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UNIFORMED SERVICES UNIVERSITY
OF THE HEALTH SCIENCES
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GRADUATE MEDICAL EDUCATION COMMITTEE MEETING
7 May 2003, 1500 Hours
Board of Regents Room D3001, USUHS
OPEN SESSION

The National Capital Consortium Graduate Medical Education Committee met Wednesday, 7 May 2003 at 1500 hours. A quorum was present.

OLD BUSINESS:

Approval of Minutes: The minutes from the 2 April 2003 NCC GMEC were approved as written.

3 . b **Program Director Searches:** There are two on-going Program Director searches, Diagnostic Laboratory / Immunology at WRAMC and Internal Medicine at NNMC. The search for the Diagnostic Laboratory/Immunology is pending nominations from the Navy Surgeon General. The search for NNMC Internal Medicine Program is awaiting the recommendation of the search committee. The Administrative Director (AD) announced that Dr. Alicia Armstrong will be serving as Associate Program Director for the NIH Reproductive/Endo residency program and Dr. Gherman will be serving as the Associate Program Director for the OB/GYN residency program.

3 . h **Work Hours:** The AD reminded the Committee that requests for a 10% extension of the 80-hour work week must come through the GMEC prior to submission to the RRC. Four requests for exemption have been forwarded to the specialty RRCs and one has been returned requesting additional information be provided. Unfortunately, the ACGME web page has not been updated to reflect all these additional requirements so we may see other requests returned requesting information. The NCC staff will expedite any requests that are returned and ensure that a complete package is provided to the RRCs so that these requests are submitted in time for at the appropriate RRC meeting.

Colonel Nace asked how should the programs document their resident compliance with the 80 hour requirement. Overall the programs responded that they maintain hard copy time records that the residents are responsible for completing and the Program Directors review on a monthly/quarterly basis. There was some discussion concerning that since this requirement appears to be institutional that the NCC collect this data. The AD entertained the idea of eventually establishing a web based time record that all residents could access but for the time being emphasized that the programs should maintain some form of hard copy documentation to support their claims of compliance since there could be some discrepancies with the ACGME online monitoring and the reports of the programs.

HIPAA Compliance: The NCC Administrative staff continues to work with our affiliates in order to obtain the remaining outstanding BAAs in order to be in full compliance with the ACGME regulation.

NEW BUSINESS:

3.f

Resident Representative Issues: There were no issues raised by the representatives.

Committee Responsibilities:

3.d.

Report of the Internal Review Subcommittee: Dr. Gunderson reported on behalf of the subcommittee (Attachment 1) and is appended to the original minutes.

Family Practice Sports Medicine and the Cardiology Fellowships Internal Review were reviewed and discussed. Full assessments are included in the Subcommittee report attached to the original minutes. Some issues were addressed and the Subcommittee recommends that the Program Directors of each program respond to the Subcommittees' concerns on or before 22 August 2003.

The Internal Review Subcommittee Chairman announced that Ms. Lisa Reaves, IR Administrator, will be providing support and attending the Subcommittee meetings. Additionally, she will draft all IR executive summaries, provide a copy to the Program Directors, and track all the responses. Her assistance and support is vital in order to provide professional support to the NCC and accurately track the administrative responsibilities that are required of the many on-going reviews.

3.c

ACGME Correspondence: A letter from Otolaryngology to the ACGME was reviewed and the Subcommittee felt that the letter fully addressed and responded to the concerns of the RRC. The memorandum was accepted by the Committee.

The Ophthalmology Program Director provided the requested additional information on his PIF. Because of the short suspense prior to the programs' site visit, the Administrative Director approved the communication.

The Malcolm Grow Transitional Program submitted a report to the GMEC that addressed all issues raised at their last Site Visit. Since the submission the program has had their Internal Review and the report will be presented at the next GMEC meeting on 4 June 2003.

3.d

Program Checklist Approval for Anesthesia, Orthopaedics, Otolaryngology, and Transitional programs : The AD forwarded to the Members electronic versions of all the checklist for review prior to attending the meeting. The checklists for all the above mentioned programs were unanimously approved by the Committee.

The GMEC voted to accept the report of the Subcommittee the report will be attached to the original minutes.

3.d

Response to the Internal Review Subcommittee: The Internal Medicine Pulmonary Critical Care Program Director submitted a letter addressing the concerns of the Internal Review Subcommittee regarding limited administrative support for the program. The submission was discussed and unanimously accepted by the committee. The memorandum was also presented to the Board of Directors.

3.a

Increase in Resident Complement: The Program Director for Neurosurgery submitted a request to temporarily increase the resident complement, by one. Two residents started their training late and this increase will have no impact on the cases and resources intrinsic to the program. This request was unanimously approved by the committee.

