

The Mount Sinai School of Medicine Consortium for Graduate Medical Education:

A Collaboration to Enhance Quality

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Abstract

Over the years, the Graduate Medical Education (GME) programs have become increasingly complex; unfortunately, this trend has been accompanied by a decrease in federal funding. In 1996, in an attempt to enhance the GME effort, Mount Sinai School of Medicine formed its Consortium for Graduate Medical Education. At present the Consortium consists of 13 institutions and more than 2,000 house staff. It is completely self-supporting and has served to ensure the quality of residency programs at all participating institutions, while providing enhanced services to house staff.

Key Words: Graduate medical education consortia, Mount Sinai School of Medicine.

Introduction

THE IDEA OF CONSORTIA for graduate medical education is far from novel (1). In a 1993 survey of 437 major teaching hospitals and medical schools, 36 different graduate medical education consortia were identified, some of which had been in existence since the mid-1950s (2). Yet in that survey only one-fourth of the medical schools and a much smaller proportion of teaching hospitals were found to belong to consortia.

This lack of enthusiasm on the part of medical schools and academic medical centers was not matched by the policy-making organizations. As documented by Kelly et al. (2), the New York State Commission on Graduate Medical Education formally began to support consortia in 1986, and in the early 1990s, the consortium concept was endorsed by numerous educational and administrative bodies, including the Association of American Medical Colleges, the National Council on Graduate Medical Education, the Physician Payment Review Commission and, most important with respect to the Mount Sinai School of Medicine (MSSM), the New York State Council on Graduate Medical Education.

The strength of the council's interest was demonstrated when, subsequent to the passage of the Health Care Reform Act of 1996, it developed a two-year grant program to allow institutions within the state to form consortia at no cost to the participating institutions. With the desire to continually enhance the quality of graduate medical education, MSSM applied for and received a two-year grant to develop a graduate medical education consortium in 1996. The following is a description of the goals and objectives of the Consortium and an assessment of its ability to achieve these objectives over the past eight years.

Description of the Consortium

At present, the Mount Sinai Consortium for Graduate Medical Education consists of 13 institutions (Table 1), including hospitals in virtually every borough of New York City and 5 institutions in New Jersey (representing just under 10% of all teaching beds in that state). Within the Consortium are 176 programs training 2,260 house staff in virtually every specialty (Table 2). The Mount Sinai School of Medicine (MSSM) is the institutional sponsor for 10 of the participating institutions. The remaining 3 are their own institutional sponsors, with Mount Sinai serving as their major university affiliate.

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TABLE 1

*Mount Sinai Consortium for Graduate Medical Education:
Member Institutions*

New York City
Bronx Veterans Affairs Medical Center*
Cabrini Medical Center*
Elmhurst Hospital Center*
Jamaica Hospital—Family Practice Residency Training Program*
Maimonides Medical Center
The Mount Sinai Hospital*
North General Hospital*
Queens Hospital Center*
New Jersey
Englewood Hospital and Medical Center*
Jersey City Medical Center*
Newark Beth Israel Medical Center
Saint Barnabas Medical Center
St. Joseph's Regional Medical Center*

*Sponsored by the Mount Sinai School of Medicine

TABLE 2

*Mount Sinai Consortium for Graduate Medical Education:
Active Programs**

	Programs	Residents
ACGME-Approved	128	2,095
Non-ACGME-Approved	39	91
Board-Approved**	9	74
Total	176	2,260

ACGME = Accreditation Council for Graduate Medical Education.

*For 2003–2004 academic year.

**Refers to the American Board of Medical Specialties or the American Board of Podiatry or the American Board of Dental Medicine.

The Consortium is governed by a central Graduate Medical Education Committee (GMEC) chaired by the Dean for Graduate Medical Education, who is also the designated institutional official for the sponsoring institution. The members of the Consortium have agreed to abide by the rules of governance; to adhere to both academic and educational standards of the Consortium; to pursue its mission, goals, and objectives; and to provide ongoing financial support for Consortium activities. The central GMEC meets monthly, whereas its ad hoc subcommittees meet as needed, depending on the issues that arise (Table 3).

