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**National Capital Consortium**

UNIFORMED SERVICES UNIVERSITY  
OF THE HEALTH SCIENCES  
F. EDWARD HÉBERT SCHOOL OF MEDICINE  
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**GRADUATE MEDICAL EDUCATION COMMITTEE MEETING**

**05 March 2008 1500,**

**OPEN SESSION MINUTES**

The National Capital Consortium Graduate Medical Education Committee met Wednesday, March 5, 2008, 1500. A quorum was present.

**OLD BUSINESS:**

**Approval of Minutes:** The minutes from the February 6, 2008 NCC GMEDC meeting were approved as written.

- III.B.10.e**
- 1. Continuing Program Director Searches:** **NCC Sleep Medicine Fellowship Program** (Initiated 21 November 07), Pending Approval of Board of Directors, NCC  
**Gastroenterology Fellowship Program** (Initiated 28 Nov 07) Pending Approval of BoD .  
**Oral Maxillofacial Surgery Residency Program** (Initiated 07 Jan 08) Pending concurrence's from the BOD on Proposed Nominee slate; **NCC Vascular Surgery Fellowship Program** (Initiated 07 Jan 08), Pending Search Committee Nominee: **NCC General Preventive Medicine**, USUHS Program (Initiated 11 January 08) Pending Search Committee Recommendation. Packet Forwarded to the Search Committee on 29 Feb 08.  
**NCC Administrative Director Position** (Initiated 14 Jan 08) Pending Search Committee Nominee. A search for both the **NCC Anesthesiology Residency Program** and the **NCC Pain Medicine Fellowship Program** will be initiated on 06 March 2008.

**Selection for Program Directors:** None.

**Selection of Associate Program Directors:** LCDR William P. O'Meara, MC, USN, NCC Radiation Oncology Residency Program, effective 01 February 08, MAJ Jess D. Edison, MC, USA, Integrated NCC Transitional Year Residency Program, effective 01 July 08

**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, Lt Col Constance Jackson, USAF, MC, MGMC Representative and CPT Kunar, MC, USA Ft Belvoir, were present. No issues were raised.

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

1. Internal Review Tracking Issues:

- i. The Allergy and Immunology internal review has been scheduled for 10 April 2008.
- ii. The Progress Report for the Anesthesia Program is now long overdue with a deadline of October 2007.

**III.B.11** 2. Internal Reviews:

a. Critical Care Anesthesia Modified Internal Review:

- i) Overall Statement of Program effectiveness: The program's previous residents have continued success with a 100% board passage rate.
- ii) A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item.

1. **Concern:** It is acknowledged that many patients with trauma-related injuries are currently being treated at the institution because of national commitments in Iraq. The program, however, should assure that the current fellows are provided exposure to the broad range of critical care medicine cases as defined in the program requirements. Response:

*According to the Program Director, despite not having a functioning CCU at WRAMC, fellows accepted into the program will see a diverse group of patients during rotations in the WRAMC MICU, as well as in the multiple different outside intensive care units through which they would rotate.*

Evaluation by Subcommittee on IR: The response is appropriate. The citation has been resolved and no further follow-up is needed.

2. **Concern:** There has been no internal review of this program since the previous site visit which occurred in the year 2000. Response: *At the time of the last site visit, the paperwork from the prior internal review could not be located, although the Program Director assured the ACGME that the review took place. Documentation for that internal review has since been located and was presented to the ACGME as part of the Program Director's response to the concerns from the site visit.* Evaluation by Subcommittee on IR: The response is appropriate. The citation has been resolved and no further follow-up is needed.

iii) Correction of findings from last Internal Review:

1. **Finding:** No trainee in program. Response: *The last trainee the program had as in the 2005-2006 academic year. Reportedly, current trends nationally show one trainee entering every three years. Per the last internal review summary, recommendations were made to have the NCC monitor the program and support and promote the input of trainees.* Evaluation by Subcommittee on IR: The response is appropriate. Despite the monitoring of the NCC to support the input of residents, the Joint Services Selection Board was unable to place a resident for the 2008-2009 school year. Also, see the Program Director's additional comments at item #iv-1 (a), (b).

2. **Finding:** Too many away rotations. Response: *The Program Director addressed this by reducing the number of away rotations to four to include: NIH, Washington Hospital Center, Shock Trauma Center, and Children's Hospital.* Evaluation by Subcommittee on IR: The response is appropriate.

The citation has been resolved and no further follow-up is needed.

