THE UNIVERSITY OF ARIZONA
COLLEGE OF MEDICINE TUCSON
Graduate Medical Education
South Campus

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College of Medicine
at South Campus

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The University of Arizona College of Medicine at South Campus (UACOM-SC)
Graduate Medical Education Committee Report
To the General Faculty, Major Participating Institutions and
Arizona Board of Regents
November 2018 (AY 18)

GME Committee (GMEC)

1. **Overview**: The UACOM-SC GMEC is currently in its 12th year of operations. The committee, composed of program directors, program coordinators, peer-selected residents from each program, quality officer from the primary teaching hospital and administrators, meets monthly. The committee's charge is to monitor and advise the sponsoring institution on all aspects of graduate medical education; establish policies and procedures regarding the quality of education; provide oversight of ACGME-accredited programs' annual evaluation and improvement activities and monitor the work environment for the residents in all its programs. The monthly meeting addresses the business of the GMEC as per ACGME requirements. There are several subcommittees which all report to the GMEC monthly.

    a. Subcommittees:
        i. Task Force monthly meetings focus on addressing specific issues requiring more detailed attention to enhance our educational experience. Examples of our endeavors during 2017-18 included promotion of Holistic Reviews of applicants to improve the diversity of our residencies; Wellness/Resilience programs; Enhancing rural rotation opportunities within the Banner system; Implementation of new ACGME Requirements; education on changes to the Medical Student Performance Evaluation (MSPE).
        ii. CLER Subcommittee – Monthly meetings focus on addressing specific citations from our Clinical Learning Environment Review report. 2017-18, the committee focused on developing a definition of professionalism as well as a professionalism workshop presented at New Resident Orientation; Development and Implementation of Multidisciplinary Mock RCA at SC.
        iii. Distinction Track Subcommittee – Continued development of the Medical Spanish Language/Health Care Disparities Distinction Track (DT). In 2017-18, the second year of operation, in addition to the Spanish Language class and Health Care Disparities forums, there are also Spanish luncheons which now feature activities to enable providers to practice their medical Spanish skills. Participants proficient in Spanish are funded to take the ALTA Clinical Cultural and Linguistic Assessment (CCLA). To date, 6 participants have passed the exam, distinguishing them as Certified Bilingual Providers. The success of this DT has resulted in a plan to implement a similar DT at Tucson Campus in 2018-19.

2. **Programs**: There are 4 ACGME accredited residency programs and one Fellowship at UACOM-SC, all of which have enrolled residents and fellows. The residency programs include: Internal Medicine, Ophthalmology, Emergency Medicine and Family Medicine. In academic year 2017-18, there were 79 enrolled residents. All 4 programs and 1 fellowship participated in the NRMP (Ophthalmology in the San Francisco) MATCH and filled all offered positions successfully. The Medical Toxicology fellowship is a 2-year program, accredited by the ACGME for a total of two fellows in the program and continues to fill in the NRMP Fellowship MATCH. They currently have 2 fellows enrolled.

3. **Hospital Committees**: The GMEC continues to work with both the hospital and residency programs in ensuring resident participation on hospital committees. Annually, a list of hospital committees is distributed to each residency program administration with a request that residents be appointed to the committees. Attached, please find a list of resident assignment to hospital committees.

   During AY 18, the BUMCS **Resident Quality Council (RQC)** continued to meet under the leadership of Dr. David Sheinbein and Dr. Lawrence Deluca. They focused on educating and addressing Quality of Care issues pertinent to residents and patient care. The Council targeted the finalization of the Delirium Project (early assessment of delirium in ICU patients), and two interdepartmental CPI's focusing on alcohol withdrawal and restraint safety. Both CPI's led to policy change for the BUMCS.

