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2026 ANNUAL INSTITUTIONAL REVIEW EXECUTIVE SUMMARY

Dartmouth Health

Center for Learning and Professional Development
GRADUATE MEDICAL EDUCATION

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2026 Annual Institutional Report

NOTE FROM THE DESIGNATED INSTITUTIONAL OFFICIAL, ANDREW PERRON, MD



The Graduate Medical Education (GME) Office is pleased to present the Annual Institutional Report (AIR). This report brings together the extensive and multifaceted data collected throughout the year to provide a comprehensive overview of the health, performance, and continuous improvement efforts of the GME programs at Dartmouth-Hitchcock/Mary Hitchcock Memorial Hospital (DH/MHMH).

As a sponsoring institution, we routinely assess a broad range of indicators and these data provide valuable insight into the effectiveness of our programs, the quality of the educational environment, and opportunities for institutional growth. We are proud of our strong GME performance, reflected in our continued high rates of continued accreditation. The success of our GME enterprise is truly a shared accomplishment, built on collaboration, accountability, and a common commitment to excellence in graduate medical education.

A central component of the AIR is the AIR Goals section, which outlines the priority areas selected for focused institutional improvement over the coming calendar year. While continuous improvement remains embedded in our day-to-day work across all aspects of GME, the AIR provides an opportunity to identify the highest-impact priorities that warrant concentrated, coordinated effort. Progress toward these goals is monitored throughout the year and reported regularly. Through this process, we aim not only to achieve measurable progress on our identified priorities but also to strengthen the educational experience, support our programs and learners, and advance the overall quality of GME across the institution.

We offer this report as both an assessment of our current GME environment and a roadmap for continued progress. We appreciate the Board of Trustees' ongoing support of graduate medical education and its essential role in preparing the next generation of physicians. Together, we remain committed to fostering a culture of excellence, continuous improvement, and accountability across all GME programs at DH/MHMH.

EXECUTIVE SUMMARY

Accreditation and Institutional Oversight

DH/MHMH maintained Continued Accreditation as a Sponsoring Institution without citations or Areas for Improvement (AFI). The majority of GME programs also maintained Continued Accreditation without findings. Although citations and AFIs across our programs increased in 2026 following two years of improvement, the number of programs receiving citations increased by only one compared with 2025. Accreditation findings were concentrated in the Educational Program category, particularly curriculum, clinical experiences, and case log requirements. These findings remain a focus of ongoing institutional oversight.

Institutional Growth and Recruitment

Due to sustained institutional investment in GME we continued to expand, reaching 475 filled resident and fellow positions in 2026–2027, representing 13.1% growth over the past eight years. Recruitment performance remained strong, with a 98.1% National Resident Matching Program match rate in 2026 despite an increase in available positions.

Educational Outcomes and Graduate Preparation

Educational outcomes continued to demonstrate strong performance. Board certification pass rates remained above 90%. The 2026 Graduate Exit Survey reflected high confidence in preparation for independent clinical practice, with graduates emphasizing the supportive educational environment, quality of teaching, and progressive clinical autonomy. Most graduates pursued physician employment or continued medical education, with more than half remaining in New England and 26% graduates successfully recruited to an attending position within the Dartmouth Health system.

Learning Environment and Well-Being

Institutional level results on the annual ACGME surveys remained favorable compared with national performance with demonstrating improvement in 2025–2026. All survey responses remained above the 80% compliance threshold. Measures related to *raising concerns without fear of retaliation* and *confidence in confidential problem-resolution processes* remain important areas for continued monitoring. Resident and fellow well-being monitoring is well established across all training programs, supported by program-level engagement and dedicated institutional resources.

Institutional Improvement Priorities

The Graduate Medical Education Committee (GMEC) continues to use accreditation findings, survey results, and program evaluations to guide institutional improvement. Analysis of 159 program action plans identified priorities related to curriculum, clinical experiences, educational operations, and feedback.

The calendar year 2026 AIR goals focused on two initiatives: improving resident and fellow access to healthcare disparities data and expanding foundational quality improvement education. Existing healthcare disparities data have been identified within eDH, with further work directed toward encouraging broader utilization. A new modular quality improvement curriculum is being developed for a five-program pilot beginning in July 2027. The calendar year 2027 AIR goal is focused on strengthening patient safety reporting communication and feedback. These initiatives reflect the institution's continued commitment to strengthening educational quality, supporting trainees, and advancing the clinical learning environment.

GME LEADERSHIP AND ORGANIZATIONAL STRUCTURE

Graduate Medical Education operates within the Center for Learning and Professional Development (CLPD), under the executive leadership of Martin (Tom) Manion, MPA, Dartmouth Hitchcock Medical Center Chief Operating Officer. GME leadership includes Andrew Perron, MD, Associate Dean of GME and Designated Institutional Official; Dwayna Covey, MEd, Vice President of CLPD and Title IX Coordinator; Chelsea Nolan,

MS, C-TAGME, Director of GME Operations; and Tennille Doyle, BA, C-TAGME, Manager, GME Programs. The organizational chart is provided in the Appendix.

ACCREDITATION STATUS

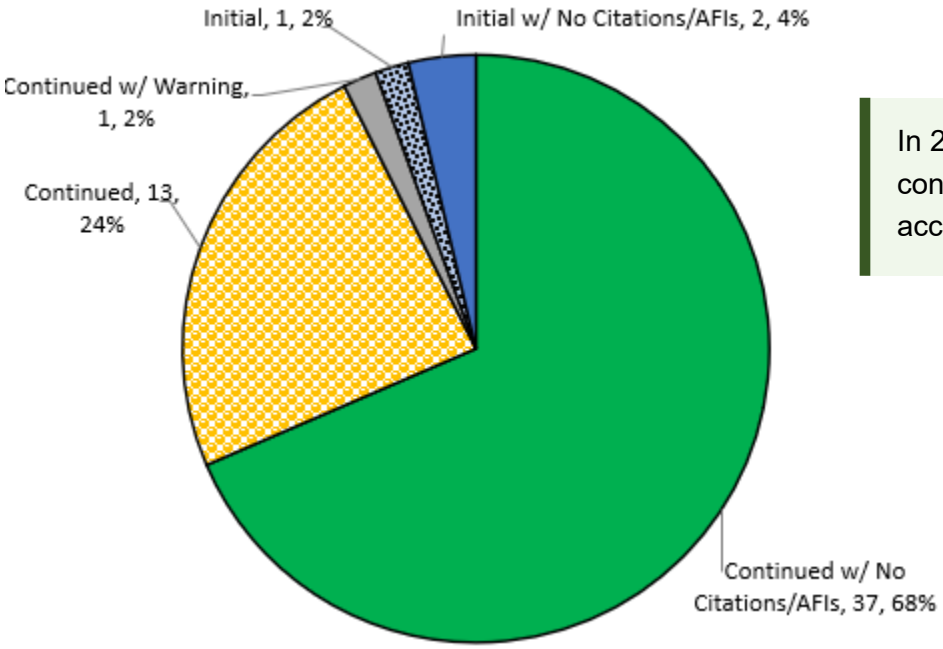
ACGME Accreditation Status 2026

DH/MHMH, our Sponsoring Institution, received continued accreditation with no citations or AFIs. Across our training programs, 68% (n=37) received continued accreditation with no citations/AFIs, 24% (n=13) continued accreditation with citations or AFIs identified, and 2% (n=1) continued accreditation with warning having citations and an AFI. 4% (n=2) received initial accreditation with no citations or AFIs and 2% (n=1) initial accreditation with citations. Details provided in the Appendix.

Historic Accreditation Status

Over the past 6 years, the institution maintained a strong overall accreditation profile, with the majority of GME programs consistently achieving Continued Accreditation without citations or AFIs. Although the number of programs receiving accreditation findings increased in 2026 following several years of improvement, the overall accreditation profile remained favorable.

Percent of DH/MHMH Programs Current Accreditation Status

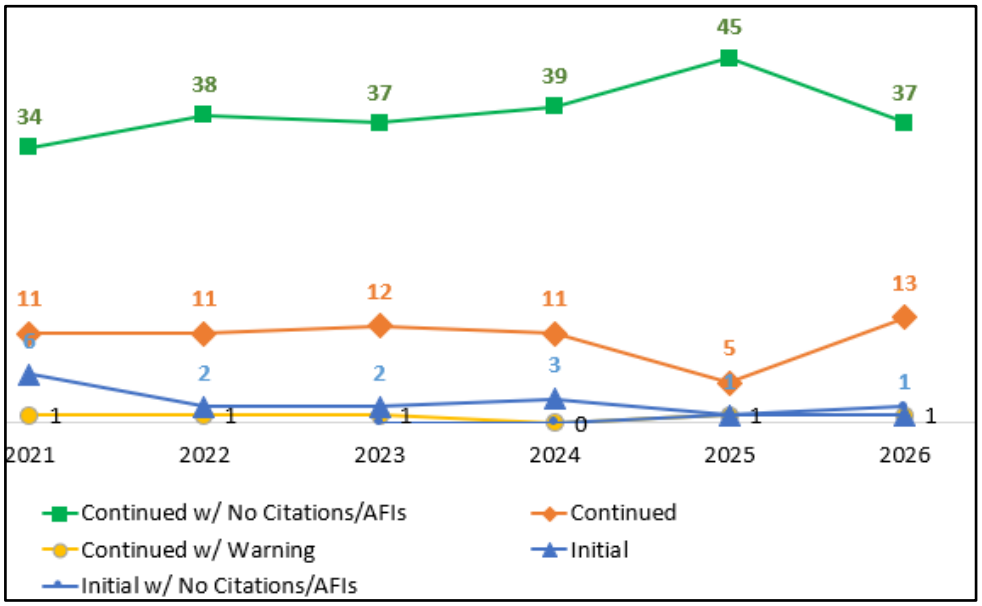


In 2026, 50 DH/MHMH programs have continued accreditation, 3 have initial accreditation, and 1 is on warning.

Citations identify areas of noncompliance with accreditation requirements.

AFIs identify concerning trends that warrant.

