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National Capital Consortium
UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
F. EDWARD HÉBERT SCHOOL OF MEDICINE
4301 JONES BRIDGE ROAD
BETHESDA, MARYLAND 20814-4799

GRADUATE MEDICAL EDUCATION COMMITTEE MEETING

05 December 2007 1500 Hours
Lecture Room C, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, December 5, 2007, 1500 hours. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the November 7, 2007 NCC GMEC meeting were approved as written.

- III.B.10.e Continuing Program Director Searches:** **NCC Sleep Medicine Fellowship Program** (Initiated 21 November 07), Pending Search Committee Nominee. **NCC Gastroenterology Fellowship Program** (Initiated 28 Nov 07) Pending Search Committee Nominee

Selection for Program Directors: None.

- III.B.10.e Selection of Associate Program Directors:** LTC Karla Au Yeung, MC, USAR, and LCDR Gregory Gorman, MC, USN NCC Pediatric Residency Program, effective 06 November 07, LTC Richard Stutzman, MC, USA, MC, USA, NCC Ophthalmology Residency Program, effective 30 November 2007

Certificate of Appreciation: None.

The Committee voted without objection to approve the selections.

Congratulations to all!

NEW BUSINESS:

- III.B.1 Resident Representative Issues:** Jonathan Hawksworth, CPT, MC, USA, WRAMC Resident Representative, Lt Col Constance Jackson, USAF, MC, MGMC Representative, CDR Sarah Arnold, MC, USN, USUHS, and LT Christina Malekiani, USN, NNMC were present. No issues were raised.

III.B.11 Committee Responsibilities: Dr. Gunderson reported on behalf of the Internal Review Subcommittee. (Attachment1).

1. Internal Review Tracking Issues:
 - i. 2007 issues: Date needed for the Critical Care Anesthesia Internal Review.
 - ii. 2008 issues: Sleep Medicine – is an internal review necessary? Yes, a modified internal review. The Chairman will prepare a protocol for GMEC approval.
2. Reviews:
 - i. The following reviews have been performed but are still awaiting finalized Executive Summaries:
 - i. Nuclear Medicine
 - ii. Family Medicine, DeWitt
 - ii. Sports Medicine:
 - i. Committee findings
 - a) Overall Statement of Program effectiveness:

The Program Director and faculty are extremely proud of the stellar graduating residents of this program. The Program Director, faculty and residents point to the high board scores (95th percentile) of their graduates as one measure of the program’s quality. The residents compliment the program as having the best collection of extremely motivated and collegial staff who are also exceptional practitioners.
 - b) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification.
 - i. Citation: The program continues to lack faculty from nutrition, pharmacology or pathology. Also, there are no coaches associated with teaching in the program. Response: *The Program Director has rectified this by adding faculty members from each of the key programs identified by the ACGME.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
 - ii. Citation: Inadequate number of exam rooms in clinic. According to site visitor report, clinic is crowded on Friday afternoons when all 4 Fellows, Attendings and Family Medicine residents are seeing patients. Response: *Several adjustments have been made to address this citation. First, an additional room was added, bringing the total number of exam rooms up to four. Second, computers were added into all of the exam rooms so the provider does not have to leave the exam room to review/enter orders/notes at another terminal in the clinic. Lastly, the total number of fellows seeing clinic at one time is now reduced to two: each technically having two rooms each for patient care.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up required.
 - iii. Citation: Fellows do not have the opportunity to provide confidential feedback to the faculty. The evaluation forms are signed by the fellows. Response: *This also has been changed to allow for anonymous evaluations of the faculty by the fellows through the use of MyEvaluations.com.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
 - iv. Citation: Documentation of faculty meetings to review the program is not kept. Response: *The Program Director has kept minutes from education roundtable discussions for the past three years. Minutes are kept in the administrative records for the program.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
 - ii. Correction of findings from last Internal Review.
 - 1) Finding: Work hours not well documented: Response: *Fellows are*

responsible for keeping a log of their work hours using MyEvaluations.com on a weekly basis. Hours worked are then reviewed monthly by the program director. Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.

