



2025 Poster Slam

Caroline Diez, MBA, C-TAGME, Co-Facilitator
Diana Singer, PhD, RN, CCRN, CNE, C-TAGME, Co-Facilitator

Saturday, March 22nd
AiAMC Annual Meeting 2025

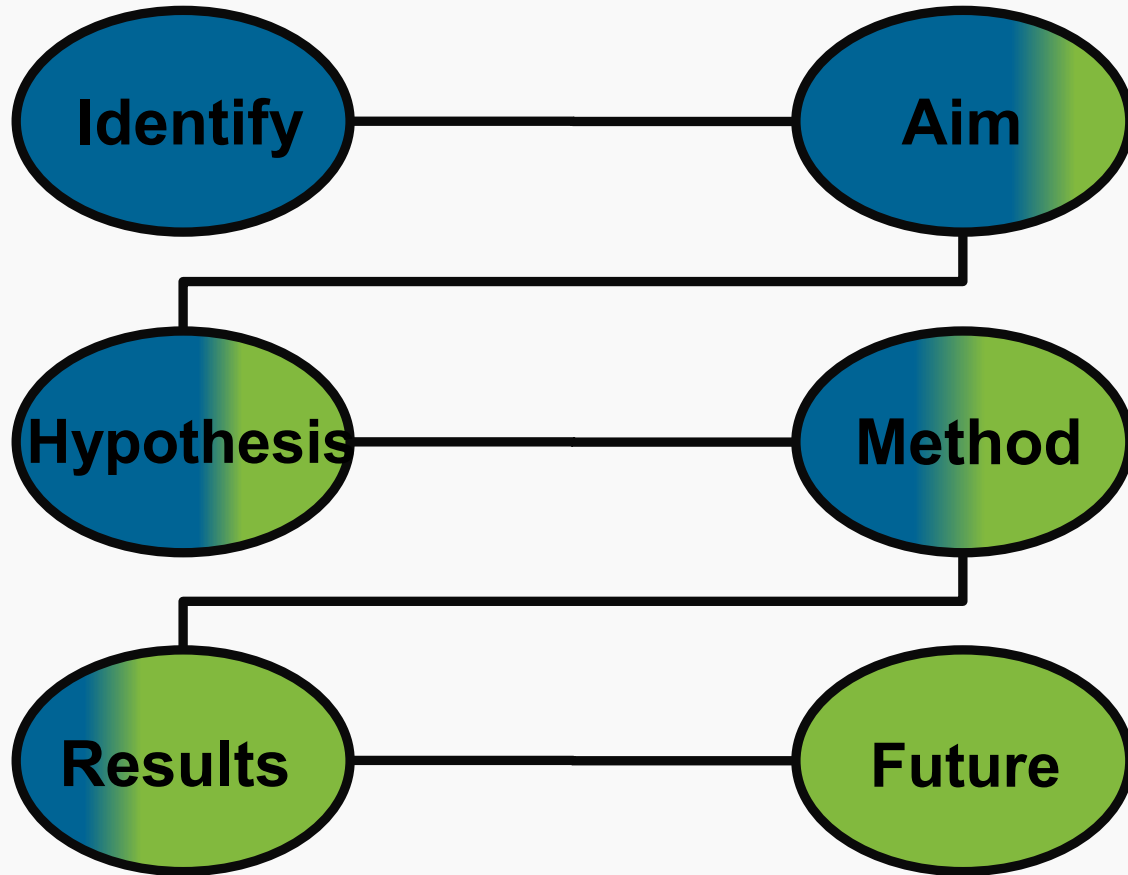
Poster Slam Format

- ❑ Top Three Poster Abstracts Received

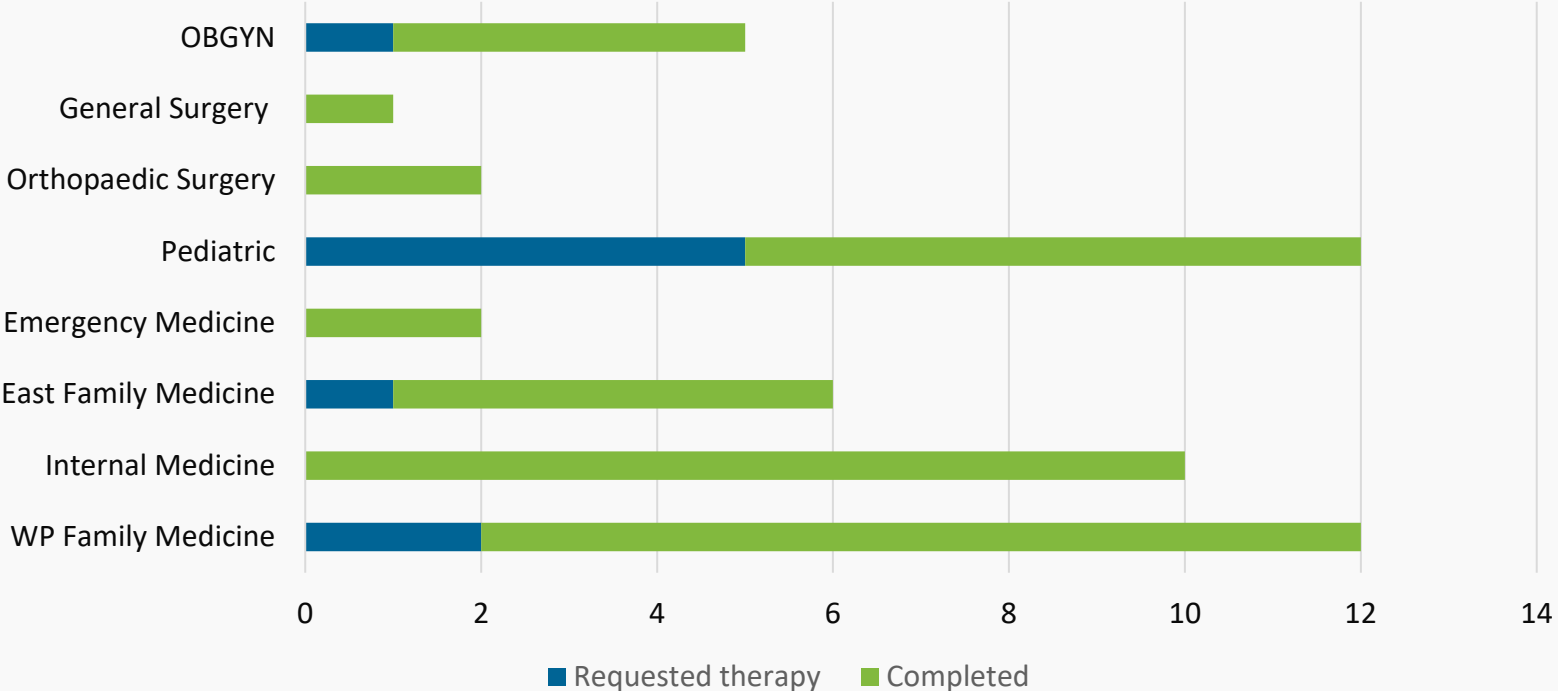
- ❑ Presentations: Six Minutes, Followed by Two Minutes Q & A

Realities of Residency: The Impact of Wellness Check- ins and Resident Satisfaction

Natasha Bradley RMHCI, Luis Isea-Mercado MD FACP, Alexandra Lajeunesse
LMHC



Completed Check-ins & Therapy Requests from July-August 2025





“I was able to debrief in a safe space. I felt no judgment about what I was speaking about and felt comfortable sharing my emotions and feelings”

“Validation and reminders that I am still learning and allowed to be patient with myself.”

“The fact that I was provided reassurance that everything is confidential and also that there is help if I ever feel like I need help in regards to my wellbeing.”

“I felt heard and I feel like the questions that were asked were very prudent.”

“I liked how insightful the questions were and how they made me think about how I approach certain situations.”

Impact on GME Wellness



A SUCCESSFUL FORMULA FOR FINANCING A CENTRALIZED GME RESEARCH AND SCHOLARLY ACTIVITY SUPPORT TEAM

Jessica J F Kram, MPH, Academic Affairs, Aurora University of Wisconsin Medical Group, Aurora Sinai Medical Center, Advocate Health

