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 2018-19

Orientation Day June 28, 2019: Some 1st Year Residents & Fellows with Dean Jerris Hedges, GME administrators, 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 27, 2019, UH JABSOM's Graduate Medical Education Committee (GMEC) completed its Annual Institutional Review ("AIR") for the prior academic year, **July 1, 2018–June 30, 2019**. 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. Appendix A contains the background information related to the current structure of the GME programs and relation to teaching hospitals and clinics as that remains largely unchanged from year-to-year. Appendix B gives a brief update on the progress made in relation to the overall GME Strategic Plan, as requested by the UH BOR.

MAJOR CONCLUSIONS

Current accreditation status. At its January 14, 2019 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." However, because of increased national emphasis on ensuring compliance with work hour requirements, the ACGME identified an Institutional area for improvement to ensure the GME programs had the appropriate processes in place to ensure compliance with all work hour restrictions. 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.

Conclusions from September 27, 2019 AIR GMEC Review. Data reviewed at the AIR included the most recent ACGME survey results, Annual Program Evaluations, Annual Program Updates and additional internal surveys. The results were positive and improved from prior years. Programs with citations have made significant improvements to address concerns. The ACGME will review all programs and decide on the status of any citations or concerns in January-February 2020. In the spirit of continuous improvement, several cross-cutting areas were identified for continued focus among the GME programs and institution:

- Increase faculty development activities specific to GME teaching and evaluation in a competency-based educational framework
- Continue to strengthen opportunities for resident and faculty engagement in scholarly activities, with an emphasis on better aligning these with health system and/or community needs and health disparities
- Consistently provide more and timely feedback to residents after their learning assignments
- Address any perceived imbalance of "service over education" and continued attention to work hours
- Continuing to promote learning environments that contribute to increased well-being among trainees and faculty

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

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 ACGME; (2) Results of ACGME surveys of residents/fellows and core GME faculty, data from each program's detailed Annual Program Evaluation and their priority action plans for the subsequent academic year; 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 27, 2019 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 2018-2019.

(1) Results of the Most Recent Institutional Notification Letter from the ACGME

Current accreditation status. At its January 14, 2019 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." However, in March 2019 the ACGME noted that 13% of resident respondents of the 2017-18 ACGME resident survey stated they exceeded the 80-hour workweek limit for clinical and educational work, averaged over 4 weeks. Because of increased national emphasis on ensuring compliance with work hour requirements, the ACGME identified an Institutional area for improvement to ensure the GME programs had the appropriate processes in place to ensure compliance with all work hour restrictions. In the recently administered 2018-19 ACGME survey, 11% of UH residents reported exceeding the 80 hour workweek. 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 and selected data from each Programs' Annual Program Evaluation and priority Action Plan

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 1. Similarly, the ACGME faculty survey measures faculty experiences and perceptions of their residents and programs in six (6) content areas shown in Table 2. 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. Two hundred twelve (96%) residents/fellows completed the annual survey, in addition to 184 core faculty (96%) 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, 5 = very positive.

Table 1: Annual ACGME Resident Survey Content Areas and Specific Dimensions

Content Areas Surveyed (7):	Specific Dimensions Assessed
1. Clinical and Educational work	How clinical care, on-call coverage, record keeping, didactics, research/scholarly, conference presentation work hours are managed and do not exceed 80 hours/week and other work hour restrictions.
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 other clinical demands, scholarly activities, 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 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 2: 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 faculty and 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 Surgery Residency surveys for residents and faculty are respectively compared with the national means of all ACGME-accredited Surgery 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 1 (resident survey) and Figure 2 (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

