



2022-2023 Executive Summary of the Annual Institutional Review

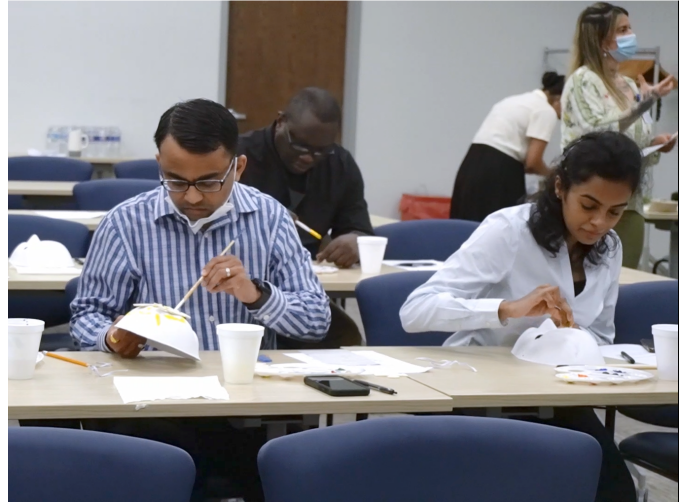


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To access the electronic version of the full AY 2022-2023 Annual Institutional Review, the link is provided [here](#).

PURPOSE

This review fulfills a core requirement of the Accreditation Council for Graduate Medical Education (ACGME), the national accrediting body for American Graduate Medical Education (GME) programs. The Sponsoring Institutional requirement, I.B.5.b, states that: the Designated Institutional Official (DIO) must annually submit a written executive summary of the Annual Institutional Review (AIR) to the Sponsoring Institution's Governing Body. The written executive summary must include: a summary of institutional performance on indicators for the AIR; and action plans and performance monitoring procedures resulting from the AIR.

THE Annual Institutional Review (AIR) INTRODUCTION

The Wright Center Graduate Medical Education Board (GME Board) is the governing body for the Graduate Medical Education Committee (GMEC) of The Wright Center for Graduate Medical Education (TWCGME). The GMEC oversees the quality of graduate medical education and the learning and working environments for all residency and fellowship programs sponsored by TWCGME. The GMEC is also responsible for ensuring the quality of each individual program's educational experiences through annual review and approval of the Annual Program Evaluation. In addition, the GMEC must review and approve each program's progress toward completion of each component as presented in the annual improvement focused Action Plans. The AIR provides an additional mechanism for continuous review of institutional and programmatic performance indicators as either required by the ACGME or as requested by the GME Board, or by GMEC.

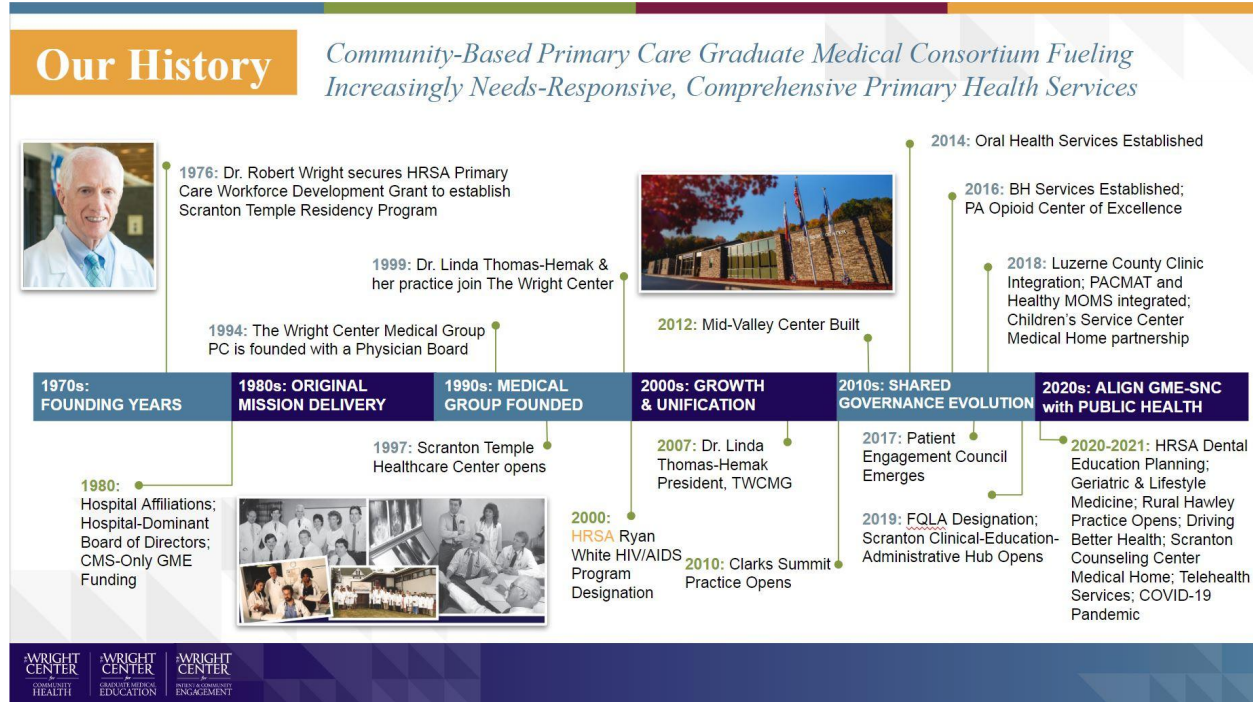
GME Mission: To improve the health and welfare of our community through inclusive and responsive health services and sustainable renewal of an inspired, competent workforce that is privileged to serve.

GME Vision: For our Graduate Medical Education Safety-Net Consortium framework that integrates patient care delivery, workforce development and innovation to be the leading model of primary healthcare in America.

Our Passionate Purpose: To demonstrate an "Achievable by All" Graduate Medical Education Safety-Net Consortium model that co-creates transformational healthcare teams of leaders who empower people, families, and communities to own and optimize their health, healthcare delivery system and its workforce.

Our Niche: World class innovative and responsive primary health care through community centric, incumbent, and future workforce renewal.

HISTORIC TIMELINE



GMEC AND TRAINING PROGRAMS OVERVIEW

The Graduate Medical Education Committee [GMEC] provides institutional and programmatic oversight to ensure accreditation compliance, educational quality, and the preparation of safe, competent practitioners who are well-positioned to enter clinical practice. TWCGME GMEC is aligned to meet ACGME expectations for the oversight of process, outcomes measures, and program quality improvement, with learners, faculty and staff leveraged as system improvers skilled in continuous process improvement to ensure systems and procedures that promote high quality, outcomes-focused patient care.

The GMEC is a standing committee of the SI's governing board, as per the Bylaws. In collaboration with the DIO, GMEC has authority and responsibility for the oversight and administration of each of the SI's ACGME-accredited programs, as well as for ensuring compliance with the ACGME Institutional, Common, specialty/subspecialty-specific Program, and Recognition Requirements.

The GMEC is composed of voting members which include, but are not limited to: the DIO, Program Directors, two peer-selected resident/fellow representatives (President and Vice President of the Housestaff Council), two Patient Quality and Safety officers, the ADIO, Institutional Coordinator, and representatives of Clinical and Educational Learning Environment Participating (CLEP) sites.

