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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

07 November 2007 1500 Hours
Board of Regent Room, D3001, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, November 7, 2007, 1500 hours. A quorum was present.

OLD BUSINESS:

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

III.B.10.e Continuing Program Director Searches: None.

Selection for Program Directors: MAJ Jennifer Lange, MC, USA, NCC Family Medicine Psychiatry Residency Program, effective 17 August 2007, and MAJ Molly Klote, MC, USA, NCC Transitional Year Program Director, effective 1 July 2008.

III.B.10.e Selection of Associate Program Directors: None.

Certificate of Appreciation: CDR Lisa Mulligan, MC, USN, NCC Associate & Acting Program Director of NCC Neurosurgery Residency Program, 2004 – 07 was not in attendance; the certificate has been forwarded to her.

The Committee voted without objection to approve the selections.

Patricia McKay was presented with a Joint Service Award by COL Fitzpatrick for her achievement in integrating the Orthopaedic Surgery Program.

Congratulations to all!

NEW BUSINESS:

III.B.1 Resident Representative Issues: Jonathan Hawksworth, CPT, MC, USA, WRAMC Resident Representative raised concerns regarding the parking shortage at the hospital. Maj Constance Jackson, USAF, MC, MGMC Representative and Capt Sarah Arnold, USAF, MC, USUHS Representative were in attendance; no issues were raised. An issue was raised regarding the requirement for residents to report to Navy for urine analysis testing. After much discussion, it was decided that Col Nace and CDR McGuigan will present the concern at the next Board of

Directors meeting which is scheduled for November 19, 2007.

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. Dates for the Family Medicine, Sports Medicine, and Nuclear Medicine Internal Reviews have been identified.
 - ii. A date is needed for the Critical Care Anesthesia Internal Review.
- b. 2008 issues:
 - i. COL Gilliland has been appointed Chairman for the Internal Review of Sleep Medicine in January 2008.

2. Reviews:

a. Pain Medicine:

- ii. The Internal review was performed in accordance with instructions in the manual and requirements of the ACGME.
- iii. Findings at the last ACGME site visit that remain unresolved:
 - a) Citation: Suboptimal clinic space. Response: *The pain clinic area is essentially unchanged from the last site visit and remains cramped and crowded. The offices of the residents and staff are on a different floor of the hospital making it inconvenient for the physicians to get from their clinic to their office. Recommendations of the Subcommittee on IR: See response at item viii (9).*
 - b) Citation: Faculty members do not receive regular feedback. Response: *The staff was unclear about the frequency with which the residents evaluated them or the program. Some were aware that the residents had completed some faculty evaluations on "My-Evaluations", but had not seen the evaluations. Recommendations of the Subcommittee on IR: See response at item viii (9).*
 - c) Citation: No documentation of regularly organized meetings of the teaching staff- This remains an issue. Response: *While the service has regular Practice Management and Pain Clinic Business meetings, no minutes are kept. Recommendations of the Subcommittee on IR: See response at item viii (9).*
 - d) Citation: No documentation to ensure fellows are allowed to evaluate the program. Response: *Although the program is now using "My-Evaluations" to evaluate the faculty and residents, no questions regarding programmatic evaluation are included on the questionnaires. Recommendations of the Subcommittee on IR: See response at item viii (9).*

iv. Findings at the last ACGME site visit that are resolved:

- a) Concern: Lack of institutional policy governing educational resources. Response: *The Designated Institution Official (DIO) and GME Committee (GMEC) monitors the educational resources to the Pain Medicine training program through several processes. The Program Director provided an approved FY08 NCC GME budget. . Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.*
- b) Concern: Violation of ACGME duty hour standard. Response: *The residents work an average of 50 hours per week and have no overnight, weekend, or after-hour patient care responsibilities. They do carry a beeper, but that is only in case of a military recall or emergency.*

- Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.
- c) Concern: Inability to document written final summary of resident performance. Response: *Program Director now provides each resident with final summary and completes required military training form.*
Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.
- d) Concern: Lack of support personnel. Response: *This has improved since the last ACGME visit. Additional administrative support to the program is provided from support personnel from the Department of Anesthesia.*
Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.
- e) Concern: No internal review since last visit. Response: *This evaluation is approximately two years after the last ACGME site visit.*
Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.
- f) Concern: Teaching staff were late or unable to attend the site visit. Response: *The vast major faculty members were present and on time.*
Recommendations of the Subcommittee on IR: The Subcommittee agrees with the Internal Review assessment.
- v. There was no previous internal review as mentioned above (iii.,5).
- vi. Special strengths:
- a) The working atmosphere for the faculty and residents is very collegial and positive despite the cramped working area.
 - b) The faculty is proud of the quality of the graduates of the program.
 - c) Their board passage rate is commendable.
 - d) The Program Director reviews the patients seen by the residents to ensure an adequate patient mix.
- vii. Integration of ACGME Special Competencies:
- a) Evaluation tools: Procedure logs, direct observation, quarterly chart reviews, and quarterly Program Director/faculty evaluations using “My-Evaluations”
 - b) Outcome measures: Certification passage rate
 - c) Process used to link educational outcomes with program improvement: Currently there is no written documentation to link outcome measures to programmatic changes.
- viii. Resident duty hours and methods used to verify compliance: The program is well within the compliance of the 80-hour work week. The residents and Program Director state they work an average of 50 hours per week with no responsibility for weekend or after-hours coverage.
- ix. Program concerns:
- a) 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.
 - b) Partially due to the fact that the residents come from varied specialties (physical medicine, anesthesia, 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 residents’ level of education, competence, and experience” exists.
 - c) Since the Pain Management residents perform some of their clinical responsibilities at National Naval Medical Center, a local director at that site should be appointed.
 - d) While the Program Director notes that approximately 50% have or are participating in some research activities, primarily one part-time faculty member is responsible for the research activities. Other faculty members should be encouraged to participate in research or other scholarly endeavors.
 - e) While the program has several assessment tools including chart reviews,

quarterly faculty evaluations, and procedure documentation that can be quantified and/or recorded, there are no documented CEX forms from these important faculty observations of residents interviewing patients, performing procedures, or counseling patients.

- f) While there currently are no conferences that review complications, morbidity, and mortality, the Program Director will soon be instituting a quarterly conference addressing these topics in their didactic program.
- g) The program's quality improvement and utilization review is limited to chart reviews that are done once a month looking at approximately 30 charts. The program has no ongoing Quality Improvement project(s) per se.
- h) As of 1 July 2007, many new requirements by the Residency Review Committee for Pain Management have been instituted including specific minimal number of certain procedures or patient care experiences (obtaining intravenous access, endotracheal intubation, management of sedation, performing neurologic examination, musculoskeletal and neuromuscular assessment, obtaining psychiatric histories, new evaluations of patients with chronic pain, new evaluations of patients with acute pain, interventional procedures, longitudinal management of cancer pain, and longitudinal involvement in palliative care). While the Program Director feels that the residents can satisfy most of these requirements, no documentation exists at this time to monitor individual resident compliance with these requirements.

Evaluation by the Subcommittee on Internal Reviews: The Subcommittee recommends that the Program Director be required to submit plans and progress on resolving issues ii (1-4) and viii (1-8) in time for the Subcommittee meeting on 30 January 2008. In particular, the Subcommittee would like item ii (1) addressed as to: How much space would be adequate for the clinic; how much space is being allocated in the new hospital; and how has the issue of space been resolved since the last site review?

3. Follow-up of prior reviews:

- a. Anesthesia – Progress Report due for October GMEC meeting.
- b. Pediatrics – Progress Report due for January GMEC meeting; earmarked items to be referred to BOD.
- c. Pediatric Gastroenterology – follow-up Progress Report due for January GMEC meeting
- d. Pediatric Endocrinology – follow-up Progress Report due for January GMEC meeting
- e. Pediatric Neonatology – follow-up Progress Report due for March GMEC meeting.
- f. Forensic Psychiatry – follow-up Progress Report due for March GMEC meeting.

III.B.8

4. ACGME Correspondence:

- a. Letter dated 9 October 2007 from the ACGME's Internal Medicine RRC reported that resident complaint. *The residents allege that Program Directors and faculty are not devoting enough time to the program. The aforementioned staff, from WRAMC, (sub-specialties: Endocrinology, Gastroenterology, Hematology) spend little or no time at the primary site of training, National Naval Medical Center.*

The Subcommittee reports that a letter was prepared by the Program Director in response to the above complaint and has been reviewed by the Executive Committee.
- b. Letter dated 18 October 2007 from the ACGME Physical Medicine and Rehabilitation RRC has given continued accreditation for a 5 year period.
 - i. The internal review is scheduled for February 2010.
 - ii. The only areas not in compliance consisted of inaccuracies in the PIF (Inserts 4, 7, and 8), and the lack of article names and topics for the Journal Club. Progress Report on these issues was not requested.
 - iii. The RRC has requested a Progress Report for 1 Jul 2009. It should cover the following areas:
 - a) The three institutions with inpatient rotations have PM&R beds that are not geographically contiguous.
 - b) There is no formal didactic schedule for pediatrics and no block diagram for outpatient

pediatrics.

c) There appears to be much change reported to be occurring in the near future with respect to specific rotations and educational sites.

iv. The RRC also requested that the progress report include plans for realignment of the medical centers and its effect on the residency program.

c. Request from Cardiovascular Medicine to increase the resident complement from 18 to 19 which has been approved by our DIO. We also have communication from the ACGME requesting a detailed educationally-based rationale for increase. Dr. Atwood has already addressed this with the RRC to its satisfaction and the increase has been approved.

