

Message from the Associate Dean

We have entered a new era in training future doctors. Now into our seventh year of the Outcomes Project, sponsored by the Accreditation Council for Graduate Medical Education (ACGME), we teach and assess our residents in six areas of competency: patient care, medical knowledge, professionalism, interpersonal and communication skills, systems-based practice and practice-based learning. Much like the Medical School competencies, ours focus on ensuring that physicians are adequately prepared to practice medicine in a changing health care delivery system. In addition to evaluating our trainees, we must also show that we are continuously evaluating our curriculum and refining it based on the outcomes of our trainees.

As we progress through this new model for training, we have developed assessment methods, including self- and peer-evaluations, and the 360 degree evaluation, in which those who interact professionally with a resident—patients, nurses and other health care professionals—assess aspects of her or his performance. Additionally, we'll soon be piloting an electronic portfolio as a means for residents and their training directors to log important milestones reached during residency. A modern version of the curriculum vitae, the portfolio allows for more detailed information to be stored about and by the resident. Because the portfolios will be web-based and therefore portable, residents can use them as they apply for advanced training positions or for employment. They can also store a variety of documents in their portfolios, including pre-

sentations they've given or research papers they've written. We are also utilizing the Web to survey graduates after they have completed our programs, and using the information to make modifications and enhancements in the curriculum to better prepare our trainees for the real world.

New teaching methods are also under development for GME. We've developed several electronic modules as part of our core curriculum series, which will soon be available on WebCT. This form of learning allows residents at other sites to have access to all topics important to their development as competent physicians. Modules include: The Resident as Teacher, Cultural Diversity and Evidence-based Medicine. One of the most exciting developments is the involvement of residency programs in the design of and planning for the new

Center for Experiential Learning and Simulation, which will be housed in the Advanced Education and Clinical Practice Center currently under construction. The use of simulation mannequins, task trainers and standardized patients allows us to teach residents in a controlled environment with immediate feedback on performance. Emergency Medicine, Surgery, Orthopedics and Internal Medicine already use simulation technology as part of their standard curriculum and many more faculty are planning to incorporate this technology once the new center is complete. We are planning for an interdisciplinary approach to this training, pairing residents from different specialties with nurses and other allied health professionals to reflect the real-life hospital environment.

This is an exciting time for GME as UMMS invests in new technologies that enhance curriculum and training. Use of these new tools encourages us to continually reassess and redesign the way we train and evaluate our residents to ensure that they become competent and successful health care providers for future generations. ■



Deborah DeMarco, MD

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GME helps set the standard for educational quality

The role of the Office of Graduate Medical Education is to ensure that medical training programs at UMMS meet the same high standards as those set forth by the Accreditation Council for Graduate Medical Education (ACGME). Accreditation of programs and sponsoring institutions is a voluntary process of evaluation and review performed by an agency of peers under the leadership of the ACGME, the national organization responsible for the accreditation of all post-MD medical training. Among the ACGME goals are evaluating, improving and publicly recognizing programs and sponsoring institutions that are in substantial compliance with standards of educational quality. Accreditation is also an important means of protecting the interests of residents, benefiting the public and improving the quality of teaching, learning, research and professional practice.

Nationally, ACGME accredited programs numbered 8,186 in 120 different specialties and subspecialties in the academic year 2005-2006. UMMS currently offers 43 separately accredited residency and fellowship programs. These programs comply with a set of

ACGME common program requirements as well as individual specialty residency review committee requirements.

In addition to the ACGME accredited specialties, UMMS offers graduate medical education in more than 20 "non-standard" programs that are not accredited by the ACGME. For example, at

UMMS, non-standard programs are offered in specialties or training pathways for which no ACGME accreditation is currently available. Some of these programs are recognized by other organizations, and for some, ACGME accreditation may come in the future. Many of *continued on back page*

Non-accredited GME Programs

- Advanced Clinical Anesthesia
- Community Health Leadership and Quality Improvement*
- Dermatology – Mohs Surgery
- Dermatology – Pediatric Dermatology*
- Emergency Medicine – EMS and Disaster Planning
- Emergency Medicine – Ultrasound
- Family Medicine Hospitalist*
- Gastroenterology – Advanced Endoscopic Gastroenterology
- Minimally Invasive Surgery
- Multidisciplinary Breast Fellowship*
- Neurology – Neuroimmunology
- Neurology – Aging and Dementia
- Neurology – Movement Disorders
- Neuropsychiatry*
- Psychopharmacology
- Pediatric Neurosurgery*
- Pediatric – Child Protection
- Radiology – MRI
- Robotic/Laparoscopic Urology and Urological Oncology*
- Urogynecology

*approved within the past year

Newly Accredited and Re-Accredited Residency and Fellowship Programs

- New**
- Surgical Pathology (Selective Pathology)
- Re-accredited**
- Emergency Medicine*
- Emergency Medicine Toxicology*
- Child Psychiatry*
- Family Practice, Worcester
- Family Practice, Fitchburg
- Hematopathology*
- Neurology
- Clinical Neurophysiology
- Orthopedic Hand Surgery
- Pediatrics*
- Neonatology
- Preventive Medicine*

*commended for substantial compliance with program requirements

Integrated Plastic Surgery Residency Program profile



Raymond Dunn, MD, chair of the Division of Plastic Surgery, center, with colleagues Douglas Rothkopf, MD, residency program director, and Janice Lalikos, MD, all of whom were essential to developing the proposed Integrated Plastic Surgery Residency Program.

