

New Year News & Challenges

Peter G. Coggan MD, MS Ed

Winter 2011

The beginning of the New Year is a good time to reflect on past successes and future challenges.

The old year gave us a continuation of our track record of "straight fives" in GME program accreditation. Our emergency medicine residency program is on a special eight year cycle. When this program is removed from the calculations, the average length of accreditation for our remaining 15 programs is almost five years, more than a full year above the national average. An accreditation visit for the GRMEP sponsoring institution is scheduled for April 19th. The other big news from 2010 has been the family medicine expansion grant of almost \$3.5 million. This achievement was a true collaboration among the family medicine residency faculty (notably Dr. vanSchagen), GRMEP staff, and the grant writing team at Spectrum Health. Our application, unlike many others, was funded in full. Plans to expand the program with the development of a new teaching clinic within Spectrum Health are moving ahead quickly and we expect the new clinic to be fully operational when the new resident class arrives in June.

The ACGME finally announced its revised work hour and supervision requirements in September. I say "finally" because we had expected the revisions to be published in the spring. Behind the scenes, the delays are testimony to the controversial nature of this issue and the difficulty experienced by the ACGME board in reaching a consensus. Overall, the recommendations contained few surprises. Perhaps the most challenging new requirement will be the implementation of a maximum 16 hour workday for first-year residents. The revised resident work hours requirements are embodied in the ACGME's common program requirements, which also contain language that defines resident supervision much more specifically than previously. For the first time they contain explicit statements that endorse the role of senior residents as supervisors of more junior residents. This has been a customary practice for decades, but precise language from the ACGME has been lacking. The new common program requirements also define much more precisely the supervisory role of residency faculty physicians. Teaching faculty are now required to be more available in person and more involved in directly supervising the residents. Simple availability by telephone will not be adequate.

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MSU/CHM: Update

Peg Thompson MD

The Fall has been busy for the College of Human Medicine with the official opening of the Secchia Center. For the first time in College history, we are offering all four years of medical school under one roof. In late August, we welcomed 100 first year students and 50 second year students to the new building. The transmission of first year basic science lectures between East Lansing, Southeast Michigan (for the College of Osteopathic Medicine) and Grand Rapids has gone relatively smoothly. First year students are studying gross anatomy through prosected specimens in the anatomy lab, and are learning the accompanying histology in the virtual microscopy laboratory. Our many small group study rooms are full in the evening, as students make use of the building at all hours. We have a fully staffed admissions office and are offering interviews at Secchia for medical school applicants.

Our Block III students (third and fourth year) are busy in clerkships and electives at Saint Mary's Health Care and Spectrum Health hospitals. We also have some students doing their ambulatory family medicine rotations at Lakewood Family Medicine in Holland, and two students in each Psychiatry clerkship are rotating at Holland Hospital. Fourth year students taking Emergency Medicine are getting experience in smaller hospital settings at Zeeland Hospital and at Gerber Memorial Hospital. As we anticipate the growth of our clinical campus to accommodate up to 75 students each in the third and fourth years, we continue to recruit teaching physicians and new clinical sites. As a part of CHM's new partnership with Zhejiang University in China, we are now offering a medical student elective in China.

An exciting feature of the Secchia Center is the fifth floor, which houses the Clinical Skills Teaching Area, as well as a geriatric simulation suite, a pediatric simulation suite, and an operating room simulation suite. Dr. David Lock accepted the position of Simulation Director at the College, and started in this role on October 1. He looks forward to collaborating with our community and our GME partners in further developing the facility and insuring that we maximize its use to benefit medical education for learners at all levels.

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MSU/CHM Secchia Center

New Year News & Challenges *(continued)*

Supervision can be thought of at three levels:

Direct Supervision, in which the supervising physician is physically present for, at least, the most critical part of the patient encounter.

Indirect Supervision, in which the supervising physician is physically located at the patient care site and immediately available in person to the resident, or is immediately available by phone.

Oversight, in which the supervising physician provides feedback at a later time.

It is clear that the precise definition of supervision will vary from program to program. For example, in the more procedurally oriented specialties direct supervision is a more frequent requirement. We have therefore asked each program to develop its own specific policies.

