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

GRADUATE MEDICAL EDUCATION COMMITTEE MEETING

09 January 2008 1500, Lecture Room C, USUHS

OPEN SESSION MINUTES

The National Capital Consortium Graduate Medical Education Committee met Wednesday, January 9, 2008, 1500. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the December 5, 2007 NCC GMEC meeting were approved as written.

- III.B.10.e Continuing Program Director Searches: NCC Sleep Medicine Fellowship Program** (Initiated 21 November 07), Pending Approval of Search Committee Proposed Nominee Request from the BOD's **NCC Gastroenterology Fellowship Program** (Initiated 28 Nov 07) Pending Approval of Search Committee Proposed Nominee Request from the BOD's **NCC Oral Maxillofacial Surgery Fellowship Program** (Initiated 07 Jan 08) Pending Search Committee Nominee; **NCC Vascular Surgery Fellowship Program** (Initiated 07 Jan 08, Pending Search Committee Nominee)

Selection for Program Directors: None.

- III.B.10.e Selection of Associate Program Directors:** LCDR Sam O. Wanko, MC, USN, NCC Hematology & Medical Oncology Fellowship Program, effective 28 December 07.

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, Fort Belvoir, and LT Christina Malckiani, USN, NNMC were present. No issues were raised.

III.B.11 Committee Responsibilities: Dr. Gunderson reported on behalf of the Internal Review Subcommittee. (Attachment 1).

1. Internal Review Tracking Issues:

- i. Awaiting finalized date and time for the Sleep Medicine modified internal review to be held in January 2008.
- ii. The Critical Care Anesthesia modified internal review is scheduled for 8 January 2008 at 1300.

2. Reviews:

i. Family Medicine - DeWitt:

i. Committee findings:

- a) Overall Statement of Program effectiveness: This program appears to produce an extremely well trained and ready family physician more than capable of, upon graduation, functioning independently. Its graduating classes continue to have 100% board certification pass rates. Residents from the program commonly score above the 90th percentile nationally on the American Board of Family Medicine in-training examination.

ii. Several concerns were noted on the last accreditation letter.

- a) **Citation: Adult Medicine: DeWitt Army Community Hospital provides insufficient patients per resident and does not ensure residents with an adequate patient mix.** **Response:** *DACH entered into training agreements at INOVA Fairfax, a 700-bed tertiary care facility providing residents of the program with rotations in the Medical ICU, CCU and adult inpatient medicine. On these rotations, residents typically follow 7-10 patients per day.* **Evaluation by Subcommittee on IR:** The response is appropriate. However, the Subcommittee requests that the PD provide a summary documenting the adequacy of the number of patients. The response should be provided for the July GMEC meeting. **Amendment:** At the meeting, the Internal Review Chairman and the resident member from the Dewitt Family Practice Program addressed these concerns. The GMEC voted to accept their additional comments and clarifications. No additional follow-up was required.
- b) **Citation: Continuity Patient Experience and Number of Patients in the FMC:** **Response:** *Since the last site visit, the RRC requirements for this item have been changed (effective 07/2006). The new requirement is that residents see 150 visits during the PGY-1 year and a total of 1650 visits in the continuity experience. DACH has restructured their curriculum and clinics since the last site visit to increase the numbers. All PGY-1s have exceeded 300 visits and all residents of the most recent graduating class exceeded the minimum, and in most cases saw greater than 2,000 patients in the continuity setting. Both the program director and residents agree that continuity within these clinics for routine/wellness visits has improved and now exceeds 65 percent.* **Evaluation by Subcommittee on IR:** The citation has been resolved and no further follow-up is needed.

iii. Correction of findings from last Internal Review:

