No disclosures or conflicts
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
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<tbody>
<tr>
<td>8:00am</td>
<td>McGaw Update &amp; Presentation of Award</td>
</tr>
<tr>
<td></td>
<td>Joshua Goldstein, MD, DIO</td>
</tr>
<tr>
<td></td>
<td>Associate Dean for Graduate Medical Education</td>
</tr>
<tr>
<td></td>
<td>Northwestern University Feinberg School of Medicine</td>
</tr>
<tr>
<td></td>
<td>Nancy Parlapiano</td>
</tr>
<tr>
<td></td>
<td>Executive Director of Graduate Medical Education</td>
</tr>
<tr>
<td></td>
<td>Northwestern University Feinberg School of Medicine</td>
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<tr>
<td>9:00am</td>
<td>Resident Wellness Update</td>
</tr>
<tr>
<td></td>
<td>Ashley Bassett, MD</td>
</tr>
<tr>
<td></td>
<td>Housestaff Wellness Program Liaison</td>
</tr>
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<td>McGaw Medical Center of Northwestern University</td>
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<tr>
<td>9:30am</td>
<td>Break</td>
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<tr>
<td>9:45am</td>
<td>Resident Quality Metrics</td>
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<td></td>
<td>Abra Fant, MD</td>
</tr>
<tr>
<td></td>
<td>Director for Patient Safety and Quality Improvement</td>
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<td></td>
<td>McGaw Medical Center of Northwestern University</td>
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<tr>
<td>10:00am</td>
<td>Resources in NUCATS for Investigator Development and Support</td>
</tr>
<tr>
<td></td>
<td>Richard T. D'Aquila, MD</td>
</tr>
<tr>
<td></td>
<td>Director, Center for Clinical Research, Northwestern University Clinical and Translational Sciences (NUCATS) Institute</td>
</tr>
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<td></td>
<td>Northwestern University Feinberg School of Medicine</td>
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<tr>
<td>10:45am</td>
<td>Diversity and Inclusion in GME: Strategies for Recruitment and Retention</td>
</tr>
<tr>
<td></td>
<td>Linda Suleiman, MD</td>
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<td></td>
<td>Director of Diversity and Inclusion</td>
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<td>McGaw Medical Center of Northwestern University</td>
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<tr>
<td>11:15am</td>
<td>Questions and Answers with the Dean</td>
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<tr>
<td></td>
<td>Eric G. Neilson, MD</td>
</tr>
<tr>
<td></td>
<td>Vice President for Medical Affairs and Lewis Landsberg Dean</td>
</tr>
<tr>
<td></td>
<td>Professor of Medicine and Cell &amp; Molecular Biology</td>
</tr>
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<td></td>
<td>Northwestern University Feinberg School of Medicine</td>
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<tr>
<td>11:35am</td>
<td>Closing Remarks</td>
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<td></td>
<td>Joshua Goldstein, MD</td>
</tr>
<tr>
<td></td>
<td>Associate Dean for Graduate Medical Education</td>
</tr>
</tbody>
</table>
Prior recipients

Aashish Didwania (2018)
Jim Sliwa (2017)
Joan Anzia (2016)
Walter Eppich (2016)
Michael Schafer (2015)
Jonathan P Fryer, MD

Vice Chair for Education, Department of Surgery
Dean Richard H. Young and Ellen Stearns Young Professor
Professor of Surgery (Organ Transplantation)
McGaw Overview

• Continued accreditation by ACGME effective January, 2019
• 105 training programs accredited by ACGME
24th largest GME sponsor by total trainees

<table>
<thead>
<tr>
<th>Sponsor Number / Name</th>
<th>Institution City</th>
<th>Institution State</th>
<th>Number of Programs</th>
<th>Number of Residents</th>
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<tr>
<td>305903</td>
<td>Icahn School of Medicine at Mount Sinai</td>
<td>New York</td>
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<tr>
<td>308611</td>
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<td>418604</td>
<td>UPMC Medical Education</td>
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<td>359014</td>
<td>Zuckerberg School of Medicine at Hofstra/Northwell</td>
<td>Great Neck</td>
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<td>360112</td>
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<td>359691</td>
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<td>650717</td>
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<tr>
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<td>Jackson Memorial Hospital/Jackson Health System</td>
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<td>MedStar Health</td>
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<td>470017</td>
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<td>340341</td>
<td>Massachusetts General Hospital</td>
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<tr>
<td>360222</td>
<td>Duke University Hospital</td>
<td>Durham</td>
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</tbody>
</table>
New updates

