

**Graduate Medical Education
Annual Institutional Review (AIR) – Academic Year 2023-2024: Report**

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I. Background and Overview of GME:

This Annual Institutional Review (AIR) is respectfully submitted for review. The report incorporates data from July 1st, 2023, through June 30th, 2024.

The Division of Graduate Medical Education (GME) in the Department of Education at Lehigh Valley Health Network (LVHN) includes Joseph E. Patruno, MD, the Designated Institutional Official (DIO) and Robert Sweeny, the Director of Graduate Medical Education (DGME). Other GME team members include GME Specialist Tanya Ensminger-Fernandez and Accreditation Specialist Despina Tsarouhis, who continued to also function as a GME Specialist. Additionally, Terri Vian remains the Scholarly Activities Coordinator and Liaison, supporting academic research and the institutional academic mission.

Our Sponsoring Institution (SI) is Lehigh Valley Health Network (LVHN) which has maintained its continued accreditation through the Accreditation Council for Graduate Medical Education (ACGME) as of August 23, 2024 (**Appendix A**). Our SI underwent a focused ACGME site visit on October 31st, 2023. This site visit was prompted by a resident complaint in July of 2023 but also served as an accreditation site visit as our previous institutional review was in 2012. Additionally, LVHN underwent a routine 3-year Clinical Learning Environment Review (CLER) in April 2024.

Currently, the network sponsors a total of 37 accredited residency and fellowship training programs and 7 non-accredited programs. Two additional ACGME-sponsored programs have submitted applications to the ACGME for consideration (Diagnostic Radiology Residency, Hand Surgery Fellowship). There are a total of 384 trainees (379 accredited, 5 non-accredited) providing patient care at 64 affiliated clinical training sites.

All ACGME accredited programs have maintained Initial Accreditation or Continued Accreditation without warning nor probation, and no programs have lost accreditation in the past year (**Appendix B**). Additionally, our Dental Residency Program remains in good standing and is accredited through the Commission on Dental Accreditation (CODA).

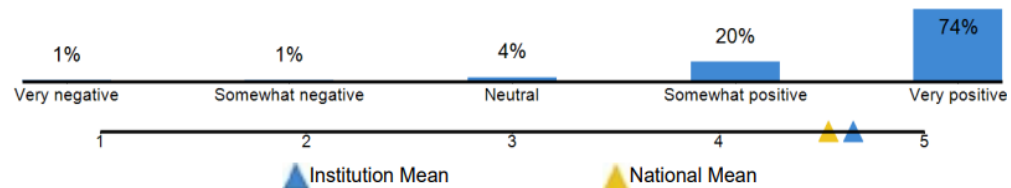
II. Data Metrics

a. Resident and Faculty Satisfaction:

Trainee and faculty satisfaction and assessment of programs remains a critical metric and measure of our success at LVHN and is monitored by the ACGME as our accrediting body. Overall, program satisfaction in the training environment for residents, fellows and faculty remains globally positive (**Composite data Appendix C**). Annual ACGME program surveys included a 99% participation rate among trainees with global satisfaction of the training environment at 94%. This was stable from the prior year. Residents' program satisfaction at LVHN exceeds satisfaction means for SIs nationally (Chart #1).

Chart #1:

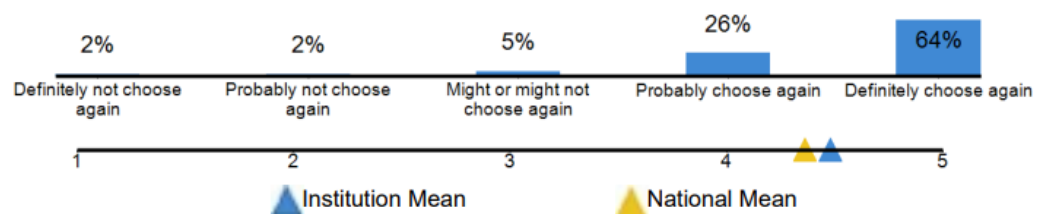
Residents' overall evaluation of the program



Trainees' "overall opinion of their programs, reflected in whether they would choose their program again, similarly was favorable. In total, 90% of trainees responded affirmatively to this question ("Probably" or "Definitely" would choose again). This improved from the prior year which was 87%. This metric also, again, exceeded national mean data in SIs nationally (Chart #2).

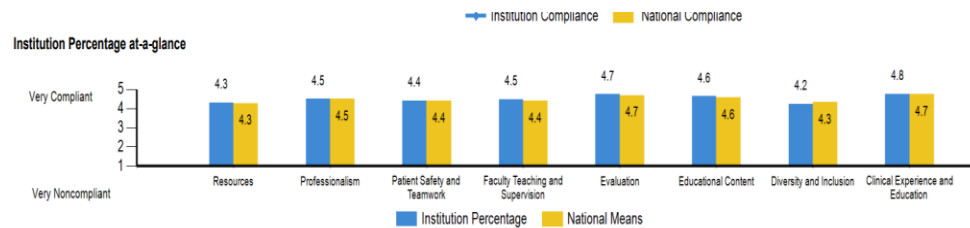
Chart #2:

Residents' overall opinion of the program



Critical components of the educational and clinical environment assessed by the ACGME were equivalent to, or exceeded, national means in the compiled assessment of LVHN training programs as demonstrated in the table below. "Diversity and Inclusion" was rated slightly below national mean as an exception. "Faculty Teaching and Clinical Experience" and "Educational Content" both exceeded national standards (Chart #3).

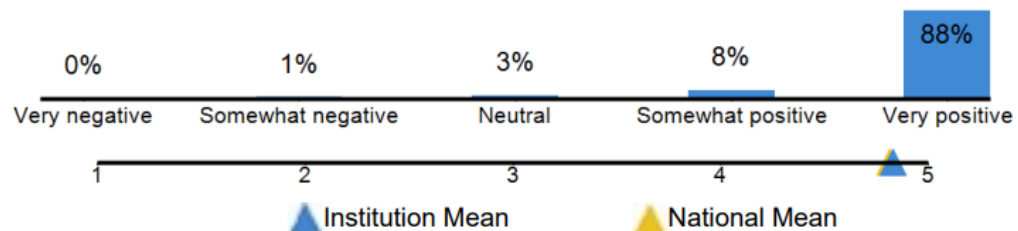
Chart #3:



Faculty satisfaction also remained robust based on the ACGME survey results. The faculty participation rate in this year’s annual ACGME survey was 97% percent, with 96% of faculty evaluating their programs either “Positively” or “Very Positively” (Chart #4). Although this value declined slightly from AY 2022-2023 (99%), LVHN faculty satisfaction ratings exceeded national means in other institutions (**Composite data Appendix D**).

Chart 4:

Faculty’s overall evaluation of the program



Other surveys tools were used during the AY to measure engagement, trainee satisfaction, and other aspects of the environment. This included the Internal Trainee Survey (November) and Annual Engagement Survey (April). Participation in these surveys varied, although outcomes, not presented in this report, were overall positive and shared with the Graduate Medical Education Committee (GMEC) during the year.

b. Current Residencies and Fellowships:

Currently, LVHN sponsors 16 residency programs comprised of **312 residents**. A total of 327 residency positions have been approved, however, and will be filled in the coming years. These programs all remain in good standing with Continued Accreditation without warning or probation (Table #1).

Table #1:

ACGME Accredited Residency Programs			
Program	Fill slots	Program	Fill slots
Colon and Rectal Surgery	2	OBGYN	24
Dermatology	6	Pediatrics	23
Emergency Medicine	61	Otolaryngology - Head and Neck Surgery	2
Family Medicine-S	12	Plastic Surgery	6
Family Medicine-L	26	Psychiatry	22
Internal Medicine	55	General Surgery	31
Neurology	17	Vascular Surgery	1±
Transitional Year	16	Dental Medicine	8
Total Programs: 16 Total filled spots Residencies = 312 (327 approved) ± First Year matriculating Residents			

There are 19 ACGME-sponsored fellowship programs at LVHN made up of **74 fellows** but with 81 approved spots that will reach full complement in the next 2 years. Again, these programs all remain in good standing with Continued or Initial Accreditation without warning or probation (Table #2).

Table #2:

ACGME Accredited Fellowship Programs			
Program	Fill slots	Program	Fill slots
Micrographic Surgery and Dermatologic Oncology-IM	1	Hematology-Oncology-IM	9
Emergency Medical Services-EM	1±	Interventional Cardiology-Cards, IM	2
Medical Toxicology-EM	4	Nephrology	4
Geriatric Medicine-FM	1	Pulmonary Critical Care-IM	7
Hospice & Palliative Medicine-IM	1	Rheumatology	4
Sports Medicine-FM	3	Clinical Neurophysiology	2
Cardiovascular Disease-IM	15	Vascular Neurology	1
Endocrinology, Diabetes, & Metabolism - IM	4	Neurocritical Care	0
Gastroenterology	7	Maternal-Fetal Medicine	2
Addiction Medicine-Multidisciplinary	0	Child and Adolescent Psychiatry	4
Surgical Critical Care-Surgery	3		
Total Programs: 21 • Total filled spots Residencies = 74 (81 approved) • ± First Year matriculating Residents			

The network also supports 7 non-accredited fellowships which are managed departmentally with little GME oversight. Currently, there are 5 filled spots within these 7 such programs (Table #3).

Table #3:

Non-Accredited Fellowship Programs			
Program	Fill slots	Program	Fill slots
Ultrasound- Emergency Medicine	1	Mixed Reality in Complex Intracranial Surgery-Neurosurgery	1
Burn Surgery	1	International Skull-Based Surgery-ENT	1
Advanced Endoscopy - Gastroenterology	1		
Men's Health & Endourology- Urology	0		
Urologic Oncology and Minimally Invasive Surgery- Urology	0		
Total Programs: 7 Total filled spots Residencies = 5 (7 approved)			

c. Site Visits, Reviews, and Citations

Academic Year 2023-2024 included numerous Site Visits and Reviews, both institutionally and within programs. This included an SI ACGME Site Visit (10-year review), a Clinical Learning Environment Review (CLER) visit, and several ACGME required program site visits. Outcomes from these site visits are summarized below:

Sponsoring Institution Site Visit – October 31st, 2023

This was LVHNs first institutional Site visit since 2012. This visit was triggered by a resident complaint in June 2023. Overall, the site visit was positive despite resulting in 6 minor citations that are documented in the annual accreditation letter in Appendix A. These citations have been dealt with and have been responded to through the ACGME database as documented in Appendix F.

Result: Continued Accreditation → Continued Accreditation

Clinical Learning Environment Review (CLER)

LVHN also underwent a 3-year CLER visit April 2-4, 2024. This was a hybrid site visit influence overall accreditation. The site visitors, however, identified several opportunities

for improvement relating to trainee participation in quality research, optimizing of teaming in the clinical setting, better education on health-care disparities, and the need for operational improvement to enhance well-being in the GME environment.

Program Site Visits

Several ACGME Sponsored Program Site Visits occurred in the past AY including:

- November 1st, 2023: *Emergency Medicine Residency Program* - Complaint Site Visit
Outcome: Continued Accreditation → Continued Accreditation
- November 9th, 2023: *Vascular Surgery*- Initial Site Visit
Outcome: Initial Accreditation (next Site Visit expected in July 2026)
- January 24th, 2024: *Child and Adolescent Psychiatry Fellowship* - Accreditation Site Visit
Outcome: Initial Accreditation → Continued Accreditation
- February 29th, 2024: *Micrographic Surgery and Dermatologic Oncology Fellowship* - follow-up Accreditation Site Visit
Outcome: Initial Accreditation with Warning → Continued Accreditation
- April 19th, 2024: *Interventional Cardiology Fellowship* - follow-up Accreditation Site Visit
Outcome: Initial Accreditation → Continued Accreditation (letter received September 2024)

Special Reviews

A single Special Review was initiated by the GME office to review the *Micrographic Surgery and Dermatologic Cancer Fellowship* on January 29th, 2024. This review was activated by the program being placed on accreditation with warning in 2023, because of various citations. Based on the recommendations of our internal Special Review, resulting in programmatic changes, the fellowship received continued accreditation, with no citations, following its formal site visit in February 2024.

