

## Message from the Associate Dean

It has been a good year for the Office of Graduate Medical Education (OGME). We continue to develop and implement on-line curriculum in the general competencies as well as expand our assessment techniques. The latter include multi-source assessments (also known as 360-degree evaluations) in which all individuals in the resident's sphere of influence—nurses, technicians, peers and, in some cases, patients—assess the resident with an emphasis on their professional characteristics.

Our annual Fall Program Director Retreat also focused on the professional development of our trainees, including the use of portfolios which we hope to implement across programs in the coming academic year. These portfolios will serve not only as a training record for the programs that can aid in curriculum development, but also as a learning tool for the residents as they strive to become life-long learners. In the electronic portfolios, residents can engage in reflective practice and identify gaps in their knowledge and training so they can address these areas prior to program completion. The portfolios travel with the residents as they interview for jobs or fellowship positions.

One of the major functions of the OGME is to help our training programs maintain their accreditation status with the Accreditation Council for Graduate Medical Education (ACGME). Of the 12 programs that received ACGME

accreditation letters in 2007, five were commended for their substantial compliance with ACGME requirements. Our Internal Medicine-Pediatrics Residency Program underwent its first accreditation cycle (these programs were previously reviewed and approved only by the certification boards) and received full accreditation. Our GME Committee also approved two new ACGME-accredited fellowship programs: Vascular Neurology and Geriatrics. Geriatrics is now applying for accreditation while Vascular Neurology has already been approved.

We continue to focus on achieving work-life balance for our trainees and have addressed issues with our call rooms, provision of meals for on-call residents and child care issues (with a new benefit that provides emergency child and elder care introduced by UMMS).



A major initiative for the current and next academic year is to work closely with clinical partner UMass Memorial Health Care on initiatives that enhance both education and patient care. These include the development of elective rotations in quality and patient safety as well as multidisciplinary rapid response teams and teams for procedures such as central line placement. As part of the joint strategic planning process, we are striving to align our training programs to the needs of the commonwealth, particularly in under-subscribed areas of medicine. ■

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— Deborah DeMarco, MD

## Assessment of professional behaviors

Professionalism is fundamental to the practice of medicine, and the assessment of this competency is a requirement of the nation's graduate medical education programs. Research has documented the number and diversity of assessments, the challenges in defining professionalism and making it operational and the need for improvement in this area.

Multi-source feedback (MSF or 360-degree feedback) has been identified as a potentially important tool for measuring professional behavior among residents. MSF is the collection and summary of ratings by observers in different roles who interact with the person being evaluated in the work setting. Research on competency ratings shows them to be vulnerable to rater error.

Several types of rater training, including behavioral observation training, rater error training and frame-of-reference training, have been effective in reducing the occurrence and impact of rater error.

Several of our GME programs are participating in a study sponsored by the National Board of Medical Examiners

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### Residency and Fellowship Programs update

#### New Residency and Fellowship Program Directors

2007-2008

Timothy Emhoff, MD – Critical Care Surgery  
 Daniel Fisher, MD – Interventional Cardiology  
 Marci Jones, MD – Orthopedic Hand Surgery  
 Joseph Makris, MD – Radiology  
 Peter Metz, MD – Child Psychiatry  
 Majaz Moonis, MD – Vascular Neurology  
 Sheila Stille, MD – General Practice Dentistry

#### Newly Accredited and Re-accredited Residency and Fellowship Programs

2007-2008

##### New ACGME Accredited Programs

Vascular Neurology

##### Re-Accredited Programs

Neonatology  
 Hematopathology\*  
 Combined Med-Peds  
 General Practice Dentistry  
 Plastic Surgery

Neuroradiology  
 Vascular Surgery\*  
 Orthopedic Surgery\*  
 Obstetrics and Gynecology\*  
 Radiology  
 Vascular Interventional Radiology

\*commended for substantial compliance with ACGME program requirements.

##### Newly Approved Non-accredited Programs

Hospital Medicine  
 Orthopedics Spine Fellowship

## Sports Medicine Fellowship programs profile

The Sports Medicine Fellowship programs sponsored by the departments of Orthopedics and Family Medicine & Community Health are models of integration that result in a training experience emphasizing the comprehensive and collaborative care of the athlete. The demand for providers with expertise in sports medicine grows as athletes become more aware of their unique medical needs, and the wide range of care they receive at the UMass Sports Medicine Center, whether for a concussion, knee injury or medical condition, exposes fellows to the latest treatments leading to their patients' safe and effective return to sports.

