COTH eNews

Summer | Volume 2019, Number 3

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Changes in Fees for 2020 CRIP

The charges below are in effect for the upcoming 2020 CRIP. These charges are approved by COTH and the AACPM Board and are meant to cover inflationary increases, the addition of WiFi in all meeting rooms, and the significant additional staff time required to allocate meeting space for socials and for scheduling callback interviews.

CRIP Fee	Previous Fee	New Fee for 2020
Meeting Room Use for Program Interviews (NOTE: WiFi is included in meeting rooms for 2020)	$150	$200
Meeting Room Use for Program Evening Socials (Not applicable if using meeting room for interviews during the day)	$0	$100
Scheduling of Program Callback Interviews (No charge for callback socials)	$0	$100
Meeting Room Use by Outside Organizations for Evening Socials	$0	$500

News from the Colleges

With Dr. Nancy Parsley's promotion to Provost of Rosalind Franklin University of Medicine and Science (RFUMS), Dr. Stephanie Wu has been appointed as Dean of its Dr. William M. Scholl College of Podiatric Medicine. Dr. Wu formerly served as a professor in Scholl's Department of Podiatric Surgery and Applied Biomechanics and the Center for Stem Cell and Regenerative Medicine, as well as Director of the Center for Lower Extremity Ambulatory Research (CLEAR).

Deans Worry About Residency and Clerkship Slots

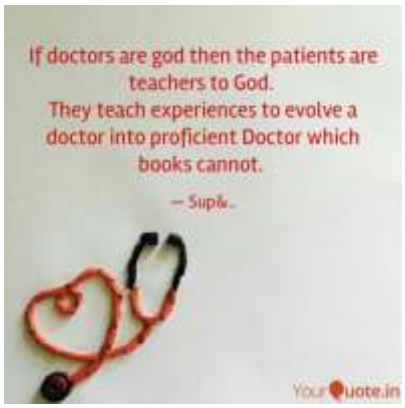
With increased medical school enrollments, concerns now shift to finding enough clerkship and residency positions to meet it. An AAMC survey of deans, indicated that 44% of them are concerned about their students' ability to find a residency and 68% about having enough available residency slots in their state. A whopping 75% of deans are concerned about residencies nationally. Clerkships are a worry as well. When asked about clerkships in the same survey, 85% of deans indicated they are worried about the number of clerkship training sites. AAMC is calling upon the federal government to lift the cap on residency slots as a start toward facilitating growth in residency positions.

In 2006, responding to a predicated doctor shortage, AAMC challenged U.S. medical schools to increase first-year enrollment by 30%. That target was reached in 2018-19, when 21,622 students started their first year of medical college. AAMC reports an increase in enrollment of 31% since 2002. During this same time period, osteopathic schools increased

enrollment by 164%. The combined increase is now 52% higher than in 2002-03. Read full article here.

"Learning from the Source: Patients as Teachers"

Clinical interactions with patients not only teach medical students about the technical aspects of medicine, they also provide an opportunity to refine soft skills. "Learning from the Source: Patients as Teachers," a recent AMA webinar, highlighted a program at the University of Wisconsin-Madison (UW) that employs patients to assist with teaching medical students specifically about how confusing the health system is to their patients.



Webinar presenter Meg Gaines is a criminal defense lawyer who was diagnosed with ovarian cancer. "When it spread to my liver, I was told to go home and think about the quality—not the quantity—of my remaining days," Gaines said. "Needless to say, I didn't do that. But I did experience the health care system up close over the next several years and was really struck and moved by the experience. Mainly, I realized how much help patients need to navigate the system and get the care they need. Even as a lawyer, and a bossy one at that, it was a real challenge."

Motivated by her experience, Gaines started to assist patients with navigating the complexities of the healthcare system on an informal basis. This work led to the formation of UW's Center for Patient Partnerships, an interdisciplinary organization drawing students from UW's graduate professional schools of law, medicine, public health, nursing, and pharmacy. The center lets medical students serve as navigators for patients. Gains says, "Med students are surprised by the system. They, like patients, are shocked by the hypercomplexity."

