



ALLIANCE OF INDEPENDENT
ACADEMIC MEDICAL CENTERS
National Initiative Impact Survey

Institution Name: Kaiser Permanente Northern California

Return completed survey to kimberly@aiamc.org by December 15th

Prior AIAMC National Initiative Participation:

- IV Achieving Mastery of CLER: Patient Safety, Performance & Quality Improvement
Team Leader: Alex Dummett, MD
V Health Equity: Health Equity & Disparities Track
Team Leader: Theresa Azevedo-Rousso
VII Teaming: Vallejo Mobile Health: Teaming for and End to Homelessness
Team Leader: Ted O'Connell, MD
VIII JEDI: Justice, Equity, Diversity, and Inclusion: Creating an Equitable Learning Environment: Tolls and Strategies for Inclusive Spaces
Team Leader: Tessa Stecker, MD

Your Name: Theresa Azevedo-Rousso

Your Email: theresa.azevedo@kp.org

Are you the best point of contact for information regarding your institution's prior National Initiatives?

X Yes
o No

If no, please indicate the name and email address of your institution's best point of contact:

Name:

Email:

To which one of the above-listed Initiatives does your survey responses correspond? Please note that a separate survey is required for each Initiative survey response (circle one of the following):

IV V VII VIII

National Initiative Levels of Impact

Please limit to 300 words per question/1,200 words total

1. **INDIVIDUAL/PARTICIPANT:** Please describe how the project has sustained positive impacts on team members and/or those who participated in the project (e.g., community stakeholders, C-suite representatives, residents).

The AIAMC National Initiative IV project has created enduring benefits for team members and participants across Kaiser Permanente Northern California Graduate Medical Education (GME).

Leadership Advancement: One of the original Research Project Managers (RPMs) now serves as Director of the Biostatistical Consulting Unit (BSCU), illustrating how the project fostered leadership growth and embedded research expertise into organizational infrastructure.

The former physician Director of the Division of Research transitioned into a regional Physician Advisor for Medical Education Research, consulting on GME programs and research policy. This ensures strategic alignment and sustainability of research priorities across the system.

Impact on Residents and Fellows: The initiative strengthened scholarly support for residents and fellows, making research more accessible and integrated into training. This has become a key differentiator for recruitment, attracting highly motivated candidates who value robust research opportunities and positioning KP GME programs as leaders in academic excellence.

Faculty Satisfaction and Engagement: Faculty report greater satisfaction due to streamlined research processes, expert biostatistical support, and dedicated RPMs who reduce administrative burden and accelerate project timelines. The model fosters collaboration between clinicians, researchers, and educators, creating a culture of inquiry that enhances professional development and retention.

Elevation of the Institutional GME Office and DIO Role: The Institutional GME Office and Designated Institutional Official (DIO) role was elevated through this initiative, becoming a critical problem-solving partner in aligning research infrastructure with accreditation standards, operational priorities, and learner needs. The DIO's leadership in integrating RPMs and biostatistical support into GME programs has strengthened governance and positioned Kaiser Permanente as a national leader in innovative medical education models.

2. **ALIGNMENT:** Please describe how the project strongly aligns with the priorities of your own institution, AIAMC, and/or other professional organizations (e.g., ABMS, AHA, AMA). How has your project helped to address or achieve the institutional/organizational priorities?

The KP Northern California AIAMC National Initiative project IV has had a transformative impact on research culture and infrastructure across our health care system. The initiative began as an NI-IV pilot at one medical center and has now expanded to eight medical centers, supported by nine full-time Research Project Managers (RPMs). This represents an annual investment of over \$1.6 million in salary and benefits and more than \$3 million in direct research support for residents and fellows in Northern California, funded by KP Regional UME/GME. Core to this success is the partnership with the Kaiser Permanente Biostatistical Consulting Unit (BSCU) (biostatistical-consulting-unit.kaiserpermanente.org), which provides expert biostatistical guidance, study design consultation, and data analysis support.

Together, RPMs and BSCU have created a robust infrastructure that enables learners to complete high-quality research projects efficiently and effectively.

3. INTERNAL UTILIZATION: Please describe how the project was adopted or adapted within other medical education programs (i.e., other learner programs) and others in your health care system (e.g., other departments such as DEI, HR, and others).

Graduate Medical Education: The RPM model has been integrated into multiple residency and fellowship programs, increasing scholarly output and fostering interdepartmental collaboration.

Other learner programs: Undergraduate medical education and allied health programs have adapted the framework to provide early research exposure and mentorship, strengthening the pipeline for clinician-researchers.

System-wide departments: DEI has partnered with RPMs to advance equity-focused research, while HR has leveraged the program's success to inform workforce development strategies. Operational units have adapted the model for quality improvement and population health initiatives, demonstrating its versatility beyond academic research.

4. EXTERNAL DISSEMINATION: Please describe how the project has been shared beyond your own institution at regional or national levels including other health care, community, medical education organizations, scholarly activity/conference presentations, and /or peer reviewed scholarship.

The KP Northern California AIAMC National Initiative project has been widely disseminated beyond our institution through scholarly activity, conferences, and peer-reviewed publications. In 2024, Kaiser Permanente Northern California Graduate Medical Education (GME) invested over \$3.2 million to support research in 19 residency programs and 18 fellowship programs, resulting in nearly 300 scholarly projects conducted with support from the Biostatistical Consulting Unit (BSCU) and Research Project Managers (RPMs), including 28 peer-reviewed manuscripts in journals such as JAMA Network Open, Journal of the American Heart Association, and Journal of the National Comprehensive Cancer Network. 65 conference presentations were delivered at major national meetings, including the American Association for Cancer Research, American College of Cardiology, and American College of Gastroenterology.

The NI-IV success has positioned it as a replicable framework for other Kaiser Permanente regions and external institutions, demonstrating how strategic investment in research support can elevate scholarly activity, improve patient care, and strengthen the clinician-researcher pipeline. Its scalability and adaptability make it a cornerstone for current and future GME programs, setting a national benchmark for integrating research into a learning health system.

5. (Optional) References in Support of This Submission: