

Overview of Graduate Medical Education

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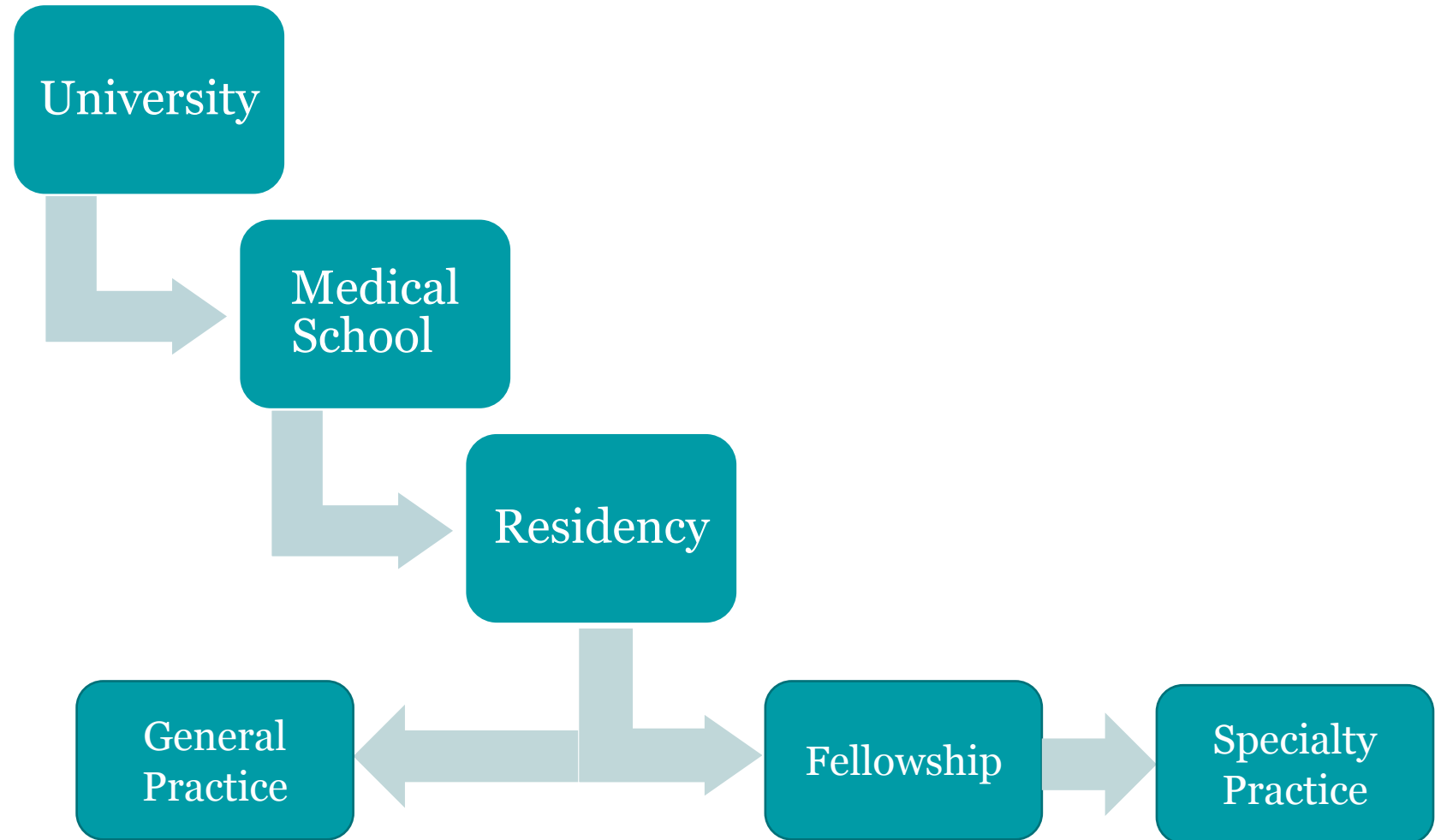


COOK COUNTY
HEALTH



Educating Doctors

Overview



History Of Medical Education in the U.S.

Slowly Creating Standards

- 1765 - 1st Med School
- 1866 – Cook County started the first internship in the U.S.
- 1876 - Association of American Medical Colleges
- 1910- Flexner Report
- 1920's-Internship and Residency following Med School became standard
- 1965 – Medicare Established: payments to hospitals to subsidize resident education



History of Medical Training in the U.S.

