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National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
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BETHESDA, MARYLAND 20814-4799

GRADUATE MEDICAL EDUCATION COMMITTEE MEETING

4 June 2008 1500

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, June 4, 2008, 1500. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The May 7, 2008, NCC GMEC Minutes were approved as written.

- III.B.10.e Continuing Program Director Searches: Vascular Surgery Fellowship Program (initiated 07 Jan 08),** Pending BOD approval forwarded on 20 May 08, **Anesthesiology Residency Program (initiated 06 Mar 08)** Pending Committee Selection, **Pain Medicine Fellowship Program (initiated 06 Mar 08)** Pending Search Committee Nominee, **Pulmonary Critical Care Fellowship (initiated 8 Apr 08)** Pending Search Committee Nominee, **Administrative Director Position Initiated 14 Jan 08)** Pending BOD approval
- III.B.10.e Selections of NCC Program Directors: LTC (P) James R. Macholl, DC, USA,** Oral Maxillofacial Surgery Residency Program (effective 02 June 08), **Col Daniel G. Burnett, USAF, MC,** was selected as Program Director of the General Preventive Medicine Residency Program (effective 01 July 08)

Selections of NCC Associate Program Directors are as follows: MAJ Christine F. Lettieri, MC, USA, Family Medicine Residency DeWitt (effective 15 May 08), **LCDR George R. Mount, MC, USN ,** NCC-IM Rheumatology Fellowship Program (effective 1 July), **MAJ Cecilia P. Mikita, MC, USA,** Allergy –Immunology Fellowship Program (WRAMC) (effective 27 May 08)

The Committee voted without objection to approve the selections.

Certificate of Appreciation: LTC Julie Smith, MC, USA for Program Director Oral and Maxillofacial Surgery Residency 2006 to 2008

New Resident Representatives: LCDR Mark Lenart, USUHS, Capt Sean Wherry, DACH

New NCC Staff: Ms Kejuana Lilly, Travel and Finance Assistant

Congratulations to all!

NEW BUSINESS:

III.B.1 Resident Representative Issues: No issues reported.

Committee Responsibilities: In the absence of Dr. Gunderson CDR, Hebert reported on behalf of the Internal Review Subcommittee. (Attachment1).

- III.B.11**
1. Internal Review Tracking Issues:
 - a. An internal review of the Orthopedics Program has been scheduled for 18 June 2008 at 0800.
 - b. The Radiation Oncology Program's internal review is pending final date and time.
 2. Internal Reviews: None
 3. Follow-up of Prior Reviews:
 - a. Pediatric Gastroenterology Program:
 1. **Citation:** No documentation of meetings among Pediatric subspecialty directors and the PD of the Core program. Subcommittee on Internal Reviews: Minutes were submitted demonstrating that the Pediatric Program and subspecialty directors are holding education meetings. This finding has been resolved.
 4. Subcommittee administrative matters:
 - a. Assigning new rotation of Internal Review Chairs.
 - b. Forming review committees – Associate Program Directors. The GMEC agreed to utilize Associate PDs as members of internal review panels.
- III.B.1**
5. ACGME Resident surveys:
 - a. Internal Medicine Hematology Oncology Program:
 1. **Q2 –Do the faculty spend sufficient time SUPERVISING the fellows in your program?** Response: *The ACGME requires key clinical faculty spend on average 10 hours per week over the course of an academic year. Each key clinical faculty attends 4-5 blocks/year (inpatient ward and consult service), and serves as back-up mentor, duty doctor of the day, and attends specific tumor boards while not on the consultation service. The total of the above activities is >15 hours per week over the course of the academic year supervising fellows. Subcommittee on Internal Reviews:* The response is appropriate and the finding has been resolved.
 2. **Q7 - Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?** Response: *Fellows have the opportunity to confidentially evaluate the faculty electronically on MyEvaluations.com at the end of EVERY rotation. In addition, the fellows have the opportunity to confidentially evaluate the faculty in writing at the end of each academic year, typically every May-June. Subcommittee on Internal Reviews:* The response is appropriate and the finding has been resolved.
 3. **Q16 - To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students) interfere with your education?** Response: *Twenty of the 24 months spent on clinical rotations the fellow on a particular rotation is the ONLY fellow on the service. We do not do any rotations with fellows from other subspecialty services or PhD students. In addition, most all of the educational activities (core didactic lectures, tumor boards, pre-clinic conference) are directed towards the fellow, i.e., all the core didactic lecture materials are directed to the fellows and not internal medicine residents of interns. Subcommittee on Internal Reviews:* The response is appropriate and the finding has been resolved.
 4. **Q17 - Are there mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation?** Response: *Fellows may raise and resolved issues at different levels. Any issue may be taken to the program director or associate program directors. The NCC, Hematology-Oncology fellowship is part of the NNMC core IM residency program and CAPT Terrance Dwyer a faculty point of contact outside of the Hematology-Oncology program. If the fellow wishes*
- III.B.5.c**
- III.B.1**

