

GRADUATE MEDICAL EDUCATION COMMITTEE

Minutes
July 12, 2005

Approved by: _____

Lois L. Bready, M.D., Chair

Voting Members Present	Kathy Bowers Greg Bowling, MD Karin Brewer Ted Dubrawsky for Merrill Carolin, MD Gus Daniels, MD Larry Fowler, MD Debra Hunt, MD	Steven Seidner, MD for Robert Castro, MD Ewell Clarke, MD George Crawford, MD Daniel Dent, MD Ross Lawler, MD Peter Learn, MD John Littlefield, PhD	Robert Nolan, MD, Acting Chair Jennifer Peel, PhD Carlos Rosende, MD Kit Smart Kristin Plastino, MD for Elly Xenakis, MD	<u>UHS Representatives</u> Alt-Anna Franklin <u>SAUSHEC Representative</u> Richard Boggs <u>VAH Representative</u> Ray Chung, MD	(Teleconference) <u>RAHC Representatives</u> Adela Valdez, MD James Hanley, MD
Non-Voting & Others Present	Hilda Cheatum	Beverly Combs	David Jimenez, MD Eileen Kleffner	Janis Strong	Joel Siberberg, MD
Voting Members Absent	L Bready, MD, Chair Karin Brewer Brett Anderson, MD Constance Barone, MD Daniel Carlisle, MD	Daniel Dumitru, MD John Erickson, MD Rosemary Hickey, MD Joe Johnston, MD Kenneth Matthews, MD	Rosemay Michel, DPM Melanie Richards, MD Blake Simpson, MD Cynthia Spears Melissa Watson, MD	<u>CSR Representative</u> Ray Afaisen	<u>FP-McAllen Rep.</u> Juan Trevino, MD <u>VBMC Representative</u> Jim Salyer, MD

	GMEC DUTY¹	DISCUSSION/CONCLUSION	RECOMMENDATIONS	FOLLOW-UP (BY WHOM)
1. Opening		The Graduate Medical Education Committee of The University of Texas Health Science Center met for a scheduled meeting on Tuesday, July 12, 2005, at 4:00 p.m. in Room J 114, VA Hospital. Dr. Robert Nolan called the meeting to order at 4:00 p.m. Dr. Nolan chaired the meeting in Dr. Bready's absence.		

¹ **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.

<p>2. Approval of Minutes</p>		<p>The minutes of June 14, 2005 were reviewed.</p> <ul style="list-style-type: none"> • Dr. Fowler finds the new Annual Review of Program Effectiveness Policy to be burdensome. Dr. Crawford suggested that the documentation required to comply with the new policy is paperwork that programs should already have. Dr. Fowler proposed having one month to review proposed policies before voting. 	<p>Approved as written</p>	<p>Closed</p>
<p>3. New Business</p>		<p>None to report</p>	<p>For informational purposes only</p>	
<p>4. Ongoing Business</p>		<p>1. Standing Reports:</p>		
		<p>a. DIO—Dr. Lois Bready (Dr. Nolan for Dr. Bready)</p>		
	<p>1</p>	<p>Orientation recap-Dr. Nolan acknowledged the success of the new format for orientation and thanked the following for their contributions: program coordinators, House-Staff Council, Drs. Bready & Peel. A repeat will be given on 8/5 for later-starting house staff.</p>	<p>For informational purposes only</p>	<p>Closed</p>
	<p>1</p>	<p>Draft Policy on Completion of USMLE Examinations.</p> <ul style="list-style-type: none"> • Drs. Fowler and Plastino object to the Step 3 requirements. Dr. Plastino proposes a policy which requires passage of Steps 1 & 2 and mandates that programs have their own policy with respect to passage of Step 3. • Dr. Hunt said she would find it difficult to schedule all PGY2s to take Step 3. • SAUSHEC requires passage of Step 3 by the end of the PGY3 year. • Dr. Crawford said it is in the residents' best interest to take Step 3 early and it gives program directors another measure of "medical knowledge." The proposed policy seems to give the program directors flexibility in dealing with someone who doesn't meet requirements. • The draft policy will be reconsidered at the next GME Executive Committee meeting. 	<p>For informational purposes only</p>	<p>Open (Dr. Bready)</p>
	<p>3</p>	<p>Program requirement changes in Otolaryngology</p> <ul style="list-style-type: none"> • Dr. Hunt suggested that program directors find a forum for disseminating information like this in a timely fashion. • All proposed program requirement changes are posted for comment before finalization on the ACGME website at http://www.acgme.org/acWebsite/reviewComment/rev_programReq_index.asp 	<p>For informational purposes only</p>	<p>Closed</p>
	<p>3</p>	<p>Medical Student Notes at the VAH</p>	<p>For informational purposes only</p>	<p>Closed</p>
		<p>b. Internal Review Subcommittee – Dr. Nolan</p>		
	<p>11</p>	<p><u>Upcoming Internal Reviews:</u> Family Practice-McAllen-July 27, 2005 Pathology-August 25, 2005 Neurology-August, 30, 2005</p>		<p>Open (Dr. Nolan)</p>

