

GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes

Richard Braen, M.D., Acting Chair

Date: September 16, 2008

Voting Members Present	Drs. Michalek, Sands, Dillon (for Yeh), Hojnacki, Braen, Saltzman, Hassett, Paroski, Watt, Rainstein, Noe, Manochakian, Quattrin, D'Arcy			
Non-Voting & Others Present	Dr. Larry Plumb, Ms. Cummiskey, Ms. Kennedy, Ms. Orrange, Ms. Nawotniak			
Voting Members Absent	Drs. Adragna, Berger, Marshall, Murray, Sifain, Zions			
	GMEC DUTY		ACTION (AND BY WHOM)	DATE COMPLETED
1. Opening		The Graduate Medical Education Committee of the University at Buffalo met for a scheduled meeting on Tuesday, September 16, 2008, in Room 125 BEB.	Dr. Braen, Acting Chair, called the meeting to order at 3:30 pm.	
2. New Member		Dr. Braen welcomed a new member of the GMEC, Dr. David Hojnacki, Assistant Clinical Professor in Neurology. Dr. Hojnacki completed medical school, residency, and fellowship training in Buffalo.		
3. Approval of Minutes		The minutes of the GMEC meeting held on August 19, 2008 were previously circulated and presented today. Move to approve the minutes as written was seconded and passed.		
4. GME Award Winners		Two GME award recipients were announced. The 2008 Resident Outstanding Teacher Award winner is Dr. Kilian Salerno. Dr. Braen commented that Dr. Salerno completed an Emergency Medicine residency and then Radiation Oncology residency and was an asset to the community. The 2008 Cheryl A. Kishbaugh Resident Professionalism Award was given to Dr. Shehzad Topiwala, an Endocrinology Fellow. Dr. Saltzman stated that Dr. Topiwala was a dynamic teacher.		
5. Ongoing Business	2	Program Directors Advisory Committee (PDAC) – Report presented by Dr. Amy Sands, Chair – The last PDAC committee meeting was September 9 th . It was well attended with 20 or more participants. Dr. Cynthia Pristach from the Department of Psychiatry conducted a workshop on small group teaching techniques. A curriculum writing workshop will be held October 23 rd . The Royal College of Physician's group is running it. Dr. Sands announced there is a new President-elect of the PDAC, Dr. Michael Zions, Program Director in Family Medicine. He will assume this role in January. She commented that it has been a pleasure serving as Chair in 2008.		
6. Program Business	10	The Otolaryngology request for an increase in resident complement has been denied by the RRC.		
	8, 10	RRC letter - Niagara Falls Family Medicine (6/26/08) has a pending Proposed Withdraw from the RRC. Progress report due 10/20/08. Dr. Larry Plumb, Program Director addressed the committee. The draft response to the citations was previously circulated. Dr. Plumb acknowledged that the citations have some degree of validity. Citation #1: Program Director has changed numerous times over the past five years. He explained the reasons and timeline of changes. This should be acceptable to the ACGME. #2) Program Director	Dr. Plumb will make agreed upon changes prior to submission to the RRC.	

