GRADUATE MEDICAL EDUCATION

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A key component in our ability to train the nation’s best doctors lies in the quality of the medical school graduates who choose U-M Internal Medicine for their residency. We have been fortunate to attract residents with tremendous qualities as individuals, in addition to their outstanding academic successes. What’s more, we draw a broad range of representation nationally that contributes to our rich, culturally diverse academic environment. As the bar of excellence of and for our trainees rises, our faculty is challenged to continuously renovate our curriculum, making sure we’re providing the most comprehensive, learner centered and in-depth, hands-on experience available. To that end, under the leadership of Dr. Davoren Chick, we updated our residency curriculum in 2008, making it competency-based and individually tailored to the specific educational needs of each resident for their particular level of training.

We have also increased our use of simulation-based learning through the new U-M Clinical Simulation Center. Formerly a single room, the center has opened in its new, multi-room facility in October 2008. With the availability of dedicated staff, incremental space and marked enhanced state of the art of equipment, we can now provide all of our residents with the opportunity to learn, in a simulated environment, such critical skills as placement of central lines, intravenous access and phlebotomy. Future areas of curriculum development in the simulation center include: performing endotracheal intubation and running a team response to a cardiac arrest.

Using a multi-faceted educational approach with a team of local clinical faculty and patient safety experts, our patient safety initiative, led by Drs. Rajesh Mangrulkar, Vikas Parekh, Michael Lukela and myself, has seen steady growth in the implementation of several elements of the Patient Safety Educational Program for internal medicine and medicine-pediatrics residents in our training program. We have begun to disseminate our work outside of the institution both at a state and national level. We have already presented our progress to date at the Michigan Health and Safety Coalition and at the Updates in Internal Medicine Conference at Mackinac Island. We have also developed a workshop that was presented to the Society of General Internal Medicine’s (SGIM) annual meeting in April 2008. In addition to this workshop, the group’s efforts have resulted in two research abstracts that were presented at the national SGIM meeting highlighting the innovative curriculum and electronic portfolio. At a national level, our work was also highlighted in the ACGME’s November, 2007 bulletin in an article entitled “The Institutional Response to Patient Safety.”

Under the leadership of Dr. James Beck, we continue to build on the success of our physician scientist program. Aimed at recruiting individuals with dual MD, PhD degrees, the program is dedicated to providing a streamlined approach to training future faculty members that will be major contributors to scientific discovery in medicine. This past year we welcomed four new first year house officers to be part of the physician scientist track.

With the success of the physician-scientist track now well in hand, we are developing initial concepts for similar programs to address other tracks for clinical scholars, clinician educators and primary care. Such innovation in our residency program will continue to produce the nation’s top doctors and, in turn, keep our residency program a preferred choice for the nation’s top medical school graduates.