• ACGME new common program requirements
• Visa and licensing
• Electives / away rotations / affiliation agreements
• Wellness vs. disciplinary action vs. fitness for duty
• When to engage McGaw in underperformance
• New McGaw policies
• Minimum training requirements
New ACGME common program requirements

https://www.acgme.org/What-We-Do/Accreditation/Common-Program-Requirements

Different residency vs. fellowship common requirements

• I. Oversight
• II. Personnel (PD and core faculty)
• III. Resident Appointments
• IV. Educational Program
• V. Evaluation
The effective date of the major revision of Sections I-V of the ACGME Common Program Requirements is July 1, 2019. However, because Sponsoring Institutions and programs will need time to comply with some new requirements, no citations will be issued on those requirements before July 1, 2020.

Programs, in partnership with their Sponsoring Institutions, must begin working toward the implementation of all new elements immediately. While citations may not be issued on these areas until 2020, Review Committees may issue Areas for Improvement (AFIs) related to these requirements in the interim.

Note: Philosophical sections and background and intent are not included in the table below, as they are not subject to citation.

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Subject to Citation</th>
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<tbody>
<tr>
<td>I. Oversight</td>
<td></td>
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<tr>
<td>I.A. Sponsoring Institution</td>
<td></td>
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<tr>
<td>I.A.1. The program must be sponsored by one ACGME-accredited Sponsoring Institution.</td>
<td>July 1, 2019</td>
<td>July 1, 2020*</td>
</tr>
<tr>
<td>I.B. Participating Sites</td>
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<tr>
<td>All Common Program Requirements in section I.B. will be subject to citation on July 1, 2019.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I.C. The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
New program requirements: highlights

Oversight

• The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

• The program must report circumstances when the presence of other learners has interfered with the residents’ education to the DIO and Graduate Medical Education Committee (GMEC)
New program requirements: highlights

Personnel

• PD must have authority to develop and oversee a process to evaluate candidates prior to approval as program faculty members for participation in the residency program education and at least annually thereafter, as outlined

• Have the authority to approve program faculty members for participation in the residency program education at all sites

• Have the authority to remove program faculty members from participation in the residency program education at all sites
New program requirements: highlights

Faculty

- Faculty must pursue faculty development designed to enhance their skills at least annually
- Demonstrate a strong interest in the education of residents
- Regularly participate in organized clinical discussions, rounds, journal clubs, and conferences
New program requirements: highlights

Resident appointments

• Programs must receive verification of each resident’s level of competency in the required clinical field using ACGME, CanMEDS, or ACGME-I Milestones evaluations from the prior training program upon matriculation
New program requirements: highlights
Educational program

• A set of program aims consistent with the Sponsoring Institution’s mission, the needs of the community it serves, and the desired distinctive capabilities of its graduates.
• The program’s aims must be made available to program applicants, residents, and faculty members.
• The program must integrate all ACGME Competencies into the curriculum.
• The program must provide instruction and experience in pain management if applicable for the specialty, including recognition of the signs of addiction.
• The program must demonstrate dissemination of scholarly activity within and external to the program.
New program requirements: highlights

Evaluation

• Faculty members must directly observe, evaluate, and frequently provide feedback on resident performance during each rotation or similar educational assignment.

• At least annually, there must be a summative evaluation of each resident that includes their readiness to progress to the next year of the program, if applicable.

• The final evaluation must: verify that the resident has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice; consider recommendations from the Clinical Competency Committee; and, be shared with the resident upon completion of the program.
## Visa and licensing

<table>
<thead>
<tr>
<th>J1</th>
<th>H1B</th>
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<tbody>
<tr>
<td>Training</td>
<td>Employment</td>
</tr>
<tr>
<td>Paid for by trainee</td>
<td>Paid for by program (apx $8K)</td>
</tr>
<tr>
<td>Requires home return</td>
<td>Pathway for permanent residency</td>
</tr>
<tr>
<td>No GME review</td>
<td>Required DIO review and approval before ranking</td>
</tr>
</tbody>
</table>
Visa and licensing

