

**Graduate Medical Education  
Annual Institutional Review (AIR) – Academic Year 2022-2023: Report**

Prepared by Joseph E. Patruno, MD  
Designated Institutional Official - Lehigh Valley Health Network

**I. Background and overview of GME:**

This Annual Institutional Review (AIR) is respectfully submitted for review by pertinent network entities and committees to include the Graduate Medical Education Committee (GMEC), Department of Education (DOE), Medical Executive Committee (MEC), and the Board of Trustees.

The Division of Graduate Medical Education team includes Joseph E. Patruno, MD, the Designated Institutional Official (DIO) and Robert Sweeny, the Director of Graduate Medical Education (DGME). Additionally, Terri Vian was hired as Scholarly Activities Coordinator and Liaison, supporting academic research in several training programs, while also overseeing the institutional academic mission. Others on the GME team include GME Specialists Tanya Ensminger-Fernandez and Despina Tsarouhis, who previously served as a GME Specialist but has been elevated to the position of Accreditation Specialist this past year.

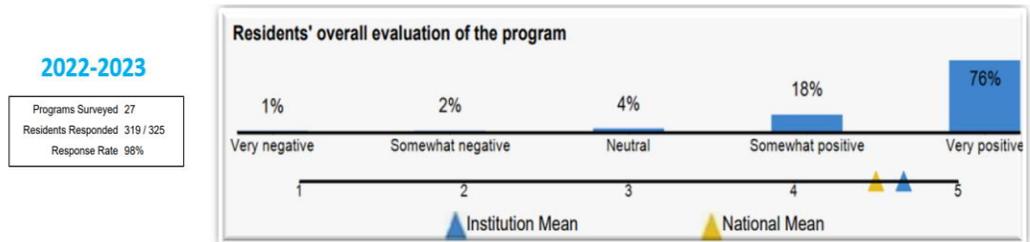
Lehigh Valley Health Network (LVHN) remains the Sponsoring Institution (SI) and has maintained its accreditation through the Accreditation Council for Graduate Medical Education (ACGME). Continued accreditation was effective on January 3<sup>rd</sup>, 2023 [**Appendix A**]. The SI has no citations. Currently, the network sponsors a total of 37 training programs (33 ACGME-accredited), which includes 364 trainees who serve at 37 different clinical training sites. ACGME recognized programs have all maintained Accreditation or Continued Accreditation with no programs being placed on probation or losing accreditation this year. A single program was placed on warning [**Appendix B**]. A list of programs and specific citations are also included at the end of this report [**Appendix C**]. There were no Special Reviews performed during the AY 22-23. Additionally, our Dental Residency Program remains in good standing and is accredited through the Commission on Dental Accreditation (CODA). We also, as an institution, sponsor a limited number of non-accredited surgical fellowships recognized by the Educational Commission for Foreign Medical Graduates (ECFMG) and/or supported by Lehigh Valley Physician Group (LVPG).

**II. Data Metrics**

**a. Resident and Faculty Satisfaction:**

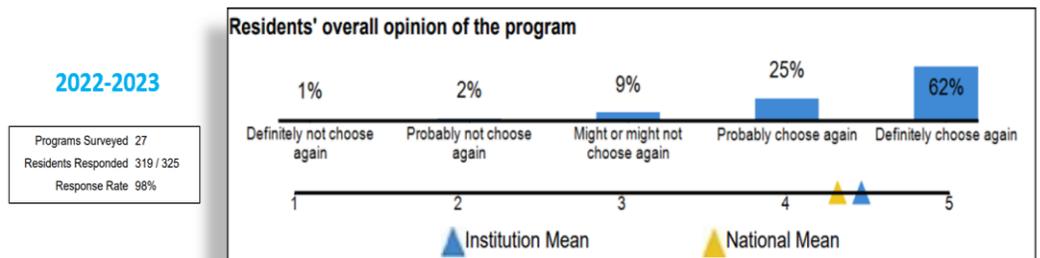
Satisfaction towards programs and training environment among residents, fellows and faculty remains strong at LVHN. Annual ACGME program surveys achieved a 98% response rate with the overall satisfaction rate in the training environment being 94%. This was comparable to 2021-2022 (**Chart #1**).

**Chart #1**



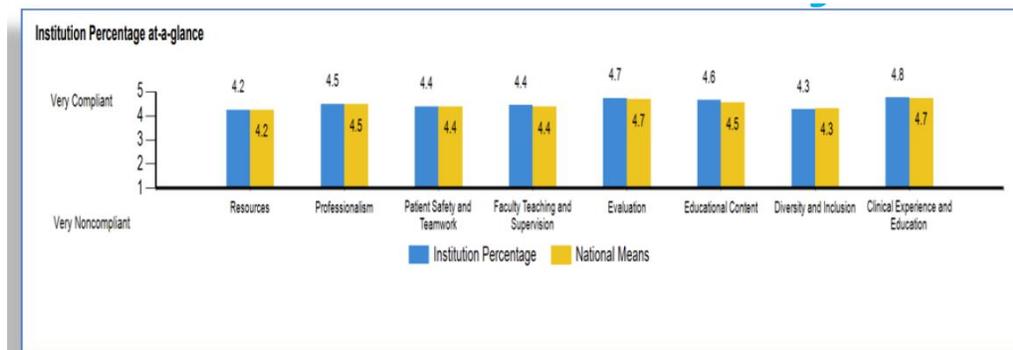
Eighty-seven percent of trainees at LVHN reported they would choose their current training program again. This was a slight decrease from the prior year of 90%, but higher than the national mean for this metric (**Chart #2**).

**Chart #2**



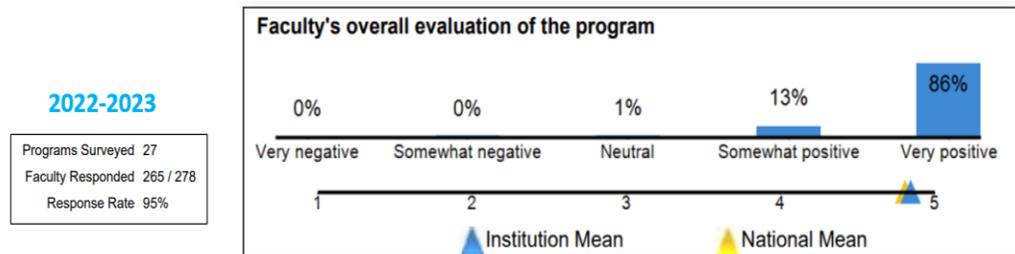
Individual components of the educational and clinical environment that are assessed by the ACGME were equivalent to, or exceeded, national means for LVHN training programs as demonstrated in the table below (**Chart #3**).

