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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 September 2007 1500 Hours
Board of Regent Room, D3001, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 05 September 2007, 1500 hours. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the August 1, 2007 NCC GMEC meeting were approved as written.

III.B.10.e Continuing Program Director Searches: The following is a list of the ongoing NCC Program Director Searches: NCC Integrated **Transitional Year Residency Program** (Initiated 20 July 07) Pending nominations from the Services: **NCC Family Medicine Psychiatry Residency Program** (Initiated 23 May 07) Pending Search Committee Recommendation. Packet Forwarded to the Search Committee on 15 August 07; **NCC Neurosurgery Residency Program** (Initiated 16 May 07); Pending Board of Director approval of Search Committee Recommendation **NCC Allergy Immunology Fellowship Program** (Initiated 03 April 07) Pending Board of Director approval of Search Committee Recommendation

III.B.10.e Selection for Program Directors: LTC Jennifer Jurgens, MC, USA, NCC Nuclear Medicine Fellowship Program, effective 14 August 2007

Selection of Associate Program Directors: LTC Brian Belson, MC, USA, Obstetrics and Gynecology Residency Program, effective 30 August 2007

Certificate of Appreciation: LTC Aaron L. Stack, MC, USA, NCC Nuclear Medicine Fellowship Program 2004-2007, and Ms Stephenye Tyler, GME Administrator, WRAMC 2004-2007

The Committee voted without objection to approve the selections.

NEW BUSINESS:

III.B.1 Resident Representative Issues: COL Nace introduced Jason Hawksworth, CPT, MC, USA, the new WRAMC Representative. 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:

a. 2007 Issues:

- i. Assignments for Internal Reviews have been made for Pain Medicine, Vascular Surgery, Family Medicine, and Sports Medicine.
- ii. Chairpersons have been nominated and appointed from USUHS, NNMC and MGAFMC. They have been assigned and briefed for their initial reviews. We are awaiting nominations from WRAMC.

b. 2008 Issues: It appears as if Radiation Oncology will need an internal review next summer. We are awaiting a date from the ACGME.

2. Reviews:

a. Anesthesia was reviewed and discussed. Program Weaknesses identified:

- i. Administrative support remains poor. The subcommittee recommended that the issue be referred to the Board of Directors
- ii. The faculty perceived that the command climate at NNMC is not supportive of academic activity. The subcommittee recommends that the Program Director provide a response to the Subcommittee prior to the November GMEC meeting.

A full assessment is included in the (August 2007) Subcommittee report which is attached to the original minutes.

3. Follow-up of prior reviews:

a. Pediatrics Residency: A follow-up report from the Program Director (PD) was received and discussed. The subcommittee recommended that the Program Director provide a progress report regarding the following issues prior to the January 2008 GMEC meeting:

i. Citation: E-mail communications between WRAMC and NNMC are difficult:

Response: The WRAMC outlook system is only accessible through a CAC reader. The NNMC outlook system, although not requiring CAC access, is not accessible from remote sites. I continue to seek further institutional guidance on this issue.

ii. Citation: Insufficient Nursing Support at WRAMC. Response: Contract hours have been significantly increased, new mentorship programs for newly graduated 2LT nurses have been developed, and DON has put the pediatric ward as the highest priority to the hiring and filling of open GS nursing positions and implemented a retention bonus program. DON is committed to staffing 20 pediatric beds by December.

iii. Citation: Food Service at NNMC is not provided at night. Response: An evening meal is made available to trainees, though few have chosen to take advantage of it because of lack of convenience and perceived palatability.

iv. Citation: Navy Officer Development and Mentoring needs improvement.

