

PROGRAM DIRECTORS ADVISORY COMMITTEE (PDAC) MINUTES

Date: 9/14/09

Dr. Michael Zions, M.D., Chair

Program Directors Present	A. Lockwood, A. McDonald, M. Sitrin, M. Jereva, M. Zions, E. Rich, K. Bethin, K. Qazi, C. Pristach, T. Polisoto, J. Hassett
Assistant/Associate Program Directors Present	S. Cloud, D. Mauricio
Program Administrators Present	B. Hails, R. Nawotniak, C. Farley
Others	J. Freer (Faculty), R. Berger, C. Eckart, S. Sullivan, S. Orrange

DISCUSSION/CONCLUSION	ACTION (AND BY WHOM)	DATE COMPLETED
Ongoing Business		
The Program Directors Advisory Committee of The University at Buffalo met for a scheduled meeting on Monday, September 14, 2009, in Room 134b Farber Hall.	Dr. Zions called the meeting to order at 4:35 p.m.	9/14/09
Minutes of the 7/13/09 meeting were reviewed.	Motion to approve the minutes was seconded and passed.	9/14/09
<p>Palliative Medicine: Department introduction & elective opportunities (Dr. Amy McDonald & Dr. Jack Freer)</p> <p>Dr. McDonald presented an overview of the Palliative Medicine department, fellowship program, and elective opportunities. The fellowship program is now in its third year, and emphasizes quality of life, prevention & relief of suffering with a central focus on teamwork. A variety of diseases are seen; the fellows do not just work with cancer patients. Dr. McDonald addressed common misconceptions of palliative medicine. She emphasized that it is not synonymous with Hospice, does not mean patients must give up or stop treatment, and does not equate with DNR/DNI. Fellows can enter this program after completing an accredited ACGME residency in Anesthesiology, EM, FM, IM, Neurology, OB/GYN, Pediatrics, PM&R, Psychiatry, Radiation Oncology, or Surgery.</p> <p>In addition to the fellowship program, the department also offers an elective experience to residents interested in exploring palliative care. An elective curriculum can be found at http://bioethics.buffalo.edu/pallmed.html . An innovative aspect of this elective includes a standardized patient experience in delivering bad news, similar to the one used with medical students.</p> <p>Dr. Berger added that institutions are looking for ways to distinguish themselves that can permeate many programs and help attract high quality candidates to many programs. In our own community, both Independent Health and RPCI are looking to increase provider skills in this area.</p>	<p>Programs should direct residents interested in the Palliative Medicine Fellowship Program or a palliative medicine elective to Dr. Amy McDonald AmyMcDonald@med.va.gov.</p>	
<p>Recruitment Strategies</p> <p>Attendees participated in a group activity to identify best recruitment practices within UB programs. Specific issues discussed included ways to use current residents/faculty/program administrators in the recruitment process, promoting Buffalo, effective interview questions,</p>	GME will bring the website issue to the GMEC/dean's office.	

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<p>mechanisms to find plagiarism and fraud, and most successful overall recruitment elements. A complete summary is attached.</p> <p>Program Directors also discussed the importance of UB websites in the recruitment process. It is recognized that students are going to the web for their first point of contact, and programs are worried that UB is not able to make a strong first impression. Program Directors described the websites as “disappointing”, “primitive”, and “embarrassing”, and expressed frustration with the update process, and time it takes to implement changes. Dr. Berger told the group that the School is currently restructuring the way that websites are managed, with a new communication group.</p>		
<p>Dean’s Report</p> <ul style="list-style-type: none"> <p>● H1N1 Vaccine Mandatory for Trainees A memo was emailed to Program Directors and Administrators regarding the mandatory vaccination of trainees. All must receive two vaccines by November 30th, and send evidence to Dr. McAloon in Employee Health. The memo includes Frequently Asked Questions that were generated from the first UB Residents Committee meeting.</p> <p>● PM&R Update Dr. Berger reported that Dean Cain exercised his fiduciary responsibility to manage the resources of the school in order to make it possible to strengthen core programs. Ten geographic full time faculty received non-renewal notices, which is the prerogative of the Dean. The GMEC will be asked whether or not the residency program should continue at the meeting on September 15th. This is a separate issue from the continuation of the department. Dr. Polisoto has a great team of 15 residents who are bright and wanted to train in WNY. But the program has problems that need resources to fix such as scholarly activity and teaching time. A subcommittee of the GMEC was asked to make a recommendation, and advised that the program should close at the end of the academic year. This decision was recommended so that residents can transfer to another program and temporarily transfer the GME cap position (an incentive for institutions already at their cap to train displaced residents). This decision is now supported by the residents. Dr. Berger, Dr. Polisoto, & Dr. Bone may explore other possibilities for the faculty, possibly including becoming a training site for another program (such as Rochester) or providing rotations for another program. The Dean is willing to consider these options. Dr. Lockwood commented that, as a member of the GMEC subcommittee, he found it problematic that the GMEC had not taken action on this issue in the past two meetings, putting increased pressures on the residents. Dr. Hassett felt the GMEC’s conduct to be responsible and reasonable in considering related University issues before closing down a residency program. Dr. Polisoto expressed his strong belief in the importance of the program and its’ focus on the Buffalo</p> 		