Historical Accreditation Status
Number of DH/MHMH Programs

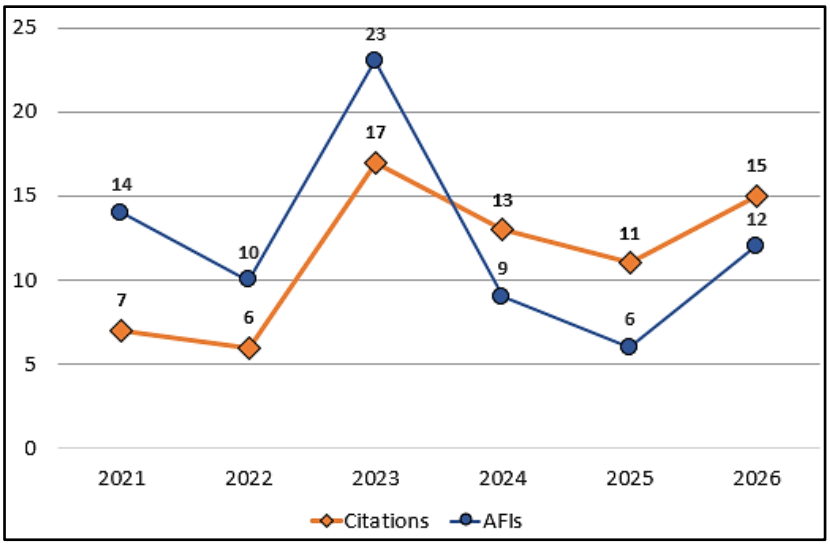


Citations and AFIs

Accreditation findings inform institutional monitoring and program-level improvement efforts, with particular attention to educational program requirements. In 2026, 15 citations were identified by the ACGME Review Committees across seven programs, compared with 11 citations across six programs in 2025. Of the 2026 citations, 10 were new and five were extended from prior ACGME accreditation reviews. Four of the seven cited programs also received AFIs, while six additional programs received AFIs only. Although findings increased from 2025, the number of programs receiving citations increased by only one.

Accreditation findings in 2026 were concentrated in the “Educational Program” category, including concerns related to curriculum and required clinical experiences. This category also accounted for half of all AFIs primarily related to case log requirements. Other findings were distributed across a range of areas, with no other predominant theme identified.

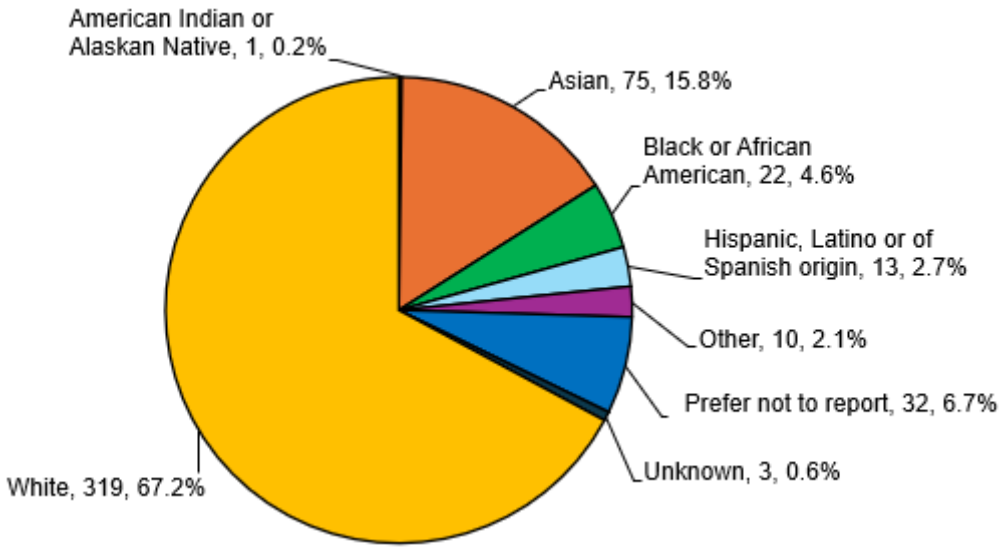
Historical Total Counts for Citations (New, Extended) and AFIs



Following two years of declining findings, both citations and AFIs increased in 2026. However, the number of programs receiving citations increased by only one, from six in 2025 to seven in 2026.

DEMOGRAPHICS

Demographics Current Residents/Fellows – 2026 - 2027



GME Historical Complement Numbers

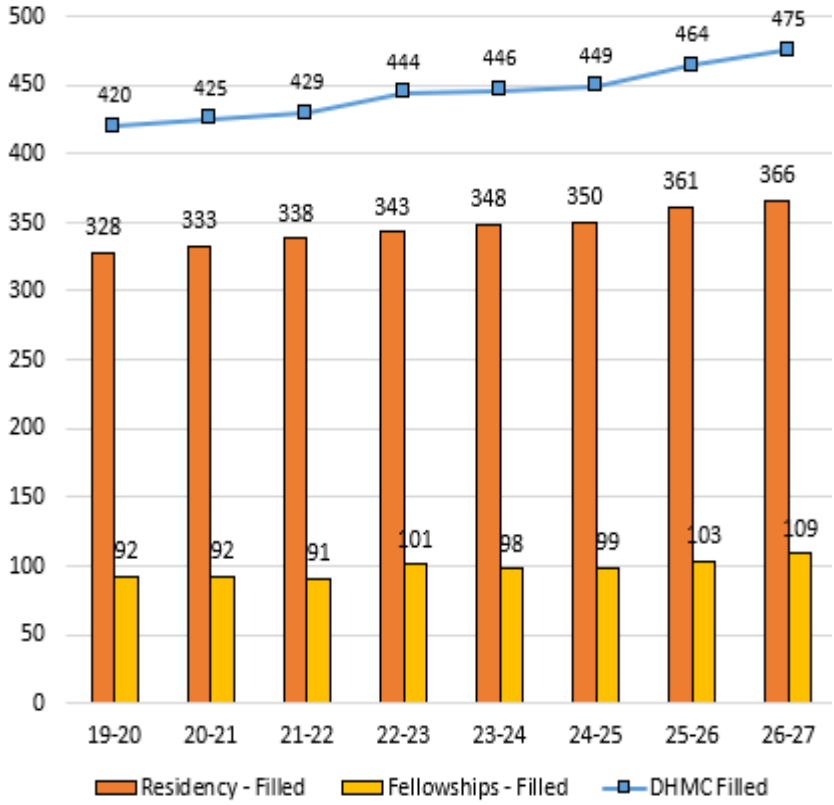
The DH/MHMH institutional complement (number of filled positions) demonstrates sustained growth across the eight-year period, increasing from 420 residents and fellows in 2019–20 to 475 in 2026–27, representing an overall increase of 13.1%. Resident complement increased by 11.6%, while fellowship complement increased more rapidly at 18.5%.

Growth has continued in the most recent academic year. From 2025–26 to 2026–27, the total institutional complement increased by 2.4%, with fellowship growth (5.8%) exceeding resident growth (1.4%). Although fellows represent the smaller portion of the overall complement, they account for 6 of the 11 additional positions in 2026–27.

2026-2027

- 54 ACGME accredited programs: 21 residencies and 33 fellowships
- 475 trainees
  366 residents and 109 fellows
- 50% female, 49% male, 1% prefer not to report

DH/MHMH Filled Positions - Historical

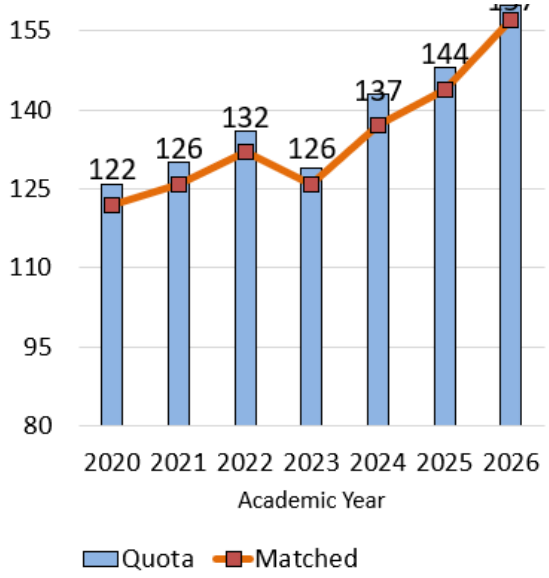


National Residency Match Program (NRMP)

The number of residency and fellowship positions offered through the NRMP increased from 126 in 2020 to 160 in 2026, representing 27% growth over the seven-year period. Despite this expansion, the institution consistently maintained strong recruitment performance, filling at least 96% of available positions annually and achieving a 98.1% match rate in 2026 (157 of 160 positions). These results demonstrate sustained recruitment success and the institution's ability to attract residents and fellows as its graduate medical education programs continue to grow.

> 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. Most DH/MHMH GME programs use NRMP.
>
> Appointment year 2026: 100% residency programs and 92% of fellowships filled their quota.

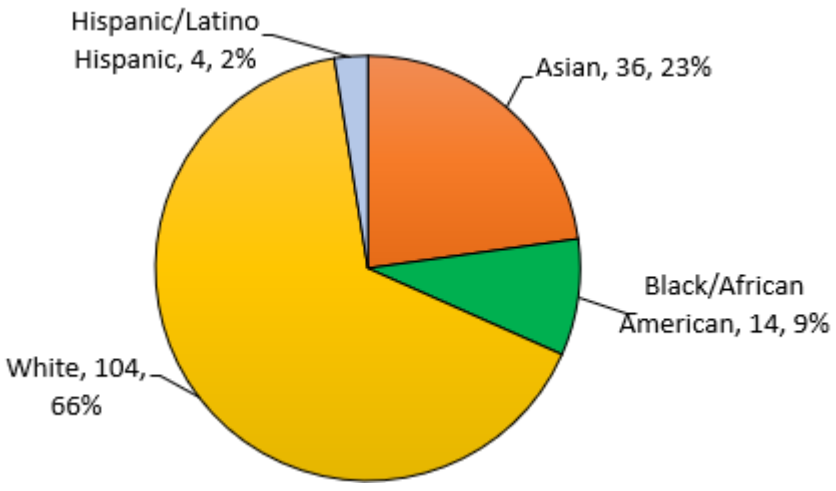
NRMP Match Trends, Appointment Years 2020 to 2026
Number of Positions Offered and Matched

