GRADUATE MEDICAL EDUCATION COMMITTEE
Minutes
Date: October 14, 2008
Roseanne C. Berger, M.D., Chair

Voting Members Present	Drs. Berger, Dillon (for Dr. Yeh), Michalek, Braen, Zionts (PD Family Medicine & PDAC Chair-elect representing Dr. Sands), Murray, Hassett, Hojnacki, Paroski, Saltzman, Watt, D'Arcy, Sifain, Noe, Adragna,
Non-Voting & Others Present	Dr. Fine, Ms. Cummiskey, Sullivan, Kennedy, Nawotniak, Orrange
Voting Members Absent	Drs. Harb, Marshall, Quattrin, Rainstein, Sayej, Sands

	GMEC DUTY[1]	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, October 14, 2008, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:35 pm	
2. Ongoing Business		**1. Roseanne C. Berger, M.D., DIO**		
	IV	**ACGME Institutional Review** will be conducted October 20. Dr. Carl Stanitski, a Pediatric Orthopaedist is the site visitor. The key role of the site visitor is to verify information in the Institutional Review Document. Dr. Berger thanked members who had looked at drafts of the document. Those participating in the visit should be sure to re-read and be familiar with the document and response to citations previously circulated. The site visitor chose to meet with 6-8 representatives, not all members of the GMEC. Interviews will insure that the GMEC is fulfilling their responsibilities. Responsibilities were reviewed about a year ago and are in today's packet. Dr. Berger presented an overview of key issues. As of July there has been a new approach to institutional accreditation. The ACGME collects data through surveys and procedural logs and uses this information in its assessment of programs and institutions. The GMEC will continue to use a variety of sources such as ACGME data and data collected by the GME office to scrutinize programs. The goal is to assist programs in achieving maximum accreditation while insuring quality in training programs. Internal reviews are chaired by Dr. Braen. The internal review committee conducts a preliminary review of materials from the programs and a review of surveys. They compare information submitted by the program to prior RRC and internal review findings. Much as the ACGME does, the committee confirms findings through resident and faculty interviews. The report is given to the Internal Review Subcommittee which makes recommendations to the GMEC. Citations are sent to the programs with a timetable for follow-up. This cycle continues until citations are resolved. Dr. Hassett remarked that the PIF review conducted by Drs. Berger and Braen is an extremely helpful process. PIF preparation classes for program coordinators have been held. Feedback from RRC letters will be used to improve them. Using available data will be stressed. The GME dashboard uses a variety of data to identify and cluster areas of concern and is used for		

quality improvement. Information such as program satisfaction and completion of an annual program evaluation tool are derived from OGME data. Self-reported information may not be accurate. The office will pre-populate additional fields in 2009. This year's submissions will be closely scrutinized using data available. It was noted that the addition of monitoring the use of the Annual Program Evaluation Improvement Tool to the dashboard substantially increased compliance in this area.

Processes used in the oversight of programs were reviewed. Dr. Berger presented statistical analysis comparing procedures reported for Buffalo GME programs in relation to national norms published by the ACGME. The ACGME feels their surveys are valid due to the large number of residents who participate in them. Some additional data available to RRC site visitors are citation profiles and faculty CV's.

A matrix displaying common citations was presented. There are a total of 147 citations. 109 were resolved as determined by the GMEC through the Internal Review Subcommittee. The matrix is color coded to display resolved, in-process, etc.... Common citations were clustered. Scholarly activity and procedural experience concerns were highlighted. The ACGME uses the 15th percentile as a cut off signaling a red flag.

An example of an ACGME case log was presented. The Colo-rectal Surgery program used statistics available through the ACGME case log system to identify and rectify areas where a low number of procedures were a concern. Dr. Singh will be asked to closely monitor this data to identify areas in need of further improvement.

