Dartmouth Health

2024 - 2025

ANNUAL INSTITUTIONAL EXECUTIVE SUMMARY

Center for Learning and Professional Development
Graduate Medical Education

GRADUATE MEDICAL EDUCATION

Executive Summary

2024-2025

This Executive Summary reviews the key activities and accomplishments of the Dartmouth-Hitchcock (D-H) Graduate Medical Education (GME) enterprise for the academic year July 1, 2024 through June 30, 2025 (AY 24-25) and includes action plans for the coming year.

GME resides within the Center for Learning and Professional Development (CLPD), under the executive leadership of Martin (Tom) Manion, MPA, Dartmouth Hitchcock Medical Center (DHMC) Chief Operating Officer. The leadership team within GME is comprised of Andrew Perron, MD, Associate Dean of GME & Designated Institutional Official, Dwayna Covey, MEd, Vice President of CLPD & Title IX Coordinator, Chelsea Nolan, MS, C-TAGME, Director of GME Operations, and Tennille Doyle, BA, C-TAGME, Manager, GME Programs (Appendix A).

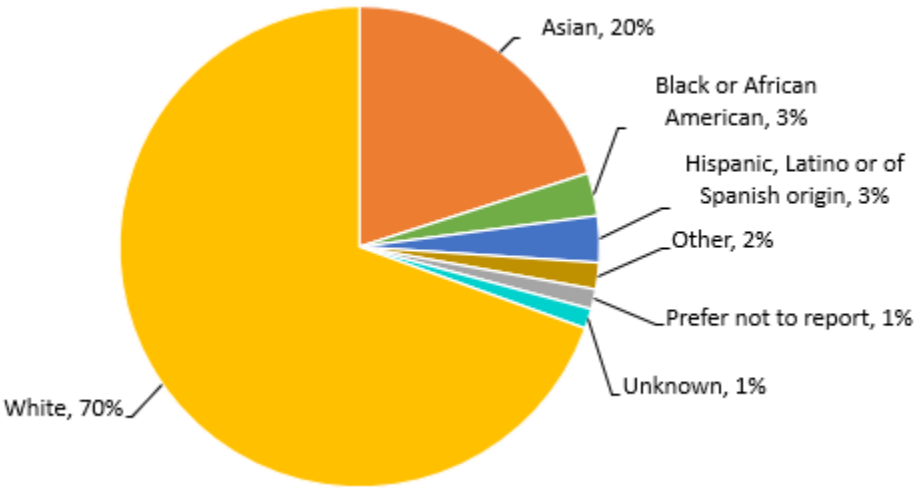
A Note from the Designated Institutional Official (DIO), Andrew Perron, MD

The GME office is pleased to share our Annual Institutional Report (AIR). Annually we compile all the numerous and complex data points we receive about the GME programs at D-H into this publication. Like all GME sponsoring institutions, we are continually inundated with information pertaining to board pass rates, resident and fellow surveys, core faculty surveys, quality and accreditation data, procedure logs, citations, and ACGME Review Committee (RC) letters. Our GME environment at D-H is healthy as evidenced by our continued high level of "continued accreditation" rates. This is a testament to the hard work put in by the learners, the program leaders, the faculty, and the GME office. It definitely "takes a village" to achieve this success.

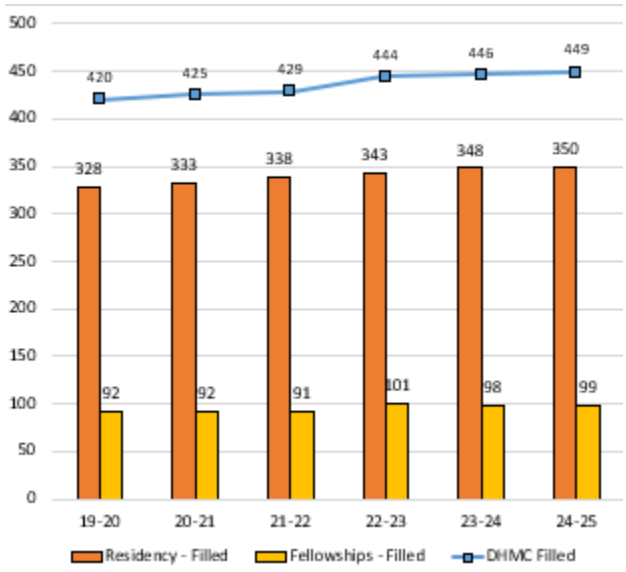
When you come to "The AIR Goals" section, you will see that we look to identify 2 or 3 areas for focused work over the next calendar year. The specific goals are chosen by a work group consisting of residents and fellows, GME office staff, program directors, and program coordinators. The chosen AIR goals can be very practical or aspirational (and sometimes both). While we are always working to improve all aspects of the GME environment at D-H, we use this opportunity to find these "big ticket items" that we really feel we can impact by digging into them with focused energy. We review them throughout the year and report on them regularly. By utilizing this continuous quality improvement methodology, we hope to make a major impact on these goals and elevate the GME bar across the institution.

Demographics and FTEs - Current

- 53 ACGME accredited programs: 21 residency and 32 fellowship
- 449 trainees: 350 residents and 99 fellows
- 48.3% female, 51.4% male, .20% non-binary

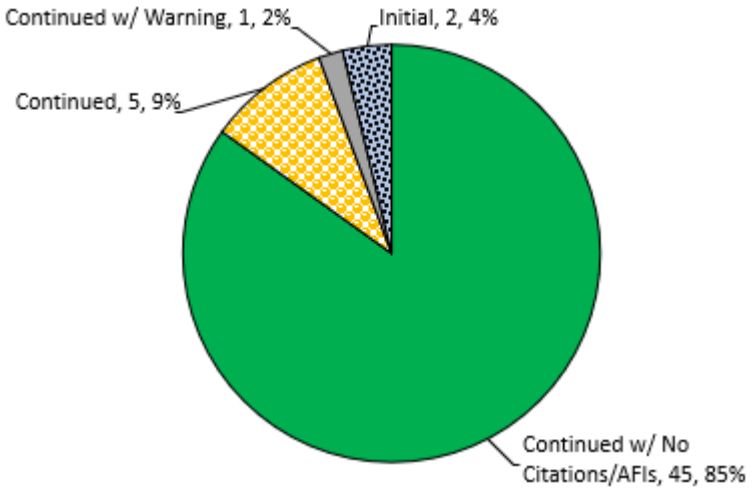


DHMC Filled Positions - Historical

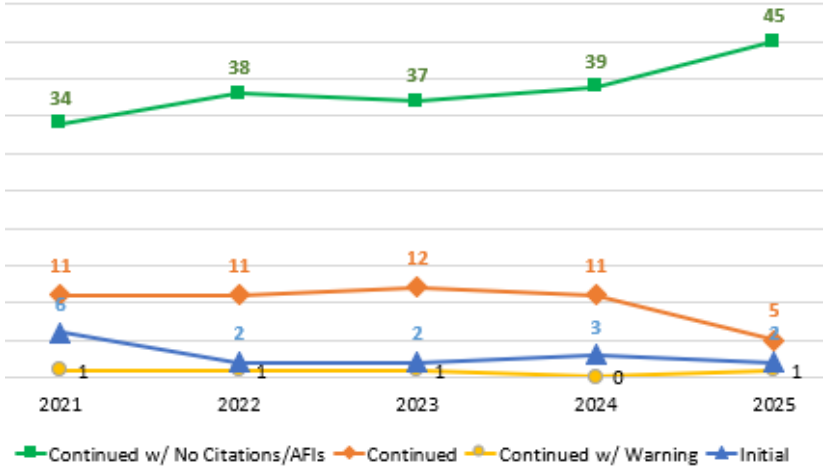


ACGME Accreditation Status 2025 (Appendix B)

Percent of DHMC Programs
Current Accreditation Status



Number of DHMC Programs
Historical Accreditation Status

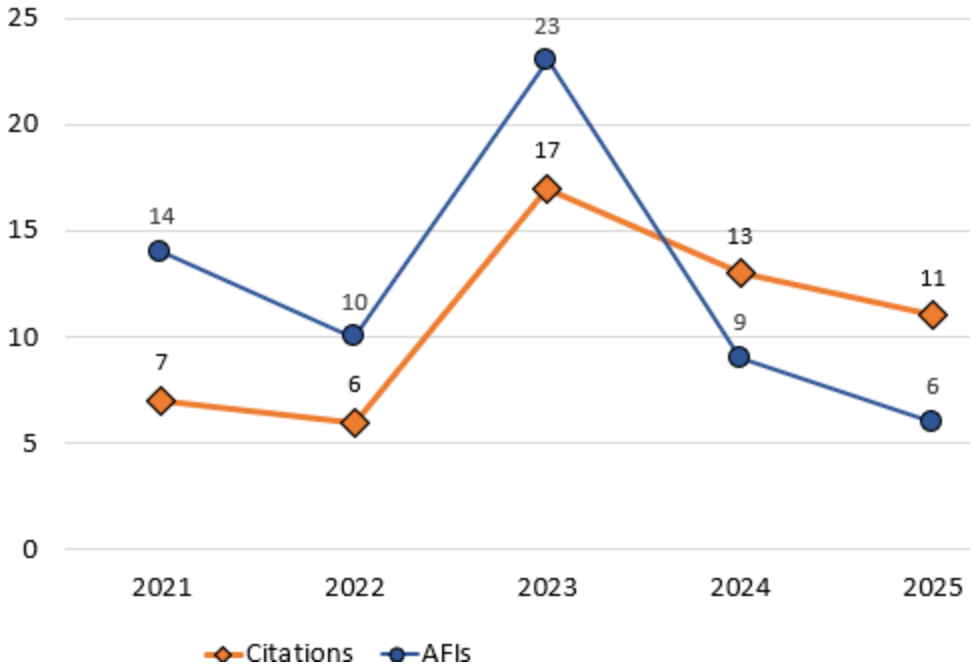


- Citations require action and response to the ACGME Review Committee (RC).
- Area for Improvements (AFIs) are concerning trends noted by the RC that do not require a response to the RC but require action by the program to mitigate.

Citations 2025
- 11 total citations
- 6 programs cited

AFIs 2025
- 6 total AFIs
- 4 programs identified

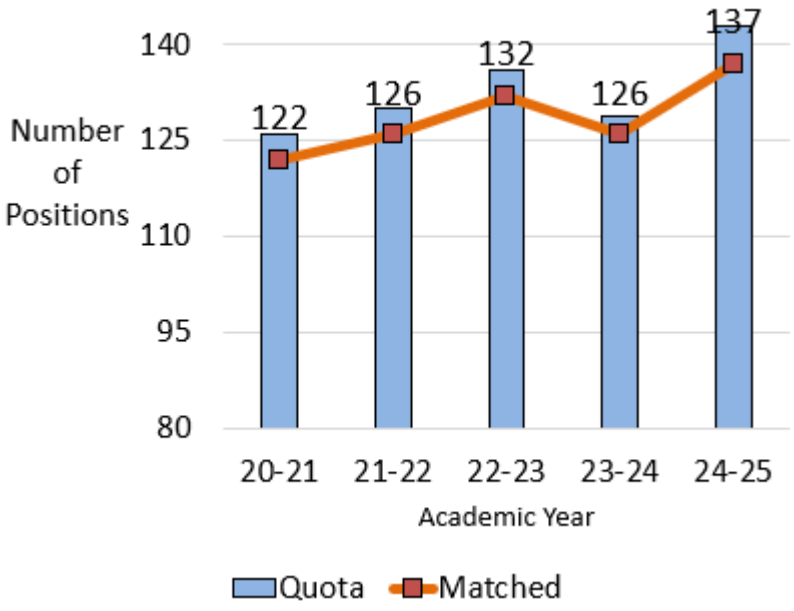
Historical Total Counts for Citations
(New, Extended) and AFIs



Accreditation Council for Graduate Medical Education (ACGME), an independent, non-profit organization, sets and monitors standards for the GME learning and working environment.

National Residency Match Program (NRMP)

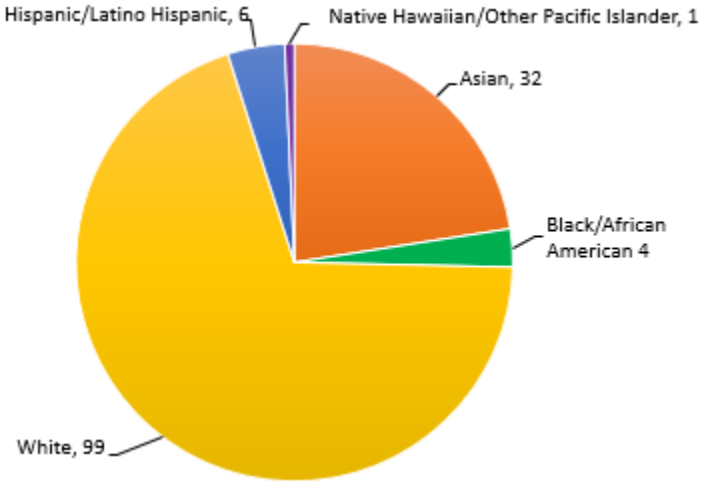
The chart below shows the trend in NRMP quota and the number of positions matched. Quota numbers vary depending on the number of programs participating in NRMP for the academic year. Some fellowships may opt out of NRMP because internal applicants were identified.



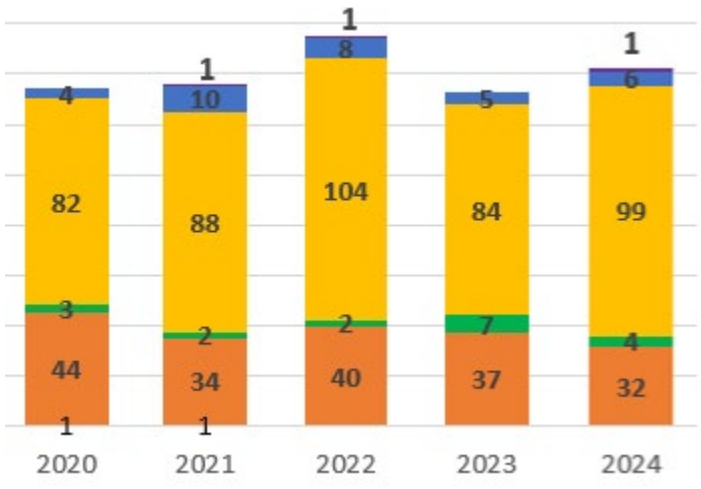
NRMP, a private, non-profit organization, provides the mechanism for matching the preferences of applicants for U.S. GME positions with the preferences of GME training programs. Not all DHMC GME programs use NRMP.