- iv) Items from the Program Director's assessment of the program:
  - 1. The program is currently on its third year without a fellow. After 4 years with no trainees, the ACGME will require the program to apply for inactive status. The Program Director would not like to see this occur and has several concerns that affect the program.
    - a) The military is now requiring the fellows to "pay back" two years of active duty for one year of additional training in this fellowship. He feels this discourages applicants.
    - b) A Navy applicant was interested in a fellowship in Critical Care Anesthesia, but due to the Navy's policy of paying for a resident to train at a civilian facility, the applicant selected a fellowship at Massachusetts General Hospital. The Program Director would like to see this policy changed so that military residency applicants are supporting military residency training programs with vacancies prior to being permitted to train at a civilian facility.
  - v) Special Strengths: The program continues to have 100% board passage rates and an interested, dedicated Program Director.
  - vi) Integration of ACGME Special Competencies: Once a resident begins training in the program, the Program Director will submit plans for ACGME competencies to the GMEC.
  - vii) A discussion of resident duty hours and the methods used to verify compliance: Residents have been required to record duty hours on a timecard which the Program Director then reviews/monitors. Residents were also encouraged to report any duty hour issues to the Program Director.
- viii) Program Concerns:
  - 1. Although many of the new requirements are met within the program's planned lectures and didactics, they are not currently documented in a formal curriculum or within the handbook for residents. Would recommend that the Program Director add the following requirements to the SOP and/or handbook:
    - a) Policy on physician impairment, including substance abuse and sleep deprivation
    - b) Definition and policy on duty hours
    - c) Competency-based goals and objectives for each assignment at each educational level.
    - d) Resources to monitor resident stress, to include mental or emotional conditions inhibiting performance or learning, in addition to drug- or alcohol-related dysfunction.
    - e) Written policy specifically addressing the needs of anesthesiology and an education program regarding substance abuse.
    - f) Clinical experience in: emergency and therapeutic fiberoptic laryngotracheobronchoscopy; pulmonary function tests; pain management of critically ill patients; transport of critically ill patients; administrative and management principles and techniques.
    - g) Experience in the administration of an ICU as related to appointment and training of non-physician personnel, establishment of policies regulating functioning of the ICU and coordination of the activities of the ICU with other in-hospital units.
  - 2. Would recommend the Program Director assure that the PIF is updated electronically.
  - 3. Evaluation by Subcommittee on IR: The Subcommittee recommends that the Program Director assure that the items above are added to the handbook once

a resident is assigned.

b. Sleep Medicine Modified Internal Review:

- i) Overall statement of program effectiveness: Since its original accreditation letter, there have been no trainees, therefore it is not possible to make any comments about the effectiveness of the training program.
- ii) List of citations and areas of non-compliance or any concerns or comments from previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item: Not Applicable.
- iii) Correction of findings from last ACGME Site Visit (Accreditation Letter): Not Applicable.
- iv) Any items from resident or faculty assessment of the program: Not Applicable.
- v) Special strengths:
  1. Adequate number of staff at both NNMC and WRAMC to provide supervision to residents.
  2. Commitment to the success of the fellowship from sponsoring internal medicine program.
- vi) Integration of ACGME Special Competencies:
  1. Evaluation tools: According to the RRC Application, the Program Director plans to use fellow assessment sheets, mini-CEXs, quizzes, 360 degree evaluations, procedure logs, and direct observation.
  2. Outcome measures: Certification passage rate
  3. Process used to link educational outcomes with program improvement: No written documentation to link outcome measures to programmatic changes.
- vii) Resident duty hours and methods used to verify compliance: Not applicable, but, staff do not feel there should be an issue since the residents are not used to provide provision of care after work hours or on weekends. They feel the residents of this program will be well within the 80-hour work restriction.
- viii) Program concerns:
  1. According to the RRC application for the sleep medicine program, all of the teaching will be completed at WRAMC. Since WRAMC's sleep clinic is the only accredited sleep laboratory, it is unclear if NNMC's laboratory can be used to provide some of the teaching.
  2. The sleep medicine program does not currently have a Program Director fully committed to the sleep medicine program. It is imperative that a new Program Director be selected so that he/she can be prepared for their first fellow in July 2008. This is an NCC responsibility and is currently being addressed.
  3. Since the program has not yet had any trainees, it is not possible to review many of the items on the checklists that will help evaluate the program in the future, such as multidisciplinary cooperation, trainee assessments, formal instruction, diversity of patient problems, clinical experience, evaluation tools, and documentation of competence.
  4. The program does not have any person designated as being available to provide administrative support.
  5. While the Program Director notes that many faculty participate in some research activities, other faculty members do not. Other faculty members should be encouraged to participate in research or other scholarly endeavors.
  6. Faculty members note that it is frequently difficult to find parking spaces if traveling to WRAMC in mid- to late morning.