		Forensic Psychiatry-August 31, 2005 Vascular Surgery-pending Pediatric Nephrology-pending Orthopaedic Spine Surgery-pending		
		c. Working Environment Subcommittee – Dr. Carlisle (not present)		
	1	Survey of Residents' Educational & Clinical Experiences		Open (Dr. Carlisle)
		d. General Competencies Subcommittee – Dr. Peel		
	6	<ul style="list-style-type: none"> Portfolio Update-working group on resident portfolios has met. Dr. Peel will be sending an email requesting program directors articulate how the general competencies are being taught and evaluated in their programs. 	For informational purposes only	Open (Dr. Peel)
		e. Resident Duty Hours Subcommittee – Dr. Crawford		
	4	May 2005 Duty Hours Report-Dr. Nolan acknowledged Dr. Peel's effort at clarification of questions on the survey by conducting numerous sessions with residents.	For informational purposes only	Open (Dr. Crawford)
		f. Resident Supervision Committee – Dr. Chung		
	5	Rheumatology contacted Dr. Chung and said that there would be no changes to their supervision policy.	For informational purposes only	Open (Dr. Chung)
		g. Resident Tracking Software Subcommittee – Dr. Erikson & Ms. Wendy Breton (not present)		
			For informational purposes only	Open (Dr. Erikson)
		h. Resident Allocation Subcommittee (ad hoc) – Dr. Rosende		
	2	Committee recommended supporting Plastic Surgery's request for more positions.	For informational purposes only	Open (Dr. Rosende)
		i. Housestaff Council – Dr. Hopkins		
		No report		Open (Dr. Hopkins)
		2. ACGME RRC Correspondence		
	8	E-mail notification clarifying the averaging of duty hours and the "mid-cycle review" for programs with an early site visit. Letter to Pediatric Pathology approving the request for voluntary withdrawal on 12/1/05 Letter to Cytopathology requesting additional information before 8/15/05 Letter to Blood Banking/Transfusion Medicine granting continued full accreditation for four years Letter to Family Medicine Program Director acknowledging receipt of material regarding the move of the continuity clinic Letter to Family Medicine chairman requesting Program Director changes be entered into the WebADS system on the ACGME website		
		3. UHS Report: No Report		
		4. VA Report: No Report		
		5. SAUSHEC Report:		
		Mr. Boggs thanked those for their help with graduation and said that he did not		

		see any changes in education due to the proposed BRAC realignments. He also announced the annual SAUSHEC faculty development off-site 8/18.		
		6. CHRISTUS Santa Rosa Report – No Report (not present)		
		7. Announcements:		
		Next GMEC meeting will be at 4:00 p.m. in Room J-114 at the VA Hospital on August 9, 2005.		
		<ul style="list-style-type: none"> • We will have guest speakers at the next GMEC meeting, Doris Quinn and John Bingham from the Vanderbilt University Center for Clinical Improvement. They will present “Linking Outcomes of Care to the ACGME Core Competencies: A Matrix Solution” at noon and Case Studies of the Matrix Solution at the GMEC Meeting. Please let Dr. Peel know if you would be interested in meeting individually with Dr. Quinn and Mr. Bingham during the afternoon of Aug. 9. • Neurosurgery program has 2 residents. They are aiming for 4 residents in the near future. 		
5. Adjournment		The meeting was adjourned at 5:07 p.m.		