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<p>community's aging & disabled populations.</p> <ul style="list-style-type: none"> • GME Program Evaluation & Improvement Tool Status & Examples Discussion postponed. Information will be circulated via email. • Common Faculty Evaluation Question Changes Discussion postponed. Information will be circulated via email. • Nominations for 2010 PDAC Chair Discussion postponed. Nominations will be collected via email for a vote at the November 9th meeting. 		
<p>UB Residents Committee (UBRC) Report</p> <p>No resident present to discuss. Issues brought up at the most recent meeting on September 10th included: updates on the required H1N1 vaccine, attention to the VA concern of copying and pasting in medical records, moving forward on a research project on resident burnout, working on documents and processes to enhance new resident's transitions to Buffalo, requests for enhanced research assistance in areas such as getting started & finding a mentor, how to more effectively communicate with programs and other departments on resident evaluations to see improvement, and ways to communicate desired teaching improvements (using evaluation procedures to impact program change).</p>		
<p>New Issues</p> <ul style="list-style-type: none"> • Password sharing problems continue Residents and fellows continue to be placed in a problematic situation where the only way to quickly get work done is to share passwords to access hospital records, which puts them in danger of a HIPAA violation. Medical student access to hospital systems must be resolved. 	<p>Dr. Hassett will send copies of communication to Dr. Berger for further exploration.</p>	
<p>Adjournment</p>	<p>Motion to adjourn at 6:15 pm was seconded and passed.</p>	<p>9/14/09</p>

Program Director Responsibilities (ACGME Common Program Requirements section II.A.) Effective 7-1-07

1. There must be a single program director with authority and accountability for the operation of the program. The sponsoring institution's GMEC must approve a change in program director. After approval, the program director must submit this change to the ACGME via the ADS.
2. The program director should continue in his or her position for a length of time adequate to maintain continuity of leadership and program stability.
4. The program director must administer and maintain an educational environment conducive to educating the residents in each of the ACGME competency areas. The program director must:
 - a) oversee and ensure the quality of didactic and clinical education in all sites that participate in the program;
 - b) approve a local director at each participating site who is accountable for resident education;
 - c) approve the selection of program faculty as appropriate;
 - d) evaluate program faculty and approve the continued participation of program faculty based on evaluation;
 - e) monitor resident supervision at all participating sites;
 - f) prepare and submit all information required and requested by the ACGME, including but not limited to the program information forms and annual program resident updates to the ADS, and ensure that the information submitted is accurate and complete;
 - g) provide each resident with documented semiannual evaluation of performance with feedback;
 - h) ensure compliance with grievance and due process procedures as set forth in the Institutional Requirements and implemented by the sponsoring institution;

- i) provide verification of residency education for all residents, including those who leave the program prior to completion;
- j) implement policies and procedures consistent with the institutional and program requirements for resident duty hours and the working environment, including moonlighting, and, to that end, must:
 - (1) distribute these policies and procedures to the residents and faculty;
 - (2) monitor resident duty hours, according to sponsoring institutional policies, with a frequency sufficient to ensure compliance with ACGME requirements;
 - (3) adjust schedules as necessary to mitigate excessive service demands and/or fatigue; and,
 - (4) if applicable, monitor the demands of at-home call and adjust schedules as necessary to mitigate excessive service demands and/or fatigue.
- k) monitor the need for and ensure the provision of back up support systems when patient care responsibilities are unusually difficult or prolonged;
- l) comply with the sponsoring institution's written policies and procedures, including those specified in the Institutional Requirements, for selection, evaluation and promotion of residents, disciplinary action, and supervision of residents;
- m) be familiar with and comply with ACGME and Review Committee policies and procedures as outlined in the ACGME Manual of Policies and Procedures;
- n) obtain review and approval of the sponsoring institution's GMCC/DIO before submitting to the ACGME information or requests for the following:
 - (1) all applications for ACGME accreditation of new programs;
 - (2) changes in resident complement;
 - (3) major changes in program structure or length of training;
 - (4) progress reports requested by the Review Committee;
 - (5) responses to all proposed adverse actions;
 - (6) requests for increases or any change to resident duty hours;
 - (7) voluntary withdrawals of ACGME-accredited programs;
 - (8) requests for appeal of an adverse action;
 - (9) appeal presentations to a Board of Appeal or the ACGME; and,
 - (10) proposals to ACGME for approval of innovative educational approaches.
- o) obtain DIO review and co-signature on all program information forms, as well as any correspondence or document submitted to the ACGME that addresses:
 - (1) program citations, and/or
 - (2) request for changes in the program that would have significant impact, including financial, on the program or institution.