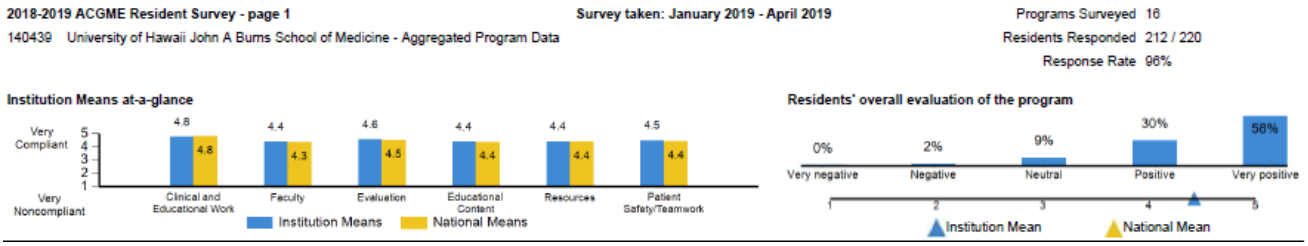
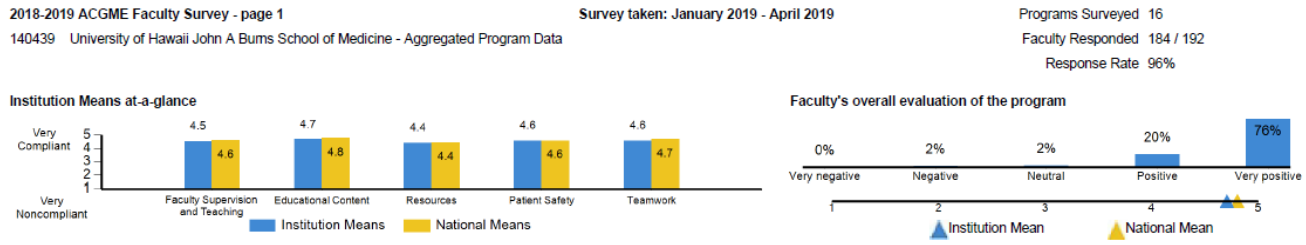


Figure 2: Annual ACGME Faculty Survey – Aggregated Program Data



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

Each program conducts a very detailed Annual Program Evaluation (APE), identifies areas for improvement and develops a prioritized Action Plan to address in the subsequent academic year. Data assessed includes evaluations of the curriculum and rotations, in-training examination results, graduates' performance (Board certification rates and other data), evaluations of the overall program, internal surveys, ACGME surveys, types of faculty development conducted, resource needs, as well as other items relevant to the GME program functioning as part of a larger department within JABSOM (items required for JABSOM accreditation by the Liaison Committee on Medical Education). Throughout the year, the GMEC reviews a summary document of each program's APE. At this AIR, the GMEC reviewed data related to retention rates, strategies for well-being of residents and faculty, priority areas for faculty development, recommendations from the most recent ACGME Clinical Learning Environment Review site visit, faculty scholarly activity (in aggregate) and other selected items. From that review, crosscutting themes, priorities and strategies were identified to update the Institutional Action Plan (which is contained in Appendix B).

All 19 UH JABSOM GME programs have full accreditation from the ACGME or the National body that accredits Complex Family Planning fellowships. Table 3 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 that is accredited by the ACGME. None of the citations listed involved patient safety/clinical care issues. In 2018-19, there were 6 citations in 4 programs (4 citations for duty hours). The Orthopedic Surgery citation concerns faculty publications in peer-reviewed journals. One General Surgery citation relates to the pass rate for first-time Board certification test takers. Both the Orthopedic Surgery and General Surgery programs have worked very hard to address these concerns and have shown significant improvement and from our perspective, resolution, of all of those citations. Family Medicine, Internal Medicine and the General Surgery programs have instituted closer monitoring and notification processes such that resident schedules can be quickly adjusted to ensure residents do not exceed 80-hours per week, averaged over 4 weeks. The ACGME will make a determination on the status of all citations in January 2020.

