

GRADUATE MEDICAL EDUCATION COMMITTEE

Roseanne C. Berger, M.D., Chair

Minutes

April 21, 2009

Voting Members Present		Drs. Berger, Hassett, Hojnacki, Saltzman, Noe, Rosenthal, Zionts, Pincus (for Rainstein), Smith (for Michalek), Jehle (for Murray) Paroski, Adragna (UBRC), Braen, Watt, and D'Arcy		
Non-Voting & Others Present		Dr. Robin Miller (Pediatric ENT), Dr. John Canty (Cardiology), Ms. Kennedy, Cummiskey, Sullivan, and Nawotniak		
Voting Members Absent		Drs. Sayej (UBRC), Quattrin, Sifain (UBRC), Arroyo, Harb, Marshall		
	GMEC DUTY¹	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
Opening		The Graduate Medical Education Committee of The University at Buffalo met for a scheduled meeting on Tuesday, April 21, 2009, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:40 pm	
	2b, 4b IV 1	<p>Motion – Approval of Consent Agenda items</p> <ul style="list-style-type: none"> - Minutes – 2/17/09 - Offsite Committee recommendations - Internal Reviews In-Process report - Annual Plan – Cardiology resident assignment - Policies – Employee Benefit & Leave & Occupational Health - Non-Accredited Fellowships for Peds Anesthesiology (Shah) & Surgical Oncology (Ito) <p>Motion seconded and passed.</p>	Dr. Jehle representing Dr. Murray for ECMC abstained from the Cardiology vote	
		<i>Consent Agenda further discussion</i> – Dr. Berger noted one change in the Occupational Health policy that was previously circulated. Motion to accept the change was seconded – no opposition.		
	1	<i>Consent Agenda further discussion</i> - Dr. Canty was invited to the meeting to address any concerns the committee may have related to the request to change the current hospital rotation of cardiology fellows. There will be no changes in the upcoming year. He explained that changes in where faculty are based require a realignment of fellowship site assignments. This will be a migrational transition. Dr. Saltzman commented that due to the change in GME funding resulting in the change in the way departments are paid, there is a financial incentive to use full time GFT faculty.		
Ongoing Business				
	4	GMEC follow-up – At the February GMEC there was discussion related to Pediatric ENT consults. Dr. Robin Miller, ENT Assistant Program Director, addressed the committee. She reported that ENT resident supervision and consult issues have been resolved. Drs. Berger and Braen have had independent discussions with residents and faculty to verify that appropriate supervision and coverage were being provided. Drs. Miller and Rigual are happy with the supervision and case volume. The residents have been reassured that supervision and patient care are foremost on the program's mind.	No further action necessary.	
	9	Institutional Accreditation - The ACGME has granted Full Accreditation for 4 years. Dr. Berger is pleased with the outcome and will share the letter of report once it is received. Dr. Stanitsky commented that interviews with the GMEC and residents indicated consistency across the institution and thanked the GMEC for its efforts.		