A Site Visit was conducted for the Sponsoring Institution on September 13, 2022. A determination of continued Probationary Accreditation with 10 citations (7 Extended and 3 New) was implemented on January 3, 2023. During this academic year, there have been no requirements to complete self-study reports for any of the above listed programs.

GMEC meets for regular monthly meetings, and has scheduled weekly special meetings to address and oversee implementation of the SI Probationary Accreditation Corrective Action Plan since the beginning of this calendar year.

During the 2022-2023 Academic Year, The Wright Center for Graduate Medical Education trained a total of 237 residents and fellows. The complement of residents is inclusive of the 105 Internal Medicine, 36 Regional Family Medicine, 50 National Family Medicine which comprises four sites nationally, 5 Physical Medicine and Rehabilitation Medicine, and 25 Psychiatry residents. In addition, the complement of fellows recruited is inclusive of 9 fellows for Cardiovascular Disease, 5 fellows for Gastroenterology, and 2 fellows for Geriatrics.

Table 1: Breakdown by program of residents and fellows recruited for the Academic Year 2022-2023 is as follows:

Residencies	Trainees	Fellowships	Trainees
Internal Medicine	105	Cardiovascular Disease	9
National Family Medicine	50	Gastroenterology	5
Regional Family Medicine	36	Geriatric Medicine	2
Psychiatry	25		
Physical Medicine & Rehab	5		

Institution, Program and Educational Growth:

- On July 1, 2022 our first class of Physical Medicine and Rehabilitation residents began their training.
- In partnership with AT Still University, our first class of SOMA medical students graduated on May 26, 2023. Class of 2026 was welcomed on July 31, 2023.
- In partnership with AT Still University, The Wright Center welcomed its first class of Physician Assistant students that began training in 2022.
- Continued partnership with NYU Langone and The Wright Center for Community Health (TWCCCH) as a clinical site for dental residents
- On June 7, 2023, the CLER Subcommittee was approved by the GMEC.

Leadership Changes: Appointments and Departures

- James McFadden, EdD was appointed Associate Designated Institutional Officer, effective June 26, 2023.
- Dr. Michelle Ostroski, EdD resigned from the ADIO position.
- Dr. Vinod Sharma transitioned from Interim Program Director to Program Director for the Psychiatry Residency Program.
- Dr. Sanjay Chandragiri, Psychiatry Program Director resigned.
- Dr. Jignesh Sheth was appointed as Chair, CLER Subcommittee of the GMEC.

- Dr. Douglas Klamp has been elevated to Deputy Chief Medical Officer, Internal Medicine Inpatient and Outpatient Physician Faculty, IM Ambulatory Associate Program Director, Physician Chair of Resident & Fellow Talent Acquisition
- Dr. Tiffany Crider was appointed Osteopathic Site Director for the National Family Medicine Residency Program in Ohio effective July 1, 2022.
- Dr. Stephanie Gill was appointed Associate Program Director for Regional Family Medicine Residency Program effective October 24, 2022.
- Dr. Simon Nasr was appointed as Faculty for Regional Family Medicine Residency Program effective July 18, 2022.
- Dr. Richard Weinberger was appointed as Faculty for Internal Medicine Residency Program and Deputy Director for Allied/John Heinz, effective June 26, 2023.
- Dr. Agarwal Prachi joined as Pediatric Faculty Member for Regional Family Medicine Residency Program effective January 9, 2023.
- Dr. David Reynolds was appointed Associate Program Director for the Gastroenterology Fellowship effective November 14, 2022.
- Dr. Aloysius Madhok, Associate Program Director for the Internal Medicine Residency Program resigned effective June 16, 2023.
- Dr. Jyoti Shah was appointed Associate Program Director for Psychiatry Residency Program effective November 1, 2022; Dr. Jyoti Shah subsequently retired effective June 27, 2023.
- Dr. Andrew Dixon, Associate Program Director for the National Family Medicine Residency Program in Washington D.C. resigned effective June 30, 2023.
- Dr. Taisei Suzuki was appointed Associate Program Director for the National Family Medicine Residency Program in Washington D.C., effective July 1, 2023.
- Dr. James Huang, core Faculty for the National Family Medicine Residency Program in Washington D.C., resigned effective December 16, 2022.
- Dr. Clare Donahue joined the National Family Medicine Residency Program in Washington as Core Faculty, effective September 26, 2022.
- Dr. Hannah Herman joined the National Family Medicine Residency Program in Washington D.C. as Osteopathic Faculty effective June 12, 2023.
- The Internal Medicine Residency program appointed two new coordinators, Kristen Welch and Dorothy Taylor.
- The Psychiatry Residency program appointed a new coordinator, Michelle Grochowski.
- The Physical Medicine and Rehabilitation Residency Program appointed a new coordinator, Tanya Torres.
- New House Staff leadership was appointed beginning July 1, 2023 with Dr. Chilsia Shafi elected as President and Dr. Syed Muhammad Hussain elected as Vice President.
- Dr. Anitesh Jaswal, Dr. Omar Saeed, Dr. Chilsia Shafi, and Dr. Priyanka Pappoppula have all been selected as Lead, Sponsoring Institution Long-Term Therapeutic Relationship with Continuity Clinic Patients.

SPECIAL REVIEW PROCESS

During AY 2022-23 there were eight (8) Special Review Processes initiated for ACGME Accredited Programs. These include reviews of Regional Family Medicine (Probationary Accreditation and a new one for Continued Accreditation with warning), National Family Medicine (Continued Accreditation with Warning), Physical Medicine and Rehabilitation (Initial Accreditation), Psychiatry (Withdrawal of Accreditation), as well as Gastroenterology, Geriatrics and Cardiovascular Fellowships. A Special Review was also started for the SI Probationary Accreditation. Full reports of the Special Reviews can be found in the full Annual Institutional Review for AY 2022-2023.

The GME Special Review Policy was revised, reviewed and approved by GMEC on May 10, 2023.

RECRUITMENT

In the 2022-2023 Academic Year, the Wright Center for Graduate Medical Education successfully recruited 40 PGY1 Internal Medicine, 13 PGY1 Psychiatry, 5 PGY1 Physical Medicine & Rehabilitation, and 12 PGY 1 Regional Family Medicine Residents to begin training on July 1st. The National Family Medicine Program recruited 19 PGY 1 Residents. There were 3 Fellows recruited for the Cardiovascular Fellowship Program, 2 for the Geriatrics Fellowship Program and 2 for the Gastroenterology Fellowship Program. Further detail of DEI demographics can be found in the full Annual Institutional Review for AY 2022-2023.

