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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

06 February 2008 1500, Board of Regent, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, February 6, 2008, 1500. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the 9 January 2008 NCC GMCEC meeting were approved as written.

- III.B.10.e Continuing Program Director Searches:** NCC Sleep Medicine Fellowship Program (Initiated 21 November 07), Pending the Search Committee Recommendation, NCC Gastroenterology Fellowship Program (Initiated 28 Nov 07) Pending selected Committee Chair from the NCC AD NCC Oral Maxillofacial Surgery Residency Program (Initiated 07 Jan 08) Pending concurrences 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 Nominee NCC Administrative Director Position (Initiated 14 Jan 08) Pending Search Committee Nominee
- III.B.10.e Selection for Program Directors:** LTC John J. O'Connell, MC, USA, NCC Radiation Oncology Residency Program, effective 07 January 08

Selection of Associate Program Directors: None.

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. An issue was raised regarding the option to reserve rooms near Shock Trauma for surgery and anesthesia residents. The NCC will consider this issue again.

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

1. Internal Review Tracking Issues:

- i. Sleep Medicine modified internal review was held on 29 January 2008.

2. Internal Reviews:

i. Family Medicine – DeWitt:

i. Correction of findings from last Internal Review:

- a) **Finding:** There appears to be a lack of understanding on the part of residents and faculty of the general competencies and the program's plan for insuring resident competence in the required core areas is limited to end-of-rotation evaluations. **Response:** The program now uses tools such as the biannual Patient Oriented Longitudinal Evaluation of Care (POLEC) and use of the NCC Simulation Center(see 6.g. for a full list) to assess the competencies in residents. **Evaluation by Subcommittee on IR:** The Subcommittee felt it was unclear whether the residents have an understanding of the core competencies and whether resident input was gathered to draft the response. **Amendment:** After receiving additional input from the Internal Review Chairman and the DeWitt Family Practice resident, the Subcommittee determined that this finding should be addressed again at the next Subcommittee on Internal Reviews meeting. **Evaluation by Subcommittee on IR:** This finding was reconsidered and agreed to have been satisfactorily addressed by the Chairman of the Internal Review Committee and the Family Medicine Resident representative at the January GMEC meeting.

ii. The following items were found to be lacking from the program requirements checklist and should be corrected prior to the next site visit.

- a) **Finding:** The program requirements require a clear and separate sports medicine curriculum within the two-month/200 hours of experience for this area. While a written curriculum exists for each area, the resident assessment did not demonstrate a separate experience for orthopedics and sports medicine. **Evaluation by Subcommittee on IR:** The Subcommittee recommends that the GMEC request the Program Director to provide the curriculum for the above rotations by 28 May 2008.
- b) **Finding:** During the faculty interview, while faculty did state they receive feedback from the program director, the frequency of formal feedback from the program director was stated as less frequently than annually. The program director should institute, at a minimum, a plan for annual formal feedback to assure compliance. **Evaluation by Subcommittee on IR:** The Subcommittee requests that the PD provide a plan for evaluating faculty by 28 May 2008.
- c) **Finding:** The program requirements necessitate that residents follow, as part of their continuity experience, at least two nursing home patients over a period of 24 consecutive months, in addition to those that residents might experience as part of a rotation. The program has unsuccessfully explored an agreement which would provide this experience within the local military retirement community, but has been unsuccessful. Legal prohibition of providing care to non-beneficiaries makes exploring other options impossible. **Evaluation by Subcommittee on IR:** The Subcommittee

recommends that the PD provide a plan for meeting this requirement by 28 May 2008.

- d) **Finding:** The program requirements provide that there be a structured and facilitated group designed for resident support. Residents and faculty stated that, while some resident support occurs as part of the behavioral medicine didactic curriculum, there is not a regularly scheduled dedicated group. However, residents did not feel a lack of support. Evaluation by Subcommittee on IR: The Subcommittee recommends that the Program Director respond with plans to implement a resident support group by 28 May 2008.

iii. The following items were identified during the interviews (program director, faculty, and resident) as areas for improvement but are not currently at the level that would be a concern or citation of the program.

