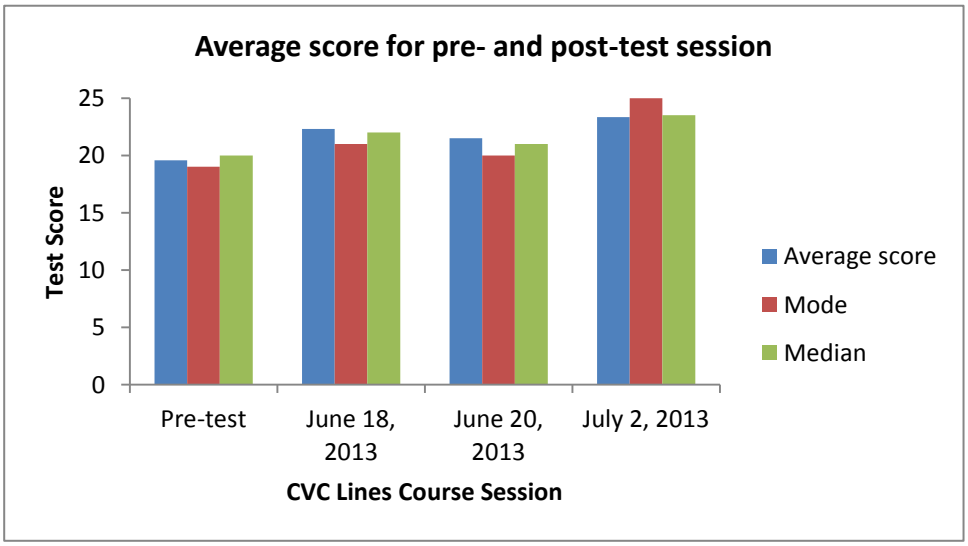
Research expectations vary across the different residency review committees. LVHN residents participate in various forms of scholarly activity including case studies, retrospective data analysis, and occasionally prospective research. Residents are encouraged to be involved in the various stages of investigation including hypothesis refinement, IRB submission, data collection, data analysis, and abstract writing. Some residents are fortunate enough to present at academic meetings in poster format, some present orally with slide shows, and through continued diligence many go on to see their work in print as published manuscripts.

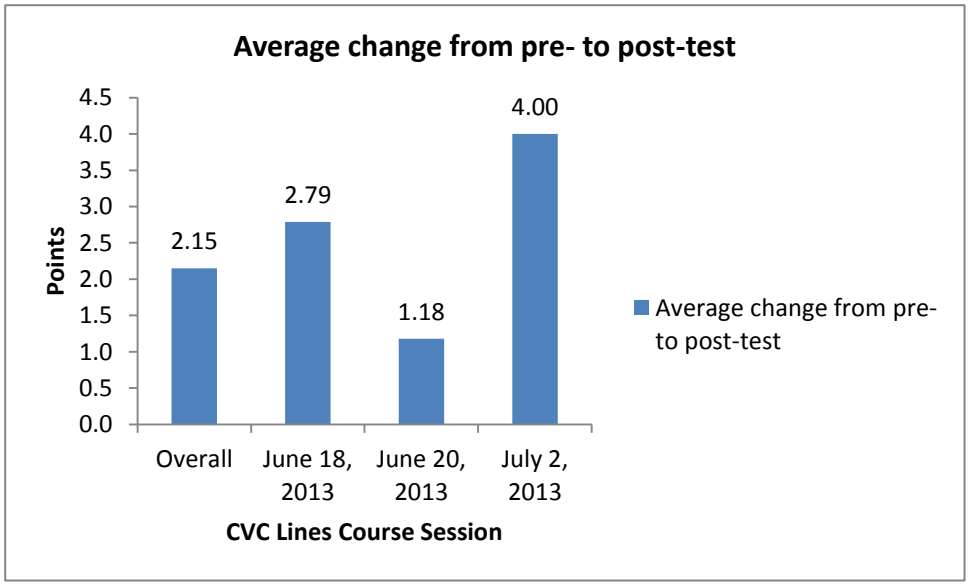
Program	# Resident Peer Reviewed Abstract/Poster/Oral Presentation	Resident Peer Reviewed Manuscripts Published
Pediatrics	n/a	n/a
Dermatology	6	6
Emergency Medicine	9	14
Internal Medicine	5	2
Transitional	14	0
General Surgery	4	2
Plastic Surgery	8	5
Colon/Rectal Surgery	2	0
Surgical Critical Care	0	0
Ob/Gyn	8	6
Dental	0	0
Family Medicine	1	0
HPM	0	0
Nephrology	2	0
Hematology/Oncology	n/a	n/a
Cardiology	11	14
Totals	70	39

LVHN Central Venous Catheter Course Update

LVHN has developed an uptick in Central Line Associated Bloodstream infections. This uptick is believed to be due to special cause variation that is likely related to the maintenance process and long catheter dwell times. A multidisciplinary and interprofessional group is actively working on process improvement in this area. The CVC course is one piece of maintaining both mechanical and infectious safety for this procedure. The course has reached a point of significant refinement and was well received as noted below.