Table 2. Recruitment Data

PROGRAM NAME	ACCREDITING BODY	TWCGME NRMP FILL RATE	NATIONAL NRMP FILL RATE	TWCGME SOAP FTE	TWCGME POST MATCH FTE
Residency Programs					
Internal Medicine	ACGME	100%	96.1 % Categorical	N/A	N/A
Family Medicine (Regional)	ACGME	100%	88.7 %	N/A	N/A
Family Medicine (National)	ACGME	84.21%	88.7 %	8 FTE	3 FTE
Physical Medicine & Rehab	ACGME	100%	100%	N/A	N/A
Psychiatry	ACGME	100%	99 %	N/A	N/A
Fellowship Programs					
Cardiovascular Disease	ACGME	N/A	100%	N/A	N/A
Gastroenterology	ACGME	0%	99.8%	N/A	N/A
Geriatrics	ACGME	0%	43.1 %	N/A	N/A

CLINICAL AND EDUCATIONAL WORK HOURS

TWCGME closely monitors the clinical hour rules established by the ACGME for each program with the results reviewed monthly by GMEC to implement necessary changes and address the cause of the violations as quickly as possible. Although violations are not the norm at TWCGME, special circumstances of critically ill patients do happen, demonstrating professionalism and our learners' commitment to patients. Table 3 summarizes the Clinical Hour Violations for the 2022-2023 training year for each residency and fellowship.

Table 3. AY 2022-2023 Clinical Hour Violations

Clinical Hour Rule	Internal Medicine Clinical Hour Violations 2022-2023	Regional Family Medicine Clinical Hour Violations 2022-2023	National Family Medicine Clinical Hour Violations 2022-2023	Psychiatry Clinical Hour Violations 2022-2023	Cardiology Fellow Clinical Hour Violations 2022-2023	Geriatric Fellow Clinical Hour Violations 2023-2023	Gastroenterology Fellow Clinical Hour Violations 2022-2023	Physical Medicine & Rehabilitation Clinical Hour Violations 2022-2023
1 day off in 7	1	0	0	0	1	0	0	0
Minimum Time Off	1	5	3	0	11	0	1	0
Maximum Time Off	4	0	0	0	0	0	0	0
80 Hours	0	0	1	0	0	0	0	0
Call Frequency	5	0	0	3	0	0	1	0
Night Float	0	0	0	0	0	0	0	0
Total Violations	11	5	4	3	12	0	2	0

FACULTY DEVELOPMENT

The GMEC Faculty Development Subcommittee, Chaired by Dr. Stephanie Gill, Associate Program Director for Family Medicine has the overall goal to foster a faculty community of shared continual improvement as educators both in teaching techniques and completion of administrative responsibilities as well as addressing the well-being of residents/fellows and faculty members. The

subcommittee meets quarterly and reports to GMEC quarterly and as needed to ensure all required GMEC responsibilities are presented, reviewed and approved appropriately.

Faculty sessions are provided during weekly program-specific faculty meetings and may include online topic review and snippets as presented by faculty. All Program Director and Associate Program Director meetings include at least one faculty development presentation. There are monthly sponsoring institution faculty development sessions with topics that are universally applicable to all programs. Professional coaching opportunities are to be extended to Program Leadership, Faculty, and Housestaff Chiefs/Leads.

Additionally, we continue to build a robust Visiting Professor series providing additional opportunity for knowledge acquisition on a variety of topics, including but not limited to the clinical education of residents/fellows, disease processes, physician self care, and clinical innovation in addition to topics that expand the delivery of the organizational mission, vision, and values.

There have been recent improvements made to the 360 evaluation process to include faculty self evaluations, evaluation of PDs and evaluation of DIO. GME staff evaluation of PDs have also been included.

As part of a commitment as SI, TWCGME has engaged in a 3+ year Sanctuary Certification process to provide trainees and faculty with opportunities to better understand themselves, their use and experience of power within organizations, and develop appreciation for their own as well as staff, learner and patient experience of personal and organizational trauma.

QUALITY IMPROVEMENT AND PDSAs

TWCGME has prioritized collaborative efforts with all clinical learning environments to ensure the delivery of safe, high quality, and outcomes-focused care and learning. The Quality Improvement and Safety Curriculum is applied in all clinical learning environments and across all residency and fellowship programs. The curriculum includes basics of QI, tracking of PDSA submissions by learners/faculty/staff.

An example of TWCGME commitment to continuous quality improvement is demonstrated by the actions of the Internal Medicine program during this academic year. The Wright Center for Community Health and its affiliated entity, The Wright Center for Graduate Medical Education, in collaboration with Geisinger Community Medical Center (GCMC), its primary inpatient clinical learning site, developed an integrated Steering Committee to address recommendations as presented by the ACGME. In addition, the TWCGME-GCMC Steering Committee developed and implemented a system for promoting a model of continuous readiness for Clinical Learning Environment Review. The Wright Center for Community Health will also be integrated into the development and implementation of both the action planning and continuous readiness model. Table 4 summarizes the Quality Improvement Projects undertaken at GCMC as part of these focused efforts.

Table 4. AY 2022-2023 Quality Improvement Activities implemented across CLEPs:

QI Projects 2022-2023		
Location	Programs Engaged	Title
GCMC	Internal Medicine Cardiology	Congestive Heart Failure & Acute Myocardial Infarction: Quality Improvement Project to address Readmission rates
GCMC	Internal Medicine	ACP Plan
GCMC	Internal Medicine	ED Utilization
GCMC	Internal Medicine	Next Site of Care
GCMC	Internal Medicine	Hospital Acquired Conditions
GCMC	Internal Medicine	Patient Experience
GCMC	Internal Medicine	PSI
GCMC	Internal Medicine Gastroenterology	GI Quality Team
GCMC	Internal Medicine	Total Hip and Knee
GCMC	Internal Medicine Cardiology	Stroke Quality Improvement Initiative to Address Readmission Rates
GCMC	Internal Medicine	Improving Utilization of Sepsis Bundles and Adherence to Surviving Sepsis Campaign Guidelines
GCMC	Internal Medicine	A Multidisciplinary Approach to Reduce Chronic Obstructive Pulmonary Disease Readmissions at Geisinger Community Medical Center

***Geisinger Community Medical Center (GCMC) is listed as an example although QI activities are happening in all of our CLEPs.**

TWCGME has a long-standing commitment to the residents and fellows contributing to the improvement of their program, the learning environments and the organization. TWCGME introduced a PDSA tracker in 2017. Since inception, there have been 1,938 PDSAs completed by residents/fellows. The identification of opportunities for improvement is the first step and developing the skills to turn them into rapid cycle improvement projects is fundamental to the training at TWCGME. A breakdown of the PDSA projects by location and program for AY 2022-23 is provided in Table 5.