**Chart #3**



Faculty satisfaction was also reassuring based on the ACGME survey results in which 95% of faculty participated. 99% of faculty evaluated their programs positively or very positively. Similarly, means for faculty satisfaction exceeded those of national means in other institutions (**Chart #4**)

**Chart #4**



**b. Current Residencies and Fellowships:**

Currently, LVHN sponsors 15 residency programs comprised of **278 residents**. A total of 328 residency positions have been approved and will be filled in the coming three years (**Table #1**).

**Table #1:**

**LVHN Residencies (Total 15)**

Program	Total filled slots	Program	Total filled slots
Colon and rectal surgery	2	Neurology	11
Dental*	8	Obstetrics and gynecology	24
Dermatology	6	Pediatrics	20^
Emergency medicine	58^	Plastic Surgery - Integrated	6
Family medicine (rural)	8	Psychiatry	18^
Family medicine	21^	Surgery	30
Otolaryngology	1±	Transitional year	16
Internal medicine	51^		
<b>Total filled slots for all residency programs = 278 (312 approved)</b>			

^ Expanded Program in 2023 ± First year matriculating trainees \*non-ACGME or CODA Accreditation/unaccredited

The network also sponsors 22 ACGME-recognized fellowship programs encompassing **73 fellows** but with 83 approved spots also to be filled in the next several years (**Table #2**).

**Table #2:**

## LVHN Fellowship Programs (Total 22)

Program	Total filled slots	Program	Total filled slots
Advanced Emergency Ultrasound (EM)*	1	Medical toxicology (EM)	4
Cardiovascular disease	15	Micrographic surgery and dermatologic oncology (D)	1
Child and adolescent psychiatry	2±	Mixed Reality in Complex Intracranial Surgery Fellowship (Neurosurgery)*	1
Clinical neurophysiology	1	Nephrology (IM)	4
Endocrinology, diabetes, and metabolism	4	Neurocritical care (multidisciplinary)	0
Gastroenterology	7^	Pulmonary disease and critical care medicine (IM)	7^
Maternal-Fetal Medicine	1±	Otolaryngology – Head and Neck Surgery International Skull Base Surgery*	1±
Geriatric medicine (FP)	1	Rheumatology (IM)	3
Hematology and medical oncology (IM)	9	Sports medicine (FP)	2
Hospice and palliative medicine	1	Surgical critical care (GS)	3
Interventional cardiology	2±	Vascular neurology (N)	1
<b>Total filled slots for all fellowship programs = 73 (86 approved)</b>			

^ Expanded Program in 2023    ± First year matriculating trainees    \*non-ACGME or CODA Accreditation/unaccredited

### c. Expansion and Growth:

The network's training environment continues to expand. This includes the expansion of several established programs and the addition of new programs. In the past year, several programs introduced their first classes of trainees. The application to start a Neurosurgery program in 2023 was withheld due, in great part, to the absence of radiology and anesthesia training programs in the network. Vascular surgery completed its application and preliminary site visit in November 2023 with the expectation the program will be approved and accept its first trainee in 2024 (**Table #3**)

**Table #3:**

#### **New programs with trainees beginning in AY23:**

- Maternal-Fetal Medicine (1)
- Otolaryngology ENT (1)
- Interventional Cardiology (2)
- Podiatry\* (1)

#### **Site Visits Complete or this year AY24**

- Neurosurgery – 1/2023 – Accreditation **Withheld**
- Vascular Surgery (integrated) – Site Visit 11/9/2023

\*non-ACGME or CODA Accreditation/unaccredited

Several other programs are being developed and will be aggressively pursued in the next 1-5 years (**Table #4**).

**Table #4:**

ACGME Programs in development/submitting applications for accreditation	
Residency Programs	Fellowship Programs
Anesthesiology	Addiction Medicine (FM) <sup>^</sup>
Diagnostic Radiology	Electrophysiology
Orthopedic Surgery Residency	Pediatric Emergency Medicine (EM and Pediatrics)
Orthopedic Fellowships (Hand, Sports, Trauma, Joints)	Emergency Medical Services (EM)
Pain Management	Podiatry
Physical Medicine and Rehabilitation (PM&R)	OBGYN (Rural)
Clinical Informatics (EM)	Transitional Year (Community)
Cardiology (Community)	Internal Medicine (Rural and Community)

Rural = LVH-S    Community = LVH-P    <sup>^</sup> Application Initiated but not yet applied

Additionally, non-traditional, and non-ACGME accredited fellowships, including the *Mixed Reality in Complex Intracranial Surgery Fellowship* (currently active in neurosurgery) and *Advanced Otology fellowship* in ENT, were recently created at LVHN. Other non-accredited programs in *Burn Surgery* and *Urologic Oncology* also remain active albeit not overseen by the GME office as they are contracted through our practice group, LVPG.

We will continue planning the creation of GME programs in our northern-tier hospitals over the next 1-3 years. We are studying financial proformas, identifying key program leadership, and allocating necessary resources at these sites which will be critical to assure success in having such programs approved.

LVH-Schuylkill (LVH-S) has been inaugurated as the first external hospital site to support a training program with the “Rural” Family Medicine program. The program has welcomed its second class and has 8 trainees. Next year it will maximize its complement to 12 residents per year. New programs being considered at LVH-S and at LVH-Pocono (LVH-P) include Internal Medicine, Transitional Year, Cardiology, and OBGYN, but infrastructure requirements and clinical and procedural experience must be assured.

