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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

6 August 2008 1500

OPEN SESSION MINUTES

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

OLD BUSINESS:

Approval of Minutes: The July 2, 2008, NCC GMEC Minutes were approved as written.

III.B.10.e **Continuing Program Director Searches: Pulmonary Critical Care Fellowship (initiated 8 Apr 08)** Pending BOD Approval of Nominee Selection, **Pediatric Hematology/Oncology Fellowship Program** (initiated 16 June 08) Pending Search Committee selection(s), **General Surgery Program** (initiated 27 June 08) Pending Search Committee selection(s)

III.B.10.e **Selections of NCC Program Directors: MAJ Scott R. Griffith, MC, USA, Pain Management Fellowship Program** (effective 4 Aug 08), **Kelly Johnson, M.D.,** Pharmacy, NNMC (effective 18 Aug 08)

Selections of NCC Associate Program Directors are as follows: Monica Coulombe, M.D., Nana Safo, BCPS, MBA (both effective 1 June 08) Pharmacy Residency Program

The Committee approved the selections without objection.

Congratulations to all!

Certificate of Appreciation: None

NEW BUSINESS:

III.B.1 **Capabilities of the SIMCEN in support of GME:** CAPT Joseph Lopreiato, MC USN Director of the National Capital Area Medical Simulation Center, presented an overview of the training facility. Students undertake critical clinical and surgical skills training, including virtual reality computer-enhanced task trainers at the Simulation Center. CAPT Lopreiato also discussed use of the SIMCEN for diagnosis of traineess' problems with the competencies especially communication and profrssionalism using standardized patients. Problems with technical skills are also readily diagnosed so they may be remediated. Additional information is available at http://simcen.usuhs.mil/home.HTML.

Human Anatomical Review Committee: The AD introduced Alan Seyfer, MC, COL, USA, Ret, Course Director for Gross Anatomy. Dr Seyer gave a brief presentation regarding the accountability and the care of human anatomical materials. He also introduced Mr. George Holborow, who serves as the Anatomical Curator for the lab and his assistant Ms. Carrie Hibler..

III.B.1 **Disaster Policy:** The ACGME has a requirement that each institution have a disaster policy in place. We will be using the Army Graduate Medical Education (GME) Disaster Policy as a model to develop a policy for the NCC. Any PDs desiring a copy of the Army policy should contact the AD.

III.B.1 **Resident Representative Issues:** LTC Maureen Peterson, MC, USA, WRAMC Resident Representative and LCDR Glenn Dowling, MC, USN, USUHS, Representative were present. No issues reported.

Committee Responsibilities: Dr. Gunderson reported on behalf of the Internal Review Subcommittee.

1. Internal Review Tracking Issues: None

III.B.11 2. Internal Reviews:

i. Radiation Oncology:

a) Committee findings:

i. Overall Statement of Program effectiveness: Being the only radiation oncology residency program in the DoD, the staff and residents are proud of their program and cooperation within the national capital region. The Program Director notes that he anticipates that the program's first time board passage rate on their oral boards will rise from 78.6% to 92.3% based on the performance of the 2007 graduates. Since 1998 not a single graduating resident has failed or conditioned the oral boards on their first attempt. The faculty members are collegial and take pride in their teaching responsibilities.

ii. A list of the citations and areas of non-compliance or any concerns or comments from the previous ACGME accreditation letter of notification with a summary of how the program and/or institution subsequently addressed each item follows:

i. **Citation #1:** Review of institutional data indicates limited number of interstitial procedures performed in the reporting year. There were only 9 cases reported for a 12-month period, which the Committee considers insufficient to support a complement of 6 residents. **Response**: The Program planned to create several required rotations at sites which can provide the patient cases needed to meet RRC requirements, most notably the Puget Sound Veteran's Administration Hospital. It is currently unclear if this site will satisfy the number of procedures for the residents. **Subcommittee on Internal Reviews:** The response is appropriate. This and other issues below must be reviewed at a targeted Internal Review in 6 months.

ii. **Citation #2:** Residents' experience in gynecological malignancies appears to be low and there was no information or plan that has been developed to provide experience in this area. **Response:** Enrollment has only just begun, thus making it unclear on the number of patients to anticipate. A rotation at the Washington Hospital Center was also created shortly after the citation. This site did not provide the numbers needed and has been discontinued. Suburban Hospital site was added also, but the number of gynecological cases has not been as high as anticipated. More recently, one senior resident was sent to the University of Kentucky to satisfy this requirement and completed 18 gynecologic procedures during this rotation. **Subcommittee on Internal Reviews:** The response is appropriate. This issue needs to be reviewed at targeted Internal Review in 6 months.

iii. **Citation #3:** No goals and objectives for the medical oncology rotation were available for review by the site visit. These should be developed and forwarded to the Residency Review Committee. **Response:** Goals and objectives were developed for the rotation by the previous Program Director. However, the goals and objectives for the medical

oncology elective that was provided seems to be more generic rather than specific for medical oncology. For example many of the competency-based objectives are not specific to medical oncology. While some of these measurements are taking place, the frequency at which they are taking place are not as frequent as stated. The team was not provided with any documentation of 360 degree evaluations, critiques of presentations, or participation in conference. However, the team was provided with the resident's documentation of procedures. **Subcommittee on Internal Reviews:** The response is appropriate. This and other issues must be reviewed at a targeted Internal Review in 6 months.