to raise a concern to someone other than faculty, the NCC has a house staff counsel that can bring issues to the attention of NCC without going through any faculty or other staff members. WRAMC and NNMC have house staff (residents/fellows) members that sit on the house staff counsel. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

5. **Q18 - How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?** Response: *Electronic reference material (journals and textbooks) is available 24 hours day on the WRAMC intranet (WRAMC library) and USU Learning Resource Center (LRC) website. Fellows without access to the USU LRC can obtain access at the following website: <http://er.lrc.usuhs.mil/>.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.4.a.i

6. **Q19 – Do your rotations and other major assignments emphasize clinical education over any other concerns such as fulfilling service obligations?** Response: *Fellows have two scheduled days of outpatient clinic per week, 10 follow-up patient appointments and 4 new patients. Clinics are scheduled from 0830-1400 hours in order not to conflict with other educational activities: Friday academic conference, tumor boards, etc. While on research rotations or other outside rotations, fellows have one scheduled day of clinic with 5-6 patients/day. This continuity clinic is a mandatory RRC requirement during all 36 months of training.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.4.a.i

7. **Q22 – Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between daily duty periods and after in-house call.** Response: *Duty hours in the main teaching hospitals begin at 0730 hours on weekdays. If a fellow's duty period ends after 2130 hours then they should report back to the hospital at least 10 hours after the duty period ended. For example, if a fellow finished their duties (inpatient Hematology-Oncology service on ward 71 or consult service) at 2200 hours, he or she should return to work at 0800 hours the following day. Time spent reading or working on a presentation, journal club, etc. do not count toward the duty period and should not be calculated into the 10-hour rest period.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.4.a.i

8. **Q26 – At-home call must not be so frequent as to preclude rest and reasonable personal time for each resident/fellow.** Response: *The majority of at-home call takes place while rotating on the inpatient service at Walter Reed. Currently each fellow performs three blocks on ward 71 out of a total of 39 blocks during their fellowship. Each week of the 4-week block consists of 4 consecutive days of at-home call (Monday through Thursday). This schedule allows the other fellows available to perform at-home call (usually 9-11 fellows not on outpatient rotations) to take at-home call for a 3 day period only every 2-3 months.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

b. Internal Medicine Program NNMC:

1. **Q7 - Do you have the opportunity to confidentially evaluate your FACULTY, in writing or electronically, at least once a year?**
This is done at the end of every year anonymously.
2. **Q16 - To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students) interfere with your education?**
We have students rotate, no PA's, and sometimes Pharmacists go on rounds. No other residents.

III.B.1

3. **Q17 - Are there mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation?**
Residents had anonymous surveys, confidential meetings with Chief Resident, anonymous intranet access to GME chain.
4. **Q18 - How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?**
There are adequate computer terminals, and multiple printers all over the hospital.
5. **Q19 – Do your rotations and other major assignments emphasize clinical education over any other concerns such as fulfilling service obligations?**

