

Graduate Medical Education Annual Institutional Review (AIR) – Academic Year 2024-2025: Report

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I. Background and Overview of GME:

This comprehensive Annual Institutional Review (AIR) is respectfully submitted for review. The report incorporates data from July 1, 2024, through June 30, 2025.

The Division of Graduate Medical Education (GME) in the Department of Education (DOE) has integrated and become part of Jefferson Health Network. Jefferson Health-Lehigh Valley Hospital (Jefferson-LVH) is one of 6 unique Sponsoring Institutions (SIs) in the Jefferson Health Enterprise. We are the third largest SI based on the number of programs and trainees. GME personnel include Joseph E. Patruno, MD, the Designated Institutional Official (DIO), and Robert Sweeny, MHA, the Director of Graduate Medical Education (DGME). Other GME team members include GME Specialist Tanya Ensminger, Accreditation Specialist Despina Tsarouhis-Schumann, C-TAGME, and Terri Vian, MS, CQIA, who will continue to serve as the Scholarly Activities Coordinator and as a Project Manager in the GME office.

Jefferson-LVH has maintained *continued accreditation* through the Accreditation Council for Graduate Medical Education (ACGME) as of March 14, 2025 (**Appendix A**). Our SI underwent a focused ACGME site visit on October 31, 2023, with planned future follow up in 2027. This site visit identified 5 citations that will automatically resolve this year.

Jefferson-LVH sponsors 38 accredited residency and fellowship training programs, a robust dental program, and 3 non-accredited training programs. Two ACGME-sponsored programs received initial accreditation this year including a Diagnostic Radiology Residency and a Hand Surgery Fellowship. We also hosted an initial accreditation site visit for an Anesthesiology residency scheduled for August 2025. There are a total of 386 trainees (385 accredited, 1 non-accredited) providing patient care at 71 affiliated clinical training sites.

All ACGME accredited programs remain healthy having maintained *initial or continued accreditation* without warning or probation. No program has lost accreditation. Additionally, our Dental Residency Program remains in good standing accredited through the Commission on Dental Accreditation (CODA).

The integration between Jefferson and LVH, at the level of GME, became more formal this year. This included aggressive transformation initiatives overseen by Doug McGee, DO, FACEP, the Vice Dean and Enterprise Lead in GME at Jefferson Health. Goals of integration among the six Jefferson sponsored SIs include:

- Harmonizing policies, processes, onboarding protocols, and contracting for services and other purchasing.

- Aligning administrative staff structure including job descriptions, work distribution, career opportunities, professional development and onboarding.
- Identifying exceptional opportunities for trainees to maximize learning opportunities between SIs and programs and facilitate alignment with clinical operations.
- Describing, tracking, and managing the entry of SKMC students into Jefferson Health GME programs and evaluating the impact of other medical school partners on Jefferson Health workforce.
- Analyzing Jefferson Health GME budgets with the goal of understanding expenses, aligning processes, and improving budget oversight. The overarching goal of this analysis is future standardization of budgets in a centralized GME model.
- Optimizing Jefferson Health GME “in” and “out” rotations for non-Jefferson Health trainees and simplifying Program Letters of Agreement (PLA) processing and execution.
- Reviewing Medicare cost reports for opportunities for improvement; and standardizing Intern and Resident Information System (IRIS) reporting through New Innovations.
- Reporting and following critical program metrics including financial performance metrics (cost per trainee, faculty cost, variance reporting).

Additional strategies to collaborate and optimize the educational and clinical environments, through standardization and financial stewardship, will be a continued priority in the coming year. Additionally, these strategies will endorse the original merger agreement between institutions which includes the support of Jefferson-LVH’s aggressive GME growth strategy.

The Jefferson-LVH GME mission statement remains the following:

Jefferson-Lehigh Valley Hospital GME Mission Statement

Lehigh Valley Health Network is committed to pursuing the highest quality of patient care and graduate medical education. LVHN faculty will instill within our residents and fellows the Accreditation Council for Graduate Medical Education (ACGME) and Commission on Dental Accreditation (CODA) standards to: provide excellent patient care; obtain superior medical knowledge; understand and utilize practice-based learning and improvement; and demonstrate outstanding interpersonal and communication skills. LVHN will provide a learning environment that honors and fosters inclusion, and openness to diverse perspectives and equitable treatment, enabling both residents and fellows to excel in service to their community, teaching and research. Utilizing innovative educational techniques and tools, LVHN will continue to train the next generation of local, national, and internationally renowned clinicians and physician leaders.

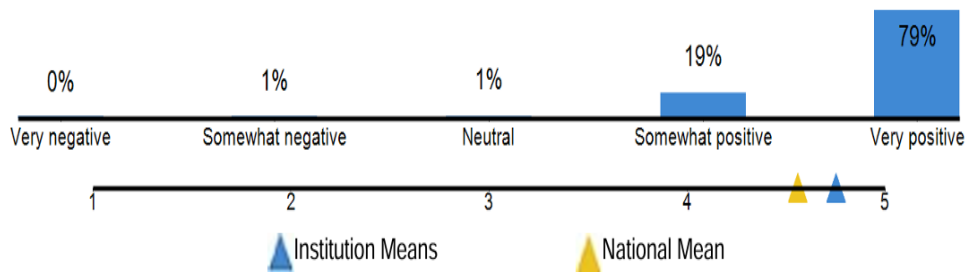
II. Data Metrics

a. Resident and Faculty Satisfaction:

Trainee and faculty satisfaction as critical metrics and measures of success at Jefferson-LVH are monitored by the ACGME (**Appendices B and C: Full Trainee and Faculty ACGME Surveys**). Overall, the training environment satisfaction for residents, fellows and faculty remains positive. Annual ACGME program surveys included a 99% participation rate among trainees with global satisfaction of the training environment at 98% (**Chart #1**). These statistics remained stable from the prior year. Residents' program satisfaction at Jefferson-LVH continues to exceed that of SIs nationally.

Chart #1: ACGME Survey Data 2025: Overall Program Evaluation

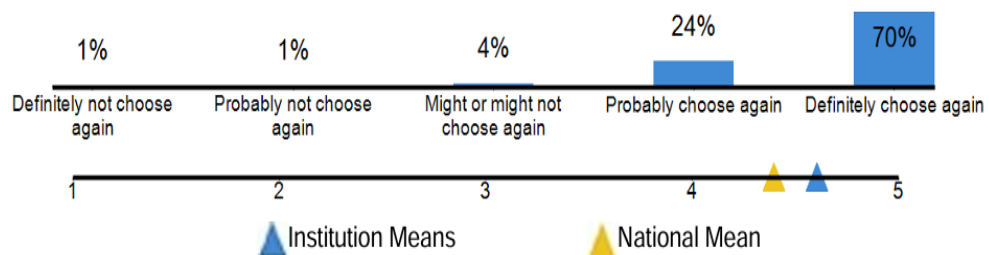
Residents' overall evaluation of the program



Trainees' "overall opinion of their programs" defined by whether they would choose their program again, was also positive. In total, 94% of trainees responded affirmatively to this question ("Probably" or "Definitely" would choose again). This figure was improved markedly from the prior two years at 90% and 87% respectively (**Chart #2**). This metric also significantly exceeded national mean data in SIs nationally.

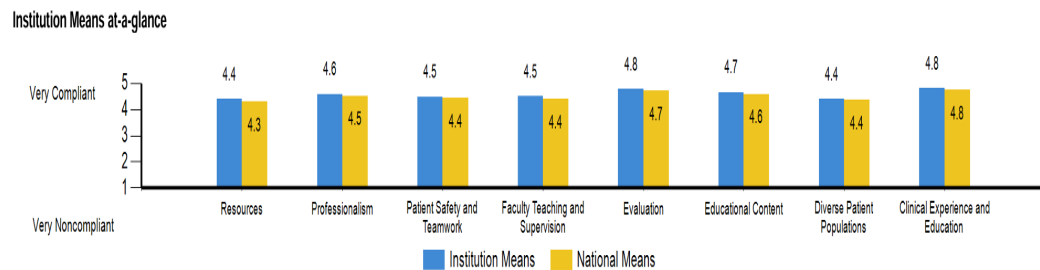
Chart #2: ACGME Survey Data 2025: Overall Opinion of Program

Residents' overall opinion of the program



Other critical components of the educational and clinical environment (8 major categories) assessed by the ACGME all were equivalent to or exceeded national means in the compiled assessment of Jefferson-LVH training programs (**Chart #3**).

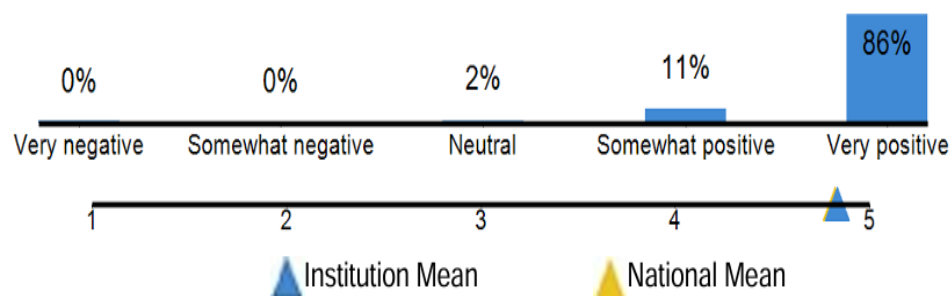
Chart #3: ACGME Survey Data 2025: Overall Program Assessment



Faculty satisfaction similarly remained strong based on the ACGME survey results. Faculty participation rate was 98%, with 97% of responders evaluating their programs either “Positively” or “Very Positively.” This improved from AY 2023-2024 (96%). Jefferson-LVH faculty satisfaction ratings were comparable to national means in other institutions (**Chart #4**).