Table 3: ACGME-Accredited GME Programs and Status of Any Citations

GME Program	Future Self Study Due or 10-yr *Site Visit* Date	Most Recent Site Visit Date	Citations in AY 2017-18	Citations in AY 2018-19	Status of Citations*
Family Medicine Residency	07/01/2019 – SS 01/01/2021 – 10yr	05/18/2009	0	1	AM for 1 citation**
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	1	AM for 1 citation**
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	AM for 1 citation**
Pathology Residency	10/01/2020 – SS 04/01/2022 – 10yr	2/19/2019	0	0	
Pediatrics Residency	10/31/2016 *January 28-29, 2020* – 10yr	03/27/2011	0	0	

Maternal-Fetal Medicine	Pending	1/24/2019	n/a	n/a	
Neonatal-Perinatal Fellowship	10/31/2016 *January 28-29, 2020* – 10yr	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	
Addiction Medicine Fellowship	Program just started 7/1/2019	pending	n/a	n/a	
Surgery Residency	11/01/2022 – SS 05/01/2024 – 10yr	11/01/2012	0	3	AM for 3 citations**
Surgical Critical Care Fellowship	11/01/2022 – SS 05/01/2024 – 10yr	02/19/2009	0	0	

*Key: *Status of Citation (From Annual Program Reviews of Academic Year 2018-2019: AM = Addressed & Being Monitored by PEC and GMEC ; **Orthopedic Surgery Residency making excellent progress on improved faculty publications. General Surgery – 1 citation related to Board Pass rate. Anticipate ACGME resolving citation in 2020. FM, IM, Surgery –effectively addressing citation for duty hours.*

Conclusions from September 27, 2019 AIR GMEC Review. Overall, the ACGME survey results were positive and improved from prior years. In the spirit of continuous improvement, several cross-cutting areas were identified for continued focus among the GME programs and institution:

- Increase faculty development activities specific to GME teaching and evaluating in a competency-based educational framework
- Continue to strengthen opportunities for resident and faculty engagement in scholarly activities, with an emphasis on better aligning these with health system and/or community needs and health disparities
- Consistently provide more and timely feedback to residents after their learning assignments
- Address any perceived imbalance of "service over education" and continued attention to work hours
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Appendix A includes a high-level overview of UH JABSOM GME PROGRAMS AND TEACHING HOSPITALS/CLINICS

Appendix B contains the Detailed GMEC Action Plan Items and Status developed from the Annual Institutional Review

Appendix C contains an overview of the GME Strategic Planning Process that occurred in 2016-17, as well as a brief status report of accomplishments and barriers. Information on the GME positions in our current Core Residency and Fellowship programs is also noted at the end of Appendix C.

APPENDIX A.
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 eighteen (18) GME programs fully accredited by the ACGME: Eight (8) core residencies and ten (10) 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-Kapi`olani Medical Center), and Internal Medicine, Pathology, Psychiatry and Surgery (The Queen's Medical Center).

An average of 230 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 4. 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 18 ACGME-Accredited programs, UH JABSOM sponsors one (1) non-ACGME accredited fellowship: Family Planning, which follows the policies and requirements set by the National Office of the Family Planning and trains 1-2 fellows.[3] Hence, UH JABSOM has a total of nineteen (19) GME programs that produce primary care, specialty, and subspecialty physicians that become independent licensed practitioners in Hawai`i, Guam, American Samoa, the Compact of Free Association nations, i.e., Micronesia, and North America.

[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.

[3] The Complex Family Planning Fellowship is accredited by their National Specialty Association. In academic year 2018-19, the participated in the same Annual Program Evaluation process as the other ACGME programs and their data is included in the AIR. 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.

APPENDIX B.
GMEC ACTION PLAN ITEMS and STATUS

Many of the major themes identified in the GME strategic planning process in 2016-17 align with findings from each program's Annual Program Evaluation. This makes sense as the ACGME expects each Program's Major Aims to align with the community needs, as well as the missions and priorities of the Sponsoring Institution (JABSOM) and the major health systems in which GME training occurs. The GMEC reviews data and identifies crosscutting themes and strategies that could be addressed across programs at the Institutional level. The Institution (JABSOM), as well as individual programs participate in numerous, continuous activities that aim to improve our programs. The status of these activities are briefly reviewed below.