	8 10	Orthopaedic Hand Surgery – A draft of an RRC progress report due 5/18/09 was previously circulated and included in the packet. The committee suggested translating some of the narrative into tables so it would be easy for the RRC to compare case volume over time. The program did not address the education program and case volume citation. Citation #3 – scholarly activity of fellows – says there is time provided for research but should provide documentation of where this time is protected. Letter should list citation followed by the response. Include schedule for conferences. Citation #5 - Fatigue education – Incoming residents are required to complete a web-based training program on fatigue management. The OGME has provided documentation to the program for residents who have completed it. The Duke Life Curriculum should be referenced. Committee members commented that the letter could be more articulate and that the tone of the letter should be positive. The committee suggested adding plans for continuing to build the program. Also suggested eliminating the reference to the volume of congenital hand exposure which was acceptable in 2003 and questioning why, even though it has increased, is not acceptable now. Any additional comments should be provided to Dr. Berger by the end of the week.		
RRC Letters:	8	Hospice & Palliative Medicine – No citations. Awarded a 3 year accreditation cycle which is an accomplishment for a first accreditation.		
	8	Pediatric Emergency Medicine – In response to the proposed adverse action, the RRC rescinded 3 citations but many remain. Dr. Paula Mazur has provided an action plan that was previously circulated and in today's materials. It will be reviewed in depth by the internal review subcommittee. If there are comments or concerns by the GMEC, please forward them to Dr. Berger.	Dr. Mazur will be invited to the GME Internal Review subcommittee meeting on May 5 th .	
	8	Vascular Neurology – Received a 3 year accreditation cycle.	Will be reviewed by the IR Subcommittee 5/5.	
	8	Orthopaedic Surgery – Received a 5 year accreditation cycle.	Will be reviewed by the IR Subcommittee 5/5.	
	8	Surgery – Received a 3 year accreditation cycle. Dr. Hassett commented on the letter. Citation #1 related to certifying exams – The American Board of Surgery written exam is taken shortly after graduation. The oral portion can be taken much later. Participation in fellowships and other obligations may distract the surgeons from properly preparing for the exam. Plastics does not require certification and those going into this specialty do not generally sit for the exam. A resident scoring poorly is a permanent mark on the program. The pass rate is based on the number of residents who take the exam. To improve outcomes in the past, the program has paid for graduates to take board prep courses. Citation #2 – Dr. Hassett explained that there is a meeting scheduled to discuss the issues surrounding the Pediatric Surgery rotation. Dr. Berger reminded Dr. Hassett that pediatric surgeon locum tenens should have faculty appointments. There is one NP on the Pediatric Surgery service. Dr. Hassett should be sure to identify any non-physician providers who may alleviate some of the work load now being shouldered by the residents.	Department of Surgery to provide faculty appointments for locum tenens physicians who teach.	
	8 IV	Physical Medicine & Rehab – Received a short two-year cycle. Dr. Larry Bone has been appointed interim chair. The institution may be cited for having an interim chair for so long (Dr. Naughton and now Dr. Bone).	The GMEC agreed to request a	

			written response to be submitted to the internal review subcommittee for it's May 5 th meeting.	
	10	Neurology –After receiving GMEC approval, the program requested a permanent increase from 13 to 20 positions. The RRC has approved this request.		
	8	Family Medicine Niagara Falls – Accreditation withdrawn effective 6/10/10 - All concerns could not be resolved; the withdrawal was sustained. The program is exploring possible accreditation through the AOA. The 2 nd and 3 rd year residents plan on graduating through the program. The University program will accept the 4 1 st year residents if they are interested. Two of the four intend to transfer. Merging with the University program was considered but rejected.		
	8	Pediatric Nephrology – The RRC has notified the program that there is a proposed withdrawal. The letter has not yet arrived. Transplant services and patient volume have historically been cited as areas of concern. Dr. Berger noted that Drs. Waz and Quattrin have worked very hard on addressing the issues surrounding the RRC action. Prior to receipt of this decision the program requested a temporary increase to accommodate a local resident who was interested in staying in Buffalo. The increase was approved by the GMEC. Dr. Berger contacted the RRC Executive Director who advised her that the resident could be offered the position, but she must be completely aware of the status of the program and the possible outcomes if the program is required to close.		
	IV	Pain Management – Anesthesiology Internal Review 1/27/09 – This review is being presented to the full GMEC committee to insure mid-cycle review per ACGME requirements. Program Director, Dr. Oscar DeLeon, was commended for his dedication to the fellowship and close supervision of education. The evaluation process must be formalized. The program was encouraged to insure that fellows participate in quality assurance activities. Motion to accept the internal review was seconded and accepted	The internal review will be discussed in detail at the May 5 th Internal Review Subcommittee meeting.	
	1	Annual plan update – Ms. Cumiskey prepared a chart to outline the proposed changes. Most changes are a result of realignment to match rotation and paylines. Motion to accept the proposed changes was seconded and passed. Dr. Jehle questioned whether this would change the number of positions ECMC is responsible for. They would still be under their cap. Although ECMC is paying for the Rheumatology residents completing their training in Rochester, they are not counted under their cap.		
		Buffalo Niagara Medical Campus parking – The number of spots is shrinking. RPCI is piloting a successful shuttle bus service from HSBC arena. Everyone on the BGH campus is going to be involved in the planned shuttle service. Residents work non-conventional hours and the shuttle may not be available. Currently 75-100 slots are available which may be decreased to 50. It is unreasonable to expect residents to attend a one hour lecture at the hospital and use the shuttle service. This is a different issue than reporting for duty. The UBRC has been asked to identify concerns. Dr. Smith commented that HSBC is not a 24 hour arrangement. It is fine for shift workers and students who have identified hours. Residents on service and those coming and going need to be accommodated. Dr. Paroski stressed the importance of		