100% of residency and 94% of the fellowship programs filled for the 25-26 academic year.

Demographics for Incoming Residents/Fellows – AY 24-25 (Counts)



Historical Demographics for Incoming Residents/Fellows (Counts)

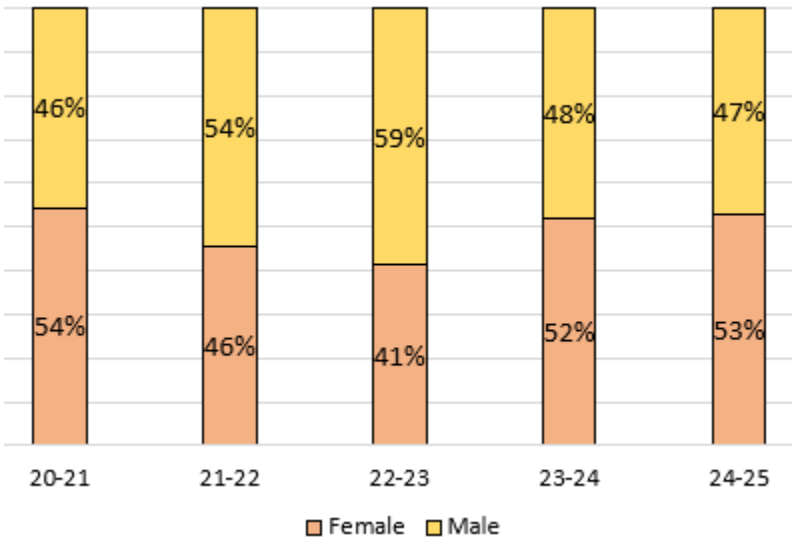


2025 Advice from DH Graduates to Incoming Trainees

"Take deep breaths often, be a sponge, seek mentorship, respect others, advocate for patients, other professionals, and yourself, chase excellence, and before you know it, you are going to be one heck of a doctor!"

"Stay humble, work hard. Caring for others is a privilege, never forget that."

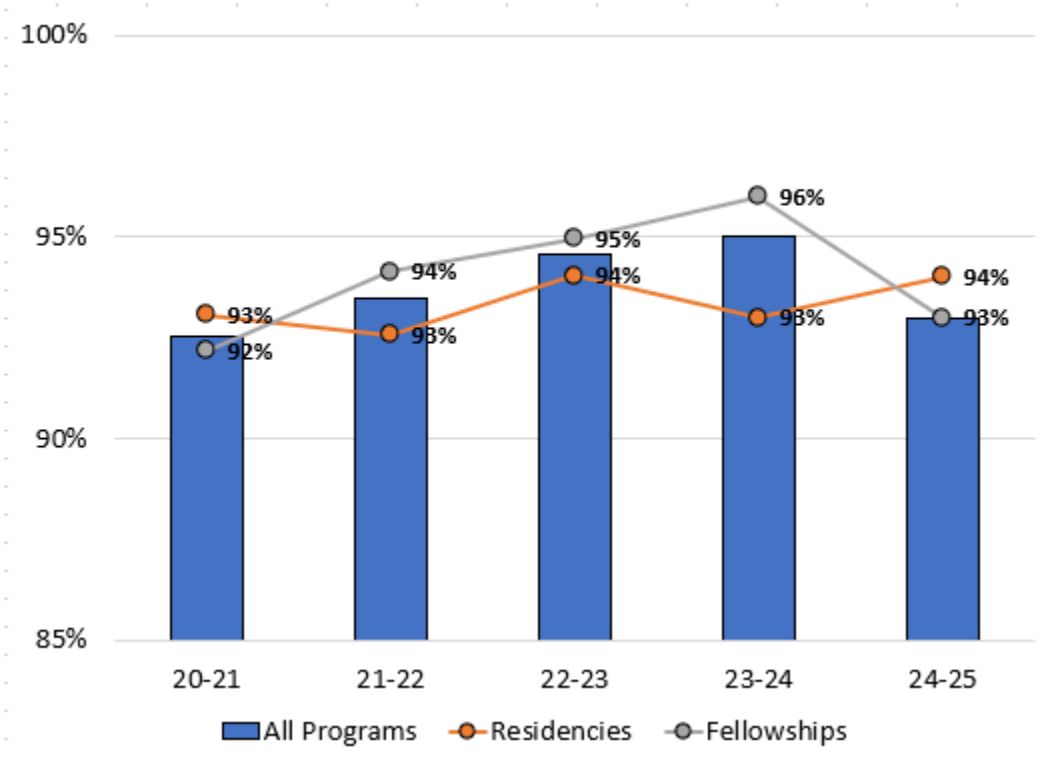
Demographics for Incoming Residents/Fellows (Self-Reported) – Historical*



* Self-reporting selections are limited and disallow for other gender identities.

Board Pass Rates

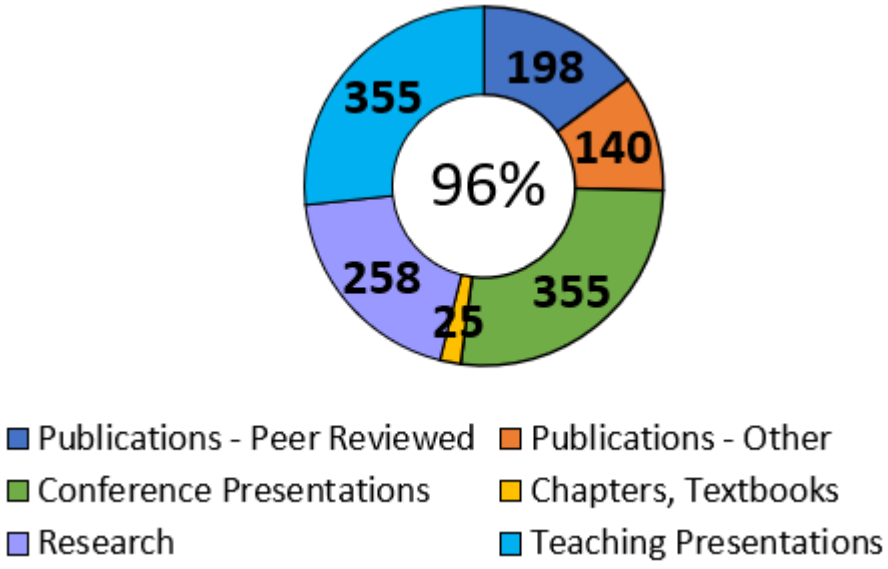
One measure of the effectiveness of an educational program is graduates' board pass rates. The certifying board pass rates for first time takers of DHMC GME graduates remains consistently high.



Resident/Fellow Scholarly Activity

96% of the residents/fellows in AY 24-25 were engaged in one or more of the scholarly activity types identified below.

Total Counts of Types of Scholarly Activity Done During AY 24 -25 by Residents/Fellows



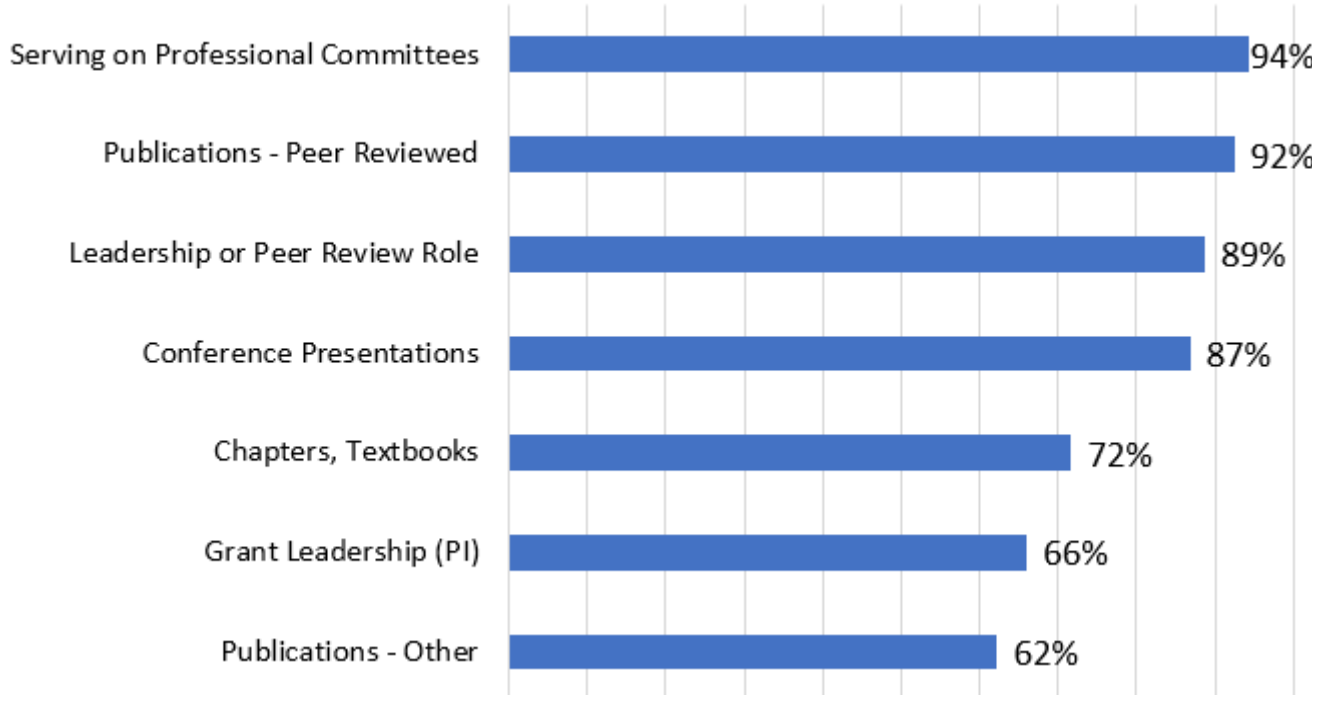
Scholarly activity represents one of the indicators for a program's effectiveness in the creation of an environment of inquiry that advances the residents' scholarly approach to patient care.

ACGME Common Program Requirements

Faculty Scholarly Activity

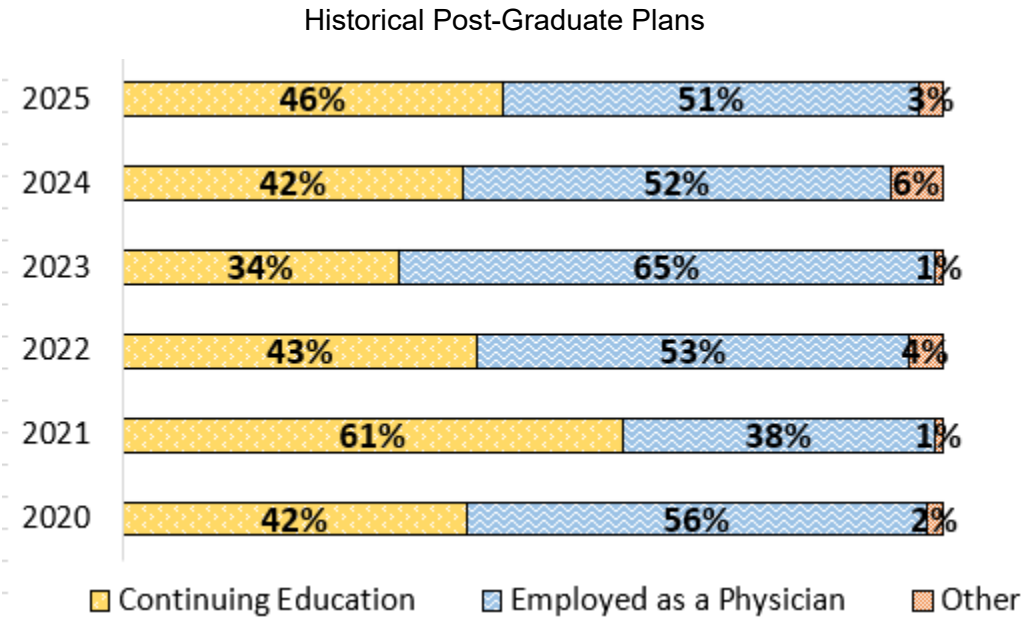
94% of GME training programs reported in AY 24-25 that their faculty participated in research in basic science, education, translational science, patient care, or population health.

Types of Scholarly Activity Done During AY 24-25 By Percent of GME Training Programs



2025 GRADUATE DATA

52% of the 2025 graduates are employed as practicing physicians, 42% are continuing their medical educations, and 6% are engaged in other career choices (e.g., research, administrative chief resident).

