

SUNY Downstate Medical Center

Approved by GMEC: October 16, 2103
Written by: Stephen Wadowski, MD, Associate Dean for GME, DIO
Reviewed by: GMEC Executive Subcommittee
Issue: GME Subcommittees' Responsibilities – Revision due to 2011 CPRs, 2013 IRs, NAS

I. Executive Committee acts on behalf of the GME Committee

- A. Review and approve program change requests including approve Program Director appointment, major changes in program structure or duration and additions or deletions of participating sites
- B. Review and approve new program applications, permanent complement increase requests, and all processes related to reductions and closures of programs, sites, sponsor and voluntary withdrawals of program accreditation
- C. Propose and approve new or changes to GME policies
- D. Review, monitor and assess accreditation status of sponsoring institution and its programs, and responses to citations, ACGME notifications and concerns
- E. Review and approve progress reports requested by a review committee
- F. Review and respond to Clinical Learning Environment Reports
- G. Address results of focused or special program reviews
- H. Address issues regarding support for GME including institutional resources such as availability of all necessary professional, technical and clinical personnel.
- I. Conduct an annual assessment and recommendations to the GMEC and SI regarding resident and fellow stipends and benefits
- J. Liaise with participating site Medical Executive Committees
- K. Provide oversight and monitoring of clinical learning environment with respect to resident/fellow supervision and involvement with patient safety and quality improvement activities. Make recommendations to address deficiencies.
- L. Review results of CLER visits, and review and approve responses to CLER visit reports
- M. Review and approve of appeal requests for appeals of adverse action and appeal presentations to ACGME Appeals Panels
- N. Approve and monitor program innovative practices and deviations from detailed processes
- O. On behalf of GMEC, demonstrate SI oversight of accreditation through an annual institutional review (AIR)
 - 1. Identify performance indicators which will include:
 - a) Results of most recent institutional self-study
 - b) Results of ACGME surveys of faculty and residents
 - c) Notifications to programs of accreditation statuses and self-study visits
 - 2. Establish a monitoring procedure for progress addressing action plans
 - 3. Review the DIO executive summary of the AIR to the Governing Body
 - 4. Report findings to and receive approval of report from GMEC

II. Program Monitoring Committee (formerly Internal Review Committee)

- A. Oversee focused program and GMEC special review processes
 - 1. Develop and maintain a protocol for Special Review process
 - 2. Establish criteria for identifying program underperformance
 - 3. Prepare a report describing program quality improvement goals, corrective action and procedures for GMEC monitoring of outcomes
- B. Review focused program and special review report citations, and monitor program responses and corrective actions
- C. Ensure that each program has an appropriately constituted and functioning Program Evaluation Committee (PEC) including opportunity for participation of program residents/fellows
- D. Ensure that each program has an appropriately constituted and functioning Clinical Competency Committee
- E. Monitor and assess program performance indicators
 - 1. ACGME Resident Survey and Institutional Resident Survey
 - 2. ACGME Faculty Survey and Institutional Faculty Survey

3. Milestones assessment/reporting/results and program progress
4. Resident operative/procedure/case-log reports progress
5. Board certification pass rates
6. Program attrition: changes in PD/faculty/residents
7. Program scholarly activity as assessed by Research Committee
8. Program characteristics including structure and resources
9. Program match and recruitment data
10. Presence and impact of other learners in the clinical learning and working environment
11. Availability of curriculum reviewed at least annually, made available to residents and faculty, and including requisite components
 - a) Overall educational goals of the program
 - b) Competency-based goals/objectives for each assignment at each level of training, distributed at least annually
 - c) Regularly scheduled didactics
 - d) Delineation of resident responsibilities, progressive authority and supervision expectations
 - e) Integration of the six ACGME core competencies
12. Annual program evaluation (APE) as prepared by the PEC and program improvement activities
13. Any other performance data the committee deems appropriate

F. Review and assess program annual reports prior to presentation at GMEC

III. Research Committee

- A. Facilitate research activities in GME programs
- B. Coordinate exchange of information regarding collaborative opportunities
- C. Monitor allocation of educational resources to facilitate resident involvement in scholarly activities
- D. Assist with and promote acquisition of resources regarding resident research
- E. Track research productivity in GME settings by monitoring program scholarly activity based on data reported to ACGME and other performance indicators as identified by the subcommittee.
- F. Report data on program scholarly activities to the Program Monitoring Committees
- G. Monitor and implement GME policies in support of research
- H. Provide guidance and support to develop mentoring in research
- I. Ensure each program has a curriculum that advances resident knowledge of basic principles of research including how it is conducted, evaluated, explained to patients, applied to patient care

