

**UND School of Medicine & Health Sciences
Graduate Medical Education Committee
Medical Education Center Room 220 & video and teleconference from distant sites
Meeting Minutes
August 09, 2016**

Topic/Presenter	Discussion	Action/Resolution	ACGME Requirement
1) Call to order	<p>The meeting was called to order at 04:00PM by Dr. Kim Becker, DIO. The attendance sheet is attached.</p> <ul style="list-style-type: none"> a. Introduction of new and current committee members – All members of the committee went through introductions. The roster is attached. b. Review of GMEC responsibilities – A table of responsibilities was submitted to members with the committee materials. 	<p>Some key items reviewed from the table and it was requested that all members review the table.</p>	
2) Review of Minutes	<p>Approval of minutes of May 10, 2016 and July 8, 2016</p>	<p>The minutes of the May 10 and July 8 meetings were distributed with meeting materials. A motion was made to approve the minutes as printed (Hostetter/Theige). The motion was approved.</p>	
3) Announcements	<ul style="list-style-type: none"> a. Due date for annual residency reports to GMEC – September 30, 2016 (Template attached to agenda). Dr. Becker asked the committee how they felt and what committee member’s expectations are of the review and oversight of annual reports. We do have this as a ACGME oversight responsibility. <p>Dr. Theige suggested a couple possibilities as:</p> <ul style="list-style-type: none"> i. Appoint a subcommittee and they 	<p>For information purposes.</p> <p>A motion was made for mandatory peer review of annual reports as assigned by the DIO with optional review of WebAds</p>	

	<p>report to this committee.</p> <p>ii. Consider a peer review process where one program reviews another program and reports to the committee.</p> <p>b. Reminder: Annual ACGME WebAds – Most programs August 31, 2016; Surgery is September 30, 2016.</p>	<p>data. (Hostetter/Theige). There was discussion that the Family Medicine programs review each other because they are both entering similar information.</p>	
<p>4) Establishment of Policy</p>	<p>Dr. Becker discussed the future review of policies. She suggested that some of the policies need to be updated and asked for volunteers to begin the review.</p> <p>Dr. Theige volunteered to participate in the review.</p> <p>The Residents as Teacher policy was distributed with materials. There was a minor change from FAC in the policy.</p>	<p>A motion was made that GMEC adopt the Resident as Teachers policy approved by FAC 2/3/2015. (Theige/Hostetter)</p>	
<p>5) Recommendations for benefits/support/stipends</p>			
<p>6) Communication with Program Directors</p>	<p>Dr. Becker suggested a review of E*value webinars available to show changes in the E*value look.</p> <p>HR issues. – Dr. Becker gave the committee an update on contact information/questions to HR from GMEC members. Jean Altepeter will be that contact. There will be a HR training service for staff members designated by programs as the staff member to deal with HR issues (a backup person is also suggested).</p> <p>Dr. Basson clarified that residents are employees. Residents are on-boarded as employees and will follow FMLA rules. Jean Altepeter will be the medical school resource to contact regarding HR questions/training, etc.</p> <p>Dr. Becker reviewed the new Fair Labors Standards policy which exempts an MD or trainee from receiving any overtime.</p>	<p>For informational purposes</p>	

	Residents are required to complete annual policy notifications.		
7) Resident duty hours			
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	<ul style="list-style-type: none"> a. ACGME Letter of Notification <ul style="list-style-type: none"> i. Surgery – Report of from program on LON – Dr. Szlabick reported that Faculty Scholarly Activity demonstrated 23 of 30 core faculty had reported no scholarly activity. Dr. Szlabick is unsure if the materials are totally updated but they will confirm that first. He also discussed other forms of scholarly activity that were likely not reported. Dr. Szlabick felt that an update of CVs would improve the report. It was felt that patient safety was again likely a oversight of documentation that they have a 	Dr. Theige suggested a written report from the programs reporting prior to the report or in this case as soon as possible from the surgery program. It was also suggested that a correction in documentation if that was the deficit in the reporting on the LON be corrected and submitted to the committee for review.	

	<p>formal process in place with reporting. On coming call team and priorities are assigned.</p> <p>There was more discussion of which patients/physicians are covered in the reporting process.</p> <p>Dr. Szlabick also reviewed other letters received re: temporary increases for change in compement for 2 residents 2016-2019 who are doing a remedial year; another approval for 1 resident for 2016-2020 for remediation of a R2 year.</p> <ul style="list-style-type: none"> ii. Minot LON – New program director approval - This letter was reviewed by GMEC. iii. Williston LON - New program director approval - This letter was reviewed by GMEC. iv. Hettinger site visit notification – Site visit scheduled for September 7, 2016. The site visit will be a one day site visit. 		
13) Institutional Accreditation	<ul style="list-style-type: none"> i. Institutional- LON – The institution received its LON notifying of continued accreditation. 		
14) Oversight of program changes			
15) Experimentation/Innovation			
16) Oversight of reductions and closures			
17) Vendor interactions			
18) Program Work	Residents from Internal Medicine, Surgery, Bismarck CFM, Minot		

<p>Environment to include:</p> <ul style="list-style-type: none"> a. work environment b. duty hours c. supervision d. other concerns or follow-up concerns 	<p>CFM, and the Hettinger program reported no concerns within their respective programs. Residents were asked to check with their colleagues prior to our monthly meeting and report any issues so they can be dealt with internally.</p>		
<p>19) Adjournment</p>	<p>The meeting was adjourned at 5:05PM.</p>		