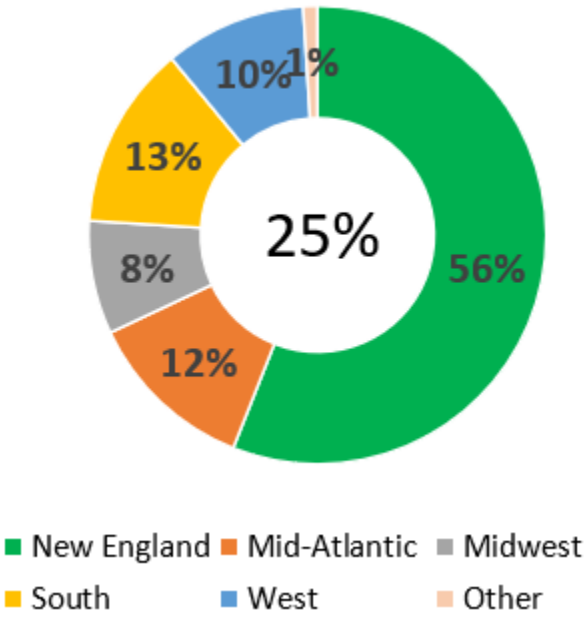


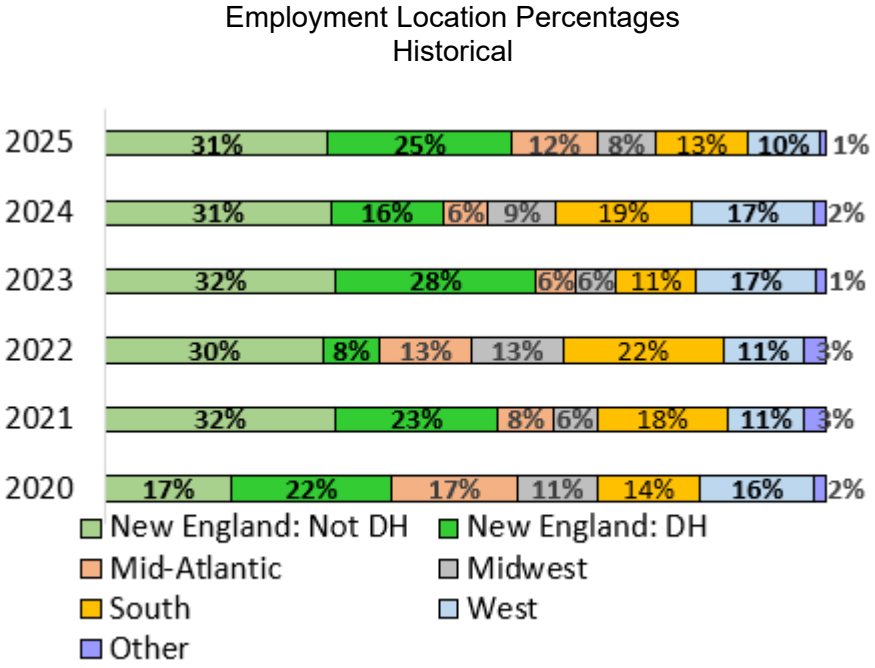
"DHMC is a place that listens and constantly strives for improvement."

"The incredible faculty, their breadth and depth of expertise, their warmth and kindness, their investment in the growth of their trainees. The culture of empathy, compassion, and collaboration throughout the hospital."

2025 Graduates

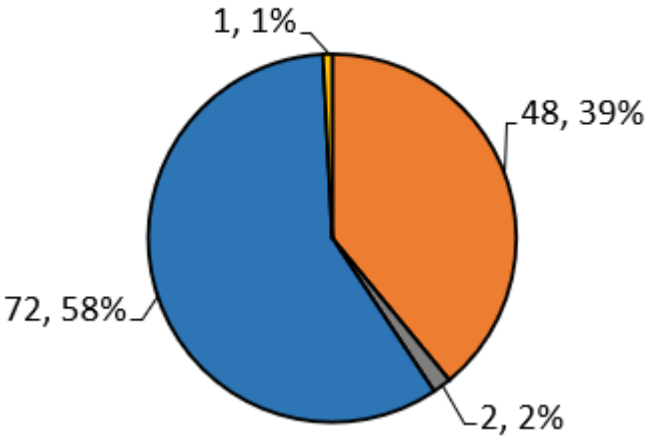
56% of the 2025 graduates remained in New England with 25% of the 2025 graduates employed by Dartmouth Health.



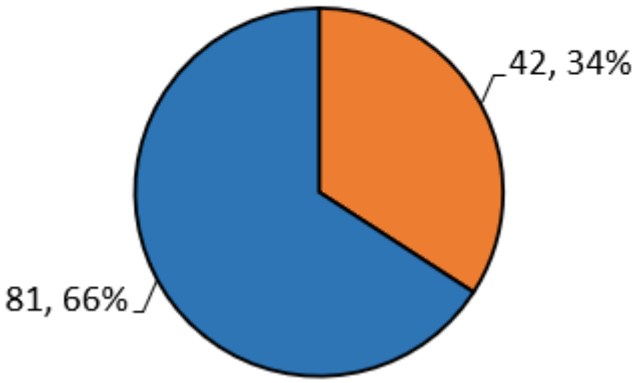


2025 GME Graduates Exit Survey Responses (n = 123/123, 100%)

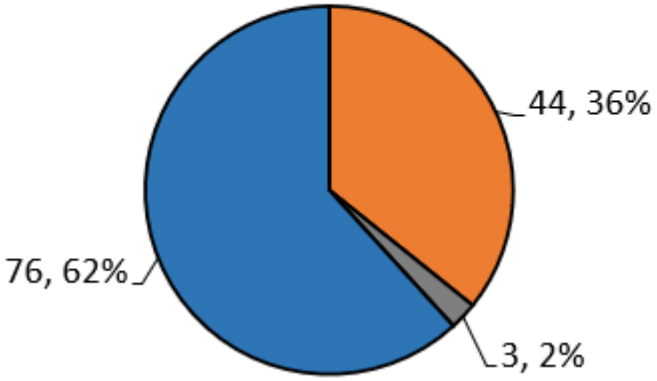
Ready for unsupervised practice



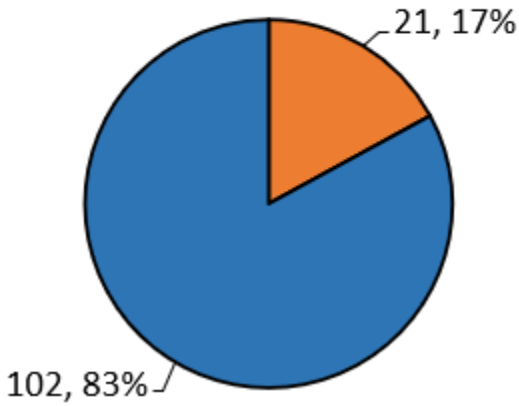
Confident in their ability to disclose/discuss events with the patient and/or their family



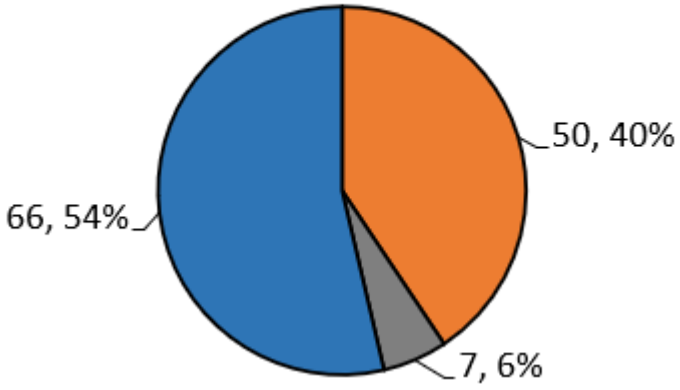
Developed cultural awareness knowledge/skills when caring for patients



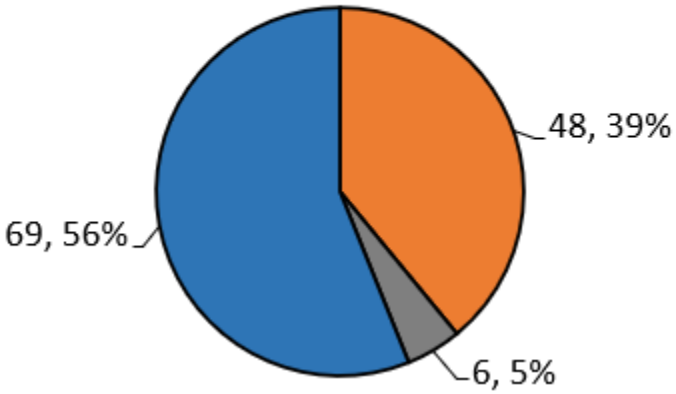
Participated on interprofessional teams for patient care planning



Developed the knowledge/skills to lead a quality improvement initiative



Used quality metrics and benchmarks related to your patients to inform and improve the care provided



Strongly Agree Agree Disagree Strongly Disagree

INITIATIVES & ACCOMPLISHMENTS

- 93% of respondents to the 2024 Alumni Survey would choose to train at DHMC if given the opportunity to do it over again.
- Residents/Fellows participate in required rotations at 21 external organizations, at Dartmouth Health sites (Alice Peck Day Memorial Hospital, Cheshire Medical Center, Mt. Ascutney Hospital and Health Center, New London Hospital, and Visiting Nurse and Hospice of VT/NH) and the Veterans Affairs Medical Center (VAMC) in White River Junction, VT.
    - The VAMC continues as a major partner and our largest required offsite rotation location with a resident/fellow presence of 29.8 FTE for the 24-25 academic year.
- Rising chiefs participated in a full-day *Chief Resident and Fellow Leadership Forum* in May 2024, with topics including a panel discussion with graduating chiefs, skills in providing feedback, work hours oversight, and resources.
- Program coordinators furthered their own professional development through TAGME (Training Administrators of Graduate Medical Education) certification, attendance at regional/national conferences, multiple presentations at regional/national committees, and as representative on the Graduate Medical Education Committee (GMEC) and its subcommittees.
- New program directors appointed by the GMEC this past year: Nicole Odom, MD (Clinical Neurophysiology); Natalie Fragoso, MD (Dermatology); Muhammad Zubair, MD (Hematology and Medical Oncology); Gary Freed, MD (Plastic Surgery – Integrated); and Scott Pompa, MD (Rheumatology).
- GMEC has an established, transparent process to set trainee stipend rates involving an annual market analysis based on the AAMC Northeast pay rates. Results of this analysis drive the recommendation to Dartmouth-Hitchcock Senior Leadership for trainee stipend adjustments. Although Dartmouth-Hitchcock is under financial strain, the GME trainees received stipend increases ranging from 4% to 8% for the 25-26 academic year an increase from the 2% to 4% provided in 24-25.
- Established the Conifer GME Resident/Fellow Professional Development fund which supports GME trainees in professional development experiences that will enhance their current and future leadership capability and growth. In the past year, examples of activities funded include: a Mountain Medicine course, ACS Residents as teachers, LEADderm Conference, Certificate in Strategic Healthcare Leadership, and Women in Leadership Certificate Program.
- Hired a GME Programs Manager as a vital member of the GME leadership team. They are responsible for the GME program coordinators' supervision, professional development, performance improvement, engagement, and advocacy.
- GMEC approved the educational rationale for permanent complement increases for eight programs totaling 30 FTEs at full complement. Even in a financially challenging time, Dartmouth-Hitchcock Senior Leaders demonstrated their commitment to GME by approving the financial support for these FTEs. ACGME approved these permanent complement increases.
- GMEC approved the Interventional Pulmonology fellowship, which received Initial Accreditation on 4/25/2025 from ACGME.
- GMEC approved the closure of the Interventional Radiology Independent fellowship originally accredited in July, 2020 and approved for 1 fellow. Since initial accreditation, only 1 fellow has graduated. It was determined to focus resources on the Intervention Radiology Integrated residency program.
- The GME Office conducted another food insecurity survey sent to all GME trainees. The 2025 response rate was 35% whereas a 64% occurred in 2022. 84% of the 2025 respondents indicated they were never concerned about running out of and/or having enough money for food compared to 64% in 2022. In 2025, 1.8% (n=3) screened positive for food insecurity where 9.1% did in 2022 (n=25). Concerns express in 2025 focused on the cost of living, time to grocery shop, and food selections provided at Dartmouth-Hitchcock. GME leadership is exploring possible next steps: 1) partnering with the nutrition department to provide QR

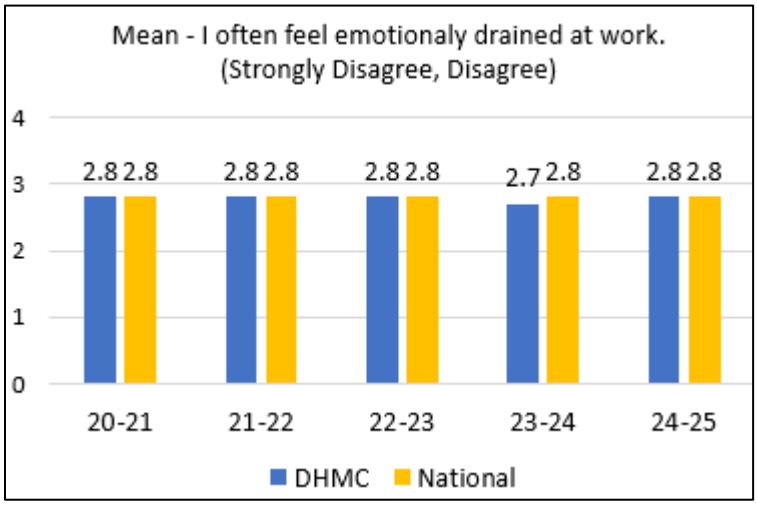
code nutrition labels and to broaden health food items for diabetics, 2) offering meal vouchers to DHMC cafeterias, 3) signage in the GME call room to message the GME Director for assistance with food insecurities, and 4) normalizing the need to ask for help when struggling with food insecurities.