Chart #4: ACGME Survey Data 2025: Overall Faculty Evaluation of Program

Faculty's overall evaluation of the program

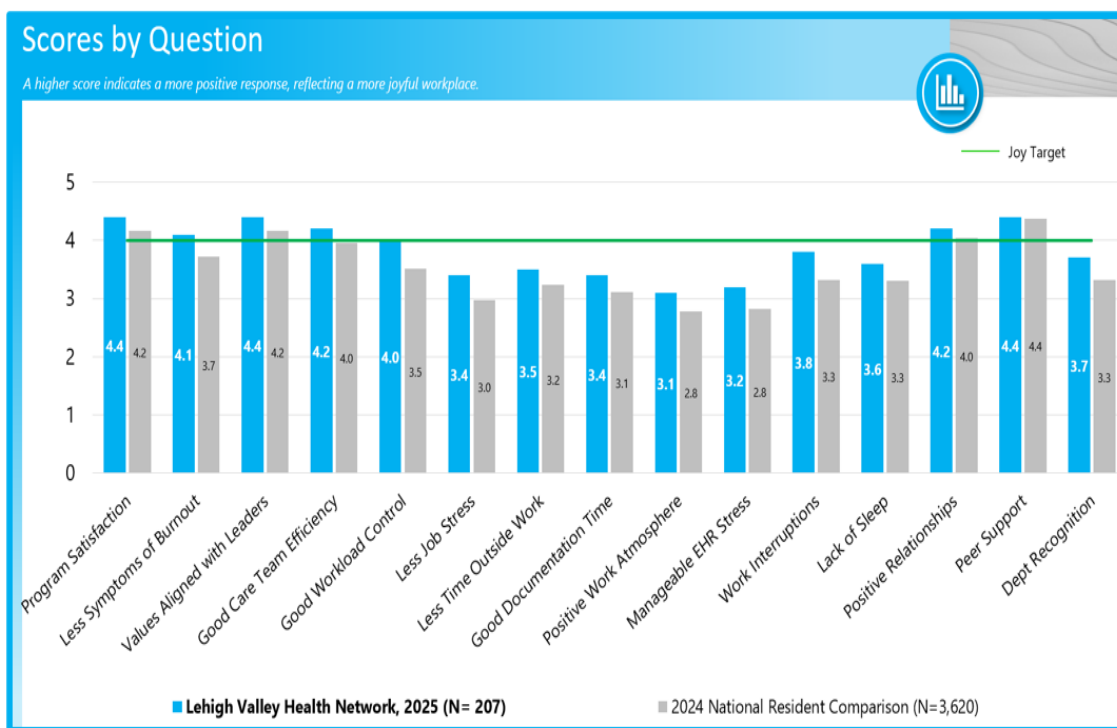


Other survey tools used during the AY 24-25 to measure engagement, trainee satisfaction, and elements of the educational environment included the **AMA Organizational Biopsy Survey®** distribution in December 2024. Participation, at 54%, was lower than that of the ACGME survey. The survey assessed 15 aspects of the training environment relative to GME culture and provided comparative data to other training programs nationally. Jefferson-LVH performed well again compared to other GME environments nationally in each of these categories with 6 categories exceeding the “Joy Target” and being exceptional (**Chart #5**).

Additional data analysis demonstrated:

- **Satisfaction:** Jefferson-LVH trainees had a 96.2% satisfaction rate. This represents a 10.5% increase as compared to the 2024 National Resident Comparison.
- **Stress Level:** As reported, 23.7% of Jefferson-LVH trainees feel stressed, which is 16.5% lower than the 2024 National Resident Comparison benchmark.
- **Burnout:** Additionally, 25.1% of Jefferson-LVH trainees are experiencing symptoms of burnout. This is 9.4% lower than the 2024 National Resident Comparison benchmark.
- **Valued:** In all, 69.5% of Jefferson-LVH trainees report feeling valued, which is 10.8% higher than the 2024 National Resident Comparison benchmark.
- **Intention to Stay:** Overall, 45.9% of Jefferson-LVH trainees intend to stay at the organization post-training. This level of intent is 12.6% higher than the 2024 National Resident Comparison benchmark.

Chart #5: AMA Biopsy Results- All GME Programs December 2024



b. Current Residencies and Fellowships:

Currently, Jefferson-LVH sponsors 38 ACGME accredited residencies and fellowships; **17 residency (16 ACGME, 1 CODA) programs and 22 fellowships**. This supports a total of **386 accredited trainees – 312 residents and 74 fellows** – at our SI. All training programs at Jefferson-LVH remain in good standing and have maintained either *Continued* or *Initial* Accreditation status without warning or probation (**Table #1**).

Table #1: Jefferson LVH Residencies and Fellowships AY 24-25.

Jefferson-LVH Residencies and Fellowships

	RESIDENCY Program Code	Specialty	Complement Approved	Active Residents
1	0604121029	Colon and rectal surgery	2	2
2	0804100105	Dermatology	6	6
3	1104121199	Emergency medicine	64	61
4	1204100001	Family medicine	12	12
5	1204121572	Family medicine	24	24
6	1404121359	Internal medicine	54	54
7	1804100167	Neurology	18	18
8	2204111243	Obstetrics and gynecology	24	26
9	2804100001	Otolaryngology - Head and Neck Surgery	5	3
10	3204121426	Pediatrics	24	23
11	3624100161	Plastic Surgery - Integrated	6	6
12	4004100277	Psychiatry	24	22
13	4204100002	Radiology-diagnostic	20	0
14	4404121280	Surgery	32	29
15	4514100003	Vascular surgery - integrated	5	2
16	9994100103	Transitional year	16	16
	TOTAL		328	296

	FELLOWSHIP Program Code	Specialty	Complement Approved	Active Residents
1	0814108002	Micrographic surgery and dermatologic oncology	1	1
2	1124111009	Emergency medical services	2	0
3	1184111031	Medical toxicology (Emergency medicine)	4	2
4	1254112081	Geriatric medicine (Family medicine)	1	1
5	1274112171	Sports medicine (Family medicine)	2	2
6	1414113280	Cardiovascular disease	15	15
7	1434114196	Endocrinology, diabetes, and metabolism	4	4
8	1444114219	Gastroenterology	9	8
9	1484114204	Nephrology	4	4
10	1504114167	Rheumatology	4	4
11	1524114001	Interventional cardiology	2	2
12	1554114166	Hematology and medical oncology	9	9
13	1564114160	Pulmonary disease and critical care medicine	9	8
14	1874118110	Clinical neurophysiology	2	1
15	1884118063	Vascular neurology	1	0
16	2304122008	Maternal-fetal medicine	3	3
17	2634126001	Hand surgery (Orthopaedic surgery)	1	0
18	4044140009	Addiction medicine (multidisciplinary)	1	1
19	4054140176	Child and adolescent psychiatry	4	4
20	4424131047	Surgical critical care	3	3
21	5404114086	Hospice and palliative medicine (multidisciplinary)	2	2
22	5504118002	Neurocritical care (multidisciplinary)	4	0
	TOTAL		87	74

The GME Office also oversees and supports an 8-trainee, 1-year, Dental Residency Program accredited by CODA, which remains in good standing, as well as 3 non-accredited fellowships including 1) Emergency Medicine Ultrasound, 2) Burn Surgery, and 3) Advanced Endoscopy (GI Medicine).

This past year, our institution took in several local trainees orphaned from programs that suddenly closed. This included 4 trainees from Crozer-Chester Medical Center (1 OBGYN, 1 Internal Medicine, and 2 Transitional Years) and a single resident (OBGYN) from Mohawk Health System. When eligible, these positions to be applied for permanently to expand our FTE cap and related funding under the Center for Medicare Services (CMS) Section 5506 provision.

c. Site Visits, Special Reviews, and Program Citations

AY 24-25 included several Site Visits and program reviews including:

Program Site Visits

- October 15, 2024: *Hand Surgery Fellowship (Orthopedics)* - Initial site visit (in-person) - **Outcome: Initial Accreditation – Single Citation relating to Scholarly Activity**
- February 25, 2025: *Addiction Medicine* - Initial Site Visit (virtual) - **Outcome: Initial Accreditation (Formal Letter not received)**

- March 24, 2025: *Otolaryngology - Head and Neck Surgery*- Continued Accreditation Site Visit - **Outcome: Accreditation → Continued Accreditation (formal letter not received)**
- Scheduled August 19, 2025: *Anesthesia Residency* – Initial site visit (in-person)- **Outcome: Decision Pending in Fall-Winter 2025 based on Resident Review Committee Schedule**

Special Reviews

A single Special Review was triggered by the GME Office to review the *Family Medicine-Pottsville Program* which was completed on November 21, 2024. This review was prompted by the low satisfaction of trainees and faculty within the program based on the 2024 ACGME Survey. The internal review, and other meetings with the trainees and faculty, identified several areas of potential improvement. Strategies were created to reconcile deficiencies in the learning environment. This resulted in a much more favorable ACGME survey in 2025. A final follow up report from the Program Director will be presented to the Graduate Medical Education Committee (GMEC) in the Fall of 2025 ensuring continued improvements.

Citations:

Among all training programs at Jefferson-LVH there are a total of **33 citations**; this tally compares similarly to 28 citations last year and 30 citations in AY 23-24 (**Table #2**). Citations occurred in only 7 programs, many in their initial accreditation periods. Thirty-one, or 82% of Jefferson-LVH programs, remain citation-free, (**Appendix D: All Citation in all Programs**)

Table #2: Jefferson-LVH Program Citations AY24-25.

Category of Citation	Number of Citations	Programs
1. Institutional Support		
B. Institutional Support-Program Director	1	ENT
C. Institutional Support-Participating Institution	2	Emergency Medical Services, NeuroCritical Care
2. Program and Personnel Issues		
B. Responsibilities of Program Director	2	Emergency Medicine, Addiction Medicine
D. Responsibilities of Faculty	1	ENT
E. Other Program Personnel	5	Addiction Medicine, Emergency Medicine, Interventional Cardiology, ENT, Vascular Surgery
3. The Education Program-ACGME Competencies		
D5. Professionalism	1	Addiction Medicine
H. Procedural Experience	1	OBGYN
I. Scholarly Activity	1	Hand Surgery
J. Supervision	4	Addiction Medicine, Diagnostic Radiology, Emergency Medical Services, ENT
K8. Oversight	1	ENT
K.13 Patient Safety	1	Colon-rectal surgery
K.15. Well-Being	1	ENT
5. Evaluation		
A. Evaluation of Residents or Fellows	7	Addiction Medicine, Neurocritical Care, ENT
B Evaluation of Faculty	3	Diagnostic Radiology, Emergency Medical Services, ENT
C. Evaluation of Program	2	Addiction Medicine, ENT
D. Performance of Board Exams	1	Colon-rectal surgery
	33	

d. Expansion and Growth of Programs:

The network's GME training environment remains dynamic and continues to grow. We continue to plan for the growth of our GME environment in our northern-tier hospitals in the next 2-5 years. Programs to be considered at LVH-Schuylkill (LVH-S) and at LVH-Pocono (LVH-P) include Internal Medicine, Transitional Year, and Cardiology. We continue to refine financial proformas and additional needs assessments at these sites. As we solidify our transition as a part of the Jefferson GME structure, efforts and priorities in expanding our GME footprint to external hospitals, as well as critical finances, will be refined.