Table 5. AY 2022-2023 PDSA Data

Resident and Fellow PDSA Projects 2022-2023			
Location/Program	Number of PDSAs	Level of Completion	Most Prevalent Category
TWCCH Mid-Valley, Psychiatry	13	1 completed 12 in progress	Behavioral Health
TWCCH Mid-Valley, Internal Medicine	53	15 completed 38 in progress	Clinical Decision Support
TWCCH Mid-Valley, Family Medicine	6	2 completed 5 in progress	Clinical Information System
TWCCH Mid-Valley, Geriatrics	22	4 completed 18 in progress	Clinical Decision Support
TWCCH Scranton Psychiatry	20	3 completed 16 in progress 1 abandoned	Behavioral Health
TWCCH Scranton, Internal Medicine	39	8 completed 31 in progress	Clinical Information System
TWCCH Scranton, Family Medicine	12	1 completed 11 in progress	Clinical Decision Support
TWCCH Scranton, Gastroenterology	1	1 in progress	Information Technology
TWCCH Kingston, Family Medicine	8	3 completed 5 in progress	EMR Enhancement
TWCCH Clarks Summit, Family Medicine	3	1 completed 2 in progress	EMR Enhancement
Geisinger CMC, Psychiatry	14	4 completed 10 in progress	Behavioral Health
Geisinger CMC, Internal Medicine	36	11 completed 25 in progress	Education Enhancement
Geisinger CMC, Cardiology	9	1 completed 8 in progress	SAFE Event
Geisinger CMC, Family Medicine	5	1 completed 4 in progress	Administrative
Moses Taylor Hospital, Internal Medicine	5	5 completed 5 in progress	SAFE Event

Moses Taylor Hospital, Geriatric	1	1 completed	Education Enhancement
Regional Hospital, Internal Medicine	57	29 completed 28 in progress	Clinical Decision Support
Regional Hospital, Cardiology	2	1 completed 1 in progress	Clinical Information System
Regional Hospital, Gastroenterology	9	5 completed 4 in progress	SAFE Event
Regional Hospital, Physical Medicine and Rehabilitation	9	5 completed 4 in progress	Clinical Decision Support
Regional Hospital, Geriatric	12	7 completed 5 in progress	Case Management
Wilkes-Barre General Hospital, Family Medicine	17	9 completed 8 in progress	Education Enhancement
El Rio Community Health Center at El Pueblo, National Family Medicine	30	25 completed 5 in progress	SAFE Event
MultiCare Auburn Medical Center, National Family Medicine	1	1 completed	Administrative
Health Point of Renton WA, National Family Medicine	39	32 completed 6 in progress 1 abandoned	Healthcare Disparities
Health Source of Ohio New Richmond Family Practice, National Family Medicine	14	14 completed	Administrative
Healthsource of Ohio Hillsboro, National Family Medicine	28	27 completed 1 in progress	Education Enhancement

SCHOLARLY ACTIVITY

The Wright Center for Graduate Medical Education (TWCGME) has a proud tradition of leadership in healthcare development and delivery in Northeastern Pennsylvania, Arizona, Ohio, Washington D.C., and Washington State. TWCGME continues to foster an environment of inquiry and reflective practice, supporting knowledge expansion and the dissemination of information to promote excellence in patient care and outcomes through the implementation of evidence-based practice.. As part of our commitment to excellence, scholarly activity, and the patient and learner experience, TWCGME provides Institutional Review Board services for all programs accessible by faculty, residents, fellows and staff.

This ongoing commitment to knowledge acquisition via scholarly activity among residents, fellows, faculty, staff, and interns produced a total of 180 scholarly works (Case Reports, Research, COPC, Meta-Analyses) for the 2022-2023 academic year. A “Scholarly Activity Committee,” comprised of a

“Chief Resident for Scholarly Activity,” two IM “Resident Leaders for Scholarly Activity,” one FM “Resident Leader for Scholarly Activity,” one Psychiatry “Resident Leader for Scholarly Activity,” and an administrative Director of Scholarly Activity was implemented in AY 2022-2023. IM, FM, and Psychiatry program-specific leaders were implemented to ensure appropriate attention from each program where opportunity for improvement was identified. A “Scholarly Activity Rotation” was implemented in the AY 2022-2023 in IM, FM, and PM&R that allowed two weeks per year of residency to focus on scholarly activities (Case Reports, COPC, PDSA/QI projects, etc.). This rotation provides educational modules and exercises in COPC, systematic investigations, abstract/manuscript writing, IRB processes, federal regulations pertaining to human subjects research, and other topics in scholarly activity.

The second TWCGME-sponsored “Scholars’ Day” was held during AY 2022-2023 as an opportunity for medical students, residents, and fellows in NEPA to share scholarly works and compete for 1st, 2nd, and 3rd place. Hosted at The Wright Center’s 501 South Washington Avenue location in Scranton, learners from TWCGME, ATSU SOMA, and Geisinger presented posters. A policy and SOP allows TWCGME residents and fellows dedicated time-off for presenting Scholarly Work at professional conferences, as well as reimbursement of costs related to such professional conferences. Over 160 TWCGME Scholarly Works were accepted at professional conferences and publications during the 2022-2023 academic year, which is an impressive 89% success rate of getting them in front of conferences or in print.

Table 6. AY 2022-2023 Scholarly Activity Summary for All Programs

Resident, Fellow, and Faculty Scholarly Activity Projects 2022-2023							
Role/ Program	# Research	# Case Report	# Systematic Review/ Meta-Analysis	# COPC	# Professional Presentation	# Publication	# Teaching Presentation
IM Residency	21	88	4	12	96	13	68
Regional FM Residency	1	27	0	9	7	7	65
Psychiatry Residency	1	9	0	4	5	2	65
PM&R Residency	3	14	0	1	8	7	52
National FM Residency	8	17	0	13	36	3	56
Cardiovascular Disease Fellowship	7	3	0	0	8	1	52
Gastroenterology Fellowship	0	7	0	0	3	4	52
Geriatrics Fellowship	4	6	0	0	12	0	52

SPONSORING INSTITUTION ANALYSIS

A SWOT analysis was conducted regarding identification of strengths, weakness or challenges, opportunities, and threats experienced by GME inclusive of the Sponsoring Institution (SI), all training programs, and Residents & Fellows.

SWOT	
Time Frame	July 2022-June 2023
Strengths	Weakness (Challenges)
<ol style="list-style-type: none"> 1. Increasing GMEC Governance Structure and Oversight 2. Strengthening of the Special Review Process 3. GMEC Board Portal 4. Board Pass Rates of all Programs 5. Paylocity/MyEvaluations Integration 6. Community Outreach and Engagement 7. Resident/Fellow Leadership Roles and Engagement in the Sponsoring Institution 	<ol style="list-style-type: none"> 1. Program Director Effectiveness and Management Oversight 2. Faculty Development and Engagement 3. Faculty Surveys 4. Longitudinal, Continuity of Care Experiences Complexity
Opportunities	Threats
<ol style="list-style-type: none"> 1. Sanctuary Model 2. Special Review ,multiple Programs 3. CLER Subcommittee under GMEC 4. SI ACGME Site Visit 5. Patient Pulse - Resident Satisfaction Survey Automation 6. Longitudinal, Continuity Innovation 7. GME Department Restructure 8. Faculty Development 	<ol style="list-style-type: none"> 1. SI Accreditation Status 2. Psychiatry Program - Withdrawal of Accreditation 3. Regional FM - Accreditation with Warning 4. National FM - Accreditation with Warning 5. Challenges within Geisinger: <ol style="list-style-type: none"> a. Closing of D7 b. Disengagement of Cardiovascular Disease Fellowship 6. Mental Health Hospital and Community Mental Health Provider Shifts 7. Maternal Health Services Shifts among Providers and Systems

Strengths: GMEC structure and oversight have improved by integrating multiple disciplines of personnel into the oversight and execution of GMEC activities and initiatives. The GMEC Board Portal improves communication and provides quick access to information throughout the SI and programs. The resident Board Pass Rates continue to improve with achievement of a better than 95% pass rate across all programs. The integration of Paylocity and MyEvaluations has vastly improved the consistency and accountability in regulating the reporting of clinical and educational duty hours by residents. The Wright Center's utilization of the mobile clinic bus provides direct access to community health care and supports outreach efforts.

