

**GRADUATE MEDICAL EDUCATION COMMITTEE**  
 Roseanne C. Berger, M.D., Chair  
 Minutes  
 May 19, 2009

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| <b>Voting Members Present</b>          |                              | Drs. Hojnacki, Berger, Sifain, Sands (PDAC), Noe, Michalek, Hassett, Pincus (for Rainstein), Fitzpatrick (for Quattrin), Braen, Watt, Murray, D'Arcy  |   |                       |
| <b>Non-Voting &amp; Others Present</b> |                              | Drs. Mark Sands, Ballow, Fine, Baker, Miller, Kedron, Ms. Kennedy, Cummiskey, Orrange, Nawotniak  |   |                       |
| <b>Voting Members Absent</b>           |                              | Drs. Adragna, Arroyo, Harb, Marshall, Rosenthal, Paroski, Saltzman, Sayej, Zionts   |   |                       |
|  | <b>GMEC DUTY<sup>1</sup></b> | <b>DISCUSSION/CONCLUSION</b><br><b>Ongoing Business</b>   | <b>ACTION (AND BY WHOM)</b>   | <b>DATE COMPLETED</b> |
| <b>Opening</b>                         |                              | The Graduate Medical Education Committee of The University at Buffalo met for a scheduled meeting on Tuesday, May 19, 2009, in Room 125 BEB.  | Dr. Berger called the meeting to order at 3:38 pm                                     |                       |
|  |                              | <p>No quorum reached at this time.</p> <p><b><i>Dashboard – Faculty Quality Indicator</i></b> – For several years, the OGME has used an annual dashboard to gauge program quality. The quality dashboard looks at various criteria and ranks areas using red, yellow, and green indicators. Annual review of results guides the focus and may result in shifts to areas of concern. Quality of teaching has been identified as an area of concern this year. The dashboard currently asks if the resident would recommend their program to others. E-Value can assist in obtaining data related to quality of teachers.</p> <ul style="list-style-type: none"> <li>- Proposal - compare the number of evaluations assigned to faculty in relation to number completed. Current data has been collated and a small subcommittee (Drs. Saltzman, Braen, and Cherr) reviewed the results. The subcommittee proposes including all faculty in the analysis (including volunteer). 90-100% return and complete = green; 75-89% = yellow; under 75% = red. The purpose would be to assist the program directors identify faculty who consistently do not complete evaluations.</li> <li>- Second recommendation is to add two common questions to all evaluations. The subcommittee felt it would be beneficial to determine if there was a correlation between the quality of teaching and number of evaluations completed. Two questions were proposed: #1) Is the attending physician an effective teacher? and #2) Does this attending physician provide useful feedback?</li> </ul> <p><i>Motion</i> to add the percentage of evaluations completed to the dashboard. Motion to approve. Discussion – The amount of time to complete evaluations was discussed. Some members felt a 30 day turnaround was reasonable. A longer time frame had been proposed. 60 days may be more appropriate. Some programs use composite evaluations that require scheduling meetings. The 30 day timeframe make not work in this scenario. The group agreed 60 days would be reasonable.</p> | The UBRC will be asked for input on faculty evaluation questions at its next meeting. | 6/4/09                |

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|                         |    | The committee suggested using a five point scale for the evaluation questions. The UBRC will be asked to work on development of the two common questions.  |   |         |
| <b>Ongoing Business</b> |    | <b>1. Standing Reports:</b>  |   |         |
|                         |    | <b>Quorum reached –</b><br><ul style="list-style-type: none"> <li>- Minutes of the April 21, 2009 GMEC were approved</li> <li>- Consent agenda reviewed. Motion to approve the consent agenda was seconded and passed.</li> </ul>  |   |         |
|                         | IV | <b>Internal Review Subcommittee</b> (see attached report) – The subcommittee report was previously circulated. Dr. Braen thanked the members of the subcommittee for their on-going dedication and participation in this process. <b>Motion</b> to approve the subcommittee recommendations was seconded and passed.   |   |         |
|                         |    | The Internal Review Subcommittee directed Rehab Medicine to respond to citations from their 4/7/09 RRC letter. The response was previously circulated and reviewed. Motion to accept the report was seconded and passed.   | The goals and objectives will be reviewed by Susan Orrange and Lori McMann.   | 5/21/09 |
|                         |    | <b>Internal Reviews</b> - Anesthesiology Pain Medicine – 1/27/09 & Pediatric Anesthesiology – 4/2/09 were reviewed previously and are part of the Internal Review Subcommittee report.   | Responses to internal review subcommittee concerns are due in July.   |         |
|                         |    | Dr. Berger reminded the GMEC that a matrix system is being used to track citations and insure resolution of areas of concern.  |   |         |
|                         | 8  | <b>RRC letters – <u>Pediatric Hematology-Oncology</u></b> received 5 year continued accreditation effective 3/29/09. Dr. Berger pointed out that citation #2 is an example of the fact that RRCs are looking at goals and objectives and curricula very closely. There is a workshop scheduled on June 8 <sup>th</sup> to assist programs in this endeavor. Dr. Breacher has been asked to attend or send a faculty member to the workshop.<br><br><b><u>Pediatric Endocrinology</u></b> received 5 year continued accreditation effective 3/29/09. The lone citation is for lack of individual learning plans as required by the RRC. Dr. Berger explained that these learning plans are a focus of the pediatric RRCs. The OGME will work with Dr. Quattrin to develop these plans.  |   |         |
|                         | 1  | <b>Annual plan request</b> – Dr. Fine has asked for permission to hire a Clinical Neurophysiology candidate who would begin in January 2010 and be off-synch by six months. Any off-synch requests of more than three months duration needs GMEC approval. Dr. Berger is asking the committee to consider the off-synch request today. The program also requests permission to train four trainees instead of three as the off-synch person is progresses. The program will need to come back with more detailed information for this request to be considered. Dr. Berger asked if the committee would approve the off-synch request with the understanding the program would remain at three fellows. The 2009-2010 annual plan has three positions funded by Kaleida. <b>Motion</b> to approve the off cycle request was seconded and passed. | If the program would like a fourth line approved to overlap with the off-synch resident, they need to present a comprehensive curriculum to the GMEC. |         |
|                         | 10 | <b>Vascular Neurology Program Director</b> – Dr. Munschauer would like to appoint Dr. Marilou Ching as program director. Her biosketch was reviewed. She meets RRC program director  | GME will submit this request to   | 5/20/09 |