		identifying realistic numbers and the times of resident access. Arrangements are being adjusted as building and construction plans are identified. Dr. Smith reported that duty hours begin when the resident enters the building and is on-site. Dr. Paroski asked that programs be encouraged to schedule meetings at other locations. Deaconess parking lot may be a shuttle area option.		
		2009 Match results were previously distributed		
		University at Buffalo Residents Committee (UBRC) – Dr. Mike Adragna spoke on behalf of the UBRC. He reported that the parking issue makes residency recruitment a hard-sell because it is a quality of life issue. The parking issue affects medical students which negatively impacts recruitment of local students. The UBRC is working closely with Dr. Morelli on the call room suite being built at BGH to insure resident issues are addressed. The ECMC suite is nice but could have been better with resident input.		
4. New Business	6	Program Directors Advisory Committee (PDAC) – Dr. Berger informed the GMEC that common PIF responses will be addressed at the PDAC. Two workshops will be held – one, evaluating a curriculum; one, how to actually work with the curriculum. E*Value will be fully implemented for procedures, and schedules. First quarter schedules are due in E*Value by July 1 st and quarterly thereafter. These schedules affect the department’s financial arrangements. This scheduling will also insure that residents have their schedules in a timely fashion.		
	1	Non-standard training program – Urologic Oncology at RPCI is asking for approval of a non-standard position for Dr. Elkenany. Move to approve was seconded and passed.		

Adjournment – Motion to adjourn was seconded and passed at 5:10 pm

Regarding GME Committee Responsibilities (ACGME Institutional Requirements section III.B.1-13), the GMEC must: establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all accredited programs **(1)** annual review and recommendations to the Sponsoring Institution regarding resident stipends, benefits, and funding for resident positions; **(2)** ensure that communication mechanisms exist between the GMEC and all program directors within the institution; ensure that program directors maintain effective communication mechanisms with the site directors at each participating institution for their respective programs to maintain proper oversight at all clinical sites; **(3)** develop and implement written policies and procedures regarding resident duty hours to ensure compliance with the Institutional, Common and specialty-specific Program Requirements; **(4)** monitor programs’ supervision of residents and ensure supervision is consistent with: provision of safe and effective patient care; educational needs of residents; progressive responsibility appropriate to residents’ level of education, competence, and experience; and other applicable Common and specialty/subspecialty-specific Program Requirements; **(5)** communication between leadership of the medical staff regarding the safety and quality of patient care that includes: the annual report to the OMS; description of resident participation in patient safety and quality of care education; and, the accreditation status of programs and any citations regarding patient care issues; **(6)** assurance that each program provides a curriculum and an evaluation system that enables residents to demonstrate achievement of the ACGME general competencies as defined in the Common and specialty/subspecialty-specific Program Requirements; **(7)** selection, evaluation, promotion, transfer, discipline, and/or dismissal of residents in compliance with the Institutional and Common Program Requirements; **(8)** review of all ACGME program accreditation letters of notification and monitoring of action plans for the correction of citations and areas of noncompliance; **(9)** review of the Sponsoring Institution’s ACGME letter of notification from the IRC and monitoring of action plans for correction of citations and areas of noncompliance; **(10)** review for approval, prior to submission to the ACGME by program directors program changes as outlined in the Institutional Requirements section III, B,10; **(11)** oversight of all phases of educational experiments and innovations that may deviate from Institutional, Common, and specialty-specific Program Requirements; **(12)** oversight of all processes related to reductions and/or closures of individual programs; major participating institutions, and, the Sponsoring Institution; **(13)** provision of a statement or institutional policy that addresses interactions between vendor representatives/corporations and residents/GME programs; **(14)** develop, implement and oversee an internal review process in accordance with the ACGME Institutional Requirements IV, A & B.