3.a

Board of Directors Meeting : The AD took the opportunity to note that a lack of administrative assistance is a problem among many of the larger programs and it is frequently a reflection of Command budget constraints. The Bain study, being conducted under the direction of the ASD/HA, dominated the last Board

of Directors meeting as the study is looking at sourcing many of the GME responsibilities and evaluating ways to reduce the financial requirements by identifying programs among the services that could be terminated. There was discussion concerning the differences in budgeting procedures, integral parts vs. departmental disbursement, and the Board strongly recommends that services get together and streamline the GME policy and procedures in order to provide continuity of program support, which may also assist in reducing the financial obligation that is needed to sustain our military GME programs.

3.i **Core Curriculum Workgroup:** The Core Curriculum Workgroup Chairperson, COL Adair's group will meet 1400 hrs on Wednesday, June 4, 2003. COL Adair is soliciting volunteers and a sign-up roster was passed during the meeting. The Administrative Director emphasized that participation is open to all interested parties including any program staff or faculty members.

3.b. **Memorandums of Understanding:**

The following represents MOUs 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.

NIH (NIMH PANDAS Study)- Child and Adolescent Psychiatry
Clark Construction Group Inc. – Occupational & Environmental Medicine
Fairfax Neonatal Associates – Neonatology Fellowship
Blanchard Army Medical Center- Psychiatry
377th Medical Group-Psychiatry

The NCC/GME Committee voted to approve these agreements without objections (Approval-30, Abstention-1)

3.a. **Continuous GME Resident Contracts 2004** will be employed for USA Emergency Medicine, Family Practice, Internal Medicine, Orthopaedics, and Pediatrics programs beginning in July 2004. Residents that accept these four year continuous contracts may not be approved for any transfers of specialty without GME approval. Currently continuous training is available only in pathology and ob/gyn.

3.a **JACHO Regulation:** Medical students can continue to complete patient H&Ps. However, the house staff is required to complete and document their own H&P to be filed in the patient record. A house staff member's signature of concurrence below that of the medical student is no longer acceptable.

3.a. **Flag Officer Executive Committee Meeting:** There will be a change to the in-house fellowship obligation. The GME obligation will now be added, cumulatively, for their fellowship training. Members expressed concern regarding this change as it may negatively impact the already shrinking applicant pools, in particular, the Internal Medicine programs.

3.a&
i **USUHS LRC Remote Access Accounts:** The AD announced that the USUHS LRC Librarian will offer remote access to all of the NCC Residents and Program Directors. Residents will have access to 5400 plus journals, full texts, and MD Consult, as well as, many other valuable programs. Members can submit a request on-line, which will be verified by a current trainee and program director list provided to the LRC by the NCC staff. This will be available later in the year and a notice with instructions will be sent.

3.g. **Annual Budget Submissions:** The annual budget submission worksheet was distributed at the meeting. Program Directors were advised that an electronic version will be distributed after the meeting in order to encourage full compliance with the deadline. If a Program Director requires their last year's budget

submission, please contact the NCC staff and they will be happy to forward a copy to you. The dead-line for submissions is NLT 30 May 2003. It is important that we have the full participation of the programs so that we can best plan for next years budget allocations. COL Nace noted that she will utilize these submissions to justify her request for integral parts disbursement vice going through the various departments for support.

Information Items:

Board of Directors: Brigadier General Brannon will be replaced by Brigadier General Willima J. Germann, USAF, MC. This change is expected to be in effect around mid-June. The Board of Directors will meet in June, time, date, and location TBD. Program Directors are encouraged to attend.

Names of all the graduates need to be e-mailed to Susan Reed by 25 April 2003.

COL Nace announced that the NNMC/WRAMC Resident Graduation will be held on 20 June 2003, practice will be held on the 19th. There is no speaker at this time.

COL Nace also discussed the use of military awards for residents. Please be sure to submit your award nominations ASAP.

3.a COL Nace announced that the resident overnight call rooms at WRAMC, will be updated. Funds have been allocated to support the upgrades and she is actively soliciting input from the residents. She encourages the Program Directors to pass this information to the residents so that she can receive as much input from the residents in order to assist her in determining the needs of the residents and the best utilization of the funds.

3.i Free Teaching Resource: "Patient Safety and Graduate Medical Education" presented by AAMC at <http://www.hjf.org/events> is available and the AD strongly encouraged the Program Directors to access this information.

Items from the floor:

A member requested the AD to research the possibility that the NCC may authorize Teaching Fellowships for NCC housestaff. The AD emphasized that any further faculty appointments would require the member to follow the appropriate CAPT's procedure, but will discuss the option of Teaching Fellow appointments at the next Clinical Chair meeting in June.

3.i A member mentioned that the American Academy for Sleep Disorders offers an educational CD for \$8.00/set. The AD will have the NCC look into the purchasing of a few sets for distribution among the programs.

The meeting adjourned at 1615. The next meeting of the NCC/GMEC will be 4 June 2003, 1500 hours, Board of Regents Room, D3001, USUHS.


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