We are leaders in medical education who design, teach, assess, and evaluate clinical training for physicians, fellows, residents and students in medicine, nurse practitioner, physician assistant, certified nurse midwife, certified registered nurse anesthetist, training programs. To inform and advance education and clinical care, we support systematic inquiry in education, quality improvement, and research in collaboration with our trainees.

Our Mission:
As master clinicians and teachers, we model the attributes needed to best serve our patients and communities. We are the interprofessional education leaders who train our future physician/advanced provider work force in a learning organization focused on providing superior patient care.

Our Values:
• Education and Training
• Leadership in a Learning Organization
• Well Being
• Innovation and Discovery
• Health Equity & Highest Quality of Care
Aurora Health Care is the largest clinical training site in Wisconsin, providing workplace learning for more than 4,500 health professions trainees each year in almost every field. Indeed, we have more trainees per year than many colleges in Wisconsin!

Academic Affairs is the hub for physician and advance practice clinician education.

• We serve over 550 MD and DO trainees each year
  - We are a clinical campus for the University of Wisconsin School of Medicine and Public Health (UWSMPH) students and serve as the primary clinical training site for UWSMPH’s nationally recognized Training in Urban Medicine and Public Health (TRIUMPH) Program in Milwaukee and the Wisconsin Academy of Rural Medicine (WARM) Program in Green Bay.
  - Our expanding partnership with Des Moines Osteopathic University (DMU) has resulted in a 30-60% increase in students placed for a full academic year.

• Over 500 PA, NP, CRNA & CNM trainees annually from programs throughout the upper Midwest.

• With more than 150 residents/fellows per year as the sponsoring organization, AHC has 12 fully accredited physician specialty training programs
  - 6 Residency Programs: Family Medicine (Urban and Rural), Internal Medicine, Ob/Gyn, Radiology, and Transitional Year
  - 6 Fellowships: Cardiovascular Disease, Clinical Cardiac Electrophysiology, Gastroenterology, Geriatric Medicine, Advanced Heart Failure and Transplant Cardiology, and Interventional Cardiology with Palliative Medicine anticipated in 2019

• At the Continuing Medical Education /Continuing Professional Development (CME/CPD) level, over 2,400 physicians participated in at least one AHC sponsored CME activity in 2016 with options including:
  - Maintenance of Certification (MOC) Part IV improvement in medical practice activities, one of the four required elements that physicians must complete for specialty (re)certification.

Our faculty and trainees seek to learn and practice in an environment that achieves the Quadruple Aim for Health Care: (1) Improving the health of populations; (2) Enhancing the patient’s experience of care; (3) Reducing the per capita cost of care; and (4) Improving the work life of health care clinicians and staff.

DMU Students on their first day at AHC
AS PHYSICIAN LEARNING LEADERS across the continuum of physician education, we can align care management needs with our educational initiatives and then determine if we have made a difference. We began this alignment process several years ago with asthma – aligning best practices in clinical care in our primary care residency clinics with education training requirements by learner level. Each effort has been a win-win – improved patient care based on clinical care metrics and learning.

Health Care Disparities – AIAMC National Initiative V

Person-centric, best-in-class health care requires that we leverage our existing data sets to inform how we provide value-based care. As member of the Alliance of Independent Academic Medical Centers (AIAMC), we successfully completed three National Initiative V (NI-V) Health Equity projects in selected residency clinical sites.

AIM: To identify a health disparity target and reduce the clinical quality gap(s).

PLAN/DO: Utilize Aurora’s Community Health Needs Assessments (CHNA) with input from key leaders in Government & Community Relations, Social Responsibility, and Diversity & Inclusion. Supported by AHC’s CQI - Business Intelligence analysts, each team took a deeper dive into the clinical quality data to identify disparities by REAL-G categories: race, ethnicity, age, preferred language, gender, and insurance. PSDA cycles were guided by the literature and data PDSA cycles were implemented in collaboration with caregivers in each clinic/hospital setting ranging from nursing, lab, pharmacy, social services to MA’s and care managers.

STUDY/ACT:

1. Sinai Internal Medicine Clinic targeted diabetes and achieved an 8% increase from baseline for 2/year A1C checks in their African American/Black population.