While the new requirements will change the way in which supervision is provided in some instances, several of our residency programs - for example, OB/GYN which changed its program requirements several years ago to require faculty to be present in the hospital - have already implemented direct supervision policies.

Now an increased supervision approach will be universal. While I believe the new requirements will lead to improved communication between residents and faculty, better learning and improved patient care, they also require a cultural change that will need to be carefully monitored. The ACGME has a very good table on its website comparing the old supervision policies with the new version. Please spend some time reviewing the differences at: <http://www.acgme.org/acWebsite/dutyHours/dh-ComparisonTable2003v2011.pdf> and watch for specific policies from the residency/fellowship in which you teach and learn.

GRMEP Family Medicine Residency Awarded HRSA Grant for Primary Care Residency Expansion

John vanSchagen MD

As the nation's population grows and ages, the need for well-trained primary care clinicians increases. There is a significant gap between the expected primary care physician supply, demand, and future need. In recent years, medical schools have increased or are planning to increase class sizes. However, increasing the number of medical school graduates alone does not increase the supply of fully licensed physicians, as completion of an accredited graduate medical education (GME) program is required to practice medicine. In Grand Rapids, GRMEP and its Michigan State University-affiliated Family Medicine Residency program have been investigating the possibility of expanding the number of slots from the current nine residents per class to a total of 13 per class.

With the assistance and support of Spectrum Health and its grant development team, GRMEP and the Family Medicine Residency applied last summer for a funding opportunity offered by the Health Resources and Services Administration's (HRSA) Primary Care Residency Expansion (PCRE) initiative. This grant program, part of the federal government's Affordable Care Act, was intended to award a total of \$168 million to approximately 105 applicants. The program was also available to existing general internal medicine and general pediatric medicine residencies.

We received notification on September 28, 2010 of a \$3.5 million grant aimed at increasing the number of residents trained in our primary care specialty. Over the course of five years, with four additional residents per year, the grant award funds the full amount requested including both direct and indirect costs of resident stipends and related expenses (e.g., fringe benefits and educational travel). The grant proposal was given a score of 97 out of 100 by the ORC in its award summary statement. It is interesting to note that while the average award from HRSA was intended to be about \$1.6 million per awardee, we were awarded twice that amount.

Remarkably, this is the first such grant applied for and awarded to GRMEP in collaboration with its hospital partners. While based primarily at Saint Mary's Wege Center for Health and Learning, the residency program support is shared by Spectrum Health, which had already generously agreed to fund the development and administration of a satellite outpatient teaching clinic. As Dr. Coggan has pointed out, this project "is an excellent example of the value of collaboration among GRMEP's partners".

Work is now under way to build a clinical site at Spectrum Health which will support this community-wide effort to expand primary care residency training. The new clinic will be in the 25 Michigan building, fifth floor. Faculty, staff and patients must be recruited for this facility and the additional residents are being interviewed through the ERAS match, with plans to start on July 1, 2011. The GRMEP/MSU Family Medicine Residency is both pleased and excited to be awarded this opportunity to improve the future access and quality of primary care to the citizens of our communities and the state of Michigan, and we look forward to the challenges of this project.

Upcoming Events

Match Day, Secchia
March 17, 2011

GRMEP Research Day
April 27, 2011
[Submit an Abstract](#)

New Resident/Fellow Orientation
June 15-30, 2011

New MSU/CHM Student Orientation
June 27-July 1, 2011

"Excellence in Clinical Teaching"
September 21, 2011

Teaching Resources
[Click here](#)

4th Annual “Excellence in Clinical Teaching”

Outstanding Educator Awards - 2010

Graduate Medical Education

Core Faculty

Stanley R. Sherman, MD
William B. Stratbucker, MD
Jeeva Subramanian, MD

Community Faculty

Barbara J. Bradley, MD
Stephen J. Macedo, MD
N. Debra Simms, MD

Housestaff Council Award

Dale E. McNinch, DO
David S. Duffey, DO

Undergraduate Medical Education

Core Faculty

John N. Sheagren, MD
Community Faculty
John P. Cantor, MD

Physician Assistant Education

Judith A. Amparo, DO
David J. Barney, PA-C
Kevin T. O’Connor, DO

Physician Assistant Education Team

Robert C. Richard, MD
Larry A. Brewer, PA-C
Paul H. Bryant, PA-C



For more information about the educational presentations, and photos from the Faculty Recognition Dinner [click here](#)