iii. Correction of findings from last Internal Review: There were no findings noted in the last internal review.

iv. Items from Resident assessment of the program:

i. While the residents note that they very rarely have to spend the night in the hospital, on one occasion a resident had to sleep in their office because no sleeping room had been established.

ii. While the Program Director has plans to provide feedback semiannually to the residents, he is currently providing it annually.

iii. The residents are concerned about the low numbers of brachytherapy, intracavitary procedures, and gynecologic procedures and are concerned that the rotations at the other sites that have been proposed will not satisfy the RRC requirements. The residents suggested that perhaps the program should try to satisfy this requirement earlier in the residency and not wait until the final year of the residency to address this requirement.

iv. **Subcommittee on Internal Reviews:** These and other issues above must be reviewed at a targeted Internal Review in 6 months.

v. Items from faculty assessment of the program:

i. While the residents evaluate each faculty member in an anonymous manner, the faculty is not provided any feedback from the Program Director. It is not clear that the program, per se, ever reviews the faculty member's clinical teaching abilities, commitment to the educational program, professionalism, and scholarly activities.

ii. The Residency Handbook last revised in June 2006 states that the resident should "participate" in a scholarly activity while the checklist states that each resident should "complete" an investigatory activity. The staff did not feel that this was being accomplished by all of the graduating residents.

iii. The faculty does not evaluate the program confidentially or in writing, whether they have the opportunity to do so and have chosen not to do so is unclear.

iv. **Subcommittee on Internal Reviews:** These and other issues above must be reviewed at a targeted Internal Review in 6 months.

vi. Items from the Program Director's assessment of the program.

i. The Program Director believes that Radiation Oncology would be better served as an independent department within the military healthcare system. He commented that current trends show only 3 accredited programs nation-wide that remain linked to a Radiology Department, with this program being one of the three.

ii. It is unclear if the University of Kentucky rotation will or will not meet the number of gynecological external beam cases needed to fulfill the RRC program requirements. Based on the experience of one senior resident that has rotated at the University of Kentucky, other options to fulfill this requirement may need to be explored. If this rotation site does not provide the number of cases needed to meet the RRC requirements, the Program Director fears ACGME suspension of the program at the upcoming site visit.

iii. In a similar concern, the Program Director needs assurance of continued funding of required rotations to assure that residents can meet program requirements. As the only Radiation Oncology Residency Program in the DoD, the Program Director is concerned about funding, especially if any of the current rotations prove to NOT provide the number of cases needed and additional sites must be funded. The funding for the additional rotations to satisfy the requirements for the interstitial, intracavitary, and gynecologic procedures has not yet been established. The Program Director had difficulty establishing the funding of the one resident who recently rotated at the University of Kentucky. These changes would likely have significant financial impact on the program.

iv. Little attempt has been made to delineate progressive responsibility for the residency.

While there is some attempt in the residency Handbook (pages 13-14) to describe progressive responsibility the terms used are rather nebulous such as "more independent" or "additional independent clinical responsibility". It is unclear what these terms mean when caring for patients or how they are measured.

v. **Subcommittee on Internal Reviews:** Items 2-4 should be reviewed at a targeted Internal Review in 6 months.

vii. Special Strengths: Radiation Oncology has a very active and productive research program, with residents participating in protocols, resulting in abstract and poster presentations at national meetings. Also, the cooperation between the National Cancer Institute, national naval Medical Center, and Walter Reed Army Medical Center is commendable.

viii. Integration of ACGME Special Competencies

i. A discussion or a list of evaluation tools used by the program to assess a resident's competency in each of the 6 areas.

ACGME Competency	Evaluation Tool	Effectiveness Rating *1=Very effective* *2=Modestly effective* *3=Not effective*
Patient Care:	Procedure, operative or case logs	2
	Standardized Written Assessment	2
	Standardized Oral Assessment	1
	Chart or record review	2
	Portfolio	3
	360 Evaluation	3
Medical Knowledge:	Procedure, operative or case logs	2
	Standardized Written Assessment	2
	Chart or record review	2
	Portfolio	3
	Standardized oral assessment	1
	360 Evaluation	3
Interpersonal Knowledge & Communication Skills:	Procedure, operative or case logs	3
	Standardized Written Assessment	3
	360 Evaluation	1
	Standardized Oral Assessment	2
Professionalism:	Procedure, operative or case logs	2
	Chart or record review	2
	Standardized Written Assessment	3
	360 Evaluation	1
	Standardized Oral Assessment	3
Systems-based Practice:	Procedure, operative or case logs	3
	Standardized Written Assessment	3
	Chart or record review	1
	360 Evaluation	3
	Portfolio	3
	Standardized Oral Assessment	1
Practice-based Learning:	Procedure, operative or case logs	2
	Standardized Written Assessment	3
	Chart or record review	2
	360 Evaluation	2
	Standardized oral assessment	1

ii. While several outcome measurements have been developed, the program strongly relies on faculty evaluations, procedure logs, record audit, mock boards, and especially board passage rate. The team was not provided with any examples of the 360 degree evaluations or reports of the mock oral boards.

iii. The Program Director has plans to use evaluations to make changes in the academic program.

ix. Resident duty hours and the methods used to verify compliance.