Jake Bidwell, MD, Designated Institutional Official & Vice President of Medical Education, Aurora University of Wisconsin Medical Center, Department of Family Medicine, Aurora St. Luke's Medical Center, Advocate Health

Lisa Sullivan Vedder, MD, Academic Affairs, Aurora University of Wisconsin Medical Group, Department of Family Medicine, Aurora Sinai Medical Center, Advocate Health

Dennis J Baumgardner, MD, Professor Emeritus, Department of Family Medicine, University of Wisconsin School of Medicine and Public Health, Aurora University of Wisconsin Medical Group, Aurora St. Luke's Medical Center, Advocate Health

Leah Delfinado, MD, Designated Institutional Official Advocate Health Care, Residency Program Director, Advocate Illinois Masonic Medical Center, Department of Obstetrics and Gynecology, Advocate Health

Deborah Simpson, PhD, Academic Affairs Education Director, Advocate Health; Clinical Adjunct Professor of Family and Community Medicine, UWSMPH and MCW

Tricia La Fratta, MBA, Manager Graduate Medical Education Programs, Aurora Health Care

Thomas Hansen, MD, Vice Chief Academic Officer, Clinical Training and Education for Advocate Health; Vice Dean for Graduate Medical Education, Wake Forest University School of Medicine



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03/22/2025 | Presenter: Jacob Bidwell, MD

We have no conflicts of interest or funding sources to report.