The center has developed an online course—"From Voice to Voices"—to teach about depression and empathy. Medical students watch video testimonials from a qualitative research study that features young adults sharing their experiences with depression. Unlike real or standardized patient encounters, a video lets students actively listen to patients. Because they can't interact or intervene, the desire "to fix it" is bypassed. Putting that instinct on hold forces real listening and the opportunity to notice what's happening.

Gaines is convinced that personal experiences impact how physicians treat their patients. "Acknowledging that they have lived expertise is a way to respect them as learners—you want students to learn about things in a really deep way that's not just memorizing things in their heads but that brings it into their hearts," Gaines said.

Game Theory Driving Increase in AAMC Residency Applications; Is Early Result Match the Solution?

There are concerns about the NRMP match process and some think that reforms are in order. Game theory is increasing the number of applications residency programs receive and they don't have time to review them all. The process puts students of lower socioeconomic status at a disadvantage because they lack the money to apply and go to interviews.

Maya Hammoud, MD, MBA, chief of women's health and associate chair for education at the University of Michigan Medical School in Ann Arbor and president of the Association of Professors of Gynecology and Obstetrics (APGO), explained game theory's impact on the

Match process this way, "If I apply to 60 programs and a student next to me only applies to five or six, then I'm in good shape," she said. But now everyone is applying to lots of programs, and programs have to find ways of screening them, so they end up using students' U.S. Medical Licensing Examination (USMLE) scores, only interviewing applicants with top scores, and missing out on very good students in the middle. They missed [those students] because they didn't fit the screening criteria. We can't keep doing this."

So Hammoud put 20 physician educators representing APGO and the Council on Resident Education in Obstetrics and Gynecology (CREOG) to work on a solution and they came up with the idea of an "Early Result Match." The Early Result Match would allow an applicant to apply early to a maximum of five programs and the programs would make an early decision whether or not to take them. Applicants would have to agree to go to the program that accepted them and, if not chosen, could participate in the general match. Participating programs could fill up to half their positions using the Early Result Match.

It is essentially a two match proposal. Early Match applicants would apply in July and get a decision in October. The thought is that if the number of programs an applicant may apply to is limited, they would be really selective about which program is the best fit for them. Likewise, the programs would truly invest in their applicants because the number of applications they'd receive are very small.

The proposal is receiving mixed reviews. The AMA is enthused and has provided a $50,000 planning grant from their Re-imagining Residency Initiative to APGO to trial Hammoud's idea. The American College of Obstetricians & Gynecologists (ACOG) is also supporting the idea, although it acknowledged there are lots of details to be worked out.

The Association of American Medical Colleges (AAMC) had not been approached about the idea but pointed to resources it has developed to help applicants decide which programs to apply to, including a pilot tool, Residency Explorer, which lets applicants compare their profiles to applicants who previously matched to a program. The National Resident Matching Program (NRMP), also had not been contacted about the proposal but has doubts. It has an “All In” policy requiring programs participating in the Main Residency Match to enter all their positions through the Match or another national matching plan--the Urology Match and the Ophthalmology Match. The spokesperson for NRMP doubted its Board of Directors would approve a policy to allow ob/gyn programs to participate in an early match and the NRMP. However, the NRMP is also concerned about the rising number of applications and collaborated with the AAMC to develop the Residency Explorer tool to help alleviate the issue. There is also a MatchHelper app that helps students find out which programs best match their interests.

Despite some headwinds, Hammoud hopes to get the pilot off the ground soon. "We're spending this year as a planning year -- we're getting buy-in from all stakeholders and make sure we have all the elements we need in the application," she said. "I hope next year we can start our pilot; it's a little ambitious timeline but I think we can do it. It’s believed applicants will find it attractive to limit the programs they can apply to in the early phase with a larger number of programs to apply to in the later part of the match, if necessary.

