

Graduate Medical Education

Organizational Structure

The Graduate Medical Education (GME) Office is under the direction of Carol M. Rumack, M.D., Associate Dean for GME at the University of Colorado Denver School of Medicine. Dr. Rumack and staff are responsible for the oversight of ACGME accreditation status and educational environment as well as, payroll, benefits and administrative issues for all University of Colorado Denver School of Medicine residency programs.

The GME Office implements policies of the Graduate Medical Education Committee (GMEC) of the School of Medicine. The Accreditation Council for Graduate Medical Education (ACGME) charges the GMEC with responsibility for monitoring and advising on all aspects of residency education including compliance with ACGME duty hours and creating a strong learning environment. The GMEC is composed of program directors, designated representatives of the major teaching hospitals and officers of the Housestaff Association and reports, through the Associate Dean for GME and Senior Associate Dean for Clinical Affairs, to the Dean of the School of Medicine. Meetings of the GMEC are held monthly and include review and approval of requests by programs for changes in resident complement and changes in program directors. The Committee also conducts Internal Reviews of training programs and sets institutional policy to ensure the quality of education and work environment for interns, residents and fellows. An advisory body to the GMEC, the Affiliated Hospitals Steering Committee, is composed of representatives from all institutions funding residents and meets at least quarterly with Dr. Rumack to review current issues facing residency and fellowship training programs.

Overview

The University of Colorado Denver School of Medicine (UCDSOM) sponsored 135 residency and fellowship programs with 959 residents and fellows during the 2009-2010 academic year.

- ◆ 24 residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) - (668 residents)
- ◆ 51 fellowship programs accredited by ACGME - (216 fellows)
- ◆ 60 GMEC approved fellowship programs (accreditation not available through ACGME for these sub-specialties or accreditation not sought) - (75 fellows)

GMEC Actions for 2009-2010

New ACGME Programs approved (8)

Program Name	# of positions approved	# of positions filled	ACGME effective date
Pediatric Orthopaedics	2	2	July 1, 2009
Cytopathology	2	1	July 1, 2009
Developmental-Behavioral Pediatrics	3	0	July 1, 2010
Hospice & Palliative Medicine	2	0	July 1, 2010
Nuclear Radiology	1	0	July 1, 2010
Orthopaedic Spine	1	1	July 1, 2010
Pediatric Urology	1	0	July 1, 2010

New GMEC programs (non-ACGME) approved (9)

Program Name	# of positions approved	# of positions filled	Effective date
Pulmonary Research	6	3	July 1, 2009
Rheumatology Research	1	0	July 1, 2009
Gynecologic Oncology	3	2	July 1, 2009
Reproductive Endocrinology	3	1	July 1, 2009
Advanced Heart Failure	1	0	July 1, 2010
Movement Disorders	1	0	July 1, 2010
Pathology Quality Improvement	1	0	July 1, 2010
Burn Surgery	1	0	July 1, 2010
Pediatric Urology Research	1	0	July 1, 2009

Graduate Medical Education

GMEC Actions for 2009-2010, continued

ACGME Programs closed

- ◆ Radiology: Nuclear Medicine – withdrew ACGME accreditation November 2009, replaced with ACGME accredited Nuclear Radiology Fellowship effective July 1, 2010

ACGME Accreditation Site Visits

The following programs were site visited or received Residency Review Committee (RRC) accreditation during 2009-2010:

Program	Site Visit Date	Effective Date	Accreditation Status	Accreditation Cycle (Years)
Pathology – Anatomic & Clinical	July 15, 2009	October 2, 2009	Continued Accreditation	2
Radiology - Diagnostic	September 15, 2009	November 12, 2009	Continued Accreditation	5
Vascular & Interventional Radiology	September 16, 2009	November 12, 2009	Continued Accreditation	5
Pediatric Radiology	September 17, 2009	November 12, 2009	Continued Accreditation	5
Neuroradiology	September 22, 2009	November 12, 2009	Continued Accreditation	5
Pediatric Urology	September 23, 2009	July 1, 2010	Accreditation	3
Forensic Pathology	September 24, 2009	April 16, 2010	Continued Accreditation	5
Transplant Hepatology	November 30, 2009	May 15, 2010	Continued Accreditation	2
Sleep Medicine	December 1, 2009	May 15, 2010	Continued Accreditation	5
Orthopaedic Hand Surgery	December 2, 2009	June 18, 2010	Continued Accreditation	3
Physical Medicine & Rehabilitation	March 9, 2010	August 28, 2010	Continued Accreditation	3
Pediatric Rehabilitation	March 10, 2010	August 26, 2010	Continued Accreditation	5
Pain Medicine	March 11, 2010	August 28, 2010	Continued Accreditation	5
Anesthesiology	March 30, 2010	Pending RRC notice October 8, 2010		
Adult Cardiothoracic Anesthesiology	March 31, 2010	Pending RRC notice October 8, 2010		
Surgical Critical Care	April 1, 2010	Pending RRC notice October 30, 2010		
Congenital Cardiac Surgery	April 21, 2010	Pending RRC notice July 17, 2010		

The UCDSOM institutional average cycle length for all ACGME-accredited programs is 4 years.

