

**SPECIAL REVIEW REPORT**  
**With GMEC review of updates at Special GMEC**  
**October 29, 2019**  
**4:00-4:45PM**

**RESIDENCY/FELLOWSHIP PROGRAM:** Family Medicine Fargo

**Date of Most Recent ACGME Site Visit:** May 23, 2017

**Date of Next ACGME Site Visit:** November 5, 2019

**Date of Most Recent ACGME Accreditation Letter:** June 3, 2019

**Summary of Most Recent ACGME Accreditation Letter:** 1 Citation; 1 AFI

**Most Recent Accreditation Status:** Continued Accreditation

**Date of Site Visit by Special Review Committee:** October 2, 2019

**1. Background and Purpose of Special Review**

The Fargo Family Medicine Program scored zero percent in four areas of the ACGME Resident Survey: Faculty, Evaluation, Educational Content, and Resources. According to the GMEC Special Review Policy and Protocol, a special review will occur when there is “a severe and unusual deficiency” in the ACGME Resident Survey. The Special Review was scheduled prior to notification from ACGME on September 26, 2019 that a full site visit of the program would occur due to significant concerns in the 2019 ACGME Resident Survey.

**2. Members of the Review Team**

<b>Name</b>	<b>Title</b>
<u>David Schmitz, MD</u>	<u>Chair, Family &amp; Community Medicine</u>
<u>David Theige, MD</u>	<u>Program Director, Internal Medicine</u>
<u>Jeffrey Hostetter, MD</u>	<u>Program Director, FM (Bismarck, Hettinger, Minot &amp; Williston)</u>
<u>Kimberly Becker, PhD</u>	<u>DIO, Director of GME</u>

Nicole Careen, MD                      Resident, PGY-2, Family Medicine (Bismarck)

**3. Name and title of all residents, faculty, and administrative staff interviewed as part of the Special Review**

<b>Name</b>	<b>Title</b>
<u>Debra Walker, MD</u>	<u>Program Director</u>
<u>Cecille Hospidales</u>	<u>Program Coordinator</u>
<u>Katrina Foster, MD</u>	<u>Resident (PGY-2)</u>
<u>Fiona Axelsson, MD</u>	<u>Resident (PGY-1)</u>
<u>Rachel Benson, MD</u>	<u>Resident (PGY-3)</u>
<u>Rory Ratzlaff, MD</u>	<u>Resident (PGY-2)</u>
<u>Kristine Martens, DO</u>	<u>APD, Core Faculty</u>
<u>Chelsea Worstall, MD</u>	<u>Core Faculty</u>

**4. Brief description of how the review process was conducted**

The Special Review Committee (SRC) conducted group interviews with: 1) faculty, and 2) Program Director and Program Coordinator. Individual interviews occurred with the residents. Following the GMEC Special Review Policy and Protocol, peer-selected resident whom the Special Review Committee would interview. Prior to the resident interviews, Dr. Becker emailed each resident the ACGME resident survey items under purview of the special review. At the time of the interview, she confirmed receipt of the aforementioned email and noted the internal nature of the review. She informed residents and faculty that an aggregated report would be developed with names not linked to comments.

The Special Review Committee's interview protocol focused on ACGME 2019 Resident and Faculty Survey items that scored 75% or lower or deviated at least 10 percentage points from the national average. An additional survey item, "80 hours" was included in resident interviews. The SRC asked residents and faculty their assessment of the lower scoring survey items from their respective survey.

The Special Review Committee members reviewed the following documents:

1. ADS reports for last 2 years
2. All ACGME surveys

3. All ACGME LON's
4. Workhour compliance data
5. Written description of Program Evaluation Committee (PEC): membership, evaluation and tracking protocols, development of written Annual Program Evaluation (APE),
6. Action plans resulting from the APE.