- a) **Finding: Residents are not required to be significantly involved in the care of their continuity patients who are admitted to the hospital.** **Response:** *Residents are notified when their patients are admitted. They are expected to visit their continuity patients while hospitalized.* **Evaluation by Subcommittee on IR:** The Subcommittee felt it was unclear as to whether residents were actually following their continuity patients while they were hospitalized. The Subcommittee recommends that the PD supply input from the residents that documents continuity of care. **Amendment:** At the meeting, the Internal Review Chairman and the resident member from the Dewitt Family Practice Program addressed these concerns. The GMEC voted to accept the additional comments and clarifications. No additional follow-up was required.
- b) **Finding: There should be a system established to count the number of patients seen in each resident's continuity clinic.** **Response:** *Accurate data using CHCS and AHLTA is now collected for resident continuity clinics and has been entered into the ACGME's specialty specific annual update for the past two years.* **Evaluation by Subcommittee on**

- IR: The citation has been resolved and no further follow-up is needed.
- c) **Finding: Some residents think their geriatric empanelment is too high and their pediatric empanelment is too low.** Faculty are concerned that nobody is overseeing empanelment of patients to the residents or staff. Response: *The program director now regularly monitors the demographics of patient empanelment. This data has also been entered into the ACGME's specialty specific annual update for the past two years. Compared to national data for 2005-06, the percentage of visits for geriatric and pediatric visits compares favorably in all age ranges except age under 2.* Evaluation by Subcommittee on IR: The citation has been resolved and no further follow-up is needed.
- d) **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.
- iv. 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 25 April 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 25 April 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 25 April 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 25 April 2008.
- v. 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.

- 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.
- 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.
- 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 25 April 2008.

vi. Special Strengths:

- a) It was evident that both during the resident and faculty interview that LTC Moore is a talented leader. He was praised for turning around a once troubled program, fostering an atmosphere of teamwork, and creating a positive learning environment for the residents.
- b) The faculty is a diverse group including Army, Air Force, and civilian personnel which have differing clinical and call responsibilities. The faculty work well within their roles; there appears no resentment from the military faculty about call schedules or any inequity in clinical responsibility created by the military/civilian difference.
- c) Previously cited at the last RRC site visit, the program now places special emphasis on this area. Both patient encounters and continuity of care are improved from the last site visit. Residents now comment that this is a strength of the program.
- d) Residents continue to perform at a high level on the annual in-training examination. The residency had 6 residents who scored above the 90th percentile nationally in 2005 and 3 in 2006. Graduates taking the board exam have a 100% pass rate over the past five years, also a marker of success.

vii. Integration of ACGME Special Competencies:

- i. A satisfactory listing of evaluation tools was provided.
- b) The program uses multiple outcome tools to assess the competencies including scores on rotation evaluations, in-training examination scores, resident graduate surveys and board scores, case logs, procedure numbers and assessments. Many of these items are included in the resident's summative evaluation.
- c) The program director meets annually with a selected staff and residents, and using data from resident rotations, post-graduate surveys, resident performance on in-training and board examinations, and other data, conducts a review of the residency curriculum and makes improvements based on the review.

viii. Duty Hours: Residents use the UCAPERS system to report work hours and days off. There is regular review by the program director. Residents did not report any duty hour violations.

- ix. Summary: The Dewitt Family Medicine Program appears to be well run, with only a small number of deficiencies identified. Assuming the deficiencies outlined in 6.d. are rectified with no new concerns, I would expect that the program would be successful in a five year accreditation at its next site visit.