Weaknesses: Program Director effectiveness and managerial oversight remain an area of challenge. Leadership development opportunities, training and skills would benefit PDs as they continue to grow into their roles. PDs will have ongoing monthly meetings with the ADIO to address program issues; in addition to regular meetings with the DIO. There is a strong need for continued faculty development to remain current on new ACGME policies and revisions. Continuity of care remains a challenge but the goal to improve resident continuity of care in outpatient settings is clear. Ongoing, work with the EHR team to demonstrate longitudinal continuity of patients with individual residents/empaneled teams while honoring the patient/faculty relationship is vital.

Opportunities: SI has engaged in a 3+ year Sanctuary Certification process to become "trauma informed" post-pandemic, with structured training so that trainees/faculty better understand themselves, their use of power within organizations, and develop appreciation for their own, staff, learner and patient experience of personal/organizational trauma. The fulfillment of required responsibilities is embedded in an overall ACGME compliance framework for the organization. The Institutional Special Review Report supports the authentic fulfillment of all accreditation requirements with thorough analysis of programs' systems and processes. GMEC established a CLER Subcommittee to ensure substantial compliance with all CLER requirements and promote SI2025. SI ACGME site visit is scheduled for September 12, 2023. Patient surveys providing feedback on residents changed to an automated system with the intent is to provide rapid feedback for residents/fellows to improve patient care and patient experience.

Threats: SI has been on probationary accreditation since January 2021. The organization has worked diligently to rectify the issues with DIO/GMEC oversight. Psychiatry accreditation withdrawal - TWC is sending a delegation to appeal the items of accreditation withdrawal before the ACGME appeals board scheduled August 28, 2023. Regional Family Medicine-All 28 citations were resolved following the successful 9/22 site visit, with the program receiving Continued Accreditation with Warning. A Special Review was re-initiated for the program and the action plan is monitored by GMEC. NFMR- Program status is Continued Accreditation with Warning effective 04/2022. A Special Review was completed, a recommended action plan was adopted, with action items monitored by GMEC. An ACGME site visit occurred in May 2023. We await ACGME RC's decision.

INSTITUTIONAL PERFORMANCE INDICATORS & ACCREDITATION

Institutional Performance Indicators are used to assess the effective operations and quality of The Wright Center for Graduate Medical Education Programs. An AIR Task Force met and identified Performance Indicators, inclusive of (but not limited to) all **IR I.B.5.a** required indicators, that were presented by the DIO and reviewed, and approved by the GMEC. The approved Performance Indicators are as follows:

1. Results of the most recent sponsoring institutional notification letter from the ACGME indicating a Continued Probation Accreditation Status
2. Results of ACGME surveys of residents/fellows
3. Results of ACGME surveys of Programs' Core GME faculty
4. Data from each program's detailed Annual Program Evaluation and their priority action plans for the subsequent academic year
5. ACGME notification of accreditation status of each of its ACGME-accredited programs, including accreditation and recognition statuses, citations, and withdrawals.
6. Board pass rates for all programs (past three years)
7. Residency/fellowship graduate practice patterns and retention rates in primary care, rural and medically underserved areas
8. Consistency of Longitudinal Continuity of Care educational exposure.

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

At the January 2023 meeting, the ACGME Institutional Review Committee, decided to continue Probationary Accreditation Status of the Institution. "The decision to take an adverse accreditation action is based on the failure of the institution to be in substantial compliance with the Institutional Requirements." The Sponsoring Institution resolved 12 citations, 7 were extended and 3 new citations were added, for a total of 10 citations.

The SI implemented numerous operational improvements to enhance Institutional and Program authority and oversight, including several that are pertinent to the Graduate Medical Education Committee (GMEC). GMEC meetings have been restructured to ensure better alignment with TWCGME's Governing Board to enhance the visibility and accountability of GMEC's ACGME-required work. The fulfillment of required responsibilities is now embedded in an overall ACGME compliance framework, which is linked to the Institutional Corrective Action Plan (CAP), the Institutional Special Review Report, an annual GMEC work plan/calendar and all GMEC and GMEC Subcommittee meeting agendas and meeting minutes. To ensure this work can be comprehensively accomplished and GMEC members appropriately educated about the role and responsibilities of GMEC, GMEC meetings have also increased in frequency and duration. GMEC's membership requirements were adjusted to ensure attendance of at least 75% of all regular meetings. This change establishes equality for participation and honors the stakeholder voice in consortium governance, while supporting the fulfillment of all accreditation requirements. Voting members now include (but is not limited to) the DIO, Program Directors, peer-selected residents/fellows representing the House Staff Council, both the VP of Quality Improvement and Assurance and the AVP of Clinical Quality and Patient Safety. All GMEC meeting materials and other relevant documents are available on the web-based Board Portal to all GMEC members. Upon conclusion of GMEC meetings, a message highlighting important topics, discussions, and relevant votes is sent to all stakeholders of TWCGME. GMEC proudly has effective oversight over all Institutional requirements, Common Program and Program Specific requirements for the Institution and all GME Programs.

We have been inclusively working on the SI CAP through a GME workgroup consisting of the DIO, Program Directors, the Institutional Coordinator, and cross-departmental institutional leadership. The workgroup has collaborated on all improvement initiatives to be recommended to GMEC, inclusive of but not limited to policy review and revisions, citation review and responses, and the addition of an improved governance structure for GMEC and its Subcommittees, as described above. The GME workgroup is also reviewing and recommending to GMEC best practices for continued ACGME Sponsoring Institution compliance.

Table 7. Sponsoring Institutional Notification Letter & Accreditation Status

Organization	Current Accreditation Status	Most Recent Site Visit	Next Accreditation Site Visit	Citations
TWCGME Sponsoring Institution 8004100868	Probationary Status effective January 3, 2023	September 13, 2022	September 12, 2023	10

(2) Results of ACGME surveys of residents/fellows

The 2022-2023 ACGME surveys were reviewed by the GMEC in May 2023. The AY 2022-23 ACGME surveys of resident/fellows indicated an upward trend in all eight domains. We are pleased with these results as our collective effort of the GME leadership, faculty, and resident/fellows in dedication to improve educational experiences at The Wright Center for Graduate Medical Education. Although we currently reside lower than the National Mean in five domains, we are grateful in highlighting our achieving National Mean or greater in three of the eight domains. Faculty Teaching & Supervision, and Professionalism will be areas of focus as we continue in our improvement plans. After working and getting feedback from various stakeholder groups, inclusive of residents/fellows and faculty, we intend to improve Professionalism by continuing on our Sanctuary Certification journey and implementation of a coaching-engagement for all residents/fellows. The professional coach will span across all Programs as a resource tool for our learners. Progress will be measured by increasing our resident/fellow ACGME survey subcategory - satisfied with the process for dealing confidentially with problems and concerns - by an additional 10% over the next 3 years.

