



GRMERC: Paving the Road for Growth in Health Care

Peter Coggan MD, MS Ed

The reason most people never reach their goals is that they don't define them, or ever seriously consider them as believable or achievable. Winners can tell you where they are going, what they plan to do along the way, and who will be sharing the adventure with them.

Denis Waitley (author of "The Psychology of Winning")

A goal without a plan is just a wish.

Antoine de Saint-Exupery (1900-1944)

My last newsletter column spoke of the changes facing us as GRMERC continues to evolve. The road map defining our goals is the Mission and Vision statement that you have in your office or work area. Flowing directly from it is a plan for the growth of our GME programs and, as part of the plan, we have already seen an expansion of our primary care residencies in this year's Match. The GRMERC Annual Report, distributed in April, summarizes plans for the upcoming year to develop new residency and fellowship programs in the areas of:

- Palliative Care Medicine
- Cardiology
- Foot and Ankle Surgery
- Psychiatry
- Pulmonary/Critical Care
- Geriatrics
- Gynecology-Oncology

To date, program development is proceeding well for several fellowships. The palliative care fellowship has assured funding for the first two years from donors to Hospice of Michigan. A program director, John Mulder MD, has been appointed. We hope to have a fellow in place this summer and will be submitting an application for ACGME approval within the next few months. We also anticipate receiving funding for a foot and ankle fellowship linked to the orthopedic surgery residency program. Planning for a cardiology fellowship, led by John Sheagren MD, is proceeding well; the next step will be the recruitment of a program director. The psychiatry residency, based at Pine Rest, may be delayed somewhat because of personnel changes at Pine Rest. Funding for a geriatrics fellowship is being sought through a federal grant and philanthropy.

The drivers behind this expansion are threefold. First, to respond as best we can to anticipated physician need in western Michigan. Second, to offer fellowships for the graduates of our base residencies to increase their options locally and improve recruiting to the parent programs. Third, to stimulate scholarship among the faculty and residents in our programs because they will constitute the residencies and fellowships of academic departments as the four year MSU CHM campus is established.

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Summer 2008

Event Calendar

For more info click

[CME Conferences](#)

or visit

www.grmerc.net

New Resident Orientation

June 16-27, 2008

New MSU/CHM Student Orientation

June 30-July 3, 2008

Excellence in Clinical Teaching & Faculty Recognition Dinner

October 22, 2008

City-wide Faculty Grand Rounds on Clinical Teaching

East Auditorium
(Butterworth)
Yaw Auditorium
(Blodgett)

October 23, 2008

7:30-9 am

MSU/CHM: The Season of Change

Peg Thompson MD



234 Division

The spring brought good news for CHM seniors in Grand Rapids, and continued progress in preparing for the first group of second year students to start here in August.

Our seniors had remarkable success in the Match, which took place on March 15. Seven of our graduates will enter residency programs through GRMERC, while the remainder of the class will be scattered from coast to coast in programs as far away as California, Oregon, Boston, and Florida. The Student Services team of Andrea Berry, Camille Bodziak, Marie Gilbert and Susan Schmidt provided outstanding support for students going through the match process, and organized the terrific Match luncheon and subsequent reception at GRMERC. We are currently preparing for the orientation of 34 new third year students who will arrive at GRMERC on June 30.

Meanwhile, a mile down the road at 234 North Division, a team led by John O'Donnell, MD, Assistant Block II Director, is preparing for the rollout of the Block II (second year) curriculum in August. Our newest faculty and staff additions include Dan Gerbens, PhD, as Director of Student Affairs. Dan comes to us from Grand Valley State University where he has been a very effective premedical adviser. We have hired Ryan Tubbs as the Director of Academic Support. She has been working with the Academic Support team at CHM in Grand Rapids and will shift her efforts to full time starting in July. Kelli Chapman is our PBL coordinator and Amy Morris will be our Clinical Skills Coordinator.

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GRMERC: Paving the Road for Growth in Health Care (continued)

Our plans are dependent on securing funding for the fellowships since we are at our GME “cap” and will not receive additional support from federal or state sources. In addition, we have looked for champions who can take a leadership role in developing new programs. Fortunately, we have received strong support from our hospital partners and the physician community to move forward with fellowship planning.

What will be the impact of these new programs on GRMERC? In addition to increasing the resources we currently provide for all of our existing programs, an expansion of research support, faculty development and seed money for research projects will be required to meet the scholarship requirements for fellowships.

We have the team in place to accomplish our goals. I invite your active participation and collaboration and look forward to sharing the adventure with you.