Citations:

Among the 37 ACGME accredited training programs at LVHN there are 28 total citations. This was comparable to the previous year when there were 30 citations among all LVHN programs. Citations occurred in 11 programs whereas 26 programs had no citations. The categories and breakdown of the citations are as follows (Table #4). A more granular breakdown of all citations, including specific programs affected, is attached in **Appendix E**.

Table #4

Category	Number Citations
Institutional Support	
Program Director	1
Sponsoring Institution	2
Program Personnel and resources	
Responsibility of Faculty	1
Other Program Personnel	4
Educational Program	
Procedural Experience	1
Supervision	4
Work Hour Violations	1
Oversight	1
Well-Being	1
Competency: Patient Care	1
Competency: Professionalism	1
Evaluation	
Resident or Fellow	5
Faculty	2
Program	3
TOTAL	28

d. Expansion and Growth:

The network’s training environment remains dynamic and continues to grow. This includes the expansion of the Neurology Residency (15 to 18 trainees) and the addition of a new program in Vascular Surgery recruiting its first trainee in July 2024.

Several other programs have been applied for and are expecting initial site visits this year. This includes a Diagnostic Radiology Residency and a Hand Surgery Orthopedics Fellowship. Again, non-accredited fellowships, which in the past have been overseen by clinical departments, will be standardized and managed by our GME Division. This will include the development of a new Obstetrics Fellowship in Family Medicine.

We continue planning for the growth and optimization of our GME environments in our northern-tier hospitals. This is expected in the next 1-5 years. Programs being considered at LVH-Schuylkill (LVH-S) and at LVH-Pocono (LVH-P) include Internal Medicine, Transitional Year, and Cardiology. We continue to refine financial proformas and additional needs assessment at these sites prior to moving forward.

LVH-S is our first other hospital site to support an independent training program with the “Rural” Family Medicine program now at full complement with 12 trainees. LVH-Hazleton (LVH-H) remains limited with no real potential for GME growth based on previous cap at 4 trainees per year. In 2023, Family Medicine residents rotated in the Emergency Department at LVH-H demonstrating the value of the hospital as a training environment. Other rotations, including an OBGYN experience, are being explored to more effectively use available GME spots and to expand the GME culture at the site.

The attached chart tracks projected growth of GME in the next 10 years. In the past 5- years, the GME complement has increased from 291 to 372 trainees (27% ↑). It is projected the number of residents and fellows will increase from 372 to 541 by 2032 (Chart #5).

Chart #5:



This growth will include local programs, at LVH-CC and LVH-Muhlenberg, as well as expansion of GME to Northern tier hospitals, especially LVH-S and LVH-P. Specific programs that are planned over the next 7-years include (Table #5):

Table #5.

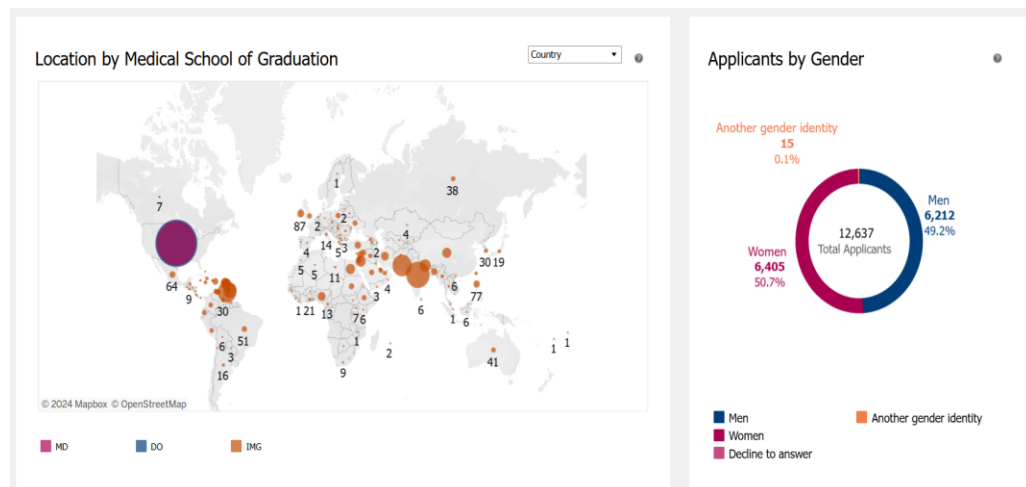
Planned Future Residencies and Fellowships at LVHN 2025-2032				
Year	Program	Type	Trainees/year	Total
2025-26	Diagnostic Radiology **	Residency	5	20
	Hand Surgery**	Fellowship	1	1
	Orthopedics	Fellowship	2	6
	Pediatric Emergency Medicine	Fellowship	1	1
	Obstetrical Fellowship-Family Medicine •	Fellowship	1	1
2026-27	Physical Medicine & Rehabilitation	Residency	4	12
	Breast Surgery •	Fellowship	1	1
	Pain Management-Multidisciplinary	Fellowship	1	1
	Electrophysiology	Fellowship	1	1
2027-28	Orthopedics	Residency	4	20
	Internal Medicine LVH-P	Residency	8	24
	Anesthesiology	Residency	4	16
	Neurosurgery	Residency	1	7
	Orthopedic Sports Medicine	Fellowship	1	1
2028-29	Internal Medicine LVH-S	Residency	4	12
	Cardiovascular Disease LVH-P	Fellowship	2	6
	Transitional Year LVH-P	Residency	5	5
				133

• Non-accredited Program
** Applied for and Site Visit complete

e. Interviews and Recruitment Data:

LVHN remains a desirable training site for both residents and fellows based on application and match data. Applications through the ERAS system remained robust, but slightly decreased from the prior year (12,637 applicants in 2024 versus 13,324 applications in 2023). This includes both national and international candidates (Chart #6).

Chart #6



Other pertinent demographic data from the 2023-24 recruitment season included:

- The addition of **93 new residents** and **22 new Fellows** in 2024.
- Residents that represented **54 different medical schools** and **15 different states** nationally.
- **7 Trainees** from our academic affiliate University of South Florida Program and **13 students** from Philadelphia College of Osteopathic Medicine.
- **12 Residents from LVHN** who remained in our GME environment taking fellowship positions locally.

96% of available residency and fellowships positions were filled in 2024 through the initial match process with 99% of available positions ultimately filled through SOAP and other mechanisms.

Further recruitment and match trends are displayed in Table #6: This data confirms a continued trend of decreasing female trainees with 38.4% of our new recruits being female this past year. Of note, our applicant pool was >50% female candidates. Also, our International Medical Graduate (IMG) recruitment number once again increased in the past year from 25.0% to 29.5%. This likely due to challenges in recruiting U.S. trained applicants in certain programs (Emergency Medicine, Pediatrics, Nephrology) and preferentially choosing exceptional, international applicants in many cases.

The increase in IMGs has benefits in expanding our diversity but also leads to cost and increased utilization of administrative resources, specifically relating to visa acquisition.

Table #6:

Category	2024	2023	2022	2021	2020
Applicant Data					
Total Applicants	12,586	13,324	12,641	13,094	12,409
Total Ranked	1,430	1,156	1,018	796	795
Total Matched	112	108	100	101	96
% Interviewed	11%	8.70%	8	6.10%	6.4
Matched Gender Data					
Female	38.40%	43.50%	45.00%	46.60%	52.10%
Male	61.60%	56.50%	55.00%	53.40%	47.9
Other	0.00%	0.00%	0.00%	0.00%	0.00%
Matched Degree Type Data					
MD	30.40%	29.60%	30.00%	29.70%	37.50%
DO	40.20%	45.40%	53.00%	53.50%	45.80%
IMG	29.50%	25.00%	17.00%	17.80%	16.70%
Matched Race Data					
African American	8.00%	9.60%	4.00%	5.90%	2.10%
Hispanic	6.30%	6.70%	4.00%	4.00%	4.20%
Caucasian	48.20%	50.00%	61.00%	64.40%	43.80%
Asian	35.70%	35.60%	32.00%	21.80%	38.50%
Other	8.10%	5.70%	5.00%	10.00%	15.70%

f. Diversity, Equity, Inclusion, and Belonging (DEIB):

The GME office and our training programs continue to support expanding diversity, equity, inclusion and belonging. This includes efforts to recruit diverse faculty, trainees and administrative staff. It has also included focused and proactive approaches to attract more diverse applicants to our training programs. The network was successful in matching a diverse cohort of trainees based on race and ethnicity which included 16% underrepresented minorities (URIM) in 2024. This was slightly decreased from 19% in 2023.

ACGME Survey data, focusing on professionalism, discrimination, and DEI, also remained stable in the past year. Questions in these areas rated comparably to national means.

We continue to refine our process for reporting and dealing with unprofessional behavior in GME through our enhanced “Grievance Policy,” as well as through institutional Human Resource mechanisms. Survey results confirmed trainees recognized that these mechanisms exist. Despite acknowledging that processes exist to deal with problems and concerns, their satisfaction with how problems and concerns are dealt with was lower than national means. Similarly, trainees who witness abuse, harassment, mistreatment, or discrimination were also slightly higher than the national mean. We believe this reflects a positive transparency in our culture and community. We welcome further conversation on ways to mitigate concerns and improve how concerns are dealt with in our communities.

There has also been a focus on ways to improve “Teaching of health care disparities” and assuring adequate training and understanding around “Cultural Humility” at both the institutional and GME level (Table #7).

Table #7:

Professionalism		% Institution	Institution	% National	National
		Compliant	Mean	Compliant	Mean
	Residents/fellows encouraged to feel comfortable calling supervisor with questions	89%	4.5	88%	4.5
	Faculty members act professionally when teaching	92%	4.5	92%	4.5
	Faculty members act professionally when providing care	96%	4.7	96%	4.7
	Process in place for confidential reporting of unprofessional behavior	94%	4.8	90%	4.6
	Able to raise concerns without fear of intimidation or retaliation	81%	4.2	80%	4.2
	Satisfied with process for dealing confidentially with problems and concerns	74%	4.0	76%	4.1
	Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	93%	4.7	94%	4.7
	Witnessed abuse, harassment, mistreatment, discrimination, or coercion	91%	4.6	93%	4.7

Survey data specific to DEI remained stable when compared to national data (Table #8).

Table #8:

Diversity and Inclusion		% Institution	Institution	% National	National
		Compliant	Mean	Compliant	Mean
	Preparation for interaction with diverse individuals	94%	4.2	95%	4.3
	Program fosters inclusive work environment	97%	4.4	97%	4.5
	Engagement in program's diverse resident/fellow recruitment/retention efforts	90%	4.1	91%	4.1
	Taught about health care disparities	85%	3.7	86%	3.8

Within GME, several DEI initiatives were initiated or supported in AY23-24 including:

- 1) Continued promotion and support of the *Graduate Medical Education DEI Task Force*- The multidisciplinary committee, comprised of members of the GMEC, has focused on promoting a positive DEI culture at LVHN over the past year. The committee made recommendations regarding the DEI mission. This task force unfortunately disbanded this past year due to lack of resources in GME to support (including time to support committee leadership). Also, various initiatives and activity continue to occur at the level of programs and departments supporting DEI.