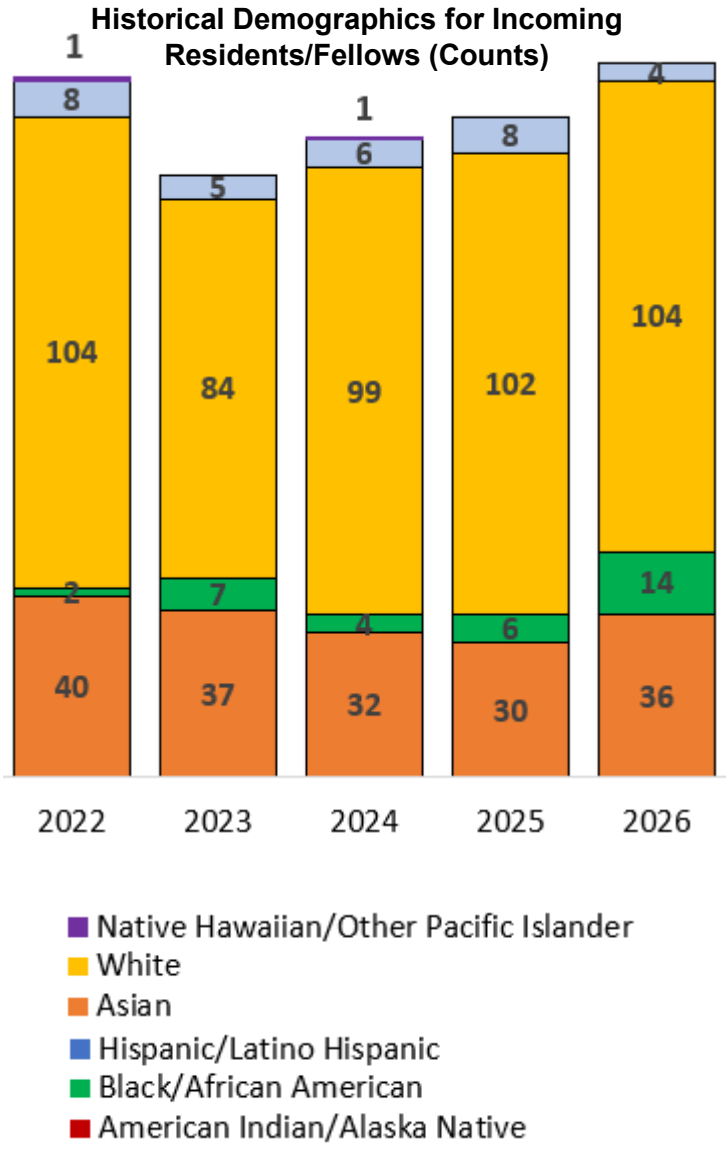


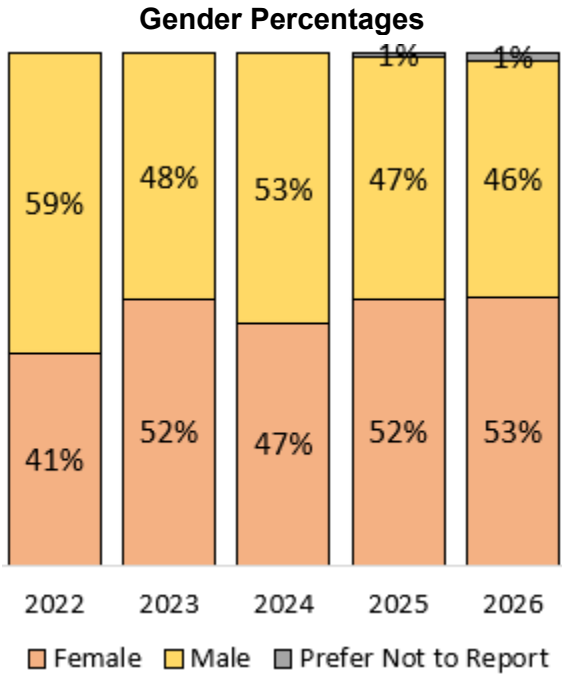
Demographics for Incoming Residents/Fellows - 2026-2027

The incoming resident and fellow class increased to 158 trainees in 2026, the largest class during the five-year period and a 16.2% increase since 2021. While the overall racial and ethnic composition has remained relatively consistent, the 2026 class included increased numbers of Black/African American and Asian trainees compared with the prior year.

Ethnicity







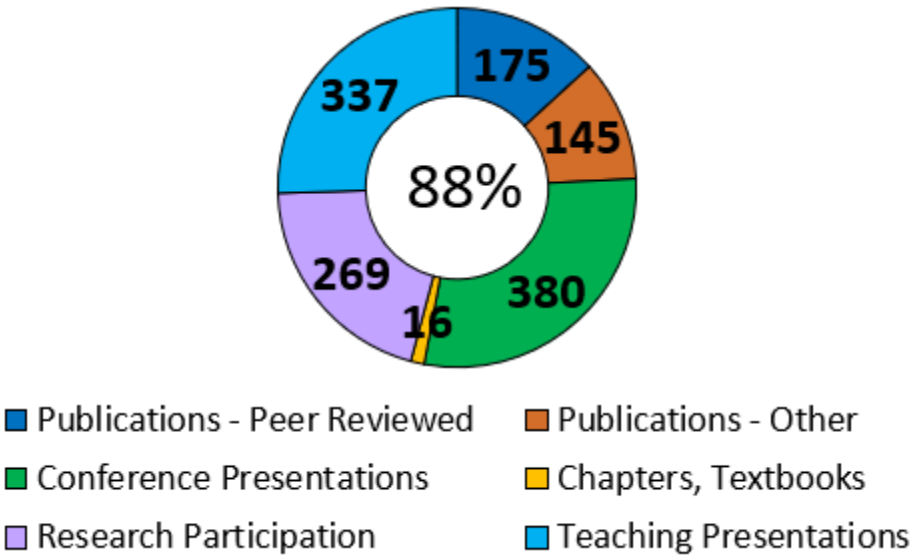
Since 2021, the incoming resident and fellow class has grown 16.2%, while continuing to reflect racial and ethnic diversity across the GME community.

SCHOLARSHIP

Scholarly activity is an important component of graduate medical education, supporting inquiry, innovation, and the advancement of medical knowledge. During the 2025–2026 academic year, residents, fellows, and faculty demonstrated broad engagement in scholarly pursuits, including research, publications, conference presentations, and educational activities. The following data highlight the extent and range of scholarly contributions across GME training programs.

Resident/Fellow Scholarly Activity 25-26

Total Counts of Types of Scholarly Activity Done During AY 25 -26 by Residents/Fellows



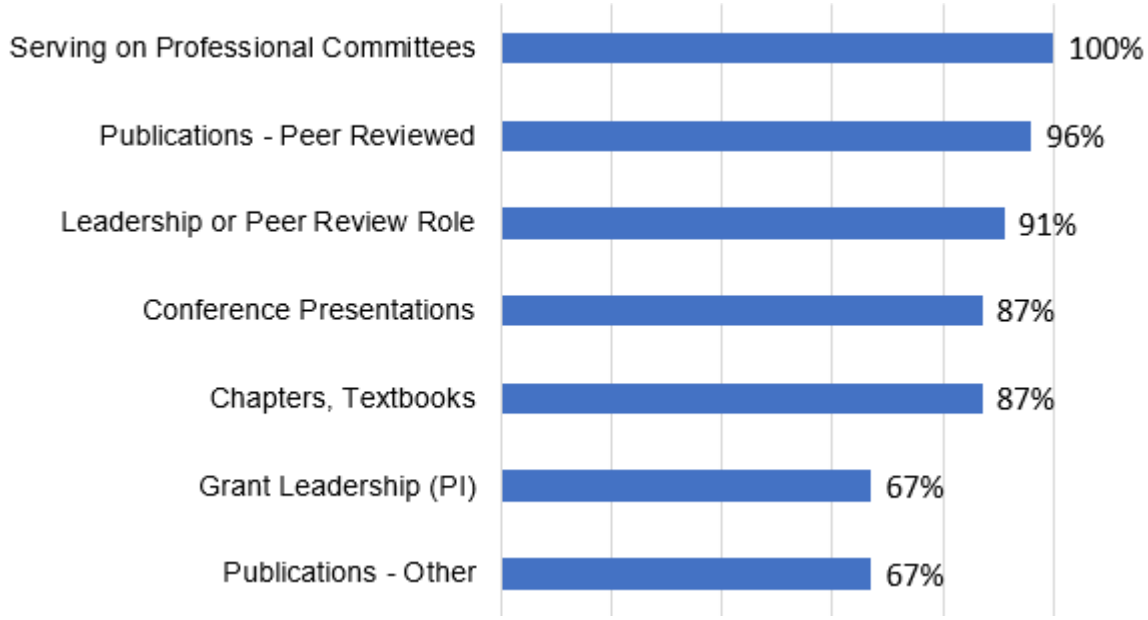
88% of trainees engaged in scholarly activity

- 25% publications
- 29% conferences
- 26% teaching presentations
- 20% research participation

Faculty Scholarly Activity 25-26

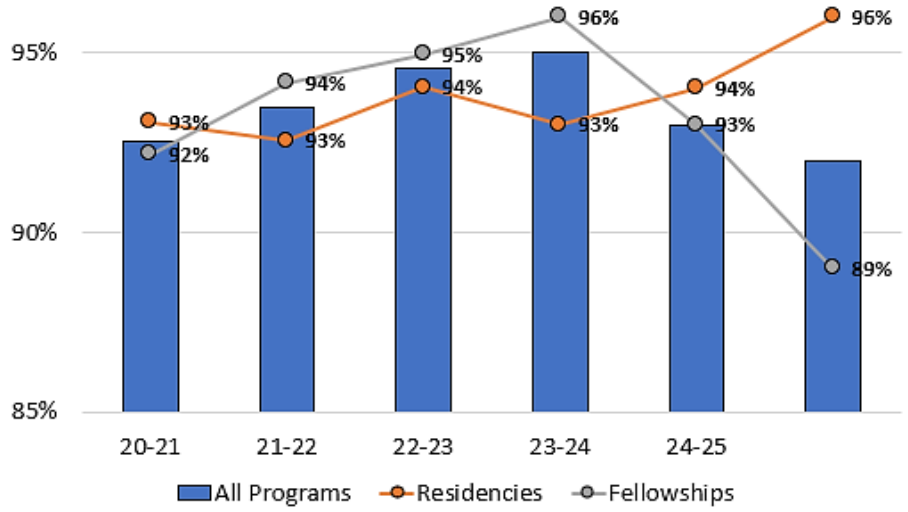
96% of GME training programs reported in AY 25-26 that their faculty participated in research in basic science, education, translational science, patient care, and/or population health.