LVH-Hazleton (LVH-H) remains capped at 4 training spots. In 2023, Family Medicine residents began rotating in the Emergency Department at LVH-H demonstrating the value the hospital as a GME site. This year, an OBGYN experience is planned which will allow the required use of available spots to secure additional CMS funds (approximately \$540,000) to the system.

In the past 5 years, the GME complement has increased from 298 to 386 trainees (23%↑). It is projected that the number of residents and fellows, with the proposed expansion of northern tier hospitals and the development and backfilling of established programs, will increase to 541 by 2032.

New programs applied for in the Lehigh region, and we anticipate will be granted ACGME initial accreditation include an Anesthesiology Residency (6 residents per year, total complement of 24 trainees). Other program applications that will be submitted in AY 25-26 will include an Orthopedic Surgery Residency (4 residents per year, total complement of 20 trainees). There is also discussion around starting a Physical Medicine and Rehabilitation (3 residents per year, total of 12 trainees) program.

e. Application, Recruitment and Match Data:

Jefferson-LVH remains an attractive and desirable training site for both residents and fellows based on application and match data. Applications through the ERAS system remained robust with 13,545 total applicants (12,865 through NRMP and 680 in OBGYN through CAS). This was a 7% increase in applicants from the prior year (12,637 applicants).

A total of 94% of available residency and fellowships positions were filled in 2024 through the initial match process with 96% of available positions ultimately filled through SOAP and other recruitment mechanisms.

Demographics for applicants are summarized in **(Table #3)**. There was further decrease in matched U.S. allopathic candidates over the past year and continued increase in international candidates trained in both International and Caribbean schools. Osteopathic candidate recruitment numbers remained robust and overall stable. The increase in

International Medical Graduates matched in the past year increased from 29.5% to 34%. This involves continued challenges in recruiting U.S. trained applicants in certain programs, including Emergency Medicine, Pediatrics, and Family Medicine, that have seen a decrease in traditional recruits nationally.

Regarding race and ethnicity, the applicant pool has remained diverse with an increase in underrepresented candidates applying to Jefferson-LVH programs compared to the prior year. The percentage of underrepresented candidates matched was 14% - slightly below the previous 16% in AY 23-34 (the true value may be higher noting that 5% of candidates choose not to identify their race or ethnicity).

Regarding gender, there were slightly more male candidates versus females (52% versus 48%) in the overall applicant pool. There was a positive trend towards the recruitment of female trainees with 48% new matched trainees being female this past year as compared to a decade low of 38% the prior year.

Table #3: Application and Match Data AY24-25.

	Jefferson-LVH	All Programs	Recruitment Data	2021 to 2025	
Category	2025	2024	2023	2022	2021
Applicant Data	2025	2024	2023	2022	2021
Total Applicants	13,545	12,586	13,324	12,641	13,094
Total Ranked	1499	1,430	1,156	1,018	796
Total Matched	125	112	108	100	101
% Interviewed	12%	11%	8.70%	8	6.10%
Matched Gender Data					
Female	48%	38.40%	43.50%	45.00%	46.60%
Male	52%	61.60%	56.50%	55.00%	53.40%
Other	0.00%	0.00%	0.00%	0.00%	0.00%
Matched Degree Type Data					
MD	25%	30.40%	29.60%	30.00%	29.70%
DO	39%	40.20%	45.40%	53.00%	53.50%
IMG	35%	29.50%	25.00%	17.00%	17.80%
Matched Race Data					
African American	8.00%	8.00%	9.60%	4.00%	5.90%
Hispanic	5.50%	6.30%	6.70%	4.00%	4.00%
Caucasian	42%	48.20%	50.00%	61.00%	64.40%
Asian	39.50%	35.70%	35.60%	32.00%	21.80%
Other	5.20%	8.10%	5.70%	5.00%	10.00%

Other pertinent demographic data from the AY24-25 recruitment season included:

- Matching **106 residents** into **17 residency programs** (Diagnostic Radiology welcomed its first class of 5 trainees) and **35 fellows** in **22 fellowships** (Addiction Medicine welcomed its first trainee)
- Residents matched from **57 different medical and dental schools** in **20 different states**.
- Matching **5 Trainees** from our academic affiliates of University of South Florida, **1 trainee** from Thomas Jefferson University, and **17 students** from Philadelphia College of Osteopathic Medicine.

f. Diversity, Equity, Inclusion, and Belonging (DEIB):

The GME Office and training programs continue to support expanded diversity, equity, inclusion and belonging. This includes continued efforts to recruit diverse faculty and administrative staff and focused and proactive strategies to attract diverse applicants to our training programs.

ACGME survey data, focusing on professionalism, discrimination, and DEI, also remained stable in the past year. Questions in these areas rated comparably, or better, than other programs nationally.

We continue to aggressively encourage the use of several systems to report unprofessional behavior and/or discrimination in GME. This through our “Grievance Policy,” as well as through institutionally available human resource mechanisms (RPL System). ACGME survey results proved that trainees recognized that these mechanisms exist with 94% compliance (compared to 92% nationally). Furthermore, 82% percent of respondents, as compared to 77% nationally, were “satisfied with process of dealing with problems or concerns.”

Within GME, several DEI initiatives were initiated or maintained in AY24-25 including:

- 1) Support of the *Pool Trust Underrepresented Medical Student Scholarship Program* – This program continues to support visiting medical students from historically underrepresented backgrounds. Financial support allows access to rotations at LVHN.
- 2) *Parents of Patients with Disabilities as Teachers (PP-DAT)* – Educational program available to programs designed to address knowledge gaps and best practices in patient care for individuals with disabilities, incorporating disability etiquette and critical patient and family perspectives. Utilization of this program continues to grow within the GME community with several programs planned for the coming year.

- 3) *SNMA Annual Meeting Representation 2024* – The Student National Medical Association (SNMA) is an organization committed to supporting current and future underrepresented minority medical students and addressing the needs of underserved communities. This program continues to yield results, leading to expanded diversity during our recruitment season and has yielded more diverse trainee match classes in the past 3 years. Several programs and our GME Office reserved tables at the Annual Meeting in New Orleans, LA in 2024.
- 4) *ACGME Core Competency Curriculum* – Continued utilization of a web-based curricula with a focus on numerous modules focused on clinical competency, management of unconscious bias, and cultural humility, are expected to be completed by trainees while at LVHN. This compliments DEI and implicit bias training sponsored by the institution. Institutional e-learning is also required in support of these critical areas.
- 5) *Promotion of education focused on Health Care Disparities*- Programs were educated on the importance of this topic during Annual Program Reviews and encouraged to create focused curricula (lectures, Journal clubs, Point-of-care teaching, etc.) to enhance knowledge in this area specific to their specialty. ACGME survey compliance for the question “I am taught about health care disparities” remain robust at 88% (compared to 86% nationally).

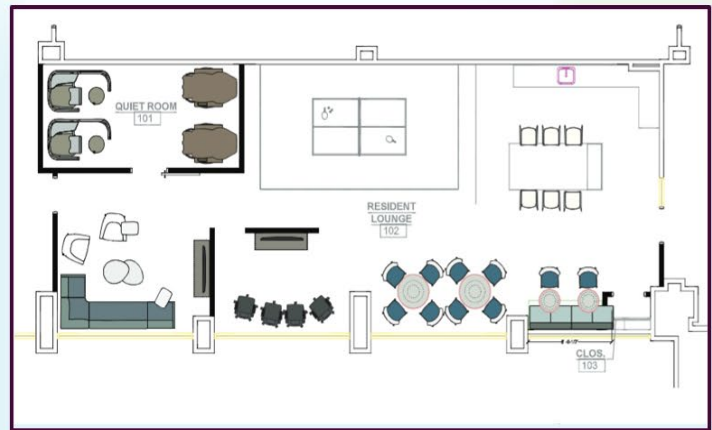
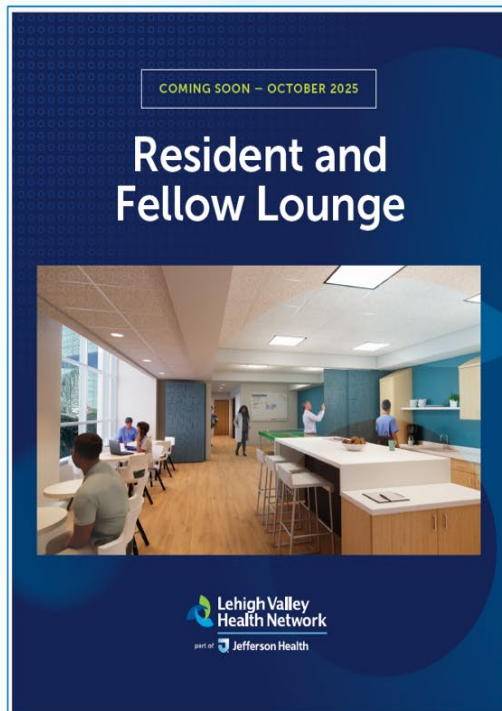
g. Academic and Educational Facilities and Space:

Several projects were initiated this past year to enhance facilities and the clinical, educational, and academic environments for trainees. Human resource focus groups performed in the winter of 2025 allowed for feedback and a need assessment from trainees and faculty. This included enhancing educational space offerings at LVH- Cedar Crest (LVH-CC) as well as an upgrade to technology in various settings (e.g. computers, keyboards, swipe pads, etc.).

Several other projects are being planned to enhance the educational environment in various programs at LVH-CC. This includes space improvement for well-being and education in OB/GYN, Pulmonary and Critical Care, and the General Surgery programs.

Official planning to create a resident and fellow lounge at LVH-CC in the previous *Boars Head Café* was started and “The Lounge” has a planned opening in Fall 2025 (**Schematic #1**). We also are identifying appropriate space to accommodate the new residency programs that are confirmed or anticipated and will be located at LVH-CC including Diagnostic Radiology, Anesthesiology, and, in the future, Orthopedic Surgery.

Schematic #1: Resident and Fellow Lounge



The Center for Healthcare Education (CHE) also continues to be used more consistently by GME training programs providing an excellent forum for didactic education, simulation, shelf examinations with large computer labs, and grand rounds. There are plans, with both current and planned training programs, to utilize the Venel Institute with its unique training and simulation offerings including the use of cadaveric work.

