

GRADUATE MEDICAL EDUCATION COMMITTEE
 Roseanne C. Berger, M.D., Chair
 Minutes
June 16,2009

Voting Members Present		Drs. Dillon (for Yeh), Michalek, Berger, Pincus (for Rainstein), Hassett, Sands (for Zions), Morelli (for Paroski), Rosenthal, Quattrin, Saltzman, Murray, D'Arcy, Watt		
Non-Voting & Others Present		Dr. Dayton, Harris, Waz, Ms. Kennedy, Orrange, Sullivan, Nawotniak, Cummiskey		
Voting Members Absent		Drs. Adragna, Sayej, Noe, Braen, Sifain, Harb, Hojnacki, 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, June 16, 2009, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:30 pm	
Ongoing Business		1. Standing Reports:		
	1, 2b, 4b, 10	Motion to accept the Consent Agenda – seconded. Discussion - Niagara Falls program director, Dr. Maria Jereva, meets RRC requirements. Surgery annual plan request – Dr. Hassett commented that GMEC support has allowed residents to have extra time to remediate in the past. This is a similar request. <i>Passed</i>		
	1	New resident salary schedule – Resident salary schedules must be published to meet Visa requirements. In addition to PGYI-VII, the document circulated today includes salaries for Medical Oncology and Selective Pathology Fellows. Dr. Michalek explained that these fellowship salaries have been supplemented by Roswell Park Cancer Institute since the days of the Consortium in order to bring Buffalo on par with other cancer centers. <i>Motion to approve the salary schedule for 2009-10 was seconded and passed.</i>		
		Parking arrangements at Buffalo Niagara Medical Campus – GME has conducted an hour by hour needs assessment to identify parking requirements at BGH. As a result, Dr. Morelli indicated BGH administration has increased the parking allocation for residents from 75 to 100 slots. This should meet the daily needs of residents on rotations at BGH. This will not accommodate residents assigned to Roswell or any large meetings. Lighting has been enhanced and call boxes will be placed in the vicinity as well. There is a secure walkway from the parking lot to the hospital. Upon request, BGH security will escort residents to and from their cars. Residents who are parking in the HSBC lot may use BGH security to take them to the lot when the shuttle is not available. The committee commended Ms. Susan Orrange, Dr. Andy Sifain, and Dr. Mike Adragna for working diligently to gather the data needed to implement the plan. Dr. Morelli commented that the BGH senior administrative team was very interested in addressing the concerns of the residents and the senior security team was instrumental in negotiating with other parking facility representatives.	Dr. Morelli was asked to send information to be posted on the GME website.	
	6	Exchange in Legal Medicine – Risk management training for the residents was approved by the GMEC many years ago. ELM partnered with Academic Medicine to create an educational package. Academic has contracted with ELM to develop a three-year package at no cost to GME (\$37,500 per year savings). The series topics were distributed. Residents currently take the training as part of	Dr. Murray suggested that Advanced	

		<p>their tutorial prior to beginning their residency. <i>Motion:</i> to accept the offer was seconded. Discussion: Dr. Dillon stated that Buffalo has been a leader in education and this arrangement is part of Academic's mission to develop educational programming. <i>Motion:</i> passed.</p>	<p>Directives be added as a topic if it is not currently part of the curriculum.</p>	
	8	<p>RRC letter – Dermatology – Status: Continued Accreditation; effective 7/1/09; five year accreditation cycle</p>		
		<p>University at Buffalo Residents Committee (UBRC) - No UBRC representative was available. Ms. Susan Orrange reported that the committee had a wrap up meeting in June and are in the process of changing leadership. About half of the programs have had elections. GME has been encouraging programs to hold elections in the early part of the year so there could be a transition period. One agenda item was the annual GME evaluation. The residents still don't feel comfortable providing honest answers to the survey. They discussed ways GME might be able to make the survey more anonymous. Dr. Hassett commented that the surveys the GME office and ACGME run sometimes deliver different messages because of the way the questions are worded. GME will be looking at the graduation survey as a possible avenue for obtaining truly anonymous responses. Faculty evaluations are being monitored through E-Value as a way to track how many faculty complete assigned evaluations.</p> <p>About 15 UBRC residents will participate in the question and answer sessions scheduled during IRW.</p>		
	10	<p>Vascular Surgery Proposal – Dr. Dayton explained that general surgeons are doing less and less vascular surgery. The proposed vascular surgery program will produce a trained vascular surgeon in 5 instead of 7 years. The curriculum is designed to provide more intense vascular surgery training the first three years and then pure vascular surgery the last two. He feels there are sufficient numbers to accommodate both the vascular and general surgery programs. Involving ECMC, BGH, and Sister's hospital will insure appropriate case volume. Materials distributed documented numbers of procedures. He endorses the request for one position per year for five years. There are currently nine general surgery residents per year. Dr. Hassett explained that if the Score program succeeds he believes a shift in procedure requirements should accommodate the cases the general surgery program needs. <i>Motion</i> to approve submission of a PIF was seconded. <i>Discussion</i> – Would adding a new position at an early level use cases the other nine general surgery residents need? Dr. Hassett didn't feel this would have a negative impact on the other residents. Dr. Harris indicated that currently there are no curriculum requirements for this specialty. Current fellows are well above the required numbers even though they have been assigned to extensive research time. <i>Vote:</i> All those in favor of submission of a PIF – passed committee with two abstentions.</p>	<p>Payline source will be brought back to this committee.</p>	
		<p>Loan forgiveness – The state has issued a cycle of loan forgiveness and program support. Mercy and Sisters were awarded loan forgiveness. Dr. Berger alerted the hospital representatives about these DOH opportunities. More information available on the DOH website. There is also a new opportunity to apply for funds through the DOH for a curriculum in Pediatric Disabilities.</p>		
	8	<p>Pediatric Nephrology Fellowship – The RRC has proposed withdrawal of accreditation due to multiple citations. Some of these are repeat citations. Faculty scholarship and case volume issues are among concerns. Also a recurrent citation for transplant.</p> <p>Dr. Berger met with Dr. Waz, the faculty team, Chair, Dr. Quattrin, and Peds PD, Dr. Fitzpatrick. They discussed whether the program should go forward. The executive director of the RRC, Dr. Jerry Vasilias, had some serious concerns. The RRC's are always concerned when there are repeat citations. They are particularly concerned about the scholarship of faculty in pediatric programs. He</p>	<p>The draft response will be circulated to the committee.</p>	

	<p>does feel there have been improvements since the last visit and that appropriate resources are available. Crafting a cogent response is important.</p> <p>Dr. Waz stated they are experiencing problems a lot of programs are having. There are now three faculty instead of two. The committee gave feedback on the draft response. Lack of scholarly activity by the program director is one RRC concern. Dr. Berger reported that a new permanent Chair will be appointed prior to submitting the program's response and that will work in their favor. The transplant issue may be addressed by a well-structured away rotation. Can go from proposed withdrawal to probation. Ways to answer citations in a factual manner were discussed in detail.</p>		
<p>4. New Business</p>	<p>Motion to adjourn at 5:10 pm</p>		

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.