At the outset it was recognized that many of the policies and procedures of the members' residency programs would be within the bounds of those hospitals, since many of these policies tran-

TABLE 3

Structure of the GME Consortium

Central GME Committee
<u>Subcommittees:</u>
Internal Review Committee
Committee on ACGME Core Competencies
Committee on Recruitment
Committee on Residency Size

ACGME = Accreditation Council for Graduate Medical Education; GME = Graduate Medical Education.

scend resident education. However, it was agreed that each sponsored program must meet the departmental standards set by the appropriate chairperson at MSSM, as well as the institutional standards set by the School. In addition, all member hospitals, regardless of whether they were sponsored by or affiliated with MSSM, agreed to comply with all Accreditation Council for Graduate Medical Education (ACGME) general requirements. Compliance was to be reviewed on a periodic basis by the central GMEC.

Each of the eight objectives of the Consortium (Table 4) is described in more detail below.

Objective 1: To Enhance General Educational Curriculum for All Specialties and Institutions

Core Curriculum for Entering House Staff

Two days prior to the start of each academic year, entering house staff from all institutions within the Consortium are brought to MSSM for a two-day seminar focusing on issues that are insufficiently addressed in medical school (Table 5). During the 2004–2005 academic year, more than 400 residents attended these sessions. Included in the curriculum were sessions required for certification by the Occupational Safety and Health Administration (OSHA) and the State of New York.

TABLE 4

Objectives of GME Consortium

1.	To enhance general education of house staff
2.	To assess residents and residency programs
3.	To improve teaching resources
4.	To establish uniform administrative policies
5.	To develop an integrated computer network among institutions
6.	To maximize participation in the GME Consortium
7.	To meet the needs of communities served by Consortium members
8.	To ensure financial stability

GME = Graduate Medical Education.

TABLE 5
Core Curriculum for Entering House Staff

Clinical decision making
 Cross-cultural approaches to health care
 Effective communication in emergency medicine
 Use of mood-altering drugs/managing the impaired physician
 Physician impairment: recognizing depression
 House staff as teachers: resident-student interactions—Part I
 HIPAA: what you need to know
 Sleep deprivation: how to avoid it
 The medical record and restraints: what not to do
 Harassment
 House staff as teachers: resident-student interactions—Part II
 Medical informatics
 The autopsy: advise and consent
 GME Toolkit: resident/faculty evaluation software
 Acute care of the hospitalized elderly
 Emergency preparedness
 Recognition of child abuse and domestic violence
 Principles of palliative care
 Credentialing
 Levy Library resources and services
 Recreational opportunities
 Infection control
 Fitting respiratory masks

HIPAA = Health Insurance Portability and Accountability Act of 1996; GME = Graduate Medical Education.

Chief Residents Retreat

Each year, incoming chief residents in all the core specialties leave the city for a two-day retreat addressing administrative issues and educational leadership (Table 6). During the 2004–2005 academic year, a total of 90 chief residents from all the member institutions participated.

Consultant Teams

Faculty at the School of Medicine are available to travel to residency programs at member institutions, to provide intensive seminars on Residents as Teachers, Cultural Diversity, and Ethical Issues in Medicine.

Objective 2: To Assess Residents and Residency Programs

Clinical Assessment of Entering House Staff

In June, July and August or in January and February, residents beginning their training participate in a clinical assessment involving standardized patients at the school's Morchand Center. Each resident is provided with an analysis of his/her performance, and distribution curves illustrating how his/her performance compares with that of the cohort of residents taking the examina-

TABLE 6
Chief Residents Retreat Agenda

Medical errors
 Role of the chief resident as a teacher
 Role of the chief resident as a manager
 Systems-based practice and practice-based learning: what is a chief resident to do?
 Common adjustment problems seen in residency
 Physician impairment
 Summary of facts and circumstances
 Regarding two patients
 Risk management guidelines for medical residents
 Record documentation
 Moot court
 Disparities in health care
 The Bell Commission, the physician workforce, and the ACGME duty hours standards

ACGME = Accreditation Council for Graduate Medical Education.

tion and with that of the senior student cohort that takes this examination in the year prior to graduation. The residents also receive a videotape of their performance, which they review with the program director, to learn how their interpersonal, history taking, and physical examination skills can be enhanced. Program directors receive a demographic analysis that summarizes resident performance by specialty, country of graduation, institution, and prior experience with standardized patients.

