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National Capital Consortium

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MEMORANDUM FOR BOARD OF DIRECTORS, NATIONAL CAPITAL CONSORTIUM
ORGANIZED MEDICAL STAFF

SUBJECT: Annual Report of the Graduate Medical Education Committee (GMEC) 2008

In keeping with NCC policy and the requirements of the Accreditation Council for Graduate Medical Education, this annual report is presented.

Activities of the GMEC:

The GMEC is charged with developing and implementing policies related to the conduct of graduate medical education and with providing oversight of the sixty-five programs sponsored by the NCC. The committee meets monthly. Minutes are circulated electronically, and then posted on the NCC website where they are readily available for reference. Reports of the Internal Review Subcommittee are circulated and discussed at each meeting of the GMEC and are also posted on the web site. The minutes of the Hearing Subcommittee which deals with adverse actions are not posted due to the confidential nature of the material presented. The minutes of the Subcommittee are accessible to the Board upon request.

The GMEC regularly reviews the eleven areas of emphasis dictated by the ACGME and committee minutes are annotated to reflect this emphasis.

Six areas of special emphasis are:

Resident supervision: Appended to this report (Encl K) is this year's survey of supervision policies highlighting that standards are in place that provide residents with rapid and reliable communication with supervising faculty and that faculty schedules are structured in such a way that residents are provided with continuous supervision.

Resident responsibilities: There is an expectation that the responsibilities of the residents should be commensurate with their level of training and accomplishment and must be graduated to increase as the trainees progress through their residencies. The policies are written and

program and year level specific. They are available to all parties with a need to know as required by the Joint Commission. These policies are normally a part of those on supervision and accordingly were reviewed in the above survey.

Resident evaluation: Policies on evaluation are prescribed by the ACGME, the individual RRCs and the military services. Special attention was devoted by the GMEC this year to standardizing the final summative evaluation to conform to ACGME guidelines. The GMEC regularly monitors and reports to the Board on those residents who are identified at the institutional level as having failed to meet standards. Additionally, on an annual basis the performance of graduating residents on board certification examination is monitored. A summary of the latter is appended as enclosure G.

Work hours: Resident working conditions with particular attention to work hours is a continuing area of emphasis of the NCC. In addition to monitoring through internal reviews, house staff organizations and ACGME surveys, work hours policies are reviewed through the annual report. The NCC has an electronic software program to monitor duty hours and has recently acquired a second program to enhance capabilities in this area. The ACGME resident surveys were a particularly fruitful source of information this year. Every suggested anomaly was investigated by the GMEC with the requirement that the program directors personally investigate each instance and report back to the GMEC. Any unresolved questions would lead to a focused review by the GMEC or one of its subcommittees. Encl D.

Patient safety: Patient safety is an issue of continuing interest to the GMEC as it is to the participating institutions. Patient safety is one of the first topics addressed during orientation and this emphasis continues throughout training. The hospitals require annual patient safety training in which the residents participate. Increasingly, modules are available on inter or intranet permitting self-directed and self-paced educational experiences. Virtually all clinical services and programs conduct periodic Morbidity and Mortality (M&M) conferences that catalogue and analyze adverse patient outcomes and also have residents participate in Quality Assurance and Process Improvement Committees. Some Services have the residents complete a mandatory Performance Improvement Project. At the hospital level, residents are involved in Patient Safety and similar committees. Of special note, last year the NNMC Internal Medicine program took the lead in responding to a National Patient Safety Goal challenge on medication reconciliation. This is a resident led initiative that has contributed in a major way to furthering the competencies of communication, professionalism, practice based learning and improvement and systems based practice. Encl L

Accreditation: All 53 ACGME sponsored programs in the NCC are fully accredited. At present there are 32 programs with five year accreditation, 7 with four year, 7 with three or three and a half years, and 7 with only two and a half or less years. Several of these short cycles are the result of recent integrations or establishment of new programs. Three programs sponsored by the American Board of Obstetrics and Gynecology are also fully accredited. Additional comments are included below.


Current issues and concerns:

Impact of war on educational programs: The RRCs have noted two categories of concerns related to the war. First, unavailability of faculty who are either deployed in the theaters of operation or to other locations to provide back fill has been noted and cited. The number of program directors deployed has also continued to grow with five being deployed in the past six months. A second source of concern has been that the case numbers and mix have been skewed by the influx of casualties requiring adjustments and, in some cases, the addition of outside rotations to achieve an appropriate balance.

BRAC: Construction is proceeding on the new Walter Reed National Military Medical Center and the new Fort Belvoir Community Hospital. Of the over sixty programs under the NCC, only two specialties have yet to integrate. The Transitional Year Residency under the leadership of MAJ Mary Klote became integrated on 1 July 2008. General Surgery has recently selected COL Craig Shriver as the joint Program Director and will become integrated as of 1 July 2009. The final specialty, internal medicine, will combine by 1 July 2011. As a result of the BRAC and related decisions, the Family Medicine and Family Medicine /Psychiatry programs at Malcolm Grow will voluntarily surrender accreditation in June 2009. A number of the Air Force training positions have been transferred to the Family Medicine program at Ft. Belvoir.

Accreditation Issues: The NCC underwent its Institutional Review in January 2007 and received only a two year accreditation. Preparations have begun for the next site survey projected for April 2009. Citations related to internal reviews have been addressed aggressively by restructuring the entire internal review process and hiring a full-time manager for the program. Similarly, issues related to resident surveys have been addressed by having the GMEC analyze every presumptive violation. This is then documented in detail in the GMEC minutes. As to other citations, the Commands have been highly cooperative in dealing with issues of administrative support and additional resources have been directed toward resolving this citation. The Command at NNMC has dealt with the trainee parking problem by dedicating fifty spaces at NNMC for residents. This is particularly commendable since the new construction has put parking at a premium. As a follow-up to last year's report, the decision to close the last Cardiothoracic Surgery fellowship program in the military when the last fellow graduated was implemented in July. The program had previously voluntarily reduced the complement of fellows from two to one but was still unable to sustain the program. The issue has been declining patient numbers, particularly in the critical over-65 population. Similar problems have concerned otolaryngology which agreed to voluntarily reduce its number of trainees to avoid threatened adverse action to the RRC based on inadequate patient numbers and mix. The Vascular Surgery fellowship has been similarly threatened with an adverse action if numbers of operative cases are not increased. These problems are not unique to the NCC as witnessed by the general surgery program in San Diego which has been placed on probation.

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Enclosures:

- A. General Information
- B. Significant Accomplishments
- C. Core Competencies
- D. Resident Work Hours
- E. Scholarly Activities
- F. Faculty Development
- G. Board Examination "3 Year Past Board Certification"
- H. Personnel Changes
- I. PGY Level
- J. Significant Program Changes
- K. Resident Supervision
- L. Patient Safety

Last 5 available only with password