i. Work hours are now recorded in E*value. They are reviewed by the Program Director and if a resident fails to submit their work hours over a period of 21 days, the Program Director and Associate Program Director are notified electronically. Neither the residents, Program Director, nor staff have any concerns about exceeding the work hour requirements established by the ACGME.

x. Program Concerns:

i. The Program Director needs to explore the forums available for residents to raise and resolve issues at the NIH site.

ii. The Program Director is encouraged to assure that residents participate in educational programs regarding physician impairment, substance abuse, and sleep deprivation.

iii. The Program Director must document resident attendance at all lectures, presentations and conferences that are part of program's educational goals and objectives and RRC program requirements.

iv. It is not clear that the requirement for medical oncology is being satisfied. If conferences are meant to satisfy this requirement, documentation of attendance must be provided.

v. Competency-based goals and objectives were created by the previous Program Director.

vi. Competency-based goals and objectives for the other required assignments (physics, radiobiology, statistics, ethics, pathology, and pediatric radiation oncology) must be developed.

vii. No unique competency- based goals or objectives for the University of Kentucky rotation.

viii. Little attempt has been made to delineate progressive responsibility for the residency. The Program Director must develop a system in which residents are given progressive responsibilities throughout the residency and how they are determined by the residency teaching program.

ix. It is unclear that MOU's and LOA's are current and meet the requirements.

x. The number of electives for which the resident is allowed to be away from the parent organization is limited to three. If the rotations at the Puget Sound Veterans Administration Hospital and the University of Kentucky will be required rotations, they should not be considered electives.

xi. Program Director and residents all agree that the total number of cases in the NCA is very close to the minimum number of cases (600).

xii. The faculty does not evaluate the program confidentially on an annual basis and only get feedback from the residents, not from the teaching program, per se.

xiii. The faculty, Program Director, and residents are all concerned about the stability of the teaching staff for the program. The current Program Director is fairly junior and many senior faculty members will be leaving in the next year or two.

xiv. **Subcommittee on Internal Reviews:** These and other issues must be reviewed at a targeted Internal Review in 6 months.

III.B.11

ii. Orthopedic Surgery:

i. Committee findings:

1) Overall Statement of Program effectiveness: Since 1997, this program has had only one failure on Part I and II of the American Board of Orthopaedic Surgery examinations, demonstrating the excellence of the program in meeting its educational goals and objectives.

2) No ACGME citations were received in the last Accreditation Letter.

ii. No findings were noted from the last internal review.

iii. Items from Resident assessment of the program:

1) Although Residents stated that they were not aware of specific training on fatigue and sleep deprivation , the Program Director, faculty, and program records show that not only was the training given, but each resident was tested on the training information.

2) Administrative/Clinical support is lacking at WRAMC. Residents have to take vital signs, clean and stock patient exam rooms, book cases, place purchase orders, all of which take them from patient care and training.

3) Residents feel they have mentors available to them with regard to research but feel that DCI and access to a statistician hinders their research.

4) Residents would like to see more faculty involved in academics and would like to see them involved with more formal education goals highlighting their individual strengths. This would assure that deployments and leave time would not hurt the education training.
5) **Subcommittee on Internal Reviews:** The Subcommittee notes that most of these items have been addressed (see Faculty items below) and no further action is required. The Subcommittee would request that the Program Director comment further on item #4 in time for its November 2008 meeting.

iv. Items from the Faculty assessment of the program:
1) The combining of the NNMC/WRAMC Orthopedic Programs has been a very positive experience and has allowed for the combined efforts and strengths of both programs to create one solid program.
2) Research has been improved and several grants are available.
3) Administrative support has improved with the addition of both a secretary and research assistant.
4) Hiring of Physician Assistants and having the PAs support the cast room would improve the department and allow the residents more time to focus on training versus stocking patient exam rooms.
5) Faculty members feel that they receive regular feedback on their teaching from the residents but are unclear of formal feedback from the Program Director.
6) **Subcommittee on Internal Reviews:** The Subcommittee requests that the Program Director address issue #5 regarding formal feedback by its meeting in November 2008.

v. Any items from the Program Director assessment of the program:
1) Would like to see improvement in the collaborative research efforts between NIH and USU. More bench research space is needed.
2) **Subcommittee on Internal Reviews:** No follow-up by the Subcommittee is required. However, the Subcommittee requests referring the concern to the Dean, School of Medicine, USUHS.

vi. Special Strengths:
1) The combining of the Orthopedics Programs serves as an outstanding role model for the successful integration of academics, faculty and residents.
2) The Program Director strives to create a positive working environment with open communication between herself, the residents and faculty members.
3) The program is extremely well-organized with easily accessible records. The Program Director and Program Coordinator are to be commended.

vii. Integration of ACGME Special Competencies:
1) A discussion or a list of evaluation tools used by the program to assess a resident's competency in each of the 6 areas:

ACGME Competency	Evaluation Tool	Effectiveness Rating *1=Very effective* *2=Modestly effective* *3=Not effective*
Patient Care:	Procedure, operative or case logs	1
	Standardized Written Assessment	1
	Chart or record review	1
	360 Evaluation	2
	Chart stimulated recall	1
	Direct Observation	1
	Conference Participation	1
Medical Knowledge:	Procedure, operative or case logs	2
	Standardized Written Assessment	1
	Chart or record review	1
	Direct Observation	1
	Conference Participation	1
	360 Evaluation	2
Interpersonal Knowledge & Communication Skills:	Chart or record review	1
	Chart or record review	2
Professionalism:	360 Evaluation	1
Systems-based Practice:	360 Evaluation	1