Increasing Regulation

- 1996 – Number of GME slots/hospital is capped
- 1999 – To Err Is Human
- 2002 – ACGME* institutes duty hour regulations (80 hours per week, 30 hour call, one day off per week)
- 2014 – ACGME establishes the CLER Program



Moving Away From A Service-Based Residency Model

Generally Accepted Benefits of Residencies/Fellowships

- Still facilitate a cost-effective model of 24/7 care of acutely ill patients
- Are associated with safer care and better outcomes¹
- Help to attract attending physicians
- Improve physician hiring decisions (when familiar with graduate's skills)
- Reduce recruiting costs
- Improve retention of newly hired attending physicians
- Provide valuable feedback that can improve hospital performance

¹ McAlister, Finlay et. al. *Post Discharge Outcomes in Heart Failure are Better for Teaching Hospitals and Weekday Discharges; Circ Heart Failure* 2013; 6:922-929

Quality of Care

Supervision

- All residents and fellows are accountable to an attending according to the program's supervision policy

Quality Improvement/Patient Safety

- Housestaff generate ~10% of all electronic Medical Event Reporting System (eMERS) reports
- All are participating in QI projects

Hours of Work

- Residents must comply with national work hour regulations.
- All programs have a contingency plan if a resident is fatigued.

Regulatory

- All Residencies and Fellowships* are Fully Accredited

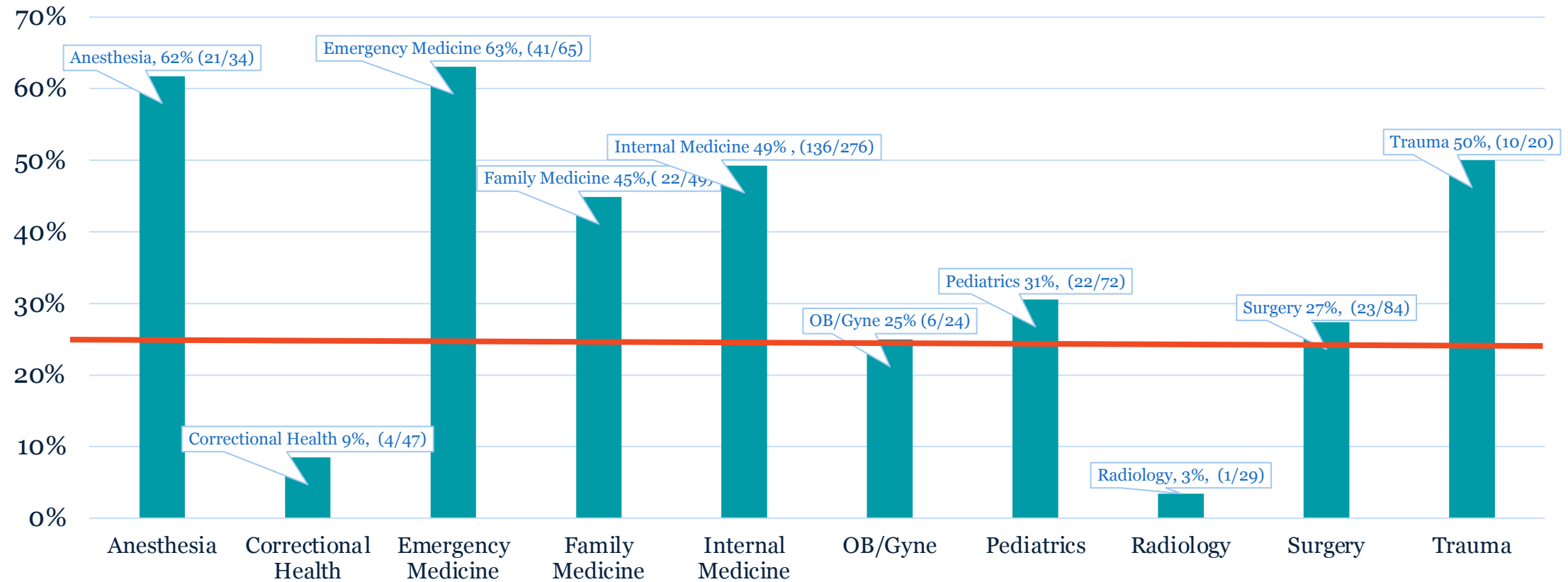
Estimating Cost

More Difficult Than For Attending Physicians

Salary and Benefits (Medicare/Medicaid Reimbursement)
Overhead (Coordinator/Protected Time for Program Director)
Can't Bill (Increase Billing Capacity of Attendings?)