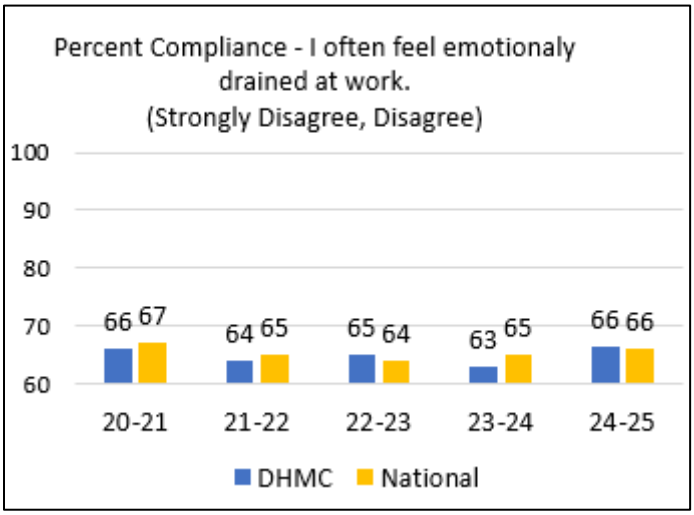
- Implemented a GME-wide standardized remediation process to provide guidance, expertise, and support to program directors. Developed a tracking mechanism to provide oversight and to assist in the remediation process.
- International Medial Graduates (IMGs) face unique challenges that can impact both their clinical development and overall well-being. We are working to build programs that provide support to IMGs prior to and throughout their training. To better understand the issues, we added additional questions to the 2025 GME Graduate Survey as well as surveying incoming IMGs, program leadership, and current trainees to learn about the stressors and thoughts for possible solutions.
- GMEC approved a survey for completion during a program's 2025 PEC meeting to assess strengths and opportunities for patient safety and quality improvement education. A multidisciplinary Clinical Quality Workgroup will convene in 2025 to analyze the survey results and develop a strategy across GME to support education in quality and safety.
- The Learning Environment Subcommittee presented their final report to the GMEC for their 2024 AIR goal about the impact of other learners, which identified two main types of experiences negatively impacted included opportunities to perform procedures and medical decision making/treatment planning in the SICU and MICU. Continued collaborative efforts between GME training program and sectional leadership will ensure that both rotating students/staff and GME trainees in these locations are provided the necessary procedural and learning experiences for high quality patient care.
- The Quality and Accreditation Subcommittee of the GMEC successfully used our internally developed GME Oversight Dashboard for our Special Program Review process. This dashboard provides an overview and detailed performance charts that trend ACGME survey data from 2019 to 2025 as well as several internal metrics. Several educational resources were developed for program directors on the best practices for interpreting the performance charts and integrating the use of the dashboard during the program's PEC meeting.
- The Curriculum Subcommittee (CS) presented the status of their 2024 and 2025 AIR goals to the GMEC. An AIR goal to increase faculty satisfaction with feedback was initiated in 2024 and continued in 2025. During this time, the CS created a faculty feedback toolkit and piloted it with a residency and fellowship program. The 2025 ACGME faculty survey compliance rate for faculty satisfaction with their evaluations as educators improved by 6% for the residency and 53% for the fellowship. Plans are in development to distribute the toolkit to all GME programs. The CS made progress on their 2025 AIR goal concerning healthcare disparities. They obtained Dartmouth-Hitchcock's definition for healthcare disparities, collaborated with other departments to identify current performance metrics used to identify vulnerable populations, and developed survey questions that were added to the 2025 APE form completed by GME programs as part of their annual PEC meeting.
- GME held our fifth Program Director School in January 2025. This year's topics included role of the program director; GME overview; accreditation; ADS; CCCs, PECs, and APEs; GME policies; work hours; recruitment; ACGME surveys; MedHub; and remediation and disciplinary actions.
- A GME retreat attended by program directors and coordinators occurred in May 2025 titled "Building Bridges Over Trouble Waters for Our Learners: Pathways to Success". Program directors expressed a need for education in identifying and supporting impaired trainees. Guest speakers included leadership from New Hampshire Professionals Health Program that serves to evaluate and determine treatment recommendations and monitoring for individual healthcare professionals who have or may have potentially impairing conditions and our GME dedicated psychologist. The goals of the retreat were to
    - Identify complex support systems, including legal, medical, educational, or social services to support impaired learners.
    - Articulate the effects and impacts of different types of impairments on learners' education.
    - Describe the state resources available to all practitioners who may be impaired.

- GME Leadership collaborated with our Associated Resident Council, our forum for GME trainees, on several projects. One example is ways we can support trainees in their 4th trimester and post-delivery. We are currently exploring policy ideas, mentorship, and resourcing support equipment post-delivery.

Well-Being

- The Behavioral Health Clinic dedicated to GME trainees' mental health and well-being continues to provide valuable and timely care for trainees. In AY 24-25, there were a total of 369 clinic visits (average number of visits per resident is 5 and the mode is 5). 99% of these visits were with our GME psychologist and 1% with psychiatrists participating in the clinic. Services provided to the trainees include, but are not limited to, adjustment disorder, depression, anxiety, and work-related stress. Andrew Smith, PhD, who is our GME dedicated psychologist, uses a patient-centered care practice, in which he collaborates with a trainee to identify their goals and then assists them in developing the skills/actions needed to move toward successfully achieving their goals.
- Trainee Appreciation Week occurred in January 2025 to support the well-being of our trainees and to recognize the contributions they make in providing high quality patient care. Activities included breakfast, lunch, and dinner buffets; complimentary hot beverages available in the cafeterias for the trainees; donuts, cookies and cupcakes provided; and prizes for several guessing games. In addition, 306 appreciation cards written by individual across the organization were distributed to the trainees.
- AY 24-25 ACGME Resident/Fellow ACGME Well-Being Survey showed a slight increase in the mean score for the domain "I often feel emotionally drained at work" and a 3% increase in the percent compliance from the previous academic year (trending charts below).





AWARDS, HONORS & COMMITTEE INVOLVEMENT

Dartmouth Hitchcock Medical Center Faculty & Program Coordinator Awards 24-25

Program Directors and Faculty	
DHMC GME Courage to Teach	Carol Lynn O'Dea, MD
DHMC Rookie Program Director of the Year	Tom Burdick MD
Baughman Teaching Award - Dermatology	Julianne Mann, MD
Mentorship Award - Dermatology	Nicole Pace, MD
Clinical Science Teaching Award, Class of 2025 Geisel School of Medicine – Internal Medicine	Graham Atkins, MD
Chairs Award for Excellence in Teaching 2025 – Internal Medicine	Graham Atkins, MD
Murray Korc Award for Commitment to Resident Education and Well-being – Internal Medicine	Joel Elzwig, MD
Peter D. Williamson Faculty Teaching Award - Neurology	Aleksandra C. Stark, MD
QUT Outstanding Doctoral Thesis Award - Pathology	Shrey Sukhadia, PhD
International Skeletal Society (ISS) Rising Star Howard Dorfman Pathology Fellowship Award - Pathology	Nooshin Karamzadeh Dashti, MD
Meritorious Service Award from the College of American Pathologists - Pathology	Isabella Martin, MD
Saul Blatman Award (Excellence in Teaching)- Pediatrics	Catherine Shubkin, MD
Teacher of the Year - Plastic Surgery - Integrated	Joseph Shin, MD
The Arthur Naitove Distinguished Teaching Award - Surgery	D. Joshua Mancini, MD
ED Consultant Award - Surgery	Allison Wilcox, MD
Chairman's Award - Surgery	Daniel Croitoru, MD
Mosenthal Surgical Society Award, Clerkship Teaching Award - Surgery	David Soybel, MD
Specialty Advisor of the Year Award - Surgery	Kari Rosenkranz, MD
Board of Trustees – Orthopaedic Surgery	Marcus Coe, MD, MS
Medical Executive Committee – Orthopaedic Surgery	Marcus Coe, MD, MS
Group Practice Council – Orthopaedic Surgery	Marcus Coe, MD, MS
SMSNA Young Investigator Award of Excellence - Urology	Martin Gross, MD
Program Directors - New Hampshire Top Doctors	
Addiction Psychiatry	Luke Archibald, MD
Blood Bank and Transfusion Medicine	Zbigniew Szczepiorkowski, MD, PhD
Child and Adolescent Psychiatry	Craig Donnelly, MD
Consultation-Liaison Psychiatry	Patrick Ho, MD, MPH
Cytopathology	Edward Gutmann, MD
Dermatopathology	Robert LeBlanc, MD
Emergency Medicine	E. Paul DeKoning, MD, MS

Endocrinology	Andrew Crawford, MD
Hematopathology	Prabhjot Kaur, MD
Internal Medicine	Graham Atkins, MD
Interventional Cardiology	James DeVries, MD
Obstetrics & Gynecology	Rebecca Evans, MD, FACOG
Ophthalmology	Janine Eagle, MD
Orthopaedic Surgery	Marcus Coe, MD, MS
Otolaryngology	Eunice Chen, MD, PhD
Pathology	Candice Black, DO
Plastic Surgery	Gary Freed Jr., MD, PharmD
Psychiatry	Gillian Sowden, MD
Pulmonary Disease and Critical Care Medicine	Harold Manning, MD
Surgery	Kari Rosenkranz, MD
Urogynecology and Reconstructive Pelvic Surgery	Kris Strohbehn, MD, FACS, FACOG
Urology	Vernon Pais Jr., MD
Vascular Surgery	David Stone, MD
Program Coordinators	
DHMC Program Coordinator of the Year	Stephanie Gunn, BA, C-TAGME
DHMC Rookie Program Coordinator of the Year	Joanne Dowling
Special Appreciation – Plastic Surgery - Integrated	Sarah Blum, C-TAGME

Local & National Resident/Fellow Awards & Honors 24-25

Fellowship Research Award – Cardiovascular Disease	Shantum Misra, MD - PGY4 Sumit Kumar, MD - PGY4
Almy Award for Excellence in Teaching – Internal Medicine	John Hintz, MD - PGY3
Chair's Award for Excellence in Teaching – Internal Medicine	Adam Spitz, MD - PGY3
"Golden Goose" Excellence in Teaching – Internal Medicine	Shamir Abbasi, MD - PGY3 Mustafa Alam, DO - PGY3 Damian Alpheaus, MD - PGY3 Claire Beamish, MD - PGY3 Roshni Kalkur, MD - PGY3 Alexander Miller, MD - PGY3 Elizabeth Park, DO - PGY2
Resident Research Award – Internal Medicine	Roshni Kalkur, MD - PGY3 Alexander Miller, MD - PGY3
Richard I. Rothstein Culture of Kindness Award – Internal Medicine	Shan Xue, MD - PGY3
VA Patient Care, Service, and Improvement Award – Internal Medicine	Sharon Thomson, MD - PGY3
Murray Bornstein Resident Research Award - Neurology	Kiana Moussavi, MD - PGY3
Roy Forster Resident Teaching Award - Neurology	James L. West, MD - PGY4
James Bernat Quality Improvement Award - Neurology	Kiana Moussavi, MD - PGY3

Jeffrey Cohen Clinical Excellence Award - Neurology	James L. West, MD - PGY4
"The Outstanding Professional" TOP Award - Neurology	James L. West, MD - PGY4
"The Most RITE Neurology Resident" Top Score Award	Nishel Y. Kothari, MD - PGY3 James L. West, MD - PGY4 Matthew C. Hanna, MD - PGY2
Gold Foundation Humanism Award - Otolaryngology	Rebecca Bell, MD - PGY-4
1st Place Resident Lecture Award - NEOS Fall Meeting 2024 - Otolaryngology	Rebecca Bell, MD - PGY-4
Excellence Award 2025 - Otolaryngology	Peter James, MD - PGY-3 Andrew Hess, MD - PGY-2
International Journal of Molecular Sciences Top Downloaded Papers Award - Pathology	Weijie Ma, MD – PGY3
American Society of Cytopathology/Journal of the American Society of Cytopathology Physician In-Training Award - Pathology	Weijie Ma, MD – PGY3
Advances in Thyroid Cytology Award from the American Society of Cytopathology - Pathology	Abdol Aziz Ould Ismail, MD – PGY2
Alpha Omega Alpha Medical Honor Society - Surgery	Mahmoud Shehada, MD – PGY4
ABSITE Award - Surgery	Bob Shaw, MD – PGY5
Gold Foundation Humanism and Excellence in Teaching Award - Surgery	Keely Reidelberger, MD – PGY3 Matt Carroll, MD – PGY5 TJ Schneider, MD – PGY4
Health policy essay award funding travel to Washington DC for the advocacy summit meeting - Urology	Nicholas Moll, MD – PGY3
1st place for oral abstract at HEART Symposium (Heart & Vascular Education and Research Trainee) in May 2025 – Vascular Surgery - Integrated	Kirthi S. Bellamkonda, MD - PGY3

GME-Focused National Committee Membership 24-25

- Association of Residency Administrators in Neurological Surgery Executive Council member and New Member Liaison: Tobi Cooney, BA, C-TAGME
- Member Professional Development/AAN Annual Meeting Coordinator Track Planning Committee, American Academy of Neurology: Shannon H. Darrah, C-TAGME
- American Association of Directors of Psychiatric Residency Training Wellness Committee – Rebecca Brayman, BA, C-TAGME
- PRITE/CHILD PRITE Focus Group, a group formed in May 2025 to review and improve the PRITE and CHILD PRITE score report redesign process - Rebecca Brayman, BA, C-TAGME
- Vice-Chair of National American College of Physician's Professional Development and Fulfillment Committee – Internal Medicine: Kenton E. Powell, MD
- Association of Pediatric Program Directors (APPD), Vice Chair for Education Executive Committee: Cathy Shubkin, MD
- Co-Chair of Ethics SIG (Society for Adolescent Health & Medicine) – Pediatrics: Cathy Shubkin, MD
- Co-chair of Ethics SIG (Academic Pediatric society) – Pediatrics: Cathy Shubkin, MD
- AAP Community Pediatrics Training Initiative Co-Chair – Pediatrics: Steve Chapman, MD

- Association of Program Directors in Surgery President Elect – Surgery: Kari Rosenkranz, MD
- Association of Program Directors in Surgery, Resident Recruitment Committee – Surgery: Kari Rosenkranz, MD
- President of the New England Section of the American Urological Society, term September 2024 to Sept 2025 – Urology: Vernon Pais Jr., MD

Resident/Fellow Committee Involvement at DHMC 24-25

GME trainees are active participants on GME and DHMC committees and subcommittees whose actions affect their education and/or patient care, as well as activities which foster professionalism and volunteerism. In AY 24-25 residents and fellows from the following specialties/subspecialities were selected by the Associated Resident Council to participate on GME-related committees and subcommittees:

Graduate Medical Education Committee: Internal Medicine, Vascular Surgery-Integrated

- Curriculum Subcommittee: Radiation Oncology
- Learning Environment Subcommittee: Orthopaedic Surgery, Otolaryngology, Urogynecology & Reconstructive Pelvic
- Quality & Accreditation Subcommittee: Endocrinology, Internal Medicine

We continue to encourage resident participation in committee work at the institutional level. Trainees from the following specialties participated in institutional committees in AY 24-25:

- Antimicrobial Stewardship Committee: Infectious Disease, Preventive Medicine
- Cardiopulmonary Specialty Panel (Pharmacy & Therapeutics Subcommittee): Cardiovascular Disease
- Institutional Review Board: Hematology and Medical Oncology
- Transfusion Committee: Pulmonary Disease and Critical Care Medicine
- Blood Borne Pathogen Exposure Committee: Preventive Medicine
- Clinical Ethics Committee: Neonatal and Perinatal Medicine, Hospice & Palliative Medicine
- Formulary Specialty Panel: Pulmonary Disease and Critical Care Medicine, Internal Medicine
- Medication Safety Committee: Internal Medicine
- Human Research Protection Program: Hematology and Medical Oncology
- Medication Safety Committee: Internal Medicine
- Quality & Safety Committee: Surgery, Preventive Medicine, Obstetrics and Gynecology, Internal Medicine, Allergy and Immunology
- Regional Primary Care Committee: Surgery
- SEARCHES Committee: Vascular Surgery-Integrated, Gastroenterology, Pathology, Neonatal-Perinatal Medicine
- System Quality & Safety Committee: Neonatology, Preventive Medicine, Radiation Oncology, Gastroenterology
- Suicide Prevention Committee: Pathology

Associated Resident Council

The Associated Resident Council (ARC) works to improve the overall resident/fellow experience at DHMC. The ARC is composed of a group of peer-selected trainees from our residency and fellowship programs. They come together to discuss issues affecting trainee life. ARC represents the interests and concerns of trainees to work towards a healthier work environment and improve well-being. ARC provides a forum for trainees to pursue social, educational, academic, research, and advocacy interests. Top initiatives of the ARC in AY 24 - 25 follow.