Response: All residents are assigned a service-specific mentor for professional development and guidance. We have incorporated more formal professional development topics in our mandatory morning lecture series as well as in the residents' continuity clinic curriculum.

v. Citation: The NNMC ER is Poorly Equipped for Pediatrics: Response: The

residents no longer have any direct interaction with the NNMC ER unless there is an emergency. Pediatric patients requiring non-emergent consultation or admission are transported to WRAMC. The NNMC Department of Pediatrics has recently implemented a series of pediatric-specific protocols adapted from NMC Portsmouth for utilization by the NNMC ER staff. Appropriate pediatric supply needs in the ER are also being investigated by the NNMC Department of Pediatrics.

In addition, the subcommittee recommended that items i, ii., and v., be referred to the Board of Directors.

b. Pediatric Endocrinology: A follow-up report from the PD was received and discussed. The subcommittee recommended that the Program Director provide another follow-up report regarding the following issues prior to the January 2008 GMEC meeting:

i. Citation: Staff were not aware of any program regarding fellow education for physician impairment or substance abuse. Response: *The NCC is in the process of creating centralized training that should be available via ELearn or similar format.*

ii. Citation: "Progressively increasing responsibility according to Fellow level of education, ability and experience" should be articulated more specifically. Response: *The PD is working on a complimentary, fellowship-year based, competency goals and objectives document that will clearly address this issue.*

iii. Citation : ACGME-knowledgeable administrative support is scarce, and the bulk of document preparation and record-keeping is still done by the fellowship PD. Response: *We continue to work to try to get administrative support for GME in the department.*

iv. Citation: Fellows need to be included in service QI/QA more actively. Response: *PD will work on coordinating fellow-fellow chart review.*

v. Citation: Fellow goals for rotations need to be delineated by year of training. Response: *PD is working on creating a year-by-year competency based goals and objectives to complement the current Fellowship competency based goals and objectives.*

The Subcommittee recommended that the PD survey his residents on the availability and suitability of desk space and computers as listed in his response to the Internal Review and survey his residents on the effectiveness of the increased amount of interaction and report the results to the Subcommittee in time for the January 2008, GMEC. The Subcommittee also recommended that the Program Director institute formal instruction on coding and other practical management topics.

b. Forensic Psychiatry: The PD's follow-up report was accepted by the GMEC although a progress report should be submitted in time for the March 2008, GMEC meeting.

c. Neonatology: The GMEC accepted the PD's follow-up report. A follow-up on the effectiveness of the solutions to the following items should be submitted the Subcommittee in time for the March 2008, GMEC meeting:

i. Concern: **Ambulance contract leads to unnecessary delays:** Response: A system has been developed at NNMC whereby the Emergency Department maintained an ambulance and crew for exclusive use of the NICU transport team. This has significantly improved response time. However, recent deployments and staffing in the ED has

threatened the program. The NICU director is working with the ED and the command is committed to maintaining the program.

ii. Concern: Lack of a dedicated administrator: Response: The Neonatology fellowship program shares a USUHS Pediatric Department administrator with the other Pediatric fellowship programs.

III.B.8 ACGME Correspondence:

- a. Orthopedic Surgery was accredited for 2 years. Of note, all six training billets per year were retained.
 - b. The Orthopedic Hand Surgery Program was accredited for 2 years with a progress report due 1 May 2008 to address three citations. The Program Director is reminded that the progress report should be submitted to the GMEC in time for its January meeting.
 - i. Citation #1: The program must have a formal mechanism to monitor and prevent violations of the duty hour requirements.
 - ii. Citation #2: Clinical support is marginal.
 - iii. Citation #3: Service needs must be monitored to ensure that fellow opportunity for scholarly activity is not compromised.
 - c. Dermatology was notified that a temporary increase in residents was approved.
 - d. The Surgery Program at NNMC was accredited for another 3 years.
 - i. There was a Citation concerning the resident operative experience
 - ii. Rotations at WRAMC were approved.
 - iii. The ACGME approved a decrease in the number of non-designated preliminary residents.
 - iv. The Subcommittee recommends that the GMEC require the Program Director to report on his plans to resolve the citation in time for GMEC review at its January meeting.
- B. Internal review administrative matters: Two Internal Review Chairpersons are needed from WRAMC.
- C. The next Subcommittee meeting is scheduled for 01 Oct 2007, 1500 hours, location to be determined.