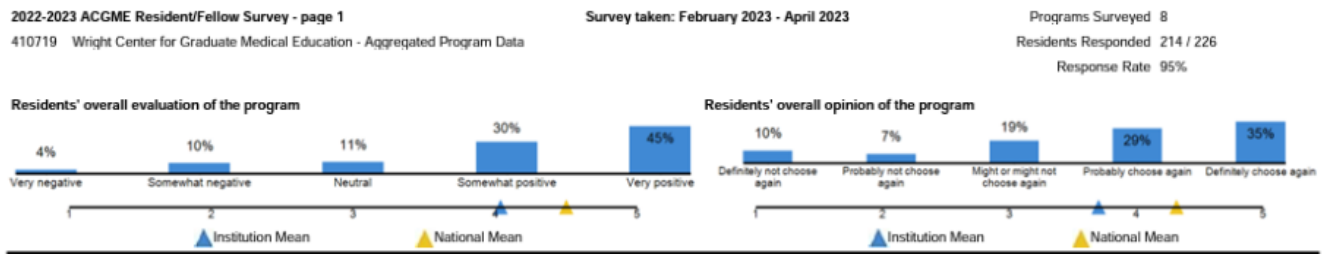
Faculty Teaching has improved with robust didactic schedules and protected time for attendance. We continue to provide a variety of educational subjects lectured by TWCGME faculty, Community Physicians and Professionals ensuring an exceptional educational experience. Improvement will be measured by implementation of increased didactic schedule. Our faculty is effectively creating an environment of inquiry with the achievement of patient continuity across our Primary Care Programs. Progress will be measured by a 10% increase in the resident/fellow survey subcategory, faculty members interested in education, as evidenced on the annual ACGME survey.

We are proud of the Sponsoring Institution commitment to Diversity and Inclusion as represented by our high satisfaction rate of 94% of program compliance with preparation for interaction with diverse individuals. It is important to note that the resident/fellow population hails from 13 countries worldwide.

Our greatest improvement among the eight measured domains was the 9% increase in Resources as measured in the most recent ACGME survey. Our clinical team members provided

resident education of cost awareness in patient care decisions attributed to our growth in this domain. As a Sponsoring Institution, we continue to accentuate our strengths while continually addressing and developing our weaknesses.

Figure 2. Annual ACGME Resident Survey - Aggregated Program Data



All TWCGME Programs presented APEs to the GMEC which highlighted opportunities for improvements in their survey results and trends. As Programs continue to monitor program specific survey trends through their APE action plans, emerging trends in overarching themes across programs were added to the action plan on our AIR. Progress will be monitored by the GMEC on a quarterly basis.

(3) Results of ACGME surveys of core GME Faculty

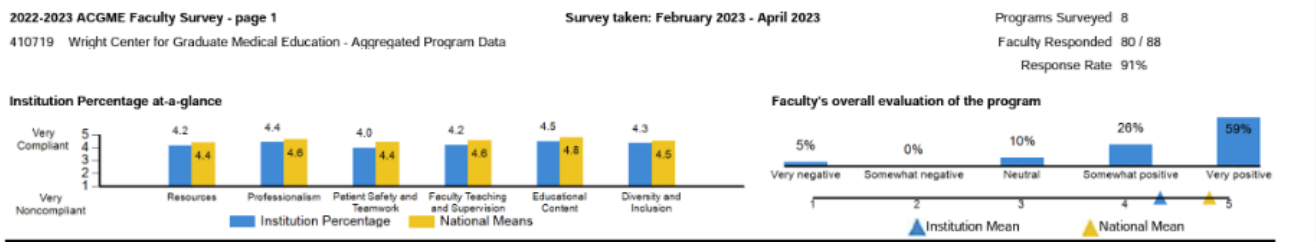
The 2022-23 ACGME Faculty Survey showed a trend upward which aligns with our efforts to continually improve faculty effectiveness for resident/fellow education. Three domains trending downward were Faculty Teaching & Supervision, Patient Safety & Teamwork, and Educational Content.

Information not lost during shift changes, patient transfers, or the hand-over process show the most opportunity for improvement. The Sponsoring Institution will instill a performance improvement measure of Program Directors directly observing a transition of care within their Clinical Learning Environments bi-annually review. This supplemental measure is in addition to our current process for faculty observing handoffs.

Modeling interprofessional teamwork skills is another opportunity for improvement. Education around resources and day to day work in inpatient and outpatient settings with other interprofessional team members such as pharmacists, nurses, social workers, community health workers, etc. will be implemented. SI will show a 10% increase in this area as reflected in survey responses.

The recent faculty survey showed a 90.4% achievement in Educational Content and 94.2% achievement in Diversity & Inclusion. The Sponsoring Institution has dedicated resources to ensure resident/fellow training in cost-effectiveness. We ensure inclusivity for all faculty and learners alike by promoting a safe and accepting working environment.

Figure 3. Annual ACGME Faculty Survey - Aggregated Program Data



(4) Data from each program’s detailed Annual Program Evaluation and their priority action plans for the subsequent academic year

In-depth analysis of TWCGME residency and fellowship program performance provides data to support the development of a comprehensive action plan for the Sponsoring Institution. Institutional action items integrate recommendations from identified AIR Performance Indicators to ensure outcomes consistent with high quality graduate education and residents who are safe, competent practitioners.

During their Annual APEs, each program reviews indicators of performance such as: rotation evaluations, in-training examination results, graduate performance inclusive of board pass rates, ACGME surveys, scholarly activity, faculty development, internal surveys and evaluations, accreditation status, resource needs, as well as other items relevant to the GME program. The results of the APE are presented to the GMEC. The GMEC also reviews program data related to recruitment and retention, strategies for well-being of residents, fellows, and faculty, recommendations for the most recent ACGME Clinical Learning Environment Review (CLER) site visit, faculty development and scholarly activity, and other identified items of importance.

Each accredited program presented their completed APE to the GMEC between April-August 2023 with quarterly follow-up scheduled for GMEC monitoring of performance indicators.

Relevant items requiring performance monitoring as identified in Programmatic APEs are included in the Sponsoring Institution Action Plan for 2022-2023, which is provided as part of this summary. Resolved items from last year’s action plan include increased In-Training Exam Performance, Geriatric Accreditation with Warning status, IM board pass rate performance, resolution of Regional Family Medicine Probationary Accreditation status.

(5) ACGME notification of accreditation status of each of its ACGME-accredited programs, including accreditation and recognition statuses as well as citations:

Table 8 shows the accreditation status, anticipated due dates of self-study documents (program specific self studies are on hold from the ACGME), and citations for each program. Two programs - Regional Family Medicine and National Family Medicine - are on Continued Accreditation with Warning status. Details of the received citations for the accredited programs can be found in Appendix B.