- 2) *Pool Trust Underrepresented Medical Student Scholarship Program* – This program continues to support visiting medical students, from historically underrepresented backgrounds. The financial support allows access to rotations at LVHN.
- 3) *Parents of Patients with Disabilities as Teachers (PP-DAT)* – Educational program available to programs designed to address knowledge gaps regarding best practices in patient care for individuals with disabilities, incorporating disability etiquette and critical patient and family perspectives. Utilization of this program continues to grow within the GME community with several programs planned for the coming year.
- 4) *DEI Educational Program and Symposium* – The Division of GME sponsored a 4-part lecture series moderated by DEI expert, Sunny Nakae, PhD, who has worked closely with the ACGME. The series culminated in a GME sponsored DEI Symposium (held on September 13th, 2024 at the Center for Healthcare Education).
- 5) *SNMA Annual Meeting Representation 2023*- The Student National Medical Association (SNMA) is an organization committed to supporting current and future underrepresented minority medical students and addressing the needs of underserved communities. In 2023, representatives from several LVHN training programs attended this meeting in New Orleans. This resulted in expanded diversity during our recruitment season. The conference will be supported in the coming year with financial support from GME for programs interested in attending or being represented.
- 6) *DEIB Statement of Commitment* – A GME level statement of commitment was developed in the past year and approved by our GMEC which represents the institutions granular goals commitment to assuring DEIB is entrenched in our educational mission and environment. The statement is displayed on our websites and will be shared with applicants during the recruitment season (**Appendix F**).
- 7) *ACGME Core Competency Curriculum*- Continued utilization of a web-based curricula with a focus on numerous modules focused on clinical competency, management of unconscious bias, and cultural humility, are expected to be completed by trainees while at LVHN. This complements DEI and implicit bias training sponsored by, and required, institutionally.

The list of the AMA modules integrated into the LVHN curriculum includes 18 different topics of value to trainees (Table #9). Residents and fellows complete 6 modules annually with compliance in the completion of these modules monitored by programs. An additional 24 modules are available to be used by programs should they be desired.

Table #9:

No.	Module	Competencies	Year 1	Year 2	Year 3	Year 4+ (F)		
7	Creating an Effective and Respectful Learning Environment (run time 19:30)	1)Teaching, 2) Quality of Care 3) Interpersonal Communication, 4) Professionalism	X			X		
9	Cultural Competency (run time 15:00)	1)Quality of Care 2) Interpersonal Communication, 3) Professionalism 4) DE	X					
4	Building the Patient-Physician Relationship (run time 15:00)	1)Quality of Care 2) Interpersonal Communication, 3) Professionalism	X					
15	Patient Handoffs (run time 14:00 mins)	1)Transition of Care 2) Interpersonal Communication, 3) System-based care	X					
28	Sleep Deprivation: Your Life and Your Work (run time 14:00 min)	1)Professionalism 2) Fatigue management 3) Well-Being	X			X		Learning and Work Environment
30	Thriving through residency: The Resilient Resident	1) Professionalism, 2) Quality of Care, 3) Well-Being	X					Modules
26	Residents as Teachers (Run time 12:00 mins)	1)Teaching, 2) Quality of Care 3) Interpersonal Communication,		X		X		Improvement, Professionalism
13	Introduction to Health Insurance (Run time 18:30 mins)	1)Quality of Care, 2) General Knowledge		X				Well-Being
16	Patient Safety (Run time 14:00 mins)	1)Quality of Care 2) Professionalism 3) general Knowledge		X				Fatigue Mitigation
2	Anatomy of a Lawsuit (run time 19:00 mins)	1) Professionalism, 2) Quality of Care,		X		X		Teamwork and Transitions of Care and
14	Managing Unconscious Bias (Run time 12:30 mins)	1) Professionalism, 2) Quality of Care, 3) DE		X				Teaching
33	Working Effectively in Interprofessional Teams (run time 20:00 mins)	1)Teaching, 2) Quality of Care 3) Interpersonal Communication,		X				Diversity and Inclusion
31	Understanding Clinical Trials (Run time 18:30 mins)	1)Teaching, 2) Quality of Care 3) general Knowledge			X			General Knowledge
26	Resident Intimidation (Run time 14:00 mins)	1)Teaching, 2) Quality of Care 3) general Knowledge			X			Research and Scholarly Activity
17	Physician Employment Contracts (Run time 18:45 mins)	1)General Knowledge			X	X		
18	Physician Health: Physician Caring for Ourselves (Run Time 19:00 mins)	1) Well-Being 2) Quality of Care 3) general Knowledge			X			
5	Choosing the Practice that's Right for You (Run time 17:45 mins)	1)Teaching, 2) Quality of Care 3) general Knowledge			X	X		
27	Safer Opioid Prescribing (Run time 23:00 mins)	1)Teaching, 2) Quality of Care 3) general Knowledge			X			

g. Facilities and Space:

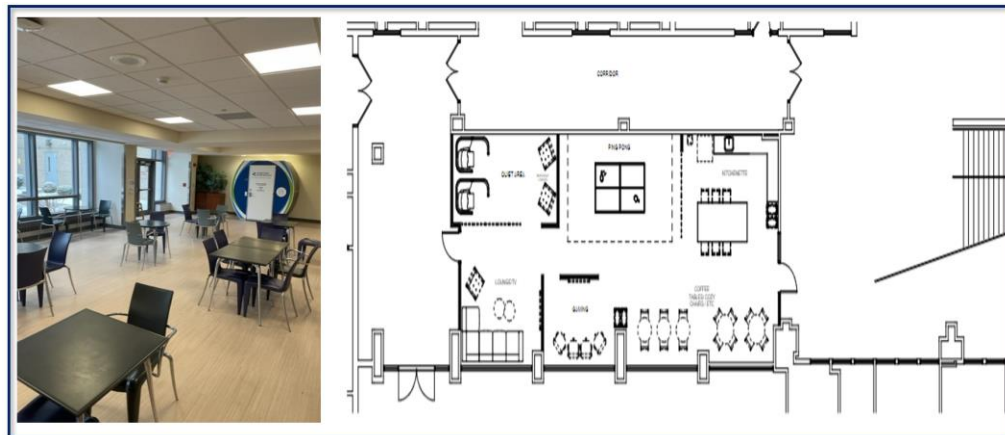
Several projects were started this past year to enhance facilities and the work environment for trainees. This included the completion of updates to global call space and all call rooms including new lockers for all residents and fellows in the Medicine department and subspecialties at LVH- Cedar Crest (LVH-CC) Image#1. Several other projects are being planned to enhance the educational environment in various programs at LVH-CC. This includes space improvement plans for educational space in Pediatrics, OBGYN, Pulmonary and Critical Care, and the Surgery program.

Image #1:



Official planning to create a resident and fellow lounge at LVH-CC in the previous Boars Head Café, located between the Pool Pavilion and the Cancer Center, has also begun. This is being designed to promote wellness and support the community within, and between, our many training programs (Image #2).

Image #2:



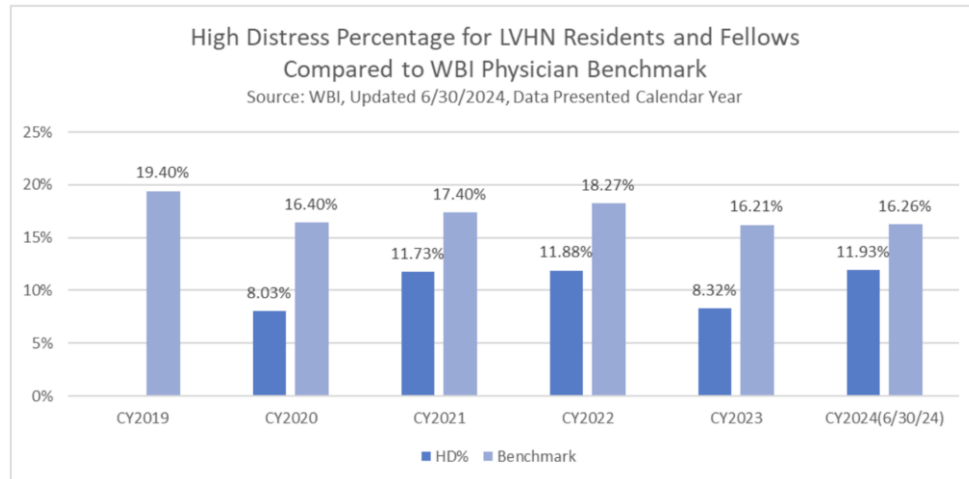
The Center for Healthcare Education (CHE) also has increased utilization by GME and training programs in providing an ideal environment for didactic education, simulation, and grand rounds.

h. Trainee, Faculty, and Administrator Well-Being:

Wellness remains a priority and a focus in GME at LVHN. This includes careful monitoring of wellness in trainees and initiatives at the level of GME and programmatic level to enhance the well-being of trainees. Many residency programs and/or departments sponsor wellness committees as does the network. The institutionally-sponsored LVHN *Wellness Committee* includes representation from all departments, including GME faculty, a trainee, and the DIO. Amy Jibilian, our Chief Wellness Officer, also presents at our GMEC meeting semi-annually and participates in resident orientation.

Several measurement tools are used for assessing the wellness of trainees. We continue to promote the Well Being Index (WBI) as a personal tool but also as a means of accumulating cohort well-being data. In AY 2023-2024, 144 trainees participated in the WBI (42.4%) completing 600 unique surveys. This represented fewer trainees compared to prior year (↓24%) despite the larger number of assessments (↑12.5%). Overall, residents and fellows at LVHN maintain a distress level of 11.93%, which for the 5th year in a row remains below the national level of distress, which is currently 16.26% (Chart #7).

Chart #7:



In reviewing program level data, most trainees, by program, continue to have lower distress than national benchmarks with the only exception being *Family Medicine* whose trainees reported slightly higher distress than the national benchmark (21.2% versus 19.9%). *OBGYN* and *General Surgery*, whose high distress rates exceeded national benchmarks last year, have both improved and are now below national distress levels for those specialties. Multiple programs, as they have fewer than 5-trainees participating in the index, are not able to be assessed.

The ACGME wellness survey also targets both trainee and faculty well-being. The results below demonstrate that in most categories, LVHN trainees rate their wellbeing equal to or better than national means (Table #10).

Table #10:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean
I find my work to be meaningful.	69.1%	29.4%	0.9%	0.6%	3.7	3.7
I work in a supportive environment.	69.1%	28.2%	2.1%	0.6%	3.7	3.6
The amount of work I am expected to complete in a day is reasonable.	55.6%	42.4%	1.5%	0.6%	3.5	3.4
I participate in decisions that affect my work.	62.9%	31.8%	3.8%	1.5%	3.6	3.5
I have enough time to think and reflect.	52.1%	39.1%	8.2%	0.6%	3.4	3.3
I am treated with respect at work.	62.9%	33.5%	2.6%	0.9%	3.6	3.6
I feel more and more engaged in my work.	45.9%	45.3%	7.9%	0.9%	3.4	3.4
I find my work to be a positive challenge.	56.5%	40.6%	2.4%	0.6%	3.5	3.5
I find new and interesting aspects in my work.	59.1%	37.4%	2.6%	0.9%	3.5	3.5
	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean
I often feel emotionally drained at work.	24.7%	43.5%	23.8%	7.9%	2.9	2.8
After work, I need more time than in the past in order to relax.	17.6%	40.3%	29.7%	12.4%	2.6	2.6
I feel worn out and weary after work.	19.7%	41.8%	28.8%	9.7%	2.7	2.7

Regarding faculty wellness, ACGME data from last academic year (AY22-23) revealed significant strain in faculty wellness with 10 of 12 categories falling below national means. This year showed some improvement with only 6 of 12 categories remaining below national means, suggesting continued opportunity for improvement (Table #11).

