

**GRADUATE MEDICAL EDUCATION COMMITTEE MINUTES**

Date: March 18, 2008

Approved by: \_\_\_\_\_  
 Roseanne C. Berger, M.D., Chair

The next GMEC meeting is scheduled for April 15, 2008 at 3:30 pm in Room 125 BEB on UB's Main Street Campus.

Future meeting dates for 2008 (at the same time & location) are May 13<sup>th</sup> and June 17<sup>th</sup>

<b>Voting Members Present</b>	Drs. Sands, Michalek, Dillon (for Yeh), Rozzelle, Ellis, Berger, Adragna (UBRC Representative), Hassett, Saltzman, Paroski, Quattrin, D'Arcy
<b>Non-Voting &amp; Others Present</b>	Ms. Cummiskey, Orrange, Kennedy
<b>Voting Members Absent</b>	Drs. Block, Braen, Fudyma, Manochakian, Marshal, Noe, Sifain, Zions

<b>GMEC DUTY<sup>1</sup></b>	<b>DISCUSSION/CONCLUSION</b> Ongoing Business	<b>ACTION (AND BY WHOM)</b>	<b>DATE COMPLETED</b>
	The Graduate Medical Education Committee of The University at Buffalo met for a scheduled meeting on March 18, 2008, in Room 125 BEB.	Dr. Berger called the meeting to order at 3:35 p.m.	
	<b>Dean's Report</b>		
	- <b>Match day is Thursday 3/20/08</b> – 4 UB medical students did not match. The number who don't match varies from year to year. This is a relatively small number. The OGME is planning a reception for UB students who are going to stay in Buffalo. The Medical Society, insurance groups, and hospitals may partner with the OGME and use this as a recruitment opportunity for students who may consider remaining in WNY after residency. The GMEC will be invited to attend. Probably the 3 <sup>rd</sup> or 4 <sup>th</sup> week of April. Saturn Club or Buffalo Club were suggested venues.	The Office of Graduate Medical Education will circulate Match results.	3/24/08
3	- <b>ACGME</b> - Dr. Berger attended the recent ACGME national meeting and reported that Congress charged the Institute of Medicine to study work hours and specifically address further reduction to 60 hours. Discussion included risks of working in a sleep deprived state. There may be many unintended consequences to this recommendation: increase in medical errors linked to an increase in handoffs; extended training with increasing costs; poorer training outcomes. The ACGME feels it is premature to determine the impact on patient safety, hand-offs, and physician fatigue. Surgical fields may need different work hour restrictions than non-surgical fields. Dr. Berger wanted to alert the group to this on-going discussion at the national level.  Included in the packet is notification of a Challenge Grant Proposal being offered by the <b>Picker Institute</b> in conjunction with the ACGME. The grant seeks proposals.		
	- <b>Empire Clinical Research Investigator Program (ECRIP)</b> – NYS pools monies collected from regional payers to train clinical investigators for one or two years. These funds are not returned to WNY if they are not tapped. Only two of nine potential WNY grants are currently funded.	Dr. Berger will circulate the announcement.	

GMEC DUTY <sup>1</sup>	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
	<p>If interest in this funding generates more applications than the number of awards allocated to this region, the GMEC endorsed establishing a screening process. Such a process will ensure program directors are aware of applicants and have the opportunity to comment on the impact on their programs.</p> <p>Residents cannot participate in lieu of accredited training. It is NYS funding which is paid in two lump sums, so interim funding must be available. Matching funds are also required. Application and requirements were distributed in the packet.</p>		
4	<ul style="list-style-type: none"> <li>- <b>Medicaid Memo to Residents</b> – Kaleida was notified that local pharmacies were not filling prescriptions for Medicaid patients that were not signed by an attending. The requirement MAY be that prescriptions must contain an attending name and MMIS number but may not need a signature. This is the practice being used by other institutions. Dr. Berger is attempting to get an official determination on this practice.</li> </ul>	The OGME will circulate a clarification statement as soon as it is available.	
4	<ul style="list-style-type: none"> <li>- <b>Near-Miss Registry</b> – The DOH is collaborating with the Association of Program Directors in Internal Medicine to determine if a near-miss registry should be established. Kaleida, VA, and the CHS have systems for anonymous reporting of patient safety concerns. The Kaleidascope system uses the terms “event” or “great catch”. This has been in use a relatively short time. The nursing staff and chiefs of staff have been made aware of the system. It was suggested that this data could be used to improve patient safety education. Dr. Berger questioned whether there would be any value in creating a system-wide process. Component development is already underway, so it may be difficult to collapse at this time. Patient safety training is the subject of the spring master session. One committee member suggested training the residents on the systems during IRW.</li> </ul>	The Patient Safety Subcommittee will be asked to review the existing systems and make a recommendation.	
7, 12	<p><b>Consent agenda –</b></p> <ul style="list-style-type: none"> <li>- Minutes 2/19/08</li> <li>- Policies <ul style="list-style-type: none"> <li>o Resident Professional Liability Insurance</li> <li>o Closure and Reduction Policy</li> <li>o Resident Contract Termination/Start Dates</li> <li>o Resident Eligibility &amp; Selection</li> <li>o Employee Benefits &amp; Leave</li> </ul> </li> </ul>	Motion to approve the remaining items on the consent agenda was seconded and passed.	
8, 10	<p><b>RRC Pediatric GI progress report</b> – Some committee members thought clarification of some points was necessary. Comments should be submitted to Dr. Berger. They will be forwarded to Dr. Baker.</p>	Motion to send the letter after Dr. Berger’s final approval was seconded and passed.	3/24/08
8, 10	<p><b>RRC Neonatal-perinatal progress report</b> – Members advise the letter be revised. Tone was argumentative and not responsive to citations. Dr. Berger will work with Dr. Ryan to finalize the letter. Recommendations and concerns submitted by the committee will be forwarded to Dr. Ryan.</p>	Motion to send the letter after Dr. Berger’s final approval was seconded and passed.	3/31/08
4	<p><b>Supervision Policy</b> – In response to feedback received after the draft included in the packet, terminology has been changed from “physician” to “faculty member” and from “ACGME” to “accrediting body” to accommodate concerns raised by the dental faculty. Dr. Hassett explained that the policy is lengthy, but is not an unreasonable length when compared to other institutions. It is a living document that will be subject to on-</p>	The policy will be circulated for a final vote.	

