



# Samaritan Health Services

*Building healthier communities together*

# Graduate Medical Education

Quarterly  
Newsletter

Winter 2018

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## A message from the DIO

By Sugat Patel, MD, DIO

Welcome to our inaugural addition of the Samaritan Health Services Graduate Medical Education newsletter. Since becoming the Designated Institutional Official, formerly known as Director of Medical Education, for GME, it has been my pleasure to work with an amazing group of dedicated staff and faculty whose mission is to create a legacy of quality physicians and lifelong learners. By training the next generations of physicians with an eye towards local and regional retention, our GME program strives to enhance community health in line with the SHS mission statement.

The purpose of this newsletter is to provide trainees, faculty, staff and the community with information and insight into our programs. One of my goals is to become more transparent and accountable to the organization and community we serve. This accountability and transparency includes quarterly reports to the GSRMC Medical Executive Committee, an annual report to the SHS/GSRMC Board of Directors through our Annual Institutional Report and this newsletter.

GME began at GSRMC in 2009 and has expanded to include 115 residents and fellows across nine different programs. The last nine years has seen rapid growth and maturity within GME. Initially accredited through the American Osteopathic Association (AOA), each of our programs are

now transitioning to accreditation through Accreditation Council of Graduate Medical Education (ACGME). Our programs in Family Medicine, Internal Medicine, Dermatology, Psychiatry and Child Psychiatry have achieved ACGME accreditation and are now training both allopathic\* and osteopathic\* residents. In the coming years, we expect to achieve ACGME accreditation in our remaining programs: Neuromusculoskeletal Medicine (NMM), General Surgery, Orthopedics and Cardiology. The later three have already achieved pre-accreditation through ACGME.

Our residents are now integrated into outpatient and inpatient clinical practice at GSRMC. We have expanded resident clinics in Albany and Lebanon through our outpatient Family Medicine and Internal Medicine residency clinic. In addition, residents provide care in the inpatient setting at the hospitals in Albany, Lebanon and Lincoln City. Highlighting activities and accomplishments with the organization will be a regular feature of this newsletter.

Patient safety and quality improvement projects are integrated into each of our programs. To facilitate this, the SHS Quality, Risk and GME departments hope to provide institutional quality data in an effort to improve systems of care and patient outcomes. Resident and faculty projects will be highlighted.

GME is committed to addressing both provider and trainee wellbeing. Initiatives to include formal workshops and lectures at our semiannual Resident Days and structured time to attend preventable appointments are but a few examples addressing provider needs. With the partnership of SHS Wellness-Life Coach, Patricia Hopkins, this newsletter will have a regular occurring section on provider wellness with resources newly available to meet faculty and resident needs.

I look forward to sharing our progress and accomplishments as we continue to strive for excellence in both education and patient care.

\*See *Did You Know* section for more information on page 6

# Reporting on the rise... and yes, that's a good thing!

## A Message from your SHS Risk Department

By Aimee Lassiter, MS, RN, Clinical Risk Manager; Chii-Hui Peterson, MPH-HA, Manager – Risk & Compliance Operations

SHS has appreciated a 10% increase in incident reporting over the last calendar year with a decrease in total patient days. This is attributed to increased awareness of reporting mechanisms, creation of the resident reporting site and reduced perception of retaliation. Reporting of incidents is one of our primary patient safety strategies. Each report provides an opportunity to recognize and address potential patient safety concerns. SHS Risk is available 24/7 by calling 541-768-4768. Please call us with any questions, any time.



Thank you for all of your efforts in continuing to improve the culture of safety at SHS. Keep up the good work!



## Wellness corner

By Patricia Hopkins, CHES, CWC, CSMC

As a Wellness-Life Coach I work with people who are often struggling with a number of different health issues. Each day I see the toll that poor health takes on a person's body, mind and spirit. I think perhaps the greatest impact of being unhealthy is the effect it has on our ability to feel and express joy which is something we all deserve to experience in our daily lives.

While not all health problems are preventable through exercise and diet, many of them are. But even with an abundance of resources, fitness apps, cookbooks and activity trackers, many of us still have difficulty taking care of our bodies. We have the information, but in my experience it's the shortage of motivation and a passion for healthy living that really hold people back from achieving optimal well-being. There is great value in good health but I think we underestimate how capable we are of attaining it for ourselves. The belief in the possibility of reaching your overall health goals is first step.

Staying motivated and finding your passion is vital to being successful. One way to accomplish this is to find something you truly enjoy. It may take some experimentation and it will certainly take patience, but in the end you will experience the benefit of succeeding in what you want to achieve. Be persistent and consistent with your plans to become healthier. In the end, the rewards of good health will be limitless.