STATUS OF 2015-16, 2016-17, 2017-18, 2018-19 GMEC ACTION PLAN and Ongoing Priority Interventions
(as of September 27, 2019)

MAJOR THEME in CAPS
Priority Areas of Improvement for AY 2015-2016, 2016-17, 2017-18, 2018-19, 2019-20:

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 G. (AY 2019-20+) Implement standardized, longitudinal core curriculum in PS and QI for all GME programs H. (AY 2019-20) Implement structured team debriefing and reporting of safety events	ODIO, GMEC QPS Subcommittee QPS SC Each program Each program QPS SC/ODIO, programs Programs ODIO, GMEC QPS SC 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 G. Same as F H. Increase resident and faculty reporting of safety events and engagement with system-based improvement efforts	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 G. In progress H. In progress

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	ODIO, GMEC Scholarly Activities & Research Subcommittee (C-F) ODIO and QI and/or research 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	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 (UH & 1 hospital) and ongoing E. In progress and ongoing F. Met. Additionally, some core faculty participate in intensive

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 at QMC G. (AY 2018-19+) Include GME research into larger JABSOM Research Strategic Plan in order to garner more resources for the GME programs		G. Strategic research discussions and activities to consider GME needs and unique challenges; decreased barriers to research; more resources for clinical research/scholarly activity with the GME programs	programs within the health systems (AQTP [QHS] or THI [HPH]) G. Met and ongoing. Increasing support to GME programs from JABSOM Dept of Quantitative Health Sciences; pilot project funds available to JABSOM clinician faculty and residents
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, 2019-20) Implement SUPERB SAFETY into remainder of curriculum I. (AY 2018-19, 2019-20) Mandatory topics for faculty development (feedback, evaluation, resiliency, Title IX/creating safe work and learning environments, population health, quality improvement, patient safety and other topics)	GMEC Curriculum, Evaluation & Milestones Subcmte (SC) SC/DIO/DDIO SC/DIO/DDIO DIO/DDIO, JABSOM FD office DDIO, Clinical Departments ODIO, JABSOM FD Office with UHM and health systems	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. Met, teachingphysician.org, IHI modules and also In progress G. Met H. Done for residents; 2019-20 focus on faculty I. In progress. (a) Certain topics given at Clinical Department faculty meetings; (b) Quarterly series for clinician faculty, given at Queen's, Kapiolani and via Zoom to increase participation)
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]***			
On September 27, 2019, the GMEC voted to resolve this theme #4 and related activities. ACGME Survey responses have improved since 2015-16 and this area, as well as all areas related to faculty teaching, engagement, appropriate supervision and well-being continue to be high priority areas being addressed at multiple levels (Program, Department, Institution (JABSOM and related faculty practice plans) and health systems). Activities related to faculty development are included in theme #3 above. **Long-term discussions to better align the academic mission and faculty practices of JABSOM with the various health systems and major health insurer are ongoing and beyond the direct control of the GMEC.**			
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	QPS SC	C. Compliance with new ACGME requirement, as measured by APE,	C. Met. Programs should prioritize those that are relevant 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, 2019-20) Implement basic population science curriculum for those programs who currently do not teach this F. (AY 2018-19, 2019-20) Leverage resources with health systems and insurers to make more training available to GME programs	ODIO, QPS SC ODIO in conjunction with HMSA and ACO leads	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. Same as B, C. Also, GME trainees more engaged in team-based care as evidenced by annual program evaluation, CLER visit (as applicable) F. Same as E.	integrate into academic half-day sessions / longitudinal curricula. DIO part of Epic Hawai`i Users Group (10/2019) and in frequent discussions with CMIOs at HPH and QMC. D. Done. DIO/DDIO part of Hawai`i IPE workgroup (ongoing) E. In progress F. In progress
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, as evidenced by ACGME Well-Being surveys and internal surveys and APE reports.** ***[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)* as measured by improved scores on selected ACGME Well-Being questions and health system physician engagement measures 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 annual ACGME Well-Being survey started in 2018 E. Met and ongoing F. In progress G. In progress