- ii. Nuclear Medicine:
 - i. Committee findings:
 - a) Overall Statement of Program effectiveness: The Program Director notes the 100% board passage rate of graduates as a measure of the quality and effectiveness of the program. They appear to meet all standards set forth by RRC and exceed many of these.
 - ii. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification.
 - a) **Citation: Final written evaluations of resident performance do not include verification that the resident has sufficient professional ability to practice competently and independently as specified in accreditation requirements.** Response: *The Program Director drafts a performance letter with the proper language included that residents may practice independently.* Evaluation by Subcommittee on IR: The citation has been resolved and no further follow-up is needed.
 - b) **Citation: The information submitted for review did not provide documentation of program compliance with accreditation requirements regarding at least 100 hours per year of basic science instruction.** Response: *Junior residents are given one day each week while senior fellows receive two days per week earmarked as dedicated "research" days... Residents also attend research training and courses such as the CIII course. There are also several other courses the residents attend during the fellowship including a radio nuclear course and Radiologic Incidence Response Command and Control Course.* Evaluation by Subcommittee on IR: 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 by 25 April 2008.
 - c) **Citation: The program information form was not prepared in accordance with ACGME and RRC instructions.** Response: *The Program Director has updated the PIF per the instructions of the ACGME to include only the materials and information needed.* Evaluation by Subcommittee on IR: The citation has been resolved and no further follow-up is needed.
 - d) **Citation: Program goals and objectives are not prepared to ensure that resident responsibility increases throughout the two years of education.** Response: *In the handbook there are clear milestones for the fellowship spelled out to document goals and objective for progressions. Quarterly education meetings are held to discuss the milestones of each fellow to work independently.* Evaluation by Subcommittee on IR: The citation has been resolved and no further follow-up is needed.
 - e) **Citation: While resident evaluation forms include attention to the ACGME's six general competencies, the information submitted for review did not provide documentation of satisfactory instruction in all six competencies.** Response: *In the handbook, there are now educational goals that are competency based with an associated curriculum to meet these goals. The evaluations also reflect these competency based goals and objectives.* Evaluation by Subcommittee on IR: The citation has been resolved and no further follow-up is needed.
 - iii. Correction of findings from last Internal Review: No internal review was held at previous midpoint.
 - iv. Items from resident or faculty assessment of the program:
 - a) Residents are unclear of any training regarding physician impairment and fatigue.
 - b) Residents are unsure if attending the yearly meeting of the Society of Nuclear Medicine is a requirement or not.
 - c) Residents would appreciate having the radiology residents evaluate the nuclear medicine residents.
 - d) 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.
 - e) Evaluation by Subcommittee on IR: The Subcommittee recommends that the PD address each of the items (1-4) above by 25 April 2008.
 - v. Items from PD assessment of the program:
 - a) Receiving approval on proposed research studies in a timely manner remains challenging within the institution's IRB. At this time, research projects of a retrospective nature or "exempt" studies are more easily approved and are the sole focus of residents.