Types of Scholarly Activity Done During AY 25-26 By Percent of GME Training Programs



Board Pass Rates

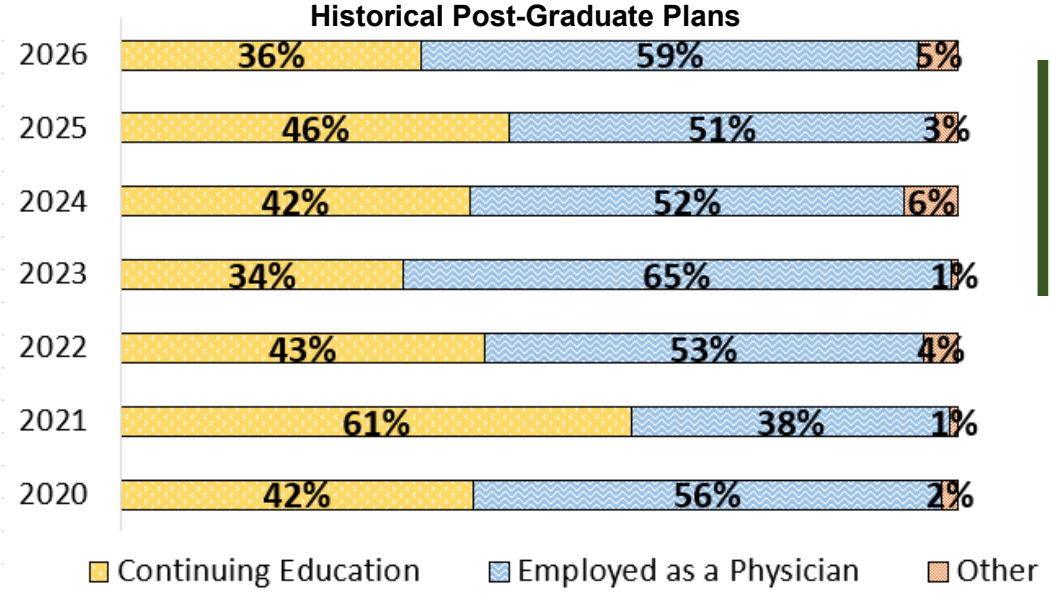
Board certification pass rates have remained consistently high over the seven-year period, with overall rates ranging from 92% to 95%. In 2025–2026, the overall pass rate was 92%, reflecting a slight decline from the previous year. Residency programs demonstrated improvement, reaching 96%, their highest rate during the reporting period. Fellowship programs declined to 89%, their lowest rate in seven years, contributing to the decrease in overall performance. Despite year-to-year variations, board certification outcomes continue to reflect strong performance across the institution's graduate medical education programs.



GRADUATES

Graduate Plans

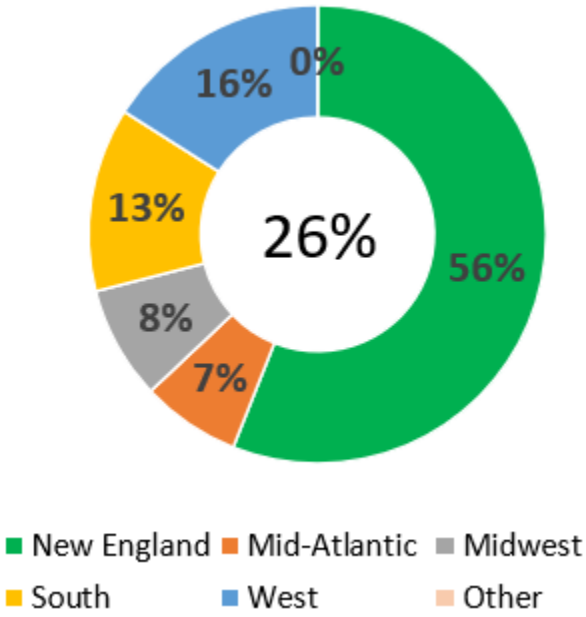
Graduate plans have remained strongly concentrated in continued medical training and physician employment. In 2026, 59% of graduates entered physician employment and 36% pursued continuing education, together accounting for 95% of graduates. 5% of the graduates are engaged in other career choices (e.g., research, administrative chief resident).



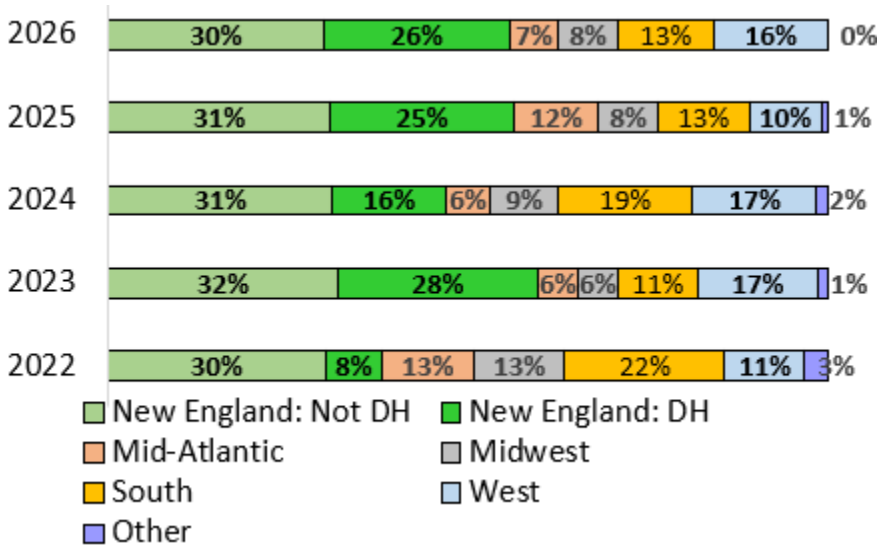
2026 graduates identified our people and the supportive educational culture as the greatest strengths during their training.

raduates employed by

Employment Location Percentages 2026 Graduates



Employment Location Percentages



Alumni Survey

In November 2025, a survey was sent to the 2022 and 2024 graduates. All respondents indicated they would choose to train at DH/MHMH again if given the opportunity, reflecting favorable retrospective perceptions of their training experience.

Alumni comments further highlighted the strength of DH/MHMH 's educational environment, particularly the collegial culture, supportive faculty, and lasting professional relationships developed during training. Graduates also emphasized the quality and breadth of their clinical experiences and the preparation they received for independent practice. Several alumni noted that their appreciation for the quality of their training became even more apparent after graduation.

2026 GME Graduates Exit Survey Responses (n = 134/143, 94%)

The 2026 Graduate Exit Survey results reflect a high level of confidence among graduates in their preparation for independent clinical practice. Graduates report feeling well prepared not only to provide high-quality, culturally responsive patient care, but also to work effectively within interprofessional teams and contribute to patient safety and quality improvement. These findings suggest that their training has equipped them with both the clinical skills and broader professional responsibilities needed to transition successfully into independent practice.

Graduates describe DH/MHMH as a highly supportive, collegial learning environment in which relationships with faculty, peers, mentors, and staff are central to the training experience. They value the breadth and complexity of clinical training, strong teaching, and progressive autonomy that prepare them for independent practice.

INITIATIVES & ACCOMPLISHMENTS

Educational Growth and Institutional Investment

- Program Expansion: The GMEC reviewed and ranked educational rationales for permanent complement increases totaling 35 full-time equivalents (FTEs) across 10 accredited training programs (six residencies and four fellowships) which were brought forward for DH/MHMH senior leadership review and approval. Despite ongoing financial challenges, senior leadership approved financial support for 14 of the 35 requested FTEs across two residency and two fellowship programs. ACGME approval remains pending.
- New Fellowship Accreditation**:** The Orthopaedic Sports Medicine Fellowship, approved by GMEC in June 2025, submitted its application to the ACGME in March 2026. Following an initial accreditation site visit in April 2026, the program received Initial Accreditation effective July 2027.
- Clinical Training Partnerships**:** Residents and fellows participate in required rotations at 20 external organizations, including Dartmouth Health member sites and the Veterans Affairs Medical Center (VAMC) in White River Junction, Vermont. The VAMC remains the institution's largest required off-site rotation partner, supporting 31 resident and fellow FTEs during the 2024–2025 academic year.
- Trainee Compensation and Benefits: Provider Compensation, GME leadership and GMEC maintain a transparent annual process for reviewing trainee stipends against Association of American Medical Colleges Northeast regional compensation data. Despite institutional financial pressures, stipend increases ranging from 2.5% to 4.4% were secured for 2026–2027, with existing benefits maintained.

Leadership and Professional Development

- Program Leadership Transitions: Seven new program directors and three new program coordinators joined the GME community during 2025–2026. Most transitions followed the departure of long-serving program directors/coordinators and created opportunities for associate program directors and new program coordinator staff to assume program leadership responsibilities.
- Program Director Education: The sixth annual Program Director School was held in January 2026. Educational topics included program director responsibilities, GME fundamentals, accreditation, ACGME surveys, Clinical Competency Committees, Milestones, Annual Program Evaluations, Program Evaluation Committees, remediation, disciplinary processes, and work hours.
- Program Coordinator Professional Development: Program coordinators continued to strengthen their professional expertise through Training Administrators of Graduate Medical Education (TAGME) certification and maintenance of certification, regional and national conference participation, presentations, and service on GMEC and its subcommittees.
- GME Leadership Academy: The institution established the GME Leadership Academy to expand opportunities for residents and fellows to develop leadership capabilities, advance research and quality improvement, strengthen systems-based practice, explore healthcare operations, address health equity, and participate in national professional development activities. The Academy includes the following initiatives:

- Conifer Quality Safety Improvement Fellowship: This two-year program combines monthly educational seminars and project planning in the first year with quality improvement project implementation in the second year. Five fellows participated in the inaugural 2025–2026 cohort and are continuing into 2026–2027.
- Conifer Health Equity Fellowship**:** This two-year certificate program focuses on social justice in healthcare, health equity, population health, disparities, and their impact on outcomes. Fellows participate in monthly seminars during the first year and complete a capstone project in the second year. During 2025–2026, four first-year fellows and one second-year fellow participated.
- Conifer GME Resident/Fellow Professional Development Fund: In its second year, the fund awarded $25,578 to 11 trainees during 2025–2026 to support professional development and leadership opportunities. Funded activities included specialized clinical training, simulation instructor education, and national professional conferences.