		<p>didn't take ownership of the PIF (incorrect information). Dr. Plumb wrote the PIF himself. #3) Resident Attrition. Numbers are correct. The program was struggling for a number of years. Provided details of reasons for departure which should be acceptable. He characterized the current trainees as higher caliber residents than in the past. Committee members agreed this information should be shared in the response. #4) Pediatric experience – Dr. Plumb responded that they meet the requirements but are working on improving the experience. Dr. Sands offered a suggestion on wording to highlight strong points. Suggested giving a UB faculty appointment to the site supervisor on the away rotation. #5) Research and Scholarly activity. Dr. Plumb feels that for three faculty members they participate in a good amount of scholarly activity. Residents are now involved in scholarly projects. Add examples to the narrative. Add the fact that the residents now have two weeks of research time assigned. #6) Faculty development is now in place and documented. #7) ACGME survey results conflicted with GME survey results. Residents reported that the site visitor's questions related to service and satisfaction with the program were confusing and they may have unintentionally responded in a manner that was interpreted as negative. Suggestions on wording were discussed and Dr. Plumb agreed to incorporate into his response. #8) Evaluation of graduates - copy of 2003 survey was included. #9) Board scores – according to Dr. Jerry Vasiliadis, Executive Director of the Family Medicine RRC, this is a critical citation. New criteria for resident selection and minimum in-service exam results were reviewed.</p>		
<p>7. Quality Improvement Project Presentation</p>	<p>5</p>	<p><i>“A Current Assessment of the University at Buffalo Internal Medicine Resident Sign-out System and Interventions to Improve its Implementation.”</i> (see attached powerpoint presentation). Dr. Rami Manochakian presented a quality improvement project resulting from an Evidence Based Medicine/Quality Improvement Award provided by the Office of Graduate Medical Education. The project is on-going at this time. The study topic was identified after JCAHO 2006 National Patient Safety Goals were published. Hand-offs were highlighted as an important issue. The study examined resident hand-offs in three hospital systems. An extensive literature review was completed, and a new sign-out system was designed. Sign-out survey was developed and conducted to assess resident perceptions of the change. A summary of results, along with the actual survey questions were presented to the committee. Survey results revealed new system is an improvement over past practices. Overall efficiency seemed to be improved. Training about how to do a good sign-out has been given and will be expanded. System wide sign-out process is being discussed. A second survey is planned to compare results and improvement. Dr. Paroski suggested looking at total number of incident reports and medication errors since implementation to determine whether there has been improvement. Dr. Hassett suggested the Department consider the implications of the “short call” (4-8 pm) on handoffs, that perhaps having two handoffs in quick succession may be detrimental to patient safety efforts. Another committee member suggested looking at patient length of stay as another potential outcome measure that could give data on impact of the change.</p>		
<p>8. PIF Submissions</p>	<p>8, 10</p>	<p>Response to previous citations for <i>Pediatric Nephrology, Pediatric Endocrinology, and Pediatric Hematology/Oncology</i> were previously circulated and presented today. Dr. Quattrin reported that these fellowships were being site visited this week. The site visitor seemed satisfied with the documents and resident interviews.</p>		
<p>9. Institutional Review</p>	<p>9</p>	<p>A draft of the OGME response to previous citations for the <i>Institutional Review</i> was previously circulated and reviewed today. There was a discussion about content and facts as written. Dr. Berger will be alerted to committee recommendations.</p>		

10. Statement of Commitment		The University at Buffalo Statement of Commitment to Graduate Medical Education signed by the Dean, DIO & Chair of the GMEC, and Faculty Council President was previously circulated and reviewed.		
11. Policy	13	Vendor Interaction Policy – Residents are reporting confusion over vendor interaction policies. Interpretation and jurisdiction are inconsistent at different sites. Dr. Rainstein reported that the VA no longer allows companies to bring food into the hospital. Dr. Paroski indicated that Kaleida is not very strict on this subject and has no control over physicians who are on-site, but not employed by Kaleida. The committee was unable to come to a consensus on suggestions for standardization of policies.	The committee asked Dr. Sands to survey the program directors to determine exactly where the confusion and problems lie.	
12. Internal Reviews	IV	The Internal Review In-Process Report (9/16/08) was reviewed. The ACGME requires documentation of the status of internal reviews in process in the GMEC minutes by approximately the midpoint of the accreditation cycle.		
13. New Business		No new business was identified.		
14. Adjournment		Motion to adjourn was seconded. The meeting was adjourned at 5:05 p.m.		

s:GMEC/GMEC2008/9-16-08 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; **(14)** develop, implement and oversee an internal review process in accordance with the ACGME Institutional Requirements IV, A & B.