

PROGRAM DIRECTORS ADVISORY COMMITTEE (PDAC) MINUTES

Date: 3/11/08

Approved by: _____ Amy Sands, M.D., Chair

The next PDAC meeting is scheduled for Tuesday, July 8, 2008 at 4:30 pm in Room 134b Farber Hall on UB's Main Street Campus.

Future meeting dates for 2008 (at the same time & location) are Tuesday, September 9 & November 4, 2008 from 4:30-5:30.

| | |
|--|---|
| Program Directors Present | Drs. A. Sands, J. Hassett, A. Lockwood, K. Qazi, E. Rich, G. Anderson, N. Rigual, A. McDonald, K. Bethin, M. Lema, J. Fallavollita, N. Nader, P. Mazur, L. Plumb, H. Crow, D. Martinke, T. Polisoto, E. Fine, M. Brecher, M. Zions, M. Caty |
| Assistant/Associate Program Directors Present | Dr. J. Brown |
| Program Coordinators Present | R. Nawotniak, S. Sullivan, C. Farley, R. Miller, B. Hurley |
| Others | R. Manochakian (UBRC Chair), S. Orange, D. Cummiskey |

| PD DUTY¹ | DISCUSSION/CONCLUSION Ongoing Business | ACTION (AND BY WHOM) | DATE COMPLETED |
|----------------------------|--|---|-----------------------|
| | The Graduate Medical Education Committee of The University at Buffalo met for a scheduled meeting on Tuesday, March 11, 2008, in Room 134b Farber Hall. | Dr. Sands called the meeting to order at 4:30 p.m. | 3/11/08 |
| | Minutes of the 1/8/08 meeting were reviewed. | Motion to approve the minutes was seconded and passed. | 3/11/08 |
| | Chair's Welcome & Report – Dr. Amy Sands <ul style="list-style-type: none"> • “Scramble” Survival Tips were presented and discussed. • PDAC Chair elect nominations are ongoing | <ul style="list-style-type: none"> • Tips will be circulated with minutes by Susan Orange • Send nominations for PDAC Chair elect to Susan Orange at sorange@buffalo.edu | |
| | Dean's Report - Dr. Roseanne Berger <ul style="list-style-type: none"> • Report from the ACGME National Education Conference Duty hours is a major issue. The Institute of Medicine is interested in reducing duty hours further to 60 per week, as a result of an article about the effects of sleep deprivation. Congress has requested a white paper. The ACGME has been collecting data for 4 years, but still feels they don't have enough data on the unintended consequences of such an effort. There may be a public policy debate on this issue unless the information supplied by the ACGME does enough to counter the Institute of Medicine. Residency | | |

| PD DUTY ¹ | DISCUSSION/CONCLUSION Ongoing Business | ACTION (AND BY WHOM) | DATE COMPLETED |
|----------------------|--|---|----------------|
| | <p>programs will not get 5-year accreditation cycles if problems with duty hour issues are identified on the ACGME resident survey.</p> <ul style="list-style-type: none"> • UB's ACGME Institutional Review is tentatively scheduled for October 2008. All programs have been asked to provide online updates to what has been done to correct RRC citations from most recent program accreditation letters. Please continue to provide responses. The ACGME is particularly concerned when programs have repeat citations, and these should receive swift attention by program administration. • The Medicaid memo regarding resident prescribing and attending signatures was discussed. Some residents who do not have licenses may have problems write scripts because pharmacies are afraid to fill them. The current best option is to write the supervisor name on the script. • The AMA's Introduction to the Practice of Medicine modules are available to UB for purchase. In the past, the access code has been circulated for programs to review the content and advise as to it's usefulness. The GMEC does not want to invest \$50 per resident if the modules are not going to be used. The AMA and UB are willing to pilot the program for a limited number of our residency programs, but GME will require that the following conditions are met by programs in the pilot: <ul style="list-style-type: none"> ○ Programs guarantee an 80% resident response rate ○ Programs agree to complete an evaluation of the program Interested programs can apply through the GME office. • GME office policy updates were provided: <ul style="list-style-type: none"> ○ Supervision Policy (Dr. Hassett) This policy has been seen twice by the UBRC and twice by the GMEC. Hospital and New York State regulations were considered in creating this draft. ○ UB Resident Code of Professional Conduct This is a behaviorally based code that was written by a committee made up of program directors, faculty and residents. Cheryl Kishbaugh was an active leader in its creation. The intent of the Code is to help programs and residents identify examples of behaviors that are professional, and create professionalism assessment tools. It has been shared with Department Chairs. | <ul style="list-style-type: none"> • All programs must provide online updates on recent actions to correct RRC citations from most recent program accreditation letters, and resulting outcomes. • Interested Program Directors should contact Dr. Berger to apply (bergerrc@buffalo.edu) • Program directors should review the policy and email suggested revisions or comments to jhassett@kaleidahealth.org | |

| PD DUTY ¹ | DISCUSSION/CONCLUSION Ongoing Business | ACTION (AND BY WHOM) | DATE COMPLETED |
|----------------------|--|---|----------------|
| | <ul style="list-style-type: none"> • The following upcoming GME events were listed on the agenda: <ul style="list-style-type: none"> ○ Resident Professionalism & Teaching Awards <i>Nominations Due 4/22/08</i> ○ Resident Scholarly Exchange Day 5/1/08 12 noon-5pm <i>Abstracts Due 4/10/08</i> http://survey.med.buffalo.edu/sed/ | <ul style="list-style-type: none"> • Please submit nominations to Dr. Berger at bergerrc@buffalo.edu • Program Directors should pass information along to residents and encourage them to attend. | |
| | Grievance Issues Presentation: Larry Ross, Esq. & Dr. Jan Harsztrak | <ul style="list-style-type: none"> • Presentation is available. Program Directors who wish to receive a copy via email should request it from Susan Orrange at sorange@buffalo.edu | |
| | UB Residents Committee (UBRC) update – Dr. Rami Manochakian, UBRC Chair | | |
| | Adjournment | Motion to adjourn at 5:45 pm was seconded and passed. | |

¹ Regarding 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.