APPENDIX C.
2019 BRIEF PROGRESS REPORT ON THE 2016-17 GME STRATEGIC PLAN

OVERALL GME STRATEGIC PLAN

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. A snapshot of the number of GME trainees (current academic year) compared to projected needs by 2025 is noted in Table 4 below. **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 additional faculty and clinical training sites (especially on the neighbor islands), resident positions, and supplemental educational activities. **Ensuring excellent educational environments** (faculty, space and infrastructure) are critical to secure before we can significantly **expand training on the neighbor islands** (which is a strategic goal for JABSOM).
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 in order to better equip future physicians to practice in team-based, patient and population-centered clinical settings. This effort includes primary care-behavioral health integration.

Following is a brief summary of efforts made, accomplishments and barriers related to achieving the overall GME strategic plan, which occurs within the larger context of UH JABSOM's strategic plan.

STRATEGY 1. Secure additional resources to maintain and expand GME programs. This includes funding for **additional faculty and clinical training sites** (especially on the neighbor islands), resident positions, and supplemental educational activities. Ensuring excellent educational environments (faculty, space and infrastructure) are critical to secure before we can significantly expand training on the neighbor islands (which is a strategic goal for JABSOM).

Accomplishments:

- Family Medicine (FM)
    - Consortium funding (HMSA, Hawai`i Pacific Health, Queen's Health Systems) to support transition of the FM Residency Program and Family Medicine Practice into a transformed primary care practice and a gradual transition to Pali Momi Medical Center.

    - Internal (University Health Partners of Hawai`i (UHP)) and extramural grant funding (various local insurers and Federal funding) to increase psychology services (and training for FM residents) to 5 days per week at the Family Medicine Practice.
    - Gradual increase to 20 residents (from 18), anticipate 21 residents starting in July 1, 2020.
    - State (Legislature $1 Million and JABSOM), University Health Partners of Hawai`i (UHP) and Pali Momi Medical Center/Hawai`i Pacific Health investment in developing a new (replacement) ambulatory clinic at the Pali Momi Outpatient Center. This new space will allow for expansion of primary care services to patients in Central and Leeward Oahu and provide an improved clinical learning environment for the FM residents and medical students on their FM rotation.
- Internal Medicine (IM) Primary Care Track
    - Shift in Queen's Health System resources to build a primary care internal medicine faculty practice which is a primary training site for the IM residents focused on primary care.
- Obstetrics and Gynecology (OBG)
    - Resources leveraged with Hilo OBG providers and advocates to develop a new faculty practice that can support GME trainees. A JABSOM OBG faculty member is also embedded within the Bay Clinic, a Federally Qualified Health Center.
    - 2019-20: Resident rotation in Gynecology in Hilo – rotates at Hilo Medical Center and at the UHP faculty practice and Bay Clinic with JABSOM faculty.
- Addiction Medicine Fellowship
    - Began in July 1, 2019 with 1 fellow. Additional funding will be sought over the next few years to fund a second fellow.
    - Fellow provides teaching to the FM residents, in addition to the Addiction Psychiatry Fellow.
- Preceptor Tax Credit
    - Combined effort with UH School of Nursing, College of Pharmacy, Hawai`i State Legislature and others. Volunteer preceptors of students or resident physicians in primary care can apply if they meet certain eligibility requirements.