Academy of Educators Focuses on Faculty Development

Washington University School of Medicine has recently launched the Academy of Educators to train faculty to teach in an academic medical setting. Mary Klingensmith, MD leads the Academy and said, “One of the challenges in academic medicine is that the majority of physicians, health professionals and scientists have no formal training as educators. The academy will help remedy this.” The academy also dovetails with the School of Medicine’s ongoing efforts to revise its curriculum and it sees faculty professional development as key to the growth of the medical school. The Academy also sees benefits for its Graduate Medical Education program because of all the teaching that occurs at its partner hospitals--Barnes-Jewish Hospital and St. Louis Children’s Hospital.

The vision for the Academy of Educators is to have Academy fellows that network with each other, encourage educational excellence, and help to provide faculty development opportunities in technology training and the latest, research-backed practices in medical education. The expected outcome is a community of faculty who provide instructional development to other faculty resulting in more innovative teaching methods and a core of educators up to date on the most current best practices in curriculum development, assessment methods, and innovations in classroom and small-group learning. The Academy also plans to reward creative faculty with small grants to try out new curricula and programs.

The Academy got its start this spring through its Teaching Scholars Program, a certificate program for faculty wishing to become better educators by taking a deep dive into curriculum design, assessment methods and leadership. This fall it plans to launch Foundations in Teaching Skills, another certificate program focused on instructors one to three years out of medical training. It will have a strong mentorship element.

Changes in ABFAS ITE Fees, Effective for 2020

Because of increased Pearson VUE exam time associated with all ITE exams, ABFAS will be changing its ITE exam fees effective July 1, 2020. These fees do not cover all of ABFAS’ ITE examination expenses and ABFAS does not make a profit on its ITE examinations. The new fees are detailed below. For more information, contact Kathy Kreiter, Executive Director, at 415-553-7806.

Examinations	Current Fee	Fee Effective July 1, 2020
In-training (PGY 1&2 and PGY 3 for 4 yr. programs)	Examinations • Foot Didactic - 90 items • Foot CBPS – 8 cases Residency Program Fee - $200	Examinations • Foot Didactic – 80 items • Foot CBPS – 8 cases • RRA Didactic – 80 items • RRA CBPS – 8 cases Residency Program Fee - $240
In-training (Final Year)	Examinations • Foot and RRA Didactic – 90 items • Foot and RRA CBPS – 4 foot cases/4 RRA cases Residency Program Fee - $200	Examinations • Foot Didactic – 80 items • Foot CBPS – 12 cases • RRA Didactic – 80 items • RRA CBPS – 12 cases Residency Program Fee - $300

ACGME Announces Second Cycle of Funding for Resident-Led Back to Bedside Initiative

The Accreditation Council for Graduate Medical Education (ACGME) announced its second round of funding for its Back to Bedside resident-led initiative to create innovative strategies fostering deeper connections with patients and improving physician and patient well-being.

Out of close to 200 submissions from across the nation, 33 proposals were selected to receive a total of $250,000 at different funding levels that are renewable for up to two years. This brings the number of funded projects to 63. The list of recipients is here.

The new projects are from a wide range of specialties, locations, and institutions and include both community and rural based programs. Each project includes direct patient interaction and patient satisfaction and outcome measures. It is hoped these projects will better the clinical learning environment and encourage actions that increase physicians' and patients' well-being though a focus on spending meaningful time with patients. Projects started with the new academic year in July 2019. Current projects are funded through January 2020.

Approximately 30 resident and fellow members from ACGME Review Committees and its Board created Back to Bedside to counter burnout through providing greater meaning in the learning environment and by engaging with patients on a deeper level.

AMA Awards Grants to 8 Transformative Residency-Training Projects

The American Medical Association's (AMA) Accelerating Change in Medical Education Consortium is a new five-year, $15 million grant program aimed at transforming graduate medical education (GME) to meet the needs of America's current and future healthcare systems. AMA recently awarded grants to eight projects that hope to provide a meaningful and safe transition from undergraduate medical education (UME) to residency, to increase readiness for practice through new curriculum content and experiences, and to promote well-being during training. These projects augment AMA's campaign to create the medical schools of the future.