Each year, two fellows in the Orthopedic Sports Medicine Fellowship program, under the direction of Brian D. Busconi, MD, associate professor of orthopedics & physical rehabilitation and

pediatrics, receive instruction in the latest surgical and arthroscopic techniques for the treatment of sports injuries. The Sports Medicine Fellowship in the Department of Family Medicine & Community Health, under the direction of Assistant Professor Herb Stevenson, MD, also has two fellows a year, but they focus

on the latest non-surgical management of sports injuries, treatment of medical conditions in the athlete, and proper nutritional and conditioning practices. Joint didactic and academic projects augment the clinical experience.

The programs are responsible for widespread team and event coverage at all levels of athletics, from



**Pictured left to right are Brian Busconi, Herb Stevenson, Bill Chrisostomidis, Michelle Mariani, Michael Brown, Lee Mancini and Carolyn Saluti. Drs. Mariani and Saluti are fellows.**

high school sports to world-class marathons. In addition to professional team coverage, the program serves 10 public high schools, including five in Worcester; four prep schools, including Worcester Academy; and eight colleges and universities, including UMass Amherst and the College of the Holy Cross. Events covered include

the Boston Marathon, Bay State Games and the Fitchburg Longjoe Classic. Expanding sports medicine to underserved communities is also a focus through free school-based clinics and game coverage, as well as two sports clinics based in community health centers. ■

### 2008 Incoming Residents\*

Program Description	Total Positions	UMMS Graduates
Anesthesiology*	8	1
Dermatology*	2	1
Emergency Medicine	12	3
Fam Pract/Hahnemann FHC	4	0
Fam Pract/Queen St FHC	4	0
Fam Pract/Barre FHC	4	1
Fam Pract/Fitchburg	5	0
Internal Medicine	25	5
Medicine-Preliminary	11	1
Neurology*	4	1
Obstetrics/Gynecology	5	0
Orthopedic Surgery	4	0
Pathology	4	0
Pediatrics	8	2
Plastic Surgery	2	2
Psychiatry	4	0
Psych/Child Psychiatry	2	0
Radiology – Diagnostic*	4	0
General Surgery	6	3
Surgery-Preliminary	7	3
Medicine-Pediatrics	4	2
Psychiatry-Neurology	1	0
<b>TOTAL</b>	<b>130</b>	<b>25 (19.2%)</b>

In 2008, 107 of the 113 positions offered in the resident Match were filled in the Match. This is the best outcome in the school's history.

\*Programs match one year in advance. Thus incoming residents in Anesthesia, Dermatology, Neurology and Radiology "matched" last year. In the 2008 Match, all four of these programs filled and these incoming residents who will start in July, 2009 include two UMMS graduates.

## Assessing professional behavior

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(NBME) designed to assess the feasibility and effectiveness of two rater training programs in a field setting. Previous pilot work conducted by the NBME suggested that rater training might enhance the quality of ratings. The NBME has developed an instrument to assess and improve professional behaviors as they are manifested in work and educational settings. The program is designed to provide low-stakes, formative feedback to residents on professional behaviors that are essential to the safe, effective and ethical practice of medicine. Approximately 1,200 participants from five institutions will serve as either observed individuals or raters.

The study is a comparison of educational interventions in which raters will be randomly assigned to one of three conditions: an Internet-based rater training program, a live workshop-based program or no training.

The primary outcome measures of the experiment will be rater errors such as leniency error, halo error and response bias. Our goal is to determine better training techniques for our raters so that our residents will receive higher quality assessments and more useful feedback for continuous professional performance improvement. Our medical students will also benefit since residents are vital teachers for the students in their clinical years. In addition, faculty will improve observational skills applicable to other educational activities. To date, the Rheumatology Fellowship, Digestive Diseases Fellowship and Pediatrics Residency plan to participate in the study.

*The NBME contributed material for this article. If you would like to know more about the background of this project, please visit: <http://professionalbehaviors.nbme.org/> ■*

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Contributors to this Issue:  
Associate Dean Deborah DeMarco, MD;  
Administrative Director Marilyn Leeds, MPH;  
Herb Stevenson, MD  
Photography: UMMS Technology and Media Services

Graduate Medical Education  
University of Massachusetts Worcester  
55 Lake Avenue North, Worcester, MA 01655  
508-856-2903