- a) **Finding:** Deployments or absences from the program by faculty have been perceived as minor issues with the residents for consistency with their advisers and as adding to the faculty workload. The PD feels this has impacted faculty research (although not resident scholarly activity). Evaluation by Subcommittee on IR: The Subcommittee requests more resident input on this finding. Amendment: After receiving additional input from the Internal Review Chairman and the DeWitt Family Medicine resident, the Subcommittee determined that this finding should be addressed again at the next Subcommittee on Internal Reviews meeting. Evaluation by Subcommittee on IR: This finding was reconsidered and agreed to have been satisfactorily addressed by the Chairman of the Internal Review Committee and the Family Medicine Resident representative at the January GMEC meeting.
- b) **Finding:** Faculty and the PD both stated that there had been problems with insufficient clinic/office space. These issues have improved; however, with expansion as part of BRAC prior to the opening of the new hospital, special attention to this item needs to continue. Evaluation by Subcommittee on IR: The finding is adequate; however, the Subcommittee would like to have input from the residents on this issue. Amendment: After receiving additional input from the Internal Review Chairman and the DeWitt Family Medicine resident, the Subcommittee determined that this finding should be addressed again at the next Subcommittee on Internal Reviews meeting. Evaluation by Subcommittee on IR: This finding was reconsidered and agreed to have been satisfactorily addressed by the Chairman of the Internal Review Committee and the Family Medicine Resident representative at the January GMEC meeting.
- c) **Finding:** The gynecology rotation is perceived as a weak educational experience. Residents identified that at times there seems a lack of patient volume, that the staff has a varying interest in teaching, and that resident/staff schedules are not synchronized to maximize learning. Evaluation by Subcommittee on IR: The Subcommittee requests that the PD respond with plan for improvements to the rotation. Amendment: After receiving additional input from the Internal Review Chairman and the DeWitt Family Medicine resident, the Subcommittee determined that this finding should be addressed again at the next Subcommittee on Internal Reviews meeting. Evaluation by Subcommittee on IR: This finding was reconsidered and agreed to have been satisfactorily addressed by the Chairman of the Internal Review Committee and the Family Medicine Resident representative at the January GMEC meeting.
- d) **Finding:** Residents would appreciate constructive feedback for lectures/presentations given. No evaluation system is in place to critique resident lectures and presentations. Evaluation by Subcommittee on IR: The

Subcommittee requests that the PD respond with plans for resident lecture/presentation evaluations and feedback by 28 May 2008.

3. Follow-up of prior reviews (Progress Reports):

i. Nuclear Medicine:

- i. **Concern:** The Subcommittee recommends that the Program Director provide a listing of program requirements that comprise the 100 hours of basic science instruction each year for the residents. **Response:** *Currently our program exceeds the 100 hours of basic science instruction per year via Pharmacy and Instrumentation Rotations. Program requirements that comprise the hours of basic science per year include:*

Friday Morning Lecture Series (weekly)

Disease of the Month Lectures (monthly)

Walter Reed Nuclear Physics Lecture Series (bi-monthly)

WR Nuclear Pharmacy Rotations (120 hrs 1st yr/80 hrs 2nd yr)

WR Instrumentation Rotations (40 hrs 1st yr/40 hrs 2nd yr)

NNMC Basic Nuclear Science Course (1st yr)

Nuclear and Radiological Incident Management Course (1st yr)

ISCD Bone Densitometry Course (2nd yr)

Optional: Harvard Clinical Nuclear Medicine Review Course (2nd yr)

Optional: Society of Nuclear Medicine Board Review Course (2nd yr)

Optional: Medical Effects of Ionizing Radiation (1st yr)

Subcommittee on Internal Reviews: The response is appropriate and the concern has been resolved.