Each of the eight selected projects receive a $1.8 million grant from the AMA. Here is a bit more about each of them:

- California Oregon Medical Partnership to Address Disparities in Rural Education and Health (COMPADRE). A collaboration between Oregon Health & Science University and University of California, Davis includes 10 healthcare systems, 10 institutional sponsors, and a network of federally qualified health centers. Its goal is to address workforce shortages in rural, tribal, urban and other disadvantaged communities between Sacramento CA and Portland OR.
- Fully Integrated Readiness for Service Training (FIRST): Enhancing the Continuum from Medical School to Residency to Practice. A project of the University of North Carolina School of Medicine residency readiness program that hopes to expand its geographic and specialty outreach. It also aims to create and implement a

generalizable health systems science curriculum for GME and competency-based assessment tools that span the educational continuum.

- New York University School of Medicine Transition to Residency Advantage. This program's aim is to enhance the transition from UME to GME through coaching, personalized pathways, and better assessment tools to allow GME programs to move away from one-size-fits-all education.
- Promotion in Place: Enhancing Trainee Well-Being and Patient Care Through Time-Variable Graduate Medical Education. A joint venture of Partners HealthCare System, Massachusetts General Hospital, and Brigham and Women's Hospital, this project implements time-variable models for progression during residency training. Residents achieving competency before the standard training duration are promoted early to independent practice at their training institution until their original graduation date.
- Reimagining Residency: Ensuring Readiness for Practice Through Growing Interprofessional Partnerships to Advance Care and Education. A Maine Medical Center program to enhance residency training and assure readiness for practice by redesigning the clinical experience to prepare residents for inter-professional, team-based care. This effort will build on a prior pilot that emphasized bedside learning, team based care planning, patient and care-team cohorting, team members working within the full extent of their licenses, and swift quality improvement.
- Residency Training to Effectively Address Social Determinants of Health: Applying a Curricular Framework Across Four Primary Care Specialties. New York-based Montefiore Health System applied to create, implement, and evaluate a curriculum in social determinants of health for four community-based primary care training programs—family medicine, internal medicine, obstetrics and pediatrics.
- The Graduate Medical Training "Laboratory": An Innovative Program to Generate, Implement and Evaluate Interventions to Improve Resident Burnout and Clinical Skill. A Johns Hopkins University School of Medicine, Stanford University School of Medicine and University of Alabama at Birmingham School of Medicine joint proposal to implement ways to measure modifiable aspects of the training environment that may contribute to resident burnout.
- The GOL²D Project (Goals of Life and Learning Delineated): Collaboration Across Academic Health Systems to Better Align GME with Learner, Patient and Societal Needs. Leveraging the resources and expertise at Vanderbilt University Medical Center and University of Mississippi Medical Center to address professional roles in GME. Residents will be trained in roles such as researcher or advocate—and use them to support career development.

In addition to the above proposals, the AMA awarded smaller planning grants to three additional projects that it felt merited further exploration:

- The Association of Professors of Gynecology and Obstetrics. Transforming the UME to GME Transition for Obstetrics and Gynecology: "Right Resident, Right Program, Ready Day One."
- Pennsylvania State College of Medicine, Kaiser Permanente, Geisinger, Allegheny Health Network. Developing Residents as Systems Citizens: The Systems-Based

Practice Competency for the 21st Century Healthcare System.

- Stanford University Emergency Medicine Residency Program and the Emergency Medicine Residency Program Evaluation and Assessment Consortium. Development of a Unified System of Assessment and Predictive Learning Analytics Utilizing Entrustable Professional Activities Across Emergency Medicine Residency Programs.

Shaking Up Residency Program Admissions

Evidence supporting the value of diversity in medicine continues to grow. Studies have found that physicians from backgrounds traditionally underrepresented in medicine (UIM) are more likely to practice in minority communities and medically underserved areas. Female doctors tend to give their patients more patient-centered and informative visits. And African American and Latino patients feel more comfortable with UIM physicians, providing greater patient satisfaction, compliance, and participation in clinical research.