4. **Faculty Development**: Through FY 18, the GME Office continued to encourage and support each program's attendance at a national ACGME or specialty specific meeting. Attendance at these meetings not only increases GME knowledge base, but also enhances networking with the GME community at large. Upon return from national meetings, each PD and/or PC presents a brief report to members of the GMEC. Other opportunities for faculty development include: the annual University of Arizona COM at SC GMEC sponsored retreat, in which all programs as well as members of the UACOM T GMEC participate. Each program is also encouraged to develop program specific faculty development to train faculty educators in learner assessment and teaching modalities. Based on ACGME Survey results, programs were encouraged to develop faculty development programs on providing resident feedback and brief educational modules. The Office of Medical Student Education has also offered a number of faculty development instruction opportunities to each program – including videos of seminars, workshop guides, learning theory, and teaching strategies and tools, including direct observation of medical student/resident teaching. We also support program coordinators to attend the New Innovations workshop, to maximize their understanding and usage of our residency management system. This investment allows us to develop a few super users who are available to offer guidance to their program coordinator colleagues.

5. **Financial Support**: In accordance with ACGME requirements, the sponsoring institution continues to provide financial support for each residency program. This includes educational, administrative and technological support. PD and PC funding continues in accordance with ACGME requirements.

6. **Housestaff Meeting**: the CMO of the primary teaching hospital (Dr. David Sheinbein) hosted a quarterly lunch meeting where residents could address issues related to hospital operations. Dr. Andy Theodorou, Chief Clinical Education Officer, BUMD, also participated.

7. **Resident Program Meetings** are scheduled biannually. During these meetings, the DIO and/or GME Program Coordinator, Senior meet with each program's cohort of residents to address institution and program specific issues/concerns. This is also an opportunity to discuss the program's annual ACGME Survey results. The issues raised are shared anonymously with each program's leadership team and collaborate to identify potential solutions as appropriate. A follow-up meeting is scheduled 4-6 months later to assess progress in resolving identified issues.

8. **Resident Well Being:**
    a. Education regarding **Fatigue and Well Being**: Each program is required to present the SAFER or LIFE program to their residents and faculty annually and document their participation. This is confirmed via the Annual Program Evaluation.
    b. **Housestaff Counselor**: Drs. Mark Gilbert and Gary Hellman began as the new housestaff counselors for the University of Arizona College of Medicine. They provide behavioral health services to residents and their families. They are introduced to the new interns/residents at orientation raising awareness of their availability.
    c. The Sponsoring Institution appointed a Director of Resident Wellness, Dr. Mari Ricker. She is responsible for identifying resident and program needs related to wellness, providing education and assessment tools as well as activities to promote resident resilience.

9. **Annual GME Retreat**: The annual retreat was held on May 18, 2018 at Hacienda del Sol. The retreat focused on developing wellness initiatives for programs and the sponsoring institution as well as approving the professionalism definition drafted by the CLER Subcommittee and development of a workshop to be presented to all GME programs. The day began with considering the success story of a faculty member and the new ACGME guidelines related to resident wellness. Other presentations included: a mind-mapping exercise to determine the levels of need for resident wellness; mindfulness exercises; and education on implementing wellness initiatives. The day concluded with a discussion on professionalism an exercise to develop professionalism case studies for the professionalism workshop

10. **Annual Scholarly Day**: UACOM-SC hosted its 8th GME Scholarly Day in May 2018. There were 26 posters submitted for consideration and over 100 attendees. The poster submissions were from UACOM-Tucson medical students and residents in both UACOM-SC and UACOM T GME programs. Posters were submitted in the following categories: Clinical, Research, and Quality Improvement. Each participating residency program offered a brief clinical presentation. The recipients of the Scholarly Day awards were Dr. Paul Roettges, Dr. Balaji Natarajan, Dr. Mahesh Kumarr Balakrishnan, Dr. Justin Otis, Dr. Roberto Swazo, and Ike Chinyere.

Major changes

No major changes to report

Comprehensive Program Reviews (CPR)

