

GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes

Date: July 15, 2008

Approved by: _____

Roseanne C. Berger, M.D., Chair

Voting Members Present	Drs. Berger, Dillon (for Yeh), Quattrin, Noe, Michalek, Manochakian (UBRC), Pincus (for Rainstein), Murray, Hassett, Zionts, Lockwood (for Sands), Braen, Saltzman, D'Arcy, Paroski, Adragna (UBRC)
Non-Voting & Others Present	Drs. Rich, Nader, Watt (Ped Anesth), Adragna (Ped Anesth), Ms. Valerie Kennedy, Donna Cummiskey, Ruth Nawotniak, Nancy Maloney, Kim Everett (Ped Anesth)
Voting Members Absent	Drs. Block, Marshall, Sifain

	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, July 15, 2008, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:35 pm	
2. Approval of Minutes		Minutes – June 17, 2008 minutes were previously circulated and reviewed. Motion to approve the minutes was seconded. Correction: page 3 – The minutes stated that Dr. Murray received formal notification that residents would be moved from ECMC prior to the GMEC meeting. Dr. Murray states that he only received notification that this topic would be on the agenda the day before and did not receive details of the proposed changes.	Motion to approve was seconded and passed with noted correction.	Correction to minutes complete 7/16/08
3. Ongoing Business		DIO – Dr. Roseanne Berger		
	1	<p>Annual Plan – Clinical service line planning has been agreed to and will affect the annual plan agreed upon at the June 17th GMEC meeting. As a result of negotiations after the June 17th meeting, Dr. Berger invited motions to alter the approved plan from those programs who do not intend to make changes to their 2008-09 plan.</p> <p>Anesthesiology – Dr. Berger received formal notification from Dr. Lema that they do not intend to move forward with any changes to the annual plan in the 2008-09 academic year. The GMEC needs to approve leaving the assignments as they were prior to the June 17th meeting. Motion to revert the allocation to its pre-June 17th status was seconded and passed with no opposition.</p> <p>Family Medicine – 2008-09 - request that the annual plan reflect 14 positions at ECMC and 27 positions at Kaleida as previously allocated. For 2009-10 there is no plan to decrease the program. In 08-09 assign one additional position to ECMC and one less at Kaleida. Motion to approve this plan was seconded and passed with no opposition.</p> <p>Moving six Internal medicine categorical positions and four Pulmonary/ Critical Care positions out of ECMC in the 2008-09 academic year was approved at the June 17th meeting. Motion to reconsider approving the move from ECMC as agreed to at the June 17th meeting was seconded.</p> <p>Discussion: Dr. Murray provided some background on ECMC's behalf. When private intensivists were hired the intent was to complement the University faculty, not replace them. A number of issues were putting a strain on the pulmonary service and ECMC administration felt this would be a positive move. There is a rich patient mix at ECMC. Dr. Murray is attempting to develop a</p>		

		<p>plan that would be acceptable to all parties. Committee member points:</p> <ul style="list-style-type: none"> - Communication with the department of Medicine was suboptimal - The Chair of Medicine has indicated the arrangement with the intensivists is unacceptable. It would be inappropriate for this committee to review it any further. <p>Vote on motion to reconsider approval of the proposed move at the June 17th meeting. One member for reconsideration; all others opposed. The pulmonary critical care and internal medicine residents will move from ECMC as approved on June 17.</p> <p>Dr. Berger reminded the committee that the changes will be closely monitored.</p> <p>Decision on time-frame for the move was tabled in light of on-going discussions between the program and administration. Motion to table the discussion.</p>		
	1	<p>Endocrinology – Dr. Saltzman stated that a hospital system in Ohio has a physician who is interested in joining the Endocrinology fellowship here. The hospital system is in need of an Endocrinologist and will fund the training in exchange for a service obligation from the physician. There are sufficient faculty and cases to meet ACGME requirements for an increase. Asking for GMEC approval pending ACGME approval and successful funding negotiations.</p> <p>Buffalo will collect the indirect and direct reimbursement. This will have no impact on the annual plan. Possible additional administrative costs will be investigated.</p>	<p>Motion to approve the concept pending an interview with the program director and funding confirmation was seconded and passed. This committee will be kept abreast of the status of this request.</p>	
	8	<p>RRC Letter: <i>Niagara Falls Family Medicine</i> program RRC letter dated 6/26/08 - Proposed Withdraw. Response due October 20.</p>	<p>Dr. Plumb will be instructed to submit a draft response to this committee for review and feedback.</p>	
	8	<p>RRC Letter: <i>Pediatric Anesthesiology</i> program RRC letter dated 6/10/08 – Proposed Withdraw. This proposed adverse action follows a prior “Continued Accreditation with Warning” status. Response due August 15. The program is working diligently to correct concerns. A draft response was previously circulated. Drs. Watt and Adragna indicated that citations were compared with RRC requirements and addressed citation by citation. A strict timetable has been developed and will be aggressively followed. Kim Everett was just appointed as a dedicated, site-based Pediatric Anesthesiology Program Coordinator and will be an integral part of the solution. Coordination was previously provided by the core Anesthesia program. The plan has the support of Dr. Lema, Chair of the core program. Committee members indicated it would be important to identify obstacles encountered in efforts to correct repeat citations. Supervision at Rochester should be addressed for the cardiac cases. (i.e. supervised by Strong Memorial or our faculty). Response should indicate that prior to the site visit the program recognized a weakness and therefore established the Rochester experience. In order to rescind a citation, the program must demonstrate the concern was not valid at the time of the visit. Citation 10 - document faculty involvement in scholarly activity to insure capturing all scholarly/educational activity. Sufficient case management with attached logs may help to rescind a citation. Dr. Braen offered to work with the Pediatric Anesthesiology representatives to edit the letter. The GMEC advised against asking for an extension to respond.</p>	<p>The final letter will be circulated to the GMEC committee. Comments should be sent to: Dr. Stacey Watt Stacey.watt@roadruner.com Dr. Mike Adragna Madragna@rochester.rr.com And Dr. Roseanne Berger bergerrc@buffalo.edu</p>	8/19/08

