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**National Capital Consortium**  
UNIFORMED SERVICES UNIVERSITY  
OF THE HEALTH SCIENCES  
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**GRADUATE MEDICAL EDUCATION COMMITTEE MEETING**  
**4 June 2003, 1500 Hours**  
**Board of Regents Room D3001**

**OPEN SESSION**

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 4 June 2003 at 1500 hours. A quorum was present.

**OLD BUSINESS:**

**Approval of Minutes:** The minutes from the 7 May 2003 NCC GMEC were approved as written.

**3.b Program Director Searches:** The Internal Medicine Search Committee has made a selection and has received concurrence from the Board of Directors. Effective 14 May 2003 CAPT Terrence Dwyer, MC, USN will serve as the NNMC Internal Medicine Program Director. There are on-going Program Director searches for Diagnostic Laboratory and Immunology, Radiation Oncology and Orthopedic Surgery.

**3.h Work Hours:** The Administrative Director (AD) reminded the Committee that it is an ACGME institutional requirement and an NCC policy that all requests for exemptions (10% extension) of the 80-hour workweek come through the GMEC, via the NCC/GME Administrator, prior to any submission to the RRC.

**NEW BUSINESS:**

**3.f Resident Representative Issues:** There were no resident representatives present and it was brought to the attention of the Committee that the new representatives have just changed hands.

**3.d Committee Responsibilities:**  
Report of the Internal Review Subcommittee: Dr. Gunderson reported on behalf of the subcommittee (Attachment 1 & 2) is appended to the original minutes.

Malcolm Grow Transitional Year, Medical Infectious Disease Fellowship, Nuclear Medicine, and the Family Practice Program (DAHC) were reviewed and discussed. Full assessments are included in the Subcommittee report attached to the original minutes. Some issues were addressed and the Subcommittee recommends that the Program Directors of each program respond to the Subcommittees' concerns on or before 22 August 2003, so that they may be reviewed at the September GMEC meeting.

**3.c ACGME Correspondence:** There has not been any correspondence to date. The Administrative Director emphasized that even though the PDs have access to request work hour exemptions on-line, all requests must be reviewed by the AD and approved by the GMEC prior to submission to the RRC.

The GMEC unanimously voted to accept the report of the Subcommittee.

**3.i Core Curriculum Workgroup:** The Core Curriculum Workgroup Chairperson, COL Adair, distributed the Core CD's and handouts to the committee for their review. Additionally, she solicited volunteers to join the committee to assist the committee with its next phase.

**3.a Program Submissions for the 80-hour Exemption:** The Administrative Director address the on-line submission completed by MAJ Popa, MC, USA, Program Director for NCC Critical Care at WRAMC requesting approval for a 10% increase (88-hours) in resident work hours. The AD recommended that the Committee accept Critical Care Program request for exemption. It was unanimously approved and the NCC Administrative Office will forward the requests for approval to the appropriate RRCs.

**3.b. Increase in Resident Complement:** The Nephrology Fellowship Program submitted a request for an increase in their resident complement from 6 to 8. The committee unanimously approved the increase. This action will take effect as of 22 August 2003.

#### **MOUs**

The following represents MOUs are either renewals of pre-existing agreements, or newly initiated MOUs that are necessary for trainees to receive appropriate exposure and experience in specific areas as required by the RRCs.

WRAMC Ophthalmology Program & Brooke Army Medical Center (one-time-only) El Salvador. Duration of the rotation will be two weeks and the Chief of the Department will fund it.

The NCC/GME Committee voted to approve this agreement without objections.

The AD reminded the Members of the process for requesting MOUs, detailing the chronology of events, prior to an MOU becoming fully executed. Program Directors should allow for ample time when initiating MOUs due to the many facets of the process.

#### **Information Items:**

The AD announced that it would be the last GMEC meeting for CAPT O'Neil, CAPT Lazarus and Dr. Altemus. They will be moving forward with their successful careers and we acknowledge them for their tremendous contributions to the NCC and military medicine.

Interns on call who are reporting illness are required to report to Sick Call for medical evaluation before being placed on sick leave.

**3.h** COL Nace informed the committee that MG Kiley wishes to be informed about the status of programs regarding their compliance with the 80-hour workweek.

The committee raised an issue regarding RADM Arthur's requirement that all staff/attending physicians will write daily notes on every chart completed by their residents. The AD informed the committee that this was not an issue for the GMEC at this time.

The meeting adjourned at 1610. The next meeting of the NCC/GMEC will be 2 July 2003, 1500 hours, Board of Regents room, Building D, 3<sup>rd</sup> Floor, USUHS.

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 nine areas*

## **GMEC Responsibilities**

- II.B.3.a** Establishment and implementation of policies that affect all residency programs regarding the quality of education and the work environment for the residents in each program.
- II.B.3.b** Establishment and maintenance of appropriate oversight of and liaison with program directors and assurance that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in programs sponsored by the institutions
- II.B.3.c** Regular review of all ACGME letters of accreditation and the monitoring of action plans for the correction of areas of non-compliance.
- II.B.3.d** Regular internal review of all ACGME accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and Program Requirements of the ACGME RRCs.
- II.B.3.e** Assurance that each residency program establishes and implements formal written criteria and processes for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements for the specialties and subspecialties of the ACGME RRCs.
- II.B.3.f** Assurance of an educational environment in which residents may raise and resolve issues without fear of intimidation or retaliation. This includes:
- II.B.3.g** Collecting of intra-institutional information and making recommendations on the appropriate funding for resident positions, including benefits and support services.
- II.B.3.h** Monitoring of the programs in establishing an appropriate work environment and duty hours of residents.
- II.B.3.i** Assurance that the resident's curriculum provides a regular review of ethical, socioeconomic, medical/legal, and cost-containment issues that affect GME and medical practice. The curriculum must also provide an appropriate introduction to communication skills and to research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning. There must be appropriate resident participation in departmental scholarly activity, as set forth in the applicable Program Requirements.

*ACGME: September 2000    Effective: September 2000*