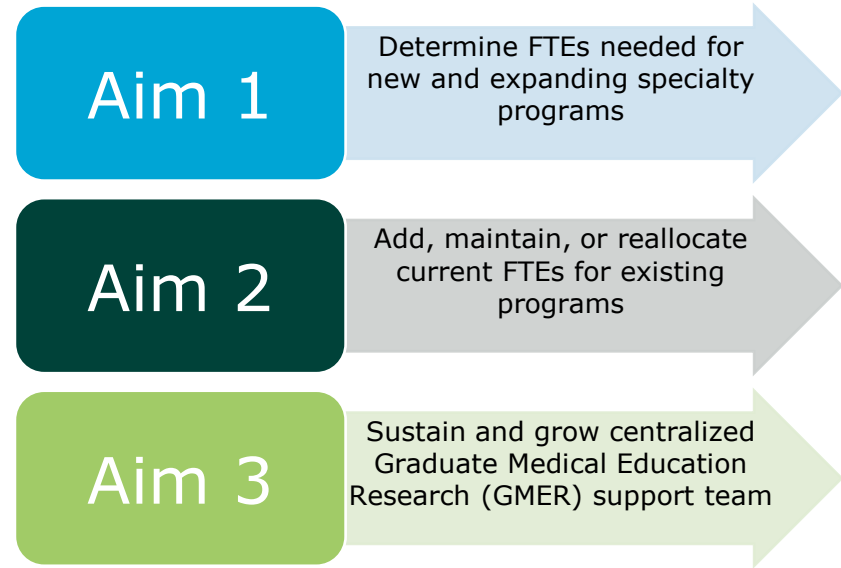
Background

- Per ACGME’s CPRs, residents/fellows must participate in scholarship and “programs must demonstrate evidence of scholarly activities consistent with its mission(s) and aims.”¹
- Scholarly activity requirements vary by program specialty and may include quality improvement and research.¹
- Adequate resources must be provided to programs by the sponsoring institution (SI) to support scholarship.¹
 - Studies have demonstrated doing so increases scholarly output.²
- ACGME has not established a standardized framework for programs to determine full-time equivalent (FTE) research support (i.e., research associates, biostatisticians).
 - Limited guidance from literature²

Objectives



To create a tool for determining research associate and biostatistician FTE needs based on each program specialty’s ACGME requirements for scholarship



Aim 1

Determine FTEs needed for new and expanding specialty programs

Aim 2

Add, maintain, or reallocate current FTEs for existing programs

Aim 3

Sustain and grow centralized Graduate Medical Education Research (GMER) support team

References

1. The Accreditation Council for Graduate Medical Education. Common Program Requirements (Residency and Fellowship). https://www.acgme.org/globalassets/pfassets/programrequirements/cprresidency_2023.pdf Published: July 1, 2023. Accessed: August 9, 2024.
2. Haas DM, Hadaie B, Ramirez M, Shanks AL, Scott NP. Resident research mentoring teams: A support program to increase resident research productivity. *J Grad Med Edu.* 2023;15(3):365-372. doi: 10.4300/JGME-D-22-00499.1

Methods

Spr 2021

- Reviewed all specialty programs within SI #1 and ACGME CPRs for scholarship, as well as existing research associate and biostatistician FTEs.

Spr 2021

- Created formula based on existing resident/fellow support and scholarly productivity.
- Did not account for faculty needs or administrative needs.

Spr 2021-
Spr 2024

- Applied formula to determine ideal FTE support needs in SI #1 and SI #2 within existing programs to support continued hospital approved funding and request additional funding.
- Further applied to determine needs for new/expanding programs to add \$\$ to programs' budgets.
- New positions were created.

Sum
2024

- Summary statistics were used to describe FTEs and budget changes from 2021-2024 in SI #1 (residents/fellows 2021 N=170, 2024 N=197) and SI #2 (residents/fellows 2021 N=591, 2024 N=588).

