

**UND School of Medicine & Health Sciences
Graduate Medical Education Committee
Medical Education Center Room 220 & video and teleconference from distant sites
June 9, 2020**

Meeting Minutes

Topic	Discussion	Action/Resolution	ACGME Require
1. Call to order	Consent agenda approved. (Hostetter/Heitkamp)		I.A.5.a)
2. Review of Minutes	May12th,2020 approved with consent agenda	May 12 minutes approved via consent agenda.	I.B.3.b)
3. Announcements			I.B.4.a).(2)
4. Stipends and position allocation review and recommendations			I.B.4.b).(2)
5. Communication with GMEC	<p>Recommendations from the Coalition for Physicians transition to new location from Medical school to Residency Programs 2020.</p> <p>International Medical School Graduates who will begin their PGY-1 residency recognize the increase risk of isolation and other unique circumstances related to COVID-19. Programs and training program liaisons are strongly encouraged to facilitate enhanced cultural and community support. This may include referrals for services such as healthcare, housing, legal assistance, transportation, and childcare.</p> <p>Meeting dates for the next academic year are as follows. Please block schedules.</p> <p>4:00-5:00PM GMEC</p>		

	<p>5:00-5:30PM Institutional Resident Forum (Residents ONLY)</p> <p>July 14, 2020-no meeting August 11, 2020 September 8, 2020 October 13, 2020 November 10, 2020-no meeting December 8, 2020-no meeting January 12, 2021 February 9, 2021 March 9, 2021-no meeting April 13, 2021 May 11, 2021 June 8, 2021</p>		
6. Resident duty hours	a) MedHub Duty Hours Institutional Summary: May 2020	The institutional Duty Hours summary was submitted for review and was approved with the consent agenda.	III.B.5
7. Quality of GME Learning			I.B.4.a).(2)
8. Curriculum and Evaluation	<p>A. required AMA modules from last year will get assigned to incoming PGY-1's and fellows. See below. Due date is August 31, 2020.</p> <ul style="list-style-type: none"> • Patient Handoffs • Physician Health: Physicians Caring for Ourselves • Resident Intimidation • Residents as Teachers • Sleep Deprivation: Your Life and Your Work • Working Effectively within an Interprofessional Team • Thriving Through Residency: the Resilient Resident • Cultural Competency • Patient Safety 		I.B.4.a).(4)

	<ul style="list-style-type: none"> • Privacy and Confidentiality • Creating an Effective and Respectful Environment • Quality Improvement Practices. <p>B. Donning and Doffing PPE – Dr. Becker wanted an update from the program directors what their plans were to made sure incoming residents were trained in Donning and Doffing PPE.</p> <p>Fargo based programs – Dr. Theige said Sanford Fargo planning to incorporate the training to the incoming residents. Bismarck – Will be done at the CFM by Dr. Hostetter. Minot – Dr. Sandroni. Reinforcement from UND would be good but will discuss with trinity.</p>		
<p>9. Oversight of program accreditation: Review of accreditation letters, monitoring of action plans for correction of citations and areas of noncompliance.</p>	<p>Family Medicine – Bismarck – Dr. Hostetter Dr. Hostetter reviewed response to LON and Special response.</p> <p>1.Board Passage Rate</p> <p>A. The board pass rates are a critical cognitive outcome for accredited family medicine programs, the committee strongly encourages the program to ensure that graduates pass all respective board exams. B. In the past 5 years we have had one resident fail the boards on her first attempted in that time and she passed the second attempted. They will continue to use current policies regarding board preparation.</p> <p>Family Medicine- Minot- Dr.Hostetter</p> <p>1.Educational Program- Patient Care Experience:</p>	<p>A motion was made to accept Dr. Hostetter reporting on the LON April 2, 2020 and no further reporting is necessary. (Raum/Olson). Approved by the full committee. <i>This motion was revisited and redone in August 2020 to correct documentation.</i></p>	<p>I.A.3.</p>