Writing Up Your Research - The Manuscript

GRMEP Research Department

So there you go, you’ve done the work, you’ve presented at a meeting, and now you’re settling down to write that manuscript. Sound rather daunting? Well, it shouldn’t, because you’ve already done most of the work. Your protocol is the first place to begin, because this really is the jumpstart for your manuscript. The significance statement, objectives, and methods for your proposal are now the introduction and methods for your paper. And remember that nice poster or oral presentation that you made, with all of those cool graphs and figures? That’s the results section for your paper. What’s left? One, a review of the literature to pick up any new references that weren’t available at the time you wrote your protocol, and two, a nicely detailed discussion and conclusion section, which will be an expansion of the discussion and conclusion that you used for your presentation. So what’re you waiting for, get crackin’!

Before You Begin

Identify a list of journals suitable for your manuscript. Once you have chosen an appropriate journal, make sure to review the author guidelines for submission before you begin writing your article. It is also useful to obtain a sample article from the selected journal and review the style and flow in one of their manuscripts. Every journal has their own specific set of guidelines, however, the sections described below typify the usual format.

Manuscript Layout

Title Page

- Descriptive title for the research; keep it tight, no 100 word titles
- Full names of all authors (e.g., Alan T. Norple, PhD)
- Institutions (e.g., Spectrum Health, Saint Mary’s Health Care)
- Programs (e.g., GRMEP/MSU Internal Medicine Residency)
- Corresponding author name and contact information

Introduction

As described above, this incorporates the significance and objectives sections of your protocol. In the first part of this section, you will use your references to establish any previous work related to your research question. (**HINT:** Doing this up front when writing your protocol will save you a lot of time and effort when you get around to putting your manuscript together.) This section should describe the gaping hole in the literature and how your specific aims will attempt to address it. The last one to two sentences of the introduction should be devoted to stating the objective(s) for the project.

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Writing Up Your Research - The Manuscript (*continued*)

Methods

This portion of your article encompasses the following sections from your protocol (study design, subjects, procedures, statistical plan). Traditionally, this grouping has been headed “Methods” or “Materials and Methods” but studies involving human subjects usually label this section “Patients and Methods”.

Design: You need to describe what research design was used in your study. Examples include case series, case-control, retrospective cohort, cross-sectional, prospective cohort and randomized controlled trial.

Subjects: You also need to provide your patient information but, truth be told, not all studies involve patients so adjust your heading accordingly. For example, you could have done an animal study, worked with cells or even run a meta-analysis. Assuming this is a clinical study, however, you need to provide information to your reader about where you obtained your subjects, over what time period and the specific inclusion and exclusion criteria used.

Procedures: This section basically describes your experimental treatments/interventions (if any), your methods of obtaining your data and a description of your variables. So, if you had a treatment to describe how you removed a patient’s spleen using two magnets and a bungee cord, that would go in here. Provide information about your primary outcome variable, as well as all secondary outcome variables. At times it will be necessary to define these variables, so please be precise.

Statistical Plan: Use this section to describe the statistical tests used, your sample size justification (if pertinent to your study) and your criterion for significance (e.g., $P < 0.05$).

Results

Here’s where you describe the results from your study. Make sure that the reader is very aware of what you consider to be the major findings from your project. This is also a place to remark upon some of the minor findings that did not make their way into any of your tables and figures. Pick out specific pieces of information on which you would like your reader to focus. Present comments or observations objectively. Don’t just regurgitate the same information that is already present in your tables and figures. (HINT: Do not place tables/figures/images in the results section. See below for how to format these).

Discussion

The discussion section is used to summarize the findings from your study and to interpret your results relative to current findings in the literature. Some journals combine this section with the conclusions.

Conclusions

The big finish, where you get to blow your audience away with your final, pithy comment(s). This should be brief, three sentences tops. If you’re at a loss for words, you can either do a combined discussion/conclusions section or just have a conclusions section that reiterates the importance of your study.