				<ul style="list-style-type: none"> Experiences, IV.A. Director of Osteopathic Education, V.A.2.i)
Regional Family Medicine 1204121284	Continued Accreditation with Warning, effective 01/25/2023	09/15/2022	Self-Study: postponed 10-year SV: postponed	0 Citations
Psychiatry 4004100274	Accreditation Withdrawn, Under Appeal, effective 6/28/2023	11/29/2022	Self-Study: postponed 10-year SV: postponed	<p>19 (1 Extended and 18 New) Citations</p> <p>Extended Citation:</p> <ul style="list-style-type: none"> Program Director Responsibilities (extended) - II.A.4.a).(10), II.A.4.a)(1) <p>New Citations:</p> <ul style="list-style-type: none"> Program Director Qualifications - II.A.3.a) Faculty Program Requirements - II.B.1, II.B.2. and II.B.2.f, II.B.2. and II.B.2.g Faculty Qualifications - II.B.3.b) and II.B.3.b).(1) Curriculum Organization and Resident Experiences - IV.C.3.f, IV.C.3.g).(1) and IV.C.3.g).(1).(a), IV.C.3.h), IV.C.3.l), IV.C.3.m), IV.C.4, IV.C.7. and IV.C.7.b), IV.C.7. and IV.C.7.c) Scholarship - IV.D.1.b)-c) Evaluation - V.A.1.k) Faculty Evaluation - V.B.1. Patient Safety/Culture of Safety - VI.A.1.a).(1).(a)

Physical Medicine and Rehabilitation 34041000001	Initial Accreditation, effective 1/20/2022	4/14/2021	Next Site Visit: Expected 1/1/2024	<i>2 Extended Citations:</i> <ul style="list-style-type: none"> • Prescription of Evaluation and Treatment-IV.B.1.b).(1).(a).(vi ii) • Evidence of Faculty Scholarly Activity in at Least Three Required Domains - IV.D.2.a)
Cardiovascular Disease 1414121291	Continued Accreditation, effective 04/21/2023	12/09/2022	Self-Study: 01/31/2019 10-year SV: postponed	<i>1 Previous Citation Resolved</i>
Gastroenterology 1444114221	Continued Accreditation, effective 01/20/2023	01/28/2020	Self-Study: postponed 10-year SV: postponed	<i>0 Citations</i>
Geriatrics 1514114136	Continued Accreditation, effective 1/20/2023	12/14/2021	Next Site Visit: TBD	<i>0 Citations</i>

(6) Board pass rates for all programs

As demonstrated by the table below (Table 9), TWCGME takes pride in our Board pass rates. We continue to monitor board pass rates of all programs based on a three year trend. A special review was initiated by GMEC in the previous academic year to address declining board-pass rates for Internal Medicine. The result was the board pass rate climbing from 84% in AY 20-21 to 92% in AY 21-22.

Table 9. AY 2022-2023 Examination Performance

	FYE 2019-2020	FYE 2020-2021	FYE 2021-2022	FYE 2022-2023	Trend
Internal Medicine	88%	83.7%	92%	n/a	Mixed
Family Medicine (Kingston)	100%	100%	100%	100%	Stable
Family Medicine (National)	100%	100%	100%	100%	Stable
Psychiatry	N/A	100%	100%	n/a	Stable
Cardiovascular Disease	100%	100%	100%	n/a	Stable
Gastroenterology	N/A	0%	100%	n/a	Upward
Geriatric Medicine	N/A	N/A	100%	n/a	N/A

(7) Residency/fellowship graduate practice patterns and retention rates in primary care, rural and medically underserved areas.

As a Sponsoring Institution with strong ties to community based health care centers, it is our practice to retain our resident/fellow physicians to serve in Community Health Centers, both regional and national, whenever possible. We are driven by the goal to provide quality healthcare to all. The GMEC identified retention as a key performance indicator to ensure continued progress in this area and delivery of the TWCGME mission and vision. The first step to better understanding retention is to capture the practice decisions upon completion of their residency training.

Table 10. Graduate Practice Patterns (Primary Care and Community Health Centers)

Program	2020	2021	2022
National Family Medicine	50%	50%	46%
Regional Family Medicine	50%	35%	36%
Internal Medicine	23%	29%	37%
Psychiatry	N/A	33%	50%
PM&R	N/A	N/A	N/A
Geriatrics	N/A	50%	0%
Cardiology	0%	0%	0%
Gastroenterology	N/A	0%	0%

(8) Consistency of Longitudinal Continuity of Care educational exposure

The Sponsoring Institution identified a need for enhanced continuity of care experiences across our Primary Care programs to ensure compliance with ACGME Common Program Requirements. Our goal is to improve resident continuity of care in outpatient settings, working with the EHR team to demonstrate longitudinal continuity of patients with individual residents/empaneled teams while honoring the patient/faculty relationship.

In collaboration with our faculty, the Sponsoring Institution called for volunteers to spearhead our continuity efforts. Four resident physicians answered the call and have subsequently been appointed as Chiefs of Continuity Experience. In their role, these Chiefs work to ensure our residents receive these enhanced continuity encounters. In our efforts, we have also identified continuity as one of our key performance indicators which is being monitored by our executive management team, GMEC and the GME Governing Body.

INSTITUTIONAL ACTION PLAN

In-depth analysis of TWCGME residency and fellowship program performance provides data to support the development of a comprehensive action plan for the Sponsoring Institution. Institutional action items integrate recommendations from a SWOT analysis and each of the programmatic Annual Program Evaluation Action Plans to ensure outcomes consistent with high quality graduate medical education and residents who are safe, competent practitioners. The Institutional Action Plan is the result of the Annual Institutional Review for AY 2022-2023 and includes items from the previous year that require additional monitoring as well as new items to address identified opportunities for improvement. Performance Monitoring Procedures by GMEC occur on a quarterly basis.

INSTITUTIONAL ACTION PLAN RESULTING FROM AY 2022-2023		
<i>Institutional Accreditation</i>		
Area of Improvement	Probationary Accreditation	Status
Intervention	Undergo Special Review as approved by the GMEC. Review the Special Review recommendations for addressing and resolving citations and implementation of Corrective Action Plan (CAP). Continue with Bi-Annual Clinical Climate Survey for data analysis.	
Date Instituted	January 2022	
Responsible Party	Governing Board, GMEC, DIO, ADIO, DIA	

Expected Outcome	Resolve Probationary Accreditation Status at upcoming ACGME site visit on Sept. 12, 2023.	
Performance Monitoring Procedures	Sponsoring Institution Corrective Action Plan	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Program Accreditation Status		
Area of Improvement	National Family Medicine Residency Program Continued Accreditation with Warning	Status
Intervention	Annual Program Evaluation Action Plan to be monitored by Program and GMEC Special Review Action Plan to be monitored by Special Review Subcommittee and GMEC Address citations/areas of concern to achieve substantial compliance	
Date Instituted	May 2022	
Responsible Party	Program Director, Associate Program Director(s), Faculty, Program Coordinator(s)	
Expected Outcome	Resolve extended and new citations Restore status to Continued Accreditation	
Performance Monitoring Procedures	Monitor APE Action Plan quarterly with a report to GMEC for oversight Monitor Special Review action plan progress quarterly ACGME Site Visit conducted May 2023; awaiting Review Committee decision	
Quarter 1 Update		

Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	Regional Family Medicine Program Continued Accreditation with Warning	Status
Intervention	Annual Program Evaluation Action Plan to be monitored by Program and GMEC Special Review Action Plan to be monitored by Special Review Subcommittee and GMEC Address areas of concern to achieve substantial compliance	
Date Instituted	January 2023	
Responsible Party	Program Director, Associate Program Director(s), Faculty, Program Coordinator(s)	
Expected Outcome	Restore status to Continued Accreditation	
Performance Monitoring Procedures	Monitor APE Action Plan quarterly with a report to GMEC for oversight Monitor Special Review action plan progress quarterly	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	Psychiatry Residency Program Withdrawn Accreditation	Status