5. **Site Visits:** Ophthalmology site visit scheduled on 17 Jan 2008.

6. **Internal review administrative matters:** We now have all 4 of our Internal Review Chairpersons:

- i. COL William Gilliland (USUHS Medicine)
- ii. LCDR Leonard Henry (NNMC Surgery)
- iii. MAJ Matt Wakefield (WRAMC Surgery)
- iv. COL Oleh Hnatiuk (WRAMC Pulmonology/Sleep)

The next Subcommittee meeting is scheduled for 20 November 2007 at 1500, location to be determined.

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

III.B.6

Competencies Committee: Major Klote reported that the regularly scheduled meeting was preempted by the E*Value demonstration. If anyone would like to present a best practices at the next GMEC or if they are interested in becoming a member of the Competencies committee, please contact MAJ Klote.

III.B.4.b

Work Hours Surveys: The GMEC has addressed the concerns of the eight work hour surveys that were identified during the year. If anyone receives a notification that their residents are going to receive a work hours survey they should contact the AD.

III.B.10.d

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

- The proposed reciprocal agreement with the MedStar-Georgetown University Medical Center and the Consortium's Child and Adolescent Psychiatry Program was tabled until the next GMEC meeting which is scheduled for December 5, 2007. NCC.07.165 Nancy B. Black, LTC, MC, USA
- Proposed agreement would allow a trainee in the Consortium's Dermatology Residency Program, to receive clinical training with the Jacksonville Naval Hospital, Department of Dermatology during the period from 1 December through 31 December 2007. COL George W. Turiansky, MC, USA.
- Proposed agreement with Mid-Charlotte Dermatology and Research in Charlotte, North Carolina. This agreement would allow a trainee in the Consortium's Dermatology Residency Program, to participate in training with Mid-Charlotte Dermatology and Research during the period from 9 January through 29 January 2008. COL George W. Turiansky, MC, USA.
- Proposed agreement would allow a trainee in the Consortium's Psychiatry Residency Program to receive training at the Kolmac Clinic in Silver Spring, Maryland, during the period from 10 December 2007 through 13 January 2008. Scott Morgan, MAJ, MC, USA

- Proposed agreement with the uninsured Clinic at Holy Cross Hospital Health Center and the Consortium's Internal Medicine Program. Terrence X. Dwyer, CAPT, MC, USN

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Annual ACGME Conference Registration** opens in December. Contact Mr. Vernon Hankerson to arrange travel and registration.
- **The point-of-contact for resident travel or mandatory training** is Mr. Vernon Hankerson.
- **A quarterly budget report** will be forwarded to all Program Directors.
- **Next Board of Director's Meeting:** 19 November 2007, 1300 hours, Board of Regents Room, Bldg D, Rm3001, USUHS
- **The criteria for conducting a search for the AD's replacement** will be discussed at the next Board of Directors meeting.
- **Next Executive Committee Meeting:** TBD
- **Next Internal Review Subcommittee Meeting:** 20 November 2007, 1500 hours, Room Location TBD
- **Joint Selection Board:** 26 - 30 November 2007
- **Next GMEC Meeting:** December 5, 2007, 1500 hours, Building A, Lecture Room C
- **Next Core Competency Committee Meeting:** December 5, 2007, 1400 hours, Building A, Lecture Room C
- **Allied Health Subcommittee of the GMEC (AHSG):** 19 December 2007, 1400 hours, Board of Regents, USU
- **9 January 08, GMEC meeting** will be held in Building A, Lecture Room C
- **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@usuhs.mil
- **NCC Graduation Practice:** June 18, 2008, 1300 hours, Strathmore
- **NCC Graduation:** Friday, June 20, 2008, 10-12 noon, Strathmore

ITEMS FROM THE FLOOR:

CDR McGuigan introduced Marina Borovok, Ph.D., Director of Research, Clinical Investigations Department, at the National Naval Medical Center. Dr Borovok will assist with the process of getting things through the IRB.

COL Bernet raised the issue of parking at the NNNMC. In response, CDR McGuigan noted she will be presenting a plan to the Board of Director in the near future to establish 50 designated GME parking spaces at the NNNMC.

CDR McGuigan reported they are in the process of getting all of the Navy trainees through a massive readiness exercise.

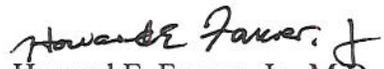
COL Nace reported the new WRAMC GME office should be up and running early in the new year. The plan is to provide more support to the Program Directors, trainees, and medical students.

COL Nace has been surveying the medical students as they process out. The medical students reported that they were happy with their training experience at WRAMC and that the education was excellent although there were some problems with computers.

WRAMC will be filling a Simulation Director position in the near future.

The meeting adjourned 1605 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.