III.B.4a.ii

- Night float by design is a service obligation. All other rotations are on a teaching service.*
- III.B.4.a 6. **Q21 – Residents/fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.**
Day off is emphasized. Had to re-emphasize early in year with Orthopedic rotation.
- III.B.4.a 7. **Q22 – Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between daily duty periods and after in-house call.**
Time of change of watch was modified to assure 10-hour off between shifts.
8. **Q32 & 33 - Is the core conference series educationally valuable? Is the Journal Club educationally valuable?**
One dissenter, going through the details of statistical analysis, may not seem valuable to some.
9. **Q35 – Do you routinely receive autopsy reports on patients for whom you have provided care?**
Autopsies are printed and given to residents. This requirement is to be dropped in July 2009.
- III.B.4.a.i 10. **Q36 – Are there rotations or assignments where you do history and physicals or provide care for patients who are not admitted to a resident team?**
This number represents night float residents who admit toward medicine teams by design and is acknowledged by RRC.
11. **Q38 – Do your attending rounds routinely include bedside teaching and demonstration of interview and physical examination techniques?**
Bedside rounds occur 7 days per week. Will encourage attendings to demonstrate PE skills.
12. **Q39 – Does the number of attending physicians-of-record on inpt. Rotations interfere with your educational experience or ability to accomplish your daily tasks of patient care, including work rounds?**
There is only one attending-of-record.
13. **Q41 – Do residents write most of the orders for patients on the teaching service?**
Residents only write orders, fellows write orders for chemotherapy.
14. **Q47 – Are you satisfied with your oncall sleeping room facilities in terms of ALL the following: privacy, convenient location, safety, security, cleanliness, quiet, shower/bath?**
Call rooms provided.
15. **Q46 – Do residents have 24 hour access to a lounge?**
Interns/residents have a lounge and call room.
16. **Q47 – Do residents have 24 hour access to food facilities?**
There are multiple venues to obtain food. Vending machines with food items 24 hours daily.
17. **Q53 – Does your continuity clinic experience allow you to follow the same panel of patients throughout all 3 years of the training program?**
Continuity clinics have been structured to allow same patient panel.
18. **Q63 – Do you have the opportunity to confidentially evaluate your overall PROGRAM, in writing or electronically, at least once a year?**
This is done at the end of every year anonymously.
18. **Q66- Are the following consultation services adequate to meet your educational and patient care needs? (IM subspecialties, General Surgery, Ophthalmology, OB/GYN, etc.)** *These areas are covered in the program. New requirements will delete these areas.*
19. **Q67 – Are the following facilities and services adequate for patient care and teaching in the following settings?**
Space for Teaching rounds: *There are team rooms for each team.*
Computer access: *There are hundreds of computers on the floors and many in each team room.*
Radiographic studies: *Stentor access at each computer.*
Social Workers: *There are contracts to hire social workers, but many are unfilled.*
Translators: *The hospital has a translation service by phone.*
20. **Subcommittee on Internal Reviews:** *The responses are appropriate and the findings have been resolved.*

c. Nephrology Program:

1. **Q1: Do the faculty spend sufficient time TEACHING residents/fellows in your program?**

Response: *Fellows are assigned 1:1 to staff for all clinical rotations during the 1st and 2nd years of their training. Teaching comes in the form of didactic lectures and patient-based discussions at conferences, rounds and consultations. Fellows felt that the didactic lectures should be done only by staff and not trainees, despite the ACGME requirement for their participation in conference planning and delivery. Core lectures on renal pathology, physiology and transplantation are all done by staff physicians. Each fellow is responsible for one presentation at a local seminar and 2 Grand Rounds presentations per year. Fellows and staff participate in research conferences, critical reading and informational journal club discussions throughout the year.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

2. **Q16 - To what extent do trainees who are not part of your program (such as residents from other specialties, subspecialty fellows, PhD students) interfere with your education?**

Interaction with other trainees occurs during the 1st year of fellowship when each block the Nephrology Service offers an ambulatory rotation to WRAMC Dept of Medicine interns and residents. Only 1 individual rotates on service and sees ambulatory patients in our clinic. Clinic patients come from staff clinics, EDOC clinics, and 2nd year fellow return patients. Patient selection is done by the supervising staff physician in discussion with the staff or fellow to whom the patient may have a scheduled appt. During the block, the ambulatory fellow and the rotating resident share the same supervising staff physician.

During the 2nd year of fellowship, each fellow spends 1 month with the WRAMC Organ Transplant Service, caring for patients in the peritransplant period and those needing procedure in the maintenance of chronic vascular access. Scheduling has been done to place the fellow on rotation when there is no surgical resident assigned to be on the service to maximize the experience for the fellow. During the AY 07-08, surgical residents from NNMC began rotating with the WRAMC Organ Transplant Service so that all months of the year are covered by a surgical resident, potentially diminishing the educational value of the rotation for Nephrology fellows. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.1

3. **Q17 - Are there mechanisms within the institution available to you so that you may raise and resolve issues without fear of intimidation or retaliation?** Response: *Fellows have access to the PD who is presently also the Acting Chief; the APD and the NNMC Site Coordinator. Duty assignments after fellowship are made by the individual service consultants. Fellows are surveyed twice a year for program and faculty feedback (see attached) but may feel that in a small program even typed responses are not truly anonymous. In the winter of 2008, feedback was solicited by the senior fellow and corrective actions needed set out by the PD (see attached). A request was made by the PD for LTC Cuneo to meet with the fellows to emphasize alternative routes to raise and resolve issues. Due to deployment, COL Nace will meet with each fellow individually to get specific feedback to be shared in confidence with the PD.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.4.a.i