**5. Overall assessment and recommendations for corrective action**

**a. ACGME Resident Survey-Duty Hours**

<p><i>80 hours 60% (2018) to 88% (2019) Natl Avg: 94%</i></p>		
<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	<p><i>October 29, 2019 GMEC Meeting minutes</i>  <b>Program Director update</b>  <b>Committee update/clarification to program</b></p>
<ol style="list-style-type: none"> <li>1. Residents are not allowed to nap while on Labor and Delivery but rather are required to stay at the nurse's station, so they do not miss a delivery. Residents may still miss a delivery while at the nurse's station. The directive comes from the residency program, not nursing.</li> <li>2. Residents will work a weekend with overnights e.g., Labor and Delivery and have Monday morning clinic; however, it does not appear that duty hour violations are occurring.</li> <li>3. One resident stated that some residents report that if they enter all duty hours worked, faculty will "persecute" them. The Program Director has informed</li> </ol>	<ol style="list-style-type: none"> <li>1. Permit residents to engage in strategic napping while on Labor and Delivery.</li> <li>2. Re-educate residents of the importance of accurately reporting duty hours, consider repeating quarterly.</li> <li>3. Consider intense faculty development with close monitoring or other appropriate corrective action.</li> <li>4. Send emails to residents whenever MedHub flags a "potential" duty hour violation. Relay to the resident whether or not the violation will likely occur. If a violation is likely, rearrange the resident's schedule to prevent the violation.</li> <li>5. Educate and confirm that residents understand the mechanisms in place that they can avail themselves of to report concerns anonymously to the UND SMHS.</li> </ol>	<p>Residents now have a call room for fatigue management. Dr. Walker reviewed with residents.</p> <p><i>Committee (Theige) asked for clarification on residents ability to rest during L&amp;D</i></p> <p><i>**Dr. Walker clarified for committee that residents can leave the unit to rest they just have to notify the charge nurse/unit prior to leaving. Residents understand process*</i></p> <p>Dr. Walker met with residents to discuss duty hour regulations and encouraged accurate logging of duty hours.</p> <p>Dr. Walker addressed resident concern for logging a violation and stressed she wanted to know if there was an issue so admin was aware.</p> <p>Dr. Walker reviewed duty hours for last year.</p>

<p>residents the importance of entering duty hours accurately and that she will resolve any issues that come up with violations. The only violations that she is aware of is from continuity clinic.</p> <p>4. From review of MedHub workhour compliance data, no violations were logged in July 2019 or August 2019. Eleven violations were logged in MedHub from July 1, 2018-June 30, 2019.</p>		<p>Email by Dr.Walker sent to residents when MedHub sends an alert about possible duty hour issue. In one case, schedule changed to correct.</p> <p>Residents are aware of new process.</p> <p>Dr. Walker reviewed form to submit a complaint anonymously and went through with residents exactly how to submit the form.</p>
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**b. ACGME Resident Survey – Faculty**

<p><i>Sufficient supervision 60% (2018) to 75% (2019) Natl Avg: 92%</i></p>		
<p><b>Overall assessment</b></p>	<p><b>Recommendations to Program Director</b></p>	<p><i>October 29, 2019 GMEC Meeting minutes</i> <b>Program Director update</b> <b>Committee update/clarification to program</b></p>
<p>1. Residents are in agreement that sufficient supervision is provided in family medicine. A resident noted that supervision for family medicine residents in Surgery is insufficient.</p>	<p>1. The PD should do a focused investigation to find out the details of the reports of supervision deficits. 2. Meet with the Chair of Surgery regarding supervision concerns that are identified.</p>	<p>Dr. Walker discussed the surgery service and met on 10/1 with Dr. Steffen Johnson. Changes to services began in November.</p> <p><i>Committee (Theige) asked for clarification on resident's concern on outpatient surgery clinic. Dr. Walker aware. Resident felt concern about being left with pager for service.</i></p>