Barriers and strategies to address:

- Faculty recruitment and retention
    - Academic physicians teach across the continuum of medical education, provide excellent clinical supervision to medical learners, perform scholarly activity and research and provide leadership within JABSOM and the health systems. Salaries for academic physicians are low compared to other academic physicians in the US mainland (25-50 %tile compared across specialties). Compared to employed physicians or those in large group practices in Hawai`i, academic physician salaries, especially in primary care specialties and geriatrics, are very low (approaching 50% less than). UH/State funding that covers the educational oversight, curriculum development and implementation or medical student teaching is inadequate. Funding sources from health system partners and through the practice plans need to include support for the teaching/evaluation and curriculum development and implementation requirements of core faculty. Additional resources are needed to support faculty participation in scholarly activities that are aligned with or part of the health system and/or insurers' quality improvement, performance improvement and/or patient safety initiatives.

STRATEGY 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).

Accomplishments:

- Collaborations between hospitals, health systems and JABSOM faculty practice on
    - Educational programs for residents/fellows
    - More coordinated recruitment strategies, as appropriate
    - Assistance in finding spousal employment
- Collaborations with private industry to provide more favorable options for home financing
- Improved coordination with the VA Pacific Islands Health Care System and Tripler Army Medical Center to consider joint recruitment/hiring of JABSOM faculty
- Loan Repayment Programs have expanded
    - State contribution to match the Federal Loan Repayment Program
    - Queen's Health System
    - Solo and Small practice loan repayment program
- Full-ride scholarships for a proportion of the JABSOM students, most of which are tied to a service commitment to practice in Hawai`i upon completion of medical training
    - Barry and Virginia Weinmann
    - Hawai`i Pacific Health
    - Queen's Health Systems
    - Kamehameha Schools Bishop Estate-Private Donors
    - Kaiser Permanente Hawai'i
- Bridge to Practice program which connects private physicians who are actively considering retirement with young physicians / senior residents and fellows

Barriers and strategies to address:

- State Loan Repayment funds: Need to incorporate State funding into a line item within the Department of Health; need to increase the matching funds (in order to increase the Federal match)
- Payment Transformation, related uncertainties and additional complexities: Continued discussions with health insurers and policies makers regarding the impact of payment transformation on physician retention; ensure that academic physicians/academic practices are included in implementation strategies
- Continued work to increase scholarships for medical students
- Continue to explore scholarship, stipend or other incentives for residents/fellows who commit to practicing in Hawai`i

STRATEGY 3. Develop strategies, in partnership with the health systems and insurers, to address and **prevent physician burnout and to promote physician well-being**.

Accomplishments:

- Health system-specific well-being and physician engagement activities for their medical staff, JABSOM faculty and GME learners
- Formal resident/fellow well-being and physician resiliency curriculum and protected time for residents/fellows to participate in activities that promote and support their well-being
- Program-specific training and initiatives to improve more efficient use of the electronic health record
- More Physician Organization support to primary care practices that include JABSOM faculty and GME trainees in order to improve patient flow, team-based care processes and delivery of care in a value-based practice model.

- Support for practicing physicians: Hawai`i Young Physicians group being formed; several Neighbor Island Physician meetings

Barriers and strategies to address:

- Payment Transformation, related uncertainties and additional complexities:
    - Continued discussions with health insurers and policies makers regarding the impact of payment transformation on physician retention
    - Ensure that academic physicians/academic practices are included in implementation strategies
    - Increase insurer and Physician Organization support to primary care practices that include JABSOM faculty and GME trainees in order to successfully transition to value-based practice model.

STRATEGY 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.

Accomplishments:

- VA Pacific Islands Health Care System-supported rotations
    - Family Medicine resident rotations in Kauai, Maui, Hawai`i Island, Guam and American Samoa
- Obstetrics and Gynecology (OBG)
    - Resources leveraged with Hilo OBG providers and advocates to develop a new faculty practice that can support GME trainees. A JABSOM OBG faculty member is also embedded within the Bay Clinic, a Federally Qualified Health Center.
    - 2019-20: Resident rotation in Gynecology in Hilo – rotates at Hilo Medical Center and at the UHP faculty practice and Bay Clinic with JABSOM faculty
- General Surgery rotation at North Hawai`i Community Hospital
- Elective rotations on the neighbor islands
    - Family Medicine and Pediatrics
- Combined outcomes: graduates of GME programs who have provided neighbor island rotations have returned to practice on the neighbor islands; senior surgery resident will likely practice in North Hawai`i
    - FM: East Hawai`i, North Hawai`i, Maui, Kauai, previously Lanai
    - OBG: Maui, Hilo
    - Peds: Hilo
    - Child-Adolescent Psychiatry: Kauai, Maui, Hawai`i Island
    - General Psychiatry: Hilo
- Telemedicine training:
    - Child and Adolescent Psychiatry (Kauai and Lanai) with opportunity for on-island training
    - General (Adult) Psychiatry
    - Maternal-Fetal Medicine fellowship (Lanai)

