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## Graduate Medical Education – A Look Back

### Abstract

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## Graduate Medical Education — A Look Back

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When Dr. Chandra Are, the Associate Dean for Graduate Medical Education at UNMC, encouraged me to write an article for this journal about my years at UNMC, I pondered how I could summarize my life and career in graduate medical education? Even as I sit here now, it's hard to highlight the most outstanding events or people that have affected me these last 47 years but here are some of the memories!

The year was 1975 and I was hired to be the program coordinator for the internal medicine residency and fellowships at UNMC. I was 21 years old, newly married and didn't even know what "Graduate Medical Education" meant. I remember only one thing from the individual who trained me and that was the medical students wore short white coats and house officers wore long white coats. All the rest of learning about UNMC and graduate medical education was learned "on the job". One of my most important duties was running the carousel project for the Grand Rounds speaker every Friday — there were no computers much less Powerpoint presentations! It was a great beginning to my life at UNMC because it was in that position that I learned about the daily life of a house officer and the challenges and joys of this apprenticeship period called residency. Those challenges and joys remain in the lives of our house officers, very much the same as it was in 1975.

In 1976, I made the decision to leave internal medicine and join the GME office and work for Dr. Robert Wigton, as the newly appointed Assistant Dean for Graduate Medical Education. Prior to 1973, all our training programs were administrated by University Hospital and the Hospital Administrator was more than happy to hand off the day-to-day management of our training programs to an actual GME office because the house officers in the institution were very unhappy with the inability of hospital administration to understand and relate to the house officers — mostly in the area of benefits, namely vacation, sick leave and other related benefits. Around 1977, the House Officers Association petitioned the Court of Industrial Relations to become a collective bargaining unit. After a lengthy process, the court ruled in the favor of the house officers with one caveat — they

needed to include all other employees of UNMC that were in the same employee classification to which they were categorized in order to become a collective bargaining unit. This would mean to include researchers, Ph.D's., and many other groups of health care workers. That conciliation was not tenable and the house officers dropped their lawsuit in favor of good faith negotiation with the GME office about their benefits. The outgrowth of those negotiations was a new house officer agreement — the very agreement that all house officers sign to this day. The benefits of getting 20 working days of vacation per academic year was almost unheard of in 1978 but exists to this day as a national norm for house officers across the country. There was ample sick leave, meeting time allowance, and other benefits still included in the agreement today. The UNMC House Officers Association remains an effective advocate and all of our house officers can thank the group of very vocal house officers from the late 70's who negotiated on their behalf.

I could tell you all kinds of funny stories — like the time one of the Chief Residents put a dead mouse on my desk because the call rooms were infested with mice or the time one of our house officers was not able to graduate because he had over \$2,000 in parking fines (which he gladly paid because he said it was worth it to give all the security officers so much heartburn) but overall, I can't think of a more gratifying career than the one I had the privilege to witness at UNMC. I've seen the programs at UNMC grow from about 235 house officers in 1975 to over 700 today. In 1975, we only had 3 or 4 fellowships and now we have 50. I've been fortunate to only have had three very competent and impressive bosses in GME — Dr. Robert Wigton, Dr. Mike Wadman and Dr. Chandra Are — all incredible men with impressive insight and vision about how GME should function at UNMC. In concert with that are the group of program directors and program coordinators in our programs — none of our programs could exist without their leadership and guidance.

But as I look back on my years on GME, the most impactful and positive change has been the Accreditation Council for Graduate Medical Education (ACGME). The ACGME

was created in the 60's as the oversight organization of all training organizations in the United States. But basically, they did nothing until the 80's when a new Director was hired and decided the ACGME needed a much bigger presence in training programs. The alternative was that the government would come in provide oversight and we all know what a disaster that would have been.

Back in the 80's all residency and fellowship programs were site visited every 3-5 years by an individual from the ACGME. Our site visitor would drive from his home in Chicago with a large RV, park it in the lot across from the SSP and site visit 4-5 programs for one week and then drive to his next assignment. Today, we have model of self-accreditation. Yes, site visits and CLER visits from the ACGME are still conducted but programs are held to a high standard when it comes to monitoring their abilities to train house officers to meet ACGME requirements. This model is called "self-accreditation". The six core competencies became central for training program and terms such as Clinical Competency Committee, duty hours, Milestones, DEI, and core faculty are all very much a part of our vernacular for today's trainees, although I still can't tell you exactly what "Systems-Based Practice" really means!

Perhaps the sentinel event that really changed everything with how the ACGME drives educational content was the Libby Zion death in New York in 1984. Libby Zion was the daughter of a New York lawyer who died after an intern and supervisory resident administered Demerol, which had a fatal outcome when combined with the Nardil Libby had been taking, a drug interaction unknown in 1984 by the residents or the attending physicians. Remember, there was no electronic medical record that would send an alert to the physicians when drug interactions were considered dangerous. The legal malpractice case that followed was built on the premise that the house officers attending to Libby had been on duty for 36 hours without adequate supervision. With Libby's death, The New York legislature ultimately passed a law in 1993 that residents could work no longer than 24 continuous hours and could work no more than 80 hours per week. This would become known as "The

Libby Zion Law.” This policy became the genesis for the ACGME creating their duty hour requirements that became effective in 2003 and changed the number of hours house officers can work.

Many arguments have been given concerning the duty hours and one could argue that by limiting the number of hours that house officers may work per week, it also limits the amount of learning that goes on – especially in the middle of night when decisions about sick patients provide a valuable learning opportunity. But on the positive side, house officers no longer work 120 hours/week (which happened regularly with our house officers in the 90’s) and the emphasis on wellness has reached proportions never even considered in 2003.

So have educational programs really changed from 1975? The answer is no, not really. Yes, the patients are sicker and the administrative burden with government regulations, the electronic medical record, and the hospital requirements present their own uniqueness but house officers remain this incredible group of individuals that keep academic medical centers functioning. I don’t think that fact is recognized enough. Yes, there is quite a team involved with patient care but at the end of the day, the house officers are the cog in the wheel that keeps it all moving along, just as it was in 1975.

I’m so thankful that I have been able to observe the journeys of thousands of house officers in 47 years — they are our leaders in medicine throughout the country and beyond.

This should be an immense source of pride for UNMC and the positive way those house officers have impacted the lives of many, including my own. I always admitted that if I was knowledgeable in my position, it was because of all the very smart people that surrounded me. So thank you to everyone that have impacted my career and for letting me be a part of your professional life. It’s been an incredible ride! ■

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