- 2) Finding: Documentation of procedures/case logs. Response: *The fellows are responsible for keeping some kind of log of procedures whether on a calendar or on a spreadsheet.* Evaluation by Subcommittee on IR: The Subcommittee recommends that the GMEC request a response by the Program Director verifying if this information is reviewed and how often.
- c) Finding: MOUs need updated thru NCC to include HIPAA. Response: *The Program Director has assured that both the MOUs and PLAs have been updated through the NCC and for each participating institution and include HIPAA language.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- d) Finding: Availability of NCC handbook for procedural guidance. Response: *A fellowship training agreement (NCC) was added to the fellow's in-processing folder starting with incoming fellows from 2003-2004. The document acknowledges the NCC handbook and its location on the internet. In addition, the fellows sign a form stating that they are familiar with the handbook's contents. This form is placed in their permanent folders.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- e) Finding: QI/Chart reviews currently not routinely performed. Response: *The Program Director is implementing quarterly chart reviews at USUHS through the Family Medicine clinic. Data from these are being migrated to a computer database – this was not available at the time of this review, but will be in the future. Past reviews recorded on paper are kept on file at USUHS.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- f) Finding: No documentation of graduate performance at first duty station. Response: *The Program Director has implemented an evaluation system to receive feedback on how graduates are performing once they go to their next duty station. All feedback information received is and will be kept on file.* Evaluation by Subcommittee on IR: The Subcommittee recommends that the GMEC require the Program Director to verify letters are sent to next duty station and that information is received in time for review by the Subcommittee by its June 2008 meeting. The Program Director noted that the required documentation was provided at the time of the internal review but was apparently not captured in the summary of the review.
- g) Finding: Confidential evaluation forms currently being implemented. Response: *Again, evaluations are being completed by the residents anonymously through the use of MyEvaluations.com.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- h) Finding: Difficulty with timely research protocol approval thru USUHS IRB. Response: *This still remains an issue; however, the research requirements of the program have been altered to allow the fellows to successfully participate in research (presentations; publications; participation in existing protocols).* Evaluation by Subcommittee on IR: The Subcommittee requests that the GMEC forward this issue to the Board of Directors.

ii. Any items from Resident or faculty assessment of the program:

- a) In order to meet the requirements of the program, a great deal of traveling to various universities and sports events is required. At the same time, the residents state that this is a small price to pay for the outstanding experience gained in the area. Evaluation by Subcommittee on IR: No follow-up is required.

- b) Faculty expressed concern for not having a system in place to allow them to assess a fellow's ability to perform medical procedures. Evaluation by Subcommittee on IR: The Subcommittee requests that the Program Director respond on his plans to correct issue by the June 2008 meeting of the Subcommittee.
 - c) Space remains an issue for faculty; however, the residents are pleased with the change in the clinic schedule which resolved this issue from their perspective and as cited by the last site visit. Evaluation by Subcommittee on IR: No follow-up is required.
- iii. Any items from Program Director assessment of the program: None, other than those addressed from prior IRC and ACGME citations.
- iv. Special Strengths:
 - a) Graduates are in 95th percentile of the CAQ national scores
 - b) Exceptional attention to detail and organization by the Program Director. The program is extremely effective in meeting educational objectives through a robust didactic curriculum, comprehensive clinical exposures, and commitment to research/scholarly activity.
 - c) Collegial atmosphere within the department and the diversity and breadth of experiences in Sports Medicine available to the fellows.
 - d) Although space is at a premium, the program has successfully managed to rotate fellows to other collaborative clinic spaces within the institution.
- v. Integration of ACGME Special Competencies
 - a) A discussion or a list of evaluation tools used by the program to assess a resident's competency in each of the 6 areas: Procedure logs, direct observation, chart review, and quarterly faculty evaluations using "My-Evaluations."
 - b) Outcome measures developed by the program: CAQ scores, first assignment evaluations of graduates, graduate publications (research/professional writing/scientific presentations).
 - c) Process used to link educational outcomes with program improvement: Procedure logs, direct observation, chart review, and quarterly faculty evaluations using "My-Evaluations."
- vi. A discussion of resident duty hours and the methods used to verify compliance with program specific duty hour requirements to include input from the residents: See response in c (i).
- vii. Program Concerns:
 - a) Currently, resident evaluations only incorporate input from the program director and departmental faculty. Recommend including input from nursing staff, technicians, patients, physical therapists, trainers and coaches. Evaluation by Subcommittee on IR: Request that Program Director responds on issue for Subcommittee's June 2008 meeting.
 - b) Consideration should be given to having preceptors sign-off on procedures to note successful training that is competency based. Evaluation by Subcommittee on IR: Request that Program Director responds on issue in 6 months for June 2008 GMEC meeting.
 - c) Currently, faculty members are evaluated through MyEvaluations.com by the residents. The opportunity exists for the program to more formally evaluate faculty performance as it relates to the education program, i.e. teaching ability, commitment to the program, clinical knowledge, professionalism and scholarly activities. Evaluation by Subcommittee on IR: Request that Program Director respond on issue in 6 months for June 2008 GMEC meeting.
 - d) It is recommended that the Program Director hold more structured annual education meetings with completed minutes to better evaluate the strengths and weaknesses of the program and to appropriately receive feedback from staff and residents. It has been recommended that the program use the checklists of institutional and common requirements from the ACGME during these meetings to better assess the program. Other

