

PROGRAM DIRECTORS ADVISORY COMMITTEE (PDAC) MINUTES

Date: 3/9/09

Dr. Michael Zions, M.D., Chair

Program Directors Present	Drs. E. Rich, S. Baker, P. Mazur, K. Bethin, A. Lockwood, K. Qazi, E. Fine, A. Sands, S. Schwartz, A. McDonald, L. Fitzpatrick, R. Ryan
Assistant/Associate Program Directors Present	Drs. F.M. Elliott, M. Sands (faculty)
Program Coordinators Present	L. Brown, J. Harszlak, S. Gilliam, T. Smith,
Others	Drs. M. Cain & R. Berger, 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, March 9, 2009, in Room 134b Farber Hall.	Dr. Zions called the meeting to order at 4:35 p.m.	3/9/09
Minutes of the 1/12/09 meeting were reviewed.	Motion to approve the minutes was seconded and passed.	3/9/09
<p><i>Accreditation Awards</i> Dr. Michael Cain, Dean, UB School of Medicine & Biomedical Sciences and Dr. Roseanne Berger, Senior Associate Dean for GME presented the following awards:</p> <p><u>5 Years Accreditation - No Citations</u> Adult Reconstructive Orthopaedics, 2008-2013 Dr. Kenneth Krackow & Dr. Janet Harszlak Orthopaedic Surgery Residency Program, 2009-2014 Dr. Lawrence Bone & Ms. Tammy Smith</p> <p><u>5 Years Accreditation</u> Internal Medicine Residency Program, CHS, 2008-2013 Dr. Khalid Qazi & Ms. Sharon Sullivan Sleep Medicine Residency Program, 2008-2013 Dr. Eric Tenbrock & Ms. Sandra Gilliam Allergy and Immunology Residency Program, 2008-2013 Dr. Mark Ballow & Ms. Michele Bauer</p> <p><u>4.5 Years Accreditation</u> Pediatric Gastroenterology Fellowship Program, 2006-2010 Dr. Susan Baker & Ms. Dawn Andres Neonatal-Perinatal Medicine Fellowship Program, 2006-2010, Dr. Alastair Hutchison, Dr. Rita Ryan, & Ms. Andrea Mattingly</p> <p><u>Initial Accreditation</u> Palliative Medicine Fellowship Program, 2008-2012 Dr. Amy McDonald & Ms. Sandra Gilliam</p>		

DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
<p>Dean's Report –Dr. Roseanne Berger</p> <p>Dr. Berger discussed possible changes in resident, administrative, and other staff parking at the Buffalo Niagara Medical Campus that are likely to include bussing to an offsite location and a fee. However, residents do get a stipend in their paychecks to help offset some expenses related to their training, such as parking.</p> <p>Information on the Institute of Medicine's Duty Hours report was distributed and may be the topic of a future agenda item.</p> <p>Ms. Sharon Sullivan and Dr. Berger presented a synopsis of a larger E*Value presentation that was given at the Program Administrators training day in February. Ms. Sullivan reported on GME E*Value goals, implementation status, and MyFolio status. She also reinforced the expectations that include: sending out goals and objectives for each rotation and PGY level, requiring and tracking evaluation completion and results, and tracking bedside procedures. Dr. Berger reported that there will be increased attention given to the schedule portion of the system. The ultimate goals are to have resident schedules posted for an entire year, document conferences attended by residents and faculty, and demonstrate transparency and accountability.</p>	<p>Specific E*Value deadlines announced include:</p> <ul style="list-style-type: none"> • Trainee schedules for the first quarter of the 2009-2010 academic year must be entered into E*Value by July 1, 2009 • Trainee schedules for the next three* months must be entered into E*Value by October 1, 2009 • Trainee schedules for the last three months must be entered into E*Value by January 1, 2009* <p>*These are revisions that occurred between the administrators meeting in February and the directors meeting in March.</p>	
<p>Faculty Development:</p> <ul style="list-style-type: none"> • <i>ACGME PIF Questions & Accreditation Award Winners Best Practices</i> Susan Orange discussed the new ACGME Program Information Form documents that ask the same questions regarding core curriculum areas across many programs. Future meetings will include reports from various UB programs on how they have successfully addressed these common program requirements and answered corresponding questions on the PIF. Dr. Mark Sands, Assistant Program Director in Allergy and Immunology, reported on a process improvement project used and written about in the AI Fellowship Program. He described a well designed and carefully implemented program that began with a needs assessment: identifying the scope of a problem standardizing allergen immunotherapy across 4 sites with multiple physicians, fellows, pharmacy, with new standards of practice. The program moved on to identify key personnel, barriers to standardization, and determining a new process and implementation plan. Program follow-up found a 75% standardization rate that includes new IT, limited remaining personnel issues, lower rates of adverse events, increased knowledge and satisfaction of fellows, and increased satisfaction of attending physicians. 		

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<p><i>Upcoming Events & Deadlines</i> 3/10/2009 <i>Professionalism Master Session</i> 4/23/09 <i>Patient Safety Master Session</i> 5/5/09 <i>GME Scholarly Exchange Day</i> Abstracts due 4/20/09 http://survey.med.buffalo.edu/sed/ 6/1/09 <i>GME Quality Improvement Award RFP Deadline</i></p>		
<p>UB Residents Committee (UBRC) update none to report</p>		
<p>Adjournment</p>	<p>Motion to adjourn at 6:15 pm was seconded and passed.</p>	<p>3/9/09</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 GMCC 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.