UNIVERSITY OF HAWAIʻI SYSTEM

TO THE BOARD OF REGENTS

EXECUTIVE SUMMARY

ANNUAL INSTITUTIONAL REVIEW OF GRADUATE MEDICAL EDUCATION

FROM THE JOHN A. BURNS SCHOOL OF MEDICINE

GRADUATE MEDICAL EDUCATION COMMITTEE

FOR ACADEMIC YEAR 2017-18

Orientation Day June 29, 2018: Some 1st Year Residents & Fellows with Dean Jerris Hedges, GME administrators and JABSOM Clinical Department Chairs and Residency / Fellowship Program Directors at UH JABSOM Kakaʻako campus.

PURPOSE

This report fulfills a core requirement that took effect July 1, 2014 of the Accreditation Council for Graduate Medical Education ("ACGME"), the national accrediting body for American Graduate Medical Education ("GME") Programs. This requirement, I.B.5.c), p. 5 ACGME Institutional Requirements (June 9, 2013) states that:

> *The DIO[1] must submit a written annual executive summary of the AIR [Annual Institutional Review] to the Governing Body.*

The University of Hawai'i ("UH") Board of Regents is the *governing body* for the University of Hawai'i, John A. Burns School of Medicine (hereinafter called "UH JABSOM"). On September 23, 2018, UH JABSOM's Graduate Medical Education Committee (GMEC) completed its Annual Institutional Review ("AIR") for the prior academic year, **July 1, 2017–June 30, 2018**. This is the Executive Summary of that AIR. The detailed discussion, review and improvement action plans of the AIR are recorded in our GMEC minutes. A high-level overview will be presented in this report, as well as the Action Plan. The Appendix contains the background information related to the current structure of the GME programs and relation to teaching hospitals and clinics and the Institutional Performance Indicators as those remain largely unchanged from year-to-year.

EXECUTIVE SUMMARY

In 2009, JABSOM conducted an assessment to determine how many GME positions would be needed to better help address physician shortages in Hawaii. Table 1 and Table 2 below details that information, as well as the actual GME positions in 2018-19 and highlights any gaps. Further discussion of the challenges related to our GME programs and positions being able to address the physician workforce shortage are more fully described in the 2018 Hawaii Medical Education Council Report to the 2019 Legislature.

Full website address: https://www.hawaii.edu/govrel/docs/reports/2019/hrs304a-1704_2019_hmec_annual-report_508.pdf

Table 1 - Current GME positions compared to need for core residency programs

UH JABSOM GME PROGRAM Core Residency Programs (8):	2009 Actual Positions	2009 Additional Positions Needed to Address Shortage	2018-19 Actual GME Positions	Current GAP positions	Desired Total GME Positions in 2020
Family Medicine (FM)[A]	18	18	18	18	36
Internal Medicine (IM)[B,E]	58	9	59	8	67
Obstetrics & Gynecology (OB/GYN)	25	0	25	0	25
Orthopedic Surgery (ORTHO)	10	5	11	4	15
Pathology (PATH)	10	6	9	7	16
Pediatrics (PEDS)	24	0	23	1	24
Psychiatry (PSY)[C]	28	0	25	3	28
Surgery (SURG)[D]	23	7	22	8	30
~~Transitional – 1 Year (TY)~~	~~10~~	~~0~~	~~Closed~~	~~0~~	~~0~~
Core Program TOTALS	**206**	**45**	**192**	**49**	**241**

[1] The Designated Institutional Official (DIO) is the academic administrator and director responsible for overseeing the operations of all GME programs at UH JABSOM.

