# GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes

Date: May 13, 2008

**Approved by:** ______________________________

**Roseanne C. Berger, M.D., Chair**

| | |
|---|---|
| **Voting Members Present** | Drs. Murray and Fudyma (both represent ECMC – 1 vote), Berger, Adragna (UBRC), Hassett, Zionts, Pincus (for Rainstein), Noe, Saltzman, Sands, Rozzelle, Paroski and D'Arcy |
| **Non-Voting & Others Present** | Dr. James Schleur (VA), Alison Jeziorski, M.D., M.B.A., Ms. Ruth Nawotniak, Ms. Susan Orrange, Ms. Valerie Kennedy |
| **Voting Members Absent** | Drs. Block, Braen, Manochakian, Marshall, Michalek, Quattrin, Sifain, Yeh |

| | GMEC DUTY[1] | DISCUSSION/CONCLUSION<br>Ongoing Business | ACTION (AND BY WHOM) | DATE COMPLETED |
|---|---|---|---|---|
| **1. Opening** | | The Graduate Medical Education Committee of The University of Buffalo met for a scheduled meeting on Tuesday, May 13, 2008, in Room 125 BEB. | Dr. Berger called the meeting to order at 3:30 pm | |
| **2. Approval of Consent Agenda items** | 1<br><br><br><br><br>2, 4 | Minutes – March 18, 2008<br>Policy – Counseling & Support Services<br>Policy – Filling Residency Lines Procedure<br>Non-Accredited Fellowship Requests – Pediatric Anesthesiology & Urologic Oncology<br>Annual Plan – Neurology 4 month extension; OB/GYN SUNY – temporary increase<br>Offsite Committee – April & May committee recommendations | Motion to approve was seconded and passed. | |
| **3. Ongoing Business** | | **1. Standing Reports:** | | |
| | | **a. DIO—Dr. Roseanne Berger** | | |
| | 4, 5, 8 | Annual report – The ACGME requires the DIO to present an annual report to the Organized Medical Staff and governing body of the Sponsoring Institution. All members have previously received a copy.<br><br>Dr. Berger reviewed the top three RRC program citations. They are: Lack of Faculty, Number or Qualifications, Inadequate Scholarly Activity, and Resident, Faculty, Program Evaluation. There has been a slight improvement in these categories. GME will review details of the citations to determine whether there are common patterns in cases of citations for lack of scholarly activity.<br><br>Quality improvement activities. Five quality improvement awards have been funded through the GME budget. Most target processes in the hospitals.<br><br>Kaleida and ECMC representatives reported an on-going problem with residents who fail to sign and/or record the time in patient charts. This is a big issue everywhere except the VA where there are electronic medical records. Verbal orders must be co-signed within 48 hours. Dr. Berger suggested that we would send a list serve to remind residents about these requirements. Will be raised at PDAC. | OGME will send a listserve to all residents to remind them to sign, date and time orders.<br><br>Amy Sands will place this on a future PDAC agenda to encourage reinforcement at the program level.<br><br>Susan Orrange will arrange for presentation of QI reports to the GMEC. | Dr. Berger sent e-mail to resident listserve 5/15/08. |
| | 4 | **Credentialing –** Implementation of the E-Value electronic residency management system is underway. All programs should be on board within the next six months. | | |

| | | | | |
|---|---|---|---|---|
| | | Programs should currently be entering bedside procedures in the GME Resident Credentialing System. Some programs have no entries. The system will be linked to E-Value once fully implemented; all information will be transferred. The hospitals can link to the system to check resident credentialing status. Many programs are not utilizing the system. The programs need to be re-educated to enter data into this system. The DOH has questioned this access in the past. Donna Cummiskey circulated information to the hospitals to insure their links work. The PDs & PCs have been sent a reminder to use the system. Programs should update their credentials list to insure only those procedures used are listed. | | |
| | 4 | **Patient Privacy** - Dr. Pincus from VA administration addressed the committee over issues related to protection of patient privacy and health information. A sign out sheet was found in the VA parking lot full of confidential information. The VA is concerned about patient privacy at the national level. Visits to resident work rooms have revealed large accumulations of private patient information. As a result, all printers were taken out of resident work rooms. They now print to the nurses stations. The VA is training the residents to insure patient privacy. Representatives from the other hospitals report similar problems. The attendings set the example and must be held accountable for teaching the residents to insure rules are followed.<br><br>Printed materials are commonly used for hand-offs. This is cited as a mechanism for improving patient safety. To preserve patient privacy, this material cannot be accessible to those not directly involved with patient care.<br><br>Possible solutions include: Password protected resident PDAs or a web-based system designed to share patient information between the affiliated hospitals. The WNY Purchasing Alliance may study the feasibility of providing this service.<br><br>IT at ECMC is working on a project to develop a web-based platform to share patient data. | GME will alert the incoming residents of the importance of disposing of printed materials.<br><br>GME will pursue the possibility of working with the purchasing alliance to explore options.<br><br>Dr. Hassett will circulate Kim Horvath article with information on patient privacy (Boston group). Ties in with medical errors with patient hand-offs. | |
| | | **Resident Retention –** Alison Jeziorski, M.D., M.B.A. is a graduate from UB who has done an internship with Dr. Paroski focusing on resident retention. The initiative is called "Train to Retain". Her presentation highlighted anticipated needs for the WNY area. A survey tool was developed to identify reasons residents leave. Potential recruitment techniques were presented. The survey was limited to current residents. Income guarantees maybe effective. Her survey revealed positive and negative resident experiences which may influence their decision. Dr. Zionts feels that allowing moonlighting helps the residents develop local contacts and grounds them in the community. The survey suggests mentorship programs need to be developed to help the residents with career development Members noted responses were small from some programs and did not distinguish gender or where respondents were raised. | Dr. Zionts will assemble a group to further investigate recruitment and retention issues. Drs. D'arcy, Fudyma & Hassett volunteered to work on this project. Dr. Berger asked them to report back to the GMEC in August or September. | |
| | | **Harassment policy** – The ACGME requires institutional harassment policies to cover more than sexual harassment. The OGME sexual harassment policy was broadened to include other harassment issues. The policy presented was developed in conjunction with Sharon Nolan-Weiss from the Office of Equity, Diversity, and Affirmative Action. | Motion to accept the policy as written was seconded and passed. | |
| | 2 | **Disaster policy** - Prompted by hurricane Katrina the ACGME now requires sponsoring institutions to have a policy in place addressing administrative support for GME programs and residents in the event of a disaster or interruption of patient care(IR – | Motion to accept the policy with the noted amendments was | |