2. Family Medicine Clinics at ASMC & ASLMC targeted colorectal cancer screening demonstrating an increase in CRC screening in targeted population of 50-54 yo patients with variations by practice site ranging from 1%-6%. Factors associated with higher screening rates including improved CRC ordering workflows, “physician scripts,” and staff champions who were vocal CRC screening advocates with patients. Residents and faculty received MOC Part IV credit.

3. Ob/Gyn – Labor and Delivery at Sinai Medical Center targeted readmissions for postpartum hypertension. Analysis revealed that only 18% of patients received printed instructions re: postpartum HTN. While 94% of patients post intervention received discharge instructions, it was not associated with a decrease in overall admission rates for postpartum hypertension.

The Centers for Medicare and Medicaid Services (CMS) Office of Minority Health (OMH) selected the CRC and Diabetes projects to be case in an upcoming CMS publication.
Depression Screening

Depression is one of the leading causes of disability in persons 15 years and older. Primary care practitioners are often the frontline providers of behavioral health care as depression is commonly co-occurring with cardiac disease, diabetes, and cancer.

**AIM:** To improve depression screening through a team-based collaborative approach to help patients with depression live well.

**PLAN/DO:** Continuing Professional Development Office initiated an interprofessional project with representation from behavioral health, primary care, quality, and pharmacy. Project launched in June 2017 providing tools and a list of resources to help implement a team-based collaborative approach.

**STUDY/ACT:** Within 6 months, 41 participants enrolled. Feedback from many caregivers highlighted the power of depression screening and its immediate impact! Patient outcome measures in progress.

Opioid Prescribing

In July 2016, the Wisconsin Medical Examining Board (MEB) released new Opioid Prescribing Guidelines and required all physicians with a DEA license to complete 2 hours of continuing medical education on the new guidelines by the end of 2017.

**AIM:** To quickly launch a comprehensive review of the new guidelines including the rationale behind opioid guidelines in general and each of the MEB’s specific guidelines.

**PLAN/DO:** The CPD Office worked with Dr. Michael McNett to provide a course approved by the MEB.

**STUDY/ACT:** AHC was the first health system in the state to offer the education. By the end of 2017, the education was completed by 3,000 providers (MDs, DOs, APPs, PAs, and others). About 70% of learners committed to changing their practice and 80% of learners would recommend the education to others.
Interprofessional Education / Collaborative Practice (IPE-CP)

Team based care is essential for outstanding patient care and a trainee requirement. Our trainees are already co-located in many of our clinical environments but do readily engage in collaborative practice to improve patient care.

AIM: To align AHC clinical quality needs/gaps with Interprofessional Education (IPE) requirements for physicians, NPs, and pharmacy trainees in a primary care clinic.

PLAN/DO: Piloted a collaborative practice approach for trainees caring for diabetic patients at the Sinai Family Care Center in late 2017. Key features included a focus on chronic disease as optimal for collaborative practice, an IPE-CP work-flow within established clinic processes, and use of education related metrics to compliment clinical quality data.

STUDY/ACT: Trainees and faculty applauded the pilot and work continues into 2018. Josiah Macy Jr. Foundation invited AHC education leaders to author a case on our alignment of trainees’ clinical education with health care system needs for its 2018 consensus conference on learning environments.

Family Medicine faculty, residents and students in NP, Pharmacy and Medicine engaged in IPE-CP

Graduates of our Family Medicine residency program
Innovations

• **Medical Student Services Broadens to other Professions:** Students in medicine, PA, NP, CRNA and CNM must have clinical placements to prepare for their new profession. Through a strategic effort between advanced practice clinician student leaders, we implemented a centralized approach to clinician student services placements across these professions. Our efficient, streamlined workflows with > 20 touchpoints during pre-placement planning (affiliation agreements), orientation (Epic), and on-boarding (safety/quality) to post rotation evaluations.

• **Increased Student Placements through Expanded Partnerships:**
  - Des Moines Osteopathic University (DMU) medical student placements have grown 30%-60% as new sites/preceptors are on-boarded including Sheboygan, Oshkosh, Grafton, Summit, and Kenosha with West Allis scheduled for 2018.
  - From 8 to 52 students (2015-17) our partnership with University of Wisconsin School of Medicine and Public Health’s (UWSMPH) nationally acclaimed TRIUMPH (Training in Urban Medicine and Public Health) program is now led by TRIUMPH graduate and AHC practicing family physician Kjersti Knox, MD.