		<p><i>Dr. Burchill, AP, Surgery Program, "Resident has the capability to go into the operating room to ask questions and are never left alone in the hospital at any point".</i></p> <p>Dr. Walker said she can be called at any point if they feel they don't have adequate backup and she will find someone.</p> <p><i>Committee said residents should also be aware of backup by Associate PD.</i></p>
<p><i>Sufficient instruction</i> 60% (2018) to 38% (2019) Natl Avg: 86%</p>		<p>October 29, 2019 GMEC Meeting minutes <b>Program Director update</b> <b>Committee update/clarification to program</b></p>
<p>1. Residents do not know where to locate formal objectives for rotations. Likewise, attendings may not know what residents are supposed to do e.g., Peds.</p>	<ol style="list-style-type: none"> <li>1. Ensure residents and attendings know how to access goals and objectives.</li> <li>2. For outside services, work with the Division Chair and Chair, to disseminate goals and objectives.</li> <li>3. Post the goals and objectives on the program website in a clearly marked area.</li> <li>4. Confirm and document that all residents can access the goals and objectives.</li> <li>5. Similarly post all program policies.</li> </ol>	<p>Dr. Walker said goals and objectives are in MedHub and residents were shown information when they first started but likely too much information. Review will happen more often.</p> <p>Residents show where to find instructions for their rotations.</p>
<p><i>Faculty and staff interested in residency education</i> 100% (2018) to 75% (2019) Natl Avg: 86%</p> <p><i>Faculty and staff create environment of inquiry</i> 80% (2018) to 0% (2019) Natl Avg: 80%</p>		<p>October 29, 2019 GMEC Meeting minutes <b>Program Director update</b> <b>Committee update/clarification to program</b></p>
<p>1. The Special Review Committee asked the interviewees how they define</p>	<ol style="list-style-type: none"> <li>1. Increase protected time for didactics.</li> <li>2. Consider intense faculty development with close</li> </ol>	<p>Started in September. 2<sup>nd</sup> Friday afternoon block didactic increases 4 hours per month. Sept and Oct.</p>

<p>“environment of inquiry”. Most interpret the item to mean an opportunity to ask questions; none interprets as scholarly activity.</p> <p>2. Faculty are always available to answer resident questions; however, residents feel that everyone is too busy to stop for questions.</p>	<p>monitoring or other appropriate corrective action.</p>	<p>Working with faculty development on precepting. Program involved in precepting project thru ABFM STFM precepting improvement project.</p>
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**c. ACGME Resident Survey – Evaluation**

<p><i>Satisfied that evaluations of faculty are confidential 60% (2018) to 13% (2019) Natl Avg: 86%</i></p> <p><i>Satisfied that evaluations of program are confidential 60% (2018) to 25% (2019) Natl Avg: 88%</i></p>		
<p><b>Overall assessment</b></p>	<p><b>Recommendations to Program Director</b></p>	<p><i>October 29, 2019 GMEC Meeting minutes</i>  <b>Program Director update</b>  <b>Committee update/clarification to program</b></p>
<p>1. From the “Resident View” in MedHub, resident names are on evaluations. However, prior to dissemination of results, the Program Coordinator aggregates the evaluations removing evaluators’ names. After the program reviewed this process, residents appear to understand that evaluations are anonymous. Not all believe that evaluations are confidential.</p>	<p>1. Ensure that evaluations are confidential and communicate the process with increased transparency. Review with residents the process of disseminating evaluations.</p> <p>2. Require the Chief Resident to participate in faculty meetings.</p>	<p>Some problem when switched from Evalue to MedHub. Resident concerned their name is associated and Dr. Walker assured resident evaluations are anonymous.</p> <p>Chief residents participate in faculty meetings.</p>

<p><i>Satisfied that program uses evaluations to improve 80% (2018) to 0% (2019) Natl Avg: 76%</i></p>		<p>October 29, 2019 GMEC Meeting minutes  <b>Program Director update</b>  <i>Committee update/clarification to program</i></p>
<ol style="list-style-type: none"> <li>1. While Resident Forums with faculty occur, residents feel like the forum is reviewing the Program's agenda items with little time left for residents to bring up concerns.</li> <li>2. Residents provide comments in evaluations; however, they do not believe that they are reviewed and/or acted upon.</li> </ol>	<ol style="list-style-type: none"> <li>1. Because this item has a zero percent rating, error on the side of over communication with residents.</li> <li>2. Increase Resident Forum with faculty to twice a month or allow significantly more time at existing Resident Forum for residents to express concerns.</li> <li>3. Incorporate relevant resident evaluation concerns into the Program Action Plan.</li> <li>4. Review all updates that are done to the Program Action Plan with residents explaining the actions taken to improve the program. Be very intentional and transparent with this process.</li> <li>5. Systematically provide updates to residents at Resident Forum with faculty.</li> <li>6. Include resident comments on evaluations of the program in the agenda of PEC meetings and all Program Action Plan updates. Give feedback to residents on actions taken on their evaluation comments, going back to last year's evaluations.</li> </ol>	<p>Monthly resident forum with faculty and one without faculty.</p> <p>New resident forum quarterly starting with PD</p> <p>Residents on PEC. Increasing frequency of committee</p> <p>PAP reviewed with residents.</p> <p>Asking residents to communicate with other residents not at resident forum.</p> <p><i>Committee wanted confirmation of frequency of resident forum.</i></p> <p>Walker - Monthly</p>
<p><i>Satisfied with feedback after assignments 40% (2018) to 25% (2019) Natl Avg: 73%</i></p>		<p>October 29, 2019 GMEC Meeting minutes  <b>Program Director update</b>  <i>Committee update/clarification to program</i></p>