Educational Quality and Institutional Improvement

- Quality Improvement Education – 2025 AIR Goal: The Learning Environment Subcommittee evaluated the effectiveness of institutionally offered Yellowbelt training using feedback from program directors and graduates. Respondents who considered the training somewhat effective or ineffective most frequently identified limited relevance to their educational experiences and the time required for completion. These findings informed continued consideration of alternative approaches to quality improvement education.
- Clinical Quality and Patient Safety – 2025 AIR Goal: The GMEC Patient Safety and Quality representative presented the Clinical Quality Workgroup's recommendations for strengthening trainee education in quality and safety. The proposed framework integrates curricular domains, learning activities, and measurable outcomes, emphasizing the development of physicians who routinely recognize safety concerns, participate in system improvement, and collaborate across healthcare teams.
- Healthcare Disparities – 2025 AIR Goal: The GMEC Curriculum Subcommittee reviewed institutional approaches to identifying vulnerable patient populations and addressing disparities in care. Based on program evaluations and discussions with institutional representatives, recommendations emphasized improving access to healthcare disparities metrics and data dashboards, supporting quality improvement initiatives, and strengthening GME leadership involvement in facilitating access to these resources.
- GME Annual Retreat: The May 2026 retreat brought together program directors, coordinators, and GME staff under the theme *Decoding Tomorrow: A Roadmap for AI Integration in GME*. Educational sessions introduced artificial intelligence and large language models, examined their strengths and limitations, and explored opportunities to integrate AI into residency and fellowship program management to improve efficiency and reduce administrative workload.

> The 2025–2026 initiatives reflect continued institutional investment in graduate medical education through program expansion, leadership development, educational innovation, and quality improvement, strengthening the training environment for residents and fellows.

WELL-BEING

Behavioral Health Services

The Behavioral Health Clinic dedicated to GME residents and fellows provides access to mental health services, including support for anxiety, depression, adjustment difficulties, and work-related stress. Care is individualized, with an emphasis on helping trainees identify personal goals and develop strategies to address challenges affecting their well-being.

Trainee Recognition and Engagement

Trainee Appreciation Week, held in January 2026, recognized residents and fellows for their contributions to patient care and the institution. Activities included meals, refreshments, and opportunities for engagement, along with 264 appreciation cards submitted by individuals throughout the organization.
The Associated Resident Council (ARC), composed of peer-selected residents and fellows, provides a forum for trainees to raise concerns, share perspectives, and collaborate with GME leadership on initiatives to strengthen the learning environment and trainee well-being.

Institutional Well-Being Policy

GME leadership, in collaboration with the ARC, developed a revised well-being policy and job aids that were reviewed and approved by the Graduate Medical Education Committee (GMEC). The new policy and aids include guidance for program directors on supporting trainees during pregnancy and following childbirth.

Well-Being Monitoring by Programs

Well-being monitoring is well established across GME programs. All 52 active training programs (100%) reported monitoring resident and fellow well-being. Monitoring is primarily relationship-based, incorporating individual check-ins, direct observation, recurring meetings, and input from program leadership, faculty, coordinators, and peers. Programs also monitor workload, fatigue, and performance while providing confidential pathways for trainees to seek support.

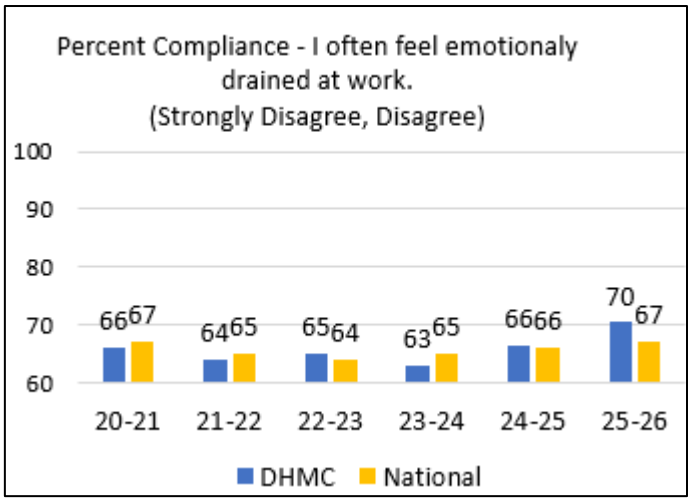
Faculty well-being monitoring occurs through both program and departmental structures. Of the 52 active programs, 41 (79%) reported direct program-level monitoring, while an additional seven reported monitoring through departmental or section leadership. Together, 48 programs (92%) identified a mechanism for monitoring faculty well-being.

These findings demonstrate an opportunity for continued improvement to strengthen coordination and clarify responsibilities between program and departmental leadership for identifying and addressing faculty well-being concerns.

Well-Being Monitoring by ACGME Surveys

The 2025–2026 ACGME Resident/Fellow Survey demonstrated improvement in the measure assessing emotional exhaustion at work. Favorable responses increased by four percentage points compared with the

previous academic year and were three percentage points above the national average. These results provide an additional measure for monitoring trainee well-being alongside established program-level processes.



Trainee well-being monitoring is universal among programs and is highly relationship-based (recurring meetings, direct check-ins).

Faculty well-being monitoring usually shared between the program and departmental leadership.

GME AWARDS AND RECOGNITIONS

Our GME community recognizes the contributions and achievements of its program directors and program coordinators through annual GME awards. The GME Courage to Teach Award recognizes excellence in program leadership and education, while the Program Coordinator of the Year Award honors outstanding contributions and dedication to program administration. The Rookie Program Coordinator of the Year Award recognizes a coordinator with two or fewer years of experience who is excelling in their role. The 2026 recipients were Benjamin Morley MD (Anesthesiology), Amy Davis BS (General Surgery), and Jennifer Callahan, Med (Internal Medicine) respectively. A comprehensive listing of additional awards and recognition received by program directors, program coordinators, residents and fellows are provided in the Appendix.

NATIONAL AND INSTITUTIONAL COMMITTEE MEMBERSHIP

GME program directors and program coordinators contribute to graduate medical education beyond the institution through service on national committees and professional organizations. In 2026, several program leaders held national committee appointments, reflecting their professional engagement and contributions to the broader GME community. Residents and fellows also serve on institutional committees, bringing valuable perspectives from their clinical and educational experiences to inform institutional priorities, policies, and improvement efforts. A detailed listing of national committee memberships and institutional committees with resident and fellow representation is provided in the Appendix.

INSTITUTIONAL PERFORMANCE AND TRENDS

ACGME Annual Surveys

The annual ACGME Resident/Fellow and Faculty Surveys assess the learning and working environment. Across six academic years, the Sponsoring Institution results have remained favorable relative to national performance. In 2025-2026, both survey groups improved compared with the prior year.

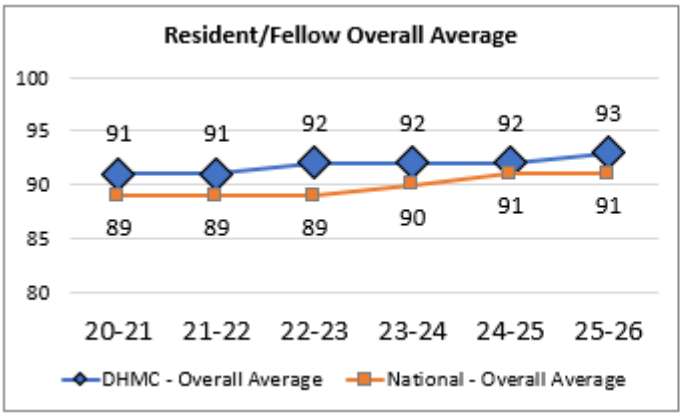
Training programs, as well as the GMEC and its subcommittees, use the data derived from the annual ACGME Resident/Fellow and Faculty Surveys to monitor program performance. All residency and fellowship programs, regardless of size, are required to participate in these annually surveys. While institutional survey results provide an important measure of the overall learning environment, favorable institutional averages do not necessarily reflect the experiences or performance of every individual training program.

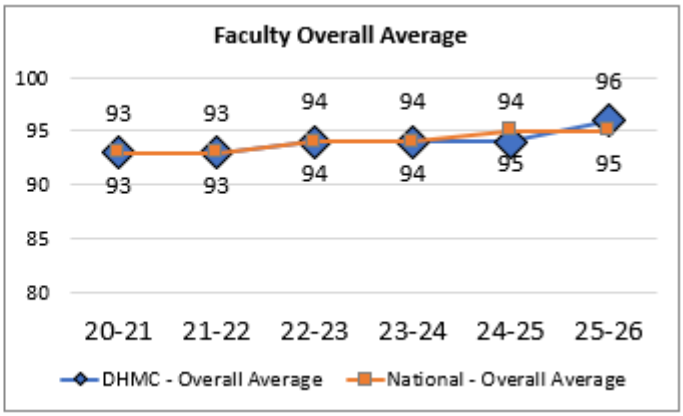
92.7%	96.3%	0
Resident/Fellow	Faculty	Questions below 80%

2025-2026 average question compliance

Six-Year Survey Compliance Trends

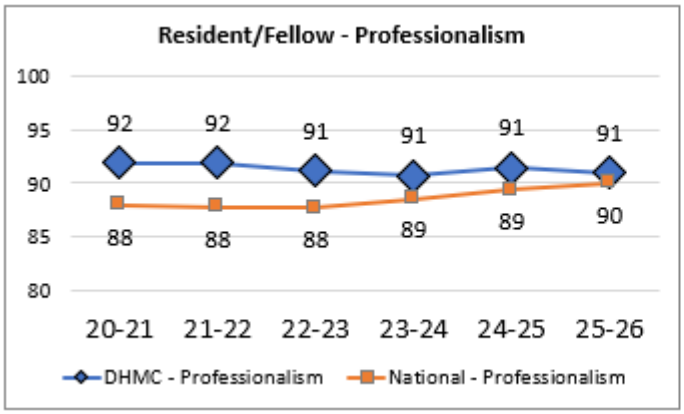
Institutional and national averages calculated from reported question-level compliance percentages.

