

Time: 4:30pm – 5:30pm

Location: Walker Conference Room (AG-070)

1. Approval of Minutes

- a. February 15, 2018

2. Consent Items

3. Business Items

- a. New Chair Discussion

4. Informational Items

- a. LCME Site Visit Update
- b. Residency Match Executive Summary
- c. MOU Creation Between UConn and Quinnipiac at St. Francis
- d. GME Annual Institutional Review

5. Standing Monthly Reports

- a. CUME
- b. GME
- c. CME
- d. GPC
- e. MD/PhD
- f. Curriculum Reform Update
- g. LCME Update

For Future Meetings

- a. AOA Chapter Proposal, April (K. Dieckhaus and H. Makkar)
- b. New Chair Election, April
- c. Scholarship Course Summary, April (L. Puddington)

Next Meeting: April 19, 2018

Time: 4:30 p.m.

Location: Walker Conference Room, AG-070

Present (voting): Angus, S; Blechner, M; Caines, L; DiMario, F; Dodge, K; Henderson, D; Hurley, M; Kream, B; Lee, S; Nowicki, T (call-in); Price, C; Thramann, W.

(non-voting): Liang, B; Nissen, J.; Pilbeam, C.

Excused (voting): Cauley, L; Frallicciardi, A; Swede, H; White, B.

(non-voting):

Guests: Nestler, E; Oliver, D; Thatcher, C.

NOTE: All votes are done with quorum present.

Topics	Discussion	Outcome/Action Items
Approval of Minutes	January 18, 2018	Motion to approve. Seconded. Approved 9-0-0.
CONSENT		
Stage 2/3 Details Including Objectives/Assessment (E. Nestler)	Dr. Nestler presented the Stage 2/3 details including objectives and assessment, which can be found on pages 6-38 of the meeting materials. Time in ambulatory rotations will shrink to twelve weeks, which remains higher than the national average. Time spent in pediatric rotations will remain at eight weeks, but the time spent in inpatient pediatrics is increasing while ambulatory pediatrics will decrease from five weeks to four weeks. In the legacy curriculum, radiology is currently a two-week experience in the fourth year. In MDelta, radiology will become a longitudinal experience in Stage 2 and will include five sessions held during the Stage 2 kick off. Dr. Baldwin is the course director. Stage 3 will include the two-week Transition to Residency course.	Motion to approve. Seconded. Approved 11-0-0.
Changes to MSPE Content (D. Henderson)	Dr. Henderson presented the MSPE policy update, which can be found on pages 39-40 of the meeting materials. The policy was formally revised to codify the medical school's existing procedure, namely that the MSPE can be revised to reflect any significant changes and re-uploaded to ERAS after the initial upload in October.	Motion to approve. Seconded. Approved 10-0-1.

Topics	Discussion	Outcome/Action Items
2018-2019 Academic Calendar (C. Thatcher)	Dr. Thatcher presented the revised academic calendar for the 2018-2019 academic year, which can be found on pages 41-42 of the meeting materials. The calendar is final with the exception of spring break for the incoming class. EC discussed moving student research day; a decision will be made after the first class completes the MDelta curriculum and provides student feedback.	Motion to approve. Seconded. Approved 10-0-1.
Scholarship and Discovery Course (C. Thatcher)	Dr. Thatcher presented Scholarship and Discovery, which has been removed from VITALs and will become its own course with a corresponding transcript grade. Dr. Puddington is the course leader, and questions about Scholarship and Discovery will be removed from LEAP exam. In MDelta, students begin research in year one and continue research through medical school, as opposed to the legacy curriculum where students had an eight-week block of research. Students can participate in lab, clinical, or educational research. EC discussed the limited time available for students to participate in lab research and requested more clarity about the narrative of the course to assist faculty mentors.	Motion to approve moving course out of VITALs. Seconded. Approved 11-0-0. Invite Lynn Puddington to address concerns and the percentage of projects that are basic science vs clinical vs educational. Timeline and executive summary for basic science proposal (April)
BUSINESS		
	None.	
INFORMATIONAL		
	None.	
STANDING MONTHLY REPORTS		
CUME	The revised academic calendar, Stage 2/3 details, and the Scholarship and Discovery course were discussed and approved. Students returning from	

Topics	Discussion	Outcome/Action Items
	leaves of absence after 4/30/2018 will proceed into the MDelta curriculum. The placement of students returning up until 4/30/2018 will be handled on an individual basis.	
CME	The Medical Letter received 29,815 hits through the UConn library in January. Invitations to join the newly reformed Committee on Continuing Medical Education have been distributed. Dr. Thramann is exploring the possibility of CME credit for a new requirement mandating physician impairment education.	
GME	UConn received the institutional letter of accreditation with no citations or areas for improvement. The neurology residency program was approved for an increase from 20 to 28 residents. The ACGME approved an advanced heart failure fellowship program. Program Director changes in the pediatric gastroenterology and