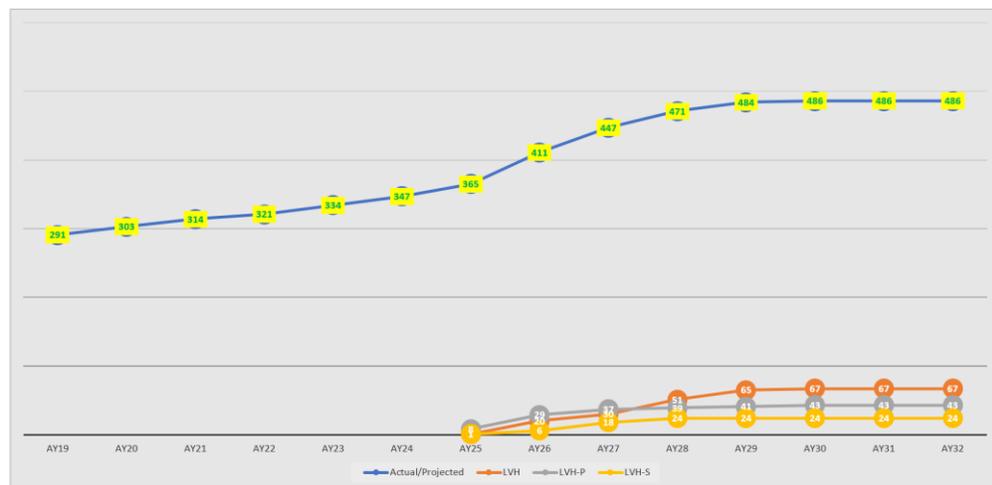
LVH-Hazleton (LVH-H) remains limited as to growth potential in GME, being already capped at 4-trainees per year. In 2023, Family Medicine residents rotated in the

Emergency Department at LVH-H. In the coming year, other rotations and experiences will be set up to support the use of the available GME spots to bolster the culture of the hospital and capitalize on its unique educational offerings as a “community” site.

The attached chart tracks the projected growth of GME in the next 10 years. Since 2019, the network has increased from 291 to 354 trainees (18% ↑). It is projected the number of residents and fellows will increase from 354 to 471 in the next 5 years alone (**Chart #5**).

**Chart #5**

## GME Growth Projections AY19-32



### d. Interviews and Recruitment Data:

LVHN remains a desirable and sought after place to train. Applicant and match data remained robust in the past year, increasing 5%. (13,324 applicants in 2023 versus 12,641 applications in 2022). Demographically, we have seen a decrease in the percentage of female trainees over the past 4 years (52% to 43.5%) which is difficult to explain but will be monitored (**Table #5**).

In total, 95% of available positions successfully filled in 2023. The distribution between allopathic students remained static, osteopathic students dropped slightly, and international medical graduates (IMG) percentages increased. Other highlights from the residency match in March 2023 included: matching 92 new residents from 37 unique medical schools in 18 different states. This included 8 trainees from our University of South Florida SELECT Program and 17 from our academic affiliate, Philadelphia College of Osteopathic Medicine (PCOM). Thirty-three percent of new trainees were educated in Pennsylvania medical schools which was an increase from 22% in 2022. The hope is that those who matriculate within the state are more likely to seek medical staff jobs locally.

**Table #5**

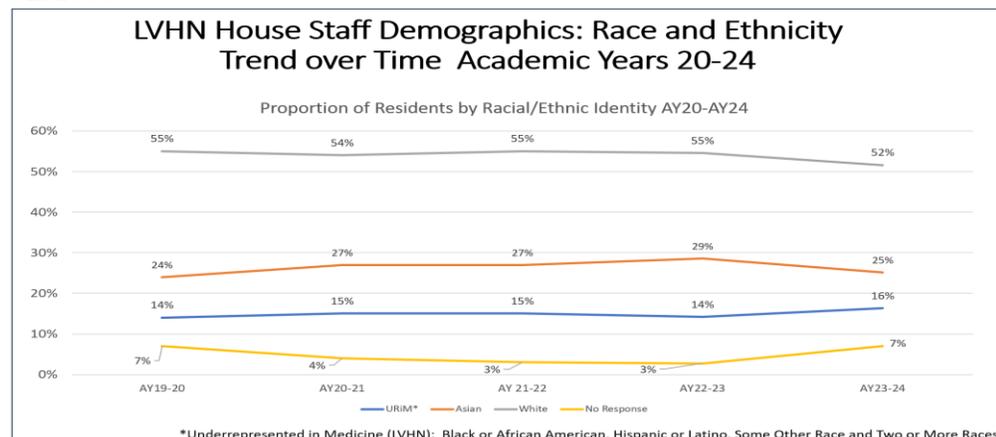
## LVHN Recruitment Demographics 2020-2023

Category	2023	2022	2021	2020
Total Applicants	13,324	12,641	13,094	12,409
Total Matched	108	100	101	96
Female	43.5%	45.0%	46.6%	52.1%
Male	56.5%	55.0%	53.4%	47.9%
MD	29.6%	30.0%	29.7%	37.5%
DO	45.4%	53.0%	53.5%	45.8%
IMG	25.0%	17.0%	17.8%	16.7%

**e. Diversity, Equity, and Inclusion:**

The GME office and LVHN training programs continued to strive to support and enhance diversity in our GME environment and programs. This has included proactive approaches to attract a more diverse applicant pool at every stage of the recruitment process. The network was successful in matching a more diverse intern class in 2023 based on race and ethnicity which included 19% underrepresented minorities (URIM). This was an increase from 15% in 2022 and supported an increase in the overall URIM percentage from 14% to 16% institutionally (**Chart #6**).

**Chart #6**



ACGME Survey data, focusing on professionalism, discrimination, and DEI, were overall positive. Questions related to these areas rated comparable to, or better than, national means except for two categories. Based on these results, we have refined our process for reporting unprofessional behavior at the GME level through a new “Grievance Policy,” approved by GMEC in February 2023 and will be focusing, in the coming year, on ways to improve “teaching of health care disparities” at both the program and GME level. (Table #7)

**Table #7: ACGME Survey Data for Discrimination, Professionalism and DEI**

This report is confidential and not for further distribution. Do not publish or share these results outside of your Sponsoring Institution.					
2022-2023 ACGME Resident/Fellow Survey				Programs Surveyed:	27
410724 Lehigh Valley Health Network - Aggregated Program Data				Residents Responded:	319 / 325
				Response Rate:	98%
Report Category	Question Text	% Program Compliant/% Yes*	Program Mean	% National Compliant / % Yes*	National Mean
Professionalism	Process in place for confidential reporting of unprofessional behavior	86	4.4	89	4.6
Professionalism	Able to raise concerns without fear of intimidation or retaliation	81	4.3	78	4.2
Professionalism	Satisfied with process for dealing confidentially with problems and concerns	78	4.1	75	4.0
Professionalism	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	95	4.7	93	4.7
Professionalism	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	95	4.7	92	4.6
Educational Content	Taught about health care disparities	83	3.7	84	3.8
Diversity and Inclusion	Preparation for interaction with diverse individuals	95	4.2	95	4.3
Diversity and Inclusion	Program fosters inclusive work environment	97	4.5	97	4.5
Diversity and Inclusion	Engagement in program's diverse resident/fellow recruitment/retainment efforts	92	4.1	90	4.1

© 2023 Accreditation Council for Graduate Medical Education (ACGME) \* Response options are Yes or No; they aren't included in the Program Means and aren't considered non-compliant responses  
 \*\* Data shown for individual response options are not included in Mean calculations and are not considered non-compliant  
 Percentages may not add to 100% due to rounding

This report is confidential and not for further distribution. Do not publish or share these results outside of your Sponsoring Institution.