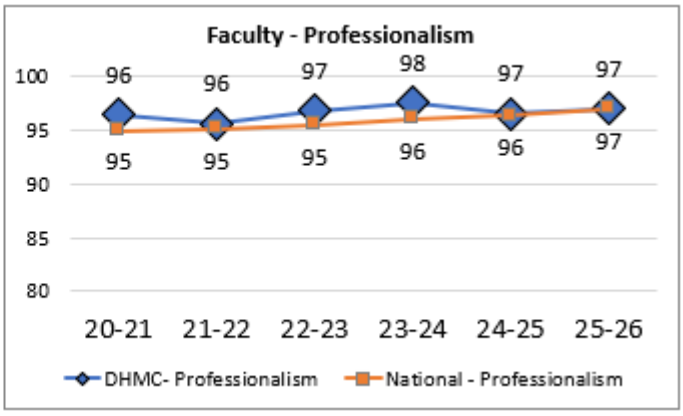


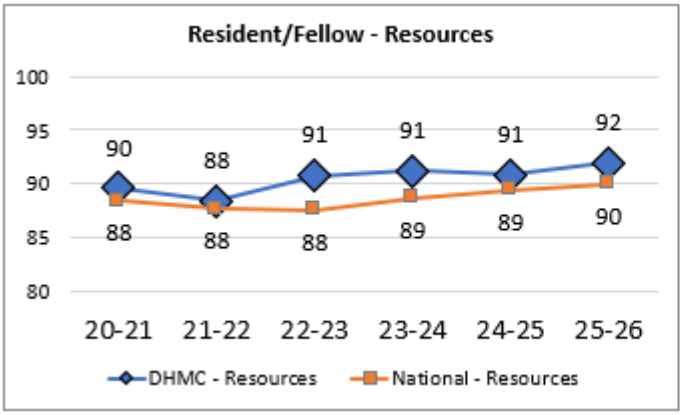


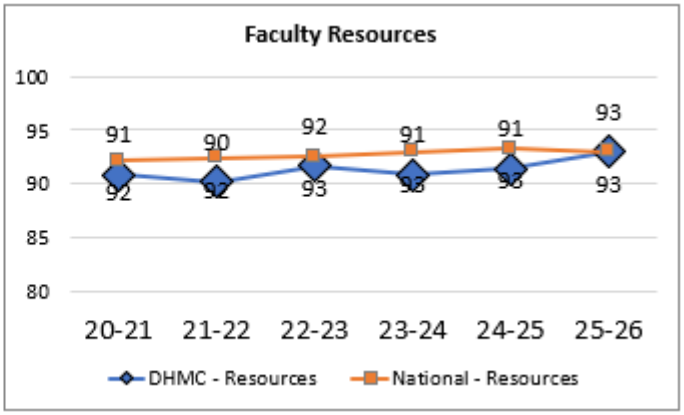
All questions scored above the 80% compliance rate on the 2025-2026 ACGME surveys with no significant downward trend noted for any metric for the past 6 academic years. Two resident/fellow measures were at 80%: the ability to raise concerns without fear of intimidation or retaliation, and satisfaction with the confidential process for addressing problems and concerns. These remain important areas for continued monitoring.

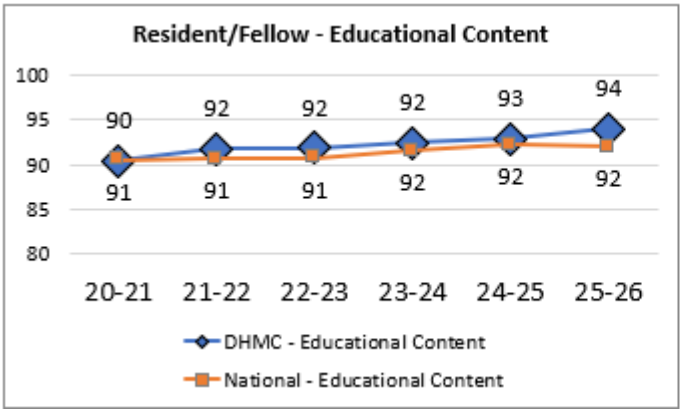
The charts below provide the trending of each survey category's total percent compliance compared to the national compliance for the past 6 academic years.

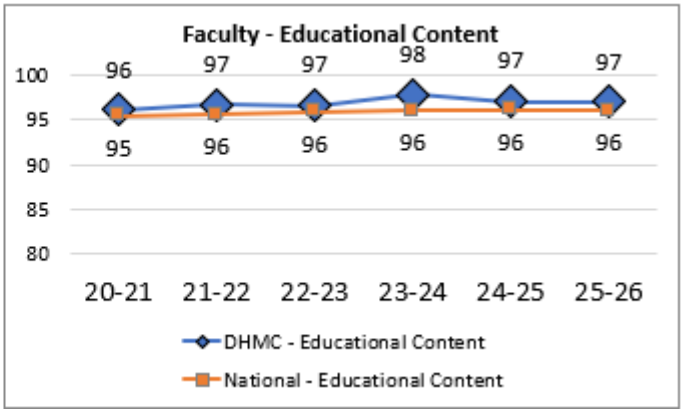

Resident/Fellow - Professionalism
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DHMC - Professionalism
National - Professionalism

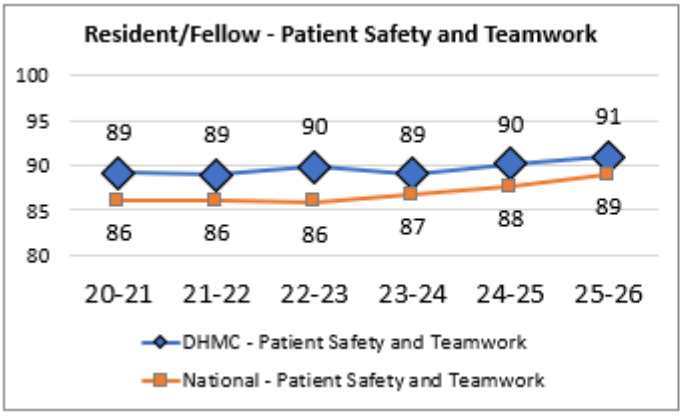

Faculty - Professionalism
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DHMC- Professionalism
National - Professionalism

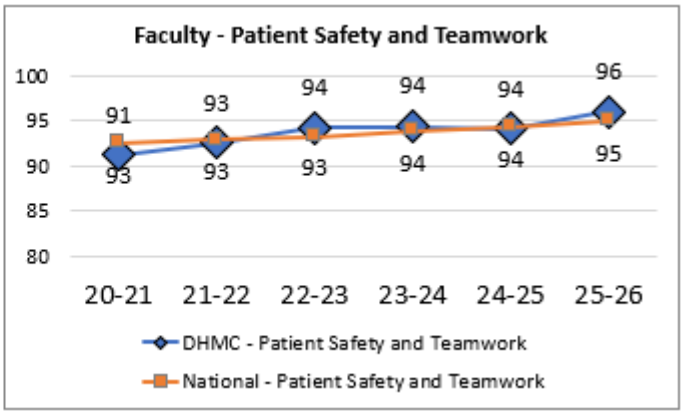

Resident/Fellow - Resources
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DHMC - Resources
National - Resources

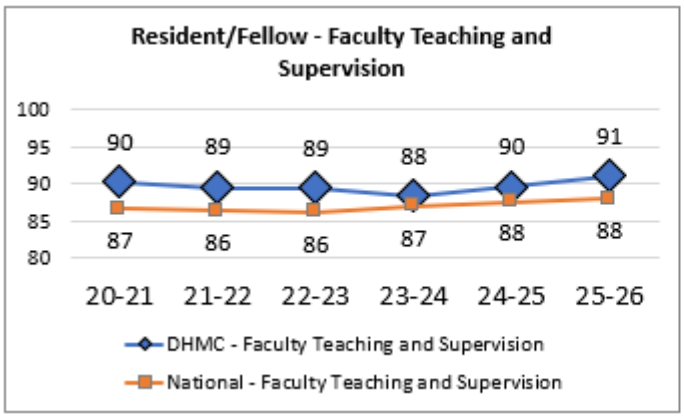

Faculty Resources
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DHMC - Resources
National - Resources

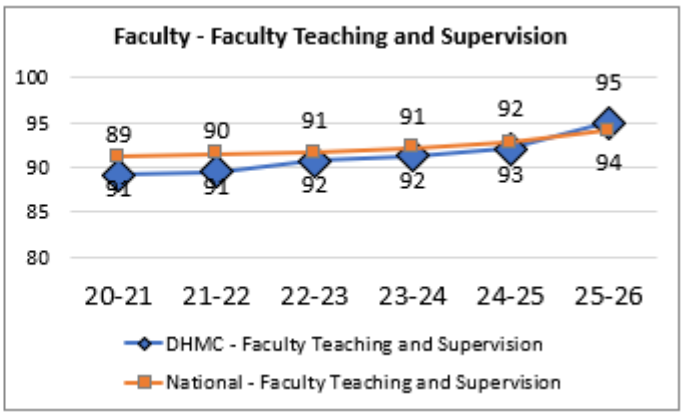

Resident/Fellow - Educational Content
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DHMC - Educational Content
National - Educational Content

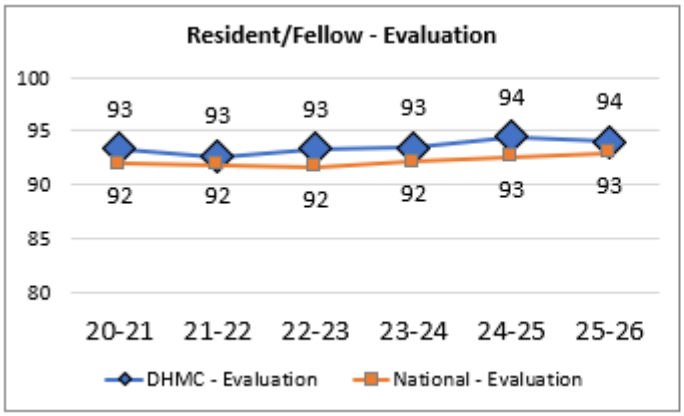

Faculty - Educational Content
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DHMC - Educational Content
National - Educational Content