- ii. **Finding:** Residents are unclear of any training regarding physician impairment and fatigue. **Response:** *A quarterly Faculty Development lecture series, for the staff physicians and fellows, was initiated in Oct 2007. This lecture series includes an initial lecture reviewing the ACGME Core Competencies, how the competencies are taught in our fellowship, and how they are evaluated. The Learning to Address Impairment and Fatigue to Enhance Patient Safety (LIFE) Curriculum was then introduced, with a plan to complete the LIFE Curriculum during the remaining lectures. The LIFE Curriculum consists of modules on fatigue, stress and depression, substance abuse, disruptive behavior, burnout, boundary violations, impairment and instructive feedback. A Description of the Faculty Development lecture series has been added to the Fellowship Handbook.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

- iii. **Finding:** Residents are unsure if attending the yearly meeting of the Society of Nuclear Medicine is a requirement or not. **Response:** *Attendance at the yearly meeting for the Society of Nuclear Medicine is not a requirement of the program, although the fellows are encouraged to attend if funds are available. To clarify this in the future, the SNM Annual Meeting has been added to the "Additional Training" section of the Fellowship Handbook that outlines potentially available training.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

- iv. **Finding:** Residents would appreciate having the radiology residents evaluate the nuclear medicine residents. **Response:** *Previously, the radiology residents evaluated the nuclear medicine residents; however, due to the poor rate of return of evaluations, this was discontinued. With the initiation of the E*Values system, a new evaluation form for the radiology residents to evaluate the nuclear medicine residents will be added. In the interim, we have resurrected the prior evaluation forms and plan to distribute them to the radiology residents.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

- v. **Finding:** Both residents and faculty noted that space is an issue. In

- particular, they feel that the current reading room is crowded and that computer access is limited in that room. They suggested creating an additional reading room. Response: A new reading room has been constructed. We are awaiting LAN drops from DOIM prior to using this new room. When construction for this room was initiated, three additional PCs were requested through the Department of Radiology. Subcommittee on Internal Reviews: The response is appropriate; and follow-up in six months is required to assure that the project and equipment needs are met to complete the new reading room.
- vi. **Finding:** The PD should have the residents sign the spreadsheet with their recorded work hours to signify that it is accurate. Response: Following the internal review, this suggestion was implemented. The fellows now physically sign the end of month duty hours spreadsheet to verify their agreement with the stated hours. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- vii. **Finding:** The PD should include a document in the handbook signed by each resident, acknowledging receipt of the handbook and information included and the PD should review key components included in the handbook. Response: Following the internal review, this suggestion was implemented. The current fellows all signed and dated a document stating: "I have received a Nuclear Medicine Fellowship Handbook, and have read and understand the contents." This documentation will continue with new fellowship classes. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- viii. **Finding:** The PD should cultivate a research atmosphere by encouraging faculty to participate in research or other scholarly endeavors. Response: Three of the four staff physicians currently in the Nuclear Medicine Clinic are involved in active research protocols, protocols submitted to DCI, and grant proposal submissions. The fourth staff physician, who is newly assigned to the department, was appointed Interim Chair of the Research Committee, to provide involvement with the research currently being conducted in the clinic and help foster initiation of his own research protocols. Additionally, while the research portion of the fellowship program was not emphasized in the past, it has been emphasized with the current complement of fellows. All four fellows have research projects in various stages of development. The fellows are encouraged to seek out faculty for advice and partnership in research; all four fellow's projects have at least one Nuclear Medicine staff physician, in addition to the Program Director, involved with their research. By emphasizing the joint research with the fellows and staff, we are cultivating a research atmosphere. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.
- ix. **Finding:** The 360 degree evaluation should be extended to with technicians, patient evaluations of residents. Response: Prior to the Internal Review, an evaluation form was created and implemented for the technologists to evaluate the fellows. The fellows reported this feedback was beneficial, and the evaluations will continue quarterly. A patient evaluation form is being developed for patient interactions with the fellows during therapy counseling sessions, and this will be implemented on the new E*Values system. Subcommittee on Internal Reviews: The response is appropriate and the finding has been resolved.