Graduate Medical Education

Internal Reviews

GMEC Internal Reviews (12) were conducted for the following ACGME-accredited programs:

Program	Internal Review Date
Radiation Oncology	July 28, 2009
Psychosomatic Medicine	August 21, 2009
Child & Adolescent Psychiatry	October 21, 2009
Clinical Cardiac Electrophysiology	December 16, 2009
Vascular Neurology	December 17, 2009
Dermatology	January 7, 2010
Infectious Disease	January 11, 2010
Pediatric Otolaryngology	January 12, 2010
Geriatric Medicine	January 27, 2010
Orthopaedic Sports	April 2, 2010
Neuromuscular Medicine	May 10, 2010
Neurosurgery	June 4, 2010

New Programs Submitting Applications for ACGME Accreditation GME Committee Presentations and Oversight

Program	Status as of July 1, 2010	Cycle Length
Hospice and Palliative Medicine	Accredited July 1, 2010	3 years
Developmental Behavioral Pediatrics	Accredited July 1, 2010	2 years
PM&R Sports Medicine	Pending review	
Nuclear Radiology	July 1, 2010	5 years

1. GME Forum “Patient Centered Care and Resident Education”

- ◆ GME Forum, held on October 14, 2009 included all hospitals and GME programs
- ◆ Four task force groups addressed the following key areas: Patient Safety and Hand-Over, Balance of Service and Education, GME Funding Challenges, and Impact of Residency Program Accreditation Requirements.
- ◆ Attended by all key participating hospitals leaders, attending physicians and residents.

2. Duty Hour Standards and Monitoring

- ◆ All programs were surveyed regarding duty hours as part of the GME Annual Survey (November). Results were distributed to the programs and the data was presented at GMEC.
- ◆ Programs with compliance issues were asked for an action plan.
- ◆ Programs requiring ACGME duty hour progress reports were reviewed and approved by GMEC.
- ◆ Beginning January 2010, the GMEC reviewed all ACGME programs monthly regarding duty hour compliance. Residents in programs that had any duty hour potential compliance issues logged duty hours in GMEOne. All other residents in ACGME programs were sent a monthly survey through New Innovations. Data and action plans for any issues were presented and addressed monthly at the GMEC meeting.

Graduate Medical Education

- ◆ The GMEC Duty Hour sub-committee reconvened in November 2009 and meets bi-monthly to review duty hour issues.
- 3. Faculty Professional Development**
- ◆ GME support is provided to Program Directors to attend the ACGME Annual Educational Conference Introductory Course for New Program Directors, March 4, 2010 in Nashville, TN. The following faculty attended: Suzanne Brandenburg, MD (Internal Medicine), Robert Low, MD (Pathology), and Andy Meacham, MD (Urology). Presentations were made at the March 17, 2010 GMEC meeting.
 - ◆ GMEC meetings have included the following presentation topics: Prescription writing and chart order guidelines for all residents and fellows, disaster guidelines and information to include resident contact information, EPIC updates and resident related decision issues, program documentation and resident involvement in quality improvement projects.
 - ◆ GME provided funds to support the **Academy of Medical Educators**. Dr. Eva Aagaard, chair of the Academy of Medical Educators, along with other faculty members provided the following sessions for faculty, residents and fellows: Teaching in the Small Group Setting, Giving Effective Feedback, Teaching in the Clinical Setting, Mentoring Workshop, Small Group Facilitation, Managing Medical Errors, ID and Remediation of Struggling Learners, and Better Bedside Teaching. The sessions are designed to provide faculty development modules which enhance the core teaching and educational skills needed for faculty and GME trainees.
- 4. Supervision and Patient Safety Issues**
- ◆ The University of Colorado Denver General Surgery program and the University of Colorado IT department developed a computerized rounding and sign-out report to improve efficiency in patient care and address duty hour compliance issues. Residents and fellows at UCH have used the system and the PGY1 and PGY2 level residents' reported a reduction in time spent in pre-rounding activities, number of patients missed on rounds decreased, and the program has shown to be effective in maintaining compliance with the ACGME 80 hour requirements. Additional education regarding the handover of care will also improve the workflow and patient safety.
 - ◆ UCH Pharmacy personnel have developed new prescription pads for UCH to reduce issues of pre-signed prescription pads.
- 5. Quality Improvement and Risk Management**
- ◆ Additional tools and resources for Program Directors were added to the GME website including: an interactive Healthcare Matrix, communication tools, hand-over guidelines, electronic medical records requirements, and other resources from GMEC presenters.
 - ◆ All ACGME programs have documented quality improvement projects and have integrated patient safety projects into their curriculum. GME conducted a survey to all program directors regarding resident participation in Quality and Patient Safety Projects using SurveyMonkey.

Surveys

1. UCDSOM GME Annual Survey – November 2009

The GME annual survey included the ACGME Resident Survey questions with additional information to reflect data for the affiliated hospitals. Additional demographic questions and selected questions from the University Hospital Provider Survey were added to address resident's perception of hospital quality improvement, teamwork between physicians and nurses, and timeliness of receipt of results/key information from various hospital services. The data was presented at GMEC and the SOM Executive Committee. The programs were requested to provide action plans for all areas of non-compliance regarding duty hours.