Barriers and strategies to address:

- Need to expand faculty and academic practice models on the neighbor islands. Faculty should be partially compensated to ensure that there is sufficient time to create high-quality and safe clinical learning environments for residents and fellows

STRATEGY 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.

Accomplishments:

- Increased curriculum in Quality Improvement all GME programs
- Interprofessional practice occurs in most GME programs (largely inpatient; outpatient Family Medicine with behavioral health, community outreach worker, pharmacy)
- Interprofessional education in Geriatrics, Family Medicine, Pediatrics
- GME trainees in Family Medicine and Internal Medicine-Primary Care provide care in transformed practices (team-based care, emphasis on value-based care)
- Spring 2020 – Interprofessional patient safety simulation to teach principles of cause analysis and implementation of action plans. Learners include senior residents/fellows, senior nursing students, pharmacy residents
- Developing faculty development curricula in quality improvement and patient safety

Barriers and strategies to address:

- Need to balance and disperse these newer ACGME requirements (system-based practice, patient safety, quality improvement, interprofessional communication, teaming) with the existing content and competency-based requirements.

Table 4: Listing of UH JABSOM GME Programs and positions, 2019-20

UH JABSOM GME PROGRAM Core Residency Programs (8):	2009 Actual Positions	*2009 Additional Positions Needed to Address Shortage	2019-20 Actual GME Positions	Current GAP positions	Desired Total GME Positions in 2025
Family Medicine (FM)[A]	18	18	20	16	36
Internal Medicine (IM)[B,E]	58	9	63	4	67
Obstetrics & Gynecology (OB/GYN)	25	0	25	0	25
Orthopedic Surgery (ORTHO)	10	5	9	6	15
Pathology (PATH)	10	6	11	5	16
Pediatrics (PEDS)	24	0	26	0	24
Psychiatry (PSY)[C]	28	0	25	3	28
Surgery (SURG)[D]	23	7	23	7	30
~~**Transitional – 1 Year (TY)**~~	10	0	Closed	0	0
Core Program TOTALS	**206**	**45**	**202**	**41**	**241**
Subspecialty Fellowship Programs (11):	**2009 Actual Positions**	***2009 Additional Positions Needed to Address Shortage**	**2019-20 Actual GME Positions**	**Current GAP positions**	**Desired Total GME Positions in 2025**
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	5	5	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	1	3	4
~~**Combined Triple Board (PEDS-PSY-CAP)**~~	4	0	Closed	0	0
PSY-Addictions Psychiatry (Addict-PSY)	2	2	0	4	4
PSY-Child & Adolescent Psychiatry (CAP)	4	2	6	0	6
PSY-Geriatric Psychiatry (Geri-PSY)	1	0	0	1	1
PSY- Addiction Medicine (ADM)	n/a	n/a	1	n/a	2
SURG-Surgical Critical Care	2	0	3	0	3
Subspecialty Program TOTALS	**35**	**7**	**30**	**14**	**45**
Core + Subspecialty TOTALS	**241**	**52**	**232**	**55**	**286**

**In 2009, each Specialty was asked to project GME positions needed to meet future healthcare needs based on available health workforce data (local, national), demographic and health trends, as well as specialty-specific guidance on health workforce projections. The "gap" position numbers have been periodically updated based on changing information.*