	<p>A. The patient population must include a sufficient number of patients of both genders, with a broad range of ages from newborns to aged.</p> <p>B. The data for the FMP indicated that only 6.3% Of the resident's visits were with children less than the age of 10 the goal is 10%. Items 1-6 were discussed with Trinity.</p> <ul style="list-style-type: none"> • Started process to hire a pediatrician • Arrangements for Pediatric Neurologist to do an outreach clinic in Minot 1xmo. • Will arrange flu shots with schools in the fall. <p>Special Reviews Update - Minot- called because a site visit will occur. Unknown if the site visit will be virtual or in house and focused or full. Hopeful the resident survey will reflect positive change.</p> <ul style="list-style-type: none"> • Duty Hour compliance - discussed • Increase faculty feedback and environment of inquiry – evaluations on medhub. • Monthly faculty meetings • Purchased stfm lecture series. • <i>Dr. Basson gave suggestions for additional intervention to make things evidenced based to include assigning a resident a paper and having them report before a conference.</i> • Chief residents meet with residents without faculty and then attend a faculty meeting and report concerns, if any, from residents; chief resident then brings back faculty discussion to residents. • QI Noon conferences being conducted. 	<p>Dr. Hostetter will review next quarter.</p> <p>Dr. Becker will schedule further updates with Dr. Sandroni.</p>	
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- Still struggling with faculty protected time with covid.
- Special Reviews Williston –
- Duty Hour compliance - discussed
 - Dr. Small has backup now thru the hospital contract.
 - Feedback – transition from written evaluation forms to MedHub. Nice job Elizabeth!
 - Cardiology – evaluations still not being returned timely.
 - Can not find issue with “fear of intimidation”.
 - Clinic manager reminding residents to attend the safety meeting.

Family Medicine- Fargo- Dr. Walker

1.Extended Citations- Learning and working Environment:

A. (VI.F.1) Clinical and education work hours must be limited to no more than 80 hours per week. Average over a 4- week period, inclusive of all in-house clinical and educational activities, clinical work done from home, and all moonlighting.

B. Work hours are logged by each individual resident in MedHub. I have encouraged residents to accurately record their hours worked. When a resident receives a notice from MedHub flagging potential duty hour violations, I send out an email explaining whether or not there has been a true duty hour violation. Residents have been instructed in step by step fashion demonstrated on the computer how to report concerns anonymously to UND SMHS.

Dr. Becker has also been sending out monthly notices to residents and hours have been approximately 54 hours per week.

2. New Citation- On call rooms:

A. (I.D.2) The program, in partnership with its sponsoring institution, must ensure healthy and safe learning and working environment that promote residents well being and provide for safe, quiet clean and private sleep/ rest facilities.

B. The residents have a call room which is available to them, but it is on the labor and delivery floor. When residents work on the labor and delivery floor, they usually do 12 hour shifts that are during the day. The issue of the call room arises with obstetric patients from the resident's continuity clinic. Currently you enter the family medicine call room through the OB workroom and they do not allow residents in that area.

Dr. Becker asked if there has been additional discussion at the Sanford enterprise level.

Dr. Theige a call room is available but apparently, the residents do not like checking out a room thru guest services. (will put back on agenda with Sanford leadership).

Fiona said the nurse midwives have a new call room but keys are not made available to FM residents.

Dr. Myrmoe will continue to work with Sanford to correct this issue with the system.

3. Responsibilities of Program Director:

A. (II.A.4.a) The Program Director must administer and maintain a learning environment conducive to educating the residents in each of the ACGME Competency domains.

The expressed dissatisfaction on the feedback they receive on concerns expressed on rotations and learning environment.

B. Starting in the third year residency there were two- elected co-chief residents. Two resident forums were scheduled per month, one with faculty one with only residents. Also, there are quarterly meetings with the residents and program director without faculty.