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

III.B.4.b Resident Work Hours Surveys:

Orthopaedics CDR McKay reported that the residents at WRAMC confirmed that to the best of their knowledge they had accurately reported their work hours which resulted in some violations. The residents are using an Excel spreadsheet as their reporting tool which is available on the shared drive and is individually password protected. CDR McKay will provide a follow-up report in six months.

Otolaryngology: CDR Sorensen reported that he and his staff meet regularly with the residents to discuss the issue of work hours. As a result of those discussions, the Otolaryngology staff will print out Excel spreadsheet and have the residents sign them confirming that they feel they are within duty hour standards. In addition, the residents are now responsible for monitoring keeping track of the number of hours they have worked and they are to tell the staff when it is time for them to go home in order to stay within standards.

Anesthesiology: COL Mongan was not in attendance. However, he provided the following report: In response to the resident survey, we have held 2 mandatory residency meetings and

provided handouts regarding the ACGME duty hours policy and the NCC Anesthesiology duty hours reporting mechanisms for violations. In the meetings no report of specific departmental violations could be determined by any resident for any specific response. It was determined that despite yearly education residents do not understand significant portions of the duty hours requirements. Q20. Residents on the same SICU rotation stated that one attending would run rounds late after call and that it could result in exceeding their work hours for that week. Careful review of the schedules and other attending patterns off rounding revealed that the call schedule (1 in 4), scheduled days off and release patterns of other staff make it impossible to exceed the work hours limits averaged over 4 weeks. Q21. One resident was under the impression that since they are subject to recall for a mass casualty scenario that they never have a free day unless they are officially on vacation. Q24. Despite the wording of the question (6 hour for didactics) when residents are asked if having them stay for 3 hours post call to participate in simulation training (max of once per year per resident) a few raise their hands to indicate that they feel that is a duty hours violation. The ICU rounds are not responsible for this response since they never run past 1200 post call. Q26 and 27. Once again one resident insisted that being on a recall roster for emergency purposes was the same as being on at-home call and thus was a duty hours violation. We are continuing with ongoing education regarding the interpretation of duty hours issues. Dr. Mongan will provide follow-up at a subsequent meeting.

General Surgery: CDR McGuigan conducted a sensing session with the General Surgery residents on 1 Aug 07 at 0800. They reported significant improvements in the schedule with call only 1 in 3-4. Outside rotations were also reportedly improved based on the last rotation's input. This was reported to the NCC GMEC on 1 Aug 07.

III.B.3 Program Letter of Agreement (PLA): There must be a program letter of agreement (PLA) between the program and each participating site providing a required assignment. The primary purpose of a PLA is to ensure an appropriate educational experience and to protect residents from undue service requirements that do not enrich their education. The PLA should be reviewed every year and must be renewed at least every five years. Program Directors are responsible for Program Letters of Agreement (PLAs) although the DIO may oversee this process. Additional information related to PLAs, including answers to specific questions and some sample PLAs, is available on the ACGME website: <http://www.acgme.org/acWebsite/about/abFAQ/Agreement.pdf>. The NCC must have a copy of all PLA agreements on file. Please forward PLAs to Ms Diane Demmings, ddemmings@usuhs.mil.

III.B.6 Competencies Committee: The committee did not meet. The next meeting is scheduled for October 3, 2007, 1400 hours. MAJ Klote provided a brief presentation pertaining to the compliance report which may be generated out of myevaluations.com. The software allows you to print out duty hour compliance reports by residents. MAJ Klote discovered that many residents are found to be noncompliance in regards to the 24 + 6 because the software reports it incorrectly. MAJ Klote sent an e-mail to the myevaluation.com point-of-contact informing him of the problem. Dr Fauver commented that all incoming residents and staff should be annually reviewing the duty hour requirements, which is available on the ACGME website.

