

PROGRAM DIRECTORS ADVISORY COMMITTEE (PDAC) MINUTES

Date: 5/11/09

Dr. Michael Zionts, M.D., Chair

Program Directors Present	Drs. J. Hassett, P. Mazur, C. DeFazio, K. Qazi, A. Lockwood, C. Pristach, M. Goldstein, M. Noe
Assistant/Associate Program Directors Present	Drs. C. Li, R. Miller
Program Coordinators Present	R. Nawotniak, J. Harsztrak
Others	Dr. 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, May 11, 2009, in Room 134b Farber Hall.	Dr. Berger called the meeting to order at 4:30 p.m.	5/11/09
Minutes of the 3/9/09 meeting were reviewed.	Motion to approve the minutes was seconded and passed.	5/11/09
<p>Faculty Development:</p> <ul style="list-style-type: none"> <p><i>Two Key Competencies: Practice Based Learning & Improvement and Systems Based Practice</i> Dr. Khalid Qazi, Program Director of the Internal Medicine Catholic Health Residency Program, presented an insightful session on competency-based initiatives in these two areas. He began by describing changes to the Internal Medicine RRC program requirements that have institutional implications, that demonstrates the continued focus of the ACGME and its RRCs in emphasizing a culture of patient safety. Dr. Qazi discussed a Clinical Standardization program where residents develop order sets that are used system-wide. His residents also participate in a Quality Assurance rotation for a four week module in their second year. The main focus of his talk, however, was about residents Performance Improvement Projects (PIPs). Each resident must craft a clinical question, obtain topic approval from their clinic attending and the PD, review the literature, design & execute a study, summarize their findings, and participate in peer-review discussions of theirs and others studies. Dr. Qazi stressed the importance of properly teaching the PBL&I competency, maintaining that its content lays a strong foundation for all the other competencies. He also emphasized that adequate time from clinic attending is essential for the success of a these projects, and that hospitals will often support quality initiatives.</p> 		
<p>Upcoming Events & Deadlines 6/1/09 GME Quality Improvement Award RFP Deadline</p>		

UB Residents Committee (UBRC) update	none to report	
Adjournment	Motion to adjourn at 6:15 pm was seconded and passed.	5/11/09

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 GMCEC 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 GMCEC/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.