4. Responsibilities of Faculty

A. (II.B.1) At each participating site, there must be a sufficient number of faculty members with competence to instruct and supervise all residents at that location.

Residents expressed concern on the lack of adequate supervision during surgery rotation in the hospital and at the surgery clinic

B. The surgery residency has a new program director, as of July 1, 2019. I have met with him twice to improve the experience for Family Medicine Residents.

Residents express less concern this year.

It does seem that certain months are busier than others which may make a difference in supervision/ teaching of the family medicine resident. Scheduling will try to take into account the months that are believed to be more conducive to having an extra PGY1 resident.

The family medicine residents have been told that they can page the family medicine director at any

time of the day if they feel they have inadequate supervision and an attending preceptor will be found.

There will be ongoing meetings with new surgery program director and changes planned in the family Medicine surgery rotation for next year.

5. Responsibilities of Faculty:

A. (II.B.2.c) Demonstrate a strong interest in the education of residents.

B. Residents have been instructed that the goals and objectives for their rotations are found in MedHub.

6. Educational Program- Patient Care Experience:

A. (IV.C.4.e) Residents must provide care for minimum of 1650 in- person patient encounters in the FMP site.

B. The family medicine residency was a new clinic at the site that had never had a family medicine clinic. The patient numbers/visits have steadily increased. A plan was in place to have each PGY3 in the clinic for sufficient days to achieve the minimal patient encounters. With the COVID pandemic encounters decreased in mid- March 2020. A request will be made to ACGME for consideration.

7. Educational Program- Patient Care Experience:

A. (IV.C.4.e) One hundred sixty –five of the FMP site patient in encounters must be with patients younger than 10 years of age.

B. An agreement has been worked out with county health programs to see the Headstart federal program early childhood education and Health tracks program for those enrolled in Medicaid, physicals for those pediatric patients who were not established with healthcare providers.

Orthodontist that was scheduled to instruct and inform in March was cancelled due to Covid. We plan to begin HealthTrax on July 10. Dr. Gill will help with training on anatomical issues related to orthodontics.

Would also like to boost OB continuity and newborn visits.

8. Scholarly Activities:

A. (IV.D.3.a) Residents should participate in scholarship. Residents should complete two scholarly activities, at least one of which should be a quality improvement project.

B. At the time of the 2019 survey, the first class of residents was only half way through their second year. All of the residents have a QI project "bootcamp" presented by the Sanford Quality Improvement projects at Sanford.

Progress has been made.

Residents were given contacts for project managers if they wanted help in doing their own project. They were also encouraged and coached by their advisors on quality improvement projects. All residents are required to do presentation of work they did on a QI project prior to their graduation.

9.Scholarly Activities:

A. (IV.D.2.a) Among their scholarly activity must demonstrate accomplishments in at least three of the domains.

B. Dr. Palmer did a list of scholarly projects after June 10, 2019. He started as core faculty with the residency in July 2019, so these would not be entered into ACGME WebADS until August of 2020.

10. Evaluation of Faculty:

A. (VB.1) The evaluation must include written, anonymous, and confidential evaluations by the residents.

B. Changes have been made to MedHub, so that the evaluator does not see their name on the evaluation form. Evaluations are not released until there has been four or more compiled evaluations, so it is not obvious who made individual comments. The residents have been informed of this process.

11. Learning and Working Environment:

A. (VI.B.2) The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic education events.

B. Block didactics was one of the methods used to increase protected time for didactics. Another method was changing the structure of the adult inpatient services days on call and continuity clinic duties.

Also subscribed to Resident Curriculum Resource which is all Evidence based.