	Pre-test	Post-test June 18, 2013	Post-test June 20, 2013	Post-test July 2, 2013
Total completing pre-test	74	28	29	5
Total completing course and post-test	65	29	30	6
Average score	19.58	22.31	21.5	23.33
Mode	19	21	20	25
Median	20	22	21	23.5
Low score	10	20	20	21
Highest score	24	25	25	25
Average change from pre- to post-test	2.15	2.79	1.18	4
Min Change	-3	-2	-3	2
Max Change	10	10	8	10





The following provide comments regarding what the residents found most useful during the course:

Hands-on and one-on-one with faculty	Going through scenarios with a senior resident/attending on manikins
I have never done a central line before. It was helpful that everything was clearly demonstrated. The instructors were very helpful	Going through the protocol step-by-step, and practicing multiple times in different settings
The ample time for practice	The most useful thing for me was having residents who were participating in our training.
Practicing CVC placement in small groups in a low stress environment	Practicing with and without ultrasound
Basically everything. Having never placed a line before it was very helpful to have hands-on experience prior to starting	Going over every site and allowing to go through the entire procedure from gown to discard of needles

GME Finance Update

Resident Salaries

PGY Level	2012 AAMC HSS Northeast Region 50th Percentile (Median)	FY13 LVHN Resident Base Salaries
PGY1	52,034	52,430
PGY2	54,435	55,089
PGY3	57,057	57,650
PGY4	59,395	60,738
PGY5	62,387	63,635
PGY6 & up	64,297	66,531

Current residents relative to federally funded GME "slots"

Since 1965, Medicare has been reimbursing teaching hospitals for their training of doctors. In 1996, based on individual teaching hospitals' cost reports, Medicare capped graduate medical education reimbursements. LVHN currently trains more residents than the number of federally funded "slots." This year we plan to again apply for section 5506 redistribution slots under the criteria of "cap relief." We anticipate a very competitive field in this round. Keeping in mind that Section 422 funding represents partial funding, we are currently above the cap, with a manifest destiny of going farther above the cap as we fill our current programs.

Medical Education Funding from Medicare Cost Report (for AY13, based on IME calculation)

LVH

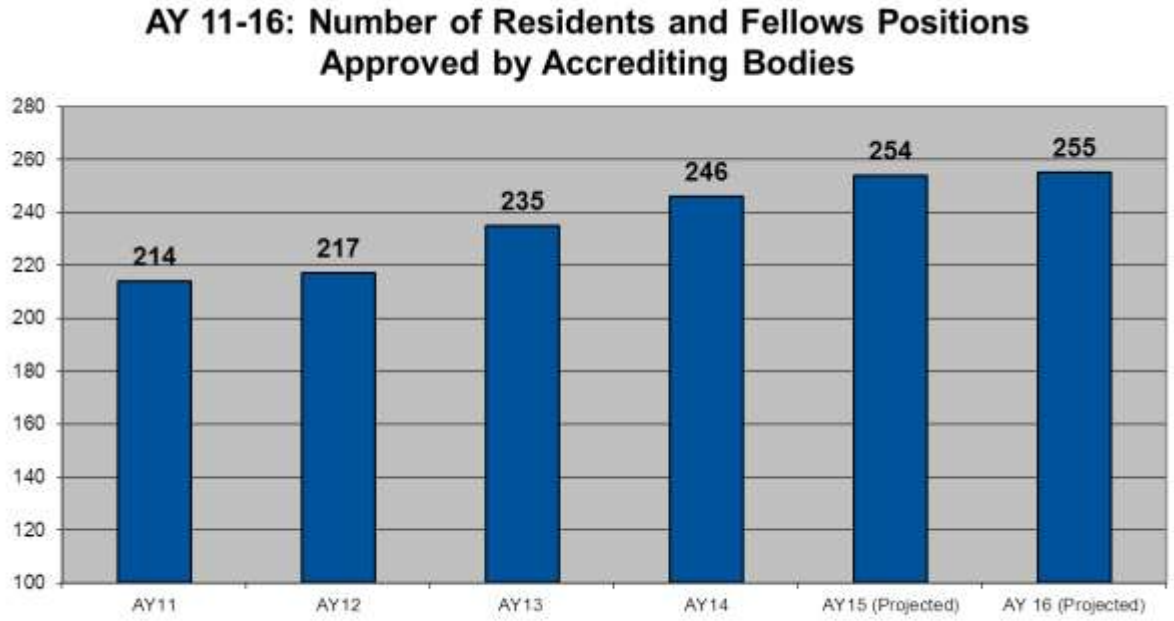
Total Dental Residents			3.78
Total Allopathic & Osteopathic Resident FTEs		154.44	
1st Cap: 12/31/1996	91.22		
1st Cap Adjustment (New Family Practice Program)	18.00		
Section 5506 Adjustment	22.00		
Total 1st Cap		131.22	131.22
Amount over Cap		= 23.33	
Section 422 Cap		25.00	
Lesser of Amount over Cap or Section 422 Cap			23.33
Allowable FTEs:			
1st Cap on Allopathic & Osteopathic FTEs			131.22
2nd Cap on Allopathic & Osteopathic FTEs			23.33
Dental Residents			3.78
Total Allowable and Funded			158.33