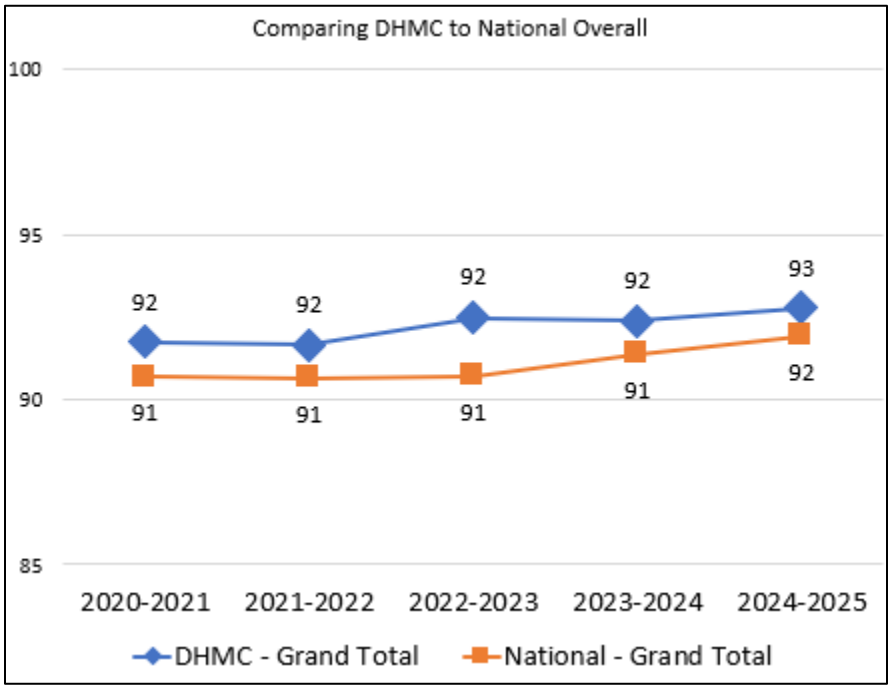
- Resident Life: benefits awareness, call room remodel, social events, parenthood initiatives
- Communication: access to trainee email list, frequent meetings with GME Leadership, escalation pathway for anonymous reporting of program issue
- Belonging: ARC made announcements regarding upcoming events and request for participation to support resident/fellow belonging
- Collaboration: robust collaboration with Alumni Association, new ARC leadership, GME subcommittee representatives will present at 1 general ARC meeting per academic year

GME OUTCOMES

ACGME Annual Surveys

Training programs, as well as the GMEC and its subcommittees, use the data derived from the annual ACGME Resident/Fellow and Faculty Surveys to monitor program performance. All specialty and subspecialty programs regardless of size are required to participate in these annually surveys that provide compliance rates for areas across the learning and working environment.

We consistently performed slightly better than National for the past 5 academic years for our overall compliance rate. There were no questions with less than 80% compliance rate on the 2025 ACGME surveys, which assesses the 2024-2025 academic year. There is no significant downward trend noted for any metric for the past 5 academic years.



The table below provides an overview of the top successes and opportunities from the AY 24-25 ACGME Surveys.

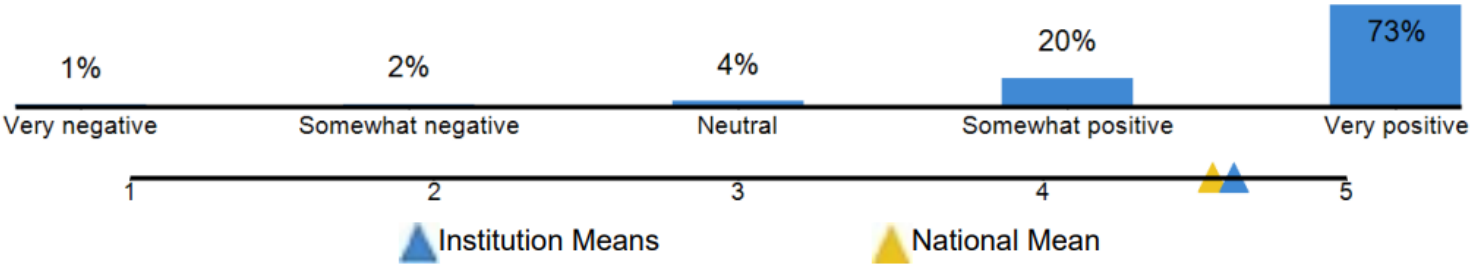
AY 24-25 ACGME Resident/Fellow Survey		AY 24-25 ACGME Faculty Survey	
Successes	**Opportunities**	**Successes**	**Opportunity**
• Time to interact with patients (up 4% to 94%) • Interprofessional teamwork skills modeled or taught (up 3% to 87%) • Information not lost during shift changes, patient transfers, or the hand-over process (up 3% to 90%)	• Faculty members discuss cost awareness in patient care decisions (down 3% to 92%) • Taught about health care disparities (down 3% to 82%) • Impact of other learners on education (down 2% to 81%)	• Faculty members satisfied with process of evaluation as educators (up 5% to 84%) • Faculty development to enhance professional skills of faculty in quality improvement and patient safety (up 4% to 92%)	• Workload exceeded residents'/fellows' available time for work (down 3% to 88%) • Sufficient time to supervise residents/fellows (down 2% to 94%) • Residents/fellows instructed in cost-effectiveness (down 2% to 95%)

In addition to the categories related to the learning and working environment, residents/fellows and faculty are asked to provide an overall evaluation of their training program. The institution-level data derived from these surveys (response rate: 99% for resident/fellow and 96% for faculty) continues to demonstrate a high degree of overall satisfaction with the training experience at DHMC.

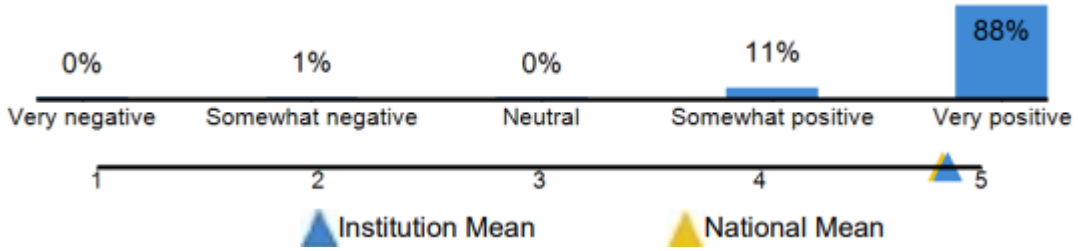
The survey reports also provide percent compliance trends for each survey category: educational content, evaluation, faculty teaching and supervision, patient safety and teamwork, professionalism, resources, and work hours.

The charts below summarize the resident/fellow and faculty overall evaluation of their training program and the trending of each survey category's total percent compliance compared to the national compliance for AY 24-25.