Table 2 - Current GME positions compared to need for fellowship specialties

UH JABSOM GME PROGRAM Subspecialty Fellowship Programs (10):	2009 Actual Positions	2009 Additional Positions Needed to Address Shortage	2018-19 Actual GME Positions	Current GAP positions	Desired Total GME Positions in 2020
FM-Sports Medicine (SM)	1	0	1	0	1
IM – Cardiovascular Disease (CVD)	6	3	9	0	9
IM – Geriatric Medicine (Geri-Med)	10	0	3	7	10
OB/GYN – Maternal Fetal Medicine (MFM)	1	3	3	0	3
OB/GYN – Family Planning (FP)	n.a.	n.a.	1	1	2
PEDS-Neonatal Perinatal (Neo-Peri)	4	0	3	1	4
~~Combined Triple Board (PEDS-PSY-CAP)~~	4	~~0~~	~~Closed~~	~~0~~	~~0~~
PSY-Addictions Psychiatry (Addict-PSY)	2	2	1	3	4
PSY-Child & Adolescent Psychiatry (CAP)	4	2	6	0	6
PSY-Geriatric Psychiatry (Geri-PSY)	1	0	0	1	1
SURG-Surgical Critical Care	2	0	3	0	3
Subspecialty Program TOTALS	**35**	**7**	**30**	**13**	**43**
Core + Subspecialty TOTALS	**241**	**52**	**221**	**62**	**284**

INSTITUTIONAL PERFORMANCE INDICATORS

Three (3) Institutional Performance Indicators are used to assess the effective operations and quality of the UH JABSOM GME Programs: (1) Results of the most recent institutional notification letter from the ACMGE; (2) Results of ACGME surveys of residents/fellows and core GME faculty; and (3) ACGME Notification of accreditation status and anticipated self-study visits of GME Programs. In addition to these performance indicators, program quality and other evaluative feedback was provided during the September 28, 2018 AIR by the 55 members of the GMEC which is made up of: i) UH JABSOM faculty who serve as residency program directors (PDs) and/or Chairs of clinical departments with GME programs, ii) peer-selected resident/fellow representatives from all GME programs, iii) residency program administrators, and iv) the Office of the DIO ("ODIO") management team. In the sections that follow, the salient findings for each of the Institutional Performance Indicators will be presented for Academic Year 2017-2018.

(1) Results of the Most Recent Institutional Letter

Current accreditation status. At its January 24, 2018 meeting, based on information available at that time, the ACGME Institutional Review Committee "commended the institution for its demonstrated substantial compliance with the ACGME's Institutional Requirements without any new citations." Additionally, of the 17 ACGME-accredited programs, there are only 2 citations in two programs (Orthopedic Surgery and General Surgery). Our programs, leadership, faculty and trainees and clinical training partners were commended for working together to create excellent learning environments that provide high quality and safe patient care for populations of Hawai'i.

(2) Results of ACGME Surveys of Residents/Fellows and Core GME Faculty

The ACGME conducts an annual online confidential survey of residents/fellows to assess their experiences and perceptions of their GME programs in seven (7) content areas shown in Table 3. Similarly, the ACGME faculty survey measures faculty experiences and perceptions of their residents and programs in six (6) content areas shown in Table 4. These survey results, in addition to other annual reporting measures to the ACGME, are utilized to determine a GME program's accreditation status. At least 70% of residents and faculty must complete the survey. All of 220 residents/fellows completed the annual survey, in addition to 92% of faculty completing their respective survey. Within

each domain a number of specific dimensions are assessed on a 1-5 ranking scale with 1 = very negative, 2 = negative, 3 = neutral, 4 = positive, to 5 = very positive.

Table 3 - Annual ACGME Resident Survey Content Areas and Specific Dimensions

Content Areas Surveyed (7):	Specific Dimensions Assessed
1. Clinical Experience and Education	How clinical care, on-call coverage, record keeping, didactics, research/scholarly, conference presentation work hours are managed and do not exceed 80 hours/week.
2. Faculty	Quality in supervision, instruction, interest and an environment of scholarly/research inquiry.
3. Evaluation	Integrity of evaluative processes employed by the program to be confidential, accessible to residents/fellows, and improve the program and the performance of residents/fellows.
4. Educational Content	Quality and balance of education and clinical service, scholarly rigor, supervision, data-driven clinical effectiveness, curriculum quality, and quality/quantity of instruction, guidance on resident/fellow practice habits, and diversity of patients in a variety of settings.
5. Resources	Availability of library, scientific and scholarly reference materials, electronic medical records access for hospital and ambulatory (clinic) settings, support to transition patient care when residents are fatigued, access to patients without competition from other learners, and being able to raise concerns without fear.
6. Patient Safety / Teamwork	Clinical learning environment reinforces a culture of patient safety responsibility, patient respect, quality improvement and transitions of care. Presence and effectiveness of inter-professional teams.
7. Overall evaluation of Program	Resident/Fellow overall evaluation of their GME program.