In June 2023, the network and our GME environment were challenged by a concerning blog on social media posted by a recent Emergency Medicine trainee alleging racial discrimination during his tenure at LVHN. This post prompted our GME community and our institutional leadership to initiate an aggressive assessment of our global DEI environment that remains ongoing. It also led to reflection and a stronger commitment and attention to DEI. This included, among other interventions, new and enhanced DEI programming for our trainees and faculty. Examples of programming includes:

- 1) The creation of the *Graduate Medical Education DEI Task Force*- The committee, comprised of various members of the GMEC Committee, is designed to assess and promote the DEI culture at LVHN. The committee was designed to open conversation, share best practices between programs, and to create tangible, and effective, DEI strategies at the level of GME. This task force will transition to a formal GMEC action subcommittee in the coming year.
- 2) *Pool Trust Underrepresented Medical Student Scholarship Program* - Offered to visiting medical students who represent groups historically underrepresented in

medicine. The goal of these scholarships is to attract excellent, diverse, resident and fellow candidates by supporting them financially during rotations at LVHN.

- 3) *Parents of Patients with Disabilities as Teachers (PP-DAT)* – Educational program available to programs designed to address knowledge gaps regarding best practices in patient care for individuals with disabilities, incorporating disability etiquette and critical patient and family perspectives.
- 4) *ACGME Core Competency Curriculum*- Creation of a web-based curricula with a focus on numerous modules focused on clinical competency, management of unconscious bias, and racism in medicine series required to be completed by all trainees while at LVHN.

**f. Facilities and Space:**

Several projects were begun this past year to enhance facilities and the work environment for trainees. This included an update to vital call spaces with revamping of all call rooms and the purchase of new lockers for all residents and fellows in the medicine department and subspecialties at LVH- Cedar Crest (LVH-CC). Several other projects are in process in various programs at LVH-CC, including enhanced educational and social space in Pediatrics, OBGYN, Pulmonary and Critical Care, and the Surgery suite.

**Photo #1: Revamped call rooms and locker Space at LVH-CC:**



In 2024, construction will begin to create a resident and fellow lounge at LVH-CC in current ECC Room-2. This will be designed to promote wellness and support community within, and between, training and complement current computer and workspace in ECC-5. (Preliminary design below **Schematic #1**).

**Schematic #1: Proposed Resident and Fellow Lounge at LVH-CC in ECC #2:**



The Center for Healthcare Education (CHE), which was christened in 2022, became a focal point of GME in the past academic year. This included didactic education, simulation and social gathering for trainees, including the first annual “Meet and Greet Mixer” for new and established residents and other program leadership in June 2023 (Photo #3). This event was well attended and will become an annual event to welcome new trainees to our network and community.

**Photo #3: “Meet and Greet Mixer June 4<sup>th</sup>, 2023”: Center for Healthcare Education**

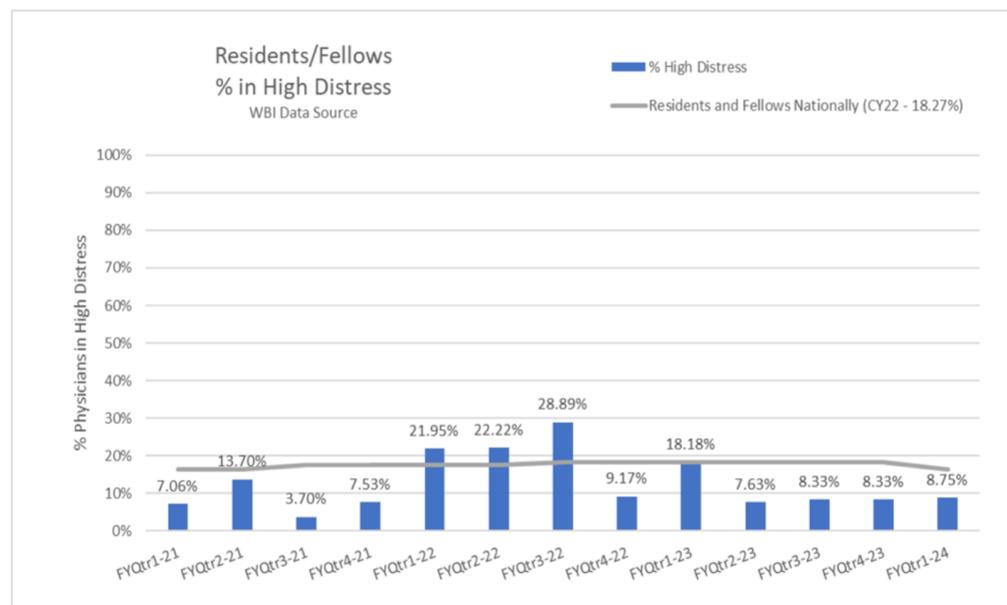


**g. Trainee and Faculty Well-Being:**

Wellness remains a focus of the GME mission at LVHN. This includes monitoring of wellness in trainees and initiatives at the level of GME and programmatic level to enhance the well-being of trainees. Most residency programs and/or departments sponsor wellness committees as does the network. The LVHN Wellness Committee includes representation from all departments, GME faculty, a trainee, and the DIO.

Several measurement tools are active with the goal of assessing the wellness of trainees. We continue to promote the Well Being Index (WBI) as a tool to assess wellbeing in trainees. In the AY 2022-2023, 198 trainees participated in the WBI (57%) completing 529 surveys. Overall, residents and fellows at LVHN maintain a Distress level, or burnout rate, of 8.75%, significantly lower than the national level of 13.70% (**Chart #7**).

**Chart #7:**



In reviewing program level data, most trainees, by program, continue to have lower distress than national benchmarks. The exception includes *OBGYN* and *General Surgery* whose trainees report higher distress than the national benchmark. Both programs did show improvement, however, over the past year in distress levels. Multiple programs, as they have fewer than 5 trainees participating in the index, are not able to be assessed (**Table #8**).