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

III.B.10.d

- Proposed agreement with the MITRE Corporation in McLean, Virginia. This agreement would allow physicians in the Consortium's Occupational and Environmental Medicine Residency Program to participate in non-clinical training with MITRE. Paragraph 5 of this agreement specifies that residents will not be involved in patient care while training at MITRE. NCC.07.146, COL Timothy Mallon, MC, USA

- Proposed agreement with the 60th Medical Group, David Grant Medical Center, Travis Air Force Base. This agreement would allow U.S. Air Force Transitional Year Intern at 60MDG, to receive clinical training with the Consortium's Physical Medicine and Rehabilitation Residency Program at Walter Reed Army Medical Center during the period from 12 November through 9 December 2007. NCC.07.145. COL Jeff Gambel
- Proposed agreement with Brooke Army Medical Center/Institute for Surgical Research that BAMC drafted is an omnibus reciprocal agreement. It was generated by BAMC/ISR in response to a request from WRAMC's COL Lepler to send one of his residents or fellows to the BAMC/ISR burn unit for training.
- Proposed agreement with the GlaxoSmithKline, Inc. (GSK), Philadelphia, Pennsylvania. This agreement would allow physicians in the Consortium's General Preventive Medicine Residency and Occupational and Environmental Medicine Residency Programs to participate in non-clinical training with GSK.
- Proposed agreement with the Naval Medical Center Portsmouth. This agreement would allow physicians in the Consortium's General Preventive Medicine Residency program to receive training with the Naval Medical Center Portsmouth and its subordinate units. Col Dana Bradshaw, USAF, MC

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Appointment of Associate Program Director:** CV and a brief recommendation from the Program Director are required. POC – Ms Nimmons, snimmons@usuhs.mil
- Program Directors are reminded to complete and return Training Verifications as requested. POC – Ms Demmings, ddemmings@usuhs.mil
- **Final Evaluations for those trainees that recently graduated are to be forwarded to the NCC Office.**
- **Annual Report Submission: Due 7 September 2007,** POC - Ms Reaves, lreaves@usuhs.mil
- **Allied Health Subcommittee of the GMEC (AHS):** 19 September 2007, 2:00 p.m., Board of Regents, USU
- **Next Internal Review Subcommittee Meeting: 1 October 2007, Room to be determined**
- **Next GMEC Meeting:** October 3, 2007, 1500 Hours, Board of Regents, USU
- **Next Core Competency Committee Meeting:** October 3, 2007, 1400 hours, Board of Regents, Bldg D3001, USUHS
- **Last Day for Submission of FY07 Credit Card Purchases; Travel Orders, and Visa checks:** 7 September 07
- **Annual ACGME Conference Early Bird Registration:** POC Ms Sha-Ron Nimmons, snimmons@usuhs.mil
- **Next Executive Committee Meeting:** TBD
- **Next Board of Director's Meeting:** TBD
- **Joint Selection Board:** 26-30 November 2007
- **Faculty Development Course:** 21 – 26 January 2008, Simulation Center, Forest Glen
- **NCC Graduation Practice:** June 18, 2008, 1300 hours, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore

ITEMS FROM THE FLOOR:

- In response to a question raised regarding the usage of MOUs, Dr Fauver reminded the GMEC that a separate agreement is not needed if trainees are going to Ft. Belvoir, WRAMC, NNMC, MGMC nor the USUHS because those programs fall under the governance of the NCC. He further explained that established goals and objectives are needed whether the rotation is within the NCC or outside.
- CDR McGuigan reported that there have been two incidents involving critical values (radiology) that were reported to interns who then did not act on the information or tell anyone else about the information. As a result, the Patient Safety Committee has recommended a change in policy such that critical values for inpatient radiology studies must be reported directly to a senior resident or staff. That change is effective immediately at NNMC. There have been discussions at the Patient Safety Committee meeting about the need for an integrated set of bylaws for the medical staff which would include policies for resident supervision.

The meeting adjourned 1625 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.