Table 4 - Annual ACGME Faculty Survey Content Areas and Specific Dimensions

Content Areas Surveyed (6):	Specific Dimensions Assessed
1. Faculty Supervision and Teaching	Sufficient time to supervise, residents/fellows seek supervision, interest of Program Director in education, rotation/educational assignment evaluation, faculty performance evaluation, faculty satisfied with personal performance feedback.
2. Educational Content	Worked on scholarly project with residents/fellows, residents/fellows see diverse patients across variety of settings, residents/fellows receive education to manage fatigue, effectiveness of graduating residents/fellows, outcome achievement of graduating residents/fellows.
3. Resources	Program provides way for residents/fellows to transition care when fatigued, residents/fellows workload exceeds capacity to do clinical work, satisfied with faculty development to supervise and educate, satisfied with process to deal with resident/fellow programs and concerns, prevent excessive reliance on residents/fellows to provide clinical service.
4. Patient Safety	Information not lost during shift changes or patient transfers (transitions of care), tell patients of respective roles of faculty and residents/fellows, culture reinforces patient safety responsibility, residents/fellows participate in quality improvement or patient safety activities.
5. Teamwork	Residents/fellows communicate effectively when transferring clinical care, residents/fellows effectively work in inter-professional teams, program effective in teaching teamwork skills
6. Overall evaluation of Program	Core Faculty overall evaluation of their GME program.

Once surveys are completed, the ACGME determines the mean rankings of each of the content areas and compares the program means with the national means of all comparable programs, for example the mean rankings for the content areas for the UH JABSOM Pediatric Residency surveys for residents and faculty are respectively compared with the national means of all ACGME-accredited Pediatric Residencies in the U.S.

At the AIR, the GMEC reviews the detailed survey results from each program, in addition to the aggregated Institutional results. Summary graphs are noted below in Figures 2 (resident survey) and Figure 3 (faculty survey). The University of Hawai‘i is generally performing at the National Mean across the content areas and is rated very favorably overall by both residents/fellows and core faculty.

Figure 1 – Annual ACGME Resident Survey – Aggregated Program Data

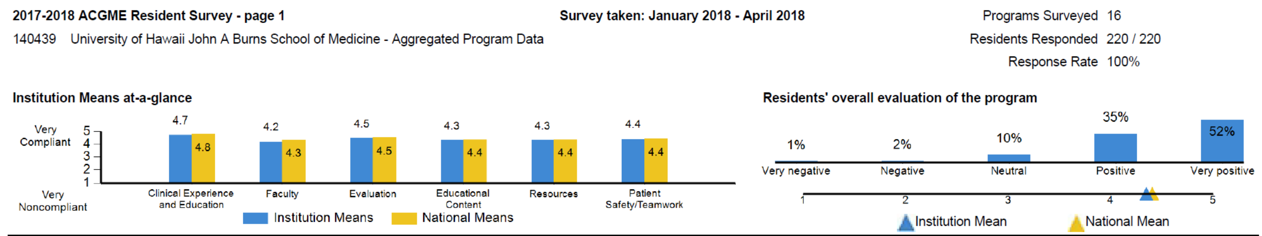
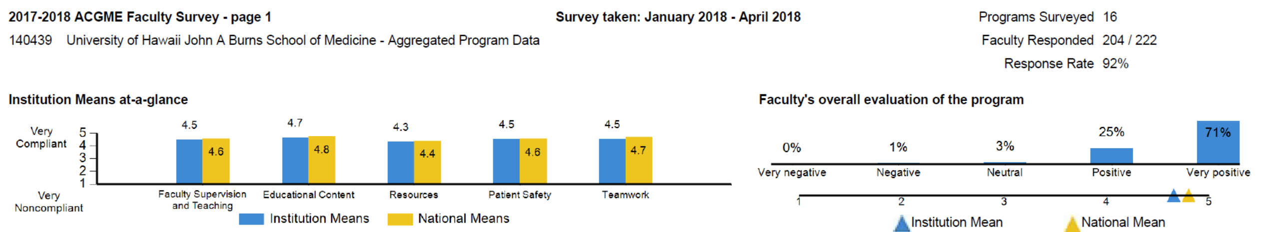