**Table #8**

	FY2022		FY2023		Specialty Benchmark
	% High Distress	Sample Size	% High Distress	Sample Size	
Surgical Critical Care Fellowship		1		3	28.47%
Plastic Surgery Residency		3		3	16.67%
General Surgery Residency	47.37%	16	40.00%	10	33.70%
Colorectal Surgery Fellowship		0		2	33.70%
Psychiatry Residency	5.00%	11	0.00%	13	8.05%
Pediatrics Residency	0.00%	15	1.22%	16	16.20%
Obstetrics & Gynecology Residency	37.50%	17	25.00%	12	24.62%
Vascular Neurology Fellowship		0		0	23.40%
Transitional Year Residency	18.18%	9	0.00%	8	
Rheumatology Fellowship		0		2	5.26%
Pulmonary/Critical Care Medicine Fellowship		1		2	0%
Neurology Residency	16.67%	6	10.00%	10	23.40%
Nephrology Fellowship		2		3	
Hospice and Palliative Medicine Fellowship		1		0	19.95%
Hematology/Oncology Fellowship		0		3	17.65%
Geriatrics Fellowship		0		0	23.08%
Internal Medicine Residency	14.81%	17	8.14%	35	17.88%
Gastroenterology Fellowship		1		3	22.73%
Endocrinology, Diabetes, and Metabolism Fellowship		0		1	23.53%
Dermatology Residency		4		3	13.33%
Cardiology Fellowship		3	9.09%	6	13.51%
Primary Care Sports Medicine Fellowship		1		0	15.48%
Family Medicine Residency	0.00%	9	10.45%	23	19.95%
Emergency Medicine > Medical Toxicology Fellowship		1		0	15.48%
Emergency Medicine Residency	12.50%	26	11.11%	27	15.48%
Dental Residency	11.11%	8	0.00%	5	
Overall	17.13%	151	9.14%	189	16.21%
National	18.27%		18.27%		16.21%

As an additional measure of wellness, the ACGME Survey includes focused survey questions targeting well-being. The results below demonstrate that, in nearly all categories, LVHN trainees rate their wellness experience and status comparably to national means (**Table #9**).

**Table #9:**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean
I find my work to be meaningful.	67.1%	31.0%	0.9%	0.9%	3.6	3.6
I work in a supportive environment.	68.0%	27.9%	3.1%	0.9%	3.6	3.6
The amount of work I am expected to complete in a day is reasonable.	49.5%	44.8%	4.7%	0.9%	3.4	3.4
I participate in decisions that affect my work.	56.1%	38.9%	5.0%	0.0%	3.5	3.5
I have enough time to think and reflect.	42.9%	45.1%	11.0%	0.9%	3.3	3.3
I am treated with respect at work.	60.8%	36.7%	2.2%	0.3%	3.6	3.6
I feel more and more engaged in my work.	40.4%	49.5%	7.8%	2.2%	3.3	3.3
I find my work to be a positive challenge.	48.3%	48.0%	3.1%	0.6%	3.4	3.5
I find new and interesting aspects in my work.	50.8%	44.5%	4.1%	0.6%	3.5	3.5

	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean
I often feel emotionally drained at work.	21.9%	42.6%	28.2%	7.2%	2.8	2.8
After work, I need more time than in the past in order to relax.	13.2%	36.7%	35.7%	14.4%	2.5	2.5
I feel worn out and weary after work.	15.0%	43.9%	31.0%	10.0%	2.6	2.6

Assuring faculty wellness is also critical in a healthy GME environment. Faculty well-being is measured, and compared to nation, also through the annual ACGME Survey. Data from 22-23 suggests significant strain on faculty (red dots below national mean for question) with 10 of 12 categories inferior to national means. This data needs to be monitored and likely reflects increased demands and stressors on our educators in the clinical setting. It needs to be optimized to not adversely affect the educational environment. (Table #10).

**Table #10**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean
I find my work to be meaningful.	77.4%	20.8%	1.9%	0.0%	3.8	3.8
I work in a supportive environment.	66.8%	28.3%	3.8%	1.1%	3.6	3.6
The amount of work I am expected to complete in a day is reasonable.	45.3%	42.3%	10.9%	1.5%	3.3	3.4
I participate in decisions that affect my work.	51.7%	37.0%	9.4%	1.9%	3.4	3.5
I have enough time to think and reflect.	40.8%	38.5%	17.7%	3.0%	3.2	3.4
I am treated with respect at work.	67.9%	27.2%	4.2%	0.8%	3.6	3.7
I feel more and more engaged in my work.	38.9%	42.3%	17.0%	1.9%	3.2	3.3
I find my work to be a positive challenge.	52.5%	44.2%	3.4%	0.0%	3.5	3.6
I find new and interesting aspects in my work.	54.0%	39.6%	6.4%	0.0%	3.5	3.6

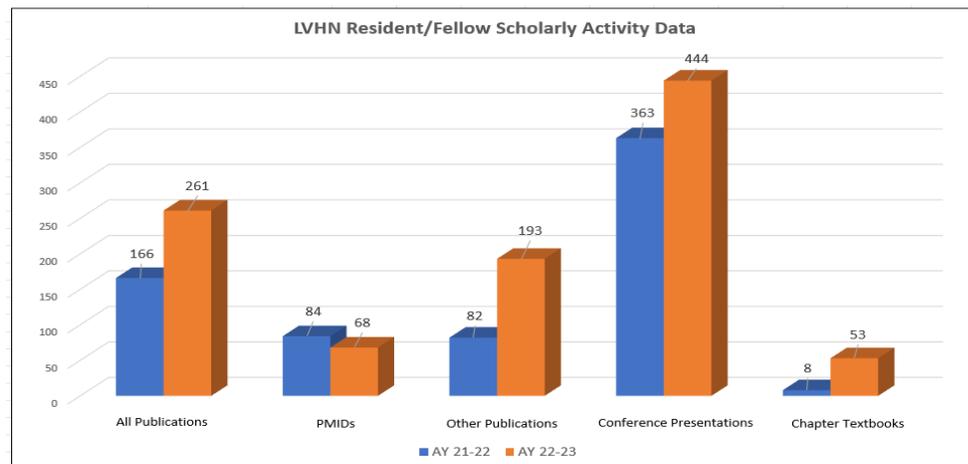
  

	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean
I often feel emotionally drained at work.	22.3%	44.5%	23.8%	9.4%	2.8	2.9
After work, I need more time than in the past in order to relax.	13.2%	40.4%	30.9%	15.5%	2.5	2.8
I feel worn out and weary after work.	15.1%	45.7%	27.5%	11.7%	2.6	2.8