2. GME Duty Hour Oversight Surveys – December 2009

All programs that were non-compliant for duty hours on the ACGME 2008-2009 Resident Survey began logging work hours using GMEOne. All other accredited programs were sent a New Innovations survey monthly regarding duty hour compliance. The data was reviewed at the monthly GMEC meeting and program directors were required to provide action plans for all areas of non-compliance. The survey was revised for July 2010 to be specific to the type of call taken by the program with one survey for programs taking in-house call and a second survey for programs that only take home-call or no call. The GME Office hired a Director of Compliance in August 2010 to assist in overseeing and monitoring institutional and ACGME compliance issues. A retreat is planned for fall 2010 to review the impact of patient safety and GME resident issues resulting from the 2011 ACGME proposed new requirements.

Graduate Medical Education

3. ACGME Resident Survey – January – June 2010

During the 2009-2010 academic year, all programs with 4 or more fellows were surveyed. The surveys were completed by residents and fellows in 42 ACGME programs with an overall 85% response rate. The program results were distributed to the program directors and the data was reviewed by the GMEC. Presentations and results from each wave were presented at GMEC meetings. Programs provided responses for areas of non-compliance.

4. Resident Participation in Quality and Patient Safety Projects – May 2010

All ACGME programs were surveyed using SurveyMonkey to assess their engagement in patient quality and safety. Overall, 64% of the programs responding, indicated residents and fellow in their programs receive patient care quality and safety education as part of their initial program orientation, 40% as part of a formal curriculum within their program, and 80% had this as part of the didactic learning through conferences and/or rounds. Only one-third indicated that they currently were part of a hospital or program quality or safety committee. Over 80% of the residents surveyed indicated that mechanisms are in place to evaluate their participation, knowledge or skills in quality and safety as part of their evaluation process.

5. Housestaff Association Survey (HSA) – May 2010

The 2009-2010 Housestaff Association survey was conducted during May of 2010. There were 776 responses out of 932 surveys with a response rate 83%. Program reports were provided to the respective program directors with four or more residents in their program when at least 70% of the residents responded. Dr. Carol Rumack, Associate Dean of GME, was provided all program reports regardless of training size. The Housestaff Association co-chairs presented the report at the July 14, 2010 GMEC meeting. The Housestaff Association Director and co-chairs meet regularly with Dr. Rumack, the Associate Dean for GME to discuss particular issues identified in the survey.

6. GME 2010 Exit Survey – May – June 2010

- ◆ Out of 308 residents and fellows completing ACGME and GMEC approved programs, 291 or 95% completed the 2010 GME exit survey (61% residents and 39% fellows).
- ◆ There were 45% females and 55% males completing training compared to an overall distribution of 49.5% female and 50.5% males for all residents and fellows in 2009-2010.
- ◆ Residents reported 86% **very satisfied** or mostly **satisfied with their training program** for 2009-10 versus 77% very satisfied or mostly satisfied 2008-09 (*Figure 5*). The very satisfied has substantially increased from 21% for the 2007-08 academic year.
 - The majority of the verbatim comments were very positive ranging from excellent training, great patient exposure, excellent clinical and research training, and faculty expertise.
- ◆ Housestaff were asked to rate the following groups regarding being **treated in a professional manner**:
 - Attending staff in your program was 70% strongly agree versus 58% for attending physicians in other departments compared to 67% strongly agree vs. 58% for attending physicians in other departments in 2008-2009.
 - Residents in your own program were 79% strongly agree versus 58% for residents in other programs compared to 76% strongly agree vs. 56% for residents in other programs in 2008-2009.
 - Medical Students was 78% strongly agree for 2009-2010 and 2008-2009.
 - Nurses were 57% strongly agree versus 53% in 2008-2009.
 - Ancillary staff was 64% strongly agree. This group was added for the 2009-2010 survey.
 - Patients fell slightly to 61% strongly agree versus 67% strongly agree in 2008-2009.

This is the second year questions about perceptions of **being treated professionally** were included in the survey (*Figure 6 and 7*).

- ◆ Exiting trainees who will **seek additional training** increased from 28% in 2009 to 34% in 2010 compared to 23% in 2008 and 33% in 2007.
- ◆ Those entering a **private or group practice** setting decreased to 32% from 41% in 2009 and 2008.
- ◆ There was relatively little change from those working in academics as a full-time faculty member (23% in 2010 compared to 21% in 2009) and those who will be in private practice and hold a part-time faculty position (6% in 2010 vs. 9% in 2009). (*Figure 8*)
- ◆ The number of residents and fellows **planning to stay in the tri-state area** (Colorado, Wyoming, and Montana) was 53% for 2010. This question was expanded to include Wyoming and Montana for this year. Those planning to stay in Colorado were 41% in 2009 vs. 51% in 2008. Of the 291 completing training, 90 or 31% are in Primary Care (IM, FM, and Pediatrics) vs. 26% in 2009 (*Figure 9 – 10*).
 - Of the 90 or 31% in **Primary Care, 64% will be in Colorado, Wyoming or Montana** (51% Denver metro and 13% outside of metro Denver, but in the tri-state area).

