January 6, 2004

Lois L. Bready, MD
Associate Dean for Graduate Medical Education
University of Texas Medical School at San Antonio
7703 Floyd Curl Drive, MS 7790
Office of the Medical Dean - GME
San Antonio, TX 78229

Dear Dr. Bready:

The Institutional Review Committee (IRC), which is a standing committee of the Accreditation Council for Graduate Medical Education, has reviewed the information submitted concerning the following organization:

Institutional Review

University of Texas Health Science Center at San Antonio
University of Texas Medical School at San Antonio
Valley Baptist Medical Center
Brooke Army Medical Center
Wilford Hall Medical Center (AEFC)
University Health System
Christus Santa Rosa Health Care Corporation
University of Texas Health Science Center
Audie L Murphy Memorial Veterans Hospital (San Antonio)
Child Guidance Center
McAllen Medical Center
Nix Medical Center
Cancer Therapy and Research Center
Southwest Mental Health Center
St Luke’s Baptist Hospital
Methodist Healthcare
San Antonio Warm Springs Rehabilitation Hospital
San Antonio Uniformed Services Health Education Consortium
Harlingen, TX

Institution Number: 8004800454

Based on all of the information available to it at the time of its recent meeting, the IRC took the following action:

ACTION: Favorable Decision by ACGME

Approximate Date of Next Site Visit: 10/2008 FS

The institution is commended for its commitment to Graduate Medical Education with adequate leadership and resources to achieve its oversight functions. The institution and GMEC are, however, to continue their monitoring functions to ensure that the following areas are adequately addressed at the time of the next review.

1. Previous Citation, Internal Review: There is one area for improvement that GMEC members mentioned. Approx
10% of the time the residents on the panels are "no-shows" due to other commitments. It is extremely important that residents understand their role in the internal review process and that their lack of participation affects the institutional review process with respect to non-compliance with the Institutional Requirements. The GMEC is encouraged to look into the commitments that seem to prevent the residents from participating in order to facilitate correction of the problem.

2. Institutional Support for GME: The current DIO divides her time between departmental responsibilities and those of the GME office. This is inadequate for an institution of this size that sponsors a large number of residencies. In addition, insufficient space is available for the activity for the office of education. A more centralized location for the GME office with adequate space for the staff needs to be explored.

3. Duty Hours: At the time of the institutional survey in May 2003, it was reported that the general surgery and orthopaedic surgery programs were working diligently to bring their programs into compliance with the new duty hour requirements by July 1 and that the institution was hiring physician's assistants to help the residents in those programs. The institution is to monitor these programs in particular to assure that they are now in compliance and that procedures have been implemented to monitor all programs for compliance with their programs' duty-hour requirements. The duty-hour survey used by the institution is an excellent start. All internal reviews conducted after July 1, 2003 should specifically document a review of each program's compliance with the five numerical duty-hour requirements with their specialty-specific interpretations.

4. JCAHO: Two participating institutions, both outpatient centers, do not undergo JCAHO inspection and accreditation. Although the IRD lists a variety of review mechanisms for the two institutions, it is not clear how well the clinical care provided by the institutions is being assessed. The institution needs to explicitly address how current review mechanisms are equivalent, if at all, to the JCAHO process.

Best Practices: Several best practices were summarized in the document provided by the DIO, Dr. Bready, at the request of the site visitor. Several additional best practices were identified by the site visitor. The committee commends the institution for the following:

A. Duty Hour Survey: This is a one-page survey that was developed by the "Working Environments Committee" of the GMEC for administration by all programs. The survey utilizes a "dipstick" type of assessment to essentially "take the pulse" of various programs and assesses whether careful, more detailed review of particular areas in a program might be needed.

B. Annual Program Review: The institution has
modified the metric-based approach developed by the San Antonio Uniformed Services Health Education Consortium and utilizes it as a supplement to internal reviews, which are performed at the midpoint between site visits. This annual survey evaluates for each program its ACGME accreditation status; board pass rate in the preceding three years; faculty staff; administrative staff; etc. The collective data are utilized by the GMEC in monitoring areas of noncompliance.

C. Institutional Core Curriculum or Resident as Teacher Training Programs: The GME office's PhD Educator has developed an institutional core curriculum for the competencies, to assist program directors in transitioning to new curricula that incorporate all the general competencies. Training modules were provided for the different programs and for residents who were interested in attending a general session on the competencies. More recently program-specific sessions have been developed with very positive results.

D. Vertically Integrated Professionalism Series: An ethics seminar series was begun in March of 2002 and was initially conducted as a fourth year senior elective in the MS4 didactics month.

E. Program Director's Manual: The institution was developed and disseminated a Program Director's manual. This includes some of the policies that are in the residents manual as well as information uniquely pertinent to the Program Directors.

The next on-site inspection will occur in approximately five years.

You are required to make this Letter of Report available immediately to program directors of all ACGME-accredited programs under your sponsorship and to the Graduate Medical Education Committee at its next meeting.
This letter will be considered by the Residency Review Committees (RRCs) at the time of the next review of the programs to determine the adequacy of institutional support for and oversight of the residencies at your institution.

Sincerely,

Cynthia A. Taradejna
Executive Director for the Institutional Review Committee
312-755-5004
cat@acgme.org