

GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes

Date: August 19, 2008

Roseanne C. Berger, M.D., Chair

Voting Members Present	Drs. Berger, Michalek, Dillon (Yeh), Noe, Murray, Watt, Braen, Sands (PDAC), Saltzman, Adragna (UBRC), Sifain (UBRC), Hassett, Paroski, Quattrin, Rainstein			
Non-Voting & Others Present	Drs. Mike Adragna, Doron Feldman, Mark Lema, Susan Baker, Ms. Orrange, Ms. Kennedy, Ms. Maloney, Ms. Nawotniak, Ms. Carrie Eckert, Director of Medical Education, Albany Medical Center.			
Voting Members Absent	Drs. Zionts, D’Arcy, Hojnacki, Manochakian, Marshall,			
	GMEC DUTY¹	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
1. Opening		The Graduate Medical Education Committee of The University of Buffalo met for a scheduled meeting on Tuesday, August 19 th , 2008, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:30 pm	
2. Approval of Consent Agenda items	2, 4	Minutes of the July 15, 2008 GMEC meeting Policies: Accommodation for Disabilities Leave of Absence Offsite Committee Recommendations (July 2008)	Motion to approve was seconded and passed.	
3. Ongoing Business		1. Standing Reports:		
		a. DIO—Dr. Roseanne Berger		
		Dr. Berger introduced a new GMEC member – Dr. Stacey Watt a faculty member in the Department of Anesthesiology. Dr. Watt replaces Dr. Curtis Rozzelle who has relocated.		
	8, 10	Pediatric Anesthesiology – The RRC letter and a draft response were reviewed at the last meeting. Program RRC status is “Proposed Withdrawal”. They are making substantial changes and completely restructuring the program. The RRC will judge whether accreditation should be awarded. A new program director has been nominated by Dr. Lema. Dr. Doron Feldman will be assisted by Dr. Stacey Watt as the Educational Director and Dr. Michael Adragna as Asst. Program Director. An on-site coordinator has been appointed. The DIO will meet with the Chair and program director quarterly. <i>Motion:</i> To approve Dr. Feldman as Program Director was seconded. Dr. Feldman addressed the committee and feels there is an appropriate case load and sufficient faculty to lead the program in a good direction. <i>Vote:</i> All in favor, no abstentions. <i>Motion:</i> To approve the RRC response as presented was seconded. <i>Vote:</i> All in favor, no abstentions.	The OGME will initiate the change in program directors on WebAds. The RRC response letter will be sent. GME to schedule quarterly meetings.	8/20/08
		Annual plan – The Hematology program requests a temporary increase of six months to accommodate a fellow currently in training. <i>Motion:</i> To temporarily increase the program to seven for the length of time needed for that resident to graduate was seconded. <i>Vote:</i> All in favor, no abstentions. GMEC members suggested that the program may consider restructuring and forming a combined Hematology/Oncology program to insure an even distribution of training	Program to request increase through WebAds. The program directors for Hematology and Oncology will be	

		positions and avoid fluctuations in program size.	invited to address the GMEC about program structure.	
		<p>Annual Plan – As established last year, there is a GMEC subcommittee that looks at requests for program increases and new programs. The subcommittee uses established criteria to determine the value of each request. The subcommittee recommendations were previously circulated and presented today. <i>Motion:</i> To approve the recommendations was seconded. Discussion.</p> <p><i>Anesthesiology</i> - Dr. Lema addressed the committee related to the <i>Anesthesiology</i> request for two PGY3 (CA2) candidates. Dr. Berger confirmed that the two positions requested would be guaranteed positions until they graduate.</p> <p><i>Neurosurgery</i> – Approved request for one additional resident in the 2009-10 academic year. Total residents that year 13.</p> <p><i>Hand Surgery</i> – Deferred increase request.</p> <p><i>Pediatric Gastroenterology</i> – Approve request to increase program to two fellows per year (6 total).</p> <p><i>Vascular Surgery</i> request – Dr. Hassett agrees that the concept of going to a 0 + 5 vascular program may have some value, but has concerns about the details. His concerns have been conveyed to Drs. Dayton and Harris. This request is to establish a new 5-year program that students would match to directly from medical school. Vascular case load requirements in general surgery have changed and therefore do not conflict with vascular fellow training requirements. About ten programs in the country have been established. Goals and objectives and support letters from other programs will be required. Dr. Hassett has agreed to work with Dr. Harris and the OGME in development of the curriculum.</p> <p><i>Vote:</i> All in favor. No abstentions.</p>	<p>Program to request increase through WebAds.</p> <p>Program to request increase of one position through WebAds.</p> <p>No action required.</p> <p>Program to request increase through WebAds.</p> <p>Program will prepare PIF for GMEC review.</p>	
		<p>Evidence Based Quality Improvement Project – Drs. Elie Akl (faculty leader) and Reem Mustafa (Resident leader) worked on this project. Dr. Akl presented, “A Needs Assessment for an Educational Game to Improve Internal Medicine Residents Knowledge of Clinical Practice Guidelines”. Improved patient care has been established through use of clinical practice guidelines. Many educational strategies have been used to teach clinical guidelines. Discussion on barriers of using clinical guidelines. Their research showed 90% support for using educational games in teaching clinical guidelines. Program directors are supportive of using games as an educational tool. 60% of program directors thought the games were effective teaching tools. Ideas related to how to develop and assess the games were shared.</p>	Slide presentation attached.	
	7	<p>Academic Action Policy & Procedure – Drs. Zions, Pristach, and Sands worked with Dr. Berger to develop this draft. It is written in order of severity. Suggestions and comments were noted.</p>	Suggested changes will be made and the draft will be sent to counsel for comment.	