Figure 2 – Annual ACGME Faculty Survey – Aggregated Program Data



Conclusions from September 28, 2018 AIR GMEC Review. Overall, the ACGME survey results were positive, and in the spirit of continuous improvement, several cross-cutting areas were identified for continued focus among the GME programs and institution:

- Increase perception by residents that faculty are engaged and providing an environment of inquiry
- Increase faculty development activities specific to GME teaching, evaluation and feedback
- Improve resident satisfaction with scholarly activities
- Consistently provide more data on practice habits and effectiveness
- Consistently provide more feedback to residents after their learning assignments
- Address any perceived imbalance of “service over education”

(3) ACGME Notification of accreditation status and anticipated self-study visits of GME Programs

All 18 UH JABSOM GME programs have full accreditation. Table 5 below shows the anticipated due dates of Self-Study documents, upcoming 10-year site visits for several programs who have already submitted their Self-Study documents, and citations for each program. None of the citations listed involved patient safety/clinical care issues. In 2017-2018, there were 2 citations in 2 programs. The Orthopedic Surgery citation concerns faculty publications in peer-reviewed journals. There is a solid action plan to improve the resources needed to attain more faculty scholarship, in conjunction with their major hospital training site’s quality improvement and research initiatives. The General Surgery citation is regarding a low first-time pass rate of their specialty certification boards. Curricular changes were instituted a year ahead of the citation to help ensure the residents have the sufficient knowledge and skills to pass their certification boards on the first try. We have already seen improvements in this area.

Table 5 - Anticipated Self-Study and Site Visit dates

GME Program	Future Self Study Due or 10-yr *Site Visit* Date	Most Recent Site Visit Date	Citations in AY 2016-17	Citations in AY 2017-18	Status of Citations*
Family Medicine Residency	07/01/2019 - SS 01/01/2021 – 10yr	05/18/2009	0	0	
Sports Medicine Fellowship	07/01/2019 – SS 01/01/2021 – 10yr	05/18/2009	0	0	
Internal Medicine Residency	10/31/2017 - SS 04/01/2019 – 10yr (pending, not actually scheduled)	01/29/2009	0	0	
Cardiovascular Disease Fellowship	10/31/2017 - SS 04/01/2019 – 10yr (pending, not actually scheduled)	09/21/2012	0	0	
Geriatric Medicine Fellowship	10/31/2017- SS 04/01/2019 – 10yr (pending, not actually scheduled)	09/29/2008	0	0	
Obstetrics/Gynecology Residency	12/01/2019 – SS 06/01/2021 – 10yr	10/03/2007	0	0	---
Orthopedic Surgery Residency	06/01/2022 – SS 12/01/2023 – 10yr	07/01/2009	1	1	PAM for 1 citation**
Pathology Residency	10/01/2020 – SS 04/01/2022 – 10yr	2/19/2019	0	0	
Pediatrics Residency	10/31/2016 04/01/2018 – 10yr (pending, not actually scheduled)	03/27/2011	0	0	
Maternal-Fetal Medicine	Pending	1/24/2019	n/a	n/a	
Neonatal-Perinatal Fellowship	10/31/2016 04/01/2018 – 10yr (pending, not actually scheduled)	03/27/2011	0	0	
Psychiatry Residency	04/01/2022 – SS 10/01/2023 – 10yr	04/20/2012	0	0	
Addictions Psychiatry Fellowship	04/01/2022 – SS 10/01/2023 – 10yr	04/01/2009	0	0	
Child & Adolescent Psychiatry Fellowship	04/01/2022 – SS 10/01/2023 – 10yr	10/22/2010	0	0	
Geriatric Psychiatry Fellowship	04/01/2022 – SS 10/01/2023 – 10yr	04/24/2009	0	0	
Surgery Residency	11/01/2022 – SS 05/01/2024 – 10yr	11/01/2012	0	1	PAM for 1 citation**
Surgical Critical Care Fellowship	11/01/2022 – SS 05/01/2024 – 10yr	02/19/2009	0	0	

*Status of Citation (From Annual Program Reviews of Academic Year 2017-2018:
PAM = Partially Addressed & Being Monitored by PEC and GMEC
**Orthopedic Surgery Residency has begun Improvement Action Plan to improve faculty research support to address scholarly/research environment of inquiry citation.