## WELLNESS RESOURCES

**Samaritan Employee Assistance Program:** Contact Megan Kinane for details (email below)

**VitalLIFE:** [VITAL Work Life for Physicians](#)

See page 9 for a full list of wellness resources. For more information, please contact Megan Kinane at [mkinane@samhealth.org](mailto:mkinane@samhealth.org).

# 2017 in review

By Marcus Alderman, MBA, Director of Academic Affairs

Summarizing a year's worth of achievements, challenges overcome and challenges that remain is difficult. Fortunately for GME, there is one word that best describes 2017 and that word is PROUD. It's not a true acronym but outlining phrases to spell the word proud does capture the significance of what occurred in 2017.

**Positive performance:** One of the highest weighted metrics in GME with respect to performance is first time board certification passage rate. In 2017, all residents who sat for their specialty board exam passed on their first attempt. Currently, all programs are above 90% first time passage rate for all graduates. Another metric we watch closely for not only resident performance but also the program, are specialty specific in-training examinations. These are tests that residents take annually to assess and evaluate how they are performing compared to their peers on a national scale. Our Orthopedic Surgery residency scored above the 65 percentile as a program and many of our other programs are competitive compared to counterparts throughout the country. Lastly, positive performance is also about production. In 2017, 71 projects were in process or initiated. 29 of those projects were quality improvement projects focused on improving outcomes and patient safety.

**Resident driven change:** Late in 2016 we established a Resident Quality Council to focus on identifying potential quality improvement projects and addressing resident concerns. In 2017, the council advanced and implemented two progressive initiatives. The first, a new resident reporting system for sharing unusual occurrences or adverse events. The second, a standardized transition of care tool in EPIC. You will hear more about the tremendous work of this council in future issues.

**Our own:** One of the motivators for creating GME programs at SHS was to address physician shortages through retention of residents after graduation. Historically we have been successful at achieving this goal and 2017 was no different. Three residents took staff positions within the system, one each in Corvallis, Albany and Lebanon. We saw the return of an Orthopedic Surgery resident who completed an Adult Reconstructive fellowship at Wake Forest University. Lastly, three residents went on to take fellowship positions at SHS, two in Cardiology and one in Neuromusculoskeletal Medicine. One of the statistics that we are truly gratified by is our retention statistics within SHS but also the state of Oregon. Since 2011, we have hired 25 residents and fellows and nearly 70% of our graduates who went directly into practice, stayed in Oregon.

**Unification progress:** Dr. Patel mentioned our accreditation transition in the opening and it's important to highlight all the work that this transition has required. In 2014, the American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME) decided to unify into a single accreditation system. A five-year window for AOA programs to become accredited under this new system began June 30, 2015 and subsequently closes July 1, 2017. For over two years our programs have been diligently working through this process. In 2017, we went through three inspections for various programs and submitted applications for Cardiology and Child Psychiatry. 2017 was very successful as five programs achieved ACGME accreditation, those being Child Psychiatry, Family Medicine, Internal Medicine as well as our affiliate Dermatology and MOHS Surgery programs at Silver Falls Dermatology. We look forward to further progress in 2018.

**Distinction and development:** There were quite a few advancements made in 2017 but a few deserve greater attention. One being the creation of a simulation training center which you will learn more about later in this issue. In 2017 we had 3 days in which the residents and fellows were pulled from clinical experiences to participate in a full day of educational activities. These days included lectures surrounding wellness, burnout, quality, medical humanities, personal finance as well as activities to improve communication such as TeamSTEPPS. During these educational days, we were fortunate to have nationally recognized speakers in Dr. Jo Shapiro from Brigham and Women's Hospital speak about wellness and peer support as well as Dr. Salvatore Mangione from Jefferson University Hospital.

Thank you to all the residents, fellows, program directors, teaching faculty and staff who made 2017 a tremendous success and one to be proud of. We look forward to what 2018 will bring.

## UPCOMING EVENTS

**Resident MATCH**

It's that time of year again. Medical students from all over the world are gearing up to see if they have matched into a residency program – and ideally to their top choice. Stay tuned to read more about MATCH week and who are new class of resident interns will be in the April issue of GME Quarterly.

**SHS Research Day**

Please join us on the afternoon of May 11<sup>th</sup> for the first annual SHS Research Day, a poster conference for residents to share their quality improvement projects, research studies, and other scholarly activities. Prizes will be awarded to best poster.

**When:** Friday, May 11 from 3 to 6 p.m. (come when you can)

**Where:** GSRMC (Conference Rooms A, B, Starker and HP)

If you have questions, please email [shsresearch@samhealth.org](mailto:shsresearch@samhealth.org).