1. In clinic, residents get immediate feedback. However, in Surgery, they do not.	1. Meet with the Chair of Surgery regarding this item. See also b1.	Help work out better system with departments who we have trouble getting evaluation back.
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**d. ACGME Resident Survey – Educational Content**

<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	<b>Program Director update</b>
<i>Instructed how to manage fatigue 80% (2018) to 38% (2019) Natl Avg: 91%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
1. Residents are provided with fatigue management during Orientation. 2. Call room concerns are resolved.	1. Provide another fatigue management educational experience. Repeat this session at least yearly.	Instructed at orientation.  Module assigned again to all residents on fatigue.  Call room resolved.
<i>Satisfied with opportunities for scholarly activities 60% (2018) to 0% (2019) Natl Avg: 77%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
1. Residents report this item is no longer a concern. All have projects. 2. Dr. Parmar is an excellent core faculty addition; he is research-driven.	1. Continue with plan in place.	Had not started Scholarly or QI projected at the time of the survey. Residents are assigned in second half of PGY2 and 3 <sup>rd</sup> year of training and are all working on projects.  QI boot camp June 4.  Aligned with enterprise or individual QI project.
<i>Appropriate balance between ed and other clinical demands 40% (2018) to 13% (2019) Natl Avg: 81%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>



<p>1. On Medicine and Surgery, residents believe that there is not extra time for education.</p>	<p>1. The PD should discuss with the faculty in charge of these rotations this concern. It is likely that residents do not view the application of knowledge to patient care as “education”. Be clear in the goals and objectives for these rotations, and have faculty intentionally point out what the resident is learning on demanding rotations.</p>	<p>Medicine and Surgery are demanding rotations. PD discussed the educational and knowledge value of of patient care.</p>
<p><i>Education (not) compromised by excessive reliance on non-physician obligations</i>  100% (2018) to 38% (2019) Natl Avg: 76%</p>		<p>October 29, 2019 GMEC Meeting minutes  <b>Program Director update</b>  <b>Committee update/clarification to program</b></p>
<p>1. Residents did not identify concerns in this area. Residents did not report completing non-physician obligations.</p>	<p>1. Review this topic with residents at a meeting prior to the next resident survey.</p>	<p>Residents informed of true definition of non-physician obligation. Documentation on patients is physician obligation.</p>
<p><i>Provided data about practice habits</i>  0% (2018) to 38% (2019) Natl Avg: 71%</p>		<p>October 29, 2019 GMEC Meeting minutes  <b>Program Director update</b>  <b>Committee update/clarification to program</b></p>
<p>1. Residents were provided with practice habits in May or June.</p>	<p>1. Continue with plan in place. Ensure that residents understand that the data is about “practice habits”.  2. Explore with Sanford the possibility of giving residents financial “dashboards” for their clinic billing performance.  3. Use these dashboards as tools to teach how to read and interpret such reports.</p>	<p>Data presented has been of the group but process being developed for individual feedback. Individual financial would be ideal.</p>

<i>See patients across variety of settings 60% (2018) to 63% (2019) Natl Avg: 96%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
1. See 5e, "Education (not) compromised by other trainees."	1. See 5e, "Education (not) compromised by other trainees."	Continuity clinic. Patients seen in hospital on adult service. Patients in nursing home. New rotation – home visits