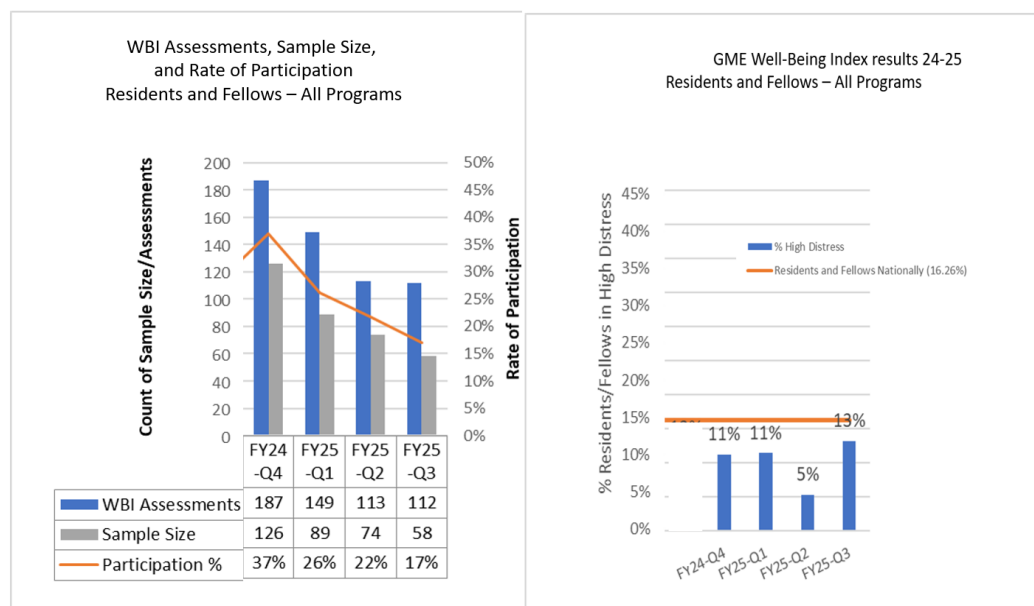
h. Trainee, Faculty, and Program Administrator Well-Being:

Wellness remains a priority and a focus in GME at Jefferson-LVH. This starts with serial monitoring of wellness in trainees with diverse programming and offerings to enhance their well-being. Many residency programs and/or departments continue to sponsor wellness committees as does the network. The institutionally sponsored *Wellness Committee* remains strong with representation from all departments, including GME faculty, trainees, and the DIO. Amy Jibilian, our Chief Wellness Officer, also presents at our GMEC meeting semi-annually and participates in resident orientation. Well-being will be enhanced as Jefferson-

LVH becomes part of the greater Jefferson wellness mission. We also continue to focus on trainee recognition through support of Thanks a Resident Day, Doctors Day event and recognition awards, and various other institutional initiatives that specifically reward our include our residents and fellows

Several measurement tools are used for assessing trainee well-being. This includes the Well Being Index (WBI) as a personal tool for trainees supported through our medical staff office. We encourage the use of the tool quarterly, to serially monitor wellness. The tool also provides GME with important cohort well-being data. In AY 2024-2025, trainees completed 561 unique surveys (decreased from 600 in the previous year). Overall, residents and fellows at Jefferson-LVH have maintained a distress level ranging from 5% to 13%, which for the 6th year in a row remains below the national trainee level of distress at 16.26% (**Chart #6**).

Chart #6: Trainee Wellbeing and Distress based on annual WBI Data



The ACGME wellness survey also targets both trainee and faculty well-being. The results below demonstrate that in nearly all categories, LVHN trainees rate their well-being equal to or better than national means (**Table #5**).

Table #4: ACGME Survey- Trainee Well-being

ACGME Wellness Survey Data 24-25
Residents and Fellows – All Programs

● > than National Mean
● = to National Mean
● < than national Mean

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean	
I find my work to be meaningful.	74.1%	25.1%	0.5%	0.3%	3.7	3.7	●
I work in a supportive environment.	73.0%	25.3%	1.3%	0.3%	3.7	3.6	●
The amount of work I am expected to complete in a day is reasonable.	66.0%	32.6%	1.1%	0.3%	3.6	3.5	●
I participate in decisions that affect my work.	66.3%	31.5%	1.6%	0.5%	3.6	3.6	●
I have enough time to think and reflect.	60.1%	34.5%	4.9%	0.5%	3.5	3.4	●
I am treated with respect at work.	73.6%	24.8%	1.3%	0.3%	3.7	3.6	●
I feel more and more engaged in my work.	53.1%	41.0%	5.4%	0.5%	3.5	3.4	●
I find my work to be a positive challenge.	64.2%	33.7%	1.9%	0.3%	3.6	3.5	●
I find new and interesting aspects in my work.	64.4%	33.4%	1.9%	0.3%	3.6	3.5	●

	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean	
I often feel emotionally drained at work.	28.8%	46.9%	18.6%	5.7%	3.0	2.8	●
After work, I need more time than in the past in order to relax.	24.8%	35.0%	28.6%	11.6%	2.7	2.6	●
I feel worn out and weary after work.	22.1%	43.4%	28.6%	5.9%	2.8	2.7	●

Faculty wellness, inversely, based on ACGME data from AY24-25 revealed significant strain in faculty wellness with 10 of 12 categories falling below national means. Although the prior year showed improvement with only 6 of 12 categories below national means, a disconcerting decline in well-being was identified in this year's survey (Table #5).

Table #5: ACGME Survey- Faculty Well-being

ACGME Wellness Survey Data 24-25
Faculty– All Programs

● > than National Mean
● = to National Mean
● < than national Mean

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean	
I find my work to be meaningful.	78.1%	21.6%	0.3%	0.0%	3.8	3.8	●
I work in a supportive environment.	70.3%	26.4%	2.4%	0.9%	3.7	3.7	●
The amount of work I am expected to complete in a day is reasonable.	49.8%	42.3%	5.7%	2.1%	3.4	3.5	●
I participate in decisions that affect my work.	54.4%	38.4%	6.3%	0.9%	3.5	3.6	●
I have enough time to think and reflect.	48.3%	42.3%	7.8%	1.5%	3.4	3.5	●
I am treated with respect at work.	68.2%	28.2%	3.3%	0.3%	3.6	3.7	●
I feel more and more engaged in my work.	41.1%	45.6%	12.9%	0.3%	3.3	3.4	●
I find my work to be a positive challenge.	55.9%	40.2%	3.6%	0.3%	3.5	3.6	●
I find new and interesting aspects in my work.	56.5%	38.7%	4.5%	0.3%	3.5	3.6	●

	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean	
I often feel emotionally drained at work.	21.0%	43.2%	25.2%	10.5%	2.7	3.0	●
After work, I need more time than in the past in order to relax.	17.1%	36.6%	33.9%	12.3%	2.6	2.9	●
I feel worn out and weary after work.	18.3%	44.1%	30.0%	7.5%	2.7	2.9	●

Work-hour compliance is also monitored closely at Jefferson-LVH based on ACGME requirements but also as a measure of well-being and life balance. Work-hour violations are

dealt with in a timely manner and reconciled when appropriate. Programs must explain and correct environmental issues resulting in work-hour noncompliance. ACGME survey data from AY24-25 validates these efforts with all work-hour category compliance remaining at or above national means ranging from 94% to 100% (**Table #6**).

Table #6: ACGME Survey Work-Hour Compliance

Clinical Experience and Education		% Institution Compliant	Institution Mean	% National Compliant	National Mean
	80-hour week (averaged over a four-week period)	94%	4.7	93%	4.7
	Four or more days free in 28 day period	84%	4.4	83%	4.4
	Taken in-hospital call more than every third night	99%	5.0	98%	4.9
	Less than 14 hours free after 24 hours of work	99%	4.9	96%	4.9
	More than 28 consecutive hours work	99%	4.9	97%	4.8
	Additional responsibilities after 24 consecutive hours of work	99%	4.9	97%	4.9
	Adequately manage patient care within 80 hours	94%	4.7	92%	4.6
	Pressured to work more than 80 hours	100%	5.0	98%	4.9

A variety of wellness resources will continue to be supported and offered at Jefferson-LVH and are available to trainees as often as employees (e.g. Gym services, EAP, mindfulness, etc.). In AY24-25, we also introduced the web-based resource, *Marvin®*, an independent behavioral health platform. GME utilization of this service will be monitored in the coming year. Similarly, Neuroflow®, a digital global health platform designed to enhance behavioral and physical health through healthy living practices and integrative care principles, will be integrated into our GME programs. Finally, the EAP Office has remained proactive in offering “opt out” wellness check-ins for new interns at Jefferson-LVH to orient them to offerings and support them as needed as they transition from medical students to trainees.

GME program administrators continue to develop more focused skill sets and remain a critical part of our GME community and the function of our training programs and GME Office. Efforts in the past 2 years have ensured appropriate market adjustment to salaries for program specialists, coordinators, and managers. These salaries and benefits will continue to be evaluated regularly. Through collaboration with, and as part of the GME transformation initiative with Jefferson Health, we will reassess program administrators’ salaries, job descriptions, and other benefits in the context of the Jefferson enterprise.

The Lehigh Valley Resident Association (LVRA) remains active and is a group and organization in place to ensure transparent communication between trainees and GME and institutional leadership. This committee is required as per ACGME Common Program Requirements [Institutional Requirements: II.C.-II.C.2.] and serves as a forum where all residents and fellows can communicate and exchange information with other residents and fellows and have access to the DIO and other institutional leadership. This group has representation from all programs and is overseen by a committed executive committee. The LVRA, financially supported by GME and leadership, sponsors various initiatives with the primary goals of creating community, team building, and promoting wellness.

i. Scholarly Activity Summary

Scholarly activity remains important in our GME environment. Our network provides a variety of resources that support and promote scholarly activity among all trainees and faculty.

Resident/Fellow

Resident and fellow scholarly activity data from the past year, comparisons to prior AYs, as well as four-year trends are shown below. Self-reported totals for AY 2025 include 158 publications and 314 conference presentations by Jefferson-LVH residents and fellows. Additionally, Jefferson-LVH residents/fellows reported 16 entries for “Chapters/Textbooks” this academic year (**Chart #7**). Historically, from AY 2022 to AY 2025, several categories, such as “Other publications” and “Chapters/Textbooks”, demonstrate ongoing expansion; however, a slight decrease in “All Publications”, “PMIDs” and “Conference Presentations” is noted during this timeframe (**Table #7**).

