

**GRADUATE MEDICAL EDUCATION COMMITTEE**

Minutes  
August 8, 2006

Approved by: \_\_\_\_\_

**Lois L. Bready, M.D., Chair**

<b>Voting Members Present</b>	L Bready, MD, Chair Merrill Carolin, MD George Crawford, MD Neal Dalrymple, MD	John Erickson, MD Larry Fowler, MD Rosemary Hickey, MD Debra Hunt, MD <b>Robert Love, DO</b>	Mark Nadeau, MD Robert Nolan, MD Jennifer Peel, PhD Kit Smart Cynthia Spears	<u>SAUSHEC Representatives</u> Alt-Richard Boggs <u>UHS Representatives</u> Thomas Peters Alt-Betty Flowers <u>VAH Representatives</u> Ray Chung, MD	<b>(Teleconference)</b> Irma Pye <u>RAHC Representative</u> James Hanley, MD
<b>Non-Voting &amp; Others Present</b>	Nora Eblen Oralia De La Garza Ann Franklin	Eileen Kleffner Jane Lynch, MD Lisa Marquise	Darlene Metter, MD Janis Strong Rajeev Suri, MD	Lora Tumlinson James Tysinger, PhD	<u>RAHC Representative</u> Adela Valdez, MD
<b>Voting Members Absent</b>	Constance Barone, MD <b>Carolina Bonilla, MD</b> Kathy Bowers Karin Brewer Gary Campbell, DO Daniel Carlisle, MD	Robert Castro, MD Jon Courand, MD Daniel Dent, MD <b>Gianina Gomez, MD</b> G. Richard Holt, MD Javier LaFontaine, DPM	John Littlefield, PhD Kenneth Matthews, MD Carlos Rosende, MD <b>Brian Waters, MD</b> Elly Xenakis, MD	<u>CSR Representative</u> Ray Afaisen	<u>VBMC Representatives</u> Jim Salyer

	<b>GMEC DUTY<sup>1</sup></b>	<b>DISCUSSION/CONCLUSION</b>	<b>RECOMMENDATIONS</b>	<b>FOLLOW-UP (BY WHOM)</b>
<b>1. Opening</b>		The Graduate Medical Education Committee of The University of Texas Health Science Center met for a scheduled meeting on Tuesday, August 8, 2006, at 4:00 p.m. in the School of Medicine Conference Room, room 373-L, Medical School. Dr. Bready called the meeting to order at 4:07 p.m.		

<sup>1</sup> **Regarding GME Committee Responsibilities** (ACGME Institutional Requirements IV.B), the GMEC must: **(1)** establish and implement policies and procedures regarding the quality of education and the work environment for the residents in all ACGME-accredited programs **(2)** review annually and make recommendations to the Sponsoring Institution on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair; **(3)** establish and maintain appropriate oversight of and liaison with program directors and assure that program directors establish and maintain proper oversight of and liaison with appropriate personnel of other institutions participating in the ACGME-accredited programs of the Sponsoring Institution; **(4)** establish and implement formal written policies and procedures governing resident duty hours in compliance with the Institutional and Program Requirements; **(5)** assure that ACGME-accredited programs provide appropriate supervision for all residents that is consistent with proper patient care, the educational needs of residents, and the applicable Program Requirements; **(6)** assure that each program provides a curriculum and an evaluation system to ensure that residents demonstrate achievement of the six general competencies listed in Section III.E and as defined in each set of Program Requirements; **(7)** establish and implement formal written institutional policies for the selection, evaluation, promotion, and dismissal of residents in compliance with the Institutional and Program Requirements; **(8)** regularly review all ACGME program accreditation letters and monitor action plans for the correction of concerns and areas of noncompliance; **(9)** regularly review the Sponsoring Institution's Letter of Report from the IRC and develop and monitor action plans for the correction of concerns and areas of noncompliance; **(10)** review and approve prior to submission to the ACGME program changes, revisions, correspondence, etc.; **(11)** conduct internal reviews of all ACGME-accredited programs including subspecialty programs to assess their compliance with the Institutional Requirements and the Program Requirements of the ACGME Residency Review Committees in accordance with the guidelines in Section V.