	Conference Participation	1
Practice-based Learning:	Direct Observation	1
	Conference Participation	1

2) Results of Board Examinations and the multiple assessment tools listed above the main outcome measures used by the program.
3) The Program Director takes feedback provided by the staff and fellows and works closely with the Service Chiefs to improve the educational content and environment of the program.

viii. There does not appear to be a problem with excessive work hours in this residency program. The program director and program coordinator review duty hours inputted electronically from trainees on a regular basis and address any reported violations promptly.

ix. Program Concerns:

1) Recommend that the Program Director incorporate attendance sign-in sheets for any M&M conferences, visiting professor lectures or other required education presentations.
2) An effort must be made to address the faculty commitment to teaching. Although all faculty assist with one-on-one training opportunities, more faculty need to assist with planning the education schedule and participating in lectures/presentations.
3) Formal recommendations were made by the Commanding Officer, NNMC and the IRB for the Orthopedics Program to have a dedicated research director. Currently, a faculty member has stepped up to fill this role; however, the physician is the only sports medicine specialist in the Department thus limiting their time spent in the clinical setting and valuable teaching opportunities. It would be beneficial for both the program and the department to work with the Command on creating a billet for this position and hiring an additional staff member to fill this role.
4) The lack of computer screens in the OR to display x-ray files of OR cases is still an issue. This was reported in the last internal review as an inadequate resource to meet the objectives of the program.
5) **Subcommittee on Internal Reviews:** The Subcommittee notes that the Command is addressing the OR computer issues (#4 above). Further, The Subcommittee agrees with the recommendations made by the Internal Review Committee. Would request further response by the Program Director on item #3 by its November 2008 meeting.

III.B.11 3. Follow-up of Prior Reviews:

a. Vascular Surgery

i. **Concern:** Operative cases are non compliant. **Response:** *Abdominal defined category cases were deficient in 2005-2006, in part because fellows were not counting secondary cases. The 2007 and 2008 graduates have met the requirements for all defined category of cases without a program change. Anticipated potential for future volume decrement, the outside rotation at the Cleveland Clinic Foundation was adjusted from 2 months to 3 months and from an endovascular experience to an open surgical experience. The first fellow (2009) has not completed this rotation, but at this time he has documented nearly one third of the total training requirement in a 2 month period.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

ii. **Concern:** Evaluation process is non-compliant. **Response:** *An annual education meeting is held, and this will be on 1 July of each academic year. Goals and objectives are provided in the form of a program handbook. Initial counseling is conducted at the conclusion of an annual education meeting with all staff and trainees present.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

iii. **Concern:** Trainees are not given an opportunity to evaluate the faculty. **Response:** *An anonymous evaluation tool using myevaluations.com exists to evaluate the educational effectiveness of the program using the provided goals and objectives from the orientation handbook. This confidential survey will be taken by trainees, staff, and ancillary support.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

iv. **Concern:** Faculty unaware of any formative evaluation of the education program. **Response:** *A staff meeting will be conducted prior to the annual trainee orientation to disseminate and highlight upcoming program changes. Further see responses to b & c.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

v. **Concern:** Annual meetings and lack of meeting minutes remain a noncompliant issue. **Response:** Minutes will be recorded for the annual staff & trainee orientation meetings by the program coordinator. Further see responses to b, c, and d. **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

vi. **Concern:** Lack of delineation in the evaluation of core competencies by level of training. **Response:** *The orientation handbook reflects the evaluation of competencies by post graduate year of training and the necessary criteria for promotion to the next level of training.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

vii. **Concern:** Residents are unaware of training on fatigue/sleep deprivation and physical impairment. **Response:** *Annual training on this subject will be conducted at the time of the orientation meeting and will be documented in the minutes by the program coordinator.* **Subcommittee on Internal Reviews:** The response is appropriate and the finding has been resolved.

III.B.10.f 4. Progress Reports to the ACGME:

a. Anesthesia: In response to June 10, 2008 letter from ACGME to Paul Mongan regarding continued concern about the issues related to educational space as they pertain to the request for complement increase from 42 to 45 residents, please consider the following.

At the time of the 2005 RRC site visit, the anesthesia resident lounges at both Walter Reed Army Medical Center and the National Naval Medical Center, the two core hospitals for the NCC Anesthesiology residency, were equipped with anesthesia and related texts and with multiple computers with access to extensive current medical literature. While the program was granted 4 years accreditation, the educational space described above was deemed suboptimal.

We have addressed this concern by collaborating with the existing medical libraries at both hospitals. In addition to the educational spaces mentioned above, all NCC Anesthesiology residents now have 24 hour a day, 7 day a week physical access to the Edward Rhodes Stitt Medical Library at the National Naval Medical Center and the Medical Library of the Walter Reed Army Medical Center. These two full-service medical libraries are located in the same buildings as the main operating rooms at both hospitals, each less than a three-minute walk from the Anesthesia resident lounges. They provide reference assistance, literature search instruction, and interlibrary loan service during business hours (M-F 0700-1730), and offer over 20 internet-enabled computers with online journal access, and over 50 individual study spaces during non-business hours.