GMEC ACTION PLAN ITEMS and STATUS

In 2016-17, our trainees, GME programs and leadership, our major partner training sites and key community stakeholders including the Hawai'i Medical Education Council (HMEC), participated in a long-term strategic planning process aimed at identifying viable and sustainable strategies to develop a physician workforce that continues to advance the health and well-being of the people of Hawai'i. GMEC members had opportunity to participate in determination of GME strategic priorities. **Major initiatives identified through the GME Strategic Planning** process are noted below. Some have also been incorporated in the HMEC report to the 2019 Legislature:

1. Secure additional ***resources*** to maintain and expand GME programs. This includes funding for resident positions, supplemental educational activities and for additional faculty and clinical training sites (especially on the neighbor islands).
2. Develop a multi-pronged approach to improve physician ***retention*** in Hawai'i. This includes ongoing activities before and during residency training, as well as a significant need to engage health systems, insurers, the State and other partners to make Hawai'i a desirable place to practice – especially for new graduates with an average of $300,000 in educational debt (higher for those who completed med school on the mainland).

3. Develop strategies, in partnership with the health systems and insurers, to address and ***prevent physician burnout and to promote physician well-being.***
4. Expand ***neighbor-island*** and telehealth training opportunities for residents and fellows. Numerous national studies prove that the best ways to attract and retain physicians in rural settings is to 'grow your own' and to provide clinical training that is embedded within community clinics and hospitals. Resources will be needed to develop clinical sites and faculty, as well as for resident housing and transportation. The current lack of these resources constrains most programs' ability to offer neighbor island rotations,
5. Incorporate more aspects of ***population health*** and ***inter-professional education and training*** into all GME programs, to better equip future physicians to practice in team-based, patient and population-centered clinical settings. This effort includes primary care-behavioral health integration.

Many of the major themes identified in the GME strategic planning process aligned with findings from each program's Annual Program Evaluation. The Office of the DIO identified cross-cutting themes. The GMEC reviewed these, along with the data, and determined the priority strategies for the upcoming academic year. The Institution (JABSOM), as well as individual programs participated in numerous activities that aim to continually improve our programs. The status of these activities is briefly reviewed below in Tables 6-11.

Table 6 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Quality Improvement & Patient Safety

STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions *(as of September 28, 2018)*			
MAJOR THEME in CAPS **Priority Areas of Improvement for AY 2015-2016, 2016-17, 2017-18, 2018-19:**			
1. QUALITY IMPROVEMENT (QI) / PATIENT SAFETY (PS) **(2015-16) Achieve increased resident/fellow participation in QI/PS initiatives/projects** **(2016-17+) Increase alignment of GME QI/PS priorities with clinical learning environment QI/PS priorities, as measured by APE and AIR reports and related ACGME evaluation tools** ***[long-term, ongoing goal; also required by the ACGME Clinical Learning Environment Review program]***			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16) Require Institute for Healthcare Improvement (IHI) modules in patient safety. B. (AY 2015-16) Develop institution-wide database of Quality Improvement/Patient Safety (QI/PS) initiatives/projects. C. (AY 2016-17) Encourage completion of IHI modules in Quality Improvement D. (AY 2016-17) Incorporate hospital QI staff & reports into academic half-day (AHD) curriculum E. (AY 2017-18) Incorporate patient safety reviews and participation in PS debriefs into each programs' curriculum F. **(AY 2018-19+)** Continue with PS and QI integrated into programs' curriculum and faculty development	ODIO, GMEC QPS Subcommittee QPS SC Each program Each program QPS SC/ODIO, programs	A. Residents and core faculty knowledge of principles of PS. B. Increased options for resident participation in hospital QI/PS initiatives C. Residents and core faculty knowledge of principles of QI D. Relevant QI indicator updates to identify opportunities for GME participation in hospital QI priorities E. Resident/faculty experience in basic PS activities F. Increased knowledge and meaningful engagement by residents/faculty in health facilities'/health systems' QI and PS initiatives	A. Completed for all residents; part of on-boarding for incoming residents/fellows. Partially completed for core faculty (ongoing) B. Completed C. Partially completed in a few programs. Very limited time in schedule for 6 additional online modules. D. Met. AY 2018-19 will continue focus on getting relevant reports shared on a routine basis *(see popn health)* and tying major concepts & QI tools into AHD and projects E. Met, ongoing F. Met, ongoing