1. GME administered comprehensive program reviews involve faculty and residents in the overview of a residency program. An appointed GMEC panel interviews residents, teaching faculty and the program leadership of the designated residency program. The panel also reviews pertinent documents related to resident education and environment for learning. Areas receiving special attention include:
    a. Addressing any deficiencies from prior site visits
    b. Program administration
    c. Participating institutions and current program letters of agreement
    d. Facilities and support services
    e. Education and implementation of QA/QI projects
    f. Core teaching faculty – sufficient volume; scholarly activity
    g. Clinical teaching; including patient volumes, resident supervision, number of procedures
    h. Educational program including reviewing goals and objectives, didactics, the written curriculum that incorporates the competencies, evaluation tools for the Milestones, QA/QI activities, resident scholarly activity
    i. Resident evaluation, including criteria for advancement/promotion, summative letters, and evaluation forms
    j. Faculty and program evaluation including confidentiality of the process, annual review of the program
    k. Working conditions including duty hours, fatigue, moonlighting
    l. Quality of applicants and graduates
    m. Review of all program policies (duty hours, effects of leaves of absence, moonlighting, QA/QI, resident selection, supervision)

2. The GMEC has approved each program completing a CPR every 3 years unless there is an area of concern requiring an expedited CPR. A CPR schedule has been developed.

ACGME Site Visits

1. All of programs have been awarded Continued ACGME Accreditation and are in the NAS 10-year cycle. The ACGME has now implemented Self-Study evaluations that require each program to perform an in-depth, longitudinal critical self-evaluation and improvement plan.

Ongoing Accreditation Mandates

1. ACGME Resident Duty Hours– In compliance with ACGME Duty Hours requirements, each program annually reviews and updates their Duty Hours, Moonlighting and Supervision policies to address any changes. The requirements include:
    a. Clearer guidelines regarding 80-hour work week
    b. Specification of continuous work based on PGY year – liberalizing the requirements as a resident advances into the senior years of training. Senior residents may extend duty period (by choice) if their presence is critical to patient care or continuity of care.
    c. All residents have a maximum work shift of 24 hours plus 4 hours to manage transitions of care.
    d. A resident may not be responsible for the care of new patients after 24 hours of continuous duty

   e. Limitations on breaks between duty periods by PGY year which must be monitored by program
   f. Each resident must have one day in seven free from duty (averaged over 4 weeks)
2. Limitations on night float – frequency and must include an educational component.
3. All moonlighting (both internal and external) must count towards 80-hour work week
4. Home call – when called in, hours count towards duty hours
5. Institution must provide lodging or transportation for residents who are too tired to travel safely after a duty period.
6. Programs must track episodes of noncompliance with DH requirements.
   a. Quarterly, the GMEC reviews each program's Duty Hours documentation and annually we review the individual program's ACGME resident survey report. If there are areas of noncompliance, the program is requested to investigate and report back to the GMEC within 1 month.
7. Resident Supervision–ACGME supervision requirements include:
   a. Three levels of supervision defined – Direct, Indirect and Oversight
   b. Program must assure proper level of supervision available to residents
   c. Programs must develop standards to identify limits of each resident's scope of authority and the circumstances in which they are permitted to act with conditional independence.
   d. Program must develop list of must call situations.
   e. Program must limit number of resident transitions and train residents to utilize handoff tools.
      i. GMEC has developed and implemented a standardized educational module on Transitions of Care. Annually in June, every current resident receives the training. In July of each year, all new interns participate in a similar Transitions of Care workshop. Each program is required to utilize a standardized handoff tool. Based on the results of a survey performed by the CLER Subcommittee, most residents trained in the new system utilized it consistently and found that it improved quality of care. GMEC continues with its monitoring system of random observation of a program's handoff by a PD from a different program. Reports are submitted to GMEC.
   f. Each program is required to update their Supervision policy in compliance with the ACGME requirement. Annually, the GMEC reviews resident and faculty ACGME survey reports to identify any concerns regarding supervision. It is incumbent on each residency program and department to assure they have an adequate number of faculty to support the supervision needs of their residency in accordance with regulatory and educational needs.

