



SPECIAL POINTS OF INTEREST:

- TEN Guidelines of Consultations
- Resident Computer Resources

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Introducing GME!

The UT GME Program is a statewide program providing educational, financial, and human resource support to over 900 residents training in participating hospitals located in Chattanooga, Jackson, Knoxville, Memphis, and Nashville. Due to the distance, the Knoxville, Chattanooga, and Memphis Programs are individually accredited by ACGME to sponsor training programs.

The Memphis GME office is the headquarters for residents on the Memphis, Jackson, and Nashville campuses. This office handles resident personnel files, benefits, parking, payroll, immunizations, travel,

visas, etc.

Below is a list of the full time GME staff and their responsibilities to help guide you through our office:

- Dr. Eugene Mangiante, Executive Associate Dean for Graduate Medical Education
- Mary Ann Watson, Assistant Dean of GME, DIO
- Aaron Haynes, Director of GME
- Ralph Lorenz, Business Assistant (PDA issues, payroll)
- Rikki Anderson, Human Resources Coordinator (Insurance benefits, immuni-

zations, W-4 changes, update personnel file, etc.)

- Glenda Nau, Accreditation Coordinator
- Amy Hall, Accreditation Coordinator
- Lisa Shinall, Administrative Specialist (Resident Travel)
- Janie Hall, Administrative Specialist (J-1 Visas)

If you have any questions or concerns, feel free to stop by, email or call. We are located in the 920 Madison Building, Suite C50 and can be reached at 448-5364.

Best Practices: Healthcare Matrix

Phase 3 of the ACGME Outcome Project requires programs to fully integrate and assess resident achievement of the six general competencies including patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, profession-

alism, and systems based practice. A beneficial tool for evaluating resident performance in practice based learning and improvement is the Healthcare Matrix created by John Bingham and Doris Quinn of Vanderbilt University Medical Center. The main goal of the Healthcare Ma-

trix is to improve care by linking outcomes to competencies. By filling out the Matrix, residents will be able to analyze patient care and identify areas for improvement. The Matrix is best used in conjunction with a case presentation or M&M conference. (continued on p.2)

KNOW YOUR REPS!!

2008-2009 GMEC Members

GME Members

Gene Mangiante, MD
Mary Ann Watson, DIO
Chris Walton, MD
Shelly Timmons, MD
Aaron Haynes, GME
Amy Hall, GME

Hospital

Representatives

Jim Lewis, MD (VA)
Joan Chesney, MD (SJ)
Stuart Polly, MD (MED)
Steve Miller, MD (MUH)
Regina Rogers, (Baptist)

Program Directors

Mark Bugnitz, MD
Michael Jacewicz, MD
Claudette Shephard, MD
Darryl Weiman, MD
Kim Huch, MD
Elizabeth Pritchard, MD

Resident Representatives

Blake Williams, MD
Regan Williams, MD
Basil Paulus, MD
Ben Bowman, MD

Coordinator Representative

Margo Blake, Endo and Rheum

Internal Review Specialist

Jim Pate, MD

Are You Competent in the Competencies?:

Practice Based Learning and Improvement

According to ACGME all residents are expected to achieve competence in six major areas before they can practice as a physician. These major areas include patient care, medical knowledge, practice based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Each of these areas is essential for providing optimal care for patients. ACGME defines Practice Based Learning and Improvement (PBLI) as the ability to investi-

gate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. The PBLI Competency focuses on reviewing, reflecting, and improving patient care practices.

Residents competent in Practice Based Learning and Improvement are characterized by life long learners who are concerned not only with their own education but also their colleagues education. They use a variety of sources including

textbooks, journals, internet searches, etc. to improve patient care practices.

Programs and residents can participate in a multitude of activities to elicit program or self improvement. Some activities include the Vanderbilt Healthcare Matrix; the Plan, Do, Study, Act Model (PDSA); M&M Conferences; Portfolio entries; individual learning plans; etc.

For more information about PBLI visit the ACGME Outcome Project at www.acgme.org.

Healthcare Matrix (continued from page 1)

When filling out the Matrix, the resident first evaluates patient care as a whole. Overall was the patient care safe, timely, effective, efficient, equitable, and patient-centered. After patient care is assessed and the answer is NO, the resident moves down the columns addressing the medical knowledge and skills, interpersonal and communication skills, professionalism, and system-

based practice that were needed to provide optimal patient care. Next the resident answers the questions "What have we learned?" and "What will we improve?" These questions provide the resident with the essentials to create an action plan to make data-driven improvements.

The Healthcare Matrix is a beneficial tool that assists the resident to identify issues of

care, identify lessons learned and improvements needed, create action plans for improvement with accountabilities and timeline, and use quality improvement tools and methods to improve care.

For a copy of the Matrix and more information, visit the ACGME Outcome Project at www.acgme.org.