Tables/Figures/Images

Typically journals require a separate page for each table, figure or image. Tables should be numbered (e.g., Table 1) and have a descriptive title. Figures and images should be numbered (e.g., Figure 1) and have a descriptive title as well. Also, you will need a legend page to describe each figure or image. Journals have very specific requirements for image resolution, and all images must be scrubbed free of patient identifiers. For help with image preparation, contact the GRMEP Research Department.

Authoring/Proofreading/Reviewing Your Article

For every manuscript, there is usually one author who has the primary responsibility for writing the first draft. When complete, distribute the first draft to all co-authors so everyone can participate in the authoring/drafting process. This cycle of writing/revision is continued for each iteration of the draft. The next-to-last draft of the manuscript should be distributed to the Residency Research Director and the GRMEP Research Department for proofreading and editing. Comments should then be reviewed by all of the authors and used for the preparation of the finalized form of the manuscript. You should now be ready to fire it off.

Fools!! How Dare They Reject My Masterpiece!!

Don’t get frustrated or discouraged if your article is not accepted for publication. Pay close attention to the reviewers’ comments/suggestions for revisions. If your article is rejected without the option to revise and resubmit, make whatever revisions seem appropriate and submit it to another journal. If you need help or advice with this, contact the GRMEP Research Department (research@grmep.org).

Are You Aware of the IHI's Open School Resources?

The Institute for Healthcare Improvement (IHI) *Open School* offers online courses in patient safety, quality improvement and leadership. New courses will soon be added in patient and family centered care, teamwork and communication, and operations management. Certificates of completion and continuing education are available. Videos, podcasts, case studies and other excellent resources are also available on the IHI website.

Courses are free for students, residents and teaching faculty. To enroll, register at <http://www.ihl.org>. Please note that when completing the profile registration, you must designate yourself as "Teacher/Professor", "Intern or Resident" or "Student" for courses to be free.

Newsworthy Notes

The following GRMEP programs had ACGME site and application reviews in 2010:

- Family Medicine (continued accreditation for 4 years)
- General Surgery (outcome pending)
- Geriatrics Fellowship (approved for 3 years)
- Hospice and Palliative Medicine Fellowship (approved for 3 years)
- Pediatric Hematology-Oncology Fellowship (continued accreditation for 5 years)
- Plastic Surgery (outcome pending for 6 year integrated program)
- Vascular Surgery (5 year integrated program approved for 2 years)

Slated site reviews for 2011 include the Sponsoring Institution (GRMEP), Diagnostic Radiology, and Vascular Surgery Fellowship.

Congratulations to Anne Key and Kim Schultz for achieving national certification as Training Administrators of Graduate Medical Education (TAGME).

Alicia Halstead and Hilary Tien, Program Coordinators in Pediatrics, gave a presentation entitled "Communication Mistakes: Things I've Learned" at the Association of Pediatric Program Directors' Midwestern Regional Conference October 22nd in Columbus, Ohio.

MSU/CHM Update (continued)

As our local student body grows, so does our impact in the community. College of Human Medicine students are now required to complete 40 hours of service learning some time during their four years in medical school. The students are embracing the opportunities. During orientation, first year students traveled in small groups to offer an afternoon of service at places such as Mel Trotter Ministries, Clark Retirement Community, God's Kitchen, and St. Ann's Home, to name a few. Three of our current fourth year students spent a month during the summer mentoring two local high school students who are participating in the Grand Rapids Area Pre-College Engineering Program at Creston High School. Our students tutored the high school students in basic sciences, helped them to complete CITI training, and coached them in conducting interviews of various faculty members and administrators at the College. CHM students continue to partner with Ferris State University Pharm.D. students in the Engaged Partners Program, helping newly settled refugees learn about the American medical system.

Grand Rapids continues to be a wonderful place for medical students to learn, and for physicians and scientists to teach. We are grateful to our clinical, educational, and community partners for making it so.

The Teaching Moment

"When I go to a doctor, I should have somebody who I know is competent, who I know I can trust and who will put my interests first. Two of those three have nothing to do with science."

*Dr. Lucian Leape
Patient Safety Researcher, Harvard*

Want to be more involved?
Call or email us!

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