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|  |         | requirements for this specialty. <i>Motion</i> to approve was seconded and passed.   | the ACGME.   |        |
|  |         | <b>ACGME case logs</b> – procedure based specialties were reviewed 6 or 8 months ago. The report reveals that some programs do not have enough procedures. The program directors will be asked to respond to this committee with further details.  | GME will send letters to the program directors of the programs with low numbers asking for a plan of action.                                 | 6/5/09 |
|  | 3       | <b>Duty Hour Report</b> – Dr. Berger explained there have been IPRO visits since results of the duty hour survey were reported. The number of duty hours that should be permitted is under scrutiny at the national level. Residents are not always candid about the number of hours they work. Residents sometimes feel their programs may be in jeopardy and are concerned about the effects reporting may have on them personally. Members discussed resident concerns and obstacles. They are sometimes placed in an ethical dilemma when they have reached their 80 hours and are caring for very sick patients. There are much more stringent regulations being examined by the ACGME based on Institute of Medicine recommendations. Dr. Berger will appoint a GMEC subcommittee to look at duty hours. Charges would include developing recommendations about best practices and ways to provide advice on ethical issues. Carefully scrutinizing duty hour reports is the focus. The subcommittee should be comprised of residents, hospital representatives, and program directors. Representation should include a surgical subspecialty, primary care specialty, and one of the hospital CMO's. This subcommittee will examine whether the system of care allows the residents to comply in a reasonable manner. Systems and handoff processes should be scrutinized. Dr. Murray reported that IPRO doesn't provide much feedback at the exit interview so he didn't have much to report at this time. Dr. Murray suggested that Dr. Jehle would probably like to participate. Knowing that Pediatrics has been successfully dealing with duty hour issues, Dr. Berger asked Dr. Fitzpatrick to participate. | A duty hour subcommittee will be appointed. The GMEC will be informed of the membership.   |        |
|  |         | <b>University at Buffalo Residents Committee (UBRC)</b> – Dr. Sifain reported. Administration at BGH has met with Dr. Sifain, Dr. Berger, and Susan Orrange. They are interested in working together to find solutions. Residents are parking at BGH and walking to RPCI which is an issue. Dr. Michalek would like to review the data to determine RPCI specific needs. The UBRC suggests involving residents in the planning for the Vascular Surgery Center. The committee is instituting a process so that selection of representatives for next year will overlap with current representatives to insure continuity.  | Susan Orrange will contact Kaleida to find out the status of the parking situation. GME will report the results once they have learned them. |        |
|  | 2a<br>6 | <b>Program Directors Advisory Committee (PDAC)</b> – Ms. Orrange gave a report on the last committee meeting. Dr. Qazi has been collaborating with the quality improvement folks in CHS to insure the residents receive mentoring in areas identified as needing improvement. The timeline and expectations were thoroughly reviewed. This is a good example of hospital/program collaboration. The PDAC will focus on different competencies at each meeting this year by reviewing successful programs.  |  |        |
|  | 8<br>10 | <b>Allergy &amp; Immunology</b> – RRC response – Dr. Ballow stated the program was site visited in February 2008. Received five year accreditation but there were three areas of concern. Two were oversights from the PIF preparation. The first citation related to case volume was the  | The program will add projected numbers and   |        |

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|  | <p>most serious. Used the RRC case log system to count cases. Dr. Ballow's initial response in October indicated that the fellows were not being diligent in recording their cases. The RRC didn't accept this answer. The clinics the fellows are assigned to have a lot of rotators which dilute the experience of the fellows. The program met in January and began a process to determine the actual number of cases seen. They discovered there was a shortage of cases. The fellows were firmly ordered to complete their case logs. The documentation has significantly improved. Drs. Ballow and Rich have agreed to decrease rotators.</p> <p>The program would like to move one resident from ECMC to the VA to increase case numbers. Dr. Berger suggested that the letter specify how often the residents would go to the VA and the anticipated volume. Drs. Ballow and Sands have hard numbers they can include in the response letter. Dr. Ballow will meet with BGH administration to discuss further improvements.</p> | <p>the table available today to the response letter.</p> |  |
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**Adjournment – Motion** to adjourn was seconded and passed at 5:02 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.