

PROGRAM DIRECTORS ADVISORY COMMITTEE (PDAC) MINUTES

Date: 1/12/09

Dr. Michael Zionts, M.D., Chair

Program Directors Present	Drs. M. Zionts, A. Sands, A. McDonald, R. Ryan, A. Lockwood, K. Qazi, J. Hassett, C. DeFazio, C. Pristach, M. Lema, N. Nader
Assistant/Associate Program Directors Present	Drs. P. DelRegno, F.M. Elliott, S. Watt
Program Coordinators Present	R. Nawotniak, B. Kennedy
Others	S. Orrange, S. Sullivan

DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
The Program Directors Advisory Committee of The University at Buffalo met for a scheduled meeting on Monday, January 12, 2009, in Room 134b Farber Hall.	Dr. Zionts called the meeting to order at 4:40 p.m.	1/12/09
Minutes of the 9/9/08 meeting were reviewed.	Motion to approve the minutes was seconded and passed.	1/12/09
Chair's Report – Drs. Amy Sands & Michael Zionts Dr. Zionts was introduced as the new Chair of PDAC. He thanked Dr. Sands for her service over the last year and presented her with a token of thanks.		
Faculty Development: <ul style="list-style-type: none"> • <i>Fall Curriculum Workshop Summary</i> Dr. Amy Sands, Pathology Program Director presented a summary of the Curriculum Workshop given by the Royal College of Physician Educators to a group of program directors and faculty on October 20, 2008. Guidelines for objectives were outlined, and the process of developing and writing a curriculum was reviewed. Reference handouts were circulated on helpful verbs to use in objective writing; Bloom's hierarchy of learning; a sample from a curriculum demonstrating use of knowledge, skill & attitude categories; examples of teaching & learning methods, and assessment & evaluation methods; and a blank curriculum planning template for use in program revisions. • <i>Run Faster, Jump Higher: Resident Contract for Improvement</i> Dr. Michael Zionts, SUNY Family Medicine Program Director shared a best practice that was lauded by the RRC site visitor. The program has developed a "Resident Contract for Improvement" that utilizes the competency areas as a framework for a pre-probationary improvement effort and measure. • <i>My Folio Update</i> Sharon Sullivan, Electronic Management Systems 		

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<p>Administrator reported that she is currently recruiting program volunteers to create a portfolio template that will be common to all UB programs, and also allowing for other components to be added according to individual program needs. An advisory committee will be debating the format (competency-based vs. requirements-based).</p> <ul style="list-style-type: none"> • ACGME update <ul style="list-style-type: none"> ○ Annual Educational Conference (registration now open) March 5 - March 8, 2009 Grapevine, TX (say "yes" to the Group Discount. UB Qualifies). ○ Concerns/issues to bring to the attention of a workgroup of the NRMP & AAMC/ERAS addressing problems related to the "scramble". This will be the topic of a special session at the upcoming ACGME Educational Conference. ○ 12/2008 Institute of Medicine Report on Resident Duty Hours - Executive Summary or read free online http://www.iom.edu/?ID=60449. A committee was formed to review literature and develop a report to Optimize Resident Hours to Improve Patient Safety. Recommendations include implementing a protected sleep period of 5 hours (to be counted toward the 80 hour maximum) during any shift that exceeds 16 hours, increase the number & regularity of resident days free from work, limit moonlighting, provide safe transportation for fatigued residents, increase resident training in QI, error reporting & handoff education, and requests additional funding from Congress to support these recommendations and the monitoring they require. 	<p>Program Directors interested in creating a UB portfolio template should contact Sharon Sullivan at sms64@buffalo.edu</p> <p>Program Directors should forward concerns about the scramble to Valerie Kennedy ymk@buffalo.edu who will share them at the ACGME meeting.</p>	
<p>New Business</p> <ul style="list-style-type: none"> • Medical school module months/dates have changed. This will impact some residency and fellowship training programs. • Topics for future PDAC meetings were discussed. Suggestions include: <ul style="list-style-type: none"> ○ Procedure documentation – challenges and solutions for electronic documentation ○ Exploring alternative forms of communication to replace resident beepers ○ HIPAA & patient privacy issues impacting resident training, including password sharing, chart stickers, cell phone photo images, etc. 		
<p>UB Residents Committee (UBRC) update none to report</p>		
<p>Adjournment</p>	<p>Motion to adjourn at 5:33 pm was seconded and passed.</p>	<p>1/12/09</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 GMEC/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.