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## **National Capital Consortium**

UNIFORMED SERVICES UNIVERSITY  
OF THE HEALTH SCIENCES  
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### **GRADUATE MEDICAL EDUCATION COMMITTEE MEETING 6 November 2002, 1515 Hours Board of Regents Room, Building D, USUHS OPEN SESSION**

The National Capital Consortium Graduate Medical Education Committee met Monday, 6 November 2002 at 1515 hours. A quorum was present.

#### **OLD BUSINESS:**

**Approval of Minutes:** The minutes from the 2 October 2002 NCC GMEC were approved as written.

3.h **Work Hours Report:** The Administrative Director noted that data collection was continuing but that information thus far suggested the cost of up to \$3 million to implement new requirements. Lt Col Satin reported that Yale had found that one mid-level practitioner was needed to replace 4.8 residents. COL Nace reported that she had briefed the Council of Deputies at its October meeting and that the Commands seemed completely aware that this was an expense that had to be paid. Noncompliance was not an option. The AD reminded the Committee that these costs should be identified as patient care costs not graduate education costs.

3.b **Program Director Searches:** It was reported that searches in Pediatrics, Anesthesiology, and WRAMC Orthopedics are ongoing and that a decision has been made for the Program Director position in Nuclear Medicine. This decision should be announced shortly.

#### **NEW BUSINESS:**

3.f **Report of the Internal Review Subcommittee:** The report was presented by COL Gunderson.

**Resident Issues:** No issues were raised by the representatives present.

3.d **Internal Review:** The Internal Review of Anesthesia/Critical Care Medicine had found the program in substantial compliance with no need for a report back to the Committee.

3.c **ACGME Correspondence:** COL Gunderson noted that the Committee had received a response from the Program Director in Family Practice at Dewitt Army Hospital on how the program planned to address 9 Citations. He noted that responses to 6 of the citations appeared to be adequate but that 3 items were still being addressed. It was recommended that the Program Director report back on these 3 areas at the March GMEC meeting. COL Pilat noted that the command was aggressively addressing issues of patient numbers and mix by establishing outside rotations and providing more in-house subspecialty support. The Committee voted to accept the report. A complete copy of the report is appended to these minutes.

Dr. Farber also responded to the internal review for Hand Surgery. He noted that while he was in the process of converting the program goals and objectives into the general competency format, there was as yet no requirement that this be done for subspecialties.

Three programs are scheduled for site surveys during the month of January: Cardio Thoracic Surgery on 21 January 2003, Psychiatry on 22 January 2003, and Ophthalmology on 22 January 2003.

3.b **Program Minutes:** Dr. Fauver again reminded the members of the need to forward copies of minutes from training committee meetings to the NCC Administrative Office as mandated by the NCC Administrative Handbook.

3.i **Core Curriculum Workgroup:** The group did not meet this month.

#### **MOUs:**

3.b The following represents MOUs that 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.

There was discussion about the liability coverage portions of the agreements. MAJ Kaar noted that the NCC would continue to provide coverage for necessary rotations if the host facility declined to do so.

A. Howard University – Washington DC – COL Casler  
NCC Otolaryngology Program

B. Inova Health Care Services – MT Vernon, VA – COL Pilat  
DeWitt Family Practice Program

C. National Institute of Child Health and Human Development – Bethesda, MD – COL Davis; WRAMC Urogynecology Program

D. Washington Hospital Center, Washington, DC – COL Davis  
WRAMC Urogynecology Program

The NCC/GME Committee voted to approve these agreements without objections.

The AD reminded the members of the process for establishing MOUs and detailed the chronology of events from inception to full execution.

**JCAHO Medical Student Notes:** LTC Argyros reported that Madigan Army Medical Center had received a Category I finding on its most recent JCAHO survey based on presence of medical student notes in official charts. The Committee observed that this could have major impact on medical student training and a chilling effect on medical education in general. Dr. Fauver noted that Dr. Cassimatis, incoming chair of the AMA Council on Medical Education, is aware of the issue and has enlisted the assistance of the medical student and resident sections to establish an AMA policy on this subject. He also noted that half of the JCAHO Commissioners were appointed by the AMA.

**Informational Items:**

Dr. Fauver congratulated the Program Directors who had recently been awarded the “A” Designator by the Surgeon General of the Army. These included, MAJ Benedek, LTC Gilliland, LTC(P) Ward, LTC Taylor, and LTC(P) Yuan.

**New Associate Program Directors:** The Administrative Director announced the appointment of 3 new Assistant Program Directors. They are:

- Dr. Robert Labutta, Neurology
- Dr. Ricky Myhand, Hematology/Oncology
- Dr. Landirs Williams, Anesthesia/Pain Management

No additional items from the floor.

The meeting adjourned at 1600. The next meeting of the NCC/GMEC will be 8 January 2003, Board of Regents Conference Room, Building D, 3<sup>rd</sup> floor, USUHS, 1500 hours.

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

*Note: Reference in the left margin represents functional areas 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*