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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
3 September 2003, 1500 Hours
Board of Regents, USUHS, Room D3001
OPEN SESSION

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 3 September 2003 at 1500 hours. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the 6 August 2003 NCC GMEC were approved as written.

4.B.10.e

Program Director Searches: The new Program Director for Diagnostic Laboratory/ Immunology is LTC Nelson and for Internal Medicine at NNMC is CAPT Dwyer. The Radiation Oncology and the Orthopaedic Search Committees, have received applicants and are in the process of reviewing them. COL Pilat announced that the DACH Family Practice Program Director position will open in Summer 2004. The Administrative Director (AD) announced that the DACH Sports Medicine Program Director position will also open in the Summer of 2004.

4.B.4.b

Work Hours: The AD reminded all Program Directors that they need to comply with the new program requirements and inquired if anyone was experiencing difficulty with compliance. A member commented that it extremely difficult to incorporate the 10-hour rule into their schedule and was perplexed as to how the ACGME made the decision as to 10 hours verses 8 hours. However, the program is in compliance with the 80 hour regulation. LTC Argyros, WRAMC IM, noted that the RRCs are not flexible with the 10 hour rest rule and that was one of the issues with the John's Hopkins IM program. Additionally, he stated that the night float system did not work and he has now incorporated a day float system. Basically, the residents are split into teams. The hospital team rotates with the post-call team. They will be evaluating the system after this block but feel that it is working and residents seem to like it. The patient safety and continuity of care is accomplished by using this team approach, even though the residents may work with a different team every seven days. A resident will complete a complete summary of care if he/she is scheduled for a day off after a call rotation. NNMC is using the night float team system and it appears to be working.

Dr. Armstrong raised the question about resident required research time. She questioned if this time was counted against the 80 hours. Members responded positively that the time spent in the lab, required education, and related administrative duties did count against the 80 hours. However, research or reading that they conduct on their own is not counted. She felt that this may not be an issue for fellows since they have dedicated time to conduct research as part of their program. However, it may become an issue for the general residents that are required to complete a research project by the end of their program, but usually do not have fenced research time and are expected to work on their project during and around their clinical schedules. Members noted that many programs are bringing in staff to work on-call in order for the residents to conduct research and maintain compliance.

IV.B.1.

NEW BUSINESS:

4.B.11 **Resident Representative Issues:** The new representatives from WRAMC, NNMC and MGMC were in attendance. No new issues were raised. The WRAMC Resident Representative noted that the placement of new computers and refrigerators in the on-call rooms have delighted the residents and made the on-call rooms much more livable. The NNMC Resident Representative noted that he will be conducting a 80 hour work week survey in one month but did not feel that there have been any problems.

Committee Responsibilities:

Report of the Internal Review Subcommittee: Dr. Fauver reported on behalf of the subcommittee. (Attachment 1)

4.B.8 No reviews were conducted. Anesthesiology and the Nuclear Medicine programs submitted timely and satisfactory responses to the Subcommittees' concerns that were noted during their Internal Reviews. The Cardiology program failed to submit a response to the concerns of the Subcommittee because they did not receive the request to do so. Subsequently the Program Director has been contacted and will submit a response in time for the October meeting.

ACGME Correspondence:

The following programs have up coming site visits:

- Internal Medicine 7 October 2003
- Pulm/CC Medicine 8 October 2003
- Nephrology 9 October 2003
- Rheumatology 21 October 2003
- Critical Care Medicine 22 October 2003
- Infectious Disease 23 October 2003

The MGMC Transitional program site visit scheduled for 11/19/03 has been canceled and will be rescheduled for a later date.

4.B.6 The AD noted that there is an error on the Subcommittee report under 3a, Orthopaedic should be replaced with Cardiothoracic which received 5 years.. The change will be noted on an amended report that will be attached to the original minutes.

4.B.1 The the NNMC Orthopaedic Surgery programs received a 3 year accreditation from the ACGME. Dr. Eklund, Neurosurgery Program Director, received al RRC approval for their 10% exception to the 80 hour workweek request. As of now, the OB/GYN, Orthopaedic, and Vascular Surgery Residencies have not received formal RRC approval.

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

Core Curriculum Workgroup: The Core Curriculum Workgroup Chairperson COL Carol Adair, announced that volunteers are welcome and that she will meet at 1400 on October 1, prior to the next GMEC meeting in the BOR room.