Table #11:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Institution Mean	National Mean
I find my work to be meaningful.	74.7%	23.2%	1.0%	1.0%	3.7	3.8
I work in a supportive environment.	65.3%	31.3%	2.7%	0.7%	3.6	3.6
The amount of work I am expected to complete in a day is reasonable.	52.5%	36.4%	8.8%	2.4%	3.4	3.4
I participate in decisions that affect my work.	58.2%	34.0%	7.1%	0.7%	3.5	3.5
I have enough time to think and reflect.	51.5%	37.4%	8.8%	2.4%	3.4	3.4
I am treated with respect at work.	71.7%	25.3%	2.0%	1.0%	3.7	3.7
I feel more and more engaged in my work.	42.8%	43.1%	13.1%	1.0%	3.3	3.3
I find my work to be a positive challenge.	56.9%	41.1%	2.0%	0.0%	3.5	3.6
I find new and interesting aspects in my work.	57.6%	38.0%	4.4%	0.0%	3.5	3.6
	Strongly Disagree	Disagree	Agree	Strongly Agree	Institution Mean	National Mean
I often feel emotionally drained at work.	22.2%	47.5%	18.2%	12.1%	2.8	2.9
After work, I need more time than in the past in order to relax.	15.5%	41.8%	30.6%	12.1%	2.6	2.8
I feel worn out and weary after work.	18.9%	47.5%	25.3%	8.4%	2.8	2.9

A variety of wellness resources will continue to be offered at LVHN. These will be available to trainees as employees (e.g. Gym services, EAP, mindfulness, etc.). We also anticipate the additional offering of *Marvin* in the coming year as a virtual platform trainees can leverage for behavioral health needs. This program will be subsidized by insurance and allow for access to counseling during weekends and evenings which is expected to be more accessible to trainees

GME Program administrators remain a critical part of our GME community. Although the wellness of administrators is not routinely measured, efforts were made this past year to assure market adjustment to salaries and creation of a more desirable promotion structure. This resulted in an additional 5% market increase for all programs and GME administration (\$116,000/year investment). In the coming year, we will strive to create a more appealing promotional structure for administrators that opens opportunities and professional satisfaction for this workforce.

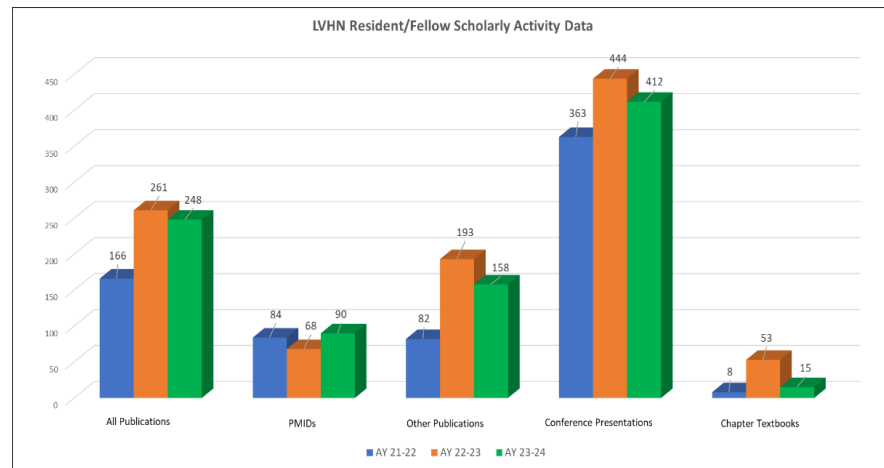
i. Scholarly Activity:

Scholarly activity remains a requirement in many programs and a priority in our GME environment. Our network provides a variety of resources that support and promote scholarly activity among all trainees and faculty.

Resident/Fellow

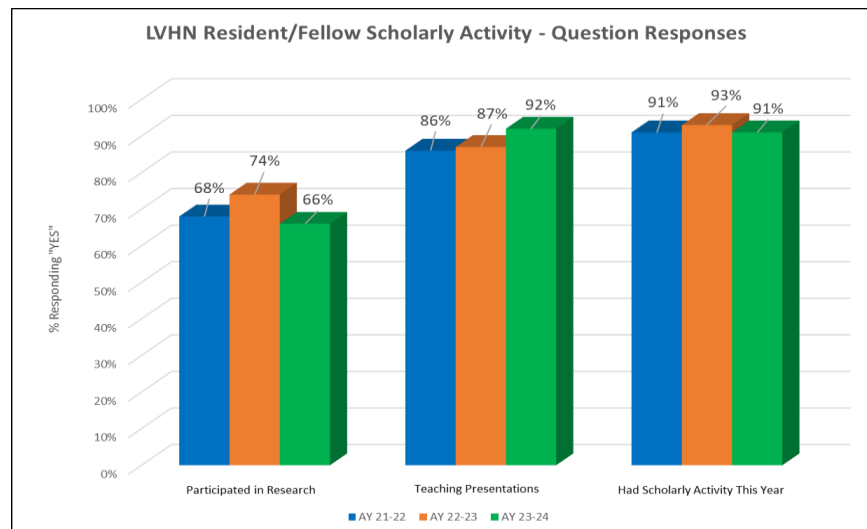
Resident and fellow scholarly activity data from the past year, comparisons to prior AY, as well as three-year trends are shown below and, in most categories, demonstrate ongoing success (Chart #8). Self-reported totals for AY 23-24 include 248 publications and 412 conference presentations by LVHN residents and fellows.

Chart #8:



In AY 23-24, 66% of residents and fellows “Participated in Research” and 92% provided “Teaching Presentations”. Overall, 91% of residents and fellows reported having “Had Scholarly Activity This Year” (Chart # 9).

Chart #9:



From AY 22 through AY 24, all categories exhibited growth except for “Participated in Research” which showed a modest decline. Notable positive three-year resident/fellow scholarly activity trends include a 93% increase in “Other Publications,” an 88% increase in “Chapter Textbooks”, and a 49% increase in “All Publications” (Table #12).

Table #12:

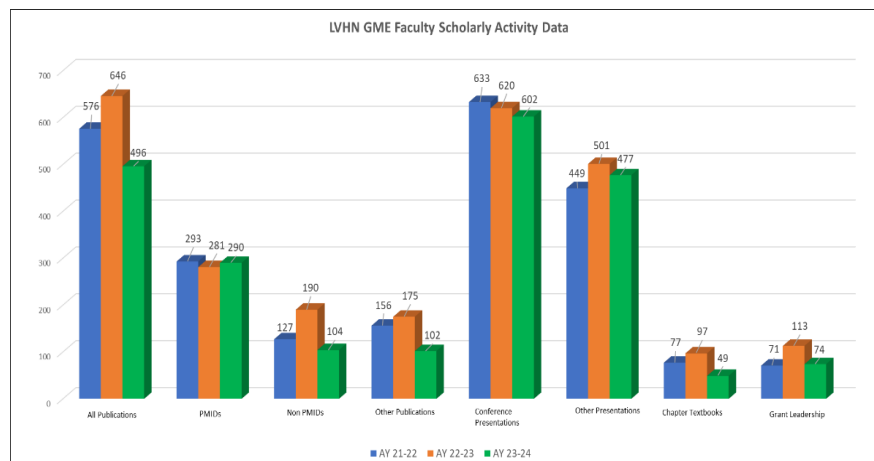
	AY 21-22 n=285	AY 22-23 n=302	AY 23-24 n=325	% Change AY 22 TO AY 23	% Change AY 23 to AY 24	% Change AY 22- AY 24*
All Publications	166	261	248	+57%	-5%	+49%
PMIDs	84	68	90	-19%	+32%	+7%
Other Publications	82	193	158	+135%	-18%	+93%
Conference Presentations	363	444	412	+22%	-7%	+13%
Chapter Textbooks	8	53	15	+563%	-71%	+88%
Participated in Research (% YES)	68%	74%	66%	+9%	-11%	-3%
Teaching Presentations (% YES)	86%	87%	92%	+1%	+6%	+7%
Had Scholarly Activity This Year (%YES)	91%	93%	91%	+2%	-2%	0%

* Corresponding +13% increase in total resident/fellow count from AY 22 to AY24.

Faculty

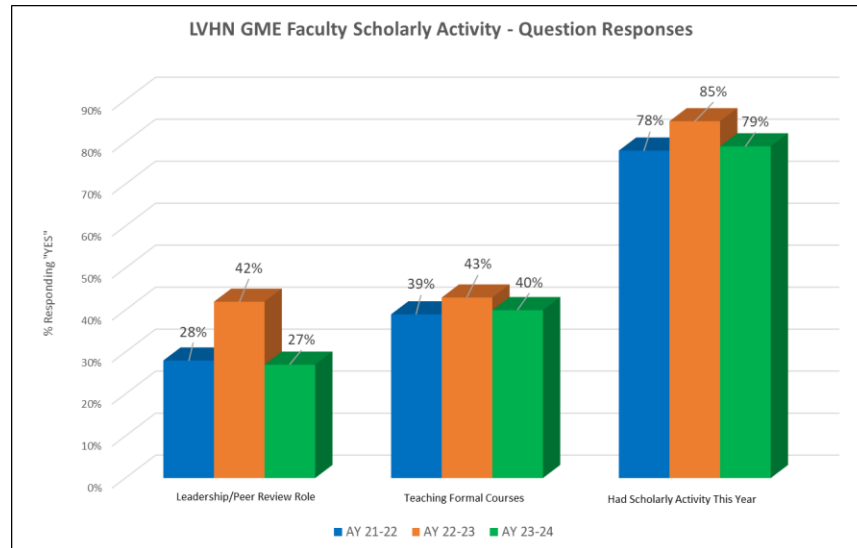
In most areas, faculty scholarly activity remained relatively steady with a slight increase in PMID publications (Chart #10). Self-reported totals for AY 23-24 include 496 publications and 602 conference presentations by LVHN GME faculty members.

Chart #10:



Overall, in AY 23-24, 79% of LVHN GME faculty reported having “Had Scholarly Activity This Year” (Chart #11).

Chart #11:



From AY 22 through AY 24, the reporting categories of “Other Presentations”, “Grant Leadership”, “Teaching Formal Courses”, and “Had Scholarly Activity This Year” demonstrated increases while all other reporting categories showed a moderate reduction (Table #13).

Table #13:

	AY 21-22 n=514	AY 22-23 n=523	AY 23-24 n= 588		% Change AY22 TO AY23	% Change AY23 TO AY24	% Change AY22 TO AY24*
All Publications	576	646	496		+12%	-23%	-14%
PMIDs	293	281	290		-4%	+3%	-1%
Non PMIDs	127	190	104		+50%	-45%	-18%
Other Publications	156	175	102		+12%	-42%	-35%
Conference Presentations	633	620	602		-2%	-3%	-5%
Other Presentations	449	501	477		+12%	-5%	+6%
Chapter Textbooks	77	97	49		+26%	-49%	-36%
Grant Leadership	71	113	74		+59%	-35%	+4%
Leadership or Peer Review Role (% YES)	28%	42%	27%		+50%	-36%	-4%
Teaching Formal Courses (% YES)	39%	43%	40%		+10%	-7%	+3%
Had Scholarly Activity This Year (%YES)	78%	85%	79%		+9%	-7%	+1%

*Corresponding +14% increase in total faculty count from AY 22 to AY 24

j. Graduation Data: Certification and Recruitment

Successful board passage rates of $\geq 80\%$ are an expected benchmark by the ACGME for GME training programs. LVHN sponsored programs have a 3-year board passage rate of

94%. This slightly improved from 93% the prior year. Only a single program fell below the expected 80% threshold this year (Table #14).