**h. Scholarly Activity:**

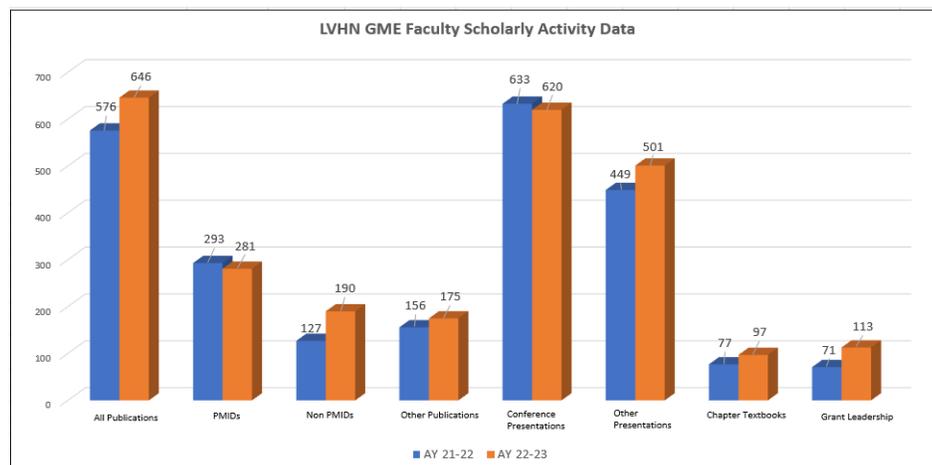
Scholarly activity remains a priority in our GME environment. Our network provides a variety of resources that support and promote scholarly activity among all trainees and faculty. Resident and fellow academic output from the past year, compared to prior AY, is shown below and in most categories expanded (**Chart #8**).

**Chart #8:**



Overall publications among trainees increased from 166 to 261 (increase 36%), although PMID publications decreased slightly. Conference presentations and chapter textbook contributions by trainees also increased significantly in the past year. Faculty scholarly activity was also robust in the past year and demonstrated increases in publications, presentations, textbook chapters, and the acquisition of grants (**Chart #9**).

**Chart #9:**



Looking globally at scholarly activity, 74% of residents and fellows participated formally in research and 87% provided teaching presentations. Overall, 93% of residents and fellows reported “having scholarly activity” in the past year while 97% of trainees participated in “Quality Assurance” activity within their departments. (**Table #11**).

**Table #11:**

	AY 21-22	AY 22-23		% Change
All Publications	166	261		+57%
PMIDs	84	68		-19%
Other Publications	82	193		+135%
Conference Presentations	363	444		+22%
Chapter Textbooks	8	53		+563%
Participated in Research (% YES)	68%	74%		+9%
Teaching Presentations (% YES)	86%	87%		+1%
Had Scholarly Activity This Year (%YES)	91%	93%		+2%

**i. Graduation Data: Certification and Recruitment**

Successful board passage rates of >80% are an expected benchmark by the ACGME in GME training programs. LVHN sponsored programs achieved a compiled 3-year board passage rate of 95%. Medical Toxicology and Pediatrics fell below the expected threshold for pass rate. These programs are taking steps to improve these outcomes (**Table #11**).

**Table #11:**

PROGRAM	Board Passage Rate ( 3year rolling avg)
Cardiovascular Disease	100%
Child and Adolescent Psychiatry	N/A
Clinical Neurophysiology	N/A
Dental - LVH- 17 & Muh	N/A
Dermatology	100%
Emergency Medicine	93%
Emergency Medicine, Medical Toxicology	67%
Endocrinology, Diabetes & Metabolism	83%
Family Medicine - Lehigh	100%
Family Medicine - Schuylkill	N/A
Gastroenterology	100%
Geriatrics	N/A
Hematology/Oncology	88%
Hospice Palliative Medicine	100%
Internal Medicine	88%
Interventional Cardiology	N/A
Nephrology	N/A
Neurology	100%
Obstetrics & Gynecology	93%
Pediatrics	76%
Psychiatry	N/A
Pulmonary Disease and Critical Care Medicine	100%
Rheumatology	100%
Sports Medicine	100%
Surgery, Colon/Rectal	100%
Surgery, General	83% CE- 100%
Surgery, Plastics	100%
Surgical Critical Care	80%
Transitional Year	N/A
Vascular Surgery	
<b>TOTALS</b>	

An additional goal of GME is to create a pipeline for our medical staff and to attract our trainees to join our fellowships (as residents) or join our medical staff (as residents or fellows). Career opportunities for our residents and fellows post-training continue to grow, as such, attracting them to stay at LVHN can pose a challenge. In the past year we aggressively bolstered the recruitment of our trainees through several interventions including: 1) proactive identification and early engagement of the ideal trainees; 2) customizing opportunities based on candidates' desires; and 3) offering competitive contracts and benefits.

In 2023, this recruitment process was rewarded with 10 residents joining fellowship programs and 27 residents and fellows (28% of graduates) coming onto our medical staff. Our goal going into the year was to keep  $\geq 20\%$  of our graduate trainees at LVHN, and this goal was successfully achieved. The departments with the greatest number of recruits in the past year were Family Medicine (5), Neurology (4), and Pediatrics (3) (**Table #12**).

**Table #12:**

Department or Specialty	LVHN Residents recruited as Fellows	Residents/Fellows recruited to Medical Staff
Cardiology	na	1*
Colorectal Surgery	na	0
Emergency Medicine	2	2
Endocrinology	1	1
Family Medicine	1	5
Family Medicine - Sports	1	0
Gastroenterology	1	1
General Surgery	0	1*
Hematology-Oncology	1	2
Hospital Medicine	NA	2
Hospice-Palliative Medicine	0	1
ENT	1	0
Internal Medicine	NA	2
Maternal-Fetal Medicine	0	0
Neurology	0	4*
OB/GYN	0	0
Pediatrics	NA	3
Pulmonology	1	2
Rheumatology	0	1
Surgical Critical Care	0	1
Dermatology (MOHs)	1	0
<b>Total</b>	<b>10</b>	<b>27</b>

\* Completed external fellowship and returned to LVHN

### **III. Conclusions and Future Goals:**

The GME environment at LVHN remains robust and continues to perform exceptionally. This includes our residency and fellowship programs as well as the global GME environment. Although we faced challenges this past year, the environment has persevered and is committed to improving in critical areas. Several interventions were initiated to further improve the academic and clinical environment for trainees and the culture. Standard data metrics remain positive for the most part.

