

**UND School of Medicine & Health Sciences
Graduate Medical Education Committee
Medical Education Center Room 220 & video and teleconference from distant sites
Meeting Minutes
December 13, 2016**

Topic/Presenter	Discussion	Action/Resolution	ACGME Requirement
1) Call to order	The meeting was called to order at 04:02PM by Dr. Kim Becker, DIO. The attendance sheet is attached.		
2) Review of Minutes	Approval of minutes of November 8, 2016.	The minutes of the November 8 2016, meeting were distributed with meeting materials. A motion was made to approve the minutes as printed (Olson/Small).	
3) Announcements	<p>a. Visas: How often in the last 5 years has your program worked with a resident on a H1B visa? – Dr. Becker contacted by Academic Affairs office of UND.</p> <ul style="list-style-type: none"> • Internal Medicine – 14 visas in last 5 years • Surgery – 1 in last 5 years • Bismarck – none in last 2 years • Psychiatry – No H1B • Transitional Year – No H1B • Minot – 18 H1B <p>b. ACGME Requirements – Discussion of feedback changing requirements – Access for crisis counseling a requirement. Dr. Becker confirmed with the EAP that residents do have 24/7 access.</p>		
4) Establishment of Policy	<p>Review of Student Affairs and school wide policy – Do the policies have meaning to residents to consider adoption/adaption to GME policy. Dr. Olson review of Policy</p> <ul style="list-style-type: none"> • Grading and Academic Performance – Not applicable to residents. • Limitations to Specialty Electives – Not applicable to residents • Medical Student Academic Performance Committee –This is 		

	<p>the resident disciplinary committee. Residents have their own policy and don't feel the MSAPC would be applicable to GME.</p> <ul style="list-style-type: none"> • Procedure Regarding Excused Absences –Not applicable. Each program has policy regarding time off. GME has a Leave policy that is in place. • Promotion and Graduation – Not applicable to residents. <p>Dr. Stripe review of policy</p> <ul style="list-style-type: none"> • Automatic Dismissal of First-Year Medical Students – Not applicable to residents. • Duty Hours for Medical Students– Not applicable to residents. • Examination Question Appeals policy– Not applicable to residents. • Expectation of Students Outside of School- There was some discussion of this policy. Dr. Stripe provide additional review and bring it back to the committee. <p>There was some general discussion about the need to review student SMHS policies. Since some of resident policies used to be covered by students policies, it was decided to review these to see if we have a need to incorporate.</p> <p>The concern is that the lack of a policy may put a program in a position of defending unwritten expectations.</p> <p>Additional discussion of ACGME requirements and how that relates to the need for policy.</p>		
<p>5) Recommendations for benefits/support/tipends</p>			
<p>6) Communication with Program Directors</p>	<p>a. Example Family Medicine Residency Clinic Policy for Medical Marijuana (attached) – Dr. Steve Stripe reported on a proposed policy on the use of medical marijuana and that he said he would not recommend the residents write prescriptions in the FM Clinic Minot.</p> <p>Dr. Basson had recently spoke with Dr. Dwelle on additional requirements for prescriptions. From the schools point of view and at an administrative level, a public institution should not have a policy that we will not obey a law in North Dakota. He stated that physicians should do what they feel is in</p>		

	<p>their professional judgement but an actual policy shouldn't be necessary. Programs may consider a policy or a directive that a resident may not independently make a decision to complete the required form. It should be staffed by an attending.</p>		
7) Resident duty hours	<p>a. Duty Hours summary report pulled from Evalue (attached) – Dr. Becker distributed a duty hours report pulled from Evalue. Based on the report, it appears programs need to look at the compliance rates for reporting duty hour and discuss with residents. Great job to the surgery program for their compliance efforts. This will be reviewed again next month.</p>		
8) Resident supervision: Monitor programs supervision of residents			
9) Quality of GME Learning			
10) Curriculum/Evaluation			
11) Resident status: Selection, evaluation, promotion, transfer, discipline, and/or dismissal			
12) Oversight of Program accreditation	<p>a. ACGME Letter of Notification – Minot and Williston site Focused site visit notice. – The programs will have a visit 2/14-15. UND's responses to the complaints were sent to the committee for review.</p> <p>b. ACGME Letter of Notification – Williston – Williston received substantial compliance with no new citations. Williston should report to the committee verbally and in writing of concerns listed.</p> <p>c. ACGME Letter of Notification – Fargo Family Medicine – This will be formally on the agenda for January. A brief review of the letter's concerns/citations. Dr. Walker will address those concerns via written response to Dr. Becker.</p>		

	<p>d. ACGME Letter of Notification - Hettinger. No citations and were in substantial compliance.</p> <p>e. ACGME Geriatrics – Commended with substantial compliance.</p>		
13) Institutional Accreditation	<p>a. Annual Institutional review report. – Dr. Becker reviewed the Annual Institutional Review and the Annual Institutional Executive Summary. Some missing concerns from the full AIR were:</p> <ul style="list-style-type: none"> • a written report from surgery on their response to their LON or progress report. • Many of the programs reported concerns with help on faculty development. • ERAS recruitment numbers – Dr. Schmitz reported on updated numbers for Minot. 	<p>A motion was made to approve the Executive Summary of the AIR (Stripe/Hule). The motion was approved by the full committee.</p>	
14) Oversight of program changes	<p>a. Psychiatry annual report reviewed by Dr. Theige – This item will be forwarded to the January</p>		
14) Experimentation/Innovation			
15) Oversight of reductions and closures			
16) Vendor interactions			
17) Program Work Environment to include:	<p>a. Follow up on prior issues - None</p> <p>b. Check in from all resident committee members</p> <ul style="list-style-type: none"> i. program work environment ii. duty hours iii. supervision <p>c. DIO resident survey results – Dr. Becker reported that she has met with all programs with the last meeting to be surgery. The survey was reviewed. Dr. Becker will respond to the resident concerns to the program directors and the residents.</p> <p>The residents present at the meeting reported no issues or concerns.</p>		

18) Adjournment	The meeting was adjourned at 5:10PM		

Mahammed Khan Suheb, MD, Internal Medicine	Resident Member		X	X		X							
Mark Hightower, MD, Surgery	Resident Member		X										
JJ Germscheid, MD*, Surgery	Resident Member		X										
R. Wanzek, Family Med-Bsmk	Resident Member		X	X	X	X							
Brittany Bearstail, Family Med-Bsmk*	Resident Member					X							
Umesh Narayanan, MD (PG2), Family Med-Minot	Resident Member		X		X	X							
Renu Malhi, MD (PG1), Family Med-Minot*	Resident Member			X									
J. Bruning, Hettinger RTT	Resident Member			X	X	X							
Nadir Bauch, MD, Williston RTT *	Resident Member		X										
Kevin Sullivan, MD, Williston RTT	Resident Member				X								
P. Mariani, DEO, VAMC	Designated Ed. Official-VAMC	X	X										
Advisory Members (non-voting)													
D. Walker, Psychiatry	Coordinator		X		X	X	X						
L. Anderson, Surgery	Coordinator		X	X	X	X	X						
G. Loritz FM-Bismarck	Coordinator		X		X		X						
E. Safratowich, Hettinger	Coordinator			X	X	X							
R. Hertel, Internal Medicine	Manager IM Dept			X		X	X						