Chart #7: Resident and Fellow Scholarly Data and Trends

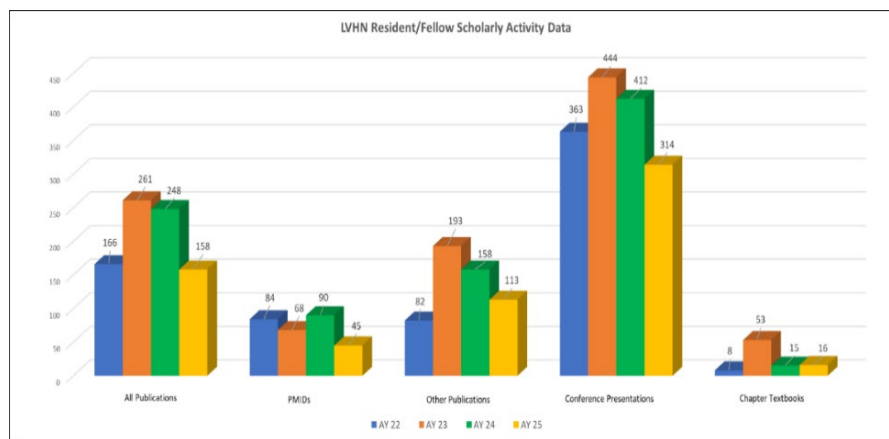


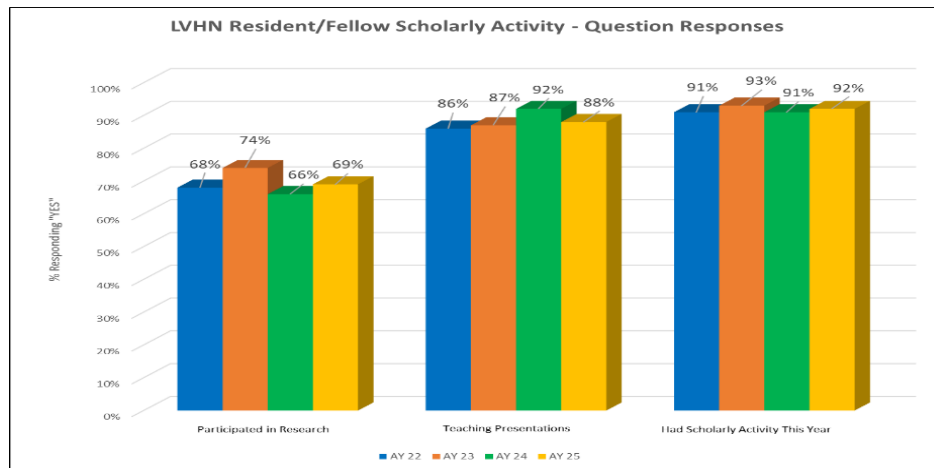
Table #7: Resident and Fellow Scholarly Data and Percentile Changes

	AY 22 n=285	AY 23 n=302	AY 24 n=325	AY 25 n=355		% Change AY 22 TO AY 23	% Change AY 23 to AY 24	% Change AY 24 to AY 25	% Change AY 22- AY 25*
All Publications	166	261	248	158		+57%	-5%	-36%	-5%
PMIDs	84	68	90	45		-19%	+32%	-50%	-46%
Other Publications	82	193	158	113		+135%	-18%	-28%	+38%
Conference Presentations	363	444	412	314		+22%	-7%	-24%	-13%
Chapter/Textbooks	8	53	15	16		+563%	-71%	+7%	+100%

* Represents a corresponding 25% increase in total number of residents/fellows during this four-year timeframe.

Looking globally at resident/fellow scholarly activity, in AY 2025, 69% of residents and fellows “Participated in Research” and 88% provided “Teaching Presentations”. Overall, 92% of residents and fellows reported having “Had Scholarly Activity This Year” (**Chart #8**). These areas demonstrate a consistently strong institutional culture of scholarly engagement among residents/fellows.

Chart #8: ACGME Survey- Resident and Fellows Scholarly Activity Responses



Moreover, when comparing resident and fellow self-reported scholarly activity data to the annual ACGME resident/fellow survey questions, “Instruction on scientific inquiry principles” and “Opportunities to participate in scholarly activities,” a strong positive correlation is realized with institutional mean scores of 4.8-4.9 (out of a 5-point Likert scale) over the past four years. These scores reflect alignment at or above national means for each year (**Table #8**).

Table #8: ACGME Survey- Resident and Fellows Scholarly Activity Response Compliance

Resident and Fellow Data	Question Text	% Institution Compliant/ % Yes*	Institution Mean	% National Compliant / % Yes*	National Mean
2024 2025	Instruction on scientific inquiry principles	98	4.9	95	4.8
2025 2025	Opportunities to participate in scholarly activities	95	4.8	94	4.8
2023 2024	Instruction on scientific inquiry principles	98	4.9	95	4.8
2023 2024	Opportunities to participate in scholarly activities	95	4.8	94	4.8
2022 2023	Instruction on scientific inquiry principles	98	4.9	94	4.7
2022 2023	Opportunities to participate in scholarly activities	97	4.9	94	4.8
2021 2023	Instruction on scientific inquiry principles	96	4.9	93	4.7
2021 2022	Opportunities to participate in scholarly activities	96	4.8	94	4.8

Faculty

In June 2025, the ACGME announced changes to the reporting requirements for faculty scholarly activity. Beginning with the AY 2025 annual program updates, the previous faculty scholarly activity reporting requirement was removed for all existing accredited programs. Instead, this requirement was replaced with two multi-select questions:

1. “Check all domains in which your faculty members demonstrated accomplishments in scholarly activity in the past academic year.”
2. “Check all methods used to disseminate faculty scholarly activity within and external to the program in the past academic year.”

To date, institutional reports for these questions have not been made available by the ACGME, so no new faculty scholarly activity data is accessible for analysis and comparison this year.

2025 Resident/Fellow Research & Quality Awards

Each year, the Jefferson-LVH GME Office proudly presents three categories of research and quality awards. These awards recognize the outstanding scholarly work of our residents and fellows. On May 12, 2025, Joseph Patruno, MD, FACOG, DIO, presented the following awards at the GMEC meeting.

- **The Barbara and Dr. Michael Rossi Endowed Research Award**
 - Francesca Andronic, MD, PGY-3, General Surgery Resident
 - Abstract Title: *“The Impact of Vision Therapy on Post-Concussion Outcomes: A Retrospective Review”*
 - Vincent Tang, MD, PGY-6, Maternal Fetal Medicine Fellow
 - Abstract Title: *“Trauma Evaluation During Pregnancy is Independently Associated with Adverse Perinatal Outcomes Regardless of Injury Presence and Severity”*
- **Office of Graduate Medical Education Research Award**
 - Brian Holliday, MD, PGY-1, Internal Medicine Resident
 - Abstract Title: *“Spinosum Roentgen Index (S.R.I.) Measurement Prior To Middle Meningeal Artery Embolization - Concept of a Clinically Applicable Preprocedural Data Point”*
- **Resident/Fellow Quality Award**
 - Vincent Tang, MD, PGY-6, Maternal Fetal Medicine Fellow.
 - Abstract Title: *“Perinatal Outcomes Following Implementation of a Remote Patient Monitoring Program for Hypertensive Disorders in Pregnancy”*

j. Quality and Patient Safety (QuIPS) Data and GME Initiatives:

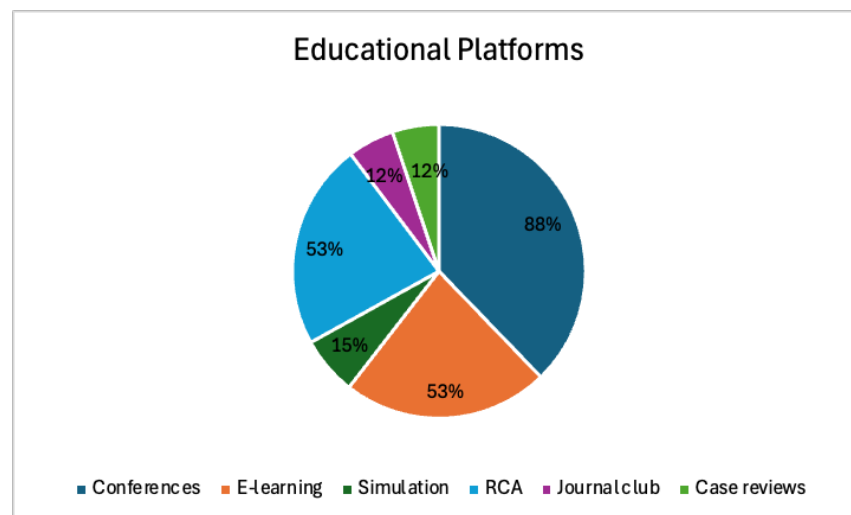
Providing trainees at Jefferson-LVH with education and opportunities to participate in Quality and Patient Safety (QuIPS) experience remains an institutional and a priority of the ACGME.

The ACGME has also escalated expectations and expanded requirements for QuIPS. The graduate medical educational environment, and the primary clinical learning environment (PCLE), must provide instruction on QuIPS and foster opportunities for trainees to be directly involved in the evaluation and review of patient safety events. This with the goal of instituting sustainable systems-based changes to mitigate patient safety vulnerabilities.

An analysis of our GME environment was completed in the Summer of 2025 with the goal of identifying baseline QuIPS activity within programs. Survey data from 32 training programs (with ≥ 5 trainees) at Jefferson-LVH revealed the following:

- 92% of programs have a formal educational curriculum for trainees on QuIPS.
- 88% of programs involve trainees as members in quality improvement processes and department committees.
- 76% of programs have trainees review and participate directly in quality and safety events within their department.
- Only 66% of programs have resources committed specifically to support QuIPS initiatives.
- Education on QuIPS was provided through many Educational Platforms including conferences, RCA event participation, and E-Learning. (Chart #9)

Chart #9: Educational Platforms used to Educate Trainees on QuIPS



Institutional Quality events involving trainees were also reviewed, revealing 70 safety events in AY 24-25. This is the first year we reviewed and reconciled the RL6 Patient Safety Reporting System and reviewed all cases that involved trainees. A list of cases, number of each case type, and areas of opportunity are documented in **Table #9**. This database will continue to be monitored serially, and a mechanism will be put in place to provide trainees with the opportunity to both assess and suggest improvements for these errors in the coming year again supporting future ACGME requirements.

