

UND School of Medicine & Health Sciences
Graduate Medical Education Committee
Medical Education Center Room 220 & video and teleconference from distant sites
Meeting Minutes
August 14, 2018

Topic/Presenter	Discussion	Action/Resolution	ACGME Require
1. Call to order	Dr. Kim Becker, DIO, called the meeting to order at 4:00PM. The attendance sheet attached.		I.A.5.a)
2. Review of Minutes	The committee reviewed the June 14, 2018, minutes. Dr. Becker defined the use of a consent agenda. Typical things that would appear on a consent agenda. (Administrative, non-controversial items, likely to be approved with little discussion). Items can be moved from the consent agenda to the regular agenda.	Dr. Becker asked that a correction be made on item 5a. The required module listed as #3 corrected to read "Quality Improvement Panel". Minutes and Consent Agenda approved by the committee with the above listed change.	I.B.3.b)
3. Announcements			I.B.4.a).(2)
4. Recommendations benefits/support/stip ends			I.B.4.b).(2)
5. Communication with Program Directors	a. Report on 2017 AMA resident module completion and 2018. Kristi reported that all residents completed the modules with the exception of one resident who still had one module to complete. The resident and program director notified. For the next academic year, all residents notified of the required modules and many had started. The Bismarck	FYI	

	<p>program had many residents who have completed many modules already.</p> <p>b. ND Board of Medicine Resident Licenses – This year we had issues with incoming residents not getting materials submitted to the board to receive a training licensure by July 1). Next year the board will send an email to the coordinator and Dr. Becker 6-7 weeks ahead of time.</p> <p>c. Residency Program Recruitment (See Attachment 3). Report out from all Program Directors regarding how their programs address items on page 2 – Dr. Olson –</p> <ul style="list-style-type: none"> • try to get resident time with the applicant. • No cut off scores provided on the website. • Do indicate that you have to be licensable in ND. Unable to respond to all applicants because of numbers but do respond to interviewees. • Do not over extend interview spots. <p>Walker – new to the interviewing so no additional input.</p> <p>Piatt – Priority for the program. Interested in putting our best face forward and have the least amount of stress for interviewees.</p> <p>Hostetter –</p> <ul style="list-style-type: none"> • Tried to improve our websites and shot interviews for the websites. • Difficult to respond to all 1300 applicants but did have discussions with everyone invited for interviews. <p>Schmitz – documenting process is important.</p>		
6. Resident duty hours			III.B.5
7. Quality of GME Learning	a. Check in from all resident committee members to include program work environment, duty hours, and supervision.		I.B.4.a).(2)

	<p>Residents, please read the informational handout on the committee responsibilities.</p> <p>New this year, all residents are welcome to attend the resident forum that directly follows the full GMEC. Faculty and staff do not attend.</p> <p>Any resident can also attend the full committee meeting to bring something forward. A two-week notice to Dr. Becker is required so the information can be added to the meeting agenda.</p> <p>No concerns expressed at the meeting from residents.</p>		
8. Curriculum/Evaluation			I.B.4.a).(4)
9. Oversight of Program accreditation	<p>a. Monitoring of 11/17/17 Fargo FM LON – Dr. Walker (see Attachment 4) – Dr. Walker provided a written response to the committee and reported their plans for improvement.</p> <p>b. Monitoring of 2/9/18 Hettinger LON (see Attachment 5) Dr. Hostetter reported on action plans for improvement. He noted the additional information</p> <ul style="list-style-type: none"> • All residents asked about interpretation of the resident survey. • Residents did request feedback on duty hours reporting. • Resources comments had to do with not having enough specialty care options. The program is working on implementation of those rotations. • Dr. Hostetter feels like there is overall steady improvement. <p>c. Special Review of Bismarck Geriatrics program (see Attachment 6) Dr. Walker (committee member) reported on the special review on the Geriatrics fellowship Bismarck.</p>	<p>Dr. Walker will bring back patient data (clinical experience numbers) to the committee in October.</p> <p>The committee accepted Dr. Hostetter's report and will comment in October on the issue of raising concerns without fear of intimidation.</p> <p>The full committee reviewed the final special review report. Dr. Willis became the new program director replacing Dr. Tangedahl.</p> <p>Dr. Jurivich made a key faculty member. There are no current fellows in the program.</p>	I.B.5.a).(3)

		<p>Dr. Willis will report progress on the recommendations made in the Special Review report in January 2019, and the Summer 2019.</p> <p>A motion to approve the final special review report of the Geriatrics Bismarck Fellowship and monitoring plan for progress (Ali/Theige). The full committee approved the motion.</p>	
10. Institutional Accreditation			I.A.3.
11. Annual Institutional Review			I.B.5.
12. Oversight of program changes	<p>a. New participating site for Psychiatry (Community Medical Services) – Dr. Olson – Dr. Olson working to strengthen chemical dependence program curriculum. Fargo has an Opiate specific treatment program (CMS) Community Medical Services who focuses on medical management of opiate addition. Planning to have 2 weeks in the methadone clinic. The primary person is Wendy Moore.</p> <p>b. New participating site for Surgery (Trinity Health) (see Attachment 7) – Trinity Health, only major hospital in Minot. A few years ago started sending rural track residents to there for a rotation. Reports were very positive on the rotation with faculty and cases (Gary Weise). All 4th year residents will now go there on rotation. Site would be added as an affiliate hospital.</p>	<p>A motion was made to add Community Medical Services to the Psychiatry program site list and Trinity for the surgery program (Theige/Hostetter) The full committee approved the motion.</p>	I.B.4.b).(6)
13. Establishment of Policy and Procedures	<p>a. Follow up from GMEC April Retreat</p> <p>b. Resident Supervision and Clinical Responsibilities Policy— Drs. Schmitz and Theige – Dr. Theige gave background on the policy update required to comply with new ACGME Common Program Requirements for Resident supervision. In addition to an institutional policy, each</p>	<p>A motion made to accept the updated resident supervision and clinical responsibility policy (Sticca/Olson) The word draft removed.</p>	I.B.4.b).(1)

	<p>residency/fellowship program should have a policy on resident supervision and accountability that shows the actual program chain of command and a list of reasons why a resident should contact an attending physician. Dr. Schmitz said this would also affect resident promotion and extended to preceptors at sites. Dr. Sticca also asked about community hospitals...Institutional – general guidelines; programs provide details.</p> <p>c. Patient Safety Numbers for Sanford—Dr. Theige</p>		
14. Oversight of reductions and closures			IV.N.
15. Vendor interactions			IV.K
16. Adjournment	The meeting was adjourned at 5:05PM.		
17. Future meeting schedules	<p>2018-2019 GMEC Schedule:</p> <p>4:00-5:00PM Full committee to include resident members 5:00-5:30PM Institutional Resident Forum (Residents ONLY)</p> <p>September-no meeting October 9 November-no meeting December-no meeting January 15 February 12 March-no meeting April 9-GMEC Retreat May 14 June 11</p>		