We ask that the Anesthesia RRC look favorably on these improvements in educational space as well as the other programmatic enhancements referred to in earlier correspondences in consideration of our request for increase in resident complement. In lieu of a permanent increase in resident complement, we would ask for approval for temporary increase in residency complement to 45 to allow those currently enrolled in the NCC Anesthesia residency to complete training. **Subcommittee on Internal Reviews:** Upon review of the ACGME correspondence, no response or progress report was requested. Would recommend that the Program Director seek approval from the DIO to contact the RRC directly and update them on the situation regarding the current resident complement and how to assure RRC approval of the increase.

III.B.10.f b. NCC Transitional Year:

1. **An explanation and educational rationale to support the total number of Trainees requested.** The TY programs at NNMC and WRAMC are both located in the National Capital Consortium. The NNMC program was approved for 12 residents, the WRAMC program for 20. Due to the impending integration of NNMC and WRAMC we integrated the programs under the WRAMC program as WRAMC had recently been accredited for 5 years. We have retained the faculty from the NNMC program and therefore felt very comfortable in combining without the fear of any loss of training opportunities or quality. The net combination is actually a smaller number of residents that what would have been

allowed. We had been allowed up to 32 residents in the NCC TY programs and are now only asking for a total combined program of 30. This year we have 28 enrolled.

2. **A block rotation diagram specifying each transitional year resident's curriculum.** See Attached

III.B.1

3. **A letter of commitment from Obstetrics and Gynecology to address specified components for a sponsoring program:** OB/GYN is no longer a program sponsor. Our current sponsors and the letters we provided with the amended PIF are the Depts. of Medicine at both NNMC and WRAMC and the Integrated Dept of Pediatrics. I am unable to change the sponsors on the ADS system.
4. **Subcommittee on Internal Reviews:** The responses are appropriate and the Subcommittee recommends approval from the GMEC to forward the correspondence.

5. Subcommittee administrative matters:
   a. Review of Associate PDs for Internal Review Committees.
   b. Reminder to Program Directors that all ACGME correspondence must be submitted for review and approval to the Subcommittee on Internal Reviews prior to submission to the ACGME.
   c. Training for new Program Directors and Associates.

6. ACGME Resident surveys: (See chart at end of minutes)
   a. Psychiatry Program
   b. Neonatal-Perinatal Program
   c. Physical Medicine and Rehabilitation Program
   d. Neurosurgery
   e. Pediatric Gastroenterology Program
   f. Pulmonary and Critical Care Medicine Program
   g. OB/GYN

III.B.9

The Administrative Director noted that the extensive documentation of the responses to the ACGME surveys was in direct response to the citation regarding lack of GMEC overight and workhour issues cited in the last Institutional Site Survey. Appropriate oversight had been occurring in the past but documentation was deficient.

III.B.8
III.B.10.b

7. ACGME Correspondence:
   a. WRAMC Clinical Neurophysiology was accredited for 4 years with 4 citations. No progress report was requested.
      i. **Citation 1:** The program remains noncompliant with regard to program graduates taking the certification examination. Four fellows out of 10 graduates from 1999 to 2005 have taken and passed the exam. The information presented is unclear in documenting that residents finishing the program take and successfully complete the certification exam in Clinical Neurophysiology. **Subcommittee on Internal Reviews:** Request clarification from the Program director by 21 November 2008
      ii. **Citation 2:** Residents experience in polysomnography appears to be limited to one general neurology lecture and possible elective months. The neurophysiology training must include significant didactic or clinical training in polysomnography and the assessment of sleep disorders. **Subcommittee on Internal Reviews:** Request clarification from the Program director by 21 November 2008
      iii. **Citation 3:** The program lacks adequate administrative support to maintain an effective educational and work environment. The review committee noted that it is difficult to recruit and retain civilian administrative staff. Nonetheless, the program is responsible for providing the necessary administrative and clerical personnel. **Subcommittee on Internal Reviews:** Request clarification from the Program director by 21 November 2008
      iv. **Citation4:** It is not evident from the provided information on how the program deals with residents impaired by alcohol or drugs. **Subcommittee on Internal Reviews:** Request clarification from the Program director by 21 November 2008.

III.B.8
III.B.10.b

   b. ACGME approval of merger of Transitional Year program and resident complement of 30. A progress report has been requested by 15 August 2008 addressing the following:
      i. An explanation and educational rationale to support the total number of trainees requested.
      ii. A block rotation diagram from specifying each transitional year resident's curriculum.

iii. A letter of commitment from OB/GYN to address specified components for a sponsoring program.

iv. **Subcommittee on Internal Reviews:** Request review of progress report from the Program director prior to submission to the ACGME. (See item 4, b above).

8. The next Subcommittee meeting is scheduled for 18 Aug 2008 at 1300 in Room E-2022.

The GMEC voted to approve the minutes as written.

ECOMS GME Update and Review of NCC Annual Report: COL Nace confirmed that she presented the report. This meets the ACGME requirement for presentation of the annual report of the GMEC to the Organized Medical Staff.

III.B.3.
III.B.10.d

MOUs: Reminder that all new proposals should identify additional funding requirements, including anticipated TDY expenses. MOUs more than five years old must be renewed.