Table #14:

Program	Board pass rate 20212023
Cardiovascular Disease Fellowship	95%
Colon and Rectal Surgery	83%
Dermatology	100%
Emergency Medicine	92%
Endocrinology	83%
Family Medicine - Lehigh	100%
Gastroenterology	100%
General Surgery	93%
Geriatrics	100%
Hematology / Oncology	96%
Hospice and Palliative Medicine	100%
Internal Medicine	93%
Medical Toxicology	100%
Nephrology	100%
Neurology	100%
Obstetrics & Gynecology	94%
Pediatrics	78%
Plastic Surgery - Integrated	100%
Psychiatry	100%
Pulmonary/Critical Care	92%
Rheumatology	100%
Sports Medicine Fellowship	100%
Surgical Critical Care	87%
MeanBoard Pass Rate	95%

GME also serves as a valuable pipeline for our medical staff and strives to attract residents to join both our fellowships and our medical staff.

In 2024, recruitment success remained robust with 12 residents joining LVHN fellowship programs (compared to 10 in 2023) and 25 residents and fellows (26% of graduates) accepting positions on our medical staff (compared to 28% in 2023). Our recruitment goal of $\geq 20\%$ was met again this year. The programs who recruited local trainees included Emergency Medicine (3), Medical Toxicology, Family Medicine, OBGYN, Sports Medicine, and Pediatrics (2). All recruits by department are listed in table #15.

Table #15:

Comprehensive list of 2023-2024 LVHN Resident/Fellow Graduates listed by Program Name and how many signed to work with LVHN post graduation		
Program Name	Residents and Fellows	Residents and Fellows Signed Contract with LVHN
Cardiovascular Disease Fellowship	5	1
Colon and Rectal Surgery	2	0
Dermatology	2	0
Emergency Medicine	14	3
Endocrinology	2	1
Family Medicine - Lehigh	4	2
Gastroenterology	2	0
General Surgery	6	1
Geriatrics	1	
Hematology / Oncology	3	1
Hospice and Palliative Medicine	2	0
Internal Medicine	17	3
Interventional Cardiology	2	0
Medical Toxicology	3	2
Micrographic Surgery and Dermatologic Oncology	1	0
Nephrology	2	0
Neurology	3	0
Obstetrics & Gynecology	6	2
Pediatrics	6	2
Plastic Surgery - Integrated	1	1
Psychiatry	3	1
Pulmonary/Critical Care	2	2
Rheumatology	1	0
Sports Medicine Fellowship	2	2
Surgical Critical Care	3	1
Vascular Neurology	1	0
TOTAL	97	25

III. Conclusions, future goals, action plans, and performance monitoring:

The GME community at LVHN has remained strong and resilient in AY 23-24. This, based on institutional and national metrics as presented in this report. All ACGME sponsored training programs have remained accredited and in good standing. Critical ACGME and similar survey data, from trainees and faculty, also reflects satisfaction with the educational environment. We have focused on opportunities for improvement, innovation, and, at times, growth at program levels and in the central GME office to further enhance the clinical, academic, and wellness experiences for our trainees.

Through this report we summarize specific goals, action plans, and strategies for performance monitoring for AY 2024-2025 which will include:

- 1) Continuous improvement and optimized experiences in the global culture for our residents and fellows while at LVHN. We will continue to monitor metrics institutionally but also at the level of each program and continue to include careful review of data from various sources including ACGME surveys (February) and other survey mechanisms.
 - Based on ACGME citation a more formal process will be developed for programs to submit, and for GMEC to review, Annual Program Evaluation (APE) Reports. This will accommodate better communication and transparency between programs while allowing the sharing of best practices.
 - Our GME-sponsored Internal Trainee Survey will be replaced with the *AMA Organizational Biopsy Survey*. The goal of this change, with the support of AMA analytics, is to identify areas and strategies for improvement in various programs. The LVHN Annual Engagement Survey (AES) will also be more aggressively promoted in the Spring to more comprehensively assess trainee satisfaction.
 - We will continue to closely monitor citations, number and areas of need. Programs with citations, with the support of the GME office, will focus on reconciling deficiencies and assuring improvement.
- 2) GME will oversee programs and ensure they maintain accreditation but stay strong internally. At the level of trainees, we will focus on 1) their satisfaction, 2) monitoring performance on certification exams, and 3) success in acquiring fellowships or competitive medical staff positions, especially in the LVHN network.
 - Strategies to support this success will include continued monitoring and proactivity in the recruitment process, aspiring to attract the best trainees with the goal of hiring $\geq 20\%$ of trainees.
 - Sponsorship of LVHN Resident Education Program in Spring 2025 offering residency trainee applicants the opportunity to visit LVHN and learn about various programs.
 - Initiate a deeper dive to determine why fewer female trainees are entering our programs. We will also analyze the increased number of international trainees

seen over the past 2 years, which comes with a significant cost and administrative resource requirements.

- 3) GME will continue to support program growth including expansions and creation of new programs. With LVH-CC's rural designation, new growth will result in additional CMS funding to support the development of new programs.

- We successfully added programs this past year to include *Emergency Medical Services Fellowship* and *Addiction Medicine Fellowship*. We confidently await the outcomes for applications and site visits in *Diagnostic Radiology Residency* and a *Hand Surgery Fellowship*. We will explore other opportunities to start additional programs in 2024-2025 at LVH-CC, including:

- 1) Pediatric Emergency Medicine Fellowship
- 2) Orthopedic Surgery Residency
- 3) Physical Medicine and Rehabilitation Residency
- 4) Family Medicine Obstetrical Fellowship (non-accredited)

- Continue to establish infrastructure for creating a GME environment and training programs at LVH-P and LVH-S while optimizing available spots, and CMS funding, at LVH-H.

- Expanded oversight to include administration of the seven non-accredited fellowships at LVHN, assuring similar standards to our accredited programs and suitable educational and clinical experiences for these trainees.

- 4) GME will continue to support an environment to bolster scholarly activity and academic productivity for both faculty and trainees.

- We will identify key resources to augment this mission including expansion of the scholarly activity coordinator model to other departments.

- Continued sponsorship of various research awards and promotion of other resources available for research (Library services, NORI, etc.) to foster scholarly activity

- Based on this year's CLER visit feedback efforts, we will ensure trainees also take part on risk management and quality initiatives and can participate in root cause analysis (RCAs) and quality research in their departments and our hospitals.

- 5) Improve efficiency, standardization, and wellness in our GME division and at department and program levels. Assure that administrative staff in GME training programs have opportunity and are rewarded for their hard work and effort.
- In conjunction with Human Resource and Compensation Colleagues, we plan to analyze program administration structure, promote standardization of administrative job descriptions, and assure competitive salaries through market adjustments. We will seek models and opportunities for growth and promotion of coordinators, specialists, and managers.
 - Leverage the GME office to better assist programs with global curriculum needs. This will include continued sponsorship of various DEI and Well-being initiatives. We will also provide other options for global education and programming including:
 - A) Relationship Centered Communication
 - B) Mindfulness Matters
 - C) Wellness, coaching, and resilience
 - D) Patients with Disabilities as Teachers
 - Continued sponsorship of the AMA modules with continued customized use of the modules based on program needs.
 - Planning for a half-day GME Wellness Symposium in the Spring of 2025
- 6) Continued efforts to optimize the well-being of our trainees and faculty while mitigating distress and burnout among these groups. This must focus on providing safe environments focused on inclusivity, optimizing professionalism, ensuring workhour compliance, and maintaining balance between education and service requirements.
- Continued support of diverse behavioral health offerings and related resources
 - Support needed environmental and facility upgrades aimed at well-being at the level of programs and in the global GME environment.
 - Adherence to evolving ACGME requirements requiring additional protected time for core faculty in various programs to assure compliance and maintain the integrity of the educational environment.

Appendix A: ACGME Sponsoring Institution Accreditation Letter 2024

Accreditation Council for
Graduate Medical
Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

8/23/2024

Joseph Patruno, MD
Designated Institutional Official
3900 Sierra Circle
Center Valley, PA 18034



Dear Dr. Patruno,

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

Lehigh Valley Health Network
Allentown, PA

Institution: 8004100364

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation
Effective Date: 05/20/2024

The Review Committee also reviewed information regarding the complaint below.

Institution Received Complaint 07/06/2023
ACGME Received Response 07/21/2023

The Review Committee reviewed the program's response to the complaint referenced above and determined that it adequately addressed the allegations. The Review Committee has closed the complaint and no further action is required.

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Institutional Requirements for Graduate Medical Education:

NEW CITATIONS

Sponsoring Institution | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, Sponsoring Institution (Institutional Requirements I.A.7, I.A.7.a-b))

A written statement, reviewed, dated, and signed at least once every five years by the Designated institutional Official (DIO), a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body, must document the Sponsoring Institution's Graduate Medical Education (GME) mission; and, commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. (Core)

The information provided to the Institutional Review Committee (IRC) does not demonstrate substantial compliance with the requirements. The Sponsoring Institution's written statement does not document a GME mission and a commitment to ensure the provision of administrative and clinical resources needed for GME.

(Reviewer Materials (RM), Attachment—Statement of Commitment)

Oversight | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, GMEC, Responsibilities (Institutional Requirements I.B.4., I.B.4.a), I.B.4.a).(4))

GMEC responsibilities must include oversight of . . . the Accreditation Council for Graduate Medical Education (ACGME)-accredited program(s)' annual program evaluation(s) and self-study(ies) (Core)

The information provided to the IRC does not demonstrate substantial compliance with the requirements. GMEC meeting minutes do not substantially document oversight of annual program evaluations.

(RM, Attachment—GMEC Meeting Minutes)

Review and Approval | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, GMEC, Responsibilities (Institutional Requirements I.B.4., I.B.4.b), I.B.4.b).(3))

GMEC responsibilities must include . . . review and approval of . . . annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits. (Core)

The information provided to the IRC does not demonstrate substantial compliance with the requirements. Meeting minutes of the GMEC do not document review and approval of annual recommendations to the Sponsoring Institution's administration regarding resident and fellow stipends and benefits.

(RM, Attachment—GMEC Minutes)

AIR | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, GMEC (Institutional Requirements I.B.5, I.B.5.a), I.B.5.a).(1-3))

The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: the most recent ACGME institutional letter of notification; results of ACGME surveys of residents/fellows and core faculty members; each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. (Core)

The information provided to the IRC does not demonstrate substantial compliance with the requirements. Executive summaries of the Sponsoring Institution's Annual Institutional Review (AIR) do not include the ACGME institutional letter of notification, results of the ACGME surveys of residents/fellows and faculty, and each program's accreditation status and citations as institutional performance indicators.

(RM, Attachment—AIR Summaries)

AIR | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, GMEC (Institutional Requirements I.B.5, I.B.5.b), I.B.5.b).(1-2))

The GMEC must demonstrate effective oversight of the Sponsoring Institution's

accreditation through an Annual Institutional Review (AIR). (Outcome) . . . The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: a summary of institutional performance on indicators for the AIR, action plans and performance monitoring procedures resulting from the AIR. (Core)

The information provided to the IRC does not demonstrate substantial compliance with the requirements. The Sponsoring Institution's AIR does not include a summary of institutional performance on indicators for the AIR, action plans and performance monitoring procedures for action plans resulting from the AIR.