Overcoming Barriers to Clinical Research Part 2: Failure to Anticipate Murphy’s Laws

Jeff Jones MD

“Murphy was an optimist.”

- Anonymous

Ever since the first scientific experiment, man has been plagued by the increasing antagonism of nature. It seems only right that nature should be logical and neat, but experience has shown that this is not the case. A series of rules has been formulated, designed to help the investigator accept the pigheadedness of nature (See [Murphy’s Laws in Clinical Research](#)).

Anticipate that “Murphy’s Law” will infiltrate literally every single step in your research project. Try to think of every possible way in which the study can run into difficulties and account for each one of those. Show the study protocol to your colleagues and ask opinions on the protocol well in advance of starting the project itself. If available, seek out others who have done similar work who may even be outside your institution.

Always try to solicit feedback from those individuals who would actually be identifying and recruiting patients, and collecting the data themselves. In addition, look at your study from the point of view of the patient. How would you react to being approached as a potential subject for this kind of research project?

When addressing potential study difficulties, don’t be limited by what has been done in the past. Try to think of as many creative answers as possible. For example, one investigator had great difficulty getting exact times of medications and patient interventions for a study in the pre-hospital setting. Times actually filled in on run sheets tended not to be very accurate. The answer was to provide mini cassette recorders. The paramedics turned the cassette on as soon as they contacted the patient, and talked constantly regarding the events of the patient resuscitation, timing of medications, etcetera. Reviewing the tape with a stopwatch provided a clear and accurate record of the sequence and timing of each event down to the exact second. It ended up being minimally intrusive to the paramedics who were providing care and greatly improved the quality of data for the study.

When problems in carrying out your research begin to look insurmountable and overwhelming, enlisting a colleague to work with you on the project can be an enormous help. My guess is that far more studies are completed that have two or more researchers than those that have one. When the inevitable problems get one person down, there is someone else who still has the energy to deal with them, enabling the project to move forward. Although it is heartily recommended that you work with a colleague, it may be more difficult to find a question that interests both of you and meets all the criteria.

A pilot study may reveal fundamental problems in the logic that leads to the hypotheses, in which case a major revision of the research questions may be in order. Lesser flaws may require only simple changes in the measuring instrument or subject selection criteria to make the project satisfactory. Some modifications of the original proposal are almost always necessary, so pilot studies invariably improve the design and data of the final project. It is always worthwhile to take the time and effort to perform a pilot study.

Want to be more involved?

Call or email us!

**MSU/CHM Block II
(2nd year)**

odonnell5@msu.edu
616.732.6208

Research

research@grmerc.net
616.732.6223

**MSU/CHM Clinical
Experiences**

andrea_berry@grmerc.net
616.732.6205

GME

gme@grmerc.net
616.732.6204

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Research Day 2008

The Teaching Moment

“A great teacher is one who realizes that he himself is also a student and whose goal is not to dictate the answers, but to stimulate his students’ creativity enough so that they go out and find the answers themselves.”

Herbie Hancock

- ACGME Core Competencies**
- PATIENT CARE**
What we do
 - MEDICAL KNOWLEDGE**
What we know
 - PRACTICE BASED LEARNING & IMPROVEMENT**
How we get better
 - INTERPERSONAL & COMMUNICATION SKILLS**
How we interact
 - PROFESSIONALISM**
How we behave
 - SYSTEMS BASED PRACTICE**
How we work in the healthcare system



[Click here for more pictures from the event](#)

For over 40 years, the Grand Rapids Medical Education and Research Center for Health Professions (GRMERC) has sponsored an annual Research Day. Every April, this special forum provides an opportunity for local residents, medical students, health professional students, and attendings to present the latest findings from their research studies. Research Day continues to grow with over 130 presentations in 2008. Visit our website for a recap of the event, award winners and more pictures at www.grmerc.net/research/researchday/research_day_recap.html.

MSU/CHM: The Season of Change (Continued)

We continue to prepare the building at 234 North Division as the temporary home of the Block II program until the Secchia Center is complete in 2010. A few of our incoming Block III students tested the facility, as we made it available to them in May as a quiet place to study for the USMLE Step 1 exam. We anticipate that the building will be completely furnished by mid-June. When fully functional, the technology in the building will be capable of streaming live lectures to and from East Lansing, allowing interaction between Grand Rapids students and East Lansing students for required lectures as well as elective experiences. Jerry Kooiman, Director of Community Relations for CHM, has been instrumental in coordinating the retrofitting of the building and events such as the vendor fair that we held in April.