Resident/Fellow Overall Evaluation of the Program 24-25

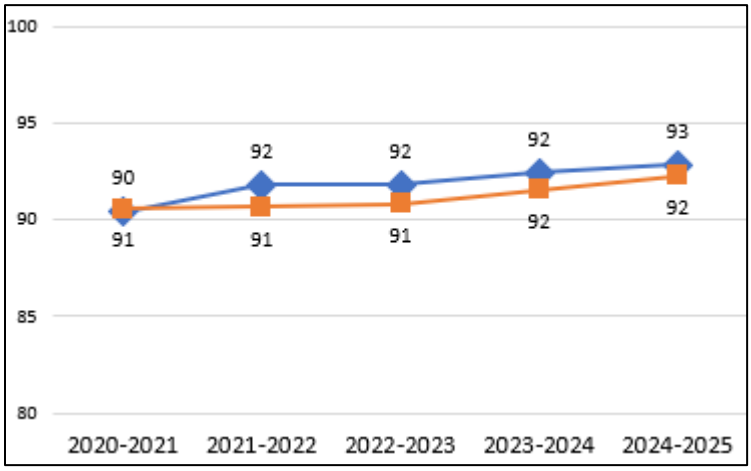


Faculty Overall Evaluation of the Program 24-25

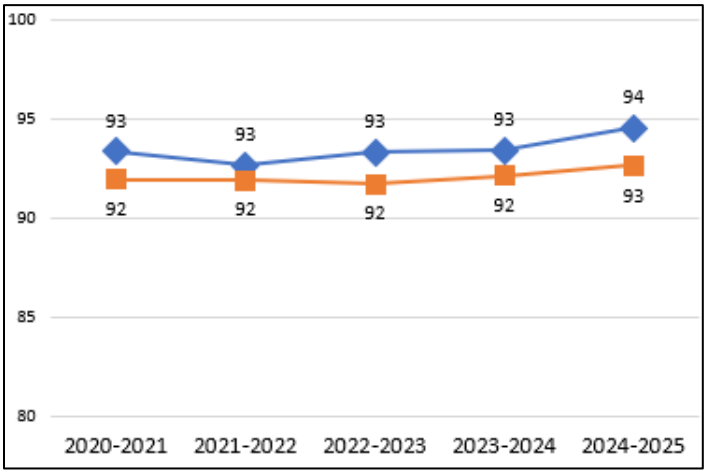


Resident/Fellow Survey Total Percentage of Compliance by Category Trends

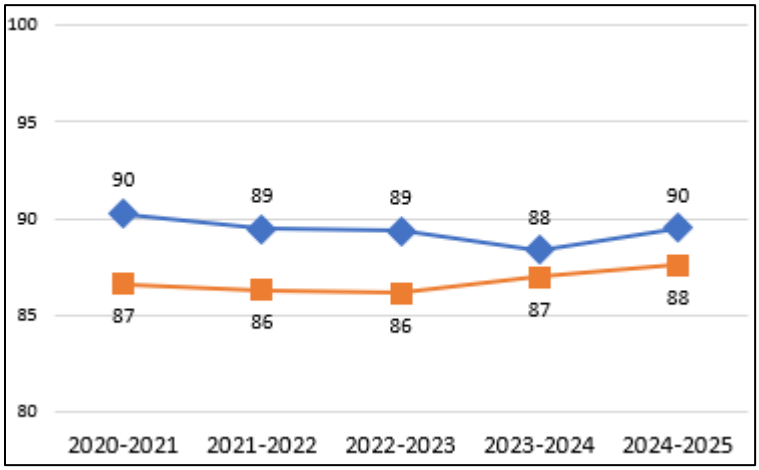
Educational Content



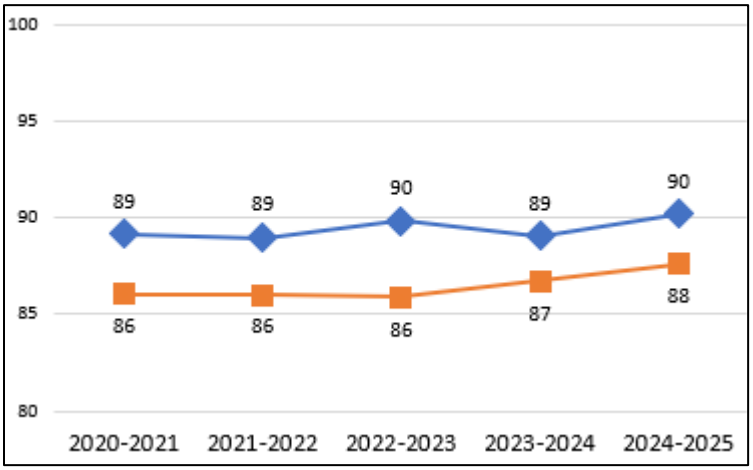
Evaluation



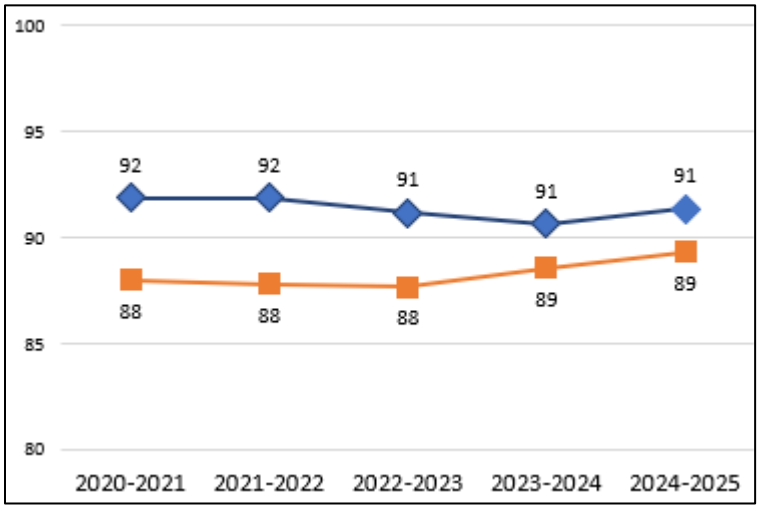
Faculty Teaching and Supervision



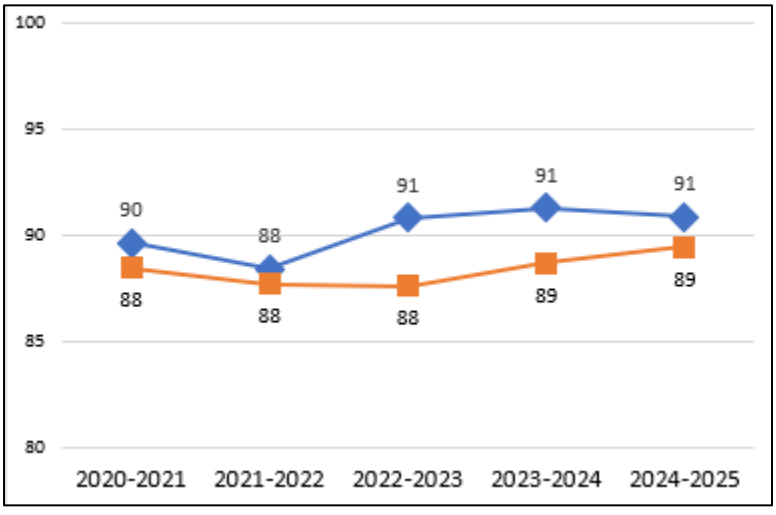
Patient Safety and Teamwork



Professionalism

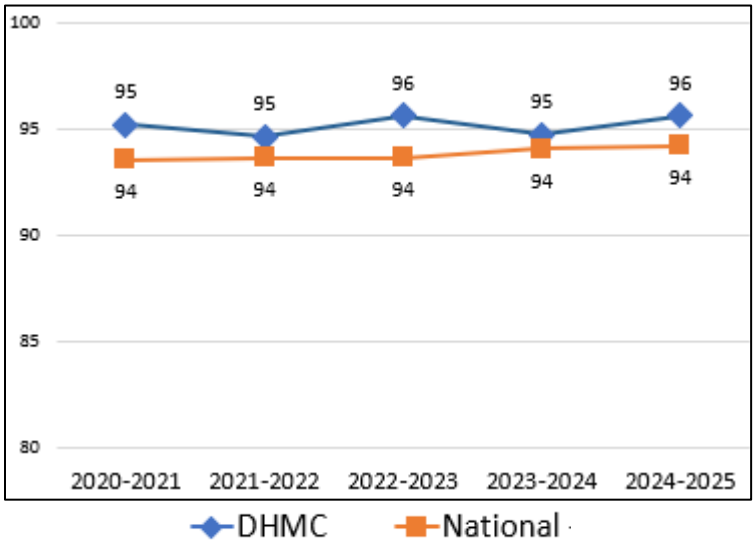


Resources



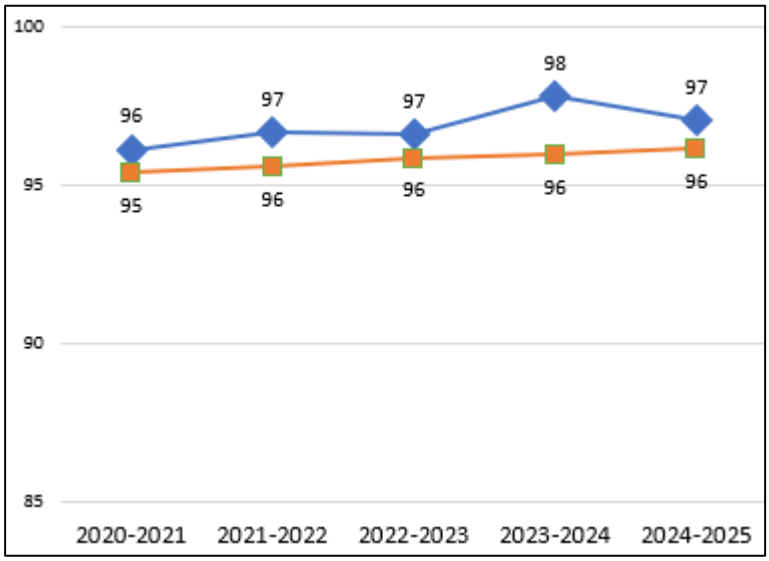
DHMC National

Work Hours

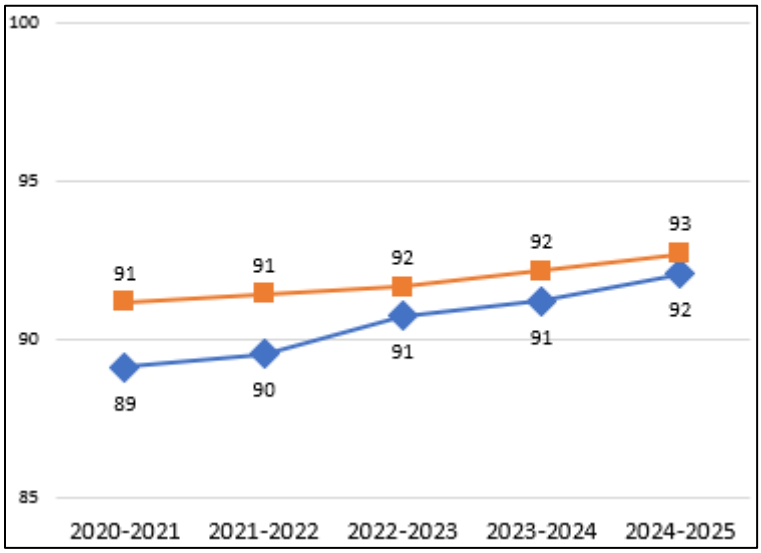


Faculty Survey Total Percentage of Compliance by Category Compared to National Trends

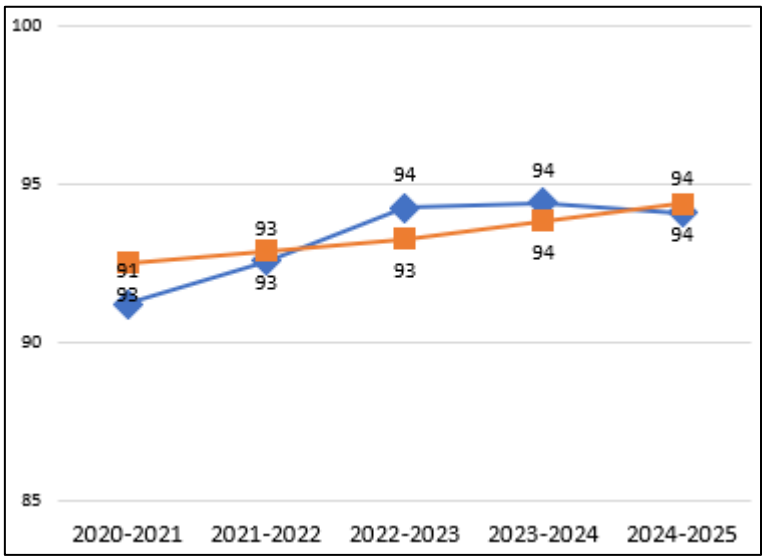
Educational Content



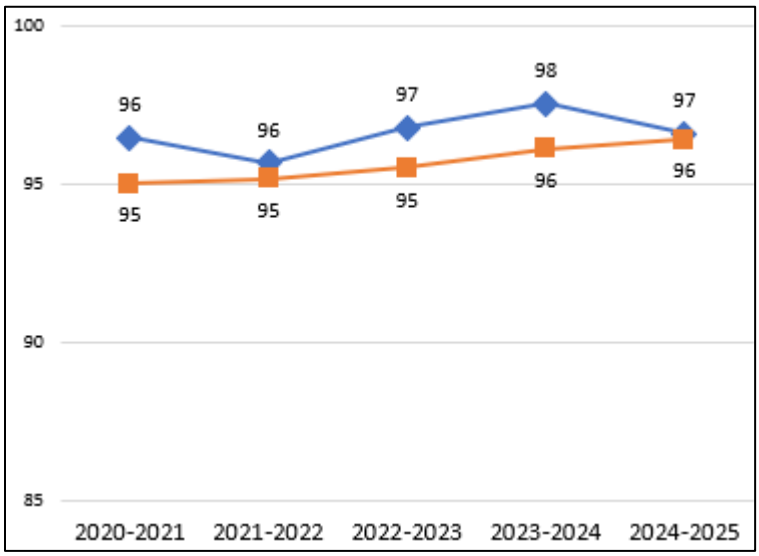
Faculty Teaching and Supervision



Patient Safety and Teamwork

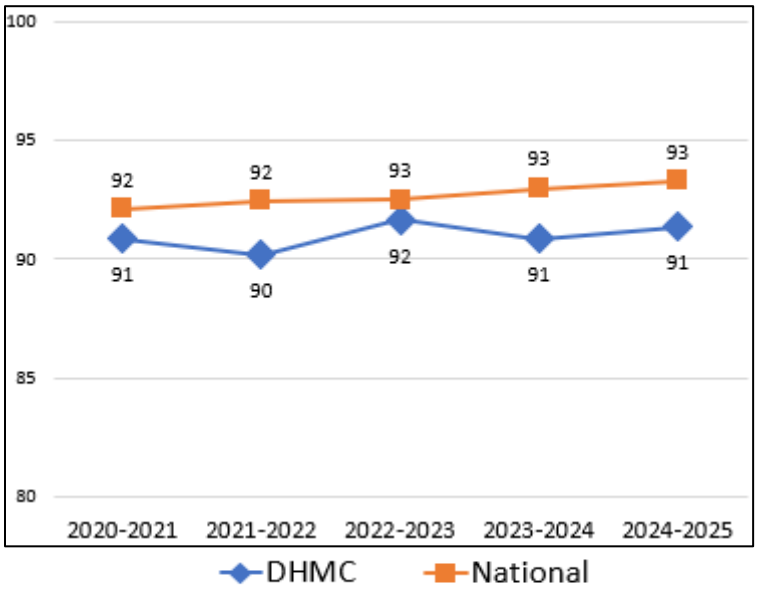


Professionalism



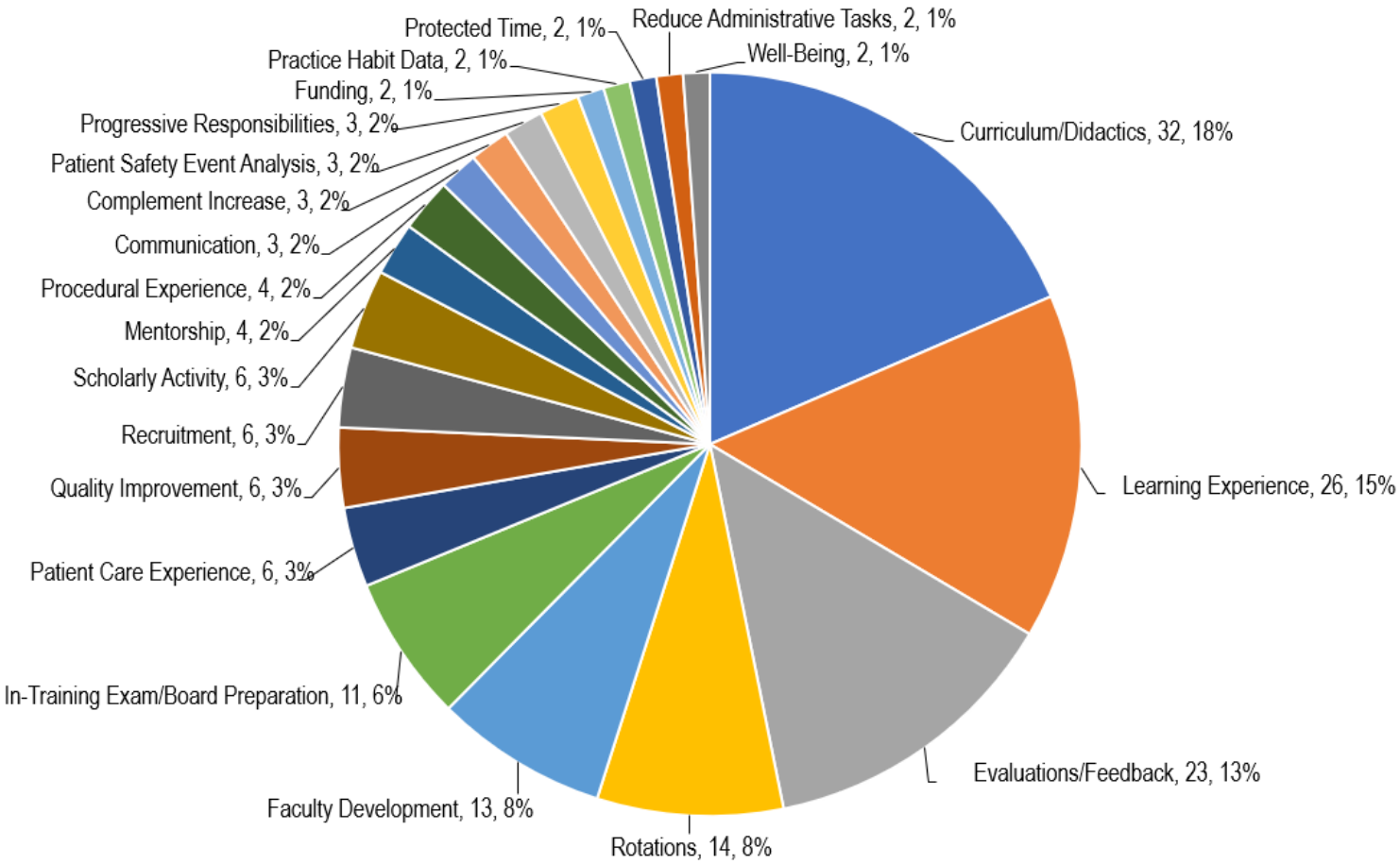
DHMC National

Resources



Program-Specific Improvement Goals

Each summer, the DHMC GME community focuses on reviewing the prior academic year and planning for the coming year. Included in this Annual Program Evaluation (APE) is a requirement to identify new goals or carryover previous goals to improve the quality of the program. Action items may be as simple as developing a graduate survey or as complex as starting a new rotation with associated curriculum at an off-site location. The top action item areas identified in 2025 are summarized in the following chart.



ANNUAL INSTITUTIONAL REVIEW (AIR) IMPROVEMENT PLAN

The ACGME requires the GMEC to conduct an Annual Institutional Review (AIR) and develop an improvement plan for the upcoming calendar year. The AIR Improvement Plan must be included as a part of the AIR Executive Summary report presented to the governing body.