areas to discuss during the annual review should include faculty development, fellow performance, graduate performance (CAQ scores), identification of deficiencies and plans to improve performance.

Evaluation by Subcommittee on IR: Request that Program Director responds on issue in 6 months for June 2008 GMEC meeting.

iii. Vascular Surgery:

i. Committee findings:

Overall statement of program effectiveness: The Program Director and faculty are proud of the graduating residents of this program and point to historic academic successes and the high board percentage passage rate of their graduates as true measures of the program's efficacy. The residents are equally satisfied with their training and are particularly appreciative of the collegial atmosphere provided by the program director. However, continued attention is due to numerous important issues regarding the program: in particular, the correction of operative volume deficiencies, formal evaluation processes for the trainees, faculty and program, as well as a more thorough integration of the core competencies into the evaluation of trainees and process improvement of the program.

ii. List of citations and areas of non-compliance or any concerns or comments from previous ACGME accreditation letter of notification.

- a) Citation: Operative cases are noncompliant. Response: *This remains the most pressing threat to the health of the program. The Program Directors have made reasonable program changes aimed to increase their operative caseload. Increasing the rotation at the Cleveland Clinic from 2 months to 3 months and changing the focus of the rotation to open abdominal operations will likely help. Also, the Attending physicians have increased their number of clinic days. The issue of satellite clinics is being entertained. In addition, the documentation of secondary procedures has been improved.* Evaluation by Subcommittee on IR: Request that the Program Director provide case numbers and types of cases from the rotation at Cleveland Clinic comparing the 2 month rotation to the extended 3 month rotation. Request this information be provided in 6 months for the June 2008 GMEC meeting.
- b) Citation: Insufficient ancillary support, hence Vascular Surgery resident must restock the angiography suite and process angiograph studies. Response: *The Program Director has reassigned this responsibility to the OR Logisticians and the cardiac catheter lab technicians. The program director has been allotted support for a physician assistance in support of the fellowship, though this person has not yet been hired.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- c) Citation: Agreements with the Jobst Vascular Institute and Cleveland Clinic were not available. Response: *Current Program Letters of Agreement (PLAs) are available for both sites. The letters are current and are designated for a term of 5 years.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- d) Citation: The evaluation process for the program overall is noncompliant. Response: *The evaluation of the program's educational effectiveness remains noncompliant. Residents are able to provide confidential feedback of the program via myevaluations.com. Residents also have access to grievance processes through the WRAMC house officer senate, and through the ACGME website.* Evaluation by Subcommittee on IR: Request follow-up that an annual education meeting is held and that minutes are recorded. Also request that the annual report be completed. Response is due in 6 months for the June 2008 GMEC meeting.
- e) Citation: Concerns over deployment of staff, making program unstable. Response: *Program Director stated that he anticipates no significant impact from deployment cycles upon the stability of the faculty for the next several years.* Evaluation by Subcommittee on IR: The response is

adequate and no follow-up is required.