7. The sleep medicine program is approved for only one trainee per year. There will be one start in July 2008 as authorized by the accreditation letter. However, the pulmonary fellowship has plans to permit a fourth year of their fellowship to also receive training as a sleep medicine physician. It must be noted that this fellow had signed a contract for an extra year of fellowship prior to the approval of the sleep medicine program. This should be reviewed by the NCC to determine whether what is planned is appropriate or if the Program Director should request through the RRC a one-time increase in training spots.
8. Evaluation by Subcommittee on IR: The Subcommittee found the report satisfactory. Follow-up on the above items will be monitored at the next Internal Review once a resident has been assigned.

3. Follow-up of Prior Reviews:

a. Pain Management:

1. **Concern: Suboptimal Clinic Space.** Response: *There is no plan in place to increase our clinic space in our current building. As far as the future is concerned at the new Bethesda facility, there is no definitive allocation of space for the Pain Clinic. This has been addressed with the integration planning committees who have noted our requirements. They will be putting in our requirements along with everyone else's requirements. We have tried to address our need for increased space with the planning committee, and the response continues to be that there is insufficient funding to meet everyone's needs.* Subcommittee on Internal Reviews: The response is appropriate. Since this issue is beyond the scope of the Program Director to correct, the Subcommittee recommends that this be referred to the Board of Directors for their input into planning the new hospital.
2. **Concern: Faculty members do not receive regular feedback.** Response: *Faculty members receive quarterly written feedback from the fellows via "My Evaluations." The program director gives verbal feedback quarterly as well.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
3. **Concern: No documentation of regularly organized meetings of the teaching staff.** Response: *We hold quarterly staff meetings prior to quarterly Mortality and Morbidity Conferences.* Subcommittee on Internal Reviews: The response is appropriate; however, the Subcommittee requests that the minutes from these meetings be submitted to the GMEC for review in time for the June 2008 GMEC meeting.
4. **Concern: No documentation to ensure fellows are allowed to evaluate the program.** Response: *This is now also accomplished through "My Evaluations." The program director also asks for verbal feedback during quarterly fellow evaluations.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

Concerns from the current Internal Review:

1. **Concern: Although the pain management residents are allowed to participate in institutional and departmental committees, none have served on any of these committees that the Program Director can recall.** Response: *Fellows are now participating in departmental Quality Assurance, Pharmacy and Therapeutics, and Research Committees.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
2. **Concern: Partially due to the fact that the fellows come from varied**

specialties (Physical Medicine, Anesthesiology, etc.) with widely varied experience in performing invasive procedures and the relatively short duration of the program, no written policy on the “progressive responsibility appropriate to fellows’ level of education, competence, and experience” exists. Response: *Pain Medicine is a very complex specialty with very complex procedures. Our fellows come from various specialty backgrounds as well. Therefore we currently have no written policy as such. We do however have a policy for fellow supervision.* Subcommittee on Internal Reviews: The response is appropriate; however, the Subcommittee requests that a copy of the policy be submitted to the GMEC for review in time for the June 2008 GMEC meeting.

3. **Concern:** Since the Pain Management fellows perform some of their clinical responsibilities at the NNMC, a local director at that site should be appointed. Response: *A local director has been appointed: CDR Necia Williams.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
4. **Concern:** Primarily one part-time faculty member is responsible for research activities. Response: *Though our part time faculty member has the most published research, all of our faculty are involved in various research projects with that faculty member, and have published papers together with him. Additionally, CDR Williams has recently started a protocol that we are conducting at WRAMC. We will encourage other faculty members to participate further in scholarly endeavors.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
5. **Concern:** There are no documented CEX forms for important faculty observations of fellows interviewing patients, performing procedures, and counseling patients. Response: *Our procedures are many, and very complex. The simpler procedures we do in the Pain Clinic, a graduating anesthesia resident is credentialed to do. Hence coming up with CEX forms for our complex procedures would be difficult. We are in the process of developing CEX forms for the more simple tasks such as interviewing and counseling patients.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
6. **Concern:** Currently no M&M conferences. Response: *We have instituted a quarterly M&M Conference in conjunction with the NNMC Pain Clinic. Our first conference was held in December 2007. The next will be held in March 2008.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
7. **Concern:** Limited Quality Improvement and Utilization Review. Response: *Most recently we have started a new quality improvement project about Informed Consent. We continue chart reviews and our new M&M program will enhance our Quality Improvement as well.* Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
8. **Concern:** How will new fellowship requirements be addressed? Response: *Fellows are keeping track of each patient they see, each procedure they do. Two have completed psych rotations with Dr. Wain to satisfy the new psych requirement (psych interview). Our one PM&R fellow has completed 2/3 of his intubation/sedation cases at the 7 month point in his fellowship. One fellow is 1/2 way through his acute pain rotation, and has already accomplished the fellowship requirements for acute pain. Cases are tabulated on an excel spreadsheet, and reviewed quarterly by the program director to insure completion by the end of the academic year.* Subcommittee on Internal