		Institutional Review – Site visit scheduled for October 20, 2008. A mock-visit will be held on September 2 nd . Alan Burgener will conduct this visit. The full document will be circulated to this committee in August.		
	2b	<p>VAWNYHS Communication policy proposal – Dr. Pincus explained that the VA has an advisory committee to review systems. This policy was developed to outline a communication plan related to resident concerns. Highlights of the proposed policy were presented by Drs. Pincus and Nader. The residency program director and DIO would be notified after the advisory committee has investigated and made a recommendation. Concerns about when the Program Director is brought into the investigation were raised. The committee suggested that the program director be notified when a concern is first raised about a resident. The GMEC also recommended adding definition of terms. For example, the VA requires a “VA site director” who is referred to in the policy as the “program director”. The training director is the University program director. Program Directors underscored their obligation to monitor resident performance and participate in discussions about corrective actions.</p> <p>A preamble that will be added that:</p> <ol style="list-style-type: none"> 1) describes rules under which the VA works 2) defines terms (i.e., site director vs. program director, advisory committee that is exclusive to the VA etc...) 3) includes a statement indicating the VA program director needs to notify the University program director of any action related to their residents 		
	10	<p>Two new program directors – (letters of appointment & CV’s previously distributed) Pediatric Critical Care - Dr. Brad Fuhman is stepping down as program director . Dr. Berger met with Dr. Prashant Joshi yesterday and he was described as very energetic and enthusiastic. Dr. Quattrin explained that Dr. Fuhrman is interested in devoting more time to research. Dr. Joshi is very well prepared. Motion to approve was seconded and passed.</p> <p>Cardiology – Dr. Fallovolitta had a very short appointment. He has an extensive research portfolio and plans to devote more time to this endeavor. Dr. Joseph Paris has been identified as his successor. Dr. Paris has a military background and is well equipped to take over these responsibilities. He has been a program director in the past. Dr. Berger met with him yesterday and they discussed the current accreditation standards. Motion to approve was seconded and passed.</p>	Dr. Berger as DIO will submit these approvals to the ACGME via WebAds.	7/16/08
	5	<p>EBM/QI Project Presentation - Dr. James Hereth presented his findings on “The Effects of Educational Intervention on Housestaff GI Prophylaxis Prescribing”. His work demonstrated that an educational intervention and laminated card reduced inappropriate prescribing of PPIs in non-ICU hospitalized patients. The work was conducted with support from an Evidence Based Medicine grant awarded through UB GME over one year. Dr. Paroski encouraged collaborative efforts with the Kaleida QA department to facilitate projects such as this. She invited Dr. Hereth to present his work to the Kaleida Board.</p> <p>This is the beginning of a series of projects that will be presented to the GMEC to inform the hospitals of valuable research projects being conducted.</p>	The presentation will be distributed to the committee via e-mail.	7/16/08
		<p>Program Directors Advisory Committee (PDAC) – Dr. Lockwood (representing Dr. Sands) reported on the meeting held 7/8/08. Dr. Berger provided an update on the ECMC/Kaleida negotiations. The OGME introduced Sharon Sullivan who has been hired to implement the E*Value system. GME dashboard criteria were discussed. A faculty development activity “Perception-based Reflective Learning” was lead by Dr. Michael Zions.</p> <p>Dr. Berger stated that the PDAC will be invited to a curriculum writing workshop in October. Details will be circulated shortly.</p>		

		GME Dashboard – The 2008-2009 administrative dashboard criteria were included in the packet.		
		<p>University at Buffalo Residents Committee (UBRC) – Dr. Adragna reported that a parking problem at BGH has resurfaced. Less and less residents have card access in the gravel lot. He has called Paul (security) to discuss but has not heard back from him. Dr. Paroski will follow-up and respond to Dr. Berger who will circulate the response. There are supposed to be 35 positions available. They estimate about 50 residents are there on most mornings. Even though labeled for MD's they are routinely used by other staff.</p> <p>Dr. Manochakian reported that Dr. Cain met with the UBRC to update the group on the status of the ECMC/Kaleida negotiations. The UBRC were very happy that Dr. Cain made the commitment to share this information with them.</p>	Dr. Berger will forward an update on the Kaleida parking concerns to the UBRC upon receipt from Dr. Paroski.	Complete d. Fenced, lit lot with 70 reserved spots secured.
		Information: Med/Peds program - St. Vincent's is closing and the University sponsored Med/Peds program was given administrative approval to accept a resident. This is annual plan and budget neutral.		
The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, August 19, 2008				
Adjournment	The meeting was adjourned at 5:25 p.m.			

s:GMEC/GMEC2008/7-15-08 minutes

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.