Specific goals for AY 2023-2024 include:

- 1) Maintaining and continuing to improve the global culture for residents and fellows to learn, train, and excel while at LVHN. Furthermore, assuring programs maintain continued accreditation, trainees perform well on certification requirements and exams, and continue to acquire excellent clinical positions in their specialties.
- 2) Strategic growth of our GME footprint. This includes continued evolution of established programs and creation of new programs that match our needs and the needs of our clinical and academic community. Programs we will focus on in 2023-2024, with the goal of having applications completed, include:
  - Pediatric Emergency Medicine fellowship.
  - Addiction Medicine (Family Medicine Based) fellowship.
  - Diagnostic Radiology residency.
  - Orthopedic Hand Surgery Fellowship.
  - Orthopedic Sports Fellowship.
  - Physical Medicine and Rehabilitation residency.
  - Clinical Informatics (Emergency Medicine) fellowship

We will also continue to establish infrastructure for expanding training programs to LVH-P and LVH-S while leveraging available spots at LVH-H.

- 3) Continued expansion and successful increase of scholarly activity and academic productivity for both faculty and trainees. Consider key resources to augment this mission including expansion of the scholarly activity coordinator model to other departments.
- 4) Improving efficiency, standardization, and operations in our GME division and at department and program levels; This will include conducting a formal analysis of program administration structure, standardizing of job descriptions, assuring competitive salaries for personnel, and enhancing opportunities for growth and promotion for coordinators, specialists, and managers.
- 5) Continued efforts to optimize the well-being of our trainees and faculty while mitigating distress and burnout among these groups. This must focus on providing

safe environments focused on inclusivity, maintaining professionalism, assure workhour compliance, and achieving an ideal balance between educational and service. We will also continue to augment behavioral health offerings and make environmental and facility improvements aimed at augmenting community and wellness for trainees. Continued efforts to assure faculty wellness through communication with departments and our physician practice group.

- 6) Focused recruitment aimed at attracting trainees to our fellowships and medical staff. This will include proactive efforts at various levels of the organization (GME, Departments, Recruitment, Senior Leadership, etc.) nurturing the GME environment as a continued critical pipeline for future physicians and staffing at LVHN.
- 7) Continue to prioritize and improve DEI at the level of GME and beyond. This will include focused surveys and evaluation, formal programming along with education, discussion, and reflection. Efforts will be made to continue to increase diversity in the recruitment process and focus on teaching about healthcare disparities through curriculum improvement. Going beyond this, the goal is to assure that LVHN is an educational environment accepting of all by providing each trainee with a sense of belonging.

**[Appendix A]: Sponsoring Institution (SI) Letter of Certification from ACGME 2023**

Accreditation Council for  
Graduate Medical  
Education

401 North Michigan Avenue  
Suite 2000  
Chicago, IL 60611

Phone 312.755.5000  
Fax 312.755.7498  
www.acgme.org

1/11/2023

Joseph Patruno, MD  
Designated Institutional Official  
1247 South Cedar Crest Blvd  
Suite #200  
Allentown, PA 18103



Dear Dr. Patruno,

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

Lehigh Valley Health Network  
Allentown, PA

Institution: 8004100364

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation  
Effective Date: 01/03/2023

The Review Committee commended the institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements without any new citations.

The ACGME must be notified of any major changes in the organization of the institution. When corresponding with the ACGME, please identify the institution by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System (ADS).

Sincerely,

A handwritten signature in black ink, appearing to read 'Olivia Orndorff', written in a cursive style.

Olivia Orndorff, MSLIS  
Associate Executive Director  
Institutional Review Committee

oorndorff@acgme.org

**[Appendix B]: Sponsoring Institution (SI) Programs, Accreditation Status, and Trainee Complement.**

<b>Program Annual Update Summary</b>				
Sponsoring Institution: [410724] - Lehigh Valley Health Network Report Date: 12/5/2023				
Program Code	Specialty	Accreditation Status	Complement Approved	Active Residents
0604121029	Colon and rectal surgery	Continued Accreditation	2	2
0804100105	Dermatology	Continued Accreditation	6	6
0814108002	Micrographic surgery and dermatologic oncology	Continued Accreditation with Warning	1	1
1104121199	Emergency medicine	Continued Accreditation	64	60
1184111031	Medical toxicology (Emergency medicine)	Continued Accreditation	4	5
1204100001	Family medicine	Continued Accreditation	12	8
1204121572	Family medicine	Continued Accreditation	24	21
1254112081	Geriatric medicine (Family medicine)	Continued Accreditation	1	1
1274112171	Sports medicine (Family medicine)	Continued Accreditation	2	2
1404121359	Internal medicine	Continued Accreditation	54	53
1414113280	Cardiovascular disease	Continued Accreditation	15	15
1434114196	Endocrinology, diabetes, and metabolism	Continued Accreditation	4	4
1444114219	Gastroenterology	Continued Accreditation	9	7
1484114204	Nephrology	Continued Accreditation	4	4
1504114167	Rheumatology	Continued Accreditation	4	4
1524114001	Interventional cardiology	Continued Accreditation	2	2
1554114166	Hematology and medical oncology	Continued Accreditation	9	9
1564114160	Pulmonary disease and critical care medicine	Continued Accreditation	9	6
1804100167	Neurology	Continued Accreditation	15	15
1874118110	Clinical neurophysiology	Continued Accreditation	2	0
1884118063	Vascular neurology	Continued Accreditation	1	0
2204111243	Obstetrics and gynecology	Continued Accreditation	24	24
2304122008	Maternal-fetal medicine	Continued Accreditation	3	1
2804100001	Otolaryngology - Head and Neck Surgery	Continued Accreditation	5	1
3204121426	Pediatrics	Continued Accreditation	24	20
3624100161	Plastic Surgery - Integrated	Continued Accreditation	6	6
4004100277	Psychiatry	Continued Accreditation	24	18
4054140176	Child and adolescent psychiatry	Continued Accreditation	4	2
4404121280	Surgery	Continued Accreditation	32	29
4424131047	Surgical critical care	Continued Accreditation	3	3
5404114086	Hospice and palliative medicine (multidisciplinary)	Continued Accreditation	2	2
5504118002	Neurocritical care (multidisciplinary)	Continued Accreditation	4	0
9994100103	Transitional year	Continued Accreditation	16	16
<i>*Core faculty designation used in core specialty programs only</i>				

**[Appendix C]: Sponsoring Institution (SI) Programs with Citation by Categories and Programs**

**INSTITUTIONAL REVIEW QUESTIONNAIRE  
PROGRAM SPECIFIC CITATION CATEGORY SUMMARY**  
410724 - Lehigh Valley Health Network  
(corresponding to Institutional Requirements, effective July 1, 2007)

Please note that not all citation categories are reported in this summary. Therefore, it may appear that several of the program citations are missing from the program-specific citations by category section. The IRC will only focus on these citations categories.