**e. ACGME Resident Survey – Resources**

<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
<i>Provided a way to transition care when fatigued 20% (2018) to 25% (2019) Natl Avg: 82%</i>		
1. See 5a and d1.	1. See 5a and d1.	Process better because of Chief residents.
<i>Satisfied with process to deal with problems and concerns 60% (2018) to 13% (2019) Natl Avg: 81%</i>  <i>Residents can raise concerns without fear 60% (2018) to 0% (2019) Natl Avg: 82%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
1. Residents perceive that faculty are not understanding. Specific examples were given where specific faculty members had expressed excessively negative and threatening comments to individual residents. 2. See also 5c above, "ACGME Resident Survey-Evaluation".	1. Recommend conflict management training for the PD initially, and for faculty and residents as needed based on PD observations. 2. Consider intense faculty development with close monitoring or other corrective action Ensure that "concern cards" only go to Program Director and Program Coordinator,	Talked with residents. Not using MedHub concern cards correctly. Process changed to where concern cards are directed.

	<p>instead of directly to resident.</p> <p>3. The PD should investigate the situations related to her in “concern cards”, and intervene in a timely fashion if problems are found.</p> <p>4. See also 5c above, “ACGME Resident Survey-Evaluation”.</p>	
<p><i>Education (not) compromised by other trainees</i> 80% (2018) to 50% (2019) Natl Avg: 90%</p>		<p>October 29, 2019 GMEC Meeting minutes <b>Program Director update</b> <b>Committee update/clarification to program</b></p>
<p>1. Residents would like priority over medical students with deliveries and additional surgeries when on TRACS.</p>	<p>1. Explore residents working collaboratively with faculty and students to increase educational opportunities; communicate progress to residents. Consider as an element of the PAP.</p>	<p>L&amp;D and Inpatient Pediatrics. Progress on both rotations. Residents learn to participate as oversight of medical students.</p>

**f. ACGME Resident Survey – Patient Safety/Teamwork**

<p><i>Participated in quality improvement</i> 40% (2018) to 13% (2019) Natl Avg: 87%</p>		
<p><b>Overall assessment</b></p>	<p><b>Recommendations to Program Director</b></p>	<p>October 29, 2019 GMEC Meeting minutes <b>Program Director update</b> <b>Committee update/clarification to program</b></p>
<p>1. Since the survey, residents have participated in “QI Bootcamp” and will participate in continued QI activities.</p>	<p>1. Continue with plan in place.</p>	<p>Most work completed after survey but residents had not reached that part of their scheduled curriculum.</p> <p>Planned changes in enterprise came to fruition</p>

		as planned, but occurred after survey.
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**g. ACGME Faculty Survey – Faculty Supervision and Teaching**

<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	
<i>Residents/Fellows seek supervisory guidance 67% (2019) 2019 Natl Avg: 94%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
<ol style="list-style-type: none"> <li>Faculty indicated that they meet with residents on a quarterly basis and residents regularly contact them for supervisory guidance.</li> <li>Faculty did not cite this as a “big issue”. Faculty noted, “a resident went to Dr. Theige when the resident should have followed the chain of command.”</li> </ol>	<ol style="list-style-type: none"> <li>Remind Faculty about the GMEC Concerns and Complaints Process: <a href="https://med.und.edu/policies/files/docs/gme-concerns-complaints.pdf">https://med.und.edu/policies/files/docs/gme-concerns-complaints.pdf</a>.</li> <li>Develop a flow chart for “where to go” when questions come up.</li> </ol>	Flow chart to be updated for use in FMED program by PD.
<i>Interest of faculty and PD in education 67% (2019) 2019 Natl Avg: 97%</i>		<b>Program Director update</b>
<ol style="list-style-type: none"> <li>No concerns.</li> </ol>	<ol style="list-style-type: none"> <li>N/A</li> </ol>	
<i>Faculty satisfied with personal performance feedback 33% (2019) 2019 Natl Avg: 89%</i>		October 29, 2019 GMEC Meeting minutes <b>Program Director update Committee update/clarification to program</b>
<ol style="list-style-type: none"> <li>Residents evaluate faculty on each rotation, but faculty have never seen the evaluations.</li> <li>An annual evaluation meeting occurs with</li> </ol>	<ol style="list-style-type: none"> <li>Provide resident evaluations of faculty to faculty in an anonymous fashion as soon as possible and continue on an ongoing basis.</li> </ol>	Faculty had annual evaluation by PD and chair of Sanford FM department head.