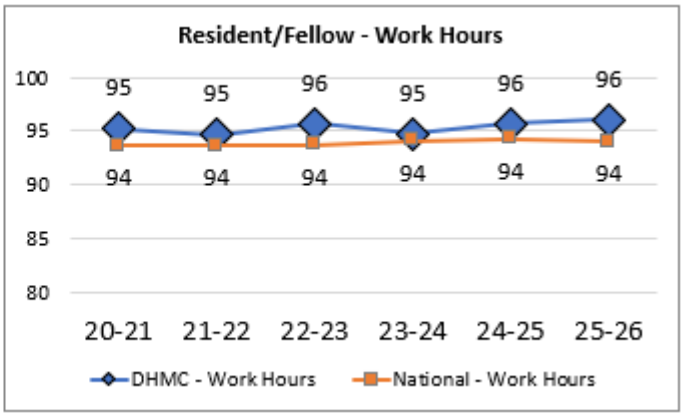

Resident/Fellow - Patient Safety and Teamwork
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DHMC - Patient Safety and Teamwork
National - Patient Safety and Teamwork


Faculty - Patient Safety and Teamwork
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93 93 93 94 94 95
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DHMC - Patient Safety and Teamwork
National - Patient Safety and Teamwork



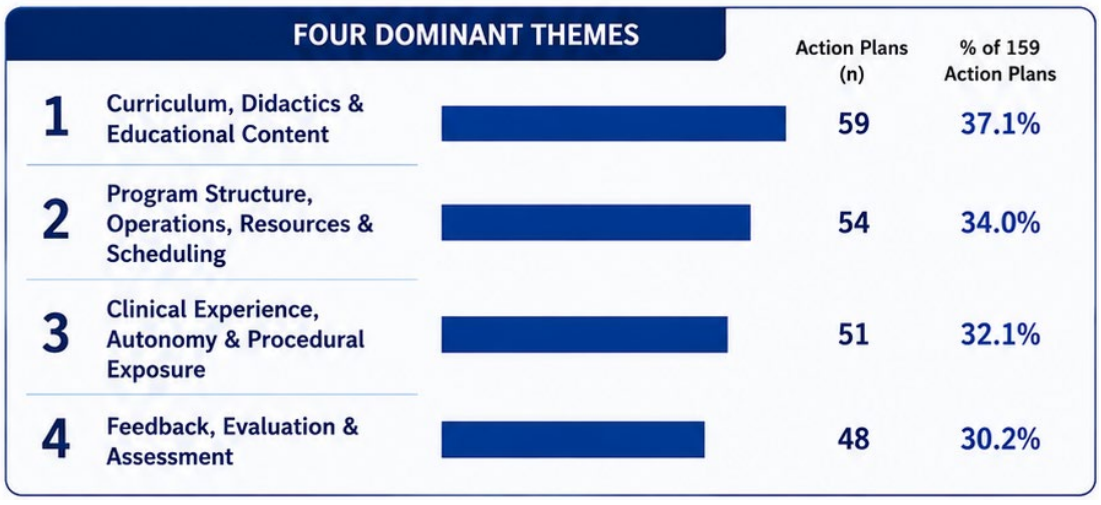






Program-Specific Improvement Goals

Each summer, the DH/MHMH GME community focuses on reviewing the 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 plans may be as simple as developing a graduate survey or as complex as starting a new rotation with associated curriculum. Analysis of the 159 APE action plans submitted demonstrates a broad, systems-oriented approach to program improvement. Programs prioritized redesigning curriculum, increasing clinical opportunities, developing systems to provide high quality feedback, and promoting an educational environment that strengthens the learning experience.





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 2026 GMEC meeting was dedicated to the AIR reviewing the most recent ACGME institutional letter of notification, each of the accredited programs' ACGME accreditation statuses and citations/AFIs, and the results of the ACGME surveys for residents/fellows and faculty. In addition, action plans and performance monitoring procedures for the previous year's AIR goals were reviewed.

Monitoring of CY 2026 AIR Goals

Health Care Disparities

Goal: 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.

Status: Collaboration with Dartmouth Health's Chief Health Information Officer confirmed that much of the healthcare disparities data needed by residents and fellows is available within eDH. Utilization varies across specialties, with greater use among primary care disciplines. While mandating the review of these data was considered, this approach is unlikely to be effective. The remaining opportunity is to identify practical strategies to encourage broader utilization across training programs.

Yellow Belt

Goal: 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.

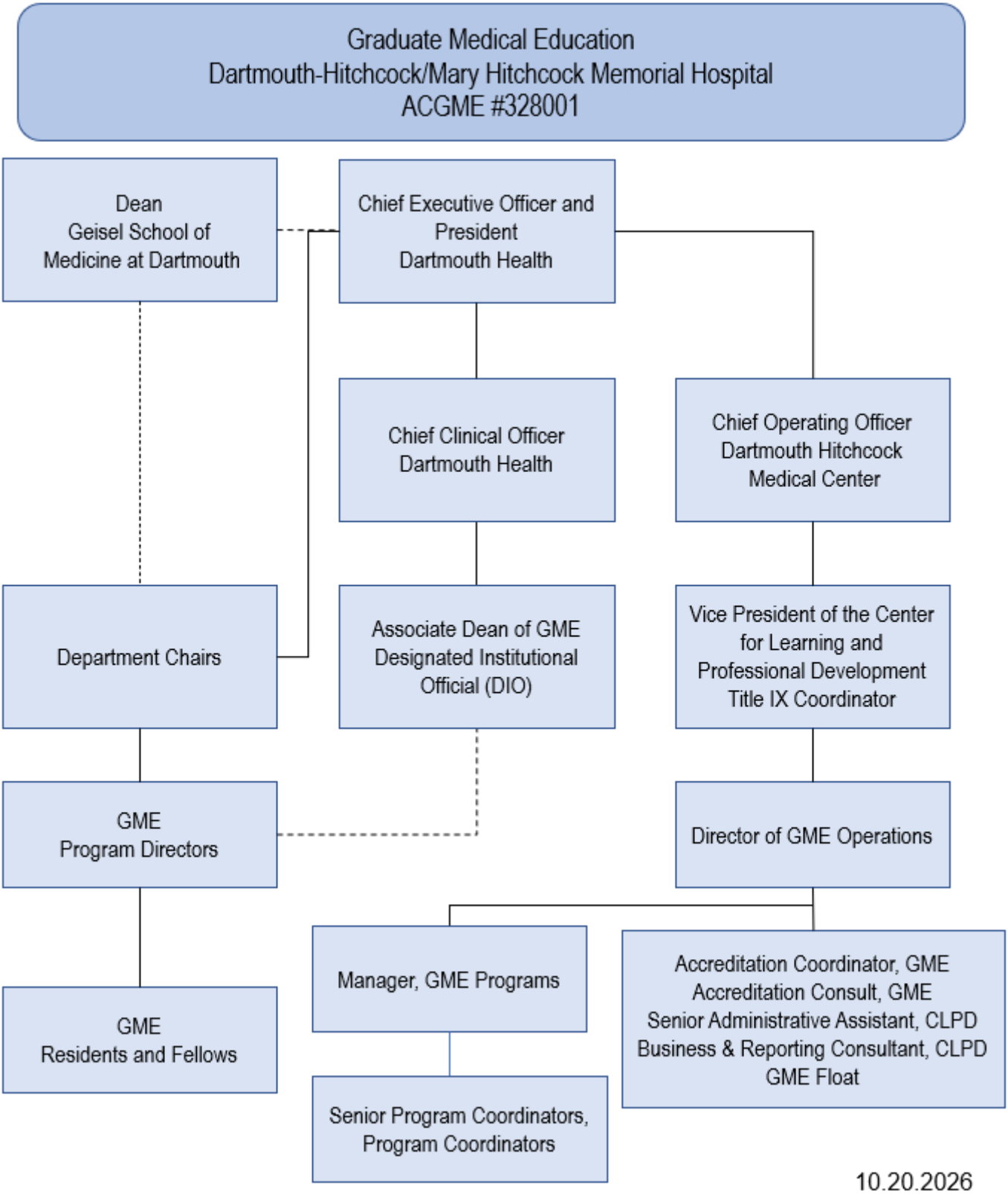
Status: Progress toward expanding quality improvement education includes the development of a new GME curriculum, with five training programs identified to participate in a pilot beginning in July 2027. The curriculum consists of 15 short modules, approximately 10 minutes each, designed to provide foundational quality improvement knowledge. Two delivery approaches are planned: distributing modules over time or completing the curriculum in a single educational session. These options provide flexibility for programs to incorporate quality improvement education into their existing educational schedules.

CY 2027 AIR Goals – Strengthen Patient Safety Reporting Communication and Feedback

Goal: By December 31, 2027, assess existing communication processes following resident- and fellow-submitted patient safety reports in the occurrence reporting system, High Reliability Platform (HRP), identify communication gaps, and establish agreed-upon protocols for notifying program directors of their trainees' reporting activity and providing trainees with acknowledgment of their submissions and appropriate follow-up updates.

	Phase 1: Assessment and Protocol Development	Phase 2: Implementation Planning
Target completion	December 31, 2027	December 31, 2027, with flexibility through June 30, 2028
Primary work	Assess current communication processes, identify gaps, and establish agreed-upon protocols for PD notification and trainee acknowledgment/follow-up	Identify responsible parties, define responsibilities, and develop an implementation plan
Deliverable	Documented current-state assessment and approved communication protocols	Implementation plan identifying responsible parties, workflow requirements, and anticipated timelines
Evidence of completion	Presentation and approval of protocols by GMEC	Presentation of implementation plan to GMEC

APPENDIX: ORGANIZATIONAL CHART



APPENDIX: AWARDS AND RECOGNITIONS

As reported by programs, not all program awards and recognitions listed.