Reviews: The response is appropriate and the finding has been resolved.

b. Forensic Psychiatry:

1. **Concern: The level of administrative support is not adequate.** **Response:** *At the time of the Internal Review, the situation in terms of the administrative support was indeed worse than it had been during the RRC Site Visit. The service secretary had found new employment, and a replacement had not yet been hired. A new administrative assistant for the Outpatient Psychiatry Service and the Forensic Psychiatry Service was hired in July 2007. Ms. Marsha Hampton finds that she feels completely capable of handling both services. Further, the Department of Psychiatry is in the process of hiring another administrative assistant, specifically to address the lack of a dedicated one for the Forensic Psychiatry Service. Although this process has met some delays in hiring, the funds have been allocated and it is only a matter of time before a person occupies that role. Finally, the hiring action for a Residency Program Coordinator is complete. The Psychiatry Residency Education office now has three personnel, and the transition for this office to handle all the Program Coordination duties is currently underway. The office now handles leave forms, awards, and partial control of training files. We are currently in process of systematically allocating more and more responsibility to this office so as not to overwhelm their services, as well as maintain some personal control in light of our upcoming review. With these two improvements, we believe that the level of administrative support has become adequate.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

c. Neonatology:

1. **Concern: Ambulance contract leads to unnecessary delays.** **Response:** *The NNMC Emergency Department continues to support the NICU transport team. The NICU receives priority for ambulance transports and no significant delays in response have been noted. A backup plan to utilize contract civilian ambulances is still in place should delays in the NNMC Emergency Department be encountered. The NNMC Respiratory Therapy department and the NICU nursing staff have been very supportive of the transport mission, and both are continually training transport personnel. I will continue to work with the departments involved to ensure that the NICU transport team remains viable. I foresee no return to the past delays of an ambulance contract.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.
2. **Concern: Lack of a dedicated administrator.** **Response:** *The Neonatology fellowship program shares a USUHS Pediatric Department administrator, Ms Kasia Szymanska, with the other Pediatric fellowship programs. The Army fellows are still required to utilize WRAMC Pediatrics and the Navy fellows NNMC Pediatrics for certain administrative issues. This arrangement appears to be adequate.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

III.B.8

4. ACGME Correspondence:

- a. Email dtd 6 Feb 2008: Internal Medicine's Hematology and Oncology Program received accreditation for 3 years.
- b. Email dtd 6 Feb 2008: Internal Medicine's Gastroenterology Program received accreditation for 3 years.
- c. Email dtd 25 Jan 2008: Internal Medicine's Endocrinology, Diabetes & Metabolism Program received accreditation for 2 years.

- d. Letter dtd 14 Feb 2008: Neurology program received accreditation for 5 years.
  - i. Citation: Program does not have adequate support staff. Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director respond to this citation in time for the June GMEC meeting.
  - ii. Citation: Final resident evaluation does not document whether the resident can practice competently without direct supervision.
  - iii. Citation: A review of ancillary support services should occur during the next annual review. Residents report excessive responsibility for these services.
  - iv. Citation: Goals and objectives are not written to include the six core competencies. Evaluations should be based upon the curriculum's goals and objectives.
  - v. Subcommittee on Internal Reviews: Citations 2-4 will be addressed at the next internal review.

The GMEC voted to accept the minutes as written.

**III.B.6 Core Competencies Committee:** MAJ Klote reported that the committee is focusing on identifying a time to meet that better fits into the schedule of the members.