(Accreditation Site Visit Report (ASVR) p. 10; RM, Attachments—GMEC Minutes; AIR Summaries)

Special Review | Since: 05/20/2024 | Status: New

Structure for Educational Oversight, GMEC (Institutional Requirement I.B.6, I.B.6.a), I.B.6.a).(1-2))

The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines (Core)

The information provided to the IRC does not demonstrate substantial compliance with the requirement. The field representative reported that the GMEC has not conducted a Special Review of Program #0814108002 (Micrographic Surgery and Dermatologic Oncology) after it received a status of Initial Accreditation with Warning. The protocol for Special Reviews has a list of criteria for identifying underperformance in programs that does not include all warning and adverse ACGME accreditation statuses and does not indicate that reports from Special Reviews will include timelines for GMEC monitoring of outcomes.

(ASVR p. 10, RM, Attachment—GMEC Special Review Protocol)

The Review Committee must be notified of any major changes in the organization of the institution. When corresponding with this office, please identify the institution by number and name as indicated above.

Sincerely,



Kenneth Brown
Associate Executive Director, IRC
Institutional Review Committee

kbrown@acgme.org

Appendix B: Program Demographics with ACGME Accreditation Status

program id number	specialty name	total filled*	number of core faculty	original accreditation date	accreditation status	accreditation effective date	length training	last site visit date
0604121029	Colon and rectal surgery	2	5	07/16/1984	Continued Accreditation	01/26/2024	1	03/18/2019
0804100105	Dermatology	6	8	07/01/2016	Continued Accreditation	01/05/2024	3	09/27/2017
0814108002	Micrographic surgery and dermatologic oncology (D)	1	1	01/06/2022	Continued Accreditation	04/12/2024	1	02/29/2024
1104121199	Emergency medicine	61	26	07/01/2008	Continued Accreditation	02/07/2024	4	11/02/2023
1124111009	Emergency medical services (EM)	1	3	04/18/2024	Initial Accreditation	04/18/2024	1	
1184111031	Medical toxicology (EM)	4	7	04/06/2017	Continued Accreditation	02/07/2024	2	06/13/2019
1204100001	Family medicine	12	6	07/01/2020	Continued Accreditation	01/24/2024	3	01/20/2023
1204121572	Family medicine	25	14	05/15/1995	Continued Accreditation	01/24/2024	3	03/21/2018
1254112081	Geriatric medicine (FP)	1	2	07/01/2018	Continued Accreditation	01/24/2024	1	10/13/2021
5404114086	Hospice and palliative medicine	1	3	07/01/2011	Continued Accreditation	01/19/2024	1	02/19/2014
1274112171	Sports medicine (FP)	3	3	07/01/2015	Continued Accreditation	01/24/2024	1	05/17/2016
1404121359	Internal medicine	55	12	05/14/1956	Continued Accreditation	01/19/2024	3	07/24/2001
1414113280	Cardiovascular disease (IM)	15	12	07/01/2007	Continued Accreditation	01/19/2024	3	01/29/2010
1434114196	Endocrinology, diabetes, and metabolism (IM)	4	4	07/01/2016	Continued Accreditation	01/19/2024	2	06/12/2019
1444114219	Gastroenterology (IM)	7	5	07/01/2016	Continued Accreditation	01/19/2024	3	09/12/2018
1554114166	Hematology and medical oncology (IM)	9	6	07/01/2012	Continued Accreditation	01/19/2024	3	09/11/2018
1524114001	Interventional cardiology (IM)	2	4	01/21/2022	Continued Accreditation	09/06/2024	1	04/19/2024
1484114204	Nephrology (IM)	4	7	07/01/2012	Continued Accreditation	01/19/2024	2	09/11/2018
1564114160	Pulmonary disease and critical care medicine (IM)	7	9	07/01/2017	Continued Accreditation	01/19/2024	3	04/07/2021
1504114167	Rheumatology (IM)	4	4	04/08/2016	Continued Accreditation	01/19/2024	2	03/20/2018
1804100167	Neurology	18	12	07/01/2015	Continued Accreditation	01/25/2024	3	12/09/2016
1874118110	Clinical neurophysiology (N)	2	8	01/30/2020	Continued Accreditation	01/25/2024	1	04/15/2022
5504118002	Neurocritical care (multidisciplinary)	0	9	06/03/2022	Initial Accreditation	06/03/2022	2	
1884118063	Vascular neurology (N)	1	7	04/04/2019	Continued Accreditation	01/25/2024	1	11/14/2022
2204111243	Obstetrics and gynecology	24	33	05/04/1953	Continued Accreditation	04/29/2024	4	04/12/2011
2304122008	Maternal-fetal medicine	2	9	09/22/2022	Initial Accreditation	09/22/2022	3	04/05/2022
2804100001	Otolaryngology - Head and Neck Surgery	2	7	01/06/2023	Initial Accreditation	01/06/2023	5	07/27/2022
3204121426	Pediatrics	23	13	07/01/2011	Continued Accreditation	01/22/2024	3	11/13/2017
3624100161	Plastic Surgery - Integrated	6	5	07/01/2013	Continued Accreditation	01/25/2024	6	09/17/2013
4004100277	Psychiatry	22	17	07/01/2017	Continued Accreditation	02/09/2024	4	10/13/2020
4044140009	Addiction medicine (multidisciplinary)	0	3	07/01/2023	Initial Accreditation	07/01/2023	1	
4054140176	Child and adolescent psychiatry (P)	4	6	05/14/2021	Continued Accreditation	04/26/2024	2	01/24/2024
4404121280	Surgery	31	16	04/14/1950	Continued Accreditation	01/04/2024	5	01/15/2019
4424131047	Surgical critical care (GS)	3	9	02/23/1995	Continued Accreditation	01/04/2024	1	05/25/2012
4514100003	Vascular surgery - integrated	1	10	01/04/2024	Initial Accreditation	01/04/2024	5	11/09/2023
9994100103	Transitional year	16	12	07/01/1983	Continued Accreditation	12/05/2023	1	03/21/2008
		379	317					

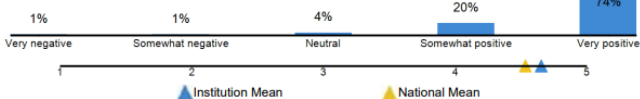
Appendix C: Composite Resident and Fellow ACGME Survey Results 2024:

2023-2024 ACGME Resident/Fellow Survey - page 1
410724 Lehigh Valley Health Network - Aggregated Program Data

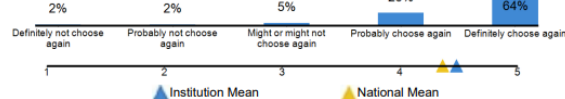
Survey taken: February 2024 - April 2024

Programs Surveyed 30
Residents Responded 340 / 345
Response Rate 99%

Residents' overall evaluation of the program



Residents' overall opinion of the program



Resources	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Education compromised by non-physician obligations	94%	4.7	89%	4.5
Impact of other learners on education	86%	3.6	89%	3.7
Appropriate balance between education (e.g., clinical teaching, conferences, lectures) and patient care	85%	4.2	81%	4.1
Faculty members discuss cost awareness in patient care decisions	92%	3.6	91%	3.6
Time to interact with patients	89%	4.3	89%	4.3
Protected time to participate in structured learning activities	92%	4.5	87%	4.4
Able to attend personal appointments	89%	4.5	92%	4.7
Able to access confidential mental health counseling or treatment	97%	4.9	95%	4.8
Satisfied with safety and health conditions	89%	4.5	86%	4.4
Professionalism	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Residents/fellows encouraged to feel comfortable calling supervisor with questions	89%	4.5	88%	4.5
Faculty members act professionally when teaching	92%	4.5	92%	4.5
Faculty members act professionally when providing care	96%	4.7	96%	4.7
Process in place for confidential reporting of unprofessional behavior	94%	4.8	90%	4.6
Able to raise concerns without fear of intimidation or retaliation	81%	4.2	80%	4.2
Satisfied with process for dealing confidentially with problems and concerns	74%	4.0	76%	4.1
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion	93%	4.7	94%	4.7
Witnessed abuse, harassment, mistreatment, discrimination, or coercion	91%	4.6	93%	4.7
Patient Safety and Teamwork	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Information not lost during shift changes, patient transfers, or the hand-off process	80%	4.0	84%	4.2
Culture reinforces personal responsibility for patient safety	90%	4.4	89%	4.4
Know how to report patient safety events	99%	5.0	97%	4.9
Interprofessional teamwork skills modeled or taught	83%	4.3	80%	4.2
Participate in safety event investigation and analysis	81%	4.2	80%	4.2
Process to transition patient care and clinical duties when fatigued	88%	4.5	90%	4.6
Faculty Teaching and Supervision	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Faculty members interested in education	90%	4.5	85%	4.3
Faculty effectively creates environment of inquiry	87%	4.4	84%	4.3
Appropriate level of supervision	92%	4.7	92%	4.7
Appropriate amount of teaching in all clinical and didactic activities	88%	4.7	82%	4.5
Quality of teaching received in all clinical and didactic activities	99%	4.4	97%	4.3
Extent to which increasing clinical responsibility granted, based on resident's/fellow's training and ability	80%	4.2	82%	4.2
Evaluation	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Access to performance evaluations	100%	5.0	99%	5.0
Opportunity to confidentially evaluate faculty members at least annually	98%	4.9	98%	4.9
Opportunity to confidentially evaluate program at least annually	98%	4.9	96%	4.8
Satisfied with faculty members' feedback	80%	4.1	76%	4.1
Educational Content	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Instruction on minimizing effects of sleep deprivation	91%	4.6	86%	4.5
Instruction on maintaining physical and emotional well-being	96%	4.8	94%	4.8
Instruction on scientific inquiry principles	98%	4.9	94%	4.8
Education in assessing patient goals e.g. end of life care	98%	4.9	96%	4.8
Opportunities to participate in scholarly activities	95%	4.8	94%	4.8
Taught about health care disparities	85%	3.7	86%	3.8
<u>Program instruction in how to recognize the symptoms of and when to seek care regarding:</u>				
Fatigue and sleep deprivation	94%			
Depression	95%			
Burnout	94%			
Substance use disorder			93%	
Diversity and Inclusion	% Institution Compliant	Institution Mean	% National Compliant	National Mean
Preparation for interaction with diverse individuals	94%	4.2	95%	4.3
Program fosters inclusive work environment	97%	4.4	97%	4.5
Engagement in program's diverse resident/fellow recruitment/retention efforts	90%	4.1	91%	4.1

2023-2024 ACGME Resident/Fellow Survey - page 2
410724 Lehigh Valley Health Network - Aggregated Program Data

Survey taken: February 2024 - April 2024

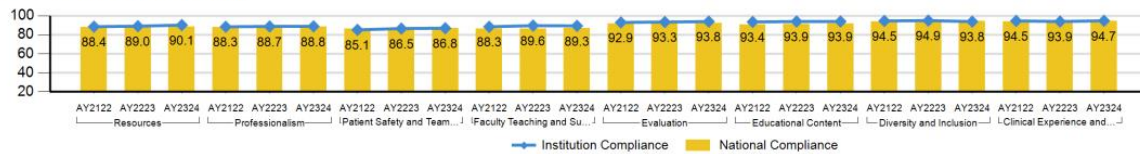
Programs Surveyed 30
Residents Responded 340 / 345
Response Rate 99%