RESIDENT REPORTS SINCE GO-LIVE  
(JULY 2017)

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Thank you to the Resident Quality Council (RQC), their hard work in developing a resident reporting system for unusual occurrences has had a positive outcome in resident reporting. Stay tuned for more details regarding RQC, their members and all the improvements they are helping our institution develop.

# A glimpse into quality at GSRMC

By Pamela Aronson, RN, MBA, CPHQ

The Quality Resources Department at GSRMC represents an abundance of resources focused on supporting patient safety and improving the care provided to our patients. Supported by registered nurses and other staff with years of experience in a variety of clinical areas, this department collects, analyzes and reports clinical data to a variety of entities.

Two RNs in the department harvest cardiac services data for submission to the Society for Thoracic Surgery (STS) registry, the National Cardiac Data Registry (NCDR), and the Cardiac Arrest Registry to Enhance Survival (CARES). Two more RNs collect and submit information related to the care of patients experiencing stroke symptoms into the American Heart Association's Get-With-The-Guidelines registry for all five SHS hospital sites. Recently, Good Samaritan Medical Center contracted with the American College of Emergency Physicians' (ACEP) to begin collecting and reporting details related to emergency room services into their Clinical Emergency Data Registry (CEDR). Our department includes two Infection Prevention nurses, charged with collecting and submitting information respective to infectious diseases and healthcare-acquired infections to the National Healthcare Safety Network (NHSN), along with providing consultation and guidance to providers and nurses caring for patients.

In addition to these registries, the Quality Resources Department reports data to the Centers for Medicare and Medicaid Services (CMS) under the Hospital Inpatient Quality Reporting Program. Included in these measures is information regarding compliance with established clinical guidelines and outcomes associated with common diagnoses and procedures. CMS rates our hospital performance in comparison with other hospitals and bases hospital payment on how well we conform to standards. Our Patient Experience

Coordinator is responsible for working with hospital staff to facilitate timely resolution of patient and family concerns and complaints and monitoring patient satisfaction through the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey results.

Finally, Quality Resources facilitates a number of hospital committees designed to support and manage patient safety and quality, including the hospital Quality Improvement Committee, Patient Safety and Medication Management Committee, Stroke Committee, Code 99 Committee, and Sepsis Task Force. Resident participation in these committees is welcome.

As shepherds to a mountain of data and information, the Quality Resources Department is also a valuable resource for the GME program. One of our goals is to support YOU on your journey to fulfill program requirements, particularly those involving projects related to patient safety and quality!

**DO YOU NEED TO REPORT AN OCCURRENCE?**

[Resident Unusual Occurrence Report](#)  
\*Under "Additional Resources"

[Unusual Occurrence Report](#)

# Resident spotlight

## Sally Mangum, PhD, DO

**Name:** Sally Jane Mangum  
**Program:** Internal Medicine, PGY2  
**Hometown:** Fairbanks, Alaska  
**Medical School:** Pacific Northwest University of Health Sciences

Dr. Mangum was nominated by her Internal Medicine team due to the dedication she exhibits among training, community, research and patient care.

Dr. Mangum has been published on the Northwest Osteopathic Medical Foundation website and will be the January facilitator on "Food as Medicine." Please take time to check out Dr. Mangum's work and be sure to check back for future publications: [Food as Medicine](#)

In addition, Dr. Mangum completed a research project, *Prevalence of Acute Coronary Syndrome and Predictive Values of Cardiac Stress Testing at a Community Hospital Emergency Department*, which was presented at the American College of Physicians (ACP) conference in October 2017. Dr. Mangum's abstract can be viewed on page 8 as this issues "Featured Abstract" and you can view her poster at the Samaritan Research Poster day on May 11 (see page 4 for details).

**Family Life:** My husband is from Fairbanks too, we met there. He prefers 60 below winters over the Oregon rain. We got married during spring break of my first year of medical school. Our first daughter was born during my fourth year of medical school and our second was born the third week of my intern year. We are expecting our third baby in August.

### What did you do prior to medical school?

I worked for the USDA analyzing molecular compounds in wild berries and their health benefits. My interest in medicine stems from my background in biochemistry, a desire to better understand human physiology, and my passion for health. Plus, column chromatography gets really boring after a while.

### What is your favorite hobby?

I used to have hobbies like yoga and cross country skiing before I had kids, now I mostly go home and change a lot of diapers. I try to get my kids out for hikes when possible and I also like to cook with them.