iii. Correction of findings from last Internal Review:

- a) Finding: Lack of Program Administrator. Response: *An administrative support person has been added to the department to assist the Program Director with clerical and educational tasks. The Program Director has allocated funding to hire a physician assistant and hopes to fill that position in the next several months.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- b) Finding: Partially compliant with ACGME work-hour guidelines. Response: *Residents record hours on a calendar and submit it monthly to Program Director. Residents do not take in-house call, ER call or weekend call. No conflicts on work hours were reported from all interviewees.* Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.

iv. Any items from resident or faculty assessment of the program:

- a) Trainees are not given an opportunity to evaluate faculty. The faculty would appreciate feedback. Evaluation by Subcommittee on IR: Request that Program Director provides a response in 6 months for June 2008 GMEC meeting.
- b) Faculty unaware of any formative evaluation of the education program. Evaluation by Subcommittee on IR: Request that Program Director provides a response in 6 months for June 2008 GMEC meeting.
- c) All interviewees agree that annual meetings and lack of meeting minutes remains a noncompliant issue within the program. Evaluation by Subcommittee on IR: Request that Program Director provides a response in 6 months for June 2008 GMEC meeting.
- d) There is a lack of delineation in evaluation of core competencies by level of training. Evaluation by Subcommittee on IR: Request that Program Director provide a response in 6 months for June 2008 GMEC meeting.
- e) Residents perceive ancillary staff as non-effective in their roles, i.e. case manager and corpsmen, along with services at institution such as phlebotomy, patient transfer, and janitorial. Evaluation by Subcommittee on IR: Request that this issue be forwarded to the Department Chief.
- f) Residents are unaware of training on fatigue/sleep deprivation and physician impairment. Evaluation by Subcommittee on IR: Request that Program Director provides a response in 6 months for June 2008 GMEC meeting.

v. Special strengths:

- a) The working atmosphere for the faculty and residents is very collegial and positive. The residents feel they receive a lot of formal and informal feedback from the staff.
- b) Their board passage rate is commendable.

vi. Evaluations of ACGME Core Competencies:

- a) The tools for evaluation of resident performance in the core competencies and the measures of outcome for this program remain somewhat nebulous. Below is the committee's interpretation of what is currently conducted in this area and how the evaluations and outcome measures are translated into program improvements as well as suggestions that were offered.

Core Competency	Evaluation tool	Assessment of effectiveness	Process for incorporation of assessment into program improvement
Patient Care	Rotation evaluation	Global assessment	Not formal
Medical Knowledge	Vascular In-training exam Rotation evaluations	Not yet available (see next) Global assessment	In training exams not yet administered Not formal
Practice based learning	Rotation evaluation, morbidity and mortality conference, journal club performance	Global assessment	Yes (morbidity and mortality)

Interpersonal & communication skills	Academic conferences Rotation evaluations	Global assessment	Not formal
professionalism	Rotation evaluations Direct observation	Global assessment	Not formal
Systems based practice	Morbidity and mortality Outside rotation evaluations	Global assessment	Not formal

vii. Resident duty hours and methods used to verify compliance: The program is within the compliance of the 80-hour work week. Residents do not take in-house call, ER call or weekend call.

viii. Program concerns:

