The Value of Graduate Medical Education as Articulated by Our Sponsoring Organizations’ Leaders

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**INTRODUCTION/BACKGROUND**
- Our newly merged organization is now in the top 10 not-for-profit U.S. health care systems
- Collectively we sponsor ~650 residents & fellows in our 43 (18 WI, 25 Illinois) accredited programs
- Sponsoring GME programs requires a significant investment across the organization
  - EXEC LEADERS: President & CEO, Board of Directors & C-Suite (COO, CFO, CNIO)
  - CLINICAL LEADERS: Medical Group/Market Leaders, Hospital Presidents & CMOs
  - ADMIN LEADERS: Finance, Legal, QIPS, Patient Experience, HR, Foundation, Research, CME

**PURPOSE**
- To expand our connections as GME leaders with our health system leaders,
- To improve our ability to communicate the value to our organizations,
- To enhance our ability to successfully advocate for resources.

**METHODS**
- **PROJECT TEAM**: DIOs of our sponsoring institutions (we have maintained our separation as two SIs) and two Directors in Academic Affairs, each with extensive GME experience, met to:
  - Identify key system leaders
  - Develop a brief semi-structured interview format to minimize interview length seeking <20 minutes
- **INTERVIEWS**: First 3 authors were assigned to complete the interview with a key system leader
  - Through personal contact (e-mail, phone call, F2F) explained that we were interested in their perceptions re: the value of GME to our organization
  - Asked if they would be willing to meet/talk with us
- **A FIELD NOTES WORKSHEET** was created for interviewers to record the key findings
  - Field notes were then noted by respondent’s leadership role (eg, president, C-Suite, hospital president, finance/legal, HR) along with their responses to each question
- **ANALYSIS**: Responses were then coded and categorized using standard qualitative methodology to identify cross-cutting themes

**RESULTS**
- **RESPONSE RATE**: 29/31 (94%) leaders agreed to be interviewed
  - Very Responsive, Enthusiastic, Interested in what others said
  - Eager to learn more about and see results – receive follow-up
- **GENERAL KNOWLEDGE OF GME / MEDICAL EDUCATION**
  - All aware that we have GME programs and could articulate value (along with traditional metrics)
  - Typically lacking details (# of programs, residents, fellows; specialties; data re: retention, outcomes)
  - Specific knowledge varied by past/current role(s): Finance detailed knowledge direct/indirect GME funding

**SIGNIFICANCE/IMPLICATIONS**
- **FORUM TO CHAT WITH SENIOR LEADERS**: Expanded our connections & visibility with our system leaders,
- **ANTICIPATED**: Recruitment pipeline is a common talking point for GME
- **NEW AREAS TO EXPLORE**: GME's value to the organization's reputation, our critical role in promoting a culture of learning within our org, and GME as a community and professional responsibility
- **NEXT STEPS**: (1) Obtain same data from program directors; (2) Define metrics, gather data, and share those findings locally and nationally to enhance our value to and connection to leaders

**OUR SPONSORING ORGANIZATION LEADERS’ RESPONSES TO 2 Qs**

<table>
<thead>
<tr>
<th><strong>ITS VALUE &amp; COST-EFFECTIVENESS AS A PIPELINE FOR PHYSICIAN RECRUITMENT</strong></th>
<th><strong>GME’S CONTRIBUTION TO A CULTURE OF CONTINUOUS LEARNING</strong></th>
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<tr>
<td><strong>1. When you need to advocate for the value of our GME Programs, what do you highlight?</strong></td>
<td><strong>2. What do you wish others would value about our GME Programs?</strong></td>
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<td>1. Having GME programs is required to get the best physician talent</td>
<td>1. Creates a culture of learning that’s essential for high performance organizations</td>
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<td>2. Physician recruits often want to be in an academic environment, even if they don’t want to teach</td>
<td>2. GME adds to our culture of learning... I don’t know how good organizations could do it without having educational programs</td>
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<td>3. Highlight the business case of retention - from trainee to employed</td>
<td>3. Bringing evidence-based medicine – cutting edge – otherwise stale environment</td>
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<td>4. Faster to credential, quicker turnover, already know so get better candidates</td>
<td>4. General environment of inquisitiveness and creativity, not stagnant, ask what’s best way to do things, challenge the status quo</td>
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**PRESTIGE/REPUTATION/STATUTE ASSOCIATED AS ORG THAT TRAINS FUTURE PHYSICIANS**
- **Our national rankings depend on it**
- **Increase prestige the programs bring to the organization because ‘they don’t just provide care, they also teach’**
- **Competitive positioning in PSA dominated by academics – teaching is a consumer expectation & associated with quality**

**COMMUNITY/PROFESSIONAL EXPECTATIONS**
- **It’s our duty as a health system to produce/develop docs for our communities**
- **Ability to impact future health care through our education. If we don’t keep them, we have significant impact on the next generation – influencing health care future through our graduates and through our system**
- **It’s about value we provide to the community by training future physicians... It helps the health of our communities going beyond the care we provide**

**EDUCATION IS ACTIVE – EVEN IF PEOPLE ARE UNAWARE**
- **There is more education happening at (hospital named) than people are aware of**
- **Getting the word out that “We do teach” – which many don’t know nor how important that is to our reputation...**
- **People may not understand how large our program is as we’re not thought of as having a large teaching component. It always comes to the forefront of our minds when I go out to borrow money and put our description together...**

**EXCELLENCE INTEGRATED HEALTH CARE SYSTEM**
- **Creates a healthy tension in the organization. Organizations are built to just “do” not to create questions/reflect. It wouldn’t happen without education programs**
- **(Residents) May be most plugged in - to system, to technology - and that advances the system**
- **Synergy with other parts of the organization with whom GME partners to move others and the organization forward...**

**INFRASTRUCTURE NEEDED TO SUPPORT EDUCATION**
- **The complexity of the infrastructure to have good programs: legal, HR, accreditation teams, finance, faculty development**
- **The complexity and the inner workings, the requirements... Just what it all takes behind the scenes**