• **Partners in Curriculum Transformation:** Increasingly medical schools have recognized that their graduates are inadequately prepared for the current/future practice of medicine. As USWMPH clinical campuses (Milwaukee, Green Bay), AHC faculty participated in UWSMPH’s ForWard curriculum redesign and throughout 2017 planned for its’ 2018 implementation. **What’s changing?** As of July 2018, this competency-based curriculum has moved from specialty named clinical rotations (e.g., Internal Medicine, Surgery) to **integrated block rotations** reflecting today’s care models (e.g., Chronic and Preventive Care, Surgical and Procedural Care). This transformation has resulted in over 20 new AHCMG student block leaders and specialty/site leads along with additional physicians as teachers.

**Key Stats**

• 247 active Affiliation Agreements, national and international
• ~ 550 MD and DO students per year with > 1,000 clinical placements annually
• ~700 Advanced Practice Provider student (NP/PA/CRNA/CNM) rotations per year
• All regions and individual markets across the AHC system involved in teaching various disciplines
**Program Quality**

- Our faculty received Awards/Recognitions from our affiliated medical schools including UWSMPH, Rosalind Franklin University, and the Medical College of Wisconsin. Highlights include: **John Brill, MD, MPH**: American Academy of Family Physicians 2017 Exemplary Teaching Award and **Lamya Boujelbane, MD**: inducted into the UWSMPH’s Gold Humanism Honor Society.

- Student ratings reveal that we are *at or better* than the aggregated mean across UWSMPH’s campuses. For DMU we are their #1 rated placement site.

- Extensive analysis for UWSMPH’s upcoming 2018 accreditation site visit by the Liaison Council on Medical Education (LCME) revealed only a few areas to address speaking to our excellence as a clinical campus.

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**Placement Workflow ↓ by Profession →**

<table>
<thead>
<tr>
<th></th>
<th>MD/DO</th>
<th>PA</th>
<th>NP</th>
<th>CRNA</th>
<th>CNM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-Placement Planning</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Affirm/initiate affiliation agreement</td>
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<td>Processing placement requests</td>
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<tr>
<td>Preceptor matching</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Confirm placement and dates</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td><strong>Orientation</strong></td>
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<tr>
<td>Introduction to Aurora Health Care</td>
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<td>✔</td>
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<tr>
<td>Meet &amp; greet with program coordinators</td>
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<td>✔</td>
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<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Expectations, goals and objectives</td>
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<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Wayfinding, site security, safety</td>
<td>✔</td>
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<tr>
<td>Hardware distribution (laptops, pagers)</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Required On-line Learning Modules across Professions</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Epic training</td>
<td>✔</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td><strong>On-Boarding</strong></td>
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<tr>
<td>Patient safety &amp; quality</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Preceptor introductions</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Site-specific training</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td><strong>Post-Rotation</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Scheduled student debrief sessions</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Rotation evaluations – by school</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Rotation evaluations – by AHC</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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</tr>
</tbody>
</table>

*Streamlined Workflow Pre-Post Expansion of Clinician Student Services*

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**Partnerships**

<table>
<thead>
<tr>
<th><strong>Internal – A Few of Our Major AHC Partners</strong></th>
<th><strong>External</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• IT and Clinical Informatics</td>
<td>• 247 active affiliation agreements with health professions schools –</td>
</tr>
<tr>
<td>• Security/Loss Prevention</td>
<td>• Includes every school in Wisconsin</td>
</tr>
<tr>
<td>• Plant Ops / Food and Nutrition</td>
<td>• UWSMPH, MCW, MU, Concordia, Carroll and... beyond Wisconsin</td>
</tr>
<tr>
<td>• Legal &amp; Risk Management</td>
<td></td>
</tr>
<tr>
<td>• HR &amp; Employee Health</td>
<td></td>
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<tr>
<td>• Treasury Services</td>
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</tbody>
</table>
Innovations

• Expansion of Programs and Funding: Lakeland Family Medicine Residency Program welcomed their first class of 4 residents on July 1, 2017; AHC officially began sponsoring Waukesha Family Medicine Residency Program (WFMRP) in July 2017; Outside funding for resident/fellow positions (Marshfield & Grants); Funding and approval for Palliative Care Fellowship Program was secured with program application submitted to accreditation council in January 2018.