Graduate Medical Education

- Of those 201 or 69% in **other specialties, 48% will remain in the tri-state area** vs. 32% remaining in Colorado in 2009 (for 2010 of the 48%, 39% Denver metro and 9% in either Colorado, Wyoming or Montana).
- ◆ **Educational debt over \$100K** for exiting trainees increased to 67% from 60% (2009) and 52% (2008) and 49% (2007). Of the 67% reporting debt over \$100,000, 19% reported debt greater than \$200,000 vs. 18% in 2009. The 2009 average medical school debt for the US was \$156,456. (*Figures 11a and 11b*).

Disciplinary Activities

From an enrollment of 897, five residents were placed on probation for the first time between July 1, 2009 and June 30, 2010. Probation that started in the 2008-09 academic year was extended into the 2009-10 academic year for 1 resident bringing the total on probation for the 2009-10 academic year to six. By the end of the academic year, 3 of the 6 residents fulfilled their remedial plan and were removed from probation, one resident was terminated, and two residents had probation extended into the 2010-11 academic year.

Resident Stipends

For the 2009-10 academic year stipends, the stipends were increased by 2.12% over the 2008-09 amounts for all levels.

UC-SOM GME Institutional Orientation for 2010-2011

First year residents (164 interns) met in a half-day session on June 23, 2010. PGY2 and above residents (213 new) to UC-SOM met in a half-day session on July 1, 2010. Orientation was focused on the general competencies and included vignettes and interactive sessions.

Orientation topics that were presented included:

- ◆ Feedback and Evaluation: An Intern's Guide to Teaching Medical Students- Eva Aagaard, MD
- ◆ Keys to the 10 Minute Talk- Adam Trosterman, MD
- ◆ Teaching at the Bedside – Clifford Zwillich, MD
- ◆ Physician Areas of Vulnerability & Boundary Issues (Colorado Physicians Health Program)- Michael Gendel, MD and Doris Gundersen, MD
- ◆ Conflict Resolution & Sexual Harassment (Ombuds Office)- Lisa Neale
- ◆ Patient Safety, Risk Management & Legal Liability- Sue West, RN
- ◆ Opportunities for Improving Medication Safety- Sondra May, PharmD
- ◆ GME Benefits- Dee Fetter
- ◆ Library and Online Resources- Lynne Fox, MLS, MA and Lisa Traditi, MLS

Prior to beginning clinical training, Residents and fellows new to UCSOM GME completed the following Graduate Medical Education Residency and Fellowship online **Training modules**:

- ◆ Sleep Deprivation and Fatigue
- ◆ Infection Prevention and Control
- ◆ Health Information Management (HIM)
- ◆ Safety Training
- ◆ Corporate Compliance
- ◆ CITI Program – Informed Consent (COMIRB)
- ◆ HIPAA Regulations
- ◆ Patient Safety
- ◆ Communication: Bedside Manner
- ◆ Learner Assessment
- ◆ Providing Effective Feedback as Teachers
- ◆ Quality Assessment and Quality Improvement
- ◆ Guidelines for EMR Documentation
- ◆ GME Benefits

The modules address the ACGME general competencies of Professionalism, Interpersonal Communication, Patient Care, Practice-based Learning and Systems-based Practice. As of July 1, 2010 100% of individuals required to complete these modules prior to beginning clinical duties had complied with the requirement.

Graduate Medical Education

Residents and Fellows continuing in GMEC approved programs completed the following modules:

- ◆ Physician Wellness and Impairment
- ◆ Quality Assessment and Quality Improvement
- ◆ Teaching in the Clinical Setting
- ◆ Guide to Documentation and Billing

Data for the current year 2010-2011

The University of Colorado School of Medicine (UC-SOM) sponsored 142 programs with 965 residents and fellows – (enrollment as of July 1, 2010) (see *Table 1*).

- ◆ 24 residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) - (680 residents) includes Pediatric Physical Med & Rehabilitation
- ◆ 56 fellowship programs accredited by ACGME - (219 fellows)
- ◆ 62 GMEC approved fellowship programs (accreditation not available through ACGME for these sub-specialties or accreditation not sought) - (70 fellows)
- ◆ 4 new fellowship programs have submitted applications for ACGME accreditation

GME Trends

- ◆ Total enrollment for 2010-2011 is 965 compared to 959 (2009-2010), 897 (2008-2009), and 880 (2007-2008). While ACGME residency programs have remained stable at 24, the ACGME fellowships have increased from 43 programs (2007-08) to 49 programs (2008-09) to 51 programs in 2009-2010 and 56 programs for 2010-2011. (*Figure 2*).
- ◆ The percentage of **under-represented minorities** enrolled in programs, based upon self-reporting, increased slightly to 6.4% for 2010-2011 compared to 6% for 2009-2010, and 6.4% (2008-09) and 6.6% (2007-08). Under-represented minorities are defined as African American, American Indian, Hawaiian/Pacific Islander, and Hispanic (*Figure 3*).
- ◆ GME trainee **gender mix remains equally distributed**. Males represent 50.8% (2010-2011) compared to 50.5% (2009-10) and 52.5% (2008-09) and 52% in 2007-08. Females represent 49.5% (2009-10) up from 47.5% (2008-09) and 48% in 2007-08 (*Figure 4*).
- ◆ The **percentage of trainees enrolled in primary care programs** is unchanged at 31% of total enrollment. Of the 24 core residency programs, primary care residents represent 44% of the total residents (297 out of 676). Primary Care includes Internal Medicine, Family Medicine and Pediatrics.
- ◆ Over the past three years, the number of residents or fellows with Visas has decreased slightly to 23 from 26 for 2009-2010. Residents or fellows with H1-B visas was 9 in 2007-08, dropping to 5 in 2008-09, increasing to 10 for 2009-10, and currently is 11 for 2010-11. Residents and fellows with J-1 visas were 16 in 2007-08, increasing to 20 in 2008-09, decreasing to 16 for 2009-2010, and are currently 12 for 2010.