Table #9:

Category of Medical Error Involving Trainees	Number of Errors	Category of Medical Error Involving Trainees	Number of Errors
Medication or Fluid Error		Lab/Specimen	
Dose Incorrect	28	Collection Issue	3
Medication Incorrect	6		
Drug Contraindication	5	Fall	1
Failure to Follow Med Policy	5		
Medication Timing Issue	3	Blood Product- Consent Issue	2
Reconciliation not Performed	3		
Rate or Route Incorrect	2	Airway Management - Vent Issue	1
Electronic Ordering Issue	2		
Medication not Ordered	2	Skin-Tissue Burn	2
Incorrect Patient	2		
Medication Expired	1	Complication of Surgery	1
Medication List incorrect	1		
Total Errors 24-25	70		

k. Graduation Data: Certification and Recruitment

Successful board pass rates of >80% for trainees is an ACGME expectation. Eligible Jefferson-LVH sponsored programs have a cumulative 3-year board passage rate of 93%. This is slightly below 94% the prior year (**Table #9**).

Table #9: Three-Year Board Pass Rate for Eligible Programs

Program Name	Board Pass Rate x 3 years	Citation
Colon and rectal surgery	83%	Yes
Dermatology	100%	No
Micrographic surgery and dermatologic oncology (D)	100%	No
Emergency medicine	92%	No
Family medicine	100%	No
Geriatric medicine (FP)	100%	No
Hospice and palliative medicine	100%	No
Sports medicine (FP)	100%	No
Internal medicine	93%	No
Cardiovascular disease (IM)	95%	No
Endocrinology, diabetes, and metabolism (IM)	83%	No
Gastroenterology (IM)	100%	No
Hematology and medical oncology (IM)	93%	No
Pulmonary disease and critical care medicine (IM)	92%	No
Rheumatology (IM)	100%	No
Neurology	95%	No
Obstetrics and gynecology	92%	No
Pediatrics	78%	No
Plastic Surgery - Integrated	100%	No
Psychiatry	100%	No
Surgery	88%	No
Surgical critical care (GS)	93%	No
TOTAL PERCENTAGE	93%	

GME continues to serve as a valuable pipeline for staffing our Medical Staff and aggressively tries to attract residents to join both our fellowships and our Medical Staff. In AY24-25, recruitment success remained robust with 13 residents joining Jefferson-LVH fellowship programs (this compared to 12 in 2024) and 34 residents and fellows (31% of graduates) accepting positions on our Medical Staff (compared to 26% in 2024 and 28% in 2023). The internal recruitment goal has been $\geq 20\%$, which was achieved for the 4th year in a row. The programs that were most successful in recruiting their trainees to fellowships and medical staff at Jefferson-LVH included Emergency Medicine (10), Internal Medicine (11), Family Medicine(s) (6), Sports Medicine (2), and Pediatrics (2). (Table #10)

Table #10: Recruitment to Fellowships and Medical Staff by Program, AY24-25.

Programs (who graduated trainees 24-25)	Residents & Fellows graduating	Residents & Fellows Signed with LVH in 2025	Joined LVH Fellowships 2025
Cardiovascular Disease Fellowship	5	1	1
Colon and Rectal Surgery	2	0	NA
Dermatology	2	0	0
Emergency Medicine	15	8	2
Emergency Medical Services	1	1	NA
Endocrinology	2	1	NA
Family Medicine - Lehigh	8	2	1
Family Medicine - Pottsville	4	3	0
Gastroenterology	2	1	NA
General Surgery	6	1	1
Geriatrics	1	0	NA
Hematology / Oncology	3	0	NA
Hospice and Palliative Medicine	2	1	NA
Internal Medicine	18	6	5
Interventional Cardiology	2	0	NA
Medical Toxicology	2	1	NA
Micrographic Surgery and Dermatologic Oncology	1	0	NA
Nephrology	2	0	1
Neurology	5	2	1
Obstetrics & Gynecology	6	1*	NA
Maternal-Fetal Medicine	0^	0	0
Pediatrics	6	2	NA
Plastic Surgery - Integrated	1	0	0
Psychiatry	5	1	2
Pulmonary/Critical Care	3	0	NA
Rheumatology	2	0	NA
Sports Medicine Fellowship	2	2	NA
Surgical Critical Care	3	0	NA
Vascular Neurology	1	1	NA
Neurophysiology	0	0	NA
Neurocritical Care	0	0	NA
ENT	0^	0	NA
Hand Surgery	0^	0	NA
Vascular Surgery	0^	0	NA
Addiction Medicine	0^	0	NA
Diagnostic Radiology	0^	0	NA
TOTAL	112	34	14
	* Previous Trainee that returned to LVH		
	^ No graduates to date or no matriculating trainees		
	Transitional Year excluded		

III. **Conclusions, Goals, Action Plans, and Performance Monitoring:**

The GME community at Jefferson-LVH remains robust and strong in AY24-25 as confirmed by various metrics and summarized in this report. All ACGME-sponsored training programs have remained accredited and in good standing, and citations remain stable. Critical ACGME and other survey data, from trainees and faculty, also reflect satisfaction with the learning and teaching environment. Our goals remain to focus on opportunities for improvement, promote innovation and best practices, and continue to support program growth and excellence.

A review of last year's strategic plan and outcomes is included in **(Appendix E)** reviewing areas of success and continued need.

Through the remainder of this report, we summarize specific goals, action plans, and strategies for performance monitoring for AY 2025-2026 which include:

- 1) Continuous optimization of environment and experiences for our residents and fellows. Continued monitoring of key metrics including, but not limited to, ACGME surveys, internal survey, and other concrete data.
 - Target $\geq 98\%$ participation in ACGME surveys for both trainees and faculty with the goal of remaining better than national benchmarks in categories of "Overall Evaluation" and "Opinion" of program.
 - Continue to refine Annual Program Evaluation (APE) Reports and dissemination to accommodate better communication, transparency, and sharing of best practices between programs.
 - Continue the use of the *AMA Organizational Biopsy Survey* using AMA analytics to identify areas and strategies for improvement prior to the ACGME survey distribution in February.
 - Continue to closely monitor citations- both number and areas of non-compliance- within programs focusing on reconciliation and continued improvement.
- 2) The GME Office will continue to oversee all programs and program development and ensure continued accreditation at the level of the SI and individual programs. At the level of trainees, we will focus on several pertinent areas this year including 1) trainee satisfaction, 2) Recruitment of trainees to fellowships and Medical Staff, 3) Overall fellowship placement success for residents, 4) Performance on Board Certification Exams.
 - Strategies to support this success will include continued monitoring and proactivity in the recruitment process, aspiring to attract the best trainees.
 - Goal of hiring $\geq 25\%$ of our trainees to our medical staff
 - Goal of attracting $\geq 30\%$ of our residents to our fellowships

- Monitoring global fellowship match success among all Jefferson-LVH trainees with the goal of $\geq 90\%$ desiring fellowships successfully matching or acquiring spots.

- Support the LVRA and their needs. Continue supporting the social budget, community development and engagement, and enhanced social and educational space. In AY 25-26, the GME Office will initiate semi-annual Town Halls (January and July) to enhance communication, transparency, and connection between the LVRA and senior leadership.

- Continue to monitor demographics of matched trainees at Jefferson-LVH with specific goals of:

- Matching $\geq 30\%$ U.S. allopathic trainees in AY 25-26.
- Matching $\geq 15\%$ Under-represented trainees in AY 25-26.
- Matching $\geq 45\%$ female trainees in AY 25-26.

3) GME will continue to support program growth including expansion and creation of new programs. Programs anticipated in the coming year include:

- **Anesthesiology Residency**- Awaiting Site Visit and RRC decision for Initial Accreditation (6 trainees a year, total compliment of 24).
- **Orthopedic Surgery Residency**- Application to be submitted no later than January 1, 2026 (4 trainees a year, total compliment of 20).
- **Physical Medicine and Rehabilitation (PM&R) Residency**- Being considered in AY 25-26 (3 trainees a year, total compliment of 12).
- **Expansion of current OBGYN Program** – Planned for AY 25-26 (6 to 7 trainees a year, total compliment of 28). This expansion will increase utilization and capitalize on financial benefits of integrating GME at LVH-H.
- **Expansion of current Internal Medicine Program** – Planned for Fall 2026 to increase utilization and needs at LVH-M (18 to 19 trainees a year, total compliment of 57).

4) GME will continue to support and enhance scholarly activity and academic productivity, as well as participation in QuIPS for trainees and faculty.

- Continue promotion and sponsorship of various research awards and promotion of other resources available for research (Library services, NORI, research liaison, etc.) to foster scholarly activity as well as available Thomas Jefferson University offerings.
- Ensure trainees take part in risk management and quality initiatives and participate in root cause analysis (RCAs) and quality research in their departments to ensure compliance with future ACGME expectations and evolving SI program requirements.
- Make accessible to trainees and faculty Jefferson-sponsored graduate and degree programs to enhance education, research, or administrative training and opportunities post training.

- 5) Improve efficiency, standardization, and function of our GME community. Advocate to ensure that administrative staff in GME training programs have opportunity for advancement and are appropriately remunerated for their work.

- Collaborating with Human Resources, locally and through Jefferson, to standardize program administrators job descriptions, provide conduits for professional progression, and assure competitive salaries.
- Leverage the GME Office to better assist programs with global curriculum needs. This will include continued sponsorship of various DEI and Well-being initiatives. We will also provide other options for global education and programming including:

- 1) Relationship Centered Communication (at the program level)
- 2) Mindfulness Matters
- 3) Wellness, coaching, and resilience
- 4) Patients with Disabilities as Teachers
- 5) AMA-GCEP Faculty Professional Development Curricula (below)

Faculty development

- Facilitating an Effective “Residents as Teachers” Program
 - Identifying and Applying Wellness Strategies
 - Integrating Telehealth into Clinical Training
 - Modeling a Supportive Learning Environment
 - Prioritizing Wellness for Yourself and Others
 - Supporting Resident Well-being
- Continue sponsorship of the AMA modules with further customization as desired by programs with closer monitoring of compliance in completion:
 - Program completion compliance of AMA module assignments of $\geq 80\%$ in AY 25-26.
 - Program completion of AMA QuIPS certificate modules of $\geq 95\%$ in AY 25-26 for all new residents and fellows at Jefferson-LVH.
 - Continue to encourage well-being screening (via the WBI), wellness offerings, EAP wellness check-in for new interns, and plan for a half-day GME Wellness Symposium in the Spring of 2026.