Program Directors and Faculty 25-26

DHMC GME Courage to Teach	Benjamin Morley, MD
Fellowship Teaching Award – Cardiovascular Disease	Eric Rothstein, MD
Lauren G. Gilstrap MD Mentorship Award – Cardiovascular Disease	David Min, MD
Almy Professors Award for Excellence in Teaching – Internal Medicine	David Haughey, MD
Murray Korc Award for Commitment to Resident Education and Well-being – Internal Medicine	Jonathan Wilfong, MD
High-Impact Educator Award for Learning - Orthopaedic Surgery	Frances Faro, MD
Philip M. Bernini Teacher of the Year Award - Orthopaedic Surgery	Vincent Pellegrini, MD
Gold Humanism Honor Society John “Jack” H. Lyons, MD Lifetime Achievement Award - Surgery	Kari Rosenkranz, MD
Resident Teaching Award	Maria Bates, MD
Program Directors – 2026 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
Endocrinology	Andrew Crawford, MD
Hematopathology	Prabhjot Kaur, 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 Medicine	Graham Atkins, MD
Surgery	Kari Rosenkranz, MD
Urogynecology and Reconstructive Pelvic Surgery	Kris Strohbehn, MD, FACS, FACOG
Urology	Vernon Pais Jr., MD

Program Coordinators 25-26

DHMC Program Coordinator of the Year	Amy Davis, BS
DHMC Rookie Program Coordinator of the Year	Jennifer Callahan, MEd

Local & National Resident/Fellow Awards & Honors 25-26

As reported by programs, not all program resident/fellow awards and honors listed.

Fellowship Research Award – Cardiovascular Disease	Thomas Truglio, MD Brad Boserup, MD
The 7th annual DH Heart & Vascular Education and Research Trainee Symposium. 2nd Place, Oral Abstract Session. Comparative Risk of Deep Vein Thrombosis with Vascular Closure Devices in Electrophysiology Procedures	Tomas Truglio, MD
Cardiovascular Medicine Fellowship Award for Research Excellence - Outstanding Research Achievement Award – Cardiovascular Medicine Fellowship	Roberto Herrera, MD
Almy Award for Excellence in Teaching – Internal Medicine	Damian Alpheaus, MD
Chair's Award for Excellence in Teaching – Internal Medicine	Elizabeth Park, DO
Resident Research Award – Internal Medicine	Nichole Rogovoy, MD
Richard I. Rothstein Culture of Kindness Award – Internal Medicine	Chase Skarda, MD
Resident Teaching Award – Orthopaedic Surgery	Alton Daley, DO
Alpha Omega Alpha Medical Honor Society - Surgery	Laura Newton, MD
ABSITE Award - Surgery	Alice Jo, MD, MPH
Gold Foundation Humanism and Excellence in Teaching Award - Surgery	Canaan Hancock, MD Kristina Ali, MD
Recipient of Lloyd Nyhus Award - Surgery	Melanie Flaherty, MD

APPENDIX: COMMITTEE MEMBERSHIP

GME-Focused National Committee Membership Program Coordinators, Program Directors, Trainees 25-26

- Association of Residency Administrators in Neurological Surgery Executive Council member and New Member Liaison: Tobi Cooney, BA, C-TAGME
- Association for Hospital Medical Education Chair Elect, Council of Program Administrators and Coordinators: Elaine Danyew, C-TAGME
- Advisory Editorial Board for the Journal of the American Society of Echocardiography, Nicholas Chan MD, PGY-6 Cardiovascular Disease fellow
- Association of Program Directors in Surgery-President, Kari Rosenkranz, MD
- Association of Program Directors in Surgery- Resident Recruitment Committee, Kari Rosenkranz, MD
- President, Society of Gynecologic Surgeons, 2025-2026, Kris Strohbehn, MD
- Completed term as president New England Section America Urological Association; subsequently elected by membership to serve as New England rep to the AUA Board of directors (term to begin 2027), Vernon Pais MD

Resident/Fellow Committee Involvement at DHMC 25-26

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 25-26 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, Psychiatry

- Curriculum Subcommittee: Consultation- Liaison Psychiatry
- Learning Environment Subcommittee: Pathology, Rheumatology, 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 25-26 (not an inclusive listing of committees).

- Antimicrobial Stewardship Committee: Pathology
- Cardiopulmonary Specialty Panel: Cardiovascular Disease
- Institutional Review Board: Hematology and Medical Oncology
- Blood Borne Pathogen Exposure Committee: Infectious Disease
- Clinical Ethics Committee: Neonatal-Perinatal Medicine
- Medication Safety Committee: Child and Adolescent Psychiatry
- Quality & Safety Committee: Surgery, Preventive Medicine, Allergy and Immunology
- Pharmacy and Therapeutics Committee: Internal Medicine
- Regional Primary Care Committee: Surgery
- SEARCHES Committee: Preventive Medicine
- Suicide Prevention Committee: Child and Adolescent Psychiatry, Psychiatry

APPENDIX: 2026 ACGME ACCREDITATION STATUSES

Program	Training Length (Years)	Number of Filled Positions	Number of Core Faculty	Original Accreditation Date	Accreditation Status	Accreditation Effective Date
Allergy and Immunology	2	4	3	07/01/2023	Continued Accreditation	01/08/2026
Anesthesiology	4	32	7	06/01/1951	Continued Accreditation	12/15/2025
Critical Care Medicine	1	3	7	09/15/1989	Continued Accreditation	12/15/2025
Pain Medicine	1	4	5	10/21/1993	Continued Accreditation	12/15/2025
Regional Anesthesiology and Acute Pain Medicine	1	1	6	09/17/2018	Continued Accreditation	12/15/2025
Dermatology	3	11	15	09/01/1958	Continued Accreditation	01/22/2026
Dermatopathology	1	1	6	07/01/2007	Continued Accreditation	01/28/2026
Micrographic Surgery and Dermatologic Oncology	1	1	4	07/01/2025	Initial Accreditation	07/01/2025
Emergency Medicine	3	19	8	07/01/2011	Continued Accreditation	01/14/2026
Hospice and Palliative Medicine	1	3	18	07/01/2008	Continued Accreditation	09/12/2025
Internal Medicine	3	67	27	03/07/1962	Continued Accreditation	01/23/2026
Cardiovascular Disease	3	19	37	07/01/1987	Continued Accreditation	01/23/2026
Clinical Cardiac Electrophysiology	2	2	6	07/01/1995	Continued Accreditation	01/23/2026
Critical Care Medicine	2	4	3	07/01/1991	Continued Accreditation	01/23/2026
Endocrinology, Diabetes, And Metabolism	2	4	3	07/01/2006	Continued Accreditation	01/23/2026
Gastroenterology	3	6	13	07/01/1987	Continued Accreditation	01/23/2026
Hematology and Medical Oncology	3	8	8	07/01/1994	Continued Accreditation	01/23/2026
Infectious Disease	2	4	3	07/01/1992	Continued Accreditation	01/23/2026
Interventional Cardiology	1	2	8	07/01/2002	Continued Accreditation	01/23/2026
Interventional Pulmonology	1	1	2	04/25/2025	Initial Accreditation	04/25/2025
Nephrology	2	4	5	07/01/2005	Continued Accreditation	01/23/2026
Pulmonary Disease and Critical Care Medicine	3	6	6	07/01/1994	Continued Accreditation	01/23/2026
Rheumatology	2	4	5	07/01/1987	Continued Accreditation	01/23/2026
Sleep Medicine	1	2	3	07/01/2005	Continued Accreditation	01/23/2026
Neurological Surgery	7	7	4	12/01/1955	Continued Accreditation	01/22/2026
Neurology	4	20	11	07/28/1971	Continued Accreditation	01/29/2026

Program	Training Length (Years)	Number of Filled Positions	Number of Core Faculty	Original Accreditation Date	Accreditation Status	Accreditation Effective Date
Clinical Neurophysiology	1	1	3	07/01/2004	Continued Accreditation	01/29/2026
Epilepsy	1	1	4	07/01/2014	Continued Accreditation	01/29/2026
Obstetrics And Gynecology	4	16	6	01/18/1996	Continued Accreditation	04/27/2026
Urogynecology and Reconstructive Pelvic Surgery	3	3	4	09/12/2018	Continued Accreditation	01/28/2026
Ophthalmology	4	8	5	04/04/2019	Continued Accreditation	01/15/2026
Orthopaedic Surgery	5	21	22	11/12/1960	Continued Accreditation	01/09/2026
Otolaryngology	5	6	10	07/01/2008	Continued Accreditation	01/06/2026
Pathology	4	14	22	11/21/1952	Continued Accreditation	01/28/2026
Blood Banking/Transfusion Medicine	1	1	2	07/01/2008	Continued Accreditation	01/28/2026
Cytopathology	1	1	4	07/01/2008	Continued Accreditation	01/28/2026
Hematopathology	1	1	2	07/01/2006	Continued Accreditation	01/28/2026
Pediatrics	3	21	12	10/05/1955	Continued Accreditation	01/26/2026
Neonatal-Perinatal Medicine	3	3	6	07/01/1992	Continued Accreditation	01/26/2026
Plastic Surgery - Integrated	6	7	3	07/01/2016	Continued Accreditation	01/09/2026
Public Health and General Preventive Medicine	2	4	8	07/01/2002	Continued Accreditation	11/12/2025
Psychiatry	4	38	22	04/30/1968	Continued Accreditation	02/12/2026
Addiction Psychiatry	1	1	2	07/01/1997	Continued Accreditation	02/12/2026
Child and Adolescent Psychiatry	2	6	10	04/30/1968	Continued Accreditation	02/12/2026
Geriatric Psychiatry	1	2	6	07/01/1994	Continued Accreditation	02/12/2026
Consultation-Liaison Psychiatry	1	2	5	04/26/2024	Initial Accreditation	04/26/2024
Radiation Oncology	4	4	9	04/23/2018	Continued Accreditation	01/08/2026
Radiology-Diagnostic	4	14	17	04/01/1973	Continued Accreditation	01/29/2026
Neuroradiology	1	1	9	07/01/2002	Continued Accreditation	01/29/2026
Interventional Radiology - Integrated	5	10	11	09/08/2016	Continued Accreditation	01/29/2026
Surgery	5	32	45	12/11/1950	Continued Accreditation	01/15/2026
Vascular Surgery - Independent	2	2	10	06/20/1988	Continued Accreditation with Warning	01/15/2026
Vascular Surgery - Integrated	5	5	10	06/23/2006	Continued Accreditation	01/15/2026
Urology	5	10	7	03/27/1956	Continued Accreditation	01/22/2026