The Value of Graduate Medical Education as Articulated by Our Sponsoring Organizations’ Leaders
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INTRODUCTION/BACKGROUND
- Our newly merged organization is now in the top 10 not-for-profit U.S. health care systems
- Collectively we sponsor >550 residents & fellows in our 43 (18 WI, 25 Illinois) accredited programs
- Sponsoring GME programs requires a significant investment across the organization
  - EXEC LEADERS: President & CEO, Board of Directors & C-Suite (COO, CFO, CNO)
  - CLINICAL LEADERS: Medical Group/Market Leaders, Hospital Presidents & CMOs
  - ADMIN LEADERS: Finance, Legal, QIPS, Patient Experience, HR, Foundation, Research, CME

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

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

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

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

OUR SPONSORING ORGANIZATION LEADERS’ RESPONSES TO 2 QS
1. When you need to advocate for the value of our GME Programs, what do you highlight?
2. What do you wish others would value about our GME Programs?

ITS VALUE & COST-EFFECTIVENESS AS A PIPELINE FOR PHYSICIAN RECRUITMENT
- Having GME programs is required to get the best physician talent
- Physician recruits often want to be in an academic environment, even if they don’t want to teach
- Highlight the business case of retention - from trainee to employed
- Faster to credential, quicker turnover, already know so get better candidates

GME’S CONTRIBUTION TO A CULTURE OF CONTINUOUS LEARNING
- Creates a culture of learning that’s essential for high performance organizations
- GME adds to our culture of learning... I don’t know how good organizations could do it without having educational programs
- Bringing evidence-based medicine – cutting edge – otherwise stale environment
- General environment of inquisitiveness and creativity, not stagnant, ask what’s best way to do things, challenge the status quo

PRESTIGE/REPUTATION/STATUTE ASSOCIATED AS ORG THAT TRAINS FUTURE PHYSICIANS
- Our national rankings depend on it
- Increase prestige the programs bring to the organization because they don’t just provide care, they also teach
- Competitive positioning in PSA dominated by academics – teaching is a consumer expectation & associated with quality

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

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

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

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