ACGME New Accreditation System (NAS)

1. All programs are now in the ACGME's NAS (New Accreditation System). This accreditation system is an outcome-based evaluation system, replacing the competency-based evaluation system. "The aims of the NAS are threefold: enhance the ability of the peer-review system to prepare physicians for practice in the 21st century, accelerate the ACGME's movement toward accreditation based on educational outcomes and reduce the burden associated with the current structure and process-based approach." Increased emphasis will be placed on the Sponsoring Institution for the quality and safety of the environment for learning and patient care. The process will include:
2. Annual data collection for submission to ACGME (including institutional data, milestones and EPAs, faculty and resident surveys and resident procedure logs)

   a. All programs have developed Clinical Competence Committees to evaluate resident progress and submit Milestone evaluations on their residents biannually.
3. Clinical Learning Environment Review (CLER) every 18 months (Short notice visits to the sponsoring institution to assess the learning environment and resident involvement in patient care, safety and quality issues). The GMEC CLER Subcommittee continues to meet monthly to address citations and make recommendations to the GMEC. We hosted our 3rd CLER Site Visit on May 8th and 9th, 2018. The report on findings was received, distributed and informed subsequent CLER Subcommittee projects for 2018-19. Attached, please find a summary of the findings of the CLER site visit team.
4. Institutional Site Visits every 6 years
5. Program Site Visits every 10 years (Programs demonstrating high-quality outcomes will be freed to innovate and extend the periods between site visits).

Quality Assurance and Patient Safety

1. The 7th New Resident Orientation, June 2018, was the result of a joint effort between UA, BUMG, BUMCS and BUMCT. Replacing the historic institution specific, multiple orientations, all new residents and fellows from both clinical facilities (over 200) convened at the Marriott Hotel for a single orientation. After a welcome and introduction to the institution, multiple exercises were introduced which exposed the new residents/fellows to the importance of quality of care, patient safety, patient satisfaction and communication skills. All new residents/fellows were distributed at small group tables with cohorts from varying specialties with interprofessional facilitators.
2. During July orientation, the GMEC sponsors a hospital orientation at BUMCS. The orientation consisted of a scenario-based review of the six ACGME Competencies and Milestones by program directors, teambuilding exercise and a chief resident directed session on standardization of Transitions of Care. Subsequently, residents met with peers from their programs and completed a workshop on proper Transitions of Care.
3. During the first six months of the academic year, the pharmacy director (or a staff member) met with individual residency programs and presented pharmacy specific information. This program has been well received and requested to continue throughout the year.
4. In compliance with the GMEC requirement, every program's faculty and residents complete either the SAFER or LIFE modules. GCEP (GME Competency Education Program) modules, developed by AMA, are also now available and utilized by several programs.
5. GMEC implemented an educational plan to educate all residents in Quality Assurance terminology and application to patient care. Annually, this program is updated with the assistance of the hospital CPAI leadership to ensure accuracy and pertinence of the information.
6. Physician Well Being – Each program is tasked with implementing a Residency Resiliency program aimed at early intervention and prevention of resident burn-out. The newly formed GMEC Joint Subcomittee on Resident Wellness began meeting in January of 2018. Initiatives of the group include a wellbeing pocket card for residents/fellows that lists wellbeing resources and resiliency tips; a Facebook page exclusively for residents/fellows that encourages interdepartmental camaraderie and support; resources and moment of silence for National Physician Suicide Awareness Day; securing funding for a resident/fellow wellness event.

Resident Survey

The annual ACGME Resident survey continues to focus on six major categories: Clinical Experience and Education (formerly Duty Hours), Faculty, Evaluation, Educational Content, Resources, Patient Safety / Teamwork. The ACGME focuses on program trends of improvement vs. declining

performance. All five of our residency/fellowship programs participated in the survey. For programs with more than 4 residents/fellows, a minimum of 70% participation from the residents in each individual program is required to receive a program specific report. Our response rate was 98%. Once results are returned, the DIO met with each program's leadership team to identify those areas not in substantial compliance. Subsequently, the PD meets with residents and faculty of their program to discuss potential causes and interventions. Based on the 2017-18 Institutional Aggregate Program data the following table compares our institutional vs. national mean.