Results

We proposed allocating:

- 0.1 FTE research associate support per average number of residents/fellows per year per program
- 0.1 FTE biostatistician support per every 0.2 FTE research associate

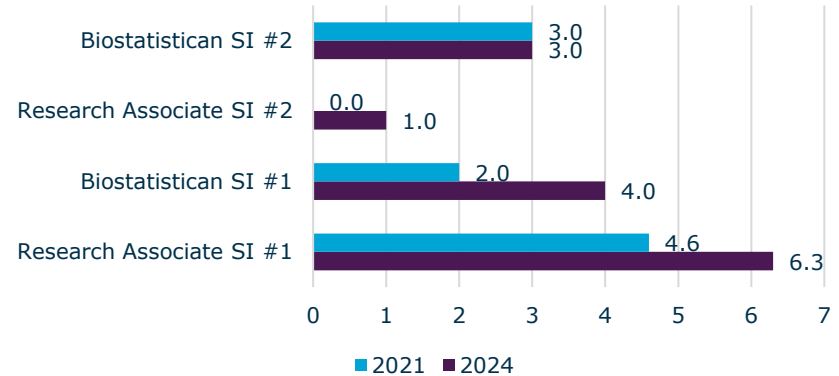
Formula multipliers for programs included:

- 0.5-1.0 for fulfilment of general or moderate ACGME program specific scholarship requirements
- 1.5 for fulfilment of above average ACGME program specific requirements
- 2.0-2.5 for fulfilment of major or rigorous ACGME program specific requirements or service line association

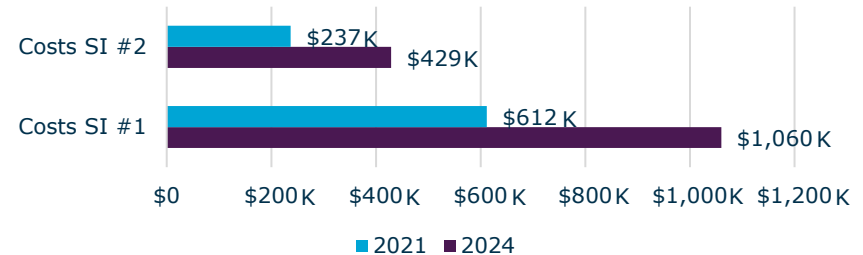
Example calculation:

- $0.1 \text{ FTE research associate} \times (2 \text{ fellows}/2\text{-year program}) \times 2.5 \text{ program multiplier} = 0.25 \text{ FTE}$
- $0.1 \text{ FTE biostatistician per } 0.2 \text{ FTE research associate} = 0.125 \text{ FTE}$

FTE Changes from 2021 to 2024



Cost Changes from 2021 to 2024



SI #1 FTE costs increased from ~\$3,600 to ~\$5,380 per resident/fellow;
SI #2 costs increased from ~\$404 to ~\$727 per resident/fellow.

Conclusions

- Our formula was applied to 2 different SIs to add, maintain, or reallocate FTE support for a centralized GMER support team.
- While developed based on our interpretation of ACGME scholarship requirements our formula:
 - May be further supported by Haas et al.²
 - Is a novel guideline for building a centralized GMER support team
 - Supported the development of education lecture series for trainees and faculty
 - May be applicable to other SIs as they navigate corporate structures and budgets
 - Could be amended as to consider the FTE needed for administrative and medical director support, as well as faculty specific FTE needs

References

2. Haas DM, Hadaie B, Ramirez M, Shanks AL, Scott NP. Resident research mentoring teams: A support program to increase resident research productivity. *J Grad Med Edu.* 2023;15(3):365-372. doi: 10.4300/JGME-D-22-00499.1



Integrating Community Agencies in Residency Education (ICARE) through the development of a community outreach curriculum in a family medicine residency

Saboria K. Thomas MD, MPH
Wayne State University, PGY-2
Oral Presentation
AIAMC Annual Meeting
March 22nd, 2025

Mission



- Create and implement a curriculum that resident participants find meaningful.
- Foster community partners long term, thus allowing a natural path for growth and expansion in providing health services, to those who often suffer from the greatest unmet health needs.
- Measure the impact of the curriculum by hours spent in the community and volume of community members contacted.
- Maintain the momentum by graduating inspired residents who continue to engage their community as attendings--preferably with the same organizations they interfaced with as residents.
- Highlight the importance of community engagement during residency, with hopes of providing responsive, culturally competent care for diverse patient populations in a variety of clinical settings.



