

**UND School of Medicine & Health Sciences
Graduate Medical Education Committee
Medical Education Center Room 220 & video and teleconference from distant sites
Meeting Minutes
February 9, 2016**

| Topic/Presenter | Discussion | Action/Resolution | ACGME Requirement |
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| 1) Call to order | The meeting was called to order at PM by Dr. David Theige, DIO. The attendance sheet is attached. | | |
| 2) Review of Minutes | The minutes of, December 08, 2015, were reviewed. | A motion was made to approve the minutes of, December 08, 2015 (Patel/Meyers). The motion approved by full committee. | |
| 3) Announcements | <ul style="list-style-type: none"> a) Director of GME/DIO Search update - Dr. Theige provided a position description for the Designated Institutional Official. The description was reviewed by the committee. Dr. Theige said that several interviews have been conducted. It is expected the position will be located in Grand Forks with Dr. Basson as the direct oversight. b) Board certification results Minot – Dr. Theige reported that for the 5th consecutive year the Minot program has achieved 100% pass rate for the residents that took the FM boards for the first time. c) Dr. Olson, a member of the ND Board of Medicine, provided information on the PDMP (prescription drug monitoring program) run partly through the ND Board of Medicine and the Pharmacy Board. This data base allows physicians to see controlled substances prescribed by patient name. <ul style="list-style-type: none"> a. It is expected within 6 months that every practitioner with a ND license and DEA number with be required | For information purposes | |

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| | <p>to register for the PDMP.</p> <ul style="list-style-type: none"> b. Renewing a license will require a checkbox that you are registered. c. Once per year the PDMP will need to be run on a patient by the physician prescribing narcotics. Documentation can be added to the pt chart. d. Dr. Olson will be happy to help other physicians with questions about the PDMP | | |
| 4) Establishment of Policy | Update on Family Medical Leave Act paperwork – All forms when completed should be submitted directly to Human Resources. | Informational | |
| 5) Recommendations for benefits/support/stipends | | | |
| 6) Communication with Program Directors | National Residency Match Rankings due February 24, 2016. | Informational | |
| 7) Resident duty hours | | | |
| 8) Resident supervision: Monitor programs supervision of residents | | | |
| 9) Quality of GME Learning | | | |
| 10) Curriculum/Evaluation | | | |
| 11) Resident status: Selection, | | | |

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| <p>evaluation, promotion, transfer, discipline, and/or dismissal</p> | | | |
| <p>12) Oversight of Program accreditation</p> | <p>a) Internal Medicine - Annual notification of accreditation b) Resident survey Dr. Theige reviewed the annual notification from the ACGME. The program received continue accreditation. An area of improvement sited was related to the resident survey.</p> <ul style="list-style-type: none"> • Critical Care – not enough graduated experience and not enough procedural opportunity. • Hem/Onc – Education coordinator is dual certified. Experiences are required to have available. Residents would like the experience more clinical outpatient vs. hospital based. A new Hem/Onc. Coordinator has been appointed and is working on an outpatient elective. <p>The letter and survey were reviewed and were attached to the meeting materials.</p> <p>Discussion include: Requirements for additional teaching responsibilities does require time and there was some discussion of the limits of volunteer faculty.</p> | | |
| <p>13) Institutional Accreditation</p> | | | |
| <p>14) Oversight of program changes</p> | <p>a) Williston complement change request (Dr. Krohn) – The Williston program would like to request a permanent compliment change to two residents per year. There are resources to accommodate 2</p> | <p>A motion was made to increase the resident complement to two residents per year. (Hostetter/Olson)). The motion was approved by the full</p> | |

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| | <p>residents. The learning environment seems to be better with an additional learner at the site. Some discussions included competition with the Rome program for students.</p> <p>Dr. Krohn also commented that the rent prices have went down and should help learners.</p> <p>The temporary compliment increase will be in place until a site visit happens sometime this year. The request to formally increase the compliment would not go into place until after the site visit.</p> <p>Dr. Krohn informed the committee they had 800 applications for the 2 positions at the Williston site.</p> <p>b) Update on Family Medicine Fargo – Application – Dr. Theige introduced Dr. Deb Walker who will be the new Family Medicine residency in Fargo. The application to the ACGME was attached.</p> <p>Dr. Walker provided the committee with some basic information about the new program.</p> <ul style="list-style-type: none"> • 5 residents per year beginning 2017 • Initially planning to be housed at the Broadway Health Center for the first 2-3 years. • Rural rotations will be at Sanford rural locations in North Dakota and Minnesota • Some opportunity for elective rotations at Essentia Health. • Discussion of surgery requirement and resources. • On-going faculty recruitment | <p>committee.</p> <p>A motion was made to approve the Family Medicine application (Krohn/Sticca). The motion was approved by the full committee.</p> <p>Discussion - There was some discussion of the title of the program by the ACGME. Because of multiple programs in the state. Possibly request the City as part of the title from the review committee.</p> | |
| <p>15) Experimentation/Innovation</p> | | | |

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| 16) Oversight of reductions and closures | | | |
| 17) Vendor interactions | | | |
| 18) Program Work Environment to include: <ul style="list-style-type: none"> a. work environment b. duty hours c. supervision d. other concerns or follow-up concerns | <ul style="list-style-type: none"> a) Follow up on prior issues <ul style="list-style-type: none"> i. Transitional Year program resident rotation orientation – Dr. Meiers said they are continuing to work on orientation packets for core rotations and it will be put in share point for next year’s interns to have access to and make edits as needed. ii. Dr. Cohen reported no concerns from Psychiatry. iii. Dr. Baaj reported no concerns from Minot. | | |
| 19) Adjournment | The meeting was adjourned at 5:02pm. | | |

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| R. Wanzek, Family Med-Bsmk | Resident Member | | X | | | | | | | | | | |
| TBD, Family Med-Bsmk* | Resident Member | | | Meeting cancelled | Meeting cancelled | | Meeting cancelled | | | | | | |
| M. Karam Baaj, Family Med-Minot | Resident Member | X | X | | | | | X | | | | | |
| H. Idangodage, Family Med-Minot* | Resident Member | | | | | | | | | | | | |
| J. Bruning, Hettinger RTT | Resident Member | X | X | | | | | | | | | | |
| K. Singh, Hettinger RTT* | Resident Member | X | | | | | | | | | | | |
| K. Sullivan, Williston RTT | Resident Member | | | | | | | X | | | | | |
| W. Newman, DEO, VAMC | Designated Ed. Official-VAMC | X | | | | | X | | | | | | |
| C. Houle, MD, FM-Hettinger | Program Director | | X | | | | X | X | | | | | |
| Advisory Members (non-voting) | | | | | | | | | | | | | |
| D. Walker, Psychiatry | Coordinator | X | X | | | | X | X | | | | | |
| L. Anderson, Surgery | Coordinator | X | X | | | | | | | | | | |
| G. Loritz FM-Bismarck | Coordinator | X | | | | | X | X | | | | | |
| E. Safratowich, Hettinger RTT | Coordinator | X | | | | | | X | | | | | |
| R. Hertel, Internal Medicine | Coordinator | | X | | | | X | X | | | | | |
| K. Rude, FM-Minot | Coordinator | X | X | | | | X | | | | | | |
| T. Richardson, Williston Rural Family Medicine | Coordinator | | | | | | | X | | | | | |