- Renewal: Proposed agreement with the Curtis National Hand Center of the Union Memorial Hospital, Baltimore, Maryland. This agreement would allow physicians in the Consortium's Hand Surgery Fellowship Program to receive clinical training at the Curtis National Hand Center. Dr. Baechler, MC, USA
- Renewal: Proposed agreement with the Medical Practice of Eric Finzi, M.D., Greenbelt, Maryland. This agreement would allow physicians in the Consortium's Dermatology Residency Program to receive clinical training with Dr. Finzi. COL Turiansky, MC, USA
- Renewal: Proposed agreement with the Skin Cancer Surgery Center in Bethesda, Maryland. This agreement would allow physicians in the Consortium's Dermatology Residency Program to receive clinical training at the Center. COL Turiansky, MC, USA
- Renewal: Proposed agreement with the Ackerman Academy of Dermatopathology in New York City. The agreement would allow physicians in the Consortium's Dermatology Residency Program to receive clinical training at Georgetown. COL Turiansky, MC, USA
- Renewal: Proposed agreement with the New York City University Medical Center. The agreement would allow physicians in the Consortium's Neonatology Fellowship Program to receive clinical training at Georgetown. COL Moores, MC, USA
- Proposed agreement with the Tripler Army Medical Center. The agreement would allow physician trainee in the Consortium's Dermatology Residency Program, to receive clinical training with Dr. Richard Burroughs in TAMC's Dermatology Clinic during the period from 1 January through 30 January 2009. COL Turiansky, MC, USA
- Proposed agreement with the University of Maryland, Medical Center. This agreement would allow physicians in the University of Maryland's Orthopedic Trauma Fellowship Program to receive clinical training at Consortium facilities, specifically at Walter Reed. CDR McKay MC, USN
- Renewal: Proposed agreement with the Anne Arundel County Public School System. This agreement would allow physicians in the Consortium's Child and Adolescent Psychiatry Fellowship Program to provide consultative services to the School System in general and to Manor View Elementary School, a part of the School System, in particular. LTC Black, MC, USA
- Proposed agreement with the Armed Forces Medical Surveillance Center, a new DoD entity, in Silver Spring, Maryland. This agreement would allow physicians in the Consortium's General Preventive Medicine Residency Programs and its Occupational and Environmental Medicine Residency Program to participate in training with the Center. COL Mallon, MC, USA
- Proposed agreement with the Department of the Army, Office for Preventive Medicine, in Falls Church, Virginia. This agreement would allow physicians in the Consortium's General Preventive Medicine Residency Programs and its Occupational and

Environmental Medicine Residency Program to participate in training with the Proponency Office for Preventive Medicine. COL Mallon, MC USA

- Proposed agreement with the Central Intelligence Agency's Office of Medical Services. This agreement would allow physicians in the Consortium's Occupational and Environmental Medicine Residency Program to participate in clinical training with the Office of Medical Services.
- Proposed provides that the CIA will reimburse the University $8,552 per resident per year for its participation in this Residency Program. This agreement is based on data provided by COL Timothy Mallon, the Residency Program Director in PMB.
- Proposed agreement with the District of Columbia Addictions Prevention and Recovery Administration. This agreement would allow physicians in the Consortium's Psychiatry Residency Program to participate in clinical training with the Addictions Prevention and Recovery Administration. MAJ Moran, MC, USA

The Committee voted unanimously to approve the MOUs.

INFORMATION ITEMS:

- **NCC Training Agreements for Incoming Residents:** POC Ms Sha-Ron Nimmons, snimmons@usuhs.mil
- **Next Executive Committee Meeting:** To be determined
- **Next GMEC Meeting:** 3 Sep 2008, 1500
- **Next Board of Director's Meeting**: To be determined
  Next Internal Review Subcommittee Meeting: 18 Aug 2008,USUHS, Bldg E, Second floor, Conference Room E2022.
-
- **Defense Travel System (DTS):** USUHS is still on DTS Tailored, but expects to be up and running by the end of the year.

ITEMS FROM THE FLOOR:

COL Nace:

- The first of several sessions of Resident Fellow Orientation was held during the previous week. Several sessions of Provider Health, Disclosures, Patient Safety, and Joint Lecture 101 were provided during orientation. Feedback is expected at a later date.
- Next Thursday, lectures pertaining to TBI, Discharge Planning, and Writing Profiles will be presented. COL Nace will put an email regarding the lectures.
- The WRAMC shuttle is up and running. The first run begins at 0600 the flagpole. An average trip from WRAMC and back takes approximately one hour. PDs were asked to encourage residents to use the shuttle. The last run leaves at 1730. If anyone receives feedback that the shuttle needs to run a little later, COL Nace would like to be notified will try to get the hours extended.
- PDs were asked to remind residents of their step III and licensure and PT testing requirements.
- Graduation will be held on June 18, 2009. Strathmore is not available, therefore graduation will be held on the front lawn of WRAMC.
- The OBC visit went well.
- Carmen Wagner, WRAMC GME Chief, will start meeting with coordinators on a monthly basis to discuss what is going on in GME.
- The GME reading area in the library is not going away. A conference room and computer stations will be available in the area for residents.

The meeting adjourned at 1620.

A Closed Session followed

Howard E. Fauver, Jr.

Howard E. Fauver, Jr., M.D.
Administrative Director

Note: Reference in the left margin represents functional area of responsibility of the Graduate Medical Education Committee. Attached to these minutes are definitions of the eleven areas.