	Institution Mean	**National Mean**	**Significant areas of noncompliance noted and planned interventions**
Clinical Experience and Education	4.7	4.8	None Adherence to 80-hours - 79% Compliant **Paperwork and Patient needs were the primary reasons for residents exceeding duty hours requirements*
Faculty	4.4	4.3	None
Evaluation	4.5	4.5	Satisfied that program uses evaluations to improve - 72% Compliant Satisfied with feedback after assignments -72% Compliant **All programs are developing immediate feedback forms for ambulatory settings. OMSE has offered sessions on giving feedback to residents.*
Educational Content	4.4	4.4	Education (not) compromised by service obligations - 71% Compliant **Programs continue to educate residents re: the definition of "service" as well as assess resident workload. GME continues to work with hospital to ensure adequate case management services are available.*
Resources	4.2	4.4	Electronic medical records effective - 68% Compliant Satisfied with process to deal with problems and concerns - 76% Compliant **The implementation of CERNER has been challenging for residents and faculty. Most recent survey of residents reveals that system utility is improving. The institution continues to solicit input and develop systems to facilitate ease of use.*
Patient Safety	4.3	4.4	*None*

<u>Faculty Survey</u>

2017-18, all programs participated in the faculty survey. The categories surveyed included: Faculty Supervision and teaching; Educational Content; Resources; Patient Safety; Teamwork. Survey results

are reviewed with the program faculty as well as DIO and included in the GMEC meeting presentation. Based on the 2017-18 Institutional Aggregate Program data, the following compares our institutional data vs. national mean.

	Institution Mean	**National Mean**	**Significant areas of noncompliance noted and planned interventions**
Faculty Supervision and Teaching	4.4	4.6	Improved from last year, but still low Faculty satisfied with personal performance feedback -77% Compliant Sufficient time to supervise residents decreased from 94% to 87% **Faculty identified concerns regarding implementation of CERNER limiting time for education.*
Educational Content	4.8	4.8	All previous areas of concern demonstrated improvement/increased compliance. Worked on scholarly project with a resident - 77% **Programs are tasked with ensuring residents have faculty mentors for scholarly projects. In some programs not all faculty are tasked with scholarly project mentoring.*
Resources	4.1	4.4	Satisfied with faculty development to supervise and educate residents/fellows - 74% **Multiple methods of providing Teaching Pearls and Snippets were demonstrated and shared with programs.*
Patient Safety	4.5	4.6	None
Teamwork	4.5	4.7	None

Graduate Exit Interview

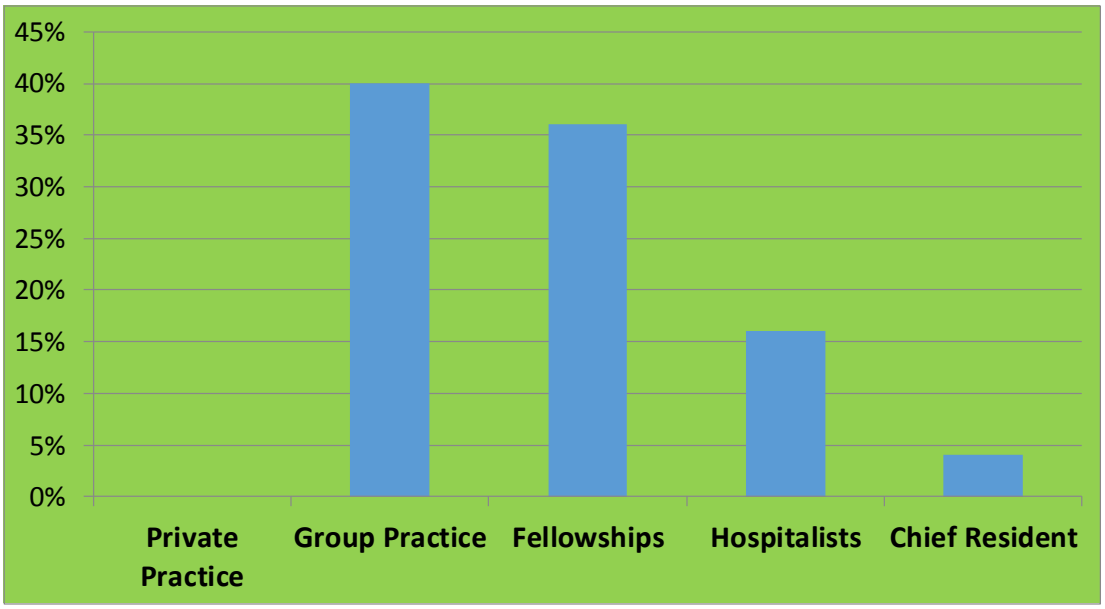
June 2018, the DIO and/or GME Program Coordinator Senior met with the majority of graduating senior residents for an exit interview. General feedback is shared with GMEC and individualized feedback provided to each program to implement appropriate changes.