Clinical Experience and Education

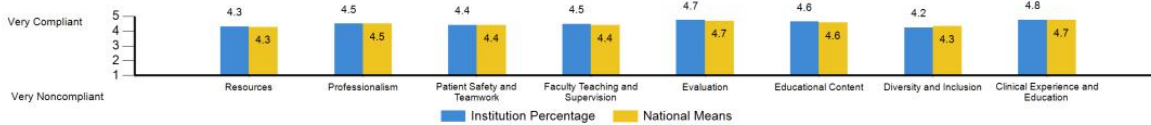
80-hour week (averaged over a four-week period)
Four or more days free in 28 day period
Taken in-hospital call more than every third night
Less than 14 hours free after 24 hours of work
More than 28 consecutive hours work
Additional responsibilities after 24 consecutive hours of work
Adequately manage patient care within 80 hours
Pressured to work more than 80 hours

	% Institution Compliant	Institution Mean	% National Compliant	National Mean
80-hour week (averaged over a four-week period)	92%	4.6	92%	4.6
Four or more days free in 28 day period	82%	4.4	84%	4.4
Taken in-hospital call more than every third night	99%	4.9	98%	4.9
Less than 14 hours free after 24 hours of work	98%	4.9	96%	4.8
More than 28 consecutive hours work	97%	4.9	97%	4.8
Additional responsibilities after 24 consecutive hours of work	97%	4.9	97%	4.8
Adequately manage patient care within 80 hours	94%	4.7	91%	4.6
Pressured to work more than 80 hours	99%	4.9	98%	4.9

Total Percentage of Compliance by Category



Institution Percentage at-a-glance



Appendix D: Composite Faculty ACGME Survey Results 2024:

2023-2024 ACGME Faculty Survey - page 1

Survey taken: February 2024 - April 2024

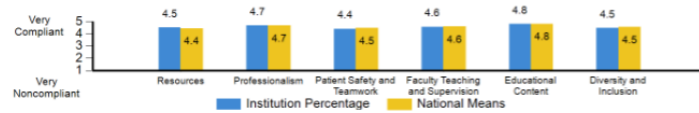
Programs Surveyed 30

410724 Lehigh Valley Health Network - Aggregated Program Data

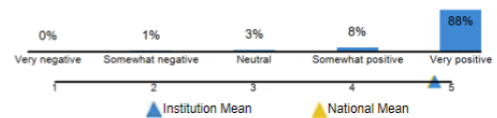
Faculty Responded 297 / 307

Response Rate 97%

Institution Percentage at-a-glance



Faculty's overall evaluation of the program



Resources

Satisfied with professional development and education
Workload exceeded residents'/fellows' available time for work

% Institution Compliant	Institution Mean	% National Compliant	National Mean
98%	4.5	97%	4.5
95%	4.5	90%	4.4

Participated in faculty development and/or scholarly activities to enhance professional skills in:
Education

96%

Fostering resident/fellow well-being
Practice-based learning and improvement
Contributing to an inclusive clinical learning environment

90%

94%

97%

Quality improvement and patient safety
Fostering your own well-being

93%

95%

Professionalism

Faculty members act unprofessionally
Residents/fellows comfortable calling supervisors with questions
Process for confidential reporting of unprofessional behavior
Satisfied with process to deal confidentially with problems and concerns
Personally experienced abuse, harassment, mistreatment, discrimination, or coercion
Witnessed abuse, harassment, mistreatment, discrimination, or coercion

% Institution Compliant	Institution Mean	% National Compliant	National Mean
96%	4.6	94%	4.5
95%	4.6	96%	4.7
99%	5.0	99%	5.0
91%	4.6	94%	4.6
98%	4.9	97%	4.8
97%	4.8	97%	4.8

Patient Safety and Teamwork

Information not lost during shift changes, patient transfers, or the hand-off process
Effective teamwork in patient care
Interprofessional teamwork skills modeled or taught
Effectively emphasizes culture of patient safety
Residents/fellows participate in clinical patient safety investigation and analysis of safety events
Know how to report patient safety events
Process to transition patient care and clinical duties when residents/fellows fatigued

% Institution Compliant	Institution Mean	% National Compliant	National Mean
91%	4.2	90%	4.3
95%	4.6	96%	4.7
93%	4.6	92%	4.6
96%	4.7	96%	4.7
95%	4.8	93%	4.7
99%	5.0	99%	4.9
86%	4.3	91%	4.5

Faculty Teaching and Supervision

Sufficient time to supervise residents/fellows
Faculty members committed to educating residents/fellows
Program director effectiveness
Faculty members satisfied with process for evaluation as educators

% Institution Compliant	Institution Mean	% National Compliant	National Mean
93%	4.5	95%	4.6
96%	4.8	97%	4.8
94%	4.7	94%	4.7
85%	4.3	85%	4.3

Educational Content

Residents/fellows instructed in cost-effectiveness
Residents/fellows prepared for unsupervised practice
Learning environment conducive to education

% Institution Compliant	Institution Mean	% National Compliant	National Mean
96%	4.8	94%	4.8
96%	4.8	97%	4.8
96%	4.8	97%	4.8

Diversity and Inclusion

Program fosters inclusive work environment (with respect to race, ethnicity, gender, sexual orientation, ability, or religion)
Engaged by program in efforts to recruit diverse residents/fellows
Engaged by program in efforts to retain diverse residents/fellows

% Institution Compliant	Institution Mean	% National Compliant	National Mean
99%	4.7	99%	4.7
95%	4.4	95%	4.5
93%	4.3	94%	4.4

Participated in efforts to recruit diverse:

Pre-residency learners, including medical students*
Residents/Fellows*

% Frequency**

72%

89%

Faculty members*

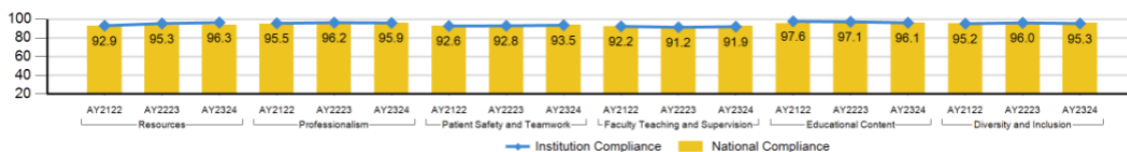
Other GME staff*

% Frequency**

81%

64%

Total Percentage of Compliance by Category



Appendix E: Citations by Category and Programs

INSTITUTIONAL REVIEW QUESTIONNAIRE
PROGRAM SPECIFIC CITATION CATEGORY SUMMARY
410724 - Lehigh Valley Health Network
(corresponding to Institutional Requirements, effective July 1, 2007)

Please note that not all citation categories are reported in this summary. Therefore, it may appear that several of the program citations are missing from the program-specific citations by category section. The IRC will only focus on these citations categories.

Note: The shaded areas represent major headings.

Citation Category	Number of Citations	Specialties/Subspecialty Receiving Citation
1. Institutional Support		
A. Institutional Support-Sponsoring Institution		
B. Institutional Support-Program Director	1	OTO
C. Institutional Support-Participating Institution	2	EM, EMS
D. Facilities-Educational Space Including Library		
E. Facilities-Clinical Space		
F. Medical Records Retrieval		
G. On-call Rooms		
H. Appropriate Food Services		
I. Safety/Security		
J. Patient Support Services		
K. Facilities-Lactation		
L. Accommodations for Residents/Fellows with Disabilities		
2. Resident Appointment		
A. Resident Appointment Issues		
3. Prog Pers & Resources		
A. Qualifications of Program Director		
B. Responsibilities of Program Director		
C. Qualifications of Faculty		
D. Responsibilities of Faculty	1	OTO
E. Other Program Personnel	4	ADD, IC, OTO, VSI
F. Resources		
4. The Education Program		
C. Progressive Resident Responsibility		
D. ACGME Competencies		
D.1. Patient Care	1	CRS
D.2. Medical Knowledge		
D.3. Practice-based Learning and Improvement		
D.4. Interpersonal and Communication Skills		
D.5. Professionalism	1	ADD
D.6. Systems Based Practice		

E. Educational Program - Didactic Components		
F. Educational Program - Patient Care Experience		
G. Educational Program - Procedural Experience	1	OBG
H. Service to Education Imbalance		
I. Scholarly Activities		
J. Supervision	4	ADD, EM, EMS, OTO
K. Learning and Working Environment		
K.1. 80 Hours per week	1	IM
K.2. 1 day in 7 free		
K.3. Minimum Time Off Between Scheduled Duty Periods		
K.4. Maximum Duty Period Length		
K.5. In-House Call Frequency		
K.6. Moonlighting		
K.7. Other		
K.8. Oversight	1	OTO
K.9. Culture of Professional Responsibilities		
K.10. Transitions of Care		
K.11. Maximum Frequency of In-House Night Float		
K.12. At-Home Call		
K.13. Patient Safety		
K.14. Quality Improvement		
K.15. Well-Being	1	OTO
K.16. Fatigue Mitigation		
K.17. Teamwork		
K.18. Resident harassment, mistreatment, discrimination, abuse, and coercion		
5. Evaluation		
A. Evaluation of Residents/Fellows	5	ADD, EM, OTO
A.1. Evaluation of Patient Care		
A.2. Evaluation of Medical Knowledge		
A.3. Evaluation of Practice-based Learning/Improvement		
A.4. Evaluation of Interpersonal/Communication Skills		
A.5. Evaluation of Professionalism		
A.6. Evaluation of Systems-based Practice		
B. Evaluation of Faculty	2	EMS, OTO
C. Evaluation of Program	3	ADD, NCC, OTO
D. Performance on Board Exams		
6. Experimentation and Innovation		
A. RRC Approval for Innovation		

PROGRAM SPECIFIC CITATIONS BY CATEGORY

SPONSORED PROGRAMS WITHOUT CITATIONS

0804100105 Dermatology
0814108002 Micrographic surgery and dermatologic oncology
1184111031 Medical toxicology (Emergency medicine)
1204100001 Family medicine
1204121572 Family medicine
1254112081 Geriatric medicine (Family medicine)
1274112171 Sports medicine (Family medicine)
1414113280 Cardiovascular disease
1434114196 Endocrinology, diabetes, and metabolism
1444114219 Gastroenterology
1484114204 Nephrology
1504114167 Rheumatology
1554114166 Hematology and medical oncology
1564114160 Pulmonary disease and critical care medicine
1804100167 Neurology
1874118110 Clinical neurophysiology
1884118063 Vascular neurology
2304122008 Maternal-fetal medicine

3204121426 Pediatrics
3624100161 Plastic Surgery - Integrated
4004100277 Psychiatry
4054140176 Child and adolescent psychiatry
4404121280 Surgery
4424131047 Surgical critical care
5404114086 Hospice and palliative medicine (multidisciplinary)
9994100103 Transitional year