MHC

Total Dental Residents			3.08
Total Allopathic & Osteopathic Resident FTEs		63.19	
1st Cap: 12/31/1996	0.00		
1st Cap Adjustment (New Family Practice Program)	41.67		
Section 5506 Adjustment	0.00		
Total 1st Cap		41.67	41.67
Amount over Cap		= 21.52	
Section 422 Cap		16.00	
Lesser of Amount over Cap or Section 422 Cap			16.00
Allowable FTEs:			
1st Cap on Allopathic & Osteopathic FTEs			41.67
2nd Cap on Allopathic & Osteopathic FTEs			16.00
Dental Residents			3.08
Total Allowable and Funded			60.75

Growth

The graph below does not include off cycle residents or the impact of residents rotating in as visitors from outside institutions. Rotating residents (both into and out of LVHN) impact the FTE counts above. The growth projected below includes the pediatrics residency, nephrology fellowship, and hematology/oncology fellowship coming to their full complements. It does not include any proposed new programs at this time and there are no ACGME or AOA program applications pending.



2014 Priorities

Operational Efficiency

Recent changes in staffing have made efficient use of GME FTE support imperative. Our efforts will include:

- Maximizing use of the website for recruiting to maintain low recruiting expense.
- Continuing applications for Section 5506 redistribution slots to attempt to secure new revenue.
- Minimizing process redundancy between the programs and the OGME to ensure maximum efficiency.

Clinical Learning Environment Review Preparation

The Next Accreditation System (NAS) calls for a Clinical Learning Environment Review that can occur as often as every 18 months. This review involves meetings with network executive leadership, program directors, faculty, and residents. The lead time for scheduling is relatively short thus creating a need for "ever ready" posture with regard to this on site visit by our accrediting body.

Next Accreditation System (NAS)

The NAS metrics include board pass rates, program attrition rates (changes in program director, faculty and residents), benchmarked resident and faculty survey data, case log data, progress toward milestones and summary data on scholarly output. In particular the reporting of milestone competencies will entail significantly increased data reporting. The OGME will attempt to support these processes, while acknowledging that the milestones are specialty specific. The OGME continues to work with our Instructional Technology support team in the DOE to assess the capabilities of New Innovations to meet this need and share best practice across residencies.

GME Policies

Policies Revised or Approved during AY13

- Graduate Training Agreement (Annual Review)
- Graduate Training Agreement Appendix II: Disciplinary Action Review Resident Fair Hearing Plan and Procedure for Resident Grievance
- Graduate Training Agreement Appendix III: Institutional Guidelines for Resident Fair Hearing Process
- Life Support Provider Status
- International Rotations (new)
- Continuing Education Funds (new)

Policy Revisions Scheduled

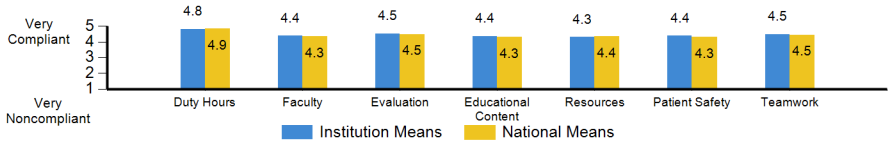
- Faculty Evaluation of Residents
- GMEC Responsibilities
- Internal Review
- Institutional Agreements
- Loss of Lifebook (Loss of LVHN owned computer device)
- Moonlighting
- Conflict of Interest
- Resident Transfer Policy

Survey taken: January 2013 - May 2013

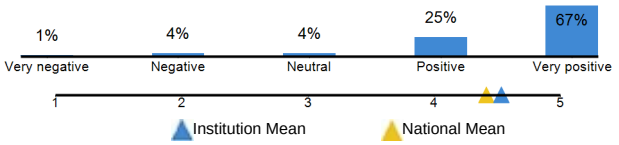
Programs Surveyed 12
Residents Responded 199 / 214
Response Rate 93%