III.B.8

4. ACGME Correspondence:

- i. ACGME email dtd 11 Jan 2008: Notification that the Pain Medicine requirements were revised effective 1 Jul 2007; the program number has changed (along with participating disciplines), and that a pre-RRC review will take place in addition to the site visit.

- ii. ACGMC Ltr dtd 17 January 2008: Approval of the Psychiatry Program's request for an additional participating site at Malcolm Grow Medical Center.
- iii. ACGME Ltr dtd 24 January 2008: Surgery Program's accreditation letter for 5 years with 5 citations:
 - i. **Citation:** There do not appear to be specific letters of agreement for several of the core hospitals. **Response:** *There was only one LOA that was not updated to their satisfaction at the time of the visit.*
 - ii. **Citation:** The site visit report indicated that residents do not write orders on patients in the ICU because it is a "closed unit." **Response:** *Obviously a hospital policy issue, but my residents do rotate in the SICU and have primary responsibility then.*
 - iii. **Citation:** While faculty members have documented scholarly activity, the majority of the activity is at the affiliated hospitals and not among the primary program faculty. **Response:** *I have no idea where that one came from. In fact, the opposite is true. My attending staff have the strongest research credentials of any military surgery program staff.*
 - iv. **Citation:** It is the responsibility of the PD to provide an accurate statistical and narrative description of the program. The CV for the PD was not included in the PIF. **Response:** *I didn't realize that it was missing. I did an abbreviated CV for myself as for all others. I wish he would have asked for it at the visit as I could have printed it out on the spot.*
 - v. **Citation:** Inadequate operative volume in that not all residents met the required number of index vascular cases. **Response:** *One resident who graduated in 2005 missed the vascular case number by 2 cases. No other categories (out of 16 total for each resident) were missed before then or after then, including vascular.*
 - vi. **Evaluation by the Subcommittee on Internal Reviews:** The ACGME did not request a response to the citations by the Program Director; however, the Program Director did address each citation. The Subcommittee finds the responses to be appropriate and no further follow-up is needed. The Subcommittee also reminds Program Directors that any response to the ACGME must first be approved by the DIO.
- iv. ACGME Ltr dtd 28 January 2008: Ophthalmology Program's request has been approved to add an additional participating site at AFIP.

5. The next Subcommittee meeting is scheduled for 20 February 2008 at 1530, location to be determined.

III.B.6 Core Competencies Committee: Nothing Reported.

III.B.4.b Work Hours Surveys: The anesthesia pain medicine, and both transitional programs recently received notifications that their work hours surveys are in progress. Neither of the transitional programs has responded to-date. Approximately 35 of the NCC programs will be surveyed this year. The AD recommended that each PD go online and see when their survey is scheduled to run. He also recommended that the PDs review a copy of the questionnaire with the residents and fellows to make sure they understand the questions.

III.B.5.c Faculty Appointments: Dr O'Connell raised a question regarding the option of appointing those responsible for teaching NCC resident to faculty through the NCC. In response, the AD commented that there is nothing precluding the NCC from giving letters appointing people to the faculty of an NCC program with the understanding that it is not truly an academic appointment because we are not an academic institution, we are an administrative oversight institution. Anyone interested in pursuing this further is encouraged to contact him.

III.B.2 **Budget:** The AD encouraged all Program Directors to utilize the funding that was allotted for their program. If you have determined that you will not be spending all of the money that was approved for your program please notify the NCC no later than 1 July so the funding can be reprogrammed or returned to the Services. If anyone has not received their expenditure report for their program please send an e-mail to Ms Lisa Reaves, leaves@usuhs.mil

III.B.4.b **E*Value:** A representative from E*Value is in the process of contacting each program to begin the orientation process. The AD requests realistic user data from all Program Directors as to whether the system is better for tracking work hours versus the current system. The contract with myevaluation ends in June. We must provide notification to the company as to whether we will be renewing the contract. In order to allow each program time to retrieve their data we may extend the contract for the next 6 to 12 months.