- b) Program Director will to seek MOU to send residents to Johns Hopkins University so they can participate in ACGME RRC program requirement of cases with radio-antibodies.
 - vi. Special Strengths:
 - a) Excellent written objectives and goals that spell out progression are available.
 - b) Seem to be adequate resources that are used effectively by staff and residents.
 - c) Case volume gives very broad experience in nuclear medicine.
 - d) Quarterly evaluation system is very effective.
 - vii. Integration of ACGME Special Competencies
 - a) A list of evaluation tools used by the program to assess a resident's competency in each of the 6 areas has been submitted in the Annual Report
 - b) Several Outcome measures developed by the program.
 - c) A Process used to link educational outcomes with program improvement.
 - viii. Resident duty hours: An administrative coordinator assists in keeping both the resident schedules and their hours to assure compliance. Hours are recorded on a spreadsheet. The PD then reviews the reports of hours worked.
 - ix. Program Concerns:
 - a) **Concern:** The PD should have the residents sign the spreadsheet with their recorded work hours to signify that it is accurate.
 - b) **Concern:** 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.
 - c) **Concern:** The PD should cultivate a research atmosphere by encouraging faculty to participate in research or other scholarly endeavors.
 - d) **Concern:** The 360 degree evaluation should be extended to with technicians, patient evaluations of residents.
 - e) Subcommittee on Internal Reviews: The Subcommittee requests that the Program Director respond to each of the concerns listed above (1-4) by 25 April 2008.
3. Follow-up of prior reviews (Progress Reports):
- i. Pediatrics Endocrinology:
 - i. **Citation:** Staff were not aware of any program regarding fellow education for physician impairment or substance abuse. Progress Report: The PD has created a "physician impairment and substance abuse slide set" that will accompany the annual "fatigue training" requirement. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved. The Subcommittee reminds the Program Director that both staff and fellows should review/participate in such training.
 - ii. **Citation:** "Progressively increasing responsibility according to Fellow level of education, ability and experience" should be articulated more specifically. Progress Report: The PD has rewritten the fellowship program description in an effort to more clearly define 'increasing responsibility' per fellowship year (attached). Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved.
 - iii. **Citation:** ACGME-knowledgeable administrative support is scarce and the bulk of document preparation and record keeping is still done by the fellowship PD. Progress Report: PD continues to perform the bulk of the fellowship administrative responsibilities. If the NCC contracts with "E-Value" this would help improve the efficiency of the administrative requirements. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved. E-value has been purchased.
 - iv. **Citation:** Fellows need to be included in service QI/QA more actively. Progress Report: The fellows are required to attend 2x/month department QI meetings. In addition, the fellows are required to conduct a PI/QI project during their 3rd year of training. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved.
 - v. **Citation:** Fellow goals for rotations need to be delineated by year of training. Progress Report: The PD has rewritten the fellowship program description to more clearly define fellowship year goals and objectives (attached). In addition, away rotation goals and objectives are available (attached) and PD will ensure that they are forwarded to fellows prior to these rotations. Subcommittee on Internal Reviews: The response is appropriate

- and the citation has been resolved.
- vi. **Citation:** **Fellows expressed a desire for earlier and more frequent feedback relating to clinical interactions with patients and their families.** **Progress Report:** Fellows are provided feedback during every clinic by the staff preceptor. In addition, feedback is provided at weekly case conference. PD has instituted the use of Structured Clinical Observation evaluations in an effort to improve on this current plan. PD is currently working on coordinating 360 degree evaluations so that the patients/families can also be constructively be involved in this process. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
 - vii. **Citation:** **Fellows expressed an interest in more exposure to such items as coding and other practical practice management topics.** **Progress Report:** PD has arranged for the departmental coding officer to conduct chart audits and an associated educational session on a semi-regular basis. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
 - viii. **Required report:** **Survey of availability and suitability of desk space and computers.** **Progress Report:** PD conducts bi-annual surveys of desk space/computers as part of the Program Evaluation completed by the fellows. The information is discussed at the biannual academic retreat and used by the PD to lobby the Pediatric Department chairs at WRAMC/NNMC any identified shortfalls. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
- ii. Pediatrics:
- i. **Citation:** **E-mail communication between WRAMC and NNMC is difficult.** **Response:** Despite the lack of institutional solutions to this longstanding issue from either the commands at WRAMC or NNMC, we have proceeded to develop a web portal to which we have linked access to the e-mail addresses of all of our faculty and residents regardless if they are at NNMC or WRAMC. This system has been up and running for the past month and is now considered by the program to be a workable solution to the previous lack of e-mail connectivity. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
 - ii. **Citation:** **Insufficient Nursing Support at WRAMC.** **Response:** Since the last report, the WRAMC Department of Nursing has been able to hire 5 more pediatric inpatient nurses to increase our bed census by 25%. It is anticipated that with the graduation of the next group of Army nurses from the Officer Basic Course in late winter that our bed census will be able to increase by another 25%. Our current bed census is well above what is needed to satisfy current Pediatric RRC requirements. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved. The Subcommittee recommends that the PD alert the GMEC of any deterioration in RN support in the future so that the GMEC can take action.
 - iii. **Citation:** **Food Service at NNMC is not provided at Night.** **Response:** Evening meals are now available in the galley at NNMC to on-duty house staff from the hours of 1800 to 2230. Residents can report to the galley during this time period and order from a list of the day's offerings for a nominal fee, and a take-out package will be prepared for them while they wait. Additional food sources are Subway which is open until 2200, 1400 on Sundays, the café outside Internal Medicine which is open daily until 2100 except weekends, and the vending machines outside radiology which are available 24 hours a day. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
 - iv. **Citation:** **Navy Officer Development and Mentoring Needs Improvement.** **Response:** A new Navy Associate Program Director has been named and approved by the NCC GMEC. LCDR Greg Gorman will be taking over duties of Navy-specific professional development which will complement the already existing service-specific mentor system for all residents in our program. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.
 - v. **Citation:** **The NNMC ER is poorly equipped for Pediatrics.** **Response:** There is a designated Pediatric Broselow Emergency Kit that is taped to the wall and contains all the equipment and medications that would be needed to address a pediatric medical emergency. **Subcommittee on Internal Reviews:** The response is appropriate and the citation has been resolved.