- Programs can opt to rank J1 and H1B, just J1, or neither
- Program visa policy must be posted and consistent
- Applicants must be made aware of visa policy
- Anticipate longer than usual delays for visa holders
- Delays can be at times months long
Visa and licensing

- IDFPR has a highly variable practice in reviewing nonstandard applications
- IDFPR board meets monthly
- Delays can be weeks to months and are difficult to predict
- Strongly recommend a direct phone conversation with current training director if there are questions about applicants
- PDs should carefully review all applications for red flags and review with DIO:
  - Arrests (felony or misdemeanor)
  - Gaps in training
  - Transfers
Wellness versus Fitness for Duty

Case

It's mid-winter and a PGY1 who had been a middle of the pack trainee has been coming late for work and having poor clinical performance. You are aware that they recently had a death in the family and broke up with their partner. The trainee seems somewhat sad during the day when you see them in the hall.
Fitness for duty (FFD) evaluations

https://www.mcgaw.northwestern.edu/policies/index.html

- Fitness for duty (FFD) evaluations are very different than wellness reviews or assessments
- Housestaff must remain fit for duty at all times, which means that they must be able to perform their duties in a safe, appropriate, and effective manner. McGaw, through a clinical department Chair, Program Director, or Associate Dean for Graduate Medical Education/Designated Institutional Official (“DIO”)/Vice President for Academic Affairs may require that a housestaff member be removed from clinical care and undergo a fitness-for-duty evaluation at any time if apparent cause or reasonable suspicion exists to believe that a housestaff member is impaired or otherwise unfit.
Fitness for duty (FFD) evaluations

• The housestaff member will remain on paid leave pending completion of the fitness-for-duty evaluation.
• The fitness-for-duty evaluation may be undertaken in conjunction or in parallel with other investigations or disciplinary actions.
• A fitness-for-duty evaluation will become part of the housestaff’s permanent file.
Wellness versus Fitness for Duty

Discuss with DIO

- Patient safety and risk
- Trainee safety and risk
- Documentation and supporting data
- Trainee insight
FFD vs. Remediation

FFD
- safety concern
- immediate
- trainee pulled from service
- not optional
- must involve McGaw
- not confidential to program and McGaw

Wellness
- no safety concern
- weeks /months
- trainee can stay on service
- optional to trainee
- confidential to program and McGaw
Away rotations and agreements

https://www.mcgaw.northwestern.edu/directors/resources/elective-gme-rotation%20.html

- Requires affiliation agreement
- Requires approval by PD, base hospital, and McGaw
- At minimum 60 days but suggest longer
- Trainees should not make travel plans until approved
- International rotations reviewed by Center for Global Health
International rotations

https://www.globalhealth.northwestern.edu/education/affiliations/index.html

- Affiliated partners preferred
- CGI review any global electives
  - At least 4 weeks
  - Clear educational goals
  - Mentorship and site supervision
  - Waiver and safety plan
- GeoBlue health insurance
  https://www.geo-blue.com/
International rotations

https://travel.state.gov/content/travel/en/traveladvisories/traveladvisories.html

- Be aware of State Department risk level
- Base hospital has to assess legal risk
- 2/3 higher requires higher level of scrutiny
- 4 is highly likely no
- 5 is automatic no
Away rotations and agreements

Affiliation agreement

- Three party legal document between McGaw, base hospital, and host site
- NOT PLA
- Covers malpractice insurance, stipend coverage, and risk assignment for non-malpractice issues
- Each host site as well as McGaw has their own template
- Three lawyer discussion which can lead to delays
Identifying struggling trainee

Document all inputs in file
Documenting underperformance

“cup of coffee”
- General concerns
- Opportunity for improvements
- Document in file

Letter of concern
- Consider DIO review
- Review with CCC
- Document in file

Disciplinary action
- Significant deficiency
- McGaw template
- Review with CCC and Chair
- Mandatory DIO review
- Permanently in file
What to document

- Specific nature of concerns
- Supporting documentations
- Clear remediation plan
- Possible outcomes
- Length of intervention
- Wellness resources
- CCC review (warning and disciplinary action)