Despite this, diversity remains an elusive goal and particularly so in the surgical specialties, which have earned the unfortunate prize of achieving the least progress toward increasing diversity. One surgical training program, at the Perelman School of Medicine at the University of Pennsylvania, doubled its percentage of underrepresented residents. Penn has kicked up its effort to increase diversity and has successfully made progress in its surgical training programs.

Penn is hoping to inspire other residency programs to do the same. How did they do it? With these three basic steps and being open to upending their whole approach to residency recruitment and selection.

The first step was to attract more UIM medical students to Penn's surgery program. Through offering month-long surgical clerkships to fourth-year UIM students, they helped them to connect with the program and its staff. The clerkships were advertised nationally and Penn provided stipends to accepted students to assist with lodging and travel expenses.

The second step was to implement a holistic review of residency applications. Penn increased its focus on an applicant's experiences, talents, and capabilities and deemphasized USMLE scores. Penn went so far as to blind its application reviewers to candidates' USMLE scores, grades and AOA status. It made a decision to focus on characteristics that resonated with the department's mission: leadership, teamwork, altruism, intellectual curiosity, and research activity. Taking such an approach provided a more holistic view of applicants and their inherent attributes, their use of available resources, and the duration and depth of their relevant experiences. To assure this broader appraisal, Penn enlarged its selection committee from the program director and a few key staff to 23 faculty members and senior residents, 43% of whom are women. These committee members were given resources and training on holistic review and unconscious bias. Members were encouraged to attend implicit bias training. And, Penn removed applicants' photos and ethnicities from their applications.

Lastly, Penn implemented targeted outreach with the aid of members of the university's

Alliance of Minority Physicians (AMP) — a UIM-focused staff, junior faculty, and medical student support and mentorship network. AMP members reached out to UIM surgical residency applicants before and on their interview day, as well as afterwards if the applicant requested follow-up. This was useful in providing additional perspectives about Penn and ensured that an applicant's questions were answered outside of the formal interview process.

The effort is working. In 2014, 12.1% of matched candidates in Penn's surgical residency programs were UIM. In 2017, that number rose to 23.5%. Penn is looking forward to greater improvement.

And Penn is not alone, more and more surgery programs are adopting holistic review in part or in whole. And several other medical schools and residency programs are reporting success with the holistic approach. Penn believes diversity in all its forms is the path to excellence, critical to training true leaders, and effective in promoting collaborative learning, teamwork, and culturally competent patient care.

The Saga of the Happy Foot/Sad Foot Sign

Earlier this summer, it was announced that the Sunset Foot clinic was moving out of its Silver Lake, CA community and taking its much loved Happy Foot/Sad Foot sign with it. Now the rotating sign's future is in question because it won't fit into the foot clinic's new home.

To save the sign, Silver Lake residents have begun a petition to have it declared a historic monument to be left in place at the intersection of Sunset Boulevard and Benton Way. As of August 5, more than 500 people have signed the petition.

Thomas Lim, DPM, co-owner of the clinic, supports efforts to save the sign and plans to put the sign into storage for now. "I'm all for it," he told the Los Feliz Ledger. The challenge is "I don't know how logistically to save it [since] it's on private property."

The sign rotates above a small parking lot for the clinic and has been a fixture in the neighborhood since the 1980s. It shows a joyous, healthy foot on one side and a frowning, ailing foot on the reverse. Locals say it is a good luck omen for passersby to first see the Happy Foot but not so good if it's the Sad Foot. The sign's quirky charm has won it a fan following and mentions in books and music videos. It even inspired a neighborhood nickname.

The petition in support of the sign reads, "Please sign to help keep the Happy Foot Sad Foot sign prognosticating for all Angelenos – current and future – and may all your days be Happy Foot!" The sign is scheduled to come down at the end of August.

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The Council of Teaching Hospitals oversees the administration of the COTH, CASPR and CRIP programs and associated websites. Your COTH Regional Representative wants to hear about your activities and concerns. They are a resource for you to get answers to your questions, raise issues, and available to listen to your suggestions.

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