Appendix F: Sponsoring Institution Citations and Responses 2024

Current Citations [410724] - Lehigh Valley Health Network Report Date: 11/24/2024 Record Count: 6			
Meeting Date	Citation Text	Response Date	Response Text
5/20/2024	<p>Structure for Educational Oversight, Sponsoring Institution (Institutional Requirements I.A.7, I.A.7.a-b))</p> <p>A written statement, reviewed, dated, and signed at least once every five years by the Designated institutional Official (DIO), a representative of the Sponsoring Institution's senior administration, and a representative of the Governing Body, must document the Sponsoring Institution's Graduate Medical Education (GME) mission; and, commitment to GME by ensuring the provision of the necessary administrative, educational, financial, human, and clinical resources. (Core)</p> <p>The information provided to the Institutional Review Committee (IRC) does not demonstrate substantial compliance with the requirements. The Sponsoring Institution's written statement does not document a GME mission and a commitment to ensure the provision of administrative and clinical resources needed for GME.</p> <p>(Reviewer Materials (RM), Attachment—Statement of Commitment)</p>	8/28/2024	<p>Our Sponsoring Institutions written statement, signed and approved on March 1, 2020. We feel the introductory statement emphasizes the commitment to necessary administrative, educational, financial, human and clinical resources but will clarify this based on the above. Although we have established a mission statement this was unfortunately included in the written statement.</p> <p>The following mission statement will be added to the statement "Lehigh Valley Health Network is committed to pursuing the highest quality of patient care and graduate medical education. LVHN faculty will instill within our residents and fellows the Accreditation Council for Graduate Medical Education (ACGME) and Commission on Dental Accreditation (CODA) standards to: provide excellent patient care; obtain superior medical knowledge; understand and utilize practice based-learning and improvement; and demonstrate outstanding interpersonal and communication skills. LVHN will provide a learning environment that honors and fosters inclusion, and openness to diverse perspectives and equitable treatment, enabling both residents and fellows to excel in service to their community, teaching and research. Utilizing innovative educational techniques and tools, LVHN will continue to train the next generation of local, national, and internationally renowned clinician and physician leaders" We will review the changes to the document at our next GMEC meeting in September and move towards its approval. The updated document, pending approval, will be signed by our DIO as well as sent back to our Chief Medical Officer and the LVHNN Board Chair. We will ensure the document is re-reviewed, and updated as appropriate, every 3 years in the future.</p>
5/20/2024	<p>Structure for Educational Oversight, GMEC, Responsibilities (Institutional Requirements I.B.4., I.B.4.a), I.B.4.a).(4))</p> <p>GMEC responsibilities must include oversight of . . . the Accreditation Council for Graduate Medical Education (ACGME)-accredited program(s) annual program evaluation(s) and self-study(ies) (Core)</p> <p>The information provided to the IRC does not demonstrate substantial compliance with the requirements. GMEC meeting minutes do not substantially document oversight of annual program evaluations.</p> <p>(RM, Attachment—GMEC Meeting Minutes)</p>	8/28/2024	<p>Program oversight is ensured through the Annual Program Review (APR) meetings with the DIO as well as the ACGME Annual Updates which are reviewed by the accreditation specialist and approved by the DIO. In cases where there may be concerns, and in programs with initial accreditation, the DIO also meets directly with trainees prior to APR meeting with program leadership. The programs also submit the annual program evaluation (APE) form though New Innovations at the end of each academic year. These reports are analyzed by our GME accreditation specialist and approved by the DIO prior to the creation of the Annual Institutional Report (AIR). The data gathered from the APE forms in New Innovations along with annual program review reports is used to create the Annual Institutional Executive Summary and Report that includes performance indicators. Moving forward, the APEs for each residency program will be brought to GMEC for review, discussion, and approval in October. Fellowship APE's will be distributed to GMEC for review, discussion, and approval in November.</p>
5/20/2024	<p>Structure for Educational Oversight, GMEC, Responsibilities (Institutional Requirements I.B.4., I.B.4.b), I.B.4.b).(3))</p> <p>GMEC responsibilities must include . . . review and approval of . . . annual recommendations to the Sponsoring Institution's administration regarding resident/fellow stipends and benefits. (Core)</p> <p>The information provided to the IRC does not demonstrate substantial compliance with the requirements. Meeting minutes of the GMEC do not document review and approval of annual recommendations to the Sponsoring Institution's administration regarding resident and fellow stipends and benefits.</p> <p>(RM, Attachment—GMEC Minutes)</p>	8/28/2024	<p>The GMEC reviewed and approved resident and fellows' salaries and benefits during the February 13, 2023, GMEC meeting. This business agenda item is typically reviewed at the February meeting, annually, when the pertinent data from compensation becomes available to share. These two items are listed on the respective date's GMEC minutes under the consent agenda section and a GMEC vote of the salaries and Graduate Training Agreement (GTA) is noted in the minutes as well. The institutional requirement annotation, however, is shown in error as just (I.B.4.b) and lacking the number 3 which we expect was the reason it was overlooked.</p> <p>The house staff benefits are also comprehensively listed and explained in the Graduate Training Agreement that was also approved during the February 2023 GMEC Meeting.</p>

<p>5/20/2024</p>	<p>Structure for Educational Oversight, GMEC (Institutional Requirements I.B.5, I.B.5.a), I.B.5.a),(1-3) The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome) The GMEC must identify institutional performance indicators for the AIR, to include, at a minimum: the most recent ACGME institutional letter of notification; results of ACGME surveys of residents/fellows and core faculty members; each of its ACGME-accredited programs' ACGME accreditation information, including accreditation statuses and citations. (Core)</p> <p>The information provided to the IRC does not demonstrate substantial compliance with the requirements. Executive summaries of the Sponsoring Institution's Annual Institutional Review (AIR) do not include the ACGME institutional letter of notification, results of the ACGME surveys of residents/fellows and faculty, and each program's accreditation status and citations as institutional performance indicators.</p> <p>(RM, Attachment—AIR Summaries)</p>	<p>approved during the February 2023 GMEC Meeting.</p> <p>8/28/2024</p> <p>The AIR document and executive summary from Academic Year (AY) 2021-2022 uploaded at the time of the October 2023 site visit in fact had deficiencies. Although it referred to various items expected by the common institutional requirements including ACGME trainee and faculty survey results, and global accreditation status (at the time no programs were on warning which is noted). It did not include our institutional letter of notification confirming our continued accreditation nor did it include a list of program citations.</p> <p>Our institution also created a more elaborate AIR report, that is presented to the board and other vital institutional committees, that looked at this data and other critical metrics more granularly but was not made available to the site visitor team unfortunately. We feel our most recent AIR reports (from AY 2022-2023- posted on our website and available) incorporate all the necessary elements expected in the report, as well as a plethora of additional information we feel is critical in the analysis of our GME environment.</p>
<p>5/20/2024</p>	<p>Structure for Educational Oversight, GMEC (Institutional Requirements I.B.5, I.B.5.b), I.B.5.b),(1-2) The GMEC must demonstrate effective oversight of the Sponsoring Institution's accreditation through an Annual Institutional Review (AIR). (Outcome) . . . The DIO must annually submit a written executive summary of the AIR to the Sponsoring Institution's Governing Body. The written executive summary must include: a summary of institutional performance on indicators for the AIR, action plans and performance monitoring procedures resulting from the AIR. (Core)</p> <p>The information provided to the IRC does not demonstrate substantial compliance with the requirements. The Sponsoring Institution's AIR does not include a summary of institutional performance on indicators for the AIR, action plans and performance monitoring procedures for action plans resulting from the AIR.</p> <p>(Accreditation Site Visit Report (ASVR) p. 10; RM, Attachments—GMEC Minutes; AIR Summaries)</p>	<p>8/28/2024</p> <p>The AIR document and executive summary from AY 2021-2022, uploaded at the time of the October 2023 site visit, once again had deficiencies. Again, we feel our most recent AIR reports (from AY 2022-2023- posted on our website and available) incorporate all the necessary elements expected in the report, as well as additional information we feel is critical in the analysis of our GME environment. An executive summary documents abbreviated review of these areas. These reports include:</p> <ol style="list-style-type: none"> 1) Resident, Fellow, and faculty ACGME survey results 2) Review of current training programs including expansions and planned new program in next academic year 3) Recruitment data with a focus on "holistic interviewing" metrics 4) Diversity, equity, inclusion, and belonging (DEIB) achievements and efforts 5) Improvements and enhancements in facilities and physical plant relating to trainees 6) Trainee and Faculty wellbeing metrics (ACGME survey, Wellbeing Index, etc.) 7) Scholarly Activity Synopsis 8) Graduation data: Attrition, Certification, and Professional progress 9) Sponsoring institution letter of certification 10) Accreditation status of all programs: initial and continued accreditation 11) List of all program citations
<p>5/20/2024</p>	<p>Structure for Educational Oversight, GMEC (Institutional Requirement I.B.6, I.B.6.a), I.B.6.a),(1-2) The GMEC must demonstrate effective oversight of underperforming program(s) through a Special Review process. The Special Review process must include a protocol that establishes a variety of criteria for identifying underperformance that includes, at a minimum, program accreditation statuses of Initial Accreditation with Warning, Continued Accreditation with Warning, and adverse accreditation statuses as described by ACGME policies; and, results in a timely report that describes the quality improvement goals, the corrective actions, and the process for GMEC monitoring of outcomes, including timelines (Core)</p> <p>The information provided to the IRC does not demonstrate substantial compliance with the requirement. The field representative reported that the GMEC has not conducted a Special Review of Program #0814108002 (Micrographic Surgery and Dermatologic Oncology) after it received a status of Initial Accreditation with Warning. The protocol for Special Reviews has a list of criteria for identifying underperformance in programs that does not include all warning and adverse ACGME accreditation statuses and does not indicate that reports from Special Reviews will include timelines for GMEC monitoring of outcomes.</p> <p>(ASVR p. 10, RM, Attachment—GMEC Special Review Protocol)</p>	<p>8/28/2024</p> <p>Although a special review of program #0814108002 (Micrographic Surgery and Dermatologic Oncology) had not been performed at the time of the site visit but the program had been identified as one that needed a special review as soon as the letter of notification was received on 5/25/2023. The DIO met with the program's trainee on April 20th, who was happy with her training experience, and then with program leadership on June 24th. At that point the decision was made to initiate a special review which the program leadership welcomed (the report from this review is available for ACGME review if desired). The Special Review was tentatively scheduled to occur in September 2023.</p> <p>Soon after, with the receipt of the scheduled complaint triggered ACGME Sponsoring Institution (SI) site visit, this special review was postponed until January 2024. A large amount effort, time, and resources were required by our GME team and GMEC community in preparation for the SI site visit. Once this was completed on October 31st, 2023, firm planning for the special review occurred.</p> <p>The special review committee met with the program on January 29, 2024 and provided the program with immediate feedback followed by a formal report summarizing opportunities and strategies for improvement. The Micrographic Surgery and Dermatologic Oncology had their accreditation site visit on February 29th, 2024. Based on this visit, and the efforts of the Special Review process both the programs adverse accreditation status of being on "warning" and all related program citations were lifted.</p> <p>The special review criterion #4 in the special review protocol</p>

Appendix F: GME Statement of Commitment to DEIB

Lehigh Valley Health Network- Jefferson Health System

Graduate Medical Education commitment to Diversity, Equity, Inclusion and Belonging (DEIB)

LVHN is committed to DEIB. This relates to our community of faculty, residents and fellows, and staff as well as the patients we serve. We value diversity, equity and inclusion in all aspects of health care including providing exceptional clinical care to our patients and community and in the area of research. Our faculty and training programs recognize the important role diversity plays in creating a culture of collaboration and teamwork and in creating a sense of belonging for all. To that end, our strategic effort and goals include:

- Recruitment and retention of a diverse work force and environment including students, trainees, staff and faculty. This will include a focus on “holistic” recruitment strategy.
- Institutional and GME policies that are consistent across our hospital communities that allow for identification of best practices and promptly recognizing, reporting, and correcting mistreatment, discrimination, or hostile environment.
- Professional development and education of our GME community on cultural and structural competence with an emphasis on cultural humility.
- Patient care will demonstrate a commitment to our diverse communities with focused efforts in research, quality improvement, and institutional population health initiatives that best suit the demographics of the patients we treat.
- Commitment to identifying and creating leadership in diversity, equity, and inclusion at all levels of the organization through education and program development.

Through accomplishing the above goals, we will successfully foster a safe and supportive environment in graduate medical education and optimize the clinical, educational, and well-being of both our caregivers and our patients.