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Duty hour violations were discussed. This is a hot topic nationally. Procedures the ACGME follows when duty hour concerns are identified were displayed on a flow chart provided by the ACGME. Dr. Berger indicated there are discussions at the national level of establishing 60 hour work week limitations. Aggregate survey information available to Dr. Stanitski related to work hours was reviewed. There are a few with repeat citations. This information is used by site visitors when interviewing residents. Dr. Berger asked the committee if they had any suggestions about how the GMEC should monitor duty hour citations. Dr. Hassett reported that IPRO reports and ACGME survey results are inconsistent. It is imperitive that the programs know their own data. Having coherent answers and backup data to answer concerns is the most effective response. The group was asked to think about proposals for what data should be used by this group to oversee program compliance. IPRO results are available to site visitors.

IRPO noted concerns in duty hour compliance at WCHOB. They use schedules and interviews to capture possible duty hour violations. Dr. Berger reported that in response Dr. Fitzgerald has implemented a variety of strategies including: 1) adding a resident to the NICU, 2) computerized timesheet to provide accurate data, 3) requiring strict adherence when scheduling residents, 4) reinforcing duty hour requirements with NICU attendings, 5) providing support to individual residents to teach time management skills. Plans to address Pediatric Surgery concerns are being finalized and will be shared upon completion.

The GMEC committee was encouraged to be prepared with examples of how the committee meets its ACGME oversight responsibilities. Some examples include:

- Monitoring progress of the plan to reassign some of the Medicine residents from ECMC to insure patient safety while maintaining quality resident education.

		- Review and feedback on the resident supervision policy drafted by a committee chaired by Dr. Hassett. To insure appropriate, quality supervision processes were established, the policy went through numerous revisions after feedback from the GMEC and UBRC. - Requests for increase in program size are brought to this committee. Some have been denied due to concerns regarding case numbers and availability of faculty. - Closing the Radiology program due to inability to provide a stable and non-threatening environment to support resident education. Dr. Noe suggested citing internal reviews that show oversight and prompted committee action. Lack of scholarly activity is one that comes to mind. Dr. Braen cited some changes that have occurred due to internal review findings. Some examples of resolved issues will be circulated. Critical Care Anesthesiology and Interventional Cardiology are two programs that have withdrawn requests for sponsorship as a result of committee concerns. Programs have to evaluate their effectiveness in teaching the competencies. E-Value is the web-based system purchased to track compliance.		
	6	Dr. Paroski noted that GMEC oversight includes curriculum review. Dr. Braen explained that curriculum is scrutinized at both the internal and PIF reviews. Dr. Berger indicated the definition of curricula is changing. The level of detail the ACGME is using to review curriculum is increasing. There is a curriculum writing workshop with the Royal College of Physicians scheduled next week. Faculty from the college have collected information from our programs that will be used in directing the workshop.		
	6	**E-Value Update** – Sharon Sullivan, Administrator, Residency Electronic Management Systems, provided an update of the progress on the implementation of E-Value. Ms. Sullivan began full-time September 1st. "Functionality" was presented, to highlight some of the ways the system collects and shares information. Everything is tracked electronically. All programs coordinators have been trained at this point. The goal was to have electronic evaluations and distribution of goals & objectives done by E-Value by the end of September. About 50% of the programs distribute their evaluations using E-Value at this time. For a variety of reasons there are about 29 programs not yet using the system. Dr. Berger thanked Sharon for overseeing this very complex implementation process.		
		Motion to approve the minutes of September 16th was seconded and passed.		
	10	**Annual plan request** – The Catholic Health System has requested an increase of 3 positions in Medicine. The program has achieved five years accreditation for two successive cycles. They feel they have enough faculty and case volume. Their goal is to retain more physicians in Western New York. They have the backing of their Chair and have financial support. Dr. D'Arcy explained that Osteopathy is doing away with their rotating internship and they will use the slots in Medicine. They will phase these slots out over time. Dr. Saltzman expressed concern about increasing the number of medicine trainess because clinical demands on subspecialties have made it difficult to place residents in subspecialty training for electives. Specialty rotations may need to be established within the CHS system. Dr. D'Arcy responded that they will guarantee that they do not need to go outside their system to meet the training requirements for these additional residents. Dr. Saltzman informed Dr. D'Arcy that all elective requests need to go through the Medicine GME office, not directly to the programs. The		