- a) Although the Vascular Surgery residents are allowed to participate in institutional and departmental committees, none have recently served on any of these committees. Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- b) Due to the current trends with Tricare, a growing number of retirees are being cared for outside of the military healthcare system. This has led to a decreased number of patients and therefore, fewer procedures. The program has adjusted for this by providing 2 rotations outside of the institution. Evaluation by Subcommittee on IR: Request that this issue be forwarded to the Board of Directors.
- c) The program director expressed frustration that despite submitting an annual budget request, no funding is received from the NCC. Evaluation by Subcommittee on IR: The response is adequate and no follow-up is required.
- d) Program Director will be retiring just prior to the next ACGME site visit. An Associate Program Director has been appointed. The Program Director has requested that another internal review be conducted in 6 months to better assist the change over in Program Director and assure a successful site visit. Evaluation by Subcommittee on IR: Program Director needs to be educated on funding stream at the NCC. Would also request that the Program Director notify NCC of retirement with a letter of resignation as Program Director so search can begin for replacement.

III.B.8

3. ACGME Correspondence:

- i. Letter dated 5 November 2007 from the ACGME for the voluntary withdrawal of the Family Medicine Program at Malcolm Grow to be effective 30 June 2009.
- ii. Site visits: Ophthalmology site visit scheduled on 17 Jan 2008.

4. Internal review administrative matters:

Incorporating Patient safety issues into the Executive summary report and materials used during internal reviews.

5. The next Subcommittee meeting is scheduled for 2 January 2008 at 1400, location to be determined.

III.B.11

Modified Format for Internal Reviews: Dr Gunderson presented and the GMEC approved a modified format for Internal Reviews of Program with no Residents. A copy if attached to the original copy of these minutes.

The GMEC unanimously voted to accept the Subcommittee's report as amended.

Common Program Requirements: As of 10 Dec 07, all programs that are scheduled for site surveys will be required to complete the new Common Program Requirements PIF that is available on the ACGME website.

III.B.6

Competencies Committee: The December meeting was not held.

Best Practices: No presentation presented.

III.B.4.b Work Hours Surveys: None.

III.B.10.b Increase in Resident Complement, NCC Rheumatology Fellowship: In the absence of MAJ Jonathan Roebuck, MC, USA, Dr Fauver, AD presented a request to the GMEC for an increase in the NCC Rheumatology Fellowship Resident Complement. This year, there are several potential candidates for Rheumatology fellowship training. The program currently has 3 first year fellows and has been approved for 4 to start next academic year. This would put the program over our current allowed complement of 6 for the next 2 years, presuming we are allowed 3 starts for 2009. The program has the support of neighboring National Naval medical center to augment key clinical faculty, as they have 2 new faculty members who are graduates of the program and are productive in research endeavors as well as devoted teachers of our subspecialty. In all, we will have at least 5 and as many as 7 KCF associated with the training program next year and devoted to ensuring the highest quality education for our fellows. The program will return to its usual 6 fellows following the completion of academic year 2009/10. The GMEC approved the request.

III.B.10.a Dermatopathology Program: On 3 October 07, COL Stephen Krivda MC, USA, presented a request to the GMEC for approval to establish a new GME Dermatopathology Program under the umbrella of the NCC. The program has ended because of the planned closure of the AFIP. Concurrence to bring the program under the NCC was received from the members of the Board of Directors with the exception of RADM Jeffries and he has shared his concerns with us. The AD has asked Dr. Sperling, Professor of Dermatology and Pathology, USU to prepare a response which will be presented to the Board of Directors in February for further discussion.

Travel Funding Requests: Mr Vernon Hankerson reminded the GMEC of the procedures for requesting travel funding requests. In particular he reiterated the importance of contacting the Carlson Wagonlit to get travel cost estimates. Per Diem estimate may be obtained via the GSA website. **The information will be posted on the NCC website.**

Travel Claims: Program Directors were reminded travel claims are to be filed through the GMEC office when traveling on GME funds.

Registration Fees: Registrations fees are to be forwarded to the NCC GME office for payment. If there is a registration form, please fill it out and fax it to 301-295-1943 to payment of the GME IMPAC card.

DTS Enrollment: The AD reminded the Program Directors to confirm those that will be traveling on NCC funds have enrolled in DTS.

III.B.10.d MOUs: Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses.