GMEC DUTY <sup>1</sup>	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
	<p>going feedback.</p> <p>The group was comfortable with the content of the document. The OGME will work with Dr. Hassett and possibly legal council for additional feedback. Although UB sponsors both dental and medical programs, the dental programs may need to develop a supervision policy to meet their requirements.</p>		
2, 6	<p><b>Program Directors Advisory Committee (PDAC)</b> – Dr. Amy Sands, Chair, reported on the March 11<sup>th</sup> meeting.</p> <ul style="list-style-type: none"> <li>- An evaluation writing workshop held prior to the PDAC meeting that day was very successful. One common faculty evaluation will be developed for use by the Chairs and the Dean for promotions and tenure. Programs will have the option of adding to the standard tool with program specific questions.</li> <li>- Match results were made available earlier today. Some programs are participating in the post-Match scramble.</li> <li>- Nominations for the Chair of the PDAC for next year are being accepted. A vote will be held at the May meeting.</li> <li>- Policies were discussed at the meeting and feedback provided.</li> <li>- Mr. Larry Ross and Dr. Jan Harszrak gave a presentation on grievance procedures. The meeting was well attended.</li> </ul>	No action necessary	
	<p><b>University at Buffalo Residents Committee (UBRC)</b> – Dr. Adragna reported.</p> <ul style="list-style-type: none"> <li>- An MBA student writing her thesis on resident retention in WNY spoke with the group.</li> <li>- Meal reimbursement was discussed and is based on frequency of call.</li> <li>- ID badges and computer access at Kaleida were addressed. The UBRC feels that it may be helpful to incorporate registration for these two processes into IRW. WNY Purchasing Alliance is an organization who looks for common business opportunities that would benefit the affiliated hospitals. Dr. Berger presented the idea of a common ID badge and computer access to them.</li> </ul>		
	<i>New Business –</i>		
1	<p><b>Annual Plan for 2008-09</b> – Ms. Cumiskey has met with each of the affiliated hospital representatives to develop the plan presented today. Positions still under discussion were identified. There are negotiations underway to resolve outstanding resident line issues.</p>	Motion to approve the annual plan presented without the positions identified as “withheld for discussion” was seconded and passed.	
IV	<p><b>Internal Reviews in Process:</b> (<i>Institutional Requirements IV.A.2 – Internal reviews must be in process and documented in the GMEC minutes by approximately the midpoint of the accreditation cycle.</i>)</p> <p>Date process began:</p> <ul style="list-style-type: none"> <li>- 1/8/08 – Orthopaedics – Sports Medicine</li> <li>- 1/8/08 – Radiation Oncology</li> <li>- 1/10/08 – OB/GYN Sister’s</li> <li>- 3/9/08 – Family Medicine Sports Medicine</li> <li>- 3/30/08 – Adult Cardiothoracic Anesthesiology</li> </ul>		

GMEC DUTY <sup>1</sup>	DISCUSSION/CONCLUSION Ongoing Business	ACTION (AND BY WHOM)	DATE COMPLETED
	Kathleen Bethin, M.D., Ph.D., has been named Associate Program Director for Pediatric Endocrinology effective 2/1/08.		
	Motion to adjourn at 5:00 pm	Seconded and passed	

<sup>1</sup> **Regarding GME Committee Responsibilities** (ACGME Institutional Requirements 7-1-07 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 ACGME-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 resident and ensure that 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 inpatient 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; **(IV)** develop, implement and oversee an internal review process in accordance with the ACGME Institutional Requirements IV, A & B.