		Medicine GME office is having a difficult time placing residents in their requested elective rotations because there are a finite number of slots. Geriatrics is an example of a required rotation outside the CHS. **Motion** to approve the request to increase the number of trainees by three was seconded and passed. Dr. Saltzman abstained.		
RRC Letter	8	**Allergy & Immunology** letter effective 9/12/08 granted 5 years accreditation. A progress report is due 1/1/09. The citations were reviewed. The 3rd citation was lack of documented annual program evaluation. The GME office has documentation which will be used to have this citation reversed. Dr. Ballow will be asked to review data used in his response carefully.	Dr. Ballow will report back to the GMEC at its next meeting.	10/15/08 – documentation sent to A & I to use in their response.
RRC Letter	8	**Pediatric Critical Care** letter of June 13, 2008 was a response to a progress report dated August 9, 2007. Two of the citations were rescinded. Two will be closely monitored at the next review in approximately one year. One of the citations noted a lack of solid organ transplant for pediatric patients. Dr. Paroski reported that there is no change expected in the near future related to the solid organ transplantation at WCHOB.		
		Internal Review In-process report indicates the Pediatric Critical Care internal review is tentatively scheduled in December.		
		University at Buffalo Residents Committee (UBRC) – Andy Sifain reported on issues discussed at the last meeting. - The UBRC & Polity co-sponsored a successful movie night in preparation of a visit by the author of "The Kite Runner". - The UBRC is developing a mission statement. - Members confirmed that the UBRC is a confidential body for addressing resident concerns. They are charged with providing feedback to the GMEC. - Kaleida Health protocols have been reviewed by the UBRC per their request. - Duty hour issues at WCHOB have been identified and the UBRC is working in conjunction with OGME to resolve the issues. - The duty hour issue highlighted the fact that there is no representative from Pediatrics assigned to the committee. - Copies of the 405 survey have been requested because their may be some ambiguity in the wording of the survey.	10/15/08 – Dr. Berger spoke with the Chair and Program Director of Pediatrics to insure an elected representative will participate on the UBRC. 10/15/08 – Resolution of Duty Hour concerns were circulated to the UBRC via e-mail.	
		Program Directors Advisory Committee (PDAC) – Dr. Zionts, Chair-Elect of the PDAC indicated there was no report this month.		
		New Business – Dr. Paroski informed the committee that the union which represents the nurses at WCHOB is currently in contract negotiations and is threatening to go on strike. A contingency plan is being developed. Residency programs would be affected if this happens. Dr. Berger		

		responded that a responsible plan would be to involve the programs that may be affected. The concept behind the Disaster Policy will be used. Replacement nurses and staff would be brought in, but not all services will continue at full capacity. Some units such as the NICU would be very difficult to maintain. Residents rotating through WCHOB could be re-assigned, but some programs may be very negatively impacted. Dr. Noe reported that a nursing strike in the 80's lasted about 3 months and brought their services down to about 50%. Reassignment may be available for some residents. The concern is that Pediatric services are not easily reassigned and certain units may not be able to replace specially trained nurses (NICU). Residents may have to be reassigned to out of town hospitals. Ms. Cummiskey reported that if residents need to be reassigned to other hospitals, ACGME and Medicare agreements will need to be executed. Dr. Paroski was encouraged to prepare a contingency plan including programs that may be impacted in the unlikely event that a strike occurs.		
	1	Dr. Hassett – UBRC committee had a lengthy discussion about resident salaries. The proposed salary and benefits will come back to this committee next month. The GME office has a new full-time resident benefits manager who is responsible for oversight of resident benefits.		
		Motion to adjourn was seconded and passed at 5:15 pm.		
The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, November 18, 2008				

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.