Table 7 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Scholarly Activity & Research

2. SCHOLARLY ACTIVITY & RESEARCH **(2015-16) Achieve increased resident and faculty presentation at local/regional peer-reviewed meetings** **(2016-17+) Achieve increased resident and faculty satisfaction with participation in scholarly activity &/or research, as measured by APE and AIR reports and related ACGME evaluation tools** ***[long-term, ongoing goal; also required by the ACGME]***			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16) Annual research forum for resident, fellow and faculty scholarship. B. (AY 2015- ongoing) Long-term goal: develop system for coordinating GME trainee & faculty scholarly activities. C. (AY 2017-18) Work toward common (across institutions) CITI training D. (AY 2017-18) Work toward eliminating need for multiple IRB applications E. (AY 2017-18, **2018-19**) Work toward developing fast track approval for QI/PI projects F. (AY 2017-18) Train a core group of faculty mentors in Health Catalyst EDW G. **(AY 2018-19)** Include GME research into larger JABSOM Research Strategic Plan	ODIO, GMEC Scholarly Activities & Research Subcommittee (C-F) ODIO, SC Chair and QI leads at QHS, HPH	A. Additional local opportunities to present scholarly work B. Increase facilitators of clinical, health disparities and QI/PS-focused scholarly work across UH JABSOM. C. Reduced barrier to research D. Reduced barrier to research E. Reduced barrier to research F. More QI/PI projects or research projects related to direct patient care at QHS or HPH facilities G. Strategic research discussions and activities to consider GME needs and unique challenges	A. Decision to continue promoting annual existing opportunities (HPEC, Biomedical Research Symposium, specialty specific). B. In progress and ongoing C. In progress and ongoing D. In progress and ongoing E. In progress and ongoing F. Met and ongoing G. Met and ongoing

Table 8 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Faculty Development

3. FACULTY DEVELOPMENT (FD) **2015-16) Improved systems for providing meaningful and timely feedback and evaluation to residents/fellows** **(2016-17+) Improve availability and accessibility of faculty development topics that will enhance the learning and growth of residents/fellows, as measured by AIR reports and related ACGME survey questions** ***[long-term, ongoing goal]***			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16) Revise/standardize template for formative feedback. B. (AY 2015-16) Develop Minimum feedback guidelines. C. (AY 2015-16) Revise/standardize New Innovations evaluations. D. (AY 2016-17) Develop video vignettes on giving feedback E. (AY 2017-18) Develop online toolkit for 'working with difficult learners', 'writing meaningful evaluations' F. (AY 2017-18) Develop online training in core faculty development topics G. (AY 2017-18) Pilot SUPERB SAFETY curriculum H. **(AY 2018-19)** Implement SUPERB SAFETY into remainder of curriculum I. **(AY 2018-19)** Mandatory topics for faculty development (feedback, evaluation, others)	GMEC Curriculum, Evaluation & Milestones Subcmte (SC) SC/DIO/DDIO SC/DIO/DDIO DIO/DDIO, JABSOM FD office DDIO, Clinical Departments	A& B. Improved consistency and timing of meaningful faculty feedback to learners C. Improved consistency (across programs) for evaluating learners D. Easily accessible resources for required FD topics for core, comp and non-comp faculty E. Easily accessible, vetted resources for program-specific FD F. Same as D G. Institution-wide curriculum for improved communication between residents & faculty H. Same as G I. Same as A, B, C, D, G	A. Completed B. Completed C. Completed D. Not completed by 6/30/17 due to lack of time / resources. Now part of F. E. Met, but being refined F. In progress G. Met H. In progress I. In progress

Table 9 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Increase Learners' Perception of High Faculty Engagement