Clinical Assessment for Remediation

Residents who are advanced in their training but whose skills in history, physical examination, or interpersonal communication are found to be deficient are given an opportunity to have their skills reassessed at the Morchand Center. Appropriate information is provided to program directors so that remediation can be obtained.

Internal Reviews

Each sponsored residency program within the Consortium is reviewed at the midpoint between scheduled Residency Review Committee (RRC) visits to ensure compliance with both ACGME and Consortium standards. The results of internal reviews—as well as formal RRC reviews and ACGME status for each residency program—are reviewed and discussed at the monthly meetings of the central GMEC. When weaknesses are identified within a program, the internal review committee may suggest that another Consortium member provide the resources to rectify the deficiency or that quality can best be maintained by integrating or merging the specific programs.

Objective 3: To Improve Teaching Resources

The Institute for Medical Education at the MSSM provides in-house faculty development seminars and sends out visiting teams of faculty to participating institutions. In order to provide self-enhancement incentives to faculty, a Teacher Appreciation Day is held each year to select faculty members for awards based on their teaching skills.

Objective 4: To Establish Uniform Administrative Policies

The Consortium recognizes the importance of permitting each institution to fine-tune uniform policies for residents in such areas as benefits, evaluation and advancement, and due process. A house staff policy manual is revised and updated biannually and placed on the GME website. This allows participating institutions to access the material, making appropriate modifications to meet their requirements while maintaining the ACGME standards and Consortium goals and objectives. A manual for program directors is also provided to address the issues of program administration and compliance with institutional and State requirements.

Objective 5: To Develop an Integrated Academic Network

GME Toolkit is a platform used by member institutions to meet the requirements for reporting house staff demographic information to the GME Consortium office. It allows entry of demographic information on house staff, scheduling of resident rotations with automatic distribution of evaluations to supervising faculty, and monitoring of resident duty hours. It is also possible to use the system for resident credentialing and privileges.

Objective 6: To Maximize Participation in GME Consortium Activities

In addition to the monthly meeting of the GMEC, institutions having more than one residency program participate in Dean's committees, in which the Dean and selected chairpersons of MSSM and representatives of the institution meet to review clinical and educational issues. Resident participation in Consortium activities is maximized by having residents participate in the GME Committee and subcommittee meetings and in internal review committees.

The activities of the GME Consortium with respect to resident supervision, responsibilities, evaluations, and compliance (with both Consortium and

ACGME standards) are communicated to the medical staff of participating institutions in the form of an annual report. At this time clinical interactions between each participating institution and other members of the Consortium are discussed.

Objective 7: To Meet the Needs of Communities Served by Consortium Members

Our institutions are located in communities that are exceptionally diverse. To enhance the Consortium's ability to attract residents reflective of these institutions' communities, the school sponsors a Senior Electives Program. This program allows underrepresented minority medical students from across the country to take electives at Consortium institutions during their senior year, prior to submitting their matching list to the National Resident Matching Program.

In order to encourage physicians to remain within the area served by member institutions, career-planning seminars and a job website for residents completing their training are provided. The career-planning seminar agenda includes ways to select a private practice setting, how to pay off debts incurred while in medical school and residency training, and what to look for when reviewing contracts for private practice opportunities. The website, which is available to residents who are in their last year of training, lists more than 300 positions in all specialties.

Objective 8: To Ensure Financial Stability

Finally, to achieve our goals and objectives it is essential to have adequate, stable financing. Unlike some other consortia, there is no "pooling" of financial resources to provide financial support (3). As noted earlier, the Consortium was first established with the assistance of a two-year grant from the New York State Education Department. At that time, the chief executive officers of all participating institutions agreed that if the Consortium were considered a worthwhile endeavor, each hospital would continue to contribute to its support. Their initial evaluations were sufficiently favorable to ensure continuous support. While at that time only eight hospitals were members of the Consortium, five other institutions became members after reviewing Consortium activities, bringing the total enrollment to its current size. Hospitals contribute funding based on the number of ACGME-approved programs within each institution. This has allowed for stability and permitted the Consortium not only to continue but also to expand its programs when deemed appropriate by the GMEC.

Conclusion

In summary, the Mount Sinai School of Medicine's GME Consortium continues to meet its objectives and is a valuable resource to all participating members. In an era when most medical institutions are experiencing some degree of financial distress, it is gratifying to note that the value of the Consortium continues to be recognized by all of its members in their support of its activities.

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