Retention of Graduates

Composition of Departments – Percentage of Total Staff that Trained at CCH¹



Medical Education at Cook County Health

Today – 20 ACGME Accredited residencies and fellowships

- Stroger employs nearly 415 residents and fellows
- Additional trainees rotate through the hospital:
 - 450 residents and fellows from other programs (mostly Chicago area)
 - 1900 Medical Students



Accreditation of Fellowships & Residencies

() = Full Time Equivalent Trainees/program

ACGME Accredited

Internal Medicine (132)
Emergency Medicine (68)
Anesthesiology (36)
Family Medicine (36)
Radiology- Diagnostic (16)
Dermatology (12)
Neonatal Perinatal Medicine (6)
Preventive Medicine (4)
Pain Medicine (4)
Palliative Care/Hospice (3)
Surgical Critical Care (3)
Colon/Rectal Surgery (3)
Toxicology (Integrated) (2)

Ophthalmology (16)
Pediatrics (12)
Urology (10)
Pulmonary /Critical Care
Medicine (9)
Cardiovascular Disease (9)
Gastroenterology (9)
Hematology-Oncology (7)

CODA¹ Accredited

Oral Surgery (8)

ASHP² Accredited

Pharmacy (3)

Free-Standing Programs Without Accrediting Bodies

Burn (2)

Trauma (2)

Retinal Disease (2)

Simulation Laboratory (1)

Ultrasound (1)

Corneal Disease (1)

Total for all Programs=414



**COOK COUNTY
HEALTH**

¹ Commission on Dental Accreditation

² American Society of Health System Pharmacists

Unique Opportunities in Training

Trauma Fellowship (no accreditation available)

- 175 Emergency Medicine and Surgery Residents throughout the city rotate on the unit annually

Burn Fellowship (no accreditation available)

- 40 Emergency Medicine and Surgery Residents throughout the city rotate through annually

Toxicology Fellowship (accredited by the ACGME)

- Only Fellowship in Chicago
- 50 EM Residents Annually

Diversity, Equity & Inclusion Efforts:

GMEC* + Office of Equity and Inclusion + Blue Cross Blue Shield Illinois =
Efforts to Diversify Physician Work Force

Training for Medical Staff

- Unconscious Bias
- Holistic Ranking (match)

Establishing Benchmarks to create metrics

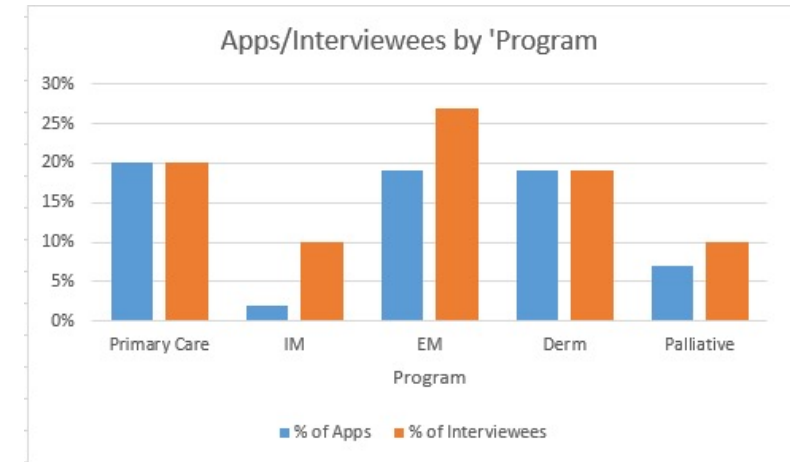
Monthly Meetings focused on education of staff/recruitment of residents

Creating Programming to support incoming Residents which include:

- Mentorships
- Speaker Series
- Networking Events

Identifying Partners to create a pathway to our institution

Participating in ACGME Equity Matters Programming



Action Item

Agreements for Review and Approval

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed
RUSH			
Neurosurgery	4	2	\$371,316
Orthopedics	2	2	\$157,571
Plastics	1	2	\$92,856
NORTHSHORE UNIVERSITY			
Endocrine Surgery	0.5	3	\$55,258
Emergency Medicine	3.0	4	\$284,719
UNIVERSITY OF ILLINOIS-CHICAGO			
Pediatrics	1.35	3	\$128,255
ENT	3.0	3	\$307,764
Nephrology	2.1	3	\$221,873
Pathology	3.0	3	\$294,738