- Proposed reciprocal agreement with the MedStar-Georgetown University Medical Center and the Consortium's Child and Adolescent Psychiatry Program. NCC.07.165. In lieu of Nancy B. Black, LTC, MC, USA, absence, MAJ Scott Moran, NCC Psychiatry Program Director presented the request .
- Proposed agreement with Woodburn Nuclear Medicine and its Metro Regional PET Center (Woodburn) in Annandale, Virginia. This agreement would allow physicians in the Consortium's Nuclear Medicine Fellowship Program to receive clinical training with Woodburn. Jenifer Jurgens, LTC, MC, USA
- Proposed agreement with the University of California at San Diego School of Medicine (UCSD) and the Radiation Oncology Residency Program. This agreement would allow a

physician in the Consortium's Radiation Oncology Residency Program, to receive clinical training with UCSD during the month of January, 2008. In lieu of Dr. Gius, NCI (Interim PD), Dr Fauver, AD presented the request.

The Committee voted unanimously to approve the MOUs.

The AD reminded the GMEC that they are to check with Mr. Hawkins, USUHS Agreements Officer prior to a trainee rotation to confirm that the MOU is in place.

III.B.2

Permissive TDY: Mr Jason Karr, NCC Legal Counsel, provided an update regarding the change in the Army's Permissive TDY Regulations. As a result of comments from last month's meeting Mr. Kaar re-examined the different service regulations regarding appropriate use of no cost / Permissive TDY (PTDY). Use of PPTY for GME is allowed under AFI 36-3003, rule 15. According to the BUMED SJA it is allowed in the Navy under the Navy Military Personnel Manual (references on request). The Army PTDY regulation, reissued last year, specifically prohibits use of PTDY as part of a training program. Accordingly it is Mr. Kaar's opinion that while Air Force and Navy residents may be sent on GME rotations in a PTDY status, Army residents may not. Mr. Kaar recommended that the NCC petition the Army for an exception to policy.

INFORMATION ITEMS:

- **Annual ACGME Conference Registration** is now open. Contact Mr. Vernon Hankerson to arrange travel and registration.
- **Allied Health Subcommittee of the GMEC (AHSG):** 19 December 2007, 1400 hours, Board of Regents, USU
- **Faculty Development Course:** 21–26 January 2008, Simulation Center, Forest Glen. There are a few spaces available if anyone is interested in attending they should contact Ms Sha-Ron Nimmons, snimmons@usubs.mil
- **Next Internal Review Subcommittee Meeting:** 2 January 2008, 1400 hours, location TBD
- **Next GMEC Meeting:** 9, January 2008, 1500 hours, Building A, Lecture Room C
- **Next Core Competency Committee Meeting:** 9 January 2008, 1400 hours, Building A, Lecture Room C
- **Next Executive Committee Meeting:** TBD
- **Next Board of Director's Meeting:** 21 February, 1300 Hours, Board of Regents Room, USUHS
- **NCC Graduation Practice:** June 18, 2008, 1300 hours, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore

ITEMS FROM THE FLOOR:

The meeting adjourned 1605 hours.

- **CAPT Dwyer:** There was a complaint after Internal Medicine Site Survey from one of the fellows of an instance of non-compliance where the staff from WRAMC spend insufficient time at NNMC. After review, the ACGME determined that there wasn't an instance of non-compliance.
- **CDR McGuigan:** The Joint Commission survey is being conducted at the NNMC all week and the GME portion went well. During the process three areas of concern were raised: resident supervision and staff documentation of resident supervision, how work hours are being monitored, and whether MOUs are current.

III.B.8

- **CDR McGuigan:** The Research Director at the NNMC is investigating an online web based protocol management software that was developed at NIH. A meeting will be held on 9 January 08 at 1600 hours. If anyone is interested in attending, Contact CDR McGuigan for ticket to attend the meeting.
- CDR McGuigan request for reserved parking to GME was approved. 50 spaces will be reserved effective 1 January 2008. Residents can should stop by the NNMC GME office to signup for access to the spaces. The parking will be first come first serve.

The meeting adjourned at 1600 hours.

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.