12. Learning and Walking Environment:

A. (VI.C.1) The responsibility of the program, in partnership with the sponsoring institution to address well-being must include. Attention to

	<p>scheduling, work intensity, and work compression that affects resident well-being.</p> <p>B. All residents do a module on fatigue management when they enter the program. There is a call room available if they are too tired to return home after the end of their shift. They have been told they can call a taxi or Uber and they would be reimbursed by the program. They also can request a day off by the program director if they are too fatigued to return to work.</p>		
10. Institutional Accreditation			I.B.4.b).(6)
11. Annual Institutional Review			
12. Oversight of programs changes	<p>A. 11/20 ACGME LON Psychiatry. Continued Accreditation. The Review Committee commended the program for its demonstrated substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements without any new citations.</p> <p>B. 5/28/20 ACGME LON Neurology. Accreditation site visit scheduled for 6/17/20 via Zoom.</p>	Reviewed with the consent agenda.	
13. Establishment of Policy and Procedures			I.B.4.b).(1)
14. Oversight of reductions and closures			IV.N.
15. Vendor interactions			IV.K
Adjournment			
Future meeting schedules	2020-2021 Academic Year Meeting dates VIA ZOOM 4:00-5:00PM GMEC		

	<p>5:00-5:30PM Institutional Resident Forum (Residents ONLY)</p> <p>July 14, 2020-no meeting August 11, 2020 September 8, 2020 October 13, 2020 November 10, 2020-no meeting December 8, 2020-no meeting January 12, 2021 February 9, 2021 March 9, 2021-no meeting April 13, 2021 May 11, 2021 June 8, 2021</p>		
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Minutes taken by Jennifer Fournier, GME

Jeff Hostetter, MD, Fmed	Program Director	X				X	X		X		X	X		
Ernesto Bogarin, MD, Fmed	Resident member								X					
Sohail Shariff, MD, FMed	Alternate Resident member	X					X							
Voting Members - Bismarck														
Jeff Hostetter, MD, FMed	Program Director	X					X	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			X		X	
Voting Members - Hettinger														
Annie Hara, MD, FMed	Resident representative	X									X		X	
Janak Patel, MD, Fmed	Alternate Resident member													
Advisory Members														
* (Assoc/Asst PD become voting when PD is Absent)														
Marc Basson, MD , PhD, MBA	Senior Assoc. Dean of Med & Research							X			X		X	X
Robert Sticca, MD, Surgery	Assoc. Program Director* (Fargo)													
Cathy Houle, MD, FMed	Site Director	X						X					X	X
James Roerig, Pharm.D., Psychiatry	Associate PD, Clerkship Director*													
Hailey Schepp, MPA	Sanford Health representative							X			X		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		X			
Beth Ambrosio, Internal Med	Program Coordinator	X						X			X		X	
Ashley Jochim, TY	Program Coordinator	X						X			X		X	
Debra Walker, Psychiatry	Manager and Program Coordinator	X						X	X		X		X	
Cecilia Hospidales, Fmed Fargo	Program Coordinator (Fargo)							X	X				X	
Sara King, Orthopedics	Program Coordinator (Fargo)	X						X					X	
Tammy Hruby, Fmed Hettinger	Site Coordinator (Hettinger)	X												
Greta Loritz, Fmed	Program Coordinator (Bismarck)	X						X	X				X	

Yesenia Chacon (Elizabeth), Program Coordinator	Site Coordinator (Williston)											
Meghan Jeanotte, Geriatrics	Assistant (GF)											
Gunjan Manocha, Geriatrics Fargo	Program Coordinator (GF)	X					X					
Kristi Hofer, GME	Admin Officer, SE Campus & GME	X				X		X		X	X	
Errin Jordan, GME Grand Forks	GME & Neurology				X							
Guests present see below												
Dr. Bande, IntMed												
Dr. Zelewski, NW Campus		X				X		X				
Dr. Schmitz, Fmed		X				X				X	X	
Lisa Jorisson, Neurology	Program Coordinator (Fargo)					X						
Dr. Jau-Shin Lou, Neurology	Program Director					X						
Dr. Warne	Guest speaker					X						