ACGME Resident Survey

Program Director responses have been edited and paraphrased by the Subcommittee on Internal Reviews

Bulleted items refer to actions taken or planned.

	Pulmonary Critical Care	Physical Medicine & Rehabilitation	Neurosurgery	Psychiatry	Pediatric Gastroenterology	Neonatal-Perinatal	OB/GYN
Q1: Do faculty spend sufficient time TEACHING residents/fellows?				• *Faculty discussion* • *Monitoring at all sites.* • *Reassess in 6 months.*			• *Resident commented that dedicated teaching was not as commonly performed for the WHC rotation; this rotation is no longer a component of the curriculum*
Q2: Do faculty spend sufficient time SUPERVISING the residents?				• *Faculty discussion* • *Monitoring at all sites.* • *Reassess in 6 months.*			
Q3: Do your faculty members regularly participate in organized clinical discussions?			• *Faculty present unknown cases at weekly teaching conferences.* • *Faculty attendance mandatory at these conferences.* • *No elective OR cases can be scheduled during this time.* • *Residents excused from OR to attend these conferences.* • *Non-participating staff are gone.*				
Q4: Do your faculty members regularly participate in rounds?			• *Faculty encouraged to lead discussions on their patients.* • *Non-participating staff are gone*	• *Faculty discussion* • *Faculty attendance taken at grand round for faculty and residents.* • *Monitor faculty participation.*			
Q5: Do your faculty members regularly participate in journal clubs?			• *A monthly journal club is conducted with emphasis on the neurosurgery journals and "landmark" articles.*				• *Review of curriculum demonstrates that all major rotations provide a form of journal club.* • *ABOG Life-Long Learning Curriculum is*

			• *Review of appropriate journal articles required at the monthly M&M*				*provided in a journal club format*
Q8: Opportunity to confidentially evaluate overall PROGRAM, at least once a year?	• *Anonymous survey of the program, staff and rotations to all fellows at the end of each year.*			• *Myevals used in every block* • *Annual retreat process led by chief resident.*			
Q9: Has your program provided you access to written goals and objectives for the program overall?				• *Residents have a CD-ROM containing the NCC Psychiatry Handbook every year.* • *Goals and objectives for each rotation available online at our website.*			
Q10: Has your program provided you access to written goals and objectives for each rotation and major assignment?				• *Residents have a CD-ROM containing the NCC Psychiatry Handbook every year.* • *Goals and objectives for each rotation available online at our website.* • *Better orientation for each clinical rotation by the clinical rotation director* • *Evalue will be sending goal and objectives to each resident prior to each rotation.*			
Q11: Do you receive written or electronic feedback on your performance for each rotation and major assignment?		• *Formal written feedback provided to each resident after each rotation available by accessing their resident file.* • *The Residency Program Specialist can show them their written file.* • *The definition of "major assignment" will be reviewed during a resident-faculty meetings and new resident*					

		orientation.					
Q12: Are you able to review your current and previous performance evaluations upon request?	• *All evaluations are returned via MyEvaluations for review.* • *Evaluations are kept in fellow's folders, locked in the PD's office, and are available for review anytime*						
Q13: Have you had sufficient education to recognize and counteract the signs of fatigue and sleep deprivation?	• *Sleep Rotation* • *Sleep deprivation and fatigue in-service on the NARMC ELearn Web-Page.*			•*Grand rounds presentation on sleep deprivation and fatigue.* •*Residents required to view "Learning to Address Impairment and Fatigue to Enhance Patient Safety (LIFE)" curriculum at orientation.* •*Document in training file.*			• *Review of curriculum specifically related to fatigue* • *L.I.F.E curriculum is provided at least annually* • *Orientation sessions for new interns and residents contain education sessions addressing fatigue.* • *Residents are involved in research addressing fatigue in medicine and medical trainees*
Q16: To what extent do trainees who are not part of your program interfere with your education?	• The Program Director did not respond to this question	• *Teaching/mentoring others is vital to Resident maturation across multiple ACGME competencies,* • *Discussion during upcoming monthly resident-faculty meeting* • *Inclusion in new resident orientation.*		• *NCC Psychiatry Fellowships (Forensics, Geriatrics, and Child) are well integrated with the General Adult Residency* • *PD will seek clarification from the residents on the specifics of this response.*	• *The fellow answering this unfavorably did not understand the question*		• *Concerns involved off-site rotations, particularly WHC and Inova Fairfax. No longer an issue at WHC; rotation is discont'd. Concerns relayed to Site Director at Inova Fairfax.* • *Concern with local rotation and the WHC resident rotating on that service. Intent of the rotation was reinforced with Div. Director and PD from WHC.*
Q17: Are mechanisms within the institution available to you so that you may raise and resolve issues without fear of	• *Residents may talk with Staff/Assigned Mentor* • *Program Director/Program Director of Internal Medicine/DME.* • *Residents may use*	• *Residents may bring concerns to other residents, faculty.* • *Housestaff Council* • *NCC GMEC.* • *Avenues are described in the resident handbook.* • *Residents may voice*	• *Any issue may be taken to the PD who has a well-known "open-door" policy.* • *Quarterly resident committee meetings organized so any complaints or grievances*	• *PD open door policy* • *Psychiatry Policy Committee,* • *NCC GME, & NCC BOD* • *Will re-educate the residents and faculty about this process*		• *PD and faculty open-door policy.* • *Fellows may discuss with Chair, Dept. of Pediatrics or NCC leadership.* • *PD reiterated the section policy on raising*	• *Residents reminded of extensively detailed polices described in the program Training Manual* • *Review of numerous avenues for communicating potential issues* • *Review of open door*