410724 Lehigh Valley Health Network - Aggregated Program Data

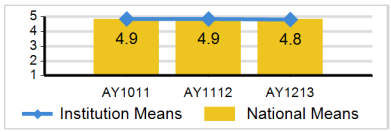
Institution Means at-a-glance



Residents' overall evaluation of the program



Duty Hours

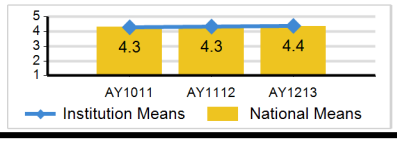


	% Compliant	Mean	National
80 hours	93%	4.6	4.7
1 day free in 7	98%	4.9	4.9
In-house call every 3rd night	99%	5.0	5.0
Night float no more than 6 nights	98%	4.9	5.0
8 hours between duty periods (*differs by level of training*)	95%	4.7	4.7
Continuous hours scheduled (*differs by level of training*)	96%	4.8	4.8

Reasons for exceeding duty hours:

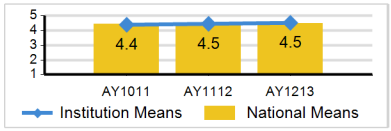
Patient needs	8%	Cover someone else's work	3%
Paperwork	9%	Night float	3%
Additional Ed. Experience	4%	Schedule conflict	4%
		Other	4%

Faculty



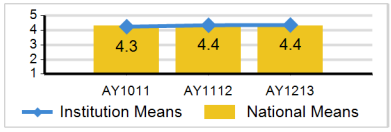
	% Compliant	Mean	National
Sufficient supervision	92%	4.3	4.4
Appropriate level of supervision	96%	4.7	4.7
Sufficient instruction	87%	4.3	4.2
Faculty and staff interested in residency education	90%	4.4	4.3
Faculty and staff create environment of inquiry	87%	4.3	4.2

Evaluation



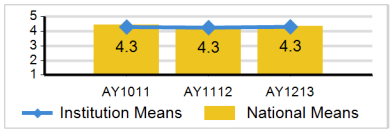
	% Compliant	Mean	National
Able to access evaluations	99%	5.0	5.0
Opportunity to evaluate faculty members	100%	5.0	5.0
Satisfied that evaluations of faculty are confidential	86%	4.3	4.3
Opportunity to evaluate program	98%	4.9	4.9
Satisfied that evaluations of program are confidential	85%	4.3	4.3
Satisfied that program uses evaluations to improve	81%	4.2	4.0
Satisfied with feedback after assignments	78%	4.0	4.0

Educational Content



	% Compliant	Mean	National
Provided goals and objectives for assignments	98%	4.9	4.8
Instructed to manage fatigue	91%	4.6	4.7
Satisfied with opportunities for scholarly activities	78%	4.0	4.1
Appropriate balance for education	87%	4.2	4.2
Education (not) compromised by service obligations	71%	3.9	4.0
Supervisors delegate appropriately	99%	4.5	4.6
Provided data about practice habits	73%	3.9	3.3
See patients across variety of settings	95%	4.8	4.8

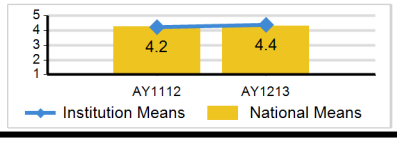
Resources



	% Compliant / % Yes*	Mean	National
Access to reference materials	99%	5.0	5.0
Use electronic medical records in hospital*	96%	4.9	4.8
Use electronic medical records in ambulatory setting*	94%	4.8	4.7
Electronic medical records integrated across settings*	75%	4.3	4.6
Electronic medical records effective	93%	3.8	4.1
Provided a way to transition care when fatigued	76%	4.0	4.2
Satisfied with process to deal with problems and concerns	84%	4.2	4.2
Education (not) compromised by other trainees	92%	4.5	4.5
Residents can raise concerns without fear	85%	4.3	4.2

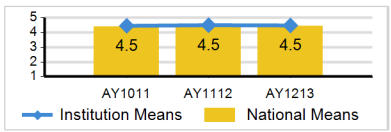
**Responses options are Yes or No. These responses are not included in the Program Means and are not considered non-compliant responses.*

Patient Safety



	% Compliant	Mean	National
Tell patients of respective role of residents	98%	4.6	4.5
Culture reinforces patient safety responsibility	99%	4.6	4.5
Participated in quality improvement	88%	4.5	4.2
Information (not) lost during shift changes or patient transfers	97%	3.9	4.0

Teamwork



	% Compliant	Mean	National
Work in interprofessional teams	97%	4.6	4.5
Effectively work in interprofessional teams	99%	4.4	4.4

Total Percenatage of Compliance by Category