This is the season for change. We are preparing for the arrival of 34 new third year students in July, and 50 second year students at the end of August. We look forward to establishing connections between students in the preclinical and clinical programs.

Match Day 2008



Match 2008 proved to be another outstanding year for the MSU/CHM Class of 2008 and for GRMERC residency programs.

For pictures and match results for the Grand Rapids medical students, visit our website at: www.grmerc.net/education/msuchm.html.

The GRMERC Residency Match results are available at: www.grmerc.net/education/residentmatch.html.

Join us in welcoming our new residents and saying goodbye to an excellent group of medical students.

Overcoming Barriers to Clinical Research (continued)

The GRMERC Research Department serves as a valuable resource for residents, attendings and health professions students who need assistance with their research. Staff are available for consultation with regards to the development, implementation and presentation of a research project. In addition, their website provides a variety of convenient and useful information to assist the novice or experienced investigator. Researchers can request specific types of assistance using the **online help forms** (<http://www.grmerc.net/research.html>) and download the **Survival Guide to GRMERC Research** (<http://www.grmerc.net/research/survival.html>), a complete guide to the resources available through GRMERC and other local institutions.

Other useful tools include:

Protocol Guidance: <http://www.grmerc.net/research/projectdev.html>

Poster Templates: <http://www.grmerc.net/research/researchday/posterguide.html>

Oral Presentations: <http://www.grmerc.net/research/researchday/powerpoint.html>

Manuscript Preparation: http://www.grmerc.net/research/pub_prep.html

GRMERC Research

Email: research@grmec.net

Website: www.grmerc.net/research.html

Those looking to conduct research at Spectrum Health and/or Saint Mary's Health Care will soon be required to complete the online research training course through [CITI](#).

Interdisciplinary Education in Grand Rapids

Maureen Ryan MSN, RN, CS



According to a 2000 report by the Institute of Medicine, as many as 98,000 people die in United States hospitals each year because of lapses in patient safety due to faulty systems. Studies have demonstrated that use of interdisciplinary health care teams reduce medical errors, improve access to care, improve patient outcomes, increase the role satisfaction of providers and result in decreased costs through reduction in the length of hospital stays and decreased hospital admissions.

There are several key concepts inherent in any interdisciplinary collaboration including trust, knowledge, shared responsibility, cooperation, respect, coordination, communication and optimism. The development of collaborative relationships is a process that takes time. Members of a team need to have flexible roles where each person can contribute expertise to patient care, experience and resolve conflict, and share the responsibility of assuming leadership roles as needed. Training to develop teamwork skills is generally required for an interdisciplinary team to work effectively.

In an effort to prepare the health care leaders of the future who will transform the current health care system and improve patient care, a consortium of health professions educators have joined together to investigate the possibility of developing joint learning opportunities for medical students, residents, nursing students, physician assistant students and other allied health care professionals. Jean Nagelkerk PhD, Vice Provost for Health at Grand Valley State University, has brought together representatives of the Michigan State University College of Human Medicine, Grand Rapids Medical Education and Research Center (GRMERC) and Grand Valley State University health professions in an effort to develop interdisciplinary learning opportunities throughout the West Michigan area. The group has been meeting since fall of 2007 and has discussed many learning opportunities such as shared educational courses, shared patient simulations using model patients with post experience debriefing, interdisciplinary teams formed to conduct root cause analysis of clinical situations, and even interdisciplinary shadowing to gain insight into each others' roles. The goal of the group is to transform the culture of health education and thereby clinical practice by structuring collaborative educational and clinical experiences between faculty and learners to foster mutual understanding, facilitate the development of teamwork skills and prepare students to enter into practice with the skills and experiences necessary to work together to improve patient care and outcomes.

Newsorthy Notes

Jerrell Ingalls, MD won an award in the Resident Research Forum Competition at the Michigan Radiological Society Annual Resident Conference. GRMERC radiology residents also took first place in the quiz bowl, beating all 7 Michigan radiology residency programs.

Poster entitled "COMPETENCY-BASED PROGRAM DIRECTOR EVALUATION: A DRIVER FOR LEARNING, FACULTY DEVELOPMENT AND INSTITUTIONAL QUALITY IMPROVEMENT" (authors: Linda C. Youmans, MA; Nancy J. Bolthouse, SPHR; Virginia A. Riisberg, BS; Peter G. Coggan, MD, MS Ed) received the Poster Committee's first place award as well as second place viewer's choice award at the May 2008 Association for Hospital Medical Education (AHME) meeting in San Diego.

doc Editorial & Design Team

Andrea Berry
Tracy Frieswyk
Linda Youmans

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