<b>2. Approval of Minutes</b>		The minutes of July 11, 2006 were reviewed.	Approved as written.	Closed
<b>3. New Business</b>		None to report.	For informational purposes only.	
<b>4. Ongoing Business</b>		<b>1. Standing Reports:</b>		
		<b>a. DIO—Dr. Lois Bready</b>		
	2	Dr. Bready announced that effective 10/1/06, Medicare will exclude didactic time from the resident FTE count used for DGME and IME payment purposes if a resident spends a full day in didactic activities	For informational purposes only.	Open (Dr. Bready)
		<b>b. Internal Review Subcommittee – Dr. Nolan</b>		
	11	Dr. Nolan presented a brief synopsis of the Radiation Oncology Action Plan.	Follow up report due 1/1/07 by PD.	Open (Dr. Nolan)
	11	Dr. Nolan announced the following Internal Reviews are scheduled: Thoracic Surgery – 8/3/06 Orthopaedic Hand Surgery – 9/29/06 Radiation Oncology – 11/2006		Open (Dr. Nolan)
		<b>c. Working Environment Subcommittee – Dr. Carlisle</b>		
		Nothing to report.		Open (Dr. Carlisle)
		<b>d. General Competencies Subcommittee – Dr. Peel</b>		
	6	Dr. Peel asked the Committee to forward any General Competency curriculum information to her for review. The GME office would like to establish a library of this information that can be accessed by all programs.	For informational purposes only.	Open (Dr. Peel)
	6	Dr. Peel reminded the Committee and Program Directors that the Healthcare Matrix can be used as a practice-based learning and improvement tool. Please contact her if you have any questions.	For informational purposes only.	Open (Dr. Peel)
		<b>e. Resident Duty Hours Subcommittee – Dr. Crawford</b>		
	4	Dr. Crawford had nothing to report. Dr. Bready announced that the Surgery Progress Report was submitted to the Surgery RRC on 8/1/06.	For informational purposes only.	Open (Dr. Crawford)
		<b>f. Resident Supervision and Evaluation Committee – Dr. Chung</b>		
	5	Dr. Chung announced that he has accepted a position as Director at the VAH in Phoenix, AZ. Dr. Robert Nolan will chair the subcommittee effective 9/1/06.	For informational purposes only.	Open (Dr. Nolan)
	5	<u>Policies approved by subcommittee with changes:</u> Dermatology Hematology/Oncology Pain Medicine Family Practice - McAllen	For informational purposes only.	Open (Dr. Nolan)
	6	Dr. Peel reminded program directors to complete the <u>Evaluation of General Competencies: Program Director Needs Assessment 2006</u> sent to them in Survey Monkey.	For informational purposes only.	Open (Dr. Nolan)
		<b>g. Resident Tracking Software Subcommittee – Dr. Erikson &amp; Ms. Wendy Breton</b>		

		Nothing to report.		Open (Dr. Erikson)
		<b>h. Resident Allocation Subcommittee (ad hoc) – Dr. Rosende</b>		
	2	Nothing to report.	For informational purposes only.	Open (Dr. Rosende)
		<b>i. Housestaff Council – Dr. Gomez</b>		
		Nothing to report.		Open (Dr. Gomez)
		<b>j. Autopsies Tracking (quarterly) – Dr. Fowler</b>		
	1	Dr. Fowler provided the following autopsy report: <u>UHS total autopsies:</u> 3 in May, 2 in June and 4 in July <u>UHS rate of eligible deaths without autopsy request:</u> 88% in June, 0% In June and 24% in July (as of June we have begun interpreting that if there is any response in regards to discharge disposition this indicates the nursing form was completed and that “family” declined the autopsy rather than that they were not asked.) <u>% of non-Medical Examiner cases at UHS autopsied:</u> 12% in May, 8.3% in June and 16% in July. <u>VA hospital total autopsies:</u> 5 in May and 4 in June. <u>VA rate of eligible deaths (total deaths-ME referred cases):</u> 16.7% in May and 21.1% in June.	For informational purposes only.	Open (Dr. Fowler)
		<b>2. ACGME RRC Correspondence</b>		
	8,10	<ul style="list-style-type: none"> <li>o Family Medicine Accreditation letter, 2 year cycle</li> <li>o Acknowledgement of receipt: Internal Medicine-RAHC progress report</li> <li>o Acknowledgement of receipt: notification from Otolaryngology program director regarding military duty and interim program director notification</li> <li>o Hematology/Oncology temporary increase approval</li> </ul>		
		<b>3. UHS Report:</b>		
	3	Mr. Tom Peters announced that the JCAHO site visit had not occurred yet. Reminders of the five focus areas will be sent to residents every 3-4 weeks. He also reports that the UHS budget process would start very soon. Program Directors should contact him if they would like to request additions FTEs.		
		<b>4. RAHC Report:</b>		
	3	Dr. Valdez announced a meeting will occur between UTHSCSA and VBMC to discuss the affiliation agreement.		
		<b>5. VA Report: No Report</b>		
	2,3	Dr. Chung announced that 24.5 positions were submitted in the RFP to the VA System. Hospitals will be notified in mid-September of approved positions. He also announced that the RFP process will continue into 2008 & 2009.		
		<b>6. SAUSHEC Report:</b>		
	3	Mr. Richard Boggs announced that the Program Directors’ Offsite Workshop is scheduled for August 17 <sup>th</sup> at BAMC.		
		<b>7. CHRISTUS Santa Rosa Report – No Report</b>		

		<b>8. Announcements:</b>			
		<ul style="list-style-type: none"> <li>- Health Science Education Small Grants Program &amp; Innovation in Education Award Program</li> <li>- 30<sup>th</sup> Annual UTHSCSA Teaching Excellence Course (UTEC)</li> </ul>			
		GMEC meetings will be at 4:00 p.m. in the Medical Dean's Conference Room, 373-L, on:			
			September 12, 2006		
			October 10, 2006		
			November 14, 2006		
			December 12, 2006		
<b>5. Adjournment</b>		The meeting was adjourned at 4:53 p.m.			