Graduate Medical Education

Figure 1 Number of Program

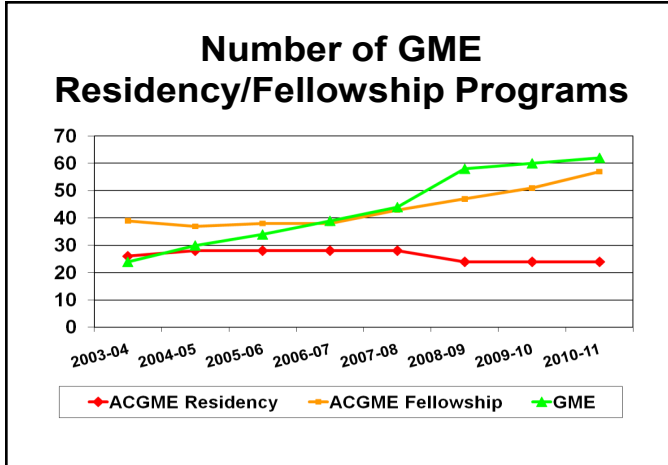


Figure 2 Enrollment

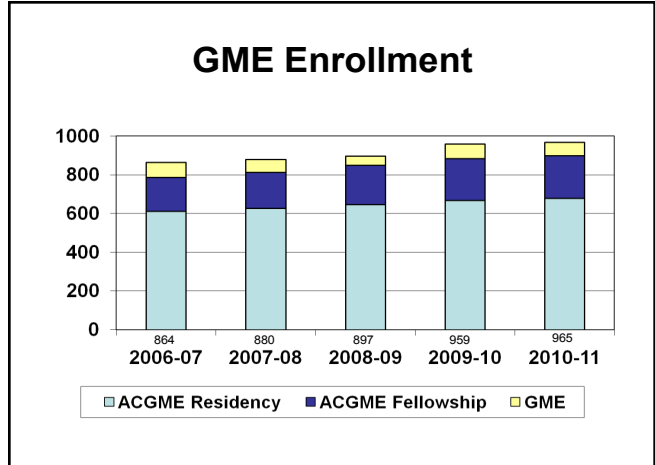


Figure 3 Under-represented Minority

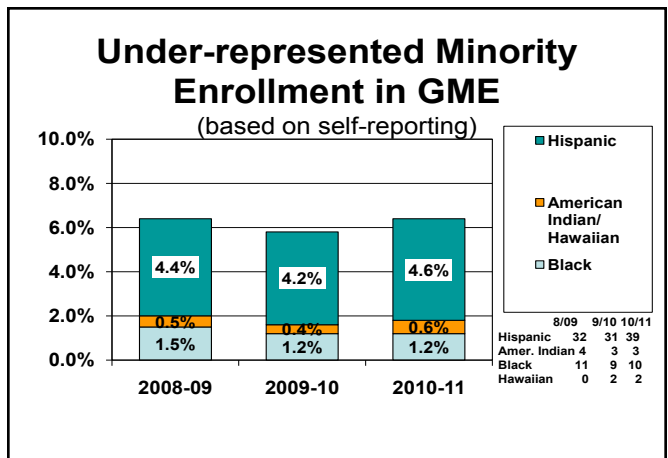


Figure 4 Gender

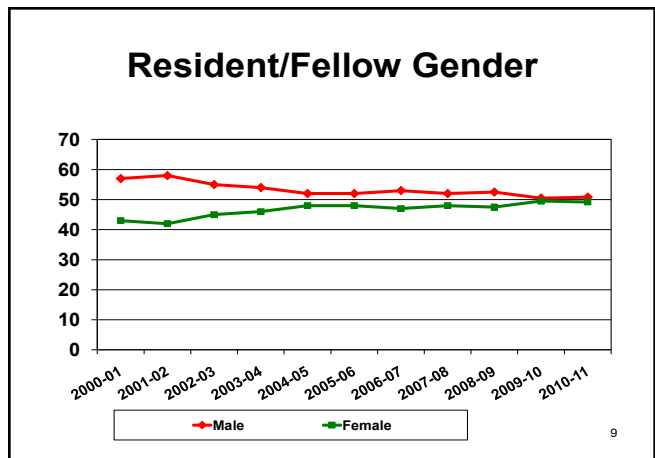


Figure 5 Overall Satisfaction with Training

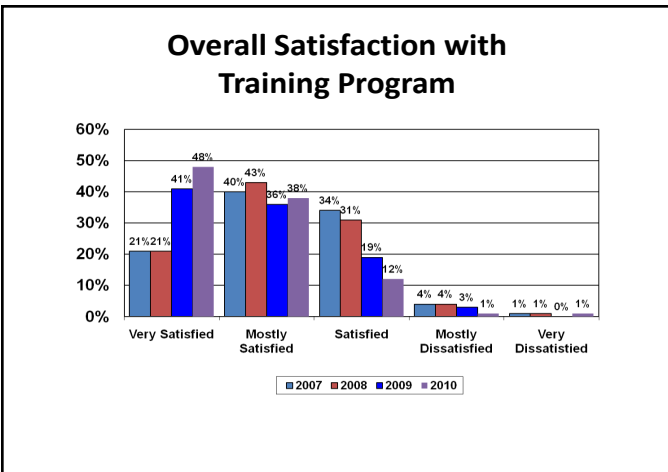
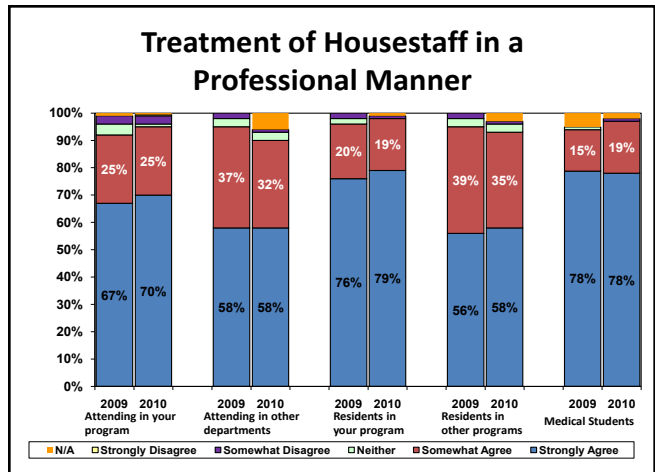