4. INCREASE LEARNERS' PERCEPTION OF HIGH FACULTY ENGAGEMENT **(2015-16) Fostering environments of inquiry and scholarly activity** **(2016-17+) In partnership with GME stakeholders, create environments where faculty and academic practices are valued and supported, as measured by APE reports and related ACGME evaluation tools** *[long-term, ongoing goal]*			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16) DIO, Dept. Chairs & PDs incorporate regular discussions of Scholarly Inquiry at department/program activities such as faculty meetings/retreats. B. (AY 2015-16) Develop a plan to implement best practices for intellectual engagement of educators, scholars & researchers. C. (AY 2015-16+) Continue to improve teaching practices & opportunities for faculty involvement in residency education. D. (AY 2015-16+) Continue to get feedback from residents on their perceptions of faculty / program creating an environment of scholarly inquiry E. (AY 2017-18+) Continue to strengthen academic models of teaching, faculty practice and alignment with health system needs F. (AY 2017-18+) Work toward providing FD for CME credit (selected AHD sessions, fully utilize Zoom)	ODIO, Clinical Dept. Chairs, GMEC Curriculum Subcommittee DIO DIO, Dept. Chairs, UHP, KMS JABSOM FD office, Depts .	A. Increased awareness of and consistent use of 'environment of inquiry' B&C. Leveraged resources, where feasible, to support faculty engagement in teaching and scholarly activity D. (C, D, E, F) Improved % of residents responding favorably on ACGME and internal surveys E. More dedicated faculty time to teaching, evaluating and mentoring residents; increased quality of teaching, improved quality of patient care, improved supervision, less faculty burnout, improved % of faculty responding favorably on ACGME and internal surveys F. Increased opportunities and incentives for faculty to participate in FD activities	A. In progress; improvement seen in ACGME surveys B Ongoing (long-term) discussions with health systems, JABSOM and practice plan C. In progress and ongoing D. In progress and ongoing E. In progress and ongoing F. In progress and ongoing

Table 10 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Population Health / Inter-Professional Education

5. POPULATION HEALTH / INTER-PROFESSIONAL EDUCATION (IPE) **(2015-16) Provide Regular feedback on practice effectiveness to residents and fellows** **(2016-17+) Strengthen Institutional and Program curricula so that GME trainees and core faculty actively engage in team-based management of their patient populations in coordination with relevant health system and insurer initiatives** *[long-term, ongoing goal; also required by the ACGME]*			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16) Improve documentation skills in clinical and required administrative work with patients. B. (AY 2016-17) Work with health system IT to more efficiently obtain resident-level data to manage population health	ODIO, Clinical Chairs DIO, QPS SC	A. Improved documentation skills to comply with healthcare reform requirements and patient clinical care. B. Meaningful data with which to train residents/fellows	A. Completed; ongoing monitoring & training at Program level B. In-progress for Family Med (ACGME requirement), limited progress/need in other specialties. ACGME also clarified their requirement in Feb 2017 (see C).
C. (AY 2017-18) Health systems to provide data on quality metrics and benchmarks (that are relevant to each GME program/specialty) D. (AY 2017-18) Conduct baseline assessment of data needs, population health curriculum, inter-professional education (IPE) opportunities E. (AY 2018-19) Implement basic population science curriculum for those programs who currently do not teach this F. (AY 2018-19) Leverage resources with health systems and insurers to make more training available to GME programs	QPS SC ODIO, QPS SC	C. Compliance with new ACGME requirement, as measured by APE, AIR reports and ACGME survey results D. Identify opportunities to leverage resources across health professions schools to improve implementation of meaningful population health curricula E. (B, C, F), GME trainees more engaged in team-based care as evidenced by annual program evaluation, CLER visit (as applicable)	C. Met. Programs should prioritize those that are relevant and integrate into AHD D. Done. DIO/DDIO part of Hawai'i IPE workgroup E. In progress F. In progress

Table 11 - STATUS OF 2015-16, 2016-17, 2017-18 GMEC ACTION PLAN and Ongoing Priority Interventions – Well-Being of Residents & Faculty