iii. Hand Surgery:

- i. **Citation: The program must have a formal mechanism to monitor and prevent violations of the duty hour requirements.** Response: The NCC Hand Surgery Fellowship Program has begun to use "E*Value," an internet based trainee evaluation system. One of the features of this service is a standardized, convenient, accurate, and reproducible program for documenting fellows' duty hours. The documentation of duty hours is mandatory for the fellow. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved.
- ii. **Citation: Clerical support is marginal for the fellowship.** Response: The WRAMC and NNMC Orthopedic Surgery Services have just recently joined as one entity. The Hand Surgery Fellowship Program, however, will not alter its directorship structure. As the reorganization and consolidation process continues, additional hires for clerical support are in progress with the plan for a net positive affect on clerical support. We have made it standard procedure that one or more Occupational Hand Therapists are present at all outpatient hand clinics, which allows efficient and accurate transfer of therapy goals and treatment plans, to the benefit of the patient. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved.
- iii. **Citation: Service needs must be monitored to ensure that fellow opportunity for scholarly activity is not compromised.** Response: Each hand surgery fellow is required to participate in a research project during their year of training. Typically the fellow is the Principal Investigator and will submit and execute an original research protocol of publication quality. Tuesdays are reserved as "academic day" and set aside for scheduled academic activities. Formal academics typically take half the day. The rest is allotted for independent scholarly activity by the fellow. Subcommittee on Internal Reviews: The response is appropriate and the citation has been resolved.

III.B.8

4. ACGME Correspondence:

- i. Letter dated 16 November 2007 stating that the complaint filed against the Internal Medicine Program at NNMC was unfounded.
- ii. Letter dated 7 December 2007 stating receipt of progress report for the NCC.
- iii. Letter dated 4 December 2007 giving notification of additional field staff member's attendance at the Ophthalmology site visit on 17 January 2008.
- iv. Email dated 2 November 2007: Site visit is scheduled for 5 March 2008 for the Pathology Program.
- v. Letter dated 18 December 2007: Site visit is scheduled for 24 April 2008 for the Forensic Psychiatry program.
- vi. Letter dated 18 December 2007: Site visit is scheduled for 23 April 2008 for the Geriatric Psychiatry program.
- vii. Letter dated 21 December 2007 accrediting the Transitional Year Program at WRAMC for 5 years
- viii. Letter dated 18 December 2007: Site visit is scheduled for 22 April 2008 for the Psychiatry Program.

5. Internal review administrative matters: Due to an administrative error, the Chairman for the Subcommittee on Internal Reviews extended the deadline by 30 days for the Program Director, Pain Management Program to respond to the Letter of Concern.

6. The next Subcommittee meeting is scheduled for 31 January 2008 at 1500, location to be determined.

III.B.6

Core Competencies Committee: No meeting was held during the month of January. The next meeting will be held on February 6, 2008, 1400 hours, Board of Regents.