Call DIO with any questions
New McGaw policies

Social media

- Housestaff must be cautious in using social networking such as Facebook, Twitter, blogging etc. The profession of medicine is founded on the highest standards of conduct because of the great level of trust patients place in medical professionals. McGaw housestaff must demonstrate a high standard of conduct, through sound judgment, personal perception, integrity and accountability. Posting items that represent unprofessional behavior, disparage colleagues, rotations or other members of the health care team, release patient health information, violate HIPAA standards or Northwestern University or base hospital policies on social networking sites is prohibited and will result in disciplinary action. Photography of patients and cadavers is never allowed.
New McGaw parental resources
https://www.mcgaw.northwestern.edu/benefits-resources/benefits/family-resources.html

<table>
<thead>
<tr>
<th>Family Resources</th>
<th></th>
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<tbody>
<tr>
<td>Benefits Guide</td>
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<tr>
<td>Time Away From Training</td>
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<td>Days of Observance</td>
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<td>In-Training Finance Management</td>
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<td>Wellness</td>
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<td>Parking</td>
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<td>Family Resources</td>
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<td>Educational Resources</td>
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<td>Activities Around Chicago</td>
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<td>Childcare</td>
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<td>Expectant Parents</td>
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<td>Infertility Treatment</td>
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<td>Lactation Rooms</td>
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<tr>
<td>New Parent Resources</td>
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</table>
Minimum position requirements

• Akin to a “job description”
• Should be posted on website and available to applicants before ranking
• Balance between general and specific
• Focus on required tasks
  - Call
  - Clinical coverage
  - Physical skills
• Program specific
Program Director’s Retreat
2019

Nancy Parlapiano
Executive Director for Graduate Medical Education
McGaw Medical Center of Northwestern University
### Key Administrative Points

**Complements & Quotas**

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Approved Resident Positions</td>
<td>60</td>
</tr>
<tr>
<td>Total Filled Resident Positions</td>
<td>61</td>
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<tr>
<td>Temporary Increase**</td>
<td>4</td>
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<tr>
<td>Effective from 07/01/2015 thru 06/30/2019</td>
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</table>

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents. **Temporary increase(s) not reflected in the approved positions.*
Key Administrative Points

Complements & Quotas
Key Administrative Points

Complements & Quotas

• Manage an ongoing tracking sheet to forecast impact on future training years
Key Administrative Points
Complements & Quotas

• Manage an ongoing tracking sheet to forecast impact on future training years
Key Administrative Points

Deadlines

- **Original Accreditation Date**: March 21, 1986
- **Accreditation Status**: Continued Accreditation
- **Effective Date**: January 29, 2019
- **Accredited Length of Training**: 4 Year(s)
- **Program Format**: Standard
- **Case Logs**: Use Required by ACGME

**Last Site Visit Date**: April 13, 2015
**Date of Next Site Visit (Approximate)**: No Information Currently Present
**Self Study Due Date (Scheduled)**: April 30, 2019
**10 Year Site Visit (Approximate)**: October 01, 2020

**Total Approved Resident Positions**: 84
**Total Filled Resident Positions**: 75
**Temporary Increase** **Effective from 07/01/2016 thru 06/30/2021**

- **Complement Breakdown: Approved**
  - Years: 1, 2, 3, 4, Total
  - Approved: 21.0, 21.0, 21.0, 21.0, 64.0

- **Complement Breakdown: Filled**
  - Years: 1, 2, 3, 4, Total
  - Filled: 13.0, 22.0, 20.0, 20.0, 75.0

*Total filled will reflect the previous academic year until the annual update is completed for the current academic year. Totals may vary from year to year due to off cycle residents. **Temporary Increase(s) not reflected in the approved positions.**
Key Administrative Points

Deadlines

**JAN 31**
- **11:59 p.m. ET**: Program quota change, program withdrawal, and program SOAP participation status deadlines

**FEB 20**
- **9:00 p.m. ET**: Rank Order List Certification Deadline
  - Program reversion deadline

**MAR 11**
- **Match Week Begins**
  - **11:00 a.m. ET**:
    - Applicant “Did I Match?” and program “Did My Program Fill?” information available
    - Supplemental Offer and Acceptance Program (SOAP) begins

**MAR 14**
- **8:00 a.m. ET**: Confidential Advance Data Tables report available to medical schools, programs, and institutions
- **11:00 a.m. ET**: SOAP ends
- **2:00 p.m. ET**: Program Confidential Roster of Matched Applicants report available (by email and R3 system)

**MAR 15**
- **Match Day!**
  - **1:00 p.m. ET**: Applicant Match results available *(in the R3 system)*
Wellness Program Liaison Message

Hello residents and fellows!