6. WELL-BEING OF RESIDENTS AND FACULTY **(2015-16) Identify activities and partnerships to enhance resident well-being** **(2016-17+) Work with hospital/health system partners, JABSOM and other stakeholders to create learning and working environments that promote well-being of residents/fellows, faculty and other members of the health care team.** *[long-term, ongoing goal; also required by the ACGME]*			
Measurable Steps / Interventions	**Assigned to**	**Expected Outcomes Measures**	**Status**
A. (AY 2015-16+) Include residents in hospitals' Doctor's Day and other medical staff activities that focus on well-being B. (AY 2016-17) Identify wellness resources for residents/fellows C. (AY 2017-18) Conduct Institution and Department-level Inventory of Well-Being (culture, policies, resources) D. (AY 2017-18) Conduct baseline survey of resident/fellow well-being and burnout E. **(AY 2017-18+)** Provide training on physician burnout, mitigation and resources F. **(AY 2017-18+)** Work with health systems to ensure faculty and residents are trained in and provided support in payment transformation and conversion to team-based group practice models G. **(AY 2018-19)** Work toward developing a culture of organizational resiliency	Well-being (WB) SC WB SC / ODIO ODIO, WB SC ODIO, WB SC ODIO ODIO, GME Advisory Council ODIO, JABSOM, health systems	A. Residents/fellows feeling valued by the hospitals B. Resident/fellows being more aware of available resources C. Learning and working environments that support physician and team well-being D. For Intervention C, D: Baseline data against which progress in curricular and policy / systems / environmental improvement in these areas can be measured E. Increased awareness and increased acceptability of asking for help, as measured by periodic internal assessments and APE F. Increased comfort with practicing in the new model of health care *(rapidly changing requirements with inadequate support and lack of control is the major reason for burnout)* G. A, B, C, E, F above, ?improved scores on selected ACGME Well-Being questions	A. Met, ongoing B. Met, ongoing promotion and reminders C. Met D. Met by ACGME Well-Being survey started in 2018 E. Met and ongoing F. In progress G. In progress

UH JABSOM GME PROGRAMS AND TEACHING HOSPITALS/CLINICS

UH JABSOM is nationally accredited by the Liaison Committee on Medical Education ("LCME") of the Association of American Medical Colleges ("AAMC"). It is the sponsoring institution for seventeen (17) GME programs fully accredited by the ACGME: Eight (8) core residencies and nine (9) subspecialty fellowships. Without a UH owned-and-operated hospital, beginning in 1965, UH JABSOM formed collaborations with private community hospitals/clinics and state and federal health care departments and agencies to form an integrated network of teaching hospitals/clinics. UH JABSOM learners, i.e., residents and fellows (and 3rd and 4th year medical students) are educated and trained within this network of clinical learning environments. In addition, the core teaching hospitals/clinics house UH JABSOM's eight (8) clinical departments: Family Medicine (Hawai'i Pacific Health – Pali Momi Medical Center), Geriatric Medicine (Kuakini Medical Center), Obstetrics/Gynecology and Pediatrics (Hawai'i Pacific Health-Kapiolani Medical Center), and Internal Medicine, Pathology, Psychiatry and Surgery (The Queen's Medical Center).

An average of 220 physician-trainees, who received doctorates from a school of medicine or school of osteopathy, matriculate annually through one of the ACGME-Accredited GME programs listed in Table 1. About a third of these physicians are graduates from UH JABSOM, a third from U.S. Medical Schools outside Hawai'i, and a third from international medical schools.[2] This mix of Hawai'i, U.S. national, and international graduates is considered ideal for U.S. GME programs; and particularly valued in Hawai'i with its multicultural population of indigenous and immigrant ethnic groups. In addition to these 17 ACGME-Accredited programs, UH JABSOM sponsors one (1) non-ACGME accredited fellowship: Family Planning, which follows the policies and requirements set by

[2] A growing trend during the past decade shows increasing numbers of Americans who attend and graduate from international medical schools due to the extreme competitiveness of U.S. medical school admissions, where only 2% of applicants are accepted, and the lower education/living costs of some international medical schools.

the National Office of the Family Planning and trains 2 fellows.[3] Hence, UH JABSOM has a grand total of eighteen (18) GME programs that produce primary care, specialty, and subspecialty physicians that become independent licensed practitioners in Hawaiʻi, Guam, American Samoa, the Compact of Free Association nations, i.e., Micronesia, and North America.

[3] The non-ACGME accredited GME program, Family Planning Fellowship, is not part of the ACGME-accreditation AIR. However, their program directors, administrators and representative fellows are part of the GMEC and their compliance and accreditation are monitored by the UH JABSOM GMEC and DIO.