Figure 6. Professionalism



Graduate Medical Education

Figure 7. Professionalism

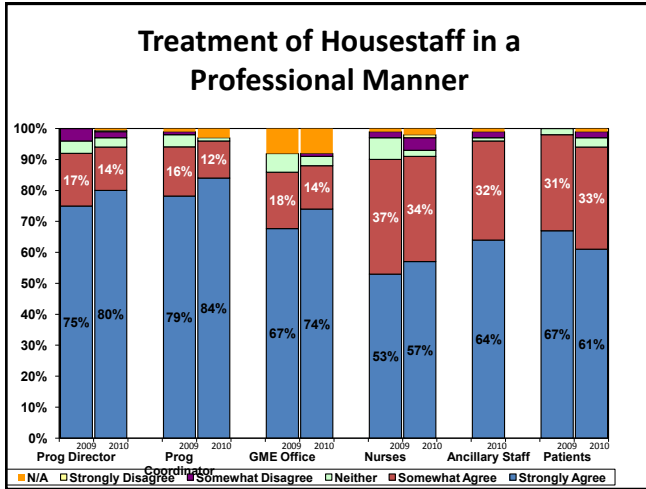


Figure 8 Professional Plans after Training

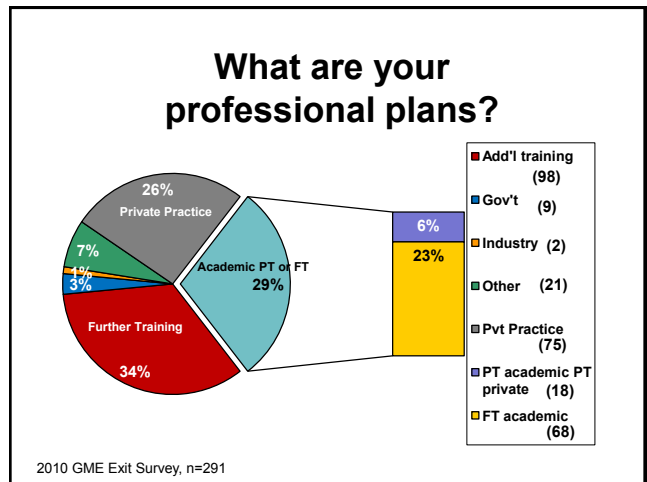


Figure 9a. Practice in Colorado after Completion of Training

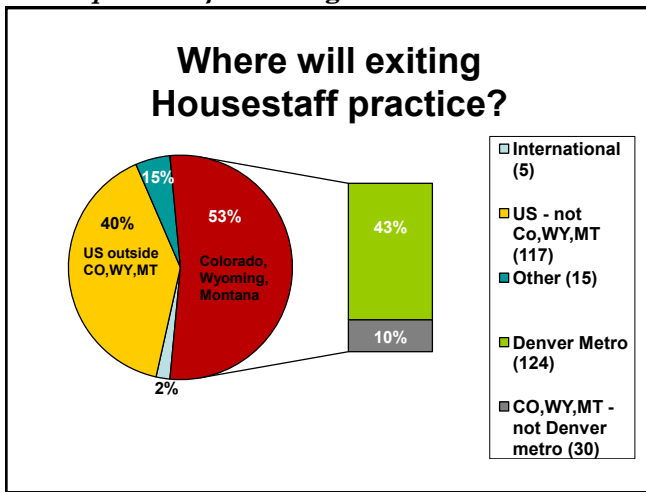


Figure 9b. Practice in Colorado after Completion of Training

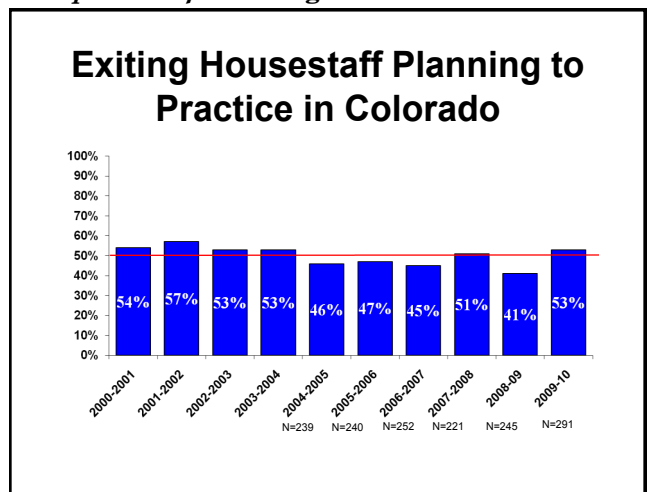


Figure 10 Primary Care Staying in Colorado

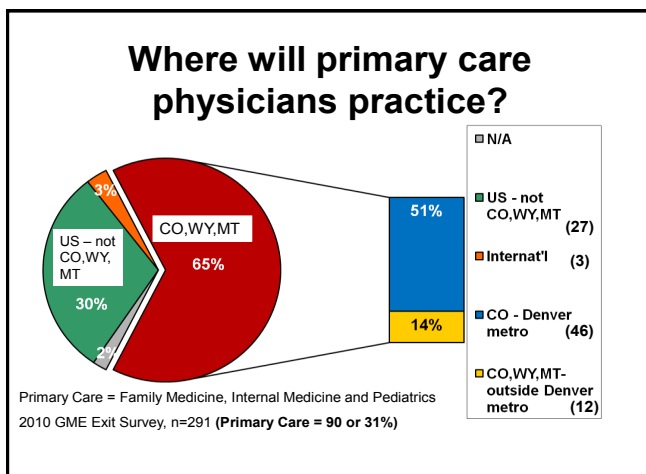
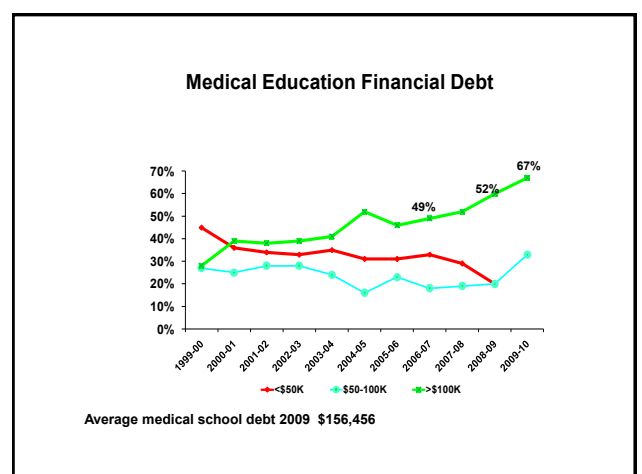


Figure 11a. Debt



Graduate Medical Education

Figure 11b. Medical Education Debt

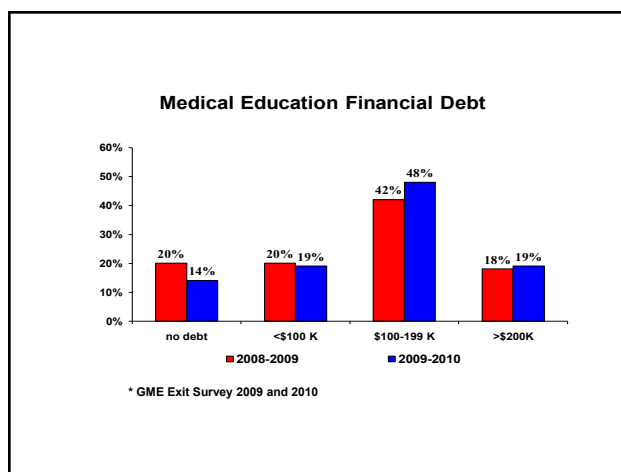


Table 1: UC School of Medicine GME Training Programs

ACGME Accredited Residency Programs		Yrs in training program	Cycle Length (years)
1	Anesthesiology	4	3
2	Child Neurology	3	4
3	Child and Adolescent Psychiatry	2	5
4	Dermatology	3	5
5	Family Medicine Rose	3	3
6	Family Medicine Swedish	3	5
7	Family Medicine University Hospital	3	4
8	Internal Medicine	3	3
9	Medical Genetics	2	5
10	Neurological Surgery	7	5
11	Neurology	3	4
12	Obstetrics and Gynecology	4	4
13	Ophthalmology	3	5
14	Orthopaedic Surgery	5	5
15	Otolaryngology	5	3
16	Pathology-Anatomic and Clinical	4	2
17	Pediatrics	3	5
18	Physical Medicine and Rehabilitation	3	4
19	Psychiatry	4	5
20	Radiation Oncology	4	5
21	Radiology-Diagnostic	4	4
22	Surgery	5	2
23	Urology	4	5
Average cycle length for Residency			4.17