I am excited to introduce myself as the Northwestern McGaw Resident Wellness Liaison. We know that your lives as residents and fellows are incredibly busy and complicated, and we also know that physicians are vulnerable to mood disorders, anxiety, and substance use problems.

My commitment as wellness liaison for McGaw is to help make mental healthcare accessible. Meeting or talking with me is free of cost to residents and fellows, and except in cases of imminent harm, our conversation will be fully confidential. Depending on your needs, we can speak on the phone or meet in person to talk about the issue at hand. If ongoing treatment is needed, my goal will be to connect you with a local psychiatrist, therapist, or provider who meets your particular needs.

If you are struggling with a mental health issue, please consider reaching out for help. These problems do have solutions and they are easier to manage together.

Ashley Bossett, MD
Housestaff Wellness Program Liaison
25 E. Washington Street, Suite 1601
312-834-3814
Highlights: McGaw Support & Policies

Time Away From Training

- **Vacation Leave** is mandatory each academic year unless prohibited by your Board
  - PGY1 = 3 weeks
  - PGY2 and above = 4 weeks

- **Sick Leave** = 10 days
  - Outside of these days, trainees must be released from duties for doctor appointments with appropriate frequency.

- **Parental Leave** following new child = 14 days
Highlights: McGaw Support & Policies

Clinical Scholars Programs

McGaw Medical Center of Northwestern University

Benefits and Resources

Benefits

Educational Resources

Housestaff Research Portal
Interesting Readings
Kellogg Fast-track MBA

McGaw Clinical Scholars Programs

Bioethics Clinical Scholars Program
Global Health Clinical Scholars Program
Health Equity and Advocacy Clinical Scholars Program
Medical Education Clinical Scholars Program

In an effort to offer residents and fellows a broad educational experience, McGaw has worked to develop clinical scholar programs for those housestaff with specialized interests and anticipated career paths.
McGaw Medical Center of Northwestern University and Northwestern University Feinberg School of Medicine are committed to building a diverse faculty, workforce, trainee, and student community. We
McGaw-based Resources for PDs

Resources

Graduate Medical Education program management has many moving parts. The GME office at McGaw Medical Center wants to help staff manage Northwestern programs with professionalism, and develop a consistent approach across all programs. Find valuable information and assistance via the links below.

- **Accreditation Council of Graduate Medical Education**
  Find information on interactions with ACGME.

- **Assessing Learners in the Workplace**
  Recorded TIME lecture with Dr. Brigid Dolan on guiding learners to provide safe and effective care.

- **Conflict of Interest**
  Find template slides for faculty presentations.

- **Coordinator Retreat**
  Connect with peers on shared challenges and concerns.

- **Director Retreat**
  Attend this annual event, an opportunity to learn and share experiences.

- **Faculty Development Learning Modules**
  Online modules designed for medical educators to meet a diverse array of GME needs.
Q and A

• How are the new research opportunities with the new building going to translate into training experiences?
• How do you see the role of non-accredited (nonstandard) advanced training fellowship changing over the next few years?
• How is Feinberg addressing medical student debt and will this impact residency selection?
• Are there plans to address IT and statistic support for PDs and trainees?
• How will the expansion of NMHC sites to the west and north regions affect GME training?
Q and A

• We need more prelim medicine spots for our residents - this is a major reason we lose potentially strong candidates for our program is lack of a guaranteed medicine prelim spot. How can this be addressed at Northwestern or in collaboration with any other programs in the city?

• Work space and consistent conference space constrictions are a limiting factor in productivity and education for our residents. Many nursing education rooms, conference rooms, etc. are booked but not regularly used - I suggest a task force to investigate the actual use of rooms and time spent in them to free them up if they are not being used.

• How are the “Deans Quality Metrics” used and is there any consideration of modifying the elements? Has there been any discussion about finding additional metrics that predict long term funded scientific success?
Q and A

• Are we letting resident feedback water down the quality of our training and if so what can be done in the current social and educational climate to address this trend?
• Our program desperately needs to expand to improve the service/education balance for our residents, accommodate increasing volumes of patients, and most importantly to allow for more outpatient educational opportunities. We are told that other programs need to expand more urgently - will resources become available any time soon to allow for expansion? What do you suggest programs do if they are denied expansion simply on the grounds of available GME resources?