• Physician Well-Being: Collaborated across GME programs and system wide to implement Mayo Well Being Index measure for residents, physicians and nursing in 2018. AHC was accepted to participate in the Alliance of Independent Academic Medical Center’s National Initiative VI on Well-Being with GME wide initiatives (e.g., Crisis Plan clarifies protocol for struggling trainees and/or faculty; expedited mental health appointments with our own personal hotline) and 4 program specific interventions (Family Medicine, Internal Medicine, Ob/Gyn, Radiology) to be reported at the 2019 AIAMC national meeting.

• Centralization of GME information via website and software: MedHub was selected and implemented as the resident management software in 2017 streamlining our on-boarding, scheduling, milestones assessment, and enterprise data dashboards, and reimbursement.

Key Stats

• GME Numbers: Employ 154 residents/fellows; Sponsor 24 residents from WFMRP; 10.7 FTE from Medical College of Wisconsin & Affiliated Hospitals (MCWAH).

• Recruitment: In 2017 we matched 50 residents and 18 fellows; 13% were Wisconsin medical school graduates; 72% MDs and 28% DOs.

• Faculty in National Leadership roles: Elected/appointed positions with the Accreditation Council on Graduate Medical Education (Residency Review Committee, Well-Being Task Force, Public Council, Deputy Editor Journal Graduate Medical Education).
Program Quality

• The Accreditation Council for Graduate Medical Education (ACGME) requires that the Graduate Medical Education Committee (GMEC) demonstrate effective oversight of the Aurora Health Care Graduate Medical Education residency and fellowship programs by conducting an Annual Institutional Review.
  - The ACGME AIR Committee commended AHC for strong programmatic oversight and demonstrating a clear understanding of ACGME requirements.
  - The committee noted several strengths including Aurora Health Care leadership and staff, housestaff services, and the annual GME retreat.

• AHC is a fully accredited by the ACGME as a sponsoring organization. Our next review will likely occur in October 2026.

• All 14 training programs are accredited (one site visit in in 2018).

• 2017 ACGME national survey results reveal that resident and faculty ratings are at the national mean with greater than a 94% response rate from faculty and trainees.

• AHC Faculty received the 2017 AIAMC/Journal of Graduate Medical Education “Outstanding Poster Presentation Award” for “Interprofessional Education and the Clinical Learning Environment”; “Three Residency Programs Lessons Learned about Disparities from a Deep Dive into Our Population Data” was a finalist.

Retention Rates: 2013-2017

<table>
<thead>
<tr>
<th>Total # of graduating residents/fellows*</th>
<th>% (N) Retained in Staff role</th>
<th>% (N) Stayed with Aurora for additional training</th>
<th>Total Retention Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>235</td>
<td>22.6% (53)</td>
<td>16.6% (39)</td>
<td>39.1%</td>
</tr>
</tbody>
</table>

*Excludes Transition Year Residents as 1 year program then moving to specialty specific residency

Partnerships

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</thead>
<tbody>
<tr>
<td>• Leaders in Quality, Safety, HR Finance</td>
<td>• ACGME</td>
</tr>
<tr>
<td>• CMOs, Medical Group, Legal &amp; Risk Management, IT &amp; Clinical Informatics</td>
<td>• Medical College of Wisconsin Affiliated Hospitals (MCWAH)</td>
</tr>
<tr>
<td>• Employee Health, Security/Loss Prevention</td>
<td>• Professional Specialty Societies</td>
</tr>
</tbody>
</table>
Innovations

• **CPD Learning Platform:** Launched the CPD Learning Platform in June 2017. The new platform allows learners to participate in CME offerings, claim credit for live and online courses, print transcripts and certificates, and track CME earned externally. By the end of the year, usage rocketed to over 2,300 active interprofessional users.

• **Self-Paced Maintenance of Certification Part IV Projects Available Online:** The CPD Office launched 5 new MOC Part IV projects in 2017 in which physicians could participate independently online at their own pace. The online project increased participation in performance improvement projects from 10 physicians in 2016 to 144 physicians in 2017.