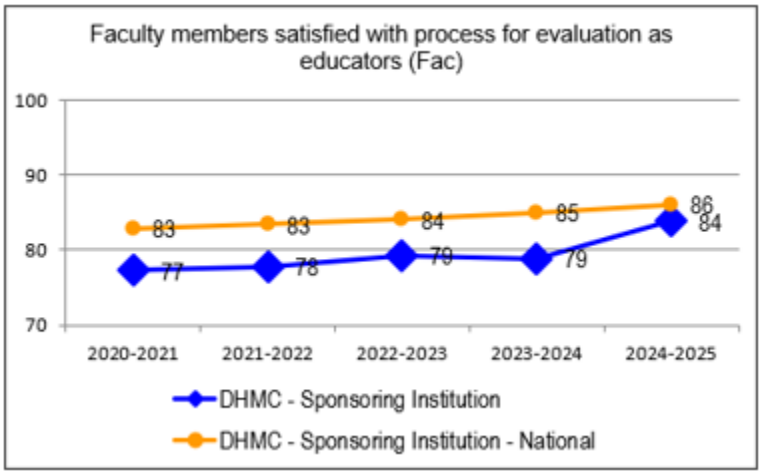
The September 2025 GMEC Executive meeting was focused on reviewing the most recent ACGME institutional letter of notification, each of the accredited programs' ACGME accreditation statuses and citations, and results of the ACGME surveys for residents/fellows and faculty members. In addition, action plans and performance monitoring procedures for the previous year's AIR are reviewed.

Monitoring of CY 2025 AIR Goals

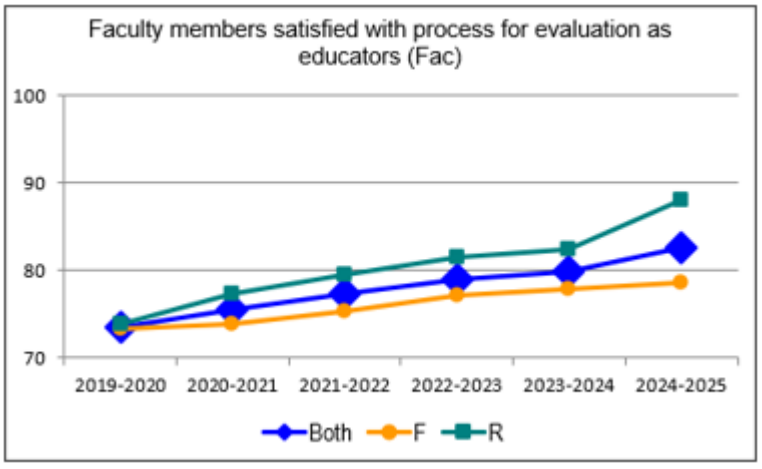
CY 25 AIR Goal 1: Faculty Feedback – Completed

Area for Improvement	Goal	Strategies	Outcome Metric(s)	Due Date	GMEC Subcommittee
Faculty Feedback	Increase the percent compliance for faculty satisfaction with feedback by at least 10% for programs identified as underperforming for this metric by implementing the Curriculum Subcommittee's faculty feedback toolkit.	• Meet with program directors of underperforming programs to map out a process for implementing the faculty feedback toolkit. • Analyze 2024-2025 ACGME faculty survey to determine an impact of implementing the faculty feedback toolkit.	✓ Implementation of the faculty feedback toolkit in at least 2 underperforming programs. ✓ A 10% increase in faculty satisfaction with feedback for the underperforming programs that implemented the faculty feedback toolkit.	Dec 2024 Dec 2025	Curriculum Subcommittee

The AIR goal to increase faculty satisfaction with feedback was initiated in 2024 and continued in 2025. During this time, the GMEC Curriculum Subcommittee created a faculty feedback toolkit and piloted it with a residency and fellowship program. The 2025 ACGME faculty survey compliance rate for faculty satisfaction with their evaluations as educators improved by 6% for the residency and 53% for the fellowship. The overall percent change from the previous academic year was 6.3% improvement. Plans are in development to distribute the toolkit to all GME programs.



Sponsoring Institution (DHMC) Compliance Rate Trends Compared to National Trends for ACGME Faculty Survey



Sponsoring Institution (DHMC) Compliance Rate Trends Compared to National Trends for ACGME Faculty Survey Separated by Residency (R) and Fellowships (F)

CY 25 AIR Goal 2: Heath Care Disparities – In Progress, On Target

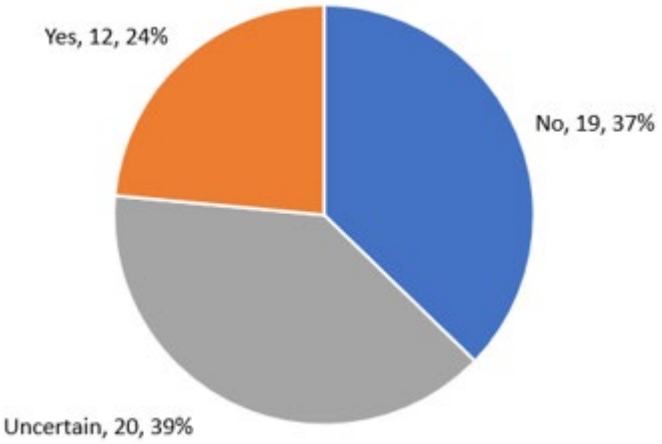
Area for Improvement	Goal	Strategies	Outcome Metric(s)	Due Date	GMEC Subcommittee
Health Care Disparities	Identify current performance measures at Dartmouth Health (DH) used to recognize disparities in patient care and what improvement efforts are underway or proposed to address disparities identified.	✓ Obtain DH definition for health care disparities. ✓ Collaborate with the Quality Assurance and Safety department to determine current performance metrics used to identify vulnerable patient populations. ✓ Compile a list of current or proposed improvement efforts to address health care disparities.	Provide a report to the GMEC that summarizes current performance metrics used to identify vulnerable patient populations and the improvement efforts to address health care disparities at DH.	Dec 2025	Curriculum Subcommittee

The GMEC Curriculum Subcommittee obtained Dartmouth-Hitchcock's definition for healthcare disparities, collaborated with other departments to identify current performance metrics used to identify vulnerable populations, and developed survey questions that were added to the 2025 Annual Program Evaluation (APE) form completed by GME programs as part of their annual Program Evaluation Committee meeting.

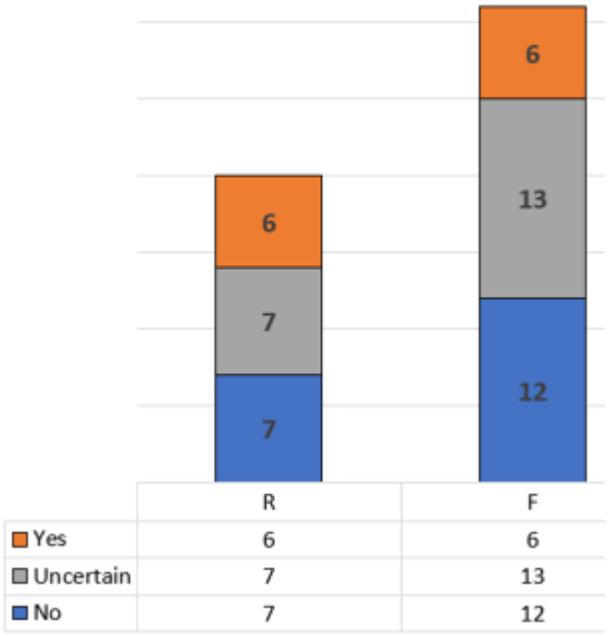
Pending: A final report to the GMEC (December meeting)

<u>2025 APE Health Care Disparities Program Responses</u>

Question: Are quality metrics data on health care disparities for your patient population shared with trainees?



Response, Count of Programs, Percentage of Programs



Response, Count of Programs by Residency (R) and Fellowship (F) Programs

CY25 AIR Goal 3: Yellowbelt Training – In Progress, On Target

Area for Improvement	Goal	Strategies	Outcome Metric(s)	Due Date	GMEC Subcommittee
Yellowbelt Training	Analyze available data to determine the effectiveness of GME trainee participation in Yellowbelt training to decide whether to continue the Yellowbelt training requirement or implement another educational platform for quality improvement.	✓ Gather feedback from current GME trainees who completed Yellowbelt training. ✓ Survey GME program directors on their perspective about the effectiveness of Yellowbelt training and determine the complimentary strategies they use to teach QI.	Provide a report to the GMEC that summarizes GME trainee and program director perceptions of the effectiveness of Yellowbelt training.	Dec 2025	Learning and Environment Subcommittee

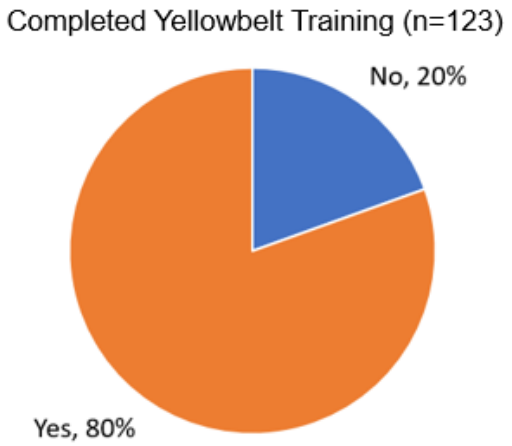
The Value Institute Learning Center (VILC) offers Yellowbelt training, a broad introduction to the process and tools used for quality improvement. Historically, GME has required all GME trainees to complete Yellowbelt training. Since 2019, the compliance rate for completion of Yellowbelt training ranges from 30% to 36% of graduates.

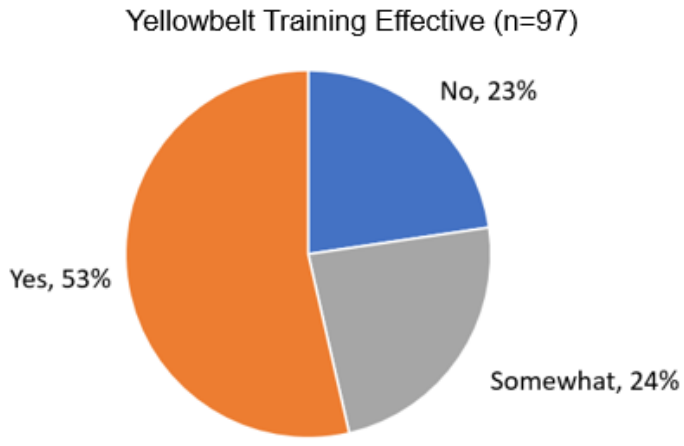
The goal of this AIR initiative is to analyze available data to determine the effectiveness of resident/fellow participation in Yellowbelt training. The strategies identified were to survey program directors (PDs) and the 2025 graduates to understand their perspectives about Yellowbelt training.

Pending: A final report to the GMEC (December meeting)

In April 2025, program directors were asked to complete a survey focused on their perspective of Yellowbelt training and 96% (50/52) submitted the survey. 43% (n= 21) of the PDs who submitted the survey have completed Yellowbelt training where as 57% (n=28) have not. Of those PDs who completed Yellowbelt training, 90% felt the training was effective (38%, n=8) or somewhat effective (52%, n=11) (Fig. 15). 90% (n=44) of the PDs are aware that Yellowbelt training is a GME requirement with 82% (n=40) PDs implementing this requirement, 4% (n=2) sometimes requiring, and 14% (n=7) not requiring their trainees to complete Yellowbelt training.

Program Director Yellowbelt Survey Results

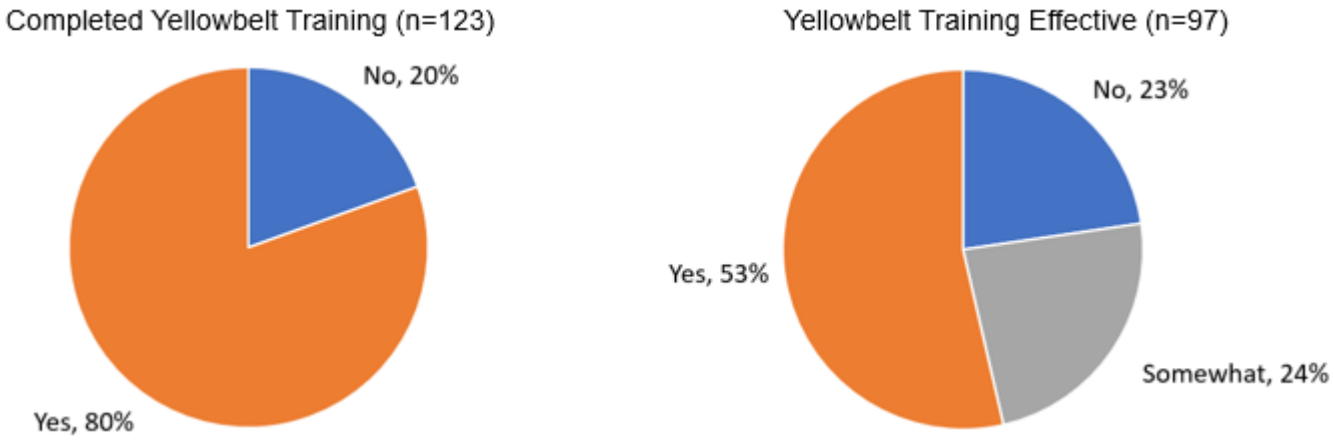




The top 2 reasons PDs do not require their trainees to complete Yellowbelt training are 1) the program offers another form of education for quality improvement and 2) it requires too much of a trainee's time to complete the training. Appendix D contains additional information from this survey.

The Graduate Exit survey delivered in May 2025 had a 100% submission rate (123/123) and contained several questions to gain the graduates perspective of Yellowbelt training. 80% of the graduates (n=99) completed Yellowbelt training. 97 or these 99 graduates responded to the questions about the effectiveness of the training with 75 (77%) saying it was effective (n=52, 53%) or somewhat effective (n=23, 24%) whereas 22 graduates (23%) felt it was ineffective (Fig. 16).

2025 Graduate Survey Results



The top 2 reasons graduates felt Yellowbelt training was somewhat or not effective are 1) the program offers another form of education for quality improvement and 2) it requires too much time to complete the training. Appendix D contains additional information from this survey.