- 6) Further efforts to optimize the well-being of our trainees and faculty while mitigating distress and burnout among these groups. We aim to achieve this by ensuring a safe and comfortable work environment focused on inclusiveness and belonging,

optimizing professionalism, ensuring work-hour compliance, and maintaining balance between education and service requirements.

- Monitor crucial SI metrics relating to:
 - Work-hour Compliance – ACGME Survey and quarterly New Innovations reporting
 - Professionalism – ACGME survey and HR and all RL Quality reporting system submissions involving trainees
- Continue promotion, encouragement for use, and monitoring of utilization of different behavioral health and well-being offerings within GME and HR.
- Support needed environmental and facility upgrades aimed at optimizing education but also wellness in programs and in the global GME environment. Advocate as needed to support adequate space for planned GME expansion and programs.
- Perform a deep dive in the coming year to better assess persistent suboptimal wellness data on ACGME surveys, specific to our faculty, and identify solutions for improvement to present to leadership by the Summer of 2026.
- Promote adherence with evolving future ACGME requirements requiring additional protected time for core faculty in various programs to assure compliance and maintain the integrity of the educational environment that are expected to be solidified in AY 25-26.

Appendix A: Sponsoring Institution Accreditation Letter 2025

**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

3/14/2025

Joseph Patruno, MD
Designated Institutional Official
3900 Sierra Circle
Center Valley, PA 18034

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: 01/13/2025



Appendix B: ACGME Compiled Resident and Fellow Survey Results 2025

2024-2025 ACGME Resident/Fellow Survey - page 1

Survey taken: February 2025 - April 2025

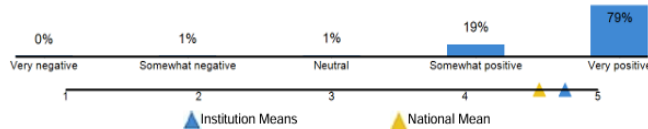
Programs Surveyed 34

410724 Lehigh Valley Health Network - Aggregated Program Data

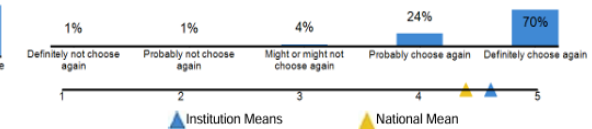
Residents Responded 371 / 375

Response Rate 99%

Residents' overall evaluation of the program



Residents' overall opinion of the program



		% Institution Compliant	Institution Mean	% National Compliant	National Mean
Resources	Education compromised by non-physician obligations	97%	4.8	91%	4.5
	Impact of other learners on education	90%	3.7	89%	3.7
	Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	89%	4.3	82%	4.2
	Faculty members discuss cost awareness in patient care decisions	92%	3.7	91%	3.6
	Time to interact with patients	93%	4.4	89%	4.3
	Protected time to participate in structured learning activities	94%	4.6	88%	4.4
	Able to attend personal appointments	92%	4.7	93%	4.7
	Able to access confidential mental health counseling or treatment	98%	4.9	96%	4.8
	Satisfied with safety and health conditions	92%	4.6	86%	4.4
Professionalism	Residents/fellows encouraged to feel comfortable calling supervisor with questions	90%	4.5	89%	4.5
	Faculty members act professionally when teaching	95%	4.6	92%	4.6
	Faculty members act professionally when providing care	98%	4.7	96%	4.7
	Process in place for confidential reporting of unprofessional behavior	94%	4.8	92%	4.7
	Able to raise concerns without fear of intimidation or retaliation	85%	4.4	81%	4.2
	Satisfied with process for dealing confidentially with problems and concerns	82%	4.3	77%	4.1
	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	95%	4.8	94%	4.7
	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	94%	4.7	94%	4.7
Patient Safety and Teamwork	Information not lost during shift changes, patient transfers, or the hand-off process	81%	4.0	85%	4.2
	Culture reinforces personal responsibility for patient safety	95%	4.5	90%	4.4
	Know how to report patient safety events	98%	4.9	97%	4.9
	Interprofessional teamwork skills modeled or taught	87%	4.4	81%	4.3
	Participate in safety event investigation and analysis	83%	4.3	81%	4.2
	Process to transition patient care and clinical duties when fatigued	94%	4.8	91%	4.6
Faculty Teaching and Supervision	Faculty members interested in education	92%	4.5	86%	4.4
	Faculty effectively creates environment of inquiry	93%	4.5	85%	4.4
	Appropriate level of supervision	94%	4.8	92%	4.7
	Appropriate amount of teaching in all clinical and didactic activities	89%	4.7	83%	4.5
	Quality of teaching received in all clinical and didactic activities	99%	4.4	97%	4.3
	Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	84%	4.2	82%	4.2
Evaluation	Access to performance evaluations	100%	5.0	99%	5.0
	Opportunity to confidentially evaluate faculty members at least annually	99%	5.0	98%	4.9
	Opportunity to confidentially evaluate program at least annually	97%	4.9	96%	4.9
	Satisfied with faculty members' feedback	84%	4.3	77%	4.1
Educational Content	Instruction on minimizing effects of sleep deprivation	90%	4.6	88%	4.5
	Instruction on maintaining physical and emotional well-being	97%	4.9	95%	4.8
	Instruction on scientific inquiry principles	98%	4.9	95%	4.8
	Education in assessing patient goals e.g. end of life care	98%	4.9	96%	4.9
	Opportunities to participate in scholarly activities	95%	4.8	94%	4.8
	Taught about health care disparities	88%	3.8	86%	3.8
	Program instruction in how to recognize the symptoms of and when to seek care regarding:				
	Fatigue and sleep deprivation	95%			
	Depression	96%			
	Burnout	95%			
Diverse Patient Populations	Substance use disorder			92%	
	Preparation for interaction with diverse patient populations	97%	4.4	95%	4.4

Appendix B (ACGME Compiled Resident and Fellow Survey Results 2025 - continued):

2024-2025 ACGME Resident/Fellow Survey - page 2

Survey taken: February 2025 - April 2025

Programs Surveyed 34

410724 Lehigh Valley Health Network - Aggregated Program Data

Residents Responded 371 / 375

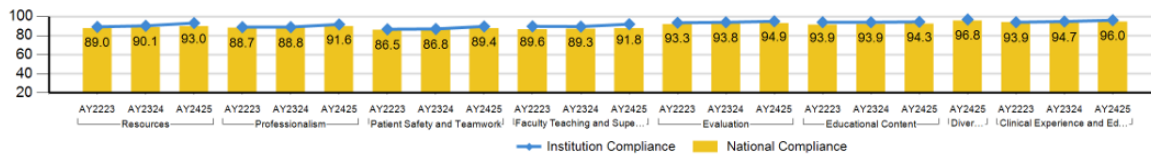
Response Rate 99%

Clinical Experience and Education

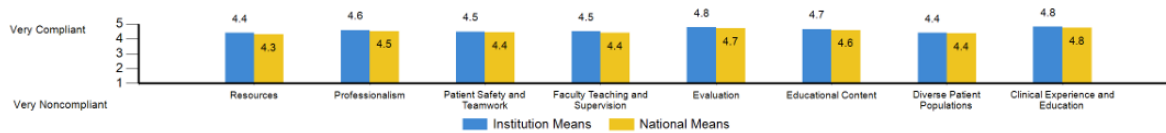
80-hour week (averaged over a four-week period)
Four or more days free in 28 day period
Taken in-hospital call more than every third night
Less than 14 hours free after 24 hours of work
More than 28 consecutive hours work
Additional responsibilities after 24 consecutive hours of work
Adequately manage patient care within 80 hours
Pressured to work more than 80 hours

% Institution Compliant	Institution Mean	% National Compliant	National Mean
94%	4.7	93%	4.7
84%	4.4	83%	4.4
99%	5.0	98%	4.9
99%	4.9	96%	4.9
99%	4.9	97%	4.8
99%	4.9	97%	4.9
94%	4.7	92%	4.6
100%	5.0	98%	4.9

Total Percentage of Compliance by Category



Institution Means at-a-glance



Appendix C: ACGME Compiled Faculty Survey Results 2025

2024-2025 ACGME Faculty Survey - page 1

410724 Lehigh Valley Health Network - Aggregated Program Data

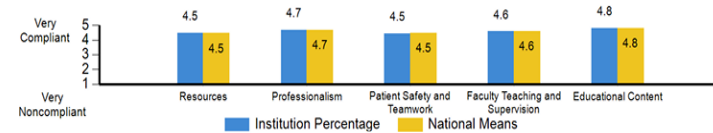
Survey taken: February 2025 - April 2025

Programs Surveyed 34

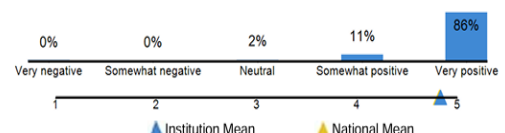
Faculty Responded 333 / 341

Response Rate 98%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

Satisfied with professional development and education
Workload exceeded residents'/fellows' available time for work

% Institution Compliant	Institution Mean	% National Compliant	National Mean
98%	4.5	98%	4.5
92%	4.4	91%	4.4

Participated in faculty development and/or scholarly activities to enhance professional skills in:
Education

96%

Quality improvement and patient safety

90%

Fostering your own well-being

91%

Fostering resident/fellow well-being

90%

Practice-based learning and improvement

94%

Contributing to an inclusive clinical learning environment

95%

Professionalism

Faculty members act unprofessionally
Residents/fellows comfortable calling supervisors with questions
Process for confidential reporting of unprofessional behavior
Satisfied with process to deal confidentially with problems and concerns
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
Witnessed abuse, harassment, mistreatment, discrimination, or coercion

% Institution Compliant	Institution Mean	% National Compliant	National Mean
95%	4.6	94%	4.5
98%	4.7	97%	4.7
99%	5.0	99%	5.0
94%	4.6	94%	4.6
95%	4.8	97%	4.8
96%	4.8	97%	4.8

Patient Safety and Teamwork

Information not lost during shift changes, patient transfers, or the hand-off process
Effective teamwork in patient care
Interprofessional teamwork skills modeled or taught
Effectively emphasizes culture of patient safety
Residents/fellows participate in clinical patient safety investigation and analysis of safety events
Know how to report patient safety events
Process to transition patient care and clinical duties when residents/fellows fatigued

% Institution Compliant	Institution Mean	% National Compliant	National Mean
92%	4.3	91%	4.3
96%	4.7	97%	4.7
93%	4.6	93%	4.6
98%	4.7	96%	4.7
95%	4.8	94%	4.8
97%	4.9	99%	5.0
90%	4.5	91%	4.6