4.B.3 **NCC Annual Report:** The Administrative Director informed the committee that a web-based version of the survey is available by accessing the NCC web at <http://www.usuhs.mil/gme> . The AD suggested that the Program Directors maintain a copy for their records, in order to assist in completing future annual reports. Additionally, he stressed that it is important that all Programs complete this report by the 15 September deadline so that the final report can be drafted by the NCC and submitted to the Council of Deputies and the Board of Directors by October. The annual report is and institutional requirement and used to monitor the progress of the programs and their compliance

with the new ACGME Common Program Requirements.

NCC Faculty Development Training: The AD announced that the Faculty Development training is tentatively scheduled for over the Martin Luther King holiday, January 17- 23, 2004. Dr. Louis Pangaro is the facilitator for this training and dates will be confirmed as soon as possible. It is a week long program and there are no phones or pagers and in order to attend you must commit to attending all days. The AD noted that there are only 12 seats available for this valuable training. If you or an associate are interested in attending, please forward the names to the AD at hfauver@usuhs.mil.

4.B.2.

MOUs: 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.

Greater Baltimore Medical Center (GBMC) and the NCC WRAMC IM Program. This is a one-time only agreement that allows a GBMC resident to participate in a rotation at WRAMC.

NCC Otolaryngology and Holy Cross Hospital. This is an standing agreement that is a renewal of a pre-existing agreement.

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

The AD reminded the Program Directors that any special funding issues should be detailed under the funding heading of the proposal worksheet. Any submission that do not address funding will be contacted prior to completing the proposal. Please allow ample time for completion when initiating MOUs due to the many facets of the process.

DME VTC Meeting: The Administrative Director provided the committee an overview of the August OTSG-USA DME meeting.

Colonel Raines raised the issue that all programs should have written resident supervision policies and also be able to document the monitoring of such policies. The AD noted that the NCC, as the sponsoring institution, will be monitoring the policies through the Internal Review process. However, it is ultimately the responsibility of the Program Directors to ensure that what is in writing is actually in practice.

Ms. Susan Reed, WRAMC, wanted to remind all Program Directors that the MUC report must be completed and submitted by 19 September. Currently, she has only a 20% compliance. Please address any problems with Ms. Reed.

The AD announced that the Faculty Development for the JSGMES B will be held, Monday, December 1 at 0730-1600. Colonel Raines has arranged many speakers who are nationally recognized within the medical and educational community. This year's event will be in a conference format vice a series of panels. Everyone is strongly encouraged to attend.

Specialty night this year is scheduled to be held at the meeting hotel. Members responded in an overwhelming negative response. They felt that by moving the specialty night to the hotel vice the University will result in a low participation rate by the students and residents. These concerns will be directed to the JSGMEB.

Moonlighting Policy: The AD reminded members that DoD regulations do not allow moonlighting and that residents are barred from participating in such activities. Please refer to HA 96050 dated July 23 for details. Legal counsel added that this regulation also applies to after hour volunteer activities that are related to your federal professional position, i.e. completing physicals for Boy Scouts. A member noted

that this is spelled out in the Resident Training Agreement that all residents sign prior to the start of their programs.

Information Items:

LTC Black advised that WRAMC has started GME meetings that address questions similar to that of the Bain group. She is confused as to how to respond to these many inquiries because she is not sure of how this information will be interpreted or used in the future. Additionally, she is concerned about the quality of information presented because there is usually only a 24 hour suspense to provide such information. The AD believed that these meetings were probably started as a pro-active initiative by COL Jaffin to become more familiar with his GME programs and to be used as a forum to address the many issues, at the facility level, to assist in meeting the new requirements of the ACGME.

Members raised questions regarding the regulations of Pharmaceutical Representatives providing meals or assistance to programs. Legal counsel noted that solicitation is strictly prohibited by federal employees and that meals are not to be provided. The AD referred the members to the AMA web site at www.ama-assn.org to review information regarding the recommended limitations. The AD strongly encourages any Program Director that is in doubt as to if they should accept assistance from Pharmaceutical Companies to approach their facility general counsel for guidance.

The meeting adjourned at 1600 and a closed session followed.

The next meeting of the NCC/GMEC will be 01 October 2003, 1500 hours, Board of Regents room, Building D, 3rd Floor, USUHS.

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