PhD Interview: The AD will be interviewing a post doc who did her graduate work on ACGME General Competencies in the near future.

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 **United States Northern Command (NORTHCOM) in Colorado Springs** would allow physicians in the Consortium's General Preventive Medicine Residency Program and the Consortium's Occupational and Environmental Medicine Residency Program to receive clinical training at NORTHCOM. NCC.08.006 R. Dana Bradshaw, Col, MC, USAF
 - Proposed agreement with the **Department of Veterans Affairs Medical Center in Washington, D. C.**, would allow physicians in the Consortium's Pathology Residency Program to receive clinical training at the VAMC. NCC.08.009 Ross Barner, MC, LTC, USA
 - Renewal: Proposed agreement with the **Northern District Office of the Office of the Chief Medical Examiner of the Commonwealth of Virginia in Fairfax**. This renewal replaces an expired agreement signed by the parties in September, 2001. It would allow physicians in the Consortium's Pathology Residency Program to continue to receive clinical training with the Medical Examiner. NCC.08.010, Ross Barner, MC, LTC, USA
 - Proposed agreement with the **Cedars-Sinai Medical Center in Los Angeles, California** would allow Army Captain Diana C. Riera, a physician in the Consortium's Pediatric Gastroenterology Fellowship Program, to participate in one-month fellowship in Pediatric Inflammatory Bowel Disease sponsored by the Crohns and Colitis Foundation of America (CCFA) and to be held at the Cedars-Sinai Medical Center from 3 March through 4 April 2008. NCC.08.012, Carolyn A. Sullivan, MC, COL, USA
 - Proposed agreement with **Health Volunteers Overseas USA in Washington, D. C.**, would allow Army physicians in the Consortium's Anesthesiology Residency Program to participate in clinical training with Health Volunteers Overseas USA. NCC.08.019, Paul D. Mongan, MC, COL, USA

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Promotion:** Selected for 0-6 -Dave Benedek, Nancy Black, Arthur DeLorimier , Fletcher Munter, Paul Pasquina
- **Next Board of Director's Meeting:** 21 February, 1300, Board of Regents Room, Bldg D, Room 3001, USUHS
- **Annual ACGME:** starts 28 February 2008, Grapevine Texas.
- **Next Executive Committee Meeting:** To be determined
- **Next Internal Review Subcommittee Meeting:** 20 February 2008, 1530. Location to be determined.
- **Next Core Competency Committee Meeting:** 5 March 2008, 1400.
- **Next GMEC Meeting:** March 5, 2008, 1500.
- **Allied Health Subcommittee of the GMEC (AHSG):** To be determined
- **AHME Meeting:** starts 8 May 2008, San Diego, CA
- **NCC Graduation Practice:** June 18, 2008, 1300, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore

ITEMS FROM THE FLOOR:

- **CAPT Dwyer** acknowledged the programs, Endocrinology, Gastroenterology, and Hematology/Oncology that recently received notification of 5 years continued accreditation.
- **CDR McGuigan noted there** is a readiness list . If your trainees names are on it they must go to the health readiness clinic which is located near the active duty readiness clinic on the second floor. ADM Jeffries is going to host a forum for the spouses of interns residents and fellows on February 9th and 10th in the Executive Dining Room, 1300, NNMC.
- **CDR McKay** raised concern regarding the reimbursement of local travel claims. Her concern was acknowledged and Mrs. Reaves will look into the matter further.
- **MAJ Moran** raised the idea of contracting with a company to provide training verification for the NCC.
- **LTC Eiseman** recently returned from the Association of the University Professors of Ophthalmology which mandates the Ophthalmology Program Directors are now required to prepare a letter two months before the end of the program which states they are going to graduate. When the trainee graduates they need a special form which is an evaluation of the PGY1 year.
- **COL Nace** - intern orientation will be held around 9 June. There will be a joint picnic at Forest Glen and details are forthcoming. Transition to Practice is scheduled for 9 April. Disclosure training sessions will be running around the 28th.

The meeting adjourned at 1610 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.