Graduate Medical Education

ACGME Accredited Fellowship Programs	Yrs in training program	Cycle Length (years)	ACGME Accredited Fellowship Programs	Yrs in training program	Cycle Length (years)
Addiction Psychiatry	1	5	Orthopaedic Sports Medicine	1	3
Adolescent Medicine	3	5	Orthopaedic Surgery of the Spine (New)	1	2
Adult Cardiothoracic Anesthesiology	1	3	Pain Medicine	1	4
Allergy and Immunology Adult	2	5	Pediatric Anesthesiology	1	5
Allergy and Immunology Child	2	5	Pediatric Cardiology	3	5
Blood Banking/Transfusion Medicine	1	5	Pediatric Critical Care Medicine	3	5
Cardiovascular Disease	3	3	Pediatric Emergency Medicine	3	5
Clinical Cardiac Electrophysiology	1	1.5	Pediatric Endocrinology	3	5
Congenital Cardiac Surgery	1	2	Pediatric Gastroenterology	3	5
Cytopathology	1	3	Pediatric Hematology/Oncology	3	5
Dermatopathology	1	5	Pediatric Infectious Diseases	3	5
Developmental Behavioral Pediatrics (New)	3	2	Pediatric Orthopaedic Surgery	1	3
Endocrinology, Diabetes, and Metabolism	2	3	Pediatric Otolaryngology	1	3
Forensic Pathology	1	5	Pediatric Pulmonology	3	5
Forensic Psychiatry	1	5	Pediatric Radiology	1	5
Gastroenterology	3	4	Pediatric Rehabilitation	2	4
Geriatric Medicine	1	5	Pediatric Surgery	2	4
Geriatric Psychiatry	1	2	Pediatric Urology (New)		3
Hand Surgery	1	3	Psychosomatic Medicine	1	2
Hematology and Oncology	3	3	Pulmonary Disease and Critical Care Medicine	3	3
Hospice and Palliative Medicine (New)	1	3	Rheumatology	2	3
Infectious Disease	2	5	Sleep Medicine	1	5
Interventional Cardiology	1	3	Sports Medicine – Family Medicine	1	5
Neonatal-Perinatal Medicine	3	5	Surgical Critical Care	1	5
Nephrology	2	3	Thoracic Surgery	3	5
Neuromuscular Medicine	1	4	Transplant Hepatology	1	2
Neuroradiology	1	4	Vascular and Interventional Radiology	1	5
Nuclear Radiology (New)	1	5	Vascular Neurology	1	3

Average cycle length for Fellowships 4.0

Graduate Medical Education

Non- ACGME Accredited Programs		Yrs in training program	Non- ACGME Accredited Programs		Yrs in training program
Department	Program Name		Department	Program Name	
Dermatology	Immunodermatology	2	Pathology	Quality Improvement Pathology	1
	Mohs Micrographic Surgery	1		Surgical Pathology	1
	Pediatric Dermatology	1-2	Pediatrics	Allergy & Immunology Pediatric Research	2
Medicine	Advanced Cardiac Imaging	1-2		Cardiovascular Research	1-2
	Advanced Heart Failure	1		Chief Pediatrics	1
	Advanced Therapeutic Endoscopy	1		Child Abuse	3
	Cardiovascular Research	1		Clinical Biochemical Genetics	1
	Chief Medicine	1		Clinical Cytogenetics	2
	Developmental Therapeutics (Medical Oncology)	1-2		Clinical Molecular Genetics	1
	Endocrinology Research	1-3		Gastroenterology Research	1
	Gastroenterology Research	1-2		Hematology Oncology Research	1-2
	Geriatric Research	1-2		Infectious Disease Research	1
	Infectious Diseases Research	1-2		Neonatology Research	1-2
	Mycobacterial Infections	1-2		Neuro-oncology	1
	Nephrology Research	1-3		Nutrition	1
	Pulmonary Disease & Critical Care Research	1		Primary Care Research	2
	Rheumatology Research (New)	1		Pulmonary Research	1
	Thoracic Oncology Clinical & Translational Research	1-2	Psychiatry	Behavioral Neuropsychiatry	1
Neurology	Epilepsy	1-2	Radiology	Abdominal Imaging	1
	Movement Disorders (New)	1-2		Cardiothoracic Radiology	1-2
	Multiple Sclerosis	1		Musculoskeletal (MSK)	1
	Pediatric Epilepsy	1		Neuro-Interventional Radiology	1-2
Neurological Surgery	Neuro Critical Care	2		Women's Imaging	1
	Pediatric Neurosurgery	1	Surgery	Acute Care	1
OB/GYN	Gynecologic Oncology	3		Burn	
	Maternal Fetal Medicine	3		Mechanical Cardiac Support & Cardiac Transplantation	2
	Reproductive Endocrinology	3		Pediatric Urology Research	1
Ophthalmology	Cornea	1		Reconstructive Urology	1
	Vitreoretinal	2		Solid Organ Transplantation	2
Orthopaedic Surgery	Adult Reconstruction	1		Thoracic Transplantation	1
	Trauma (New)	1		Urologic Oncology	1