IV. Resident/Fellow Committee

- A. Ensure the availability of an organization, council, town hall or other platform allowing residents/fellows from across the institution's programs to communicate and exchange information relevant to their programs and the learning and working environment with the option of conducting the forum without the DIO, faculty members or other administrative staff present
- B. Provide mechanisms for any residents/fellows to raise concerns regarding GME programs
- C. Serve as a liaison between residents throughout GME programs in the GME office/committee
- D. Advocate on behalf of residents
- E. Designate residents to serve on institutional committees (SUNY and KCH)
- F. Provide representation for residents on the GMEC
- G. Advise institutional leadership of resident perspective in GME issues, institutional issues, educational issues, clinical issues, program development
 1. involvement in patient safety and quality of care and quality improvement activities
 2. resident supervision, progressive responsibility, graded autonomy
 3. transitions in patient care and patient hand-offs

V. Education Committee

- A. Develop and coordinate faculty development programs including faculty from affiliates to address issues relevant to GME and GME programs
- B. Plan and program chief resident educational retreats
- C. Plan and program Program Director retreats
- D. Develop programs for fulfilling compliance with training and evaluation of core competencies and Milestones

- E. Coordinate with pre-GME student education to address continuum of medical education
- F. Develop institutional education programs for residents/fellows and/or faculty members to comply with ACGME standards and expectations
(e.g. Milestones, feedback/assessment/evaluation, stress/fatigue/impairment, ethics, duty hours, research methodology, cultural awareness, performance improvement, health care systems, self-directed learning, evidence-based medicine, teaching skills)
- G. Provide development activities to assist GME constituents in adapting to new institutional, common program and specialty requirements as well as the Next Accreditation System
- H. Investigate and recommend new modalities/technologies for augmenting GME

VI. Resident Affairs Committee

- A. Monitor and recommend action regarding resident working conditions including access to food, safety, availability of call/sleep/rest facilities that are safe, quiet, private and accessible to support education and safe patient care, ancillary services including peripheral IV placement, phlebotomy, laboratory, pathology, imaging services and patient transport services
- B. Provide monitoring, oversight and recommendations for aspects of the clinical learning environment including duty hours compliance, transitions in patient care, patient hand-offs, resident fatigue and fitness for duty, professionalism and honesty. Recommend action regarding violations or areas of concern.
- C. Monitor and recommend action regarding imbalance between education and service and adequacy of resources in the clinical learning environment.
- D. Address resident complaints/grievances.
- E. Assure residents with due process
- F. Assure residents have the opportunity and vehicles to raise concerns without fear of retaliation or retribution.
- G. Investigate or coordinate appropriate referrals for alleged violations of workplace policies such as unprofessional behavior, sexual harassment, substance abuse, disruptive or violent behavior and resident maltreatment

VII. Medical Student Affairs Committee

- A. Review the medical student questionnaire, specifically with regard to mistreatment, as it relates to residents, fellows and faculty,
- B. Review the work on these issues by the Medical Student Ombudsman.
- C. Look at the role of resident as teacher and whether there is adequate support for it,
- D. Consider the use of mid-rotation and end of rotation feedback on students by residents,
- E. Advocate for professionalism and role modeling
- F. Review student clerkship evaluations as pertains to residents, fellows and program faculty
- G. Address information or reports provided by students services/advocates/etc including the student ombudsman, EEOC, Dean of Students, etc.
- H. Identify issues within the clinical learning environment that pertain to students as well as residents and fellows (e.g. patient volume/diversity/quality of care, ancillary and support staff, nursing, facilities, safety),
- I. Coordinate the collaborative use and support of evaluation systems (New Innovations) relevant to the nexus of student and resident/fellow activities,
- J. Liaise with the SUNY GME Committee and Dean's Office, especially with regard to the LCME Self Study Process
- K. Propose solutions to relevant bodies/committees/leadership for problems and issues identified.

VIII. Participating Site Review Committee

- A. Provide oversight of resident/fellow assignments to and the quality of the learning and working environment at all participating sites
- B. Assure that residents/fellows are only assigned to learning and working environments that facilitate patient safety and health care quality through review of patient safety and quality of care metrics and reporting data
- C. Make recommendations to the Executive Committee and/or GMEC and individual programs regarding additions or deletions of participating sites based on learning and working environment patient safety and quality of care data.