| | | | | |
|---|---|---|---|---|
| | | I.B.8). Dr. Noe drafted the policy presented today anticipating the possibility of a natural disaster which would affect training opportunities in a single institution or community wide. He drew from published reports of experiences of Katrina teaching hospitals. As this is meant to be a coordinated approach, the policy addresses the roles of the university and teaching hospitals.<br><br>An important component of the policy is development and upkeep of a list of key faculty and administrative representatives which includes emergency contact information. Open lines of communication are vital in case of emergency. The GMEC must insure this policy is current and review it biannually to make necessary changes and coordinate with ACGME policies as appropriate. The program directors are responsible for being up to date on policies that may affect their training programs.<br><br>A disaster response planning committee will be appointed by the DIO.<br><br>Motion to approve was seconded.<br><br>Discussion – It may be prudent to include IT or communications representatives on the committee. DIO may want to have liaison people on site to communicate between the university and the hospital. Due to possible commitment conflicts in an emergency, the policy should state the CMO or his or her designee may sit on the disaster response committee. The committee recognized Dr. Noe's efforts in developing this policy. The hospitals may need to amend their internal disaster policy to recognize the existence of a disaster response committee.<br><br>In order to develop a chain of successive responsibility the CMO's will be asked to identify at least two designees. Faculty physicians may be called to deal with patient issues and be unavailable to perform administrative tasks. The program coordinators may act as a powerful tool in an emergency response situation. The Program Coordinators will be added to the contact list. The committee agreed to add the phrase "key hospital executives or designee" to Section IV. 2., and program coordinators and IT/communication representatives to the contact list. | seconded and passed.<br><br>The DIO will convene a Disaster committee and add program coordinators to the the contact list. | |
| | 3, 4 | **Supervision –** Dr. Hassett acknowledged the contributions of Susan Orrange, the UBRC, and PDAC committees in writing and rewriting the policy presented today. Dr. Saltzman noted the statement on page 30 #9 "A fellow cannot supervise the training of a chief resident." Clarification – They cannot have primary responsibility for the training of a chief but can act as a supervisor for specific procedures. Dr. Pincus noted that the "Direct Supervision" section (page 25 - line 30) is inconsistent with VA policy. When the VA defines supervision, the only person who can be a supervisor is a licensed practicing physician. This policy is written using NYS regulations.<br><br>The committee agreed that a general statement should be added to the introduction indicating "the overall responsibility for patient care rests with the attending physician and faculty". In addition a sentence will be added to page 25 line 21 indicating patients seen at the VA are governed by the VA handbook of resident supervision.<br><br>In the FAQs (page 30 line 13) If a resident cannot identify or reach a supervisor the committee agreed that in addition to the program director, a Chief resident, clinical | Motion to accept the policy with noted amendments was seconded and passed. | |

| | | | | |
|---|---|---|---|---|
| | | director or chief of service, or CMO may be contacted. | | |
| | 1 | **Annual plan** – The CHS Internal Medicine program submitted a request to increase their program by three positions. They have been fully accredited for two five year cycles in a row. Rotation pattern will remain the same; primarily within the CHS. The request is revenue neutral for the other affiliated hospitals. | Motion to approve the request was seconded and passed. | |
| | | **University at Buffalo Residents Committee (UBRC)** – Dr. Adragna reported that Dr. Rainstien from the VA was at the last meeting. Patient privacy issues and implementation of a palm based system were discussed. | | |
| | | **Program Directors Advisory Committee (PDAC)** – Dr. Sands | Due to time constraints, minutes of the PDAC meeting will be distributed to the GMEC in lieu of a report. | |
| The next GMEC meeting will be at 3:30 p.m. in Room 125 BEB at the Main Street campus on Tuesday, June 17, 2008 | | | | |
| **4. Adjourn-ment** | | The meeting was adjourned at 5:30 p.m. | | |

s:GMEC/GMEC2008/minutes 5-13-08.doc

**Regarding GME Committee Responsibilities** (ACGME Institutional Requirements 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 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 residents and ensure 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 in patient 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.