The Division of Plastic Surgery within the UMass Medical School Department of Surgery is hoping to implement an integrated six-year residency program to replace the current two-year, post-residency program model. The educational

program has been approved by the institutional GME committee and is awaiting approval from the ACGME.

As the field of plastic surgery has expanded, the need for longer training of residents in an inde-

pendent two- to three-year program has been met nationally with the six-year integrated program. The initial three years of training include education in plastic surgery and the related fields of anesthesiology, burn management, cardiovascular surgery, critical care medicine, dermatology, emergency medicine, general surgery, gynecologic oncology, neurosurgery, oculoplastic surgery, oncologic surgery, otolaryngology, orthopedic surgery, pediatric surgery, thoracic surgery, transplant surgery, trauma management, urology and vascular surgery. The second three years concentrate on plastic surgery, including one year of chief responsibility.

There are significant benefits to an integrated model. Plastic surgery is a highly competitive specialty that attracts extremely

bright and talented applicants. Residents will rotate on the general surgery and surgical subspecialty services alongside the current general surgery residents. They will train on subspecialty services that currently don't have their own independent training programs, including cardiovascular surgery, neurosurgery, oculoplastic surgery and otolaryngology. The residents will also have greater opportunity to train and interact with related non-surgical specialties for a multidisciplinary approach to their specialty. The total increase in program size from the current four to 12 positions also provides an important critical mass to maintain a rigorous didactic program as well as research experience for the plastic surgery residents. This expansion will occur over several years. ■

Incoming Residents

Program description	Total # positions	UMMS graduates
Anesthesiology	8	1
Dermatology	2	0
Emergency Medicine	12	2
Fam Prac/Hahnemann FHC	4	1
Fam Prac/Queen St FHC	4	0
Family Prac/Barre FHC	3	0
Family Prac/Fitchburg	5	0
Internal Medicine	26	3
Medicine-Preliminary	11	5
Med-Prelim/Neurology	0	0
Neurology	4	1
Obstetrics-Gynecology	5	1
Orthopedic Surgery	4	1
Pathology	4	0
Pediatrics	8	4
Psychiatry	4	0
Psychiatry/Child Psych	2	0
Radiology-Diagnostic	4	0
General Surgery	6	2
Surgery-Preliminary	8	0
Medicine-Pediatrics	4	2
Neurology-Psychiatry	0	0
	128	23
		18%

Beyond medical school

Residency and fellowship training

While graduation from medical school marks an important milestone on the road to becoming a physician, there are still years of training to be spent in residencies (specialty training) and fellowships (subspecialty training). The duration of post-MD medical training programs varies considerably, ranging from three years for primary care specialties of internal medicine, pediatrics and family practice, to as many as five years for radiology, orthopedics and general surgery and even longer—six, seven or even eight years—for many medical and

surgical subspecialties.

A number of surgical subspecialties are moving to consolidate residency and fellowship training into integrated programs that will shorten the length of training. In January 2007, the UMMS GME Committee approved a proposal to reconfigure the current two-year plastic surgery residency (which typically follows five years of general surgery residency) to an integrated six-year residency program following completion of medical school. (See a profile of this program in this issue of *Focus on GME*.) ■

Educational quality

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these programs involve multidisciplinary training with faculty in several clinical departments. They provide new ways of integrating physician education and patient care.

Just because a program is not accredited externally doesn't mean that its standards aren't high. At UMMS, the Graduate Medical Education Committee (GMEC) has implemented an institutional process to ensure that non-standard programs are in compliance with the requirements of the ACGME.

Non-accredited residents and fellows receive the same stipends and benefits and are subject to the same policies as trainees in accredited programs (although they may receive additional compensation if they have additional clinical responsibilities). Each program is reviewed by the GMEC to ensure the curriculum meets specific educational goals and objectives and that a system is in place for evaluation of residents and fellows, faculty, curriculum and the program as a whole. Achieving an appropriate balance between education and service is also vital, as is compliance with ACGME requirements such as duty hours regulations. The GMEC also looks for assurance that the non-standard programs provide adequate access to patients and procedures. ■

Focus on Graduate Medical Education

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