			Final draft will be brought back to this committee for vote.	
	4	<p>Institutional Review – Scheduled October 20th. Nancy Maloney has been doing QC and helping the OGME produce documents to display where GME’s greatest vulnerability lies. Last year GME implemented a program <i>quality dashboard</i>. The portion circulated today is a subset of the overall dashboard. Review of the dashboard reveals areas of concern. Entering <i>bedside procedures</i> in the Resident Credentialing System is the most problematic. Documenting adequate procedure numbers are a common concern in program citations. Programs must enter bedside procedures in RCS or another system. The goal is to phase out RCS and individual systems and use the E*Value system exclusively. All programs are currently being trained and as of September will use E*Value for evaluations and bedside procedures. Some programs are already using E*Value for bedside procedures.</p> <p>Referencing the dashboard, improvement was noted in <i>evaluation</i> responses. Each program should go on-line to see their results. The committee discussed certain evaluation questions. “Are you satisfied with your program or would you recommend this program?” Should all residents be asked this question or should just those graduating. Ms. Eckert indicated that in Albany they offer choices such as – “satisfied”, “somewhat satisfied”, etc...) They also identify the level of the trainee answering the question. A five point scale may be more effective. This survey was patterned after the ACGME which uses “yes” “no” answers.</p> <p>“Entering RCS” key needs to be clarified. Green <6 months etc; Yellow 6-12 months; Rec > 1 year/never. (they currently overlap).</p> <p>When residents are enrolled in a combined program, it is not clear which program the residents are assigned to when they respond.</p>		
	6, 8	<p>Internal Review Subcommittee report was previously circulated and reviewed. <i>Motion:</i> To approve the subcommittee recommendations was seconded.</p> <p><i>RRC Letter: Sleep Medicine</i> – effective 5/19/08 – Continued Accreditation – 5 year accreditation. Dr. Berger congratulated Dr. Eric TenBrock and the Sleep Medicine coordinator Sandra Gilliam for five years accreditation. The RRC critique of the curriculum was unusually detailed. Recent RRC letters show a trend toward emphasis on detailed curriculum.</p> <p><i>Vote:</i> All in favor of accepting the subcommittee recommendations. No abstentions.</p>	The OGME is sponsoring a curriculum writing workshop in October. Program Directors and interested faculty are invited.	
		<p><i>RRC Letter: Adult Reconstructive Surgery</i> – effective 6/13/08 – Continued Accreditation – 5 year accreditation. Dr. Ken Krakow with the assistance of Dr. Jan Harsztrak received five years accreditation. The letter noted program strengths including the quality of education and dedication of the program director and faculty.</p>		
		<p>University at Buffalo Residents Committee (UBRC) – Dr. Adragna reported. At the last meeting the following was discussed:</p> <ul style="list-style-type: none"> - There are not enough call rooms for medical students while assigned to OB and surgical rotations. - Some programs have no representation on the UBRC. Encourage participation 	Dr. Murray was unaware there was a computer access problem. Invited Dr. Adragna to send him	

		<p>from all programs.</p> <ul style="list-style-type: none"> - Computer access within the hospitals (ECMC in particular) is limited. Some of the other hospitals have expanded wireless access to address security concerns. - The parking issue at Kaleida was resolved quickly and well thanks to Drs. Berger and Paroski and security department representatives. 	an e-mail with the details of the resident's concerns and he will facilitate response.	
		Program Directors Advisory Committee (PDAC) – Dr. Sands - no meeting since the last GMEC meeting. The next PDAC meeting is Tuesday, September 9 th .		
	2b, 4	<p>New Business – Dr. Saltzman reported on the proposed timeline for resident withdrawal from the medical intensive care unit at ECMC. In an attempt to insure appropriate patient care, the residents will remain on service through module C (September 21st). The pulmonary remained at ECMC in modules A and B. The attending is coming off service at the end of Module B, so the fellow will be leaving at that time (August 24th). The program has attempted to insure ECMC has time to develop alternative plans. This is in follow-up to the previously approved plan to move the residents and fellows from ECMC. The committee needed to comment on the time frame in relation to the best educational interests of the residents and fellows.</p> <p><i>Motion:</i> To approve the recommended timeline was seconded. Dr. Murray commented that they were aware of these dates and ECMC is working towards a solution. The Physician Steering Group chose to take a look at this issue from a much broader viewpoint. The GMEC focus is on the quality of education for the residents and fellows.</p> <p><i>Vote:</i> All in favor. No abstentions.</p>		
	10	<p>Emergency Medicine Program Director – Dr. Richard Krause is stepping down after 14 years as program director. He will continue in the department as a faculty member focusing on teaching and research. The program deeply regrets his departure. Dr. Braen recommends Dr. Christian DeFazio as a replacement. Dr. DeFazio received a teaching award in 2003 and has been on the faculty since 2001. Recommend approval pending meeting with Dr. Berger and circulation of his CV to the committee.</p> <p><i>Move:</i> To accept recommendation was seconded. <i>Vote:</i> All in favor. No abstentions.</p>	<p>Dr. DeFazio's CV will be circulated to the committee.</p> <p>GME will initiate program director change in WebAds.</p>	9/2/08
		Kaleida Budget – Dr. Paroski reported that the Kaleida budget will be presented in September. Recommendations for resident raises for 2009 and GME support need to be submitted by mid-September. Schedule C of the affiliation agreement needs to be updated. Dr. Berger confirmed that Dean Cain is aware of the budget deadline.		
The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, September 16, 2008				
Adjournment	The meeting was adjourned at 5:05 p.m.			

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; **(IV)** develop, implement and oversee an internal review process in accordance with the ACGME Institutional Requirements IV, A & B.