Policy Spotlight: AIRS

The Aid for Impaired Residents Program (AIRS) is a confidential health program that evaluates residents with psychological or substance abuse problems. This program offers residents assistance with managing their problems. Referrals can be received from co-workers, other healthcare colleagues, family members, or

the resident.

In the past, residents with substance abuse and psychological problems were usually dismissed from the program. With the AIRS program in place, residents are given the opportunity to return to the residency program after he/she has changed or modified

their behavior. Residents will receive health insurance benefits to pay for treatment costs.

The entire AIRS policy and benefits are available on the GME website at www.utmem.edu/gme.

10 Guidelines of Consultation

In an effort to improve consultations, Dr. Jim Lewis developed a survey to poll the residents' attitudes towards all aspects of consultations. After analyzing the survey results, Dr. Lewis developed 10 guidelines for improving attitudes and the environment surrounding consultations. The 10 guidelines include:

1. Always call in inpatient consults MD to MD. An allowable exception may be the junior intern closely supervised by the resident.
2. Primary team: leave your pager on into the early evening to receive information from consultants.
3. Primary team: ask consultants to answer a specific question.
4. Primary team: generally limit consults to inpatient issues if the patient is hospitalized. Exception is the need for urgent outpatient care.
5. Primary team: perform a history and physical examination and order appropriate lab before calling the consultant unless emergent care is needed.
6. Primary team: follow consultants' recommendations or verbally communicate disagreements to the consulting service. Refer unresolved management issues to the attending physician.
7. Consultant: respond politely, see the patient within 24 hours and involve your attending quickly.
8. Consultant: leave notes daily unless otherwise specified and leave a sign-off note addressing any follow-up issues.
9. Consultant: avoid writing excessive orders and verbally communicate potential areas of disagreement to the primary team. Refer unresolved management issues to the attending physician.
10. Consultant: establish service-specific guidelines to facilitate more appropriate consultations.

Residents are you Concerned? or Have Questions?

DIO Open Door Policy

When: 8am-4:30pm
Where: 920 Madison Suite C50
Who: Mary Ann Watson, DIO

Resident Resources-Computers

UTHSC Memphis residents have 24/7 access to two computer centers. The Resident Resource Center, located in the basement of the 920 Madison Suite C3, has seven computers with internet access, printing capabilities and PDA compatibility. The center also offers a small sitting area, microwave, and refrigerator for resident use. All residents can gain ac-

cess to the center by swiping their UT ID.

The Stollerman Resource Center located on the 5th floor of the Adams Building is available for residents rotating on MED services. It houses five computers with internet access and PDA compatibility. A small kitchen and eating area is provided for resident use. To gain

access to the Stollerman Resource Center the resident must purchase an access card on the first floor of the MED and have it activated in the Critical Care waiting area.

Both centers are maintained by the GME office for use by all residents. If you have any problems gaining access to the centers please call the GME office.

Resident Resource Center

920 Madison, C-3

Stollerman Resource Center, 5th floor Adams Bldg.

Make your concerns known!!!!

Confidential Resident Comments can be made at www.utmem.edu/GME

Did you know.....????

Top 10 Medical Schools represented by the UTHSC Housestaff:

- | | |
|---|---|
| 1. University of Tennessee (173) | 6. East Tennessee State University (11) |
| 2. Louisiana State University (29) | 7. Medical College of Georgia (9) |
| 3. University of Texas (25) | 8. Tulane University (9) |
| 4. King Edward Medical College, Pakistan (18) | 8. Indiana University (8) |
| 5. University of Mississippi (14) | Meharry (8) |
| | Nishtar Medical College, Pakistan(8) |

Accreditation Status Update

Geriatric Psychiatry Accreditation 3 year cycle

The GME Insider
UTHSC Graduate Medical Education
920 Madison Ave, Suite C50
Memphis, TN 38163



Upcoming Events (July-Sept)

Systems Based Lecture Series

North Auditorium, Coleman
Bldg
12-1pm
July: No Lecture
Aug 1st:
Sept 5th:

Program Coordinator's Meeting

North Auditorium, Coleman
Bldg
9-11am
July 10th
August 7th
September 11th

Graduate Medical Education Committee Meeting

12-2pm
July 25th
August 22nd
September 26th

Internal Reviews

Urology: August 2008

How Do I?

Future issues of the Newsletter will feature questions from program directors, program coordinators, and residents that focus on practical aspects of GME, along with the answer. Please submit questions to ahall32@utmem.edu

Suggestions? Comments? Please let us know what you would find useful in the UT GME Newsletter. Call 448-5364 or email ahall32@utmem.edu

NEW RESIDENT REMINDERS

The following items must be complete and/or sent to the GME Office before you will be placed on payroll:

1. Current Vaccinations including TB test
2. HIPAA Training Modules
3. Final Medical School Transcript

Questions? Call 448-5364