

GRADUATE MEDICAL EDUCATION COMMITTEE

Roseanne C. Berger, M.D., Chair

Minutes

February 17, 2009

Voting Members Present		Drs. Paroski, Berger, Murray, Adragna (UBRC), Sayej (UBRC Pediatric GI), Zions, Noe, Braen, Hassett, Pincus (for Rainstein), Saltzman Watt, Quattrin, Sifain (UBRC)		
Non-Voting & Others Present		Mr. Jeff Senfield (intern with Dr. Paroski), Ms. Kennedy, Sullivan, Cumiskey, Nawotniak		
Voting Members Absent		Drs. Arroyo, D'Arcy, Harb, Hojnacki, Marshall, Michalek, Rosenthal,		
	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, February 17, 2009, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:30 pm	
	2b, 4	Motion – Approval of Consent Agenda items <ul style="list-style-type: none"> - Minutes - Offsite Committee recommendations - January 2009A - Internal Reviews In-Process report Motion seconded and passed.		
Ongoing Business		1. Standing Reports:		
	IV 6	Internal review subcommittee report – (see attached report) <i>Internal Review report 12/18/08 - Pediatric Critical Care</i> –Committee recommendations were reviewed: <ul style="list-style-type: none"> - 360 degree evaluation results are not shared with residents - Update affiliation agreement with U. of Pittsburgh - Transplants are no longer performed at WCHOB. ICU cases involving solid organ transplants must be carefully documented with emphasis on follow-up experience. Documentation may need to be done manually because the hospital systems will not capture the necessary data. An out of town experience exists, but follow up is difficult due to location. - residents don't feel they have medical control of transport cases. This may be a communication issue. - PD reports only 4-6 hours per week devoted to the program. Dr. Quattrin feels Dr. Joshi is spending an appropriate number of hours without recognizing they are associated with his program director duties. She will discuss with Dr. Joshi. - Lack of scholarly activity– Increase of faculty support for research by fellows may address this issue. - Goals and objectives must be shared with the residents more frequently than they currently are. Although posted on the website they must be reviewed throughout the year. 	Follow-up report due 4/15/09 to GME Internal Review Subcommittee	
		<i>Internal Review Follow-up reports from:</i>		
		<i>Geriatric Psychiatry</i> – accepted report		

		<i>Internal Medicine – Sisters</i> – need feedback from program on rehabilitation rotation items indicated.	Follow-up report due 4/15/09.	
		<i>Internal Medicine - Sleep Medicine</i> –evidence of documentation tools is requested.	Follow-up report due 4/15/09	
		<i>Nuclear Medicine</i> – Inadequate response to internal review subcommittee. Program response was not received in a timely manner. Brief review indicated all responses were in the future tense, not indicating current resolution of issues. Due to late submission by the program, the report will be reviewed at the 5/5/09 subcommittee meeting.	Program must institute use of E-Value by 3/1/09.	
		<i>Pediatric Anesthesiology</i> – Pain management teaching faculty do not have the qualifications required by the RRC. Dr. Watt reported department strategies being considered to address this issue. The subcommittee requests case logs of pediatric anesthesiology pain management by residents. Committee members advised Dr. Watt on strategies that may ensure the RRC looks favorably on the faculty qualification issue.	Follow-up report due 4/15/09.	
		<i>Vascular Surgery</i> – accepted report		
		Motion to accept the internal review subcommittee report was seconded and passed.		
	8	RRC Citations - Dr. Berger informed the committee that the citation matrix prepared prior to the institutional review will be continually updated and reviewed by the internal review subcommittee to identify areas of concern. The Faculty Council will look at this tool as well.		
	2b, 4b	Offsite committee recommendation follow-up – Request by Pulmonary Critical Care for a rotation to Academic Medicine Services was tabled at the January GMEC. It was brought back after review by the affected institution (ECMC). <i>Motion</i> to approve with Dr. Murray's endorsement was seconded and passed.		
		EBM Quality Improvement Award – Annually, the Office of GME accepts proposals and awards teams of residents and faculty funding to support selected research projects. Recipients will present findings to the GMEC, participate in scholarly exchange day, and possibly publish. None of the entries submitted this year were acceptable. GME is re-issuing a call for proposals. Patient Safety issues are this year's focus. Beginning this year, the programs will have more responsibility and control because funding will be administered by the department. The department and faculty member will be expected to work closely to monitor the resident. This award may be an incentive for programs who are having problems meeting scholarly activity expectations.		
	3	University at Buffalo Residents Committee (UBRC) – Dr. Adragna introduced Dr. Wael Sayej. Dr. Sayej is a Pediatric Gastroenterology fellow and has joined the GMEC as an UBRC representative. Dr. Adragna reported: <ul style="list-style-type: none"> - the parking situation at BGH has been successfully resolved; - the UBRC thanked the Pediatric program director, Dr. Fitzpatrick and Dr. Berger for their work on rectifying the WCHOB duty hour issue. There was confusion on how the residents were supposed to be reporting hours. The program director met with the residents to encourage honest reporting. Scheduling problems were identified and addressed. - Call room update - ECMC has put significant effort into redesigning the call room suite and this project should be completed soon. BGH is following suit. Dick Kerling at ECMC has been very responsive. Dr. Murray recognized Lisa Nelson from his office who has taken the lead on call room issues. 		
4. New Business		Dr. Paroski gave a brief overview of the MD/MBA program through Kaleida and outlined some of the goals of program participants.		