### Do you have any advice for current and/or future medical students?

This is hard to answer because medical training is so different for everyone and I don't think there's anything I can say that will make the experience magical for anyone. I find the idea of work-life balance unsatisfying because for me life is a constant evolution. I'd say the most important thing is making sure you get what you need out of experiences during your training that will help you to grow into the type of physician that you want to be. Medical school and residency can be draining so be nice to each other and give yourself a break from time to time. Also, please reach out if you are struggling.

### What is on your wish list for the next 10 years?

I'm looking forward to moving back to Fairbanks after residency and providing primary care to my community. My dream is to build a relationship-based practice and make a difference in my patients' lives through preventative medicine and health promotion.

*"I'd say the most important thing is making sure you get what you need out of experiences during your training that will help you to grow into the type of physician that you want to be"*



### To Nominate a Resident

Please send all resident nominations to Megan Kinane at [mkinane@samhealth.org](mailto:mkinane@samhealth.org)

Please include the following:  
 Subject line: Resident Nomination  
 Include reason for nomination

## Did you know?

### There are two kinds of physicians: Allopathic (MD) and Osteopathic (DO)

The lines separating Medical Doctors (MD) and Doctors of Osteopathy (DO) are fading away into today's world of medicine as medical education becomes more standardized. One recurrent question that is frequently asked surrounds the difference between an MD and a DO. In summary, they have significant similarities and few differences.

The main difference is that DOs have focused training throughout their four years of medical school learning [Osteopathic Manipulative Treatment \(OMT\)](#). OMT is a hands-on therapy used to diagnose, treat, and prevent illness or injury.

Today, more and more MDs and DOs are integrated into residency programs together and work side by side in practice; sharing their unique set of knowledge and treatment with one another.

| Topic                                      | MD   | DO   |
|--|--|--|
| <b>Definition</b>                          | Medical Doctor   | Doctor of Osteopathic Medicine   |
| <b>Education</b>                           | Four years undergraduate at college or university                                |  |
| <b>Standardized admissions examination</b> | Medical College Admissions Test (MCAT)   |  |
| <b>Medical School</b>                      | Four years at a medical school   | Four years at an osteopathic medical school. This includes 200 additional hours of osteopathic manipulative treatment (OMT). |
| <b>Residency</b>                           | 3 to 7 years at an ACGME accredited program                                      | 3 to 7 years at an ACGME or AOA accredited program <sup>1</sup>  |
| <b>Specialties</b>                         | Both MD and DO can go into the same specialty fields (surgery, orthopedic, etc.) |  |
| <b>Licensing exam</b>                      | USMLE required   | COMLEX required; USMLE optional (DO students often do both)  |
| <b>Board Certification</b>                 | Allopathic medical specialty board (i.e. ABMS)                                   | Either osteopathic or allopathic medical specialty boards depending on residency accreditation                               |
| <b>Practice</b>                            | No difference  |  |
| <b>Medical Prescribing rights</b>          | No difference  |  |

<sup>1</sup> By the year 2020, all residency programs will be accredited by ACGME

#### Send a topic idea

Is there something you've been curious about? Send your recommends for Did You Know? to [mkinane@samhealth.org](mailto:mkinane@samhealth.org).

# First anatomy lab takes place at SHS SIM lab

By Megan Kinane and Sam Bartholomew

With the grand opening of the Samaritan Simulation (SIM) lab on December 14, 2017, the orthopedic residency program jumped at the bit to test out the newly acquired education space. On December 15, 2017, the orthopedic surgery program, along with orthopedic trauma surgeons from Legacy Health, put on a lecture and anatomy lab series on proximal tibia and distal tibia fractures for our orthopedic surgery residents.

This six-hour event included lectures by three orthopedic trauma surgeons from Legacy Health System: Drs. Amer Mirza, Corey Vande Zandschulp, Richard Gellman, and Samaritan's own orthopedic trauma surgeon and Associate Program Director for the orthopedic residency program, Dr. Jacqueline Krumrey. The lectures addressed the various treatments of proximal tibia and distal tibia fractures.

Following the lecture series, residents applied the newly learned techniques and practiced through hands-on experience in the lab. "These labs provide an invaluable experience for residents to hone their operative skills and pick up pearls from various faculty members," said Krumrey. Having a SIM lab offers our residents and faculty members a good learning environment to practice skills in similar situations they would encounter with patients. "The new SIM lab is great because it provides both lab and lecture space without requiring travel outside of Corvallis. It's also flexible enough to accommodate all the different medical specialty needs. I could see offering instructional courses for other healthcare professionals or even OSU students," Krumrey shared.