**Results from ACGME Survey:** 13 of 16 of MAJ Klote's Transitional Interns completed the survey. She clarified some of the points in regards to the responses they provided while taking the survey.

**III.B.4.b Work Hours Surveys:** MAJ Klote reported that her Interns report electronically and she reviews them on a monthly basis. The last violation was reported in August 2007.

**Transitional Integration** – MAJ Klote presented an update on the TY Integration noting the greatest challenges of merging to programs that have two completely different missions. Several of the challenges discussed include the plan of action, rotation plans, and core curriculum.

**III.B.10.b Temporary Increase:** CAPT Dwyer NNMC Internal Medicine Program Director requested the GMECs approval for a temporary increase. The National Naval Medical Center Internal Medicine Residency Program is accredited for 40 residents per year. For the 2008/9 academic year, the program anticipates 40 resident starts, with one resident who will be off cycle graduating in Dec 2008. A resident from the Public Health Service has requested to start July 2008 for a 3 year Internal Medicine Program that would not count from the Navy resident training starts. The Program has an adequate amount of admissions per PGY-1 year as required by the RRC and has available rotations at existing outside sites for both ward rotations and intensive care rotations at WHC and Virginia Hospital Center, Arlington that count toward the programs admission numbers. Therefore temporary request for increase for two residents from July 08-Dec 08, and one from Jan 09-July 09 due to an off-cycle graduate. The start for July 2009 is expected to be 2-5 starts less due to HPSP shortage. The GMEC voted and approved the request.

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

- **Renewal:** Proposed agreement with the Armed Forces Retirement Home – Washington in Washington, D. C. This agreement would allow Army physicians in the Consortium's Geriatric Psychiatry Residency Program to participate in clinical training with the Armed Forces Retirement Home – Washington. Milliken, LTC, MC, USA

The Committee voted unanimously to approve the MOU.

**INFORMATION ITEMS:**

- The next Board of Directors meeting will be held in July. At that time, the NCC FY09 budget will be presented for approval.
- The NCC budget call will be distributed to the Program Directors on or about 3 April with a due date of 1 May 08.
- **Next Executive Committee Meeting:** To be determined
- **Next Internal Review Subcommittee Meeting:** 26 March 2008, 1530. Location to be determined.
- **Next Core Competency Committee Meeting:** 2 April 2008, 1400.
- **Next GMEC Meeting:** 2 April 2008 1500.
- **NCC Graduation Practice:** June 18, 2008, 1300, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore

#### ITEMS FROM THE FLOOR:

##### III.B.4.a

- COL Nace reported that at the last ACGME meeting there were discussions regarding a change in work hours. The Sleep Medicine group presented the concept that performance declines after 16 hour shifts and creates a safety issue to the Institute of Medicine. As a result, they proposed is a 56 hour work week with 16 hour shifts instead of the current 80 work week. The Institute of Medicine is taking the issue to Congressional levels. Additional information is available on the Institution of Medicine website.
- On behalf of Ms Leanda Dulaney, GME Administrator, NNMC, COL Nace reminded everyone to complete and return the work for residents so she may generate training certificates for those graduating in June 2008.
- COL Nace reminded everyone that Transition to Practice training is scheduled for 9 April 08 for those graduating and leaving WRAMC.
- COL Nace highlighted some of the items that were discussed at the 21 Feb 08 Board of Directors meeting. The minutes from the meeting will be available for review on the NCC Web in the near future.
- Portfolios are still on the horizon with the ACGME. Keep up with your specialty society meetings to get the latest information to help you with developing your portfolios.
- The ACGME is stressing oversight especially in the area of workhours oversight.
- COL Turiansky inquired as to whether anyone else had experience problems when trying to send a contract employee of on travel. The requirement is to renegotiate the contract to cover travel.
- CDR McKay raised concern regarding the decision of USU to stop rotation students to do surgical rotations at NNMC during the construction phase. Dr Fauver commented that he would be attending a meeting on the next day to discuss matter.
- CDR McKay raised concern regarding travel reimbursement.
- CDR McKay inquired as to whether the PDs can start planning to send NNMC trainees to USU to attend review courses. Dr Fauver's response was that trainees can now attend one review course or one national meeting.
- LTC Karla Auyeung inquired as to whether residents will be required to log on to \_\_\_\_\_ I system and write their own hours. In response, COL Nace commented that the Army system is on hold.

##### III.B.2

The meeting adjourned at 1620 hours.

A Closed Session followed

*Howard E. Fauver, Jr.*  
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.*