Faculty Teaching and Supervision

Sufficient time to supervise residents/fellows
Faculty members committed to educating residents/fellows
Program director effectiveness
Faculty members satisfied with process for evaluation as educators

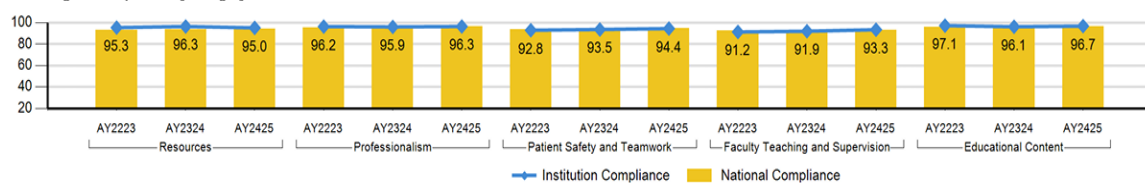
% Institution Compliant	Institution Mean	% National Compliant	National Mean
95%	4.5	95%	4.6
96%	4.8	97%	4.8
96%	4.8	95%	4.7
86%	4.3	86%	4.3

Educational Content

Residents/fellows instructed in cost-effectiveness
Residents/fellows prepared for unsupervised practice
Learning environment conducive to education

% Institution Compliant	Institution Mean	% National Compliant	National Mean
95%	4.8	95%	4.8
97%	4.8	97%	4.8
98%	4.9	97%	4.8

Total Percentage of Compliance by Category



Appendix D: Sponsoring Institution Citations by Program and Category

**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
1. Institutional Support		
A. Institutional Support-Sponsoring Institution		
B. Institutional Support-Program Director	1	OTO
C. Institutional Support-Participating Institution	2	EMS, NCC
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		
2. Resident Appointment		
A. Resident Appointment Issues		
3. Prog Pers & Resources		
A. Qualifications of Program Director		
B. Responsibilities of Program Director	1	EM
C. Qualifications of Faculty		
D. Responsibilities of Faculty	1	OTO
E. Other Program Personnel	4	EM, IC, OTO, VSI
F. Resources		
4. The Education Program		
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		

Appendix D (Continued):

E. Educational Program - Didactic Components		
F. Educational Program - Patient Care Experience		
G. Educational Program - Procedural Experience	1	OBG
H. Service to Education Imbalance		
I. Scholarly Activities	1	HSO
J. Supervision	3	DR, EMS, OTO
K. Learning and Working Environment		
K.1. 80 Hours per week		
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	1	CRS
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		
5. Evaluation		
A. Evaluation of Residents/Fellows	6	NCC, 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	3	DR, EMS, OTO
C. Evaluation of Program	1	OTO
D. Performance on Board Exams	1	CRS
6. Experimentation and Innovation		
A. RRC Approval for Innovation		

PROGRAM SPECIFIC CITATIONS BY CATEGORY

Appendix E: Goals, action plans, and performance monitoring from AY23-24 with Outcomes:

Area of Improvement Identified in AY 23-24	Outcome or Success/ Failure in Achieving Goals in AY 24-25	Opportunities for Future or Continued Improvement in AY 25-26
A formal process will be developed for programs to submit, and for GMEC to review, Annual Program Evaluation (APE) Reports. This will accommodate better communication and transparency between programs while allowing the sharing of best practices.	All programs submitted an APE- These reports were analyzed and distributed to GMEC for review in November 2025	Continued refinement of the APE prototype - Consider periodic review of programs APEs as future GMEC agenda item-1 program per meeting
Replacement of GME-sponsored Internal Trainee Survey with the AMA Organizational Biopsy Survey. The goal of this change, with the support of AMA analytics, is to identify areas and strategies for improvement in various programs	AMA Biopsy and instituted in November 2024. All programs participated in the survey with 54% participation. Customized granular reports and added open-ended comments were shared with programs as feedback. For several programs this tool served as program survey	AMA Biopsy survey will be re-distributed in November 2025. Additional efforts through programs will be taken to optimize participation with goal of > or = 75%. Data will be provided prior to ACGME survey distribution in February 2026.
We will continue to closely monitor citations. Programs with citations, with the support of the GME office, will focus on reconciling deficiencies and assuring improvement.	Citations remain fairly static and continue to be confined to several newer programs still in initial accreditation phase. 87% of program remain citation-free. No programs are on warning or probation.	Goal in next year will to decrease citations to <25 total involving < or = 5 programs
Strategies to support success in the recruitment process, aspiring to attract the best trainees with the goal of hiring ≥ 20% of trainees.	Achieved this goal by hiring 31% of our trainees this year; this included new graduates and prior graduates. Programs with greatest success included Emergency Medicine, Family Medicine, and Pediatrics	Increase our goal for recruitment to > or = to 25% annually. Will complete a deep-dive and quality improvement project on what factors correlate with trainees desire to remain and choose employment at Jefferson-LVH.
Sponsorship of LVHN Resident Education Program in Spring 2025 offering residency trainee applicants the opportunity to visit Jefferson-LVH and learn about various programs.	This program was not created nor offered to recruits. Programs have offered other opportunities for trainees to visit LVH while still remaining compliant with recruitment rules and ethics	Re-consider the need for such a Site-Visit program in AY 25-26 based on program's desires and recruitment success. If desired offer in May 2026.
Initiate a deeper dive to determine why fewer female trainees are entering our programs. We will also analyze the increased number of international trainees seen over the past 2 years, which comes with a cost and administrative resource requirements.	Exploration of the decrease in female matches was performed with a focus on IM. Factors were identified and efforts made to improve the gender equity. In past year female matches increased from 38% to 48% as a result of this effort. IM numbers were also explored and identified as prominent in various programs that now have fewer traditional candidates applying including EM, FM, pediatrics, and certain fellowships	Continue to provide focused recruitment of female candidates in all training programs. Continue to support both traditional allopathic and osteopathic and international candidates with goal of increasing allopathic matches > 30%, Osteopathic candidates > 35% and IMGs < 25%. Limitations on H1b visa access in the coming year is apt to play a factor in this recruitment equation.
GME will continue to support program growth including expansion and creation of new programs. With LVH-CC's rural designation, new growth will result in additional CMS funding to support the development of new programs.	Several programs were developed, or are in the process of development. Anesthesia was applied for and had a site visit in August 2025 (awaiting accreditation decision). Orthopedics will also be applied for in AY25-26. Addiction medicine fellowship and Diagnostic Radiology Residency welcomed first class in 2025.	Continue to look for opportunities to grow programs, based on the Jefferson agreement and growth plan in coming year. Orthopedics residency will be priority with goal of matching first class in AY26-27. Other local program growth will include OBGYN expanding from 6 to 7 trainees a year. In the future a more formal plan to create GME at LVH-P will be considered.
GME will continue to support an environment committed to scholarly activity and academic productivity for both faculty and trainees.	Reesearch at Jeff-LVH remained robust albeit decreased in certain areas based on trend data. Publications increased albeit PMID publications decreased since 2022. Resources to promote research continue to include NORI, statistical support, and GME research liaison who has supported research in Surgery and OBGYN the past	Continue to monitor and support research. Leverage resources through Jefferson and perhaps create collaborative opportunities for research. Continue to promote Quality Improvement projects and packaging for presentation and publication ideally.
Based on CLER visit feedback, and upcoming ACGME common program requirements, ensuring trainees take part in risk management and quality initiatives and can participate in root cause analysis (RCAs) and quality research in their departments and our hospitals.	Strategies were created to offer High Reliability Organization (HRO) training and planned mock RCAs for programs. Based on changes in Jefferson Quality and Patient Safety (QIPS) strategy these programs were deferred. The QIPS certificate program (10 GCEP modules) was introduced to all new trainees in 25-26. Baseline data on QIPS activity in programs collected.	Careful review of ACGME proposed future requirements with a focus on QulPs with the goal of 1) Optimizing QulPs education, 2) Creating a database of QulPs projects and trainee participation, 3) ensuring trainees participate directly in QulPs reviews and Root Cause Analysis. the areas will be monitored in the future by ACGME and programs will be at risk for citations if
In conjunction with Human Resource and Compensation Colleagues, we plan to analyze program administration structure, promote standardization of administrative job descriptions, and assure competitive salaries through market adjustments. We will seek models and opportunities for growth and promotion of coordinators, specialists, and managers.	Reviewed and revamped salaries in 2024 for all program administrator at program level and GME. Universal increase in salaries. Awaiting further exploration at the level of Jefferson enterprise and transformation initiative to align administrative positions and job descriptions to promote opportunities for growth and optimal salary structure.	Integrate fully with Jefferson Enterprise ensuring all Jeff-LVH administrators have equal opportunity for growth and financial support made available to other administrators in other SIs.
Leverage the GME office to better assist programs with global curriculum needs. This will include continued sponsorship of various DEI and Well-being initiatives. We will also provide other options for global education opportunities	Relationship Centered Communication, 2) Mindfulness Matters, 3) Wellness, coaching, and resilience through Marvin, 4) Patients with Disabilities as Teachers. Compliance and utilization of these programs have not been monitored to date. AMA GCEP Module was also restructure to provide critical knowledge to trainees to support ACGME requirements	Will continue to add global education with more of a focus on faculty professional development (offered AMA GCEP Module curricula this year to programs) perhaps as more global offerings based on Jefferson academic relationship and offerings. Monitor use of aforementioned GME programs and encourage utilization.
Continued efforts to optimize the well-being of our trainees and faculty while mitigating distress and burnout among these groups.	Again, this year trainee well-being data remains positive through all measures. Various efforts to promote wellness continue including improvement in space, assurance of work-hour compliance, and efforts to promote efficiency. Focus groups were planned in early 2025 with the goal of identifying "hot spots" and areas for potential improvement within various training programs. Faculty well-being data, based on ACGME survey, remains suboptimal and worsened from 23-24. Causes remain unclear?? Ensure adequate time requirements for all faculty.	Continue to monitor and make efforts to improve well-being. Focus for trainees to include space, work-life balance, and optimization of efficiency. Ambient abridge to be made available to Trainees in 25-26 with goal of improved performance in ambulatory setting for both faculty and trainees. Close evaluation of AMA Biopsy survey as comparison of programs internally and nationwide and 15 areas of assessment. Will initiate deep-dive and assessment of suboptimal faculty well-being in the coming year and explore and advocate as