1. Overall residents felt prepared for future career goals – practice, fellowship.
2. Residents appreciated the collegiality, cohesiveness of the smaller community hospital setting
3. Residents had very positive feedback about their program director's support.
4. Residents would still choose their program if they had the opportunity to do it again.
5. Resident continue to identify insufficient subspecialty presence at SC as a challenge
6. Residents recommend not merging programs, do not want to lose the uniqueness of South Campus programs.
7. Residents would like to see improvements to outpatient clinics.
8. Residents feel like they are doing too many administrative/non-medical tasks.
9. Cerner continues to cause many problems. Residents agree that their use of the system is slowly improving.

Graduates

Year	EM	FM	IM	Neuro	Ophtho	Psych	Med Tox	Total
08-09	0	0	2	0	0	0		**2**
09-10	0	0	5	0	1	0		**6**
10-11	0	0	5	0	1	3		**9**
11-12	0	4	8	2	2	3		**19**
12-13	10	8	8	2	2	5		**35**
13-14	6	7	10	2	2	6		**33**
14-15	6	8	9	2	2	4		**31**
15-16	6	7	11	2	2	5	1	**34**
16-17	6	8	9	-	2	-	1	**26**
17-18	6	8	10	-	2	-	1	**27**
Total	**40**	**50**	**77**	**10**	**16**	**26**	**3**	**222**

Resident Paths After Graduation



Resident Responsibilities

Residents agree to abide by the terms of their employment contract and to fulfill the educational requirements of their training program; to use their best effort to provide safe, effective professional and compassionate patient care under supervision from the teaching staff; and to perform assigned duties to the best of their ability. Residents agree to abide by all UACOM-SC policies and procedures, including the provisions of the most current edition of the GME Resident Manual, the residency training program, and the rules and regulations of any affiliated institution to which they may be assigned.

Respectfully submitted,

Victoria E. Murrain, DO
Assistant Dean for Graduate Medical Education
ACGME Designated Institutional Official (DIO)

Residents on Committees 2017-18

COMMITTEE	RESIDENT PARTICIPATION	Meetings
The University of Arizona College of Medicine at South Campus **GMEC**	Zoe Cappe, MD, Family Medicine, PGY3 Philipp Call, DO, Family Medicine, PGY2 Senthil Anand, MD, Chief, Internal Medicine, PGY4 Roberto Swazo, MD, Internal Medicine, PGY3 Daniel Orta, MD, Internal Medicine, PGY2 Alex Beazer, MD, Ophthalmology, PGY2 Lisa Goldberg, MD, Emergency Medicine, PGY3 Karen Bertels, MD, Emergency Medicine, PGY3	4th Friday, noon
GMEC CLER Subcommittee	Chandra Stockdall, MD, Internal Medicine, PGY3 Jayasree Jonnadula, MD, Internal Medicine, PGY3 Mahesh Balakrishnan, MD, Internal Medicine, PGY2 Philipp Call, DO, Family Medicine, PGY2 Todd Horstman, MD, Family Medicine, PGY3 Jenny Saint Aubyn, MD, Family Medicine, PGY3	
South Campus Hospital Pharmacy & Therapeutics	Kady Goldlist, MD, Internal Medicine, PGY3 Lisa Goldberg, MD Emergency Medicine, PGY3	2nd Wednesday, noon
Pima County Medical Society	Nirmal Singh, MD, Internal Medicine, PGY3	Last Tuesday, 5pm
Psychiatry Resident Education	Psychiatry residents	
South Campus ICU Code	Roberto Swazo, MD, Internal Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3 Todd Horstman, MD, Family Medicine, PGY3 Chadi Berjaoui, MD, Family Medicine, PGY2	Wednesdays Bi-monthly 3-4p
Sepsis Committee	Rui Wen Pang, MD, Internal Medicine, PGY3 Sarah Tariq, MD, Internal Medicine, PGY2 Wina Yousman, MD, Internal Medicine, PGY2 Nirmal Singh, MD, Internal Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3 Todd Horstman, MD, Family Medicine, PGY3 Marcos Teran, MD, Family Medicine, PGY3	
Medicine Housestaff Committee	Senthil Anand, MD, Internal Medicine, PGY4 Nirmal Singh, MD, Internal Medicine, PGY3 Francisco Mora, MD, Internal Medicine, PGY2 Gianna O'Hara, MD, Internal Medicine, PGY1	1st Monday, noon
Medicine Competency Committee	Senthil Anand, MD, Internal Medicine, Chief	Quarterly
ACP Representatives	Radhamani Kannaiyan, Internal Medicine, PGY3 Supreet Khare, MD, Internal Medicine, PGY2 Emilio Power, MD, Internal Medicine, PGY2	
Emergency Medicine GME Committee	Karen Bertels, MD Emergency Medicine, PGY 3 Lisa Goldberg, MD, Emergency Medicine, PGY3	
South Campus GME Environmental Committee	Robert Conley, MD, Emergency Medicine, PGY3 Jose Marquez, MD, Internal Medicine, PGY3	Annually