Key Stats

- 280 CME programs accredited
- 31,000 learners
- 45,500 CME credits claimed
- 2,300 active online platform users
- 5 MOC Part II courses
- 5 MOC Part IV projects

Program Quality

- Received accreditation with commendation by the Wisconsin Medical Society to provide *AMA PRA Category 1™* continuing medical education credit.

- Approved Multi-Specialty Portfolio Program Provider by the American Board of Medical Specialties (ABMS) to designate credit Maintenance of Certification (MOC) Part IV projects to 20 of the 24 medical specialty certification boards.

- Invited Presentation at ABMS Annual Meeting on effective instructional strategies

Partnerships

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</thead>
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<tr>
<td>• Quality &amp; Patient Safety</td>
<td>• Wisconsin Medical Society</td>
</tr>
<tr>
<td>• Aurora Academy</td>
<td>• Accreditation Council of Continuing Medical Education</td>
</tr>
<tr>
<td>• Nursing &amp; Pharmacy Accreditation</td>
<td>• American Board of Medical Specialties</td>
</tr>
<tr>
<td>• Service Lines &amp; Departments</td>
<td>• UWSMPH, MCW</td>
</tr>
<tr>
<td>• Credentialing &amp; Compliance</td>
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</tr>
</tbody>
</table>

*CPD Staff presenting at AHC’s 2017 Quality Roundtable*
Innovations

• **Collaborations in Research & Scholarly Activity:** Through active collaborations with over 100 medical and research faculty, learners and other professionals annually, we guide the development, implementation, and dissemination of research and scholarly activity among AUWMG faculty and our Aurora residents, students and fellows. We are recognized as an asset driven partner for collaborative research impacting practice. Scope of projects range from healthcare quality and improvement, health services research, and women’s health, maternal and child health to medical education research, geriatrics, healthy lifestyles, health disparities, epidemiology, asthma, and other specific diseases.

• **Education & Training:** Our learners and collaborators come from a variety of disciplines resulting in a diverse and unique team on every project, increasing the breadth, stature, and scope of projects and the training/mentorship of new researchers/learners.

• **Aurora Scientific Day:** Disseminating the results of our studies locally and internationally is a vital step in translating data into action. Aurora Scientific Day is an annual forum for research presentations by residents, fellows, students, teaching and research faculty, and other allied health professionals at Aurora Health Care. In 2017, **over 60 studies were presented:** 23 judged posters, 24 general posters, 15 oral presentations, two Rieselbach distinguished paper sessions, and one special presentation.

Key Stats and Program Quality

**AUWMG Faculty, Trainee, Staff Scholarship**

> 75 Invited/Peer Reviewed Presentations
> 50 Publications

**In 2017 we had**

> 75 active research projects
> 100 individual collaborators

A complete copy of the 2017 **AUWMG Research Core Annual Report** is available upon request.
Innovations

Academic Affairs is greater than the sum of its parts… adding value to AHC beyond our outstanding clinical care through our dedication to:

• Educating our current and future workforce;
• Caring for vulnerable populations including refugees and those born in the U.S. whose health may be socially determined; and
• Advancing knowledge through systematic inquiry and scholarship

2018 will be a year of continued growth and innovation in:

• **Clinician Student Services**
  - Solidify and expand the number of sites, preceptors and placements for medical and advance practice clinician students
  - Explore the value added of trainees in our clinical learning environments

• **Graduate Medical Education**
  - Expand the number of accredited programs to include Palliative Medicine
  - Strive to achieve the 4th Aim for health care – clinician well-being

• **Continuing Professional Development**
  - Strengthen our partnerships with nursing and pharmacy by offering interprofessional education
  - Measure the long term impact of continuing professional education offerings

• **AUWMG Research**
  - Collaboration on research, training and scholarship
  - Collaborative presentations at scientific forums to turn knowledge into actionable intelligence that makes a difference

• **Academic Affairs**
  - Support the development of faculty as teachers and leaders
  - Approach pending merger(s) as opportunities to add further value through education, caring for vulnerable populations and systematic inquiry

What’s Next for 2018?

Academic Affairs is Ready for More Innovations in 2018 - Paddles Up!