Note: The shaded areas represent major headings.

Citation Category	Number of Citations	Specialties/Subspecialty Receiving Citation
<b>1. Institutional Support</b>		
A. Institutional Support-Sponsoring Institution		
B. Institutional Support-Program Director	1	OTO
C. Institutional Support-Participating Institution		
D. Facilities-Educational Space Including Library		
E. Facilities-Clinical Space		
F. Medical Records Retrieval		
G. On-call Rooms		
H. Appropriate Food Services		
I. Safety/Security		
J. Patient Support Services		
K. Facilities-Lactation		
L. Accommodations for Residents/Fellows with Disabilities		
<b>2. Resident Appointment</b>		
A. Resident Appointment Issues		
<b>3. Prog Pers &amp; Resources</b>		
A. Qualifications of Program Director	1	FM
B. Responsibilities of Program Director	1	FM
C. Qualifications of Faculty		
D. Responsibilities of Faculty	1	OTO
E. Other Program Personnel	1	OTO
F. Resources		
<b>4. The Education Program</b>		
C. Progressive Resident Responsibility		
D. ACGME Competencies		
D.1. Patient Care		
D.2. Medical Knowledge		
D.3. Practice-based Learning and Improvement		
D.4. Interpersonal and Communication Skills		
D.5. Professionalism		
D.6. Systems Based Practice		

**INSTITUTIONAL REVIEW QUESTIONNAIRE**  
**PROGRAM SPECIFIC CITATION CATEGORY SUMMARY**  
410724 - Lehigh Valley Health Network  
(corresponding to Institutional Requirements, effective July 1, 2007)

Please note that not all citation categories are reported in this summary. Therefore, it may appear that several of the program citations are missing from the program-specific citations by category section. The IRC will only focus on these citations categories.

Note: The shaded areas represent major headings.

Citation Category	Number of Citations	Specialties/Subspecialty Receiving Citation
<b>1. Institutional Support</b>		
A. Institutional Support-Sponsoring Institution		
B. Institutional Support-Program Director	1	OTO
C. Institutional Support-Participating Institution		
D. Facilities-Educational Space Including Library		
E. Facilities-Clinical Space		
F. Medical Records Retrieval		
G. On-call Rooms		
H. Appropriate Food Services		
I. Safety/Security		
J. Patient Support Services		
K. Facilities-Lactation		
L. Accommodations for Residents/Fellows with Disabilities		
<b>2. Resident Appointment</b>		
A. Resident Appointment Issues		
<b>3. Prog Pers &amp; Resources</b>		
A. Qualifications of Program Director	1	FM
B. Responsibilities of Program Director	1	FM
C. Qualifications of Faculty		
D. Responsibilities of Faculty	1	OTO
E. Other Program Personnel	1	OTO
F. Resources		
<b>4. The Education Program</b>		
C. Progressive Resident Responsibility		
D. ACGME Competencies		
D.1. Patient Care		
D.2. Medical Knowledge		
D.3. Practice-based Learning and Improvement		
D.4. Interpersonal and Communication Skills		
D.5. Professionalism		
D.6. Systems Based Practice		

E. Educational Program - Didactic Components	3	PRD
F. Educational Program - Patient Care Experience	3	FM, PRD
G. Educational Program - Procedural Experience	1	GS
H. Service to Education Imbalance		
I. Scholarly Activities	2	CHP, PRD
J. Supervision	2	OTO, PRD
K. Learning and Working Environment		
K.1. 80 Hours per week	2	GS, IM
K.2. 1 day in 7 free		
K.3. Minimum Time Off Between Scheduled Duty Periods		
K.4. Maximum Duty Period Length		
K.5. In-House Call Frequency		
K.6. Moonlighting		
K.7. Other		
K.8. Oversight	1	OTO
K.9. Culture of Professional Responsibilities		
K.10. Transitions of Care		
K.11. Maximum Frequency of In-House Night Float		
K.12. At-Home Call		
K.13. Patient Safety		
K.14. Quality Improvement		
K.15. Well-Being	1	OTO
K.16. Fatigue Mitigation		
K.17. Teamwork		
K.18. Resident harassment, mistreatment, discrimination, abuse, and coercion		
<b>5. Evaluation</b>		
A. Evaluation of Residents/Fellows	4	CHP, OTO
A.1. Evaluation of Patient Care		
A.2. Evaluation of Medical Knowledge		
A.3. Evaluation of Practice-based Learning/Improvement		
A.4. Evaluation of Interpersonal/Communication Skills		
A.5. Evaluation of Professionalism		
A.6. Evaluation of Systems-based Practice		
B. Evaluation of Faculty	1	OTO
C. Evaluation of Program	2	NCC, OTO
D. Performance on Board Exams		
<b>6. Experimentation and Innovation</b>		
A. RRC Approval for Innovation		

**SPONSORED PROGRAMS WITHOUT CITATIONS**

0604121029	Colon and rectal surgery
0804100105	Dermatology
1104121199	Emergency medicine
1184111031	Medical toxicology (Emergency medicine)
1204121572	Family medicine
1254112081	Geriatric medicine (Family medicine)
1274112171	Sports medicine (Family medicine)
1414113280	Cardiovascular disease
1434114196	Endocrinology, diabetes, and metabolism
1444114219	Gastroenterology
1484114204	Nephrology
1504114167	Rheumatology
1524114001	Interventional cardiology
1554114166	Hematology and medical oncology
1564114160	Pulmonary disease and critical care medicine
1804100167	Neurology
1874118110	Clinical neurophysiology
1884118063	Vascular neurology
2204111243	Obstetrics and gynecology
2304122008	Maternal-fetal medicine
3204121426	Pediatrics
3624100161	Plastic Surgery - Integrated
4004100277	Psychiatry
4424131047	Surgical critical care
5404114086	Hospice and palliative medicine (multidisciplinary)
9994100103	Transitional year

**CITATIONS FOR RECENTLY WITHDRAWN PROGRAMS** (programs withdrawn in the current and previous academic years)