Learning Environment Subcommittee (LES) Summary

43% of PDs and 80% of the 2025 graduates have completed Yellowbelt training. Of those who completed this training, 90% of the PDs felt the training was effective (38%, n=8) or somewhat effective (52%, n=11) compare to 77% of the graduates who conveyed it was effective (53%, n=52) or somewhat effective (24%, n=23). For those who felt the training was somewhat or ineffective, the top 2 reasons for both PDs and graduates were 1) another educational method is used and 2) it's too time consuming.

Based on the data, there is some perceived value for Yellowbelt training and its value may increase by providing Yellowbelt training in a format more applicable to GME trainees. This requires moving the experience from what can be perceived as a "token" exposure to quality improvement education to applicable process improvement. Additionally, it's questionable whether PGY-1 residents benefit from participating in Yellowbelt at the start of their training.

A possible next step is to develop a GME specific Yellowbelt training course consisting of 3 1-hour on-line/in-person sessions: 1) quality improvement, 2) patient safety analysis, and 3) improvement process application. Then offer short, on-demand training modules for specific tools used when conducting process improvement initiatives. Another opportunity is to complete this work on a departmental level instead of individual program level leveraging departmental focus and resources to engage trainees in process improvement.

CY 25 AIR Goal: Clinical Quality Workgroup – In Progress, On Target

Area for Improvement	Goal	Strategies	Outcome Metric(s)	Due Date	GMEC Subcommittee
Clinical Quality Workgroup	Convene a Clinical Quality (CQ) workgroup to develop strategies across GME to deliver and support GME trainee quality and safety education and initiatives.	• Develop a CQ workgroup charter. • Solicit membership for the CQ workgroup. • ✓ Review CLER/APE data and ACGME requirements. • ✓ Design and conduct program-level needs assessment.	CQ charter presented to GMEC for review and approval. Report provided to the GMEC on the findings from the program-level needs assessment.	Dec 2025	Quality & Accreditation Subcommittee

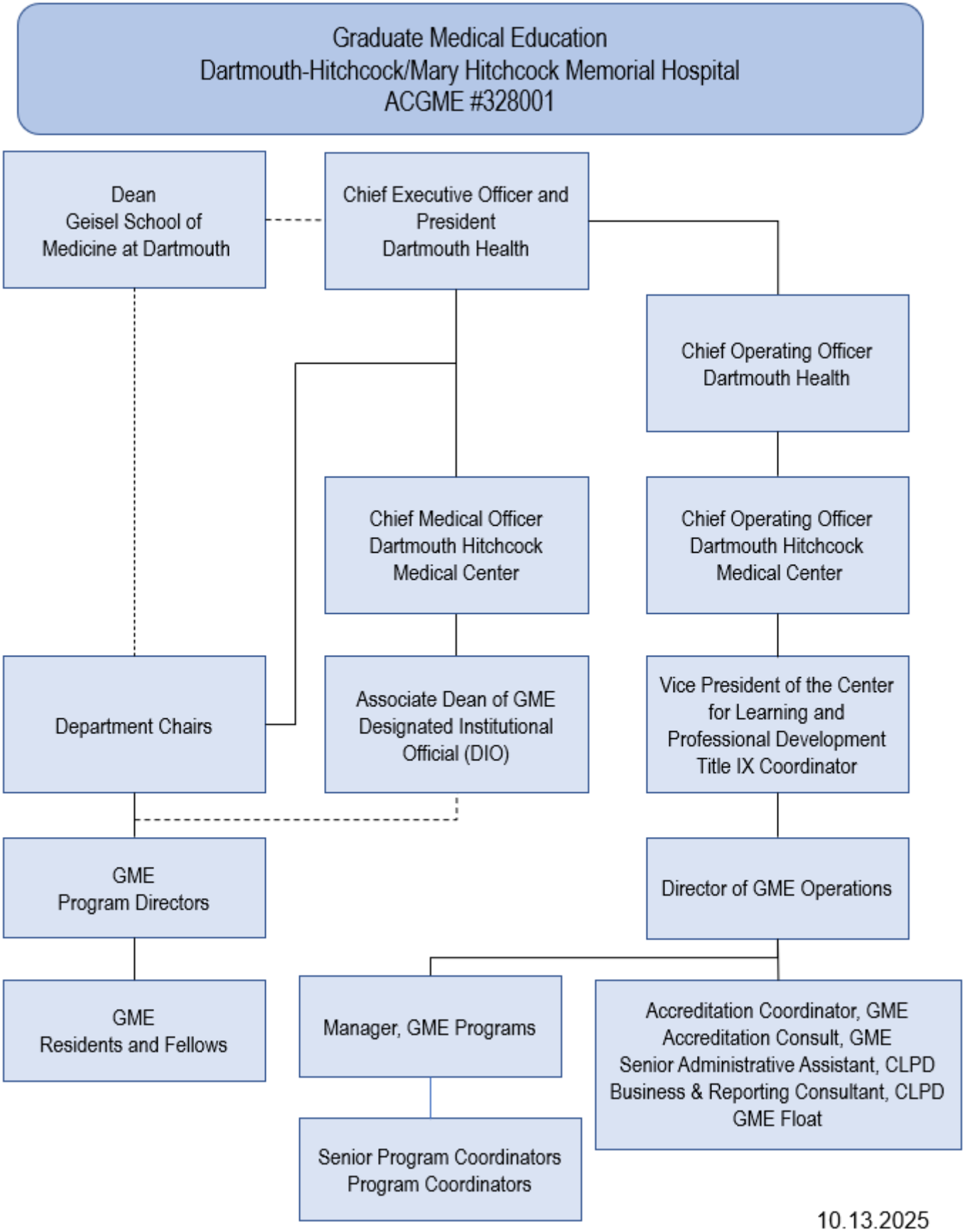
- The Clinical Quality Workgroup charter is pending GMEC approval (possibly the October meeting).
- Needs assessment survey for GME programs to to assess their program's strengths and opportunities for patient safety and quality improvement education was delivered via the 2025 APE in MedHub. Analysis of data pending.
- A multidisciplinary Clinical Quality Workgroup will convene in the fall of 2025 to analyze the results of the survey and to develop an educational strategy across GME to support meaningful operational and academic work in quality and safety.

Pending: A final report to the GMEC (December meeting)

CY 2026 AIR Goals – Approved by the GMEC on September, 2025

Area for Improvement	Goal	Strategies	Outcome Metric(s)	Due Date	GMEC Subcommittee
Health Care Disparities	GME leadership will collaborate with hospital leaders to identify barriers present and supports needed for GME trainees to gain access to health care disparities data to assess patient care for their vulnerable patient populations.	• Present the request to the GMEC for review and provide a communication plan to inform Senior Leadership/Boards of Trustees. • Meet with Senior Leadership	Provide a summary report to the GMEC of actions identified to support GME trainees' access to health care data to assess vulnerable patients they care for.	Dec 2026	GME Leadership (DIO, GME Director, VP CLPD)
Yellowbelt Training	Equip GME trainees with the language and basic knowledge of quality improvement by providing several options to educate trainees in quality improvement with a go-live of July 2027.	• Partner with the Value Institute to develop a modified version of Yellowbelt geared to GME trainees provided in asynchronous, short modules. • Develop a communication plan to inform GME program directors of the various options available for quality improvement education: 1) the traditional Yellowbelt course, 2) GME quality improvement course, and 3) specific curriculum developed by a program.	• Provide a report to the GMEC outlining the GME quality improvement course. • Provide the GMEC a communication plan to inform GME program directors of the quality improvement education requirement.	Dec 2026	Learning and Environment Subcommittee

Appendix A


Graduate Medical Education
Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital
ACGME #328001
Dean
Geisel School of
Medicine at Dartmouth
Chief Executive Officer and
President
Dartmouth Health
Chief Operating Officer
Dartmouth Health
Chief Medical Officer
Dartmouth Hitchcock
Medical Center
Chief Operating Officer
Dartmouth Hitchcock
Medical Center
Department Chairs
Associate Dean of GME
Designated Institutional
Official (DIO)
Vice President of the Center
for Learning and
Professional Development
Title IX Coordinator
GME
Program Directors
Director of GME Operations
GME
Residents and Fellows
Manager, GME Programs
Accreditation Coordinator, GME
Accreditation Consult, GME
Senior Administrative Assistant, CLPD
Business & Reporting Consultant, CLPD
GME Float
Senior Program Coordinators
Program Coordinators
10.13.2025

Appendix B

ACGME Accreditation Status 2025

Program	Type R= Residency F = Fellowship	Training Length (Years)	Number of Trainees	Number of Core Faculty	Original Accreditation Date	Accreditation Status	Accreditation Effective Date
Addiction Psychiatry	F	1	1	2	07/01/1997	Continued Accreditation	02/07/2025
Allergy and Immunology	R	2	4	3	07/01/2023	Initial Accreditation	07/01/2023
Anesthesiology	R	4	32	9	06/01/1951	Continued Accreditation	12/16/2024
Blood Banking/Transfusion Medicine	F	1	1	2	07/01/2008	Continued Accreditation	01/22/2025
Cardiovascular Disease	F	3	16	36	07/01/1987	Continued Accreditation	01/24/2025
Child and Adolescent Psychiatry	F	2	6	7	04/30/1968	Continued Accreditation	02/07/2025
Clinical Cardiac Electrophysiology	F	2	3	5	07/01/1995	Continued Accreditation	01/24/2025
Clinical Neurophysiology	F	1	3	3	07/01/2004	Continued Accreditation	01/23/2025
Consultation-Liaison Psychiatry	F	1	2	5	04/26/2024	Initial Accreditation	04/26/2024
Critical Care Medicine - Anesthesiology	F	1	3	6	09/15/1989	Continued Accreditation	12/16/2024
Critical Care Medicine - Internal Medicine	F	2	4	3	07/01/1991	Continued Accreditation	01/24/2025
Cytopathology	F	1	0	4	07/01/2008	Continued Accreditation	01/22/2025
Dermatology	R	3	11	13	09/01/1958	Continued Accreditation	01/10/2025
Dermatopathology	F	1	1	2	07/01/2007	Continued Accreditation	01/22/2025
Emergency Medicine	R	3	17	7	07/01/2011	Continued Accreditation	01/15/2025
Endocrinology, Diabetes, and Metabolism	F	2	4	4	07/01/2006	Continued Accreditation	01/24/2025
Epilepsy	F	1	2	4	07/01/2014	Continued Accreditation	01/23/2025

Gastroenterology	F	3	6	10	07/01/1987	Continued Accreditation	01/24/2025
Geriatric Psychiatry	F	1	0	5	07/01/1994	Continued Accreditation	02/07/2025
Hematology and Medical Oncology	F	3	8	9	07/01/1994	Continued Accreditation	01/24/2025
Hematopathology	F	1	1	2	07/01/2006	Continued Accreditation	01/22/2025
Hospice and Palliative Medicine	R	1	3	14	07/01/2008	Continued Accreditation	09/12/2025
Infectious Disease	F	2	4	3	07/01/1992	Continued Accreditation	01/24/2025
Internal Medicine	R	3	67	25	03/07/1962	Continued Accreditation	01/24/2025
Interventional Cardiology	F	1	2	7	07/01/2002	Continued Accreditation	01/24/2025
Interventional Pulmonology	F	1	0	2	04/25/2025	Initial Accreditation	04/25/2025
Interventional Radiology - Integrated	R	5	10	12	09/08/2016	Continued Accreditation	02/05/2025
Neonatal-Perinatal Medicine	F	3	2	6	07/01/1992	Continued Accreditation	01/23/2025
Nephrology	F	2	3	6	07/01/2005	Continued Accreditation	01/24/2025
Neurological Surgery	R	7	8	4	12/01/1955	Continued Accreditation	01/17/2025
Neurology	R	4	20	9	07/28/1971	Continued Accreditation	01/23/2025
Neuroradiology	F	1	2	9	07/01/2002	Continued Accreditation	02/05/2025
Obstetrics and Gynecology	R	4	16	6	01/18/1996	Continued Accreditation	02/05/2025
Ophthalmology	R	4	8	5	04/04/2019	Continued Accreditation without Outcomes	01/09/2025
Orthopaedic Surgery	R	5	19	24	11/12/1960	Continued Accreditation	01/10/2025
Otolaryngology - Head and Neck Surgery	R	5	5	11	07/01/2008	Continued Accreditation	02/07/2025
Pain Medicine	R	1	4	6	10/21/1993	Continued Accreditation	12/16/2024

Pathology-Anatomic and Clinical	R	4	14	22	11/21/1952	Continued Accreditation	01/22/2025
Pediatrics	R	3	21	12	10/05/1955	Continued Accreditation	01/23/2025
Plastic Surgery - Integrated	R	6	7	3	07/01/2016	Continued Accreditation without Outcomes	01/10/2025
Psychiatry	R	4	35	18	04/30/1968	Continued Accreditation	02/07/2025
Public Health and General Preventive Medicine	R	2	6	8	07/01/2002	Continued Accreditation	11/13/2024
Pulmonary Disease and Critical Care Medicine	F	3	7	7	07/01/1994	Continued Accreditation	01/24/2025
Radiation Oncology	R	4	4	8	04/23/2018	Continued Accreditation	01/09/2025
Radiology-Diagnostic	R	4	13	18	04/01/1973	Continued Accreditation	02/05/2025
Regional Anesthesiology and Acute Pain Medicine	R	1	1	6	09/17/2018	Continued Accreditation	12/16/2024
Rheumatology	F	2	4	5	07/01/1987	Continued Accreditation	09/06/2024
Sleep Medicine	R	1	2	3	07/01/2005	Continued Accreditation	01/24/2025
Surgery	R	5	33	15	12/11/1950	Continued Accreditation	01/16/2025
Surgery	R	5	33	15	12/11/1950	Continued Accreditation	01/16/2025
Urogynecology and Reconstructive Pelvic Surgery	F	3	3	3	09/12/2018	Continued Accreditation	02/05/2025
Urology	R	5	10	7	03/27/1956	Continued Accreditation	01/16/2025
Vascular Surgery - Independent	F	2	2	8	06/20/1988	Continued Accreditation with Warning	01/16/2025
Vascular Surgery - Integrated	R	5	5	8	06/23/2006	Continued Accreditation	01/16/2025