4. **Q19 – Do your rotations and other major assignments emphasize clinical education over any other concerns such as fulfilling service obligations?** Response: *Workload accounting is necessary but not emphasized. Productivity is not emphasized at WRAMC, not even maximizing the number of RVUs per encounter. The concern may be the volume of work and/or paperwork that is required to care for Nephrology patients. Overall workload was monitored from July-December 2006 for the 1st year fellows using ADS. On average, each fellow saw 31 new inpt. Consults/month, 178 follow-up inpt. Contacts/month, and in the outpt. Clinic – 45 new patients/month and 100 follow-up contacts (includes dialysis patients).* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

6. ACGME Correspondence: None

7. The next Subcommittee meeting is scheduled for June 25, 2008 at 1500, location to be determined.

The GMEC voted to approve the minutes as written.

III.B.6 Core Competencies Committee: MAJ Klote reported that the committee did not meet.

The intern schedule is almost completed and should be finalized in mid June. A notice was forwarded to all program directors requesting the those trainees that are scheduled to graduate but have not completed C4 training. The new interns are scheduled to arrive on 9 June to begin orientation. A joint picnic will be held at Forest Glen on the last Friday.

Best Practices Presentation: Dr. Wortmann presented a best practices presentation on the Survey Monkey tool which is used to create and publish custom online surveys to assist with the development of research protocols and performance improvement. Dr. Wortmann demonstrated how the faculty and fellows can use the tool to perform the required program and faculty evaluation. The Survey Monkey tool website link is as follows: <http://www.surveymonkey.com/>

Resident Work Hours Surveys: The IR Subcommittee will be notifying those programs that had gray areas in their resident surveys.

III.B.10.b Increase in Resident Complement: COL Eiseman, MC, USA presented a request to add one temporary increase to the Ophthalmology Resident complement which was approved by the GMEC.

III.B.3 MOUs: Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses. MOUs more than five years old must be renewed.

III.B.10.d

- Proposed agreement with the Mount Vernon Cardiology Associates, Ltd., Alexandria, Virginia. This agreement will be effective 1 August 2009 to replace an existing agreement with Mount Vernon Cardiology Associates that will expire on 31 July 2009. This agreement and the agreement currently in effect, allow physicians in the Consortium's Family Medicine Residency Program at Fort Belvoir to receive clinical training with the Mount Vernon Cardiology Associates. LTC Kevin Moore, Family Medicine, Program Director
- Proposed agreement with the Mount Vernon Primary Care Associates in Alexandria, Virginia. This agreement will replace a just-expired agreement with Mount Vernon Primary Care that has allowed physicians in the Consortium's Family Medicine Residency Program at Fort Belvoir to receive clinical training with Mount Vernon Primary Care. LTC Kevin Moore, Family Medicine Program Director

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Next Executive Committee Meeting:** 12 June 2008, 1300, A2074, USUHS
- **NCC Graduation Practice:** June 18, 2008, 1300, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore
- **Next GMEC Meeting:** 2 July 2008, 1500
- **Financial transaction requests** must be submitted to the NCC GME office prior to the close of business (1600) on **July 18, 2008**
- **NCC Staff relocating to Building E** 18 June 2008.
- **Next General Competency Committee Meeting:** To be determined

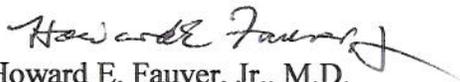
- **Next Board of Director's Meeting:** 29 July 2008, Board of Regents, USU
- **Next Internal Review Subcommittee Meeting:** Location to be determined

III.B.10.b ITEMS FROM THE FLOOR:

- The NCC was recently notified that there will be no phone service in the new building for the first week to ten days. A temporary phone number will be provided and forwarded to everyone ASAP.
- CDR Hebert reported that the NNMC has developed maps that will be used to move the graduation process along a little more smoothly this year.
- Details regarding graduation were circulated by Ms Leanda Dulaney and will be circulated again within the next day.
- All PGY2 trainees should have their license by the end of the current month. Those that do not have their licenses will automatically be placed on administrative probation.
- This will be the first year for poster calls and they will be presented during the Tricare Conference. Dr Fauver has been selected to coordinate the poster session.

The meeting adjourned at 1615.

A Closed Session followed


Howard E. Fauver, Jr., M.D.
Administrative Director

Note: Reference in the left margin represents functional area of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the eleven areas.