intimidation or retaliation?	*the NCC Grievance as described in the NCC Handbook* • *These avenues are reviewed at each year's orientation.*	*concerns through their Chief Resident* • *PD will review these alternatives at monthly resident-faculty meetings and during individual resident review sessions every six months.*	*may be aired in an open forum.* • *NCC measures affording access to NCC without going through any faculty or staff member.* • *Hospital Ombudsmen who lectures to the residents annually.*			*issues of concern with fellows.* • *Policy will be better listed in program handbook* • *Annual review with the residents;* • *Q17 from the resident survey will be added to the form used for their annual program review.*	*policy of PD and APD; all communication is considered confidential.*
Q18: How often are you able to access, either in print or electronic format, the specialty specific and other reference materials that you need?	• *Access to computers in libraries at NNMC & WRAMC.* • *Access to multiple websites including USUHS LRC,*			• *Online access through WRAMC medical library to APA official electronic portal.* • *USUHS LRC* • *An APA/ Wyeth grant for every resident.* • *The APA publishing offered 25% discounts.* • *PD provides access to many PDFs through our website.* • *Informal library of required texts*			• *Resident Library maintained at WRAMC, NNMC and at off-site rotations.* • *All residents have full-text library resources through USUHS LRC*
Q19: Do rotations and other major assignments emphasize clinical education over any other concerns?		• *As Army physician physicians we also fulfill our military service obligations.* • *During monthly resident-faculty meetings, PD will discuss the primacy of clinical education over hospital service obligations and seek feedback.*	• *The program has eliminated any clinical duties during the research year to allow for focused research.* • *Medical Board requirements have been assumed by PAs which has relieving residents from this administrative tasking.*	• *Have instituted patient caps for residents in all services,* • *Have closely monitored OP caseload and patient logs to ensure good case mix.* • *Have re-educated residents and faculty about systems-based practice.* • *Will reassess within 6 mos.*	• *See response to Q16 above.*		• *Main concern of residents was administrative responsibilities - scheduling of appts. and surgical cases.* • *Surgical case coordinator recently hired at WRAMC and in process at NNMC.*
Q20: Duty hours must be limited to 80 hours/week, averaged over a 4-week period, inclusive of all in-house call activities.							• *Program tracks resident work hours on a monthly basis via GMEONE.com* • *Resident work hour issues are discussed at Program and Resident Meetings* • *Several cases in which 80 hours/ week averaged*

							over 4 weeks were identified.
Q21: Residents and fellows must be provided with 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call.			• *Call schedule last year reflects compliance.* • *Was re-addressed with the residents emphasizing the average over a 4-week period.* • *PA's have increased coverage* • *Current signed work hour calendars show compliance.* • *Implementation of E*values will provide electronic verification*				
Q22: Adequate time for rest and personal activities must be provided. This should consist of a 10-hour time period provided between all daily duty periods and after in-house call.		• *Work hours are addressed at each monthly resident-faculty meeting.* • *Each month, all residents sign a standard work hour form regarding compliance.* • *Over the last several years, no question has been raised about compliance.* • *PD will discuss with residents the next monthly meeting, clarify the standards, and urge residents to discussions any possible non-compliance.*	• *Resident's are instructed not to return to the hospital for at least 10 hours after a duty period has ended.* • *The PD has reviewed the definition of "duty hours".* • *In-house call has changed to home call and the difference has been re-addressed with the resident team.* • *Work hours recorded on a monthly calendar show no violations* • *The implementation of E*values will provide an electronic verification.*			• *Altered times scheduled for Morning Report and Board Sign-Out on Labor and Delivery so night float rotation can meet this requirement.*
Q23: In-house call must occur no more frequently than every third night, averaged over a 4-week period.							• *Only the PGY-1 class uses "traditional" overnight call and no concerns were expressed* • *Inova Fairfax rotation does not use a night float system; no resident considered the call responsibilities to be more frequent than every 3rd night averaged over 4 wks.*

Q24: Continuous on-site duty must not exceed 24 hrs.	• *All time cards are reviewed and the 30 hour day has never exceeded.*						• *Determined that scheduled clinical activities the morning after call would end by 1030 to allow for residual activities to be completed prior to 30 hours.* • *Supervising senior/Chief Residents and faculty made aware of residents' shift time the morning following call.*
Q25: No new patients may be accepted after 24 hours of continuous duty.	• *Staff have been made aware that no new patients are to be accepted by fellows after 24 hours of continuous duty.*			• *Residents educated on duty-hours policy and to notify the PD or the APD immediately if a service or attending asks them to see a new patient following 24 hours of continuous duty.* • *Will re-educate the faculty and residents about policy at orientation and periodically.*			• *Review of ACGME polices.*
Q28: When residents are called into the hospital from home, the hours spent in-house are counted toward the 80-hour limit.	• *It is written policy that all work hours spent in-house are counted toward the 80 hour work limit.*						
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