faculty but they do not receive a written evaluation.	2. The PD should prepare an annual written evaluation for each faculty.	Copy of evaluation with the goals will be distributed to faculty.
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#### h. ACGME Faculty Survey – Educational Content

<i>Worked on scholarly project with residents</i> <i>0% (2019) 2019 Natl Avg: 76%</i>		
<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	<i>October 29, 2019 GMEC Meeting minutes</i> <b>Program Director update</b> <b>Committee update/clarification to program</b>
1. Faculty report that they offer scholarly projects to residents for collaboration.	1. Implement a scholarly project curriculum with faculty and residents. 2. Consider having residents and faculty complete a research project in teams led by the faculty member. Department of Family and Community Medicine can be a resource for research and scholarly activity opportunities.	Faculty have now worked on projects.

#### i. ACGME Faculty Survey – Patient Safety

<i>Residents participate in QI or patient safety activities</i> <i>0% (2019) 2019 Natl Avg: 94%</i>		
<b>Overall assessment</b>	<b>Recommendations to Program Director</b>	<i>October 29, 2019 GMEC Meeting minutes</i> <b>Program Director update</b> <b>Committee update/clarification to program</b>
1. Faculty echoed what residents stated during interviews. Residents have participated in “QI Bootcamp” focusing on high reliability healthcare.	1. Continue with plan in place.	Sanford SAFE seminar. Project enterprise wide.

**j. Documents Reviewed**

Document	Recommendations to Program Director	<p><i>October 29, 2019 GMEC Meeting minutes</i>  <b>Program Director update</b>  <b>Committee update/clarification to program</b></p>
1. ADS Report	1. Include all ways that the program is addressing concerns areas under the “Major Changes and Other Updates”. Update ADS throughout the year.	Dr. Walker now updating improvements in ADS in “major changes” and CLER.
1. PAP	1. Incorporate all areas of concern, including from the ACGME Resident and Faculty Survey and this Special Review, into the Program Action Plan and monitor at least quarterly at PEC.	<p><b>Committee – Are there resources UND can help provide to resources an Action.</b></p> <p>Dr. Walker said the GME Special Review was helpful and the suggestion were easy to put in place.</p> <p>Some issues were due to changes in human resources at the time with personnel changes; leaves, etc. Greatly improved.</p> <p><b>Committee – When will the PAP be updated again?</b></p> <p>Dr. Walker Updates done by committee but some updates were included because work had been done.</p> <p>Next PEC in December.</p>

**6. Monitoring to GMEC**

From the Special Review Recommendations, Program Director will add new goals and objectives and relevant strategies into the Program Action Plan and monitor quarterly at PEC. The Program Director will report progress on recommendations at GMEC meetings in

October 2019, February 2020, and in April, May or June 2020.

Date Special Review Report accepted by GMEC October 11, 2019

Updates to recommendations and review by committee again on October 29, 2019  
4:00-4:45PM

Attendance as follows

## Graduate Medical Education Committee

\*\*Need 11 votes for majority (one resident vote of those required)