		Program Directors Advisory Committee (PDAC) – Dr. Zionts, Chair, reported that there has been no meeting since the last GMEC.		
	4	Pediatric ENT – It was reported that there was a delay in obtaining ENT consultation for acutely ill patients at WCHOB. The GMEC was concerned with the impact of this situation on ENT resident education. Members volunteered to interview faculty and residents.	Meeting to address concerns will be convened by the OGME.	
	1	Annual Plan request - Pediatric Nephrology requests a temporary increase to train one additional fellow for three years to accommodate a current Pediatric chief resident. Results of RRC site visit will be available late in the academic year. Some issues that were identified as a concern for the program were patient volume, time devoted by the program director, and faculty numbers. Another faculty member has been hired. According to Dr. Waz, case volume would be adequate. Dr. Quattrin spoke on behalf of the program and indicated she felt approval of this request would be beneficial to the program and hospital. Dr. Berger explained the normal process for this type of request is review by the annual planning subcommittee and then submission to the GMEC. The GMEC agreed to review the request. The RRC will look for an endorsement from the GMEC and financial commitment prior to entertaining this request. RRC transplant requirements may be an issue. The RRC may identify additional concerns in their response later this year. This is a 3 year fellowship that enrolls one trainee at a time. The committee requests information on two issues prior to consideration. 1) Does the applicant plan to stay in the area upon graduation, and 2) how the program plans to meet RRC requirements. Will it be necessary to schedule out-of-town experiences and if so, the type and duration.	Dr. Quattrin will provide responses to concerns which will be circulated to the GMEC for consideration.	Request approved via e-mail vote 3/13/09

Adjournment – Motion to adjourn was seconded and passed at 4:50 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.

ATTACHMENT TO GMCC MINUTES OF 2/17/09

**Internal Review Sub-Committee Report
2/2/09**

In Attendance: Dr. G. Richard Braen, Committee Chair
Dr. Roseanne Berger
Dr. Alia Alawneh
Dr. Mark Lema
Dr. Thomas Mahl
Ms. Nancy Maloney
Dr. Amy Sands
Ms. Sharon Sullivan

Program Name: <u>Pediatric Critical Care</u>

- The IR Sub-Committee reviewed the 12/18/08 Internal Review report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- A. The residents are not familiar with the results of their own 360⁰ evaluations.*
 - B. There is no recent signed, dated affiliation agreement with the Pediatric Cardiac Surgery program at the University of Pittsburgh.*
 - C. The ICU cases involving solid organ transplants must be carefully documented by the fellows and the program. Evidence of an affiliation with another institution that does solid organ transplants (if this is a plan of the program) must be submitted and explained as referenced in the prior response to the RRC).*
 - D. The residents do not feel that they have an adequate experience with the medical control of cases being transferred to the WCHOB ICU from other venues.*
 - E. The Program Director lists only 4-6 hours per week for program direction. This may be insufficient and does not compare to the time devoted to program direction by other program directors.*
 - F. The number of scholarly activities and publications listed seems low for a three year fellowship (one was listed since 2002). This may reflect a documentation error. Increase faculty support for research by fellows may help this initiative. Evidence that each resident is completing a project should be provided.*
 - G. The fellows should be formally presented with and instructed in the goals and objectives of the training program more than once annually. Evidence that this is being done on E*Value should be provided.*
- *The Internal Review Sub-Committee requests a written response to these areas is requested by 4/15/09.*

Program Name: Geriatric Psychiatry

- The IR Sub-Committee reviewed the 1/12/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *The Internal Review Sub-Committee accepts this report with no further action requested at this time.*

Program Name: Internal Medicine Sister's

- The IR Sub-Committee reviewed the 1/16/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *A detailed analysis of patient populations should be provided regarding the rehabilitation rotation.*
- *The educational purpose of each rotation was not provided (re: rehabilitation).*
- *A curriculum including these elements should be provided regarding the rehabilitation rotation.*
- *The Internal Review Sub-Committee requests a written response to these areas is requested by 4/15/09.*

Program Name: IM Sleep Medicine

- The IR Sub-Committee reviewed the 1/14/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *The Internal Review Sub-Committee requests evidence of documentation tools used by the fellows for direct observation (such as a mini CEX). Ellen Rich, M.D. may be a good source for such tools.*
- *The Internal Review Sub-Committee requests a written response to these areas is requested by 4/15/09.*

Program Name: Nuclear Medicine

- The IR Sub-Committee reviewed the 1/30/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *The program provided a late response (not available to the Committee until the Committee's meeting). The Committee will review the response at its next meeting (5/5/09), however it is noted that the responses tend to be in the future tense and evidence of accomplishment of these issues should be provided. Additionally, the program needs to use E*Value by **March 1, 2009**.*
- *The Internal Review Sub-Committee requests a written response to these areas is requested by 4/15/09.*

Program Name: Pediatric Anesthesiology

- The IR Sub-Committee reviewed the 1/6/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *Evidence that the faculty member responsible for pain management teaching is qualified (e.g., board certified or board eligible in Pediatric Pain Management) should be provided.*
- *Also, case logs of pediatric pain management by residents should be provided.*
- *Also, a synopsis of the meeting with Drs. Lema and deLeon should be provided.*
- *The Internal Review Sub-Committee requests a written response to these areas is requested by 4/15/09.*

Program Name: Vascular Surgery

- The IR Sub-Committee reviewed the 1/5/09 follow-up report. The Sub-Committee appreciates the Program Director's and staff's work on this review.

Recommendation:

(Please respond with supporting data if possible. Also, any suggestions and/or requests from residents should be correlated by the Program Director with the ACGME requirements. Discussion of the resident's suggestions and/or requests should be provided by the Program Director.)

- *The Internal Review Sub-Committee accepts this report and no further action is requested at this time.*