Methods

- FM residents who were in the program at APRH during the 2023-2024 (n=23) and 2024-2025 AY (n=28) were enrolled in the curriculum as part of required work.
- Outreach sites included: WSUSOM's Student Run Free Clinic (SRFC) and Street Medicine Detroit (SM), Neighborhood House (NH), Samaritas Senior Living (SSL), and the Older Person's Commission (OPC).
- **Year One:** We developed the curricula to encompass the learning experiences, revisited old community partners to look for new opportunities and started tracking, scheduling and measuring our outreach hours.
 - Measurements in Y1 included: Hours spent at community sites and resident impressions of the curriculum.
- **Year Two:** We are strengthening our measurement tools (from only tracking hours in the community, to also tracking encounters), establishing relationships with other community stakeholders, and refining the curriculum.
 - Y2 will include a single didactic session about advocating for volunteerism as being part of employed work, for PGY3 residents looking at job contracts.
 - Y2 will conclude with again surveying resident impressions of the curriculum.

Results



- Table 1 shows **335 hours** were spent in Oakland and Wayne county providing services that included direct patient care (SRFC, SM), well-child checks at NH and blood pressure screening and patient education at the OPC and SSL in Y1.
- An **additional 227.5** hours at the midpoint of Y2 includes new community sites Gary Burnstein Community Health Center (GBCHC), Golden Opportunity Club (GOC), Salvation Army (SA), Orion Center (OC) and story time at a local park (IP).

Organization	Services	Location	Y1		Y2 Jul 1-Dec 31	
			Hours	Encounters	Hours	Encounters
Student Run Free Clinic (SRFC)	Direct patient care for uninsured	Detroit	60	20	50	13
Street Medicine (SM)	Direct patient care for those experiencing homelessness	Detroit	96	49	42	135
Neighborhood House (NH)	Back-to-school physical	Rochester	4.5	26	4.5	0
Older Persons Commission (OPC)	Blood pressure screening and education	Rochester	100	unknown	50	unknown
Samaritas Affordable Living (SAL)	Blood pressure screening and education	Rochester Hills	75	237*	50	*
Gary Burnstein Community Health Center (GBCHC)	Direct patient care for uninsured	Pontiac	0	0	15	4
Golden Opportunity Club (GOC)	Diabetes screening and education	Pontiac	0	0	8	117
Salvation Army (SA)	Diabetes screening and education	Pontiac	0	unknown	8	unknown
Innovations Park Story Time (IP)	Children programming	Rochester Hills	2	unknown	2	unknown
Orion Center (OC)	Blood pressure screening and education	Lake Orion	100	512*	50	*

Table 1

Number of residents who found the curriculum meaningful, rewarding and satisfying

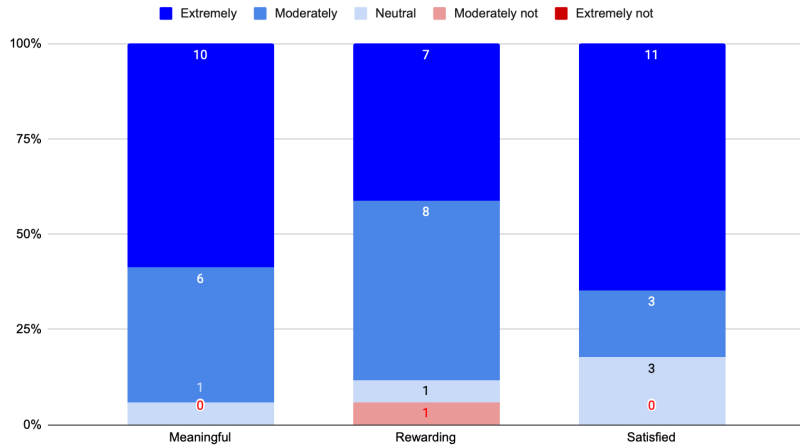


Table 2: survey results from Y1

Discussion



- The development of a community outreach curriculum can be sustainable in an FM residency program, and a robust reach by measurement of time committed is possible in the constraints of residency education.

- Barriers:
 - Scheduling such assignments in the chaotic matrix of GME assignments and ensuring compliance with residents logging their encounters.
 - As shown on Table 1, many sites had periods of time where no encounters were logged because residents did not keep track. We anticipate this will improve over time.

- Next steps
 - Continue measuring the volume of community members impacted
 - Survey community partners on their satisfaction of the program and resident graduates on any volunteerism they maintain, as attendings.
 - In our current political climate, access to federal and state funded programs is unlikely to grow. Encouraging young physicians to value volunteerism and immerse themselves with the communities they serve, can help move the needle to improve health outcomes and access to care.