Voting Members - Fargo/or Grand Forks sites		Aug	Sep-	Oct-	Nov-	Dec-	Jan-	Feb-	Mar-	Apr-	May-	Jun-
		19	19	29 Spec mtg	19	19	20	20	20	20	20	20
Kim Becker, DIO	DIO	X	X	X								
David Theige, MD, Internal Med	Program Director & Quality Improvement/Safety Officer	X	X	X								
Robert Olson, MD, Psychiatry	Program Director	X	X									
Neville Alberto, MD, TY	Program Director	X	X									
Stefan Johnson, MD, Surgery	Program Director	X										
Debra Walker, MD, Fmed-Fargo	Program Director	X	X	X								
Bruce Piatt, MD, Orthopedics	Program Director	X	X									
Donald Jurivich, MD, Geriatrics	Program Director	X	X	X								
Sejal Parikh, MD, Psychiatry	Resident member	X	X	X								
Jackie Huber, MD, Psychiatry	Alternate representative											
Brooke Madson, MD, TY	Resident member	X	X	X								
Theo Betting, MD, TY	Alternate Resident member											
Breann Bowar, MD, TY	Alternate Resident member	X										
Phanindra Antharam, MD, Internal Med	Resident member			X								
Erik Heitkamp, MD, Internal Med	Alternate Resident member	X	X	X								
Robert Steininger, MD, Surgery	Resident member	X										
Dustin Nowotny, MD, Surgery	Alternate Resident member											
Uns Alwahab, MD, Fmed	Resident member											
Fiona Axelsson, MD, Fmed	Alternate Resident member	X										
Elhassan Soutan, MD, Geriatrics	Geriatrics fellow		X									
Tysen Timmer, MD, Orthopedics	Resident member	X	X									
Seth Wardyn, MD, Orthopedics	Alternate Resident member			X								
Voting Members - Minot												



Jeff Hostetter, MD, Fmed	Program Director	X	X	X								
Joat Dhaliwal, MD, FMed	Resident member											
Sohaib Hussaini, MD, FMed	Alternate Resident member	X		X								
<b>Voting Members - Williston</b>												
Jeff Hostetter, MD, Fmed	Program Director	X		X								
Ernesto Bogarin, MD, Fmed	Resident member		X									
Sohail Shariff, MD, FMed	Alternate Resident member	X										
<b>Voting Members - Bismarck</b>												
Jeff Hostetter, MD, FMed	Program Director	X	X	X								
Karin Willis, MD, Geriatrics	Program Director											
Nicole Careen, MD, Fmed	Resident member	X		X								
Travis Anderson, MD, FMed	Alternate Resident member		X									
<b>Voting Members - Hettinger</b>												
Annie Hara, MD, FMed	Resident representative	X	X	X								
Janak Patel, MD, Fmed	Alternate Resident member			X								
<b>Advisory Members</b>												
<b>* (Assoc/Asst PD become voting when PD is Absent)</b>												
Marc Basson, MD , PhD, MBA	Senior Assoc. Dean of Med & Research		X									
Robert Sticca, MD, Surgery	Assoc. Program Director* (Fargo)											
Kayla Burchill, MD, Surgery	Assoc. Program Director* (Fargo)			X – VOTE								
Cathy Houle, MD, FMed	Site Director	X	X	X								
James Roerig, Pharm.D., Psychiatry	Associate PD, Clerkship Director*											
Hailey Schepp, MPA	Sanford Health representative			X								
Paul Mariani, MD, VA Medical Center	Designated Educational Official VA GMEC Appointee											
Curtis Small, MD, Site Director, FMED Rural	CHI St. Alexius Health, Williston GMEC Appointee	X	X									
Angie Flesberg, Surgery	Program Coordinator (Fargo)		X	X								
Renee Sluke, Internal Med	Manager and Coordinator											
Karen Rude, Fmed Minot	Program Coordinator (Minot)		X	X								
Beth Ambrosio, Internal Med	Program Coordinator	X										

Ashley Jochim, TY	Program Coordinator	X	X	X								
Debra Walker, Psychiatry	Manager and Program Coordinator	X	X									
Cecilia Hospidales, Fmed Fargo	Program Coordinator (Fargo)			X								
Sara King, Orthopedics	Program Coordinator (Fargo)	X										
Eve Safratowich, Fmed Hettinger	Site Coordinator (Hettinger)	X	X									
Greta Loritz, Fmed	Program Coordinator (Bismarck)	X	X									
Yesenia Chacon (Elizabeth), Program Coordinator	Site Coordinator (Williston)											
Meghan Jeanotte, Geriatrics	Assistant (GF)											
Gunjan Manocha, Geriatrics Fargo	Program Coordinator (GF)	X										
Kristi Hofer, GME	Admin Officer, SE Campus & GME	X	X	X								
Errin Jordan, GME Grand Forks	GME & Neurology											
Guests present see below												
Dr. Bande, IntMed												
Dr. Zelewski, NW Campus		X	X	X								
Dr. Schmitz, Fmed		X		X								