South Campus Resident Quality Council	Senthil Anand, MD, Internal Medicine, PGY4 Balaji Natarajan, MD, Internal Medicine, PGY3 Sidra Raoof, MD, Internal Medicine, PGY2 Spencer Jasper, MD, Internal Medicine, PGY1 Karen Bertels, MD, Emergency Medicine, PGY3 Lisa Goldberg, MD, Emergency Medicine, PGY3 Chadi Berjaoui, MD, Family Medicine, PGY2 Pixie Sanders, DO, Family Medicine, PGY2 Justin Otis, MD, Psychiatry, PGY4 Wei Xiang Wong, MD, Internal Medicine, PGY3	1s Thursday, 5:30pm South Campus
Family Medicine Curriculum Committee	Pixie Sanders, DO, Family Medicine, PGY2 Chadi Berjaoui, MD, Family Medicine, PGY2 Ana Mendez, MD Family Medicine, PGY3 Zoe Cappe, MD Family Medicine, PGY3 Michele Alba, MD, Family Medicine, PGY3	
Internal Medicine Clinic Committee	Marlena Szewczyk MD, Internal Medicine, PGY1 Kady Goldlist, MD, Internal Medicine, PGY3 Babitha Bijin, MD, Internal Medicine, PGY2	
SLHCD Distinction Track	Roberto Swazo, Internal Medicine, PGY3 Ana Mendez, MD, PGY3	

Summary of 2018 CLER Site Visit Findings

1. **Patient Safety:** Our residents understand the basics of patient safety and know that patient safety concerns should be reported. It is a continued struggle to convince residents and faculty to report in Verge, the current reporting system because of the lack of feedback on follow through.
2. **Healthcare Quality:** Resident QI projects have improved from being just an idea to being implemented and analyzed initiatives. Still, many of these projects are not linked to the institutions priorities. There is also no central monitoring, or list of, resident-led or Banner-ongoing QI projects. Additionally, many residents do not get aggregate or individual data on quality metrics related to their practice.
3. **Healthcare Disparities:** Both residents and institutional leadership seem to understand what our patient population's major health disparities are. We are doing better with cultural competency training. Post-acute care assessments for challenges after discharge are being done on all patients per institutional leadership.
4. **Care Transitions:** Handoffs are being done well when teams transition from night to day. There is a lack of interprofessional training on handoffs. Most vulnerable handoffs are from ED to floor, ICU to floor, or outside hospital to floor, and inpatient to outpatient care.
5. **Supervision:** Inconsistency in whether residents are supervised adequately, too much or too little. No safety events related to supervision. Residents feel comfortable going to most of the faculty when they need help.
6. **Wellbeing:** The EHR transition was a contributor to burnout. There is a need for more balance between faculty workload and ability to teach. There is no systematic way to identify burnout among faculty. Faculty burnout was observed by residents. There is no systematic way wellbeing is integrated into staff's routine.
7. **Professionalism:** The majority of residents are documenting things that they did not do personally without giving credit to who did it. Residents are aware of the professionalism reporting site at UA.