III.B.4.b

Work Hours Surveys: The Work Hours Surveys will be restarting on January 14, 2008. The AD reminded the PDs of their responsibility to tell your residents to participate. He also recommended each Program Director explain the process and how the questions relate to their

specialty. CDR McKay commented that she transposes a few of the questions and sends them out via a free survey at www.SurveyMonkey.com to assist the residents in preparing for the Work Hours Survey. The results of the survey help her to better prepare to explain the questions and how they relate to the specialty.

III.B.10.b Permanent increase in NCC Anesthesiology Training Positions: The GMEC approved COL Paul D. Mongan's request for a permanent increase.

GME E*Value Implementation: The GME office is in the process of scheduling a kick-off communication with E*Value. The idea is to have a representative present for the initial communication so the process will go as smooth as possible. In an effort to coordinate the initial conference call a spreadsheet was circulated and each Program Director was asked to provide contact information for their program administrator or coordinator. Additional information will be provided 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 **Children's National Medical Center (CNMC)**, Washington, D. C. This agreement would allow physicians in CNMC's Pediatric Radiology Fellowship Program to receive clinical training at the National Naval Medical Center. NCC.08.002, LTC William Carter, MC, USN
 - Renewal agreement with **Suburban Hospital in Bethesda**. This agreement renews an agreement, signed in 2002, that has expired. It would allow physicians in the Consortium's Pulmonary and Critical Care Medicine Residency Program to receive clinical training at Suburban Hospital. NCC.08.004, COL Oleh W. Hnatiuk, MC, USA
 - Addition of participating institutions regarding a rotation for **Pediatric Liver and Intestinal Transplant Medicine Rotation Georgetown University Hospital**. There is a MOU in place from NOV 2004 with the NCC Gastroenterology program that would cover ped fellows. A separate LOA describing the ped rotation has been developed. COL Carolyn Sullivan, MC, USA Presented by LTC Arthur deLorimier.

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **Next Executive Committee Meeting:** January 16, 2008, 1330, Lecture Room B
- **Faculty Development Course:** 21–26 January 2008, Simulation Center, Forest Glen.
- **Next Internal Review Subcommittee Meeting:** January 31, 2008, 1500. Location to be determined.
- **Next Core Competency Committee Meeting:** February 6, 2008, 1400.
- **Next GMEC Meeting:** February 6, 2008, 1500.
- **Next Board of Director's Meeting:** February 2, 2008, 1300, Board of Regents Room, Bldg D, Room 3001, USUHS
- **Annual ACGME:** starts February 28, 2008, Grapevine Texas.
- **Allied Health Subcommittee of the GMEC (AHSG):** To be determined
- **NCC Graduation Practice:** June 18, 2008, 1300, Strathmore
- **NCC Graduation:** June 20, 2008, 10-12 noon, Strathmore

- **Assistant Dean for Graduate Medical Education Assessment Position Announcement:**
<http://www.higheredjobs.com/details.cfm?jobcode=175287699>

ITEMS FROM THE FLOOR:

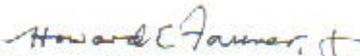
MAJ Klote will be starting a search for two Associate Program Directors for the integrated Transitional Year Program.

COL Nace reported the following:

- (1) Parking at NNMC is improving. There will be 50 reserved parking spaces at NNMC at the top of the patient garage. If you have trainees that are having parking issues, their name should be provided to Ms. Leanda Dulaney and she will provide a parking pass that is to be displayed in their windshield.
- (2) Potential hires for the WRAMC GME office have been identified. She is working on getting office space for the new hires. Additional updates to come.
- (3) The WRAMC GME website is in the development stage and COL Nace will be asking for input as to what you would like to see posted on the site.
- (4) Transition to Practice is on Wednesday, April 9, 2008. Please forward suggestions regarding items that should be included to COL Nace.

The meeting adjourned at 1615 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.