Currently the SIM lab is in the beginning phases of development. With help from an Auxiliary grant, GME made its first official SIM lab purchase, a Fundamentals of Arthroscopic Surgery Training (FAST) system. "This system will allow our residents to acquire and master their surgical knot tying techniques and psychomotor skills which are essential in arthroscopic surgery. We hope this is one of the many opportunities where the SIM lab will assist residents from all programs, giving them the ability to obtain and master skills needing copious amounts of repetition. The SIM lab will serve as a place to discover new skills, review those previously learned, and prepare for clinical delivery," states orthopedic surgeon, Dr. Donald Pennington, who serves as Chair of the SIM Lab Committee.

Be sure to check out the upcoming issues of GME Quarterly to follow the developments taking place at the Samaritan SIM Lab.

For more information on how you can help contribute to this exciting new development, or if you would like to utilize the SIM lab space, please contact Morgan Baldwin, SIM Lab Coordinator, at 541-768-4914 or [mbaldwin@samhealth.org](mailto:mbaldwin@samhealth.org).

*"We are lucky to have skilled orthopedic trauma surgeons in Portland who are willing to give up a Friday to come teach our residents..."*

Jacqueline Krumrey, MD



# Featured Abstract

## **Prevalence of Acute Coronary Syndrome and Predictive Values of Cardiac Stress Testing at a Community Hospital Emergency Department**

SJ Mangum, RD Pham, OR Pipitone, and JF Greenblatt

Acute coronary syndrome (ACS) encompasses the diagnoses of ST-elevation myocardial infarction, non-ST elevation myocardial infarction, and unstable angina. Over eight million visits to emergency departments (ED) occur annually in the United States for chest pain, with approximately 25% culminating in ACS diagnoses. Providing quality health care involves adapting therapeutic decisions to the local prevalence of disease and defining the performance of frequently used diagnostic tests in a local context. We aimed to establish the prevalence of ACS in patients with a chief complaint of chest pain presenting to the Good Samaritan Regional Medical Center (GSRMC) ED, and to provide positive and negative predictive values (PPV, NPV) for non-invasive cardiac stress tests for these patients. Using EPIC, our electronic health record, we conducted a retrospective cohort study that identified 1,795 patients over 18 years of age who presented to the GSRMC ED with a chief complaint of chest pain in 2016. Of those, 258 (14%) were diagnosed with ACS. The majority of those diagnosed with ACS (81%) were diagnosed on the same day as their ED encounter; 15% were diagnosed within six weeks, and 5% were diagnosed more than six weeks after their initial presentation. Using published sensitivity and specificity levels we then estimated the community-specific average PPV and NPV for exercise stress electrocardiogram (35%, 91%), exercise stress echocardiogram (45%, 96%), pharmacologic stress echocardiogram (56%, 96%), exercise stress Myoview (41%, 96%), pharmacologic stress Myoview (49%, 98%), and coronary computed tomography angiogram (45%, 99%). Results of this study suggest that the prevalence of ACS in 2016 for the population served by the GSRMC ED was less than the previously reported national average. Furthermore, understanding the estimated PPV and NPV of commonly ordered non-invasive diagnostic tests will help our clinicians guide therapeutic decisions and provide the best possible quality of care to our local population.

### Featured Authors:

Sally Mangum, D.O – Internal Medicine Resident, PGY-3

Richard Pham, D.O – Internal Medicine Resident, Graduate 2017

Jesse Greenblatt, M.D. – Academic Hospitalist, Good Samaritan Regional Medical Center

Olivia Pipitone, MPH – SHS Bio-Statistician

# Wellness Resources

## Resources to assist those experiencing burnout, depression and substance abuse:

- ❖ Vital Work Life - [Vital Life for Physicians/Residents](#)
- ❖ Calapooia Employee Assistance Program – From the SHS Insider, search “Calapooia Employee Assistance”; click on the first option and you will be taken to the PDF version of the brochure. Please contact Megan Kinane or you HR office if you are having trouble finding this information.
- ❖ Health Professionals’ Services Program (HPSP) & Reliant Behavioral Health (offered through the State) - [HPSP](#)

## If you are battling fatigue – remember that SHS has multiple **RESIDENT ONLY** sleep rooms available:

- ❖ GSRMC first floor: 2 surgery sleep rooms
- ❖ Ancillary Building second floor: 6 sleep rooms

## Counseling Services (Family, marital, relationship):

- ❖ Vital Work Life
- ❖ Calapooia Employee Assistance Program

## Financial Counseling (budget and credit counseling, debt management plan, housing counseling (pre-purchase, mortgage, and rent delinquency counseling) and credit report review):

- ❖ Vital Work Life
- ❖ Money Management International - [Money Management International](#)
- ❖ Principal Financial Group