Intervention	<p>Psychiatry Program Corrective Action Plan inclusive of formal ACGME appeal</p> <p>Annual Program Evaluation Action Plan to be monitored by Program and GMEC</p> <p>Special Review Action Plan to be monitored by Special Review Subcommittee and GMEC</p> <p>Address citations to achieve substantial compliance</p>	
Date Instituted	May 2023	
Responsible Party	Program Director, Associate Program Director(s), Faculty, Program Coordinator(s), Executive Management Team, Institutional Leadership, Governing Body, GMEC	
Expected Outcome	Reinstatement of Program Accreditation	
Performance Monitoring Procedures	<p>Monitor APE Action Plan quarterly with a report to GMEC for oversight</p> <p>Monitor Special Review action plan progress quarterly</p>	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	Physical Medicine & Rehabilitation Residency Program Initial Accreditation	Status
Intervention	<p>Annual Program Evaluation Action Plan to be monitored by Program and GMEC</p> <p>Special Review Action Plan to be monitored by Special Review Subcommittee and GMEC</p> <p>Address citations to achieve substantial compliance</p>	

Date Instituted	February 2022	
Responsible Party	Program Director, Associate Program Director(s), Faculty, Program Coordinator(s)	
Expected Outcome	Resolve Program Citations Achieve Continued Accreditation	
Performance Monitoring Procedures	Monitor APE Action Plan quarterly with a report to GMEC for oversight Monitor Special Review action plan progress quarterly	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Program Quality		
Area of Improvement	CLER	Status
Intervention	The Sponsoring Institution is overdue for a CLER site visit, and anticipates a visit in 2023 CLER subcommittee was formed under GMEC with quarterly updates	
Date Instituted	April 2022	
Responsible Party	Governing Board, GMEC, DIO, ADIO, DIA, PD, CLER Subcommittee	
Expected Outcome	Continual readiness in anticipation of upcoming site visit	
Performance Monitoring Procedures	Visits to all CLEP sites by PDs are being scheduled and will be completed for AY 2022-2023 Deep dive into the components of the six focus areas by the committee	

	Monitor resident/fellow and faculty experiences within the clinical learning environment	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	ACGME Annual Resident/Fellow Survey	Status
Intervention	<p>Identify and develop plans to address areas of concern and poor compliance.</p> <p>Programs to implement individual surveys, led by Program leadership and Chiefs to address specific program concerns within their APE and report out to GMEC quarterly.</p> <p>Continue with quarterly Resident/Fellow Climate Survey to gauge resident/fellow feedback. Results will be reviewed with GMEC.</p>	
Date Instituted	April 2022	
Responsible Party	Sponsoring Institution Leadership, PDs, GMEC, Governing Board	
Expected Outcome	Improvement in ACGME Annual Resident/Fellow Surveys for all programs to meet/exceed the National Means.	
Performance Monitoring Procedures	Monitor results of Resident/Fellow Climate Survey and ACGME Annual Survey	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	ACGME Annual Faculty Survey	Status

Intervention	Identify and develop plans to address areas of concern and poor compliance. Sponsoring Institution to implement faculty climate surveys and report out to GMEC quarterly.	
Date Instituted	April 2022	
Responsible Party	Sponsoring Institution Leadership, PDs, GMEC, Governing Board	
Expected Outcome	Improvement in ACGME Annual Faculty Surveys for all programs to meet/exceed the National Means.	
Performance Monitoring Procedures	Monitor results on Faculty Climate Survey and annual ACGME Survey	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	Oversight of Clinical and Educational Work Hours	Status
Intervention	Institutional Coordinator included to receive notification from Myevaluation's in addition to PD notification for any violation or potential violation.	
Date Instituted	August 2023	
Responsible Party	GMEC, DIO, DIA, PD	
Expected Outcome	Decrease in actual violations and an added resource for program directors in monitoring violations.	
Performance Monitoring Procedures	Monitor monthly exception reports at GMEC	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		

Area of Improvement	Program Director Responsibility	Status	
Intervention	Continue bi-weekly DIO/PD meetings to address any PD concerns/issues or programmatic concerns/issues		
	Implement a schedule of one to one ADIO/PD meetings to review PD responsibilities and address any programmatic issues/concerns		
	Date Instituted		January 2022
	Responsible Party		DIO, ADIO, PD
	Expected Outcome		Program citations regarding PD responsibility resolved
Performance Monitoring Procedures	Faculty and ACGME surveys		
Quarter 1 Update			
Quarter 2 Update			
Quarter 3 Update			
Quarter 4 Update			
Area of Improvement	Faculty Development	Status	
Intervention	New Chair of Faculty Development Subcommittee of GMEC appointed who completed a fellowship in faculty development.		
	Re-establish Visiting Professor Program		
	Faculty Development snippets presented during weekly Faculty meetings		
	Annual calendar of Faculty Development events shared with all relevant stakeholders		
Date Instituted	May 2023		
Responsible Party	Chair of Faculty Development Committee, Faculty Development Subcommittee, GMEC		
Expected Outcome	To provide structured Faculty Development opportunities to enhance teaching and educational experiences		

Performance Monitoring Procedures	Faculty and ACGME surveys	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Area of Improvement	Clinical Resources	Status
Intervention	Explore additional opportunities for OB rotations at partnering sites	
Date Instituted	May 2022	
Responsible Party	PD, DIO, ADIO, DIA	
Expected Outcome	An increase in OB rotation options	
Performance Monitoring Procedures	Monitor OB procedures reporting	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Board Pass Rates		
Area of Improvement	Board Pass Rate	Status
Intervention	Continual monitoring of all programmatic board pass rates based on a three year trend	
Date Instituted	January 2022	
Responsible Party	PD, DIO, ADIO, DIA, Program Coordinator	
Expected Outcome	Maintain/Improve all programmatic board pass rates	
Performance Monitoring Procedures	Review of board pass rate results	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		

Quarter 4 Update		
Resident/Fellow Graduate Practice Patterns and Retention		
Area of Improvement	Increase graduate retention in Community based Health Care Centers	Status
Intervention	Sponsoring Institution and Programmatic curriculum improved to support community based primary care practice Recruitment efforts to begin in the early stages of training	
Date Instituted	August 2023	
Responsible Party	PD, DIO, Human Resources	
Expected Outcome	Increase graduate retention by 5%	
Performance Monitoring Procedures	Accumulating data on graduate retention rate	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		
Longitudinal Continuity of Care Experience		
Area of Improvement	Improve resident continuity of care in outpatient settings	Status
Intervention	Collaborate with EHR team to demonstrate longitudinal continuity of patients with individual residents/empaneled teams New leadership opportunities for residents to spearhead our continuity efforts	
Date Instituted	April 2022	
Responsible Party	EHR, PD, DIO, GMEC	
Expected Outcome	Enhanced continuity of care experiences across our primary care programs by 10%	

Performance Monitoring Procedures	Review monthly EHR reports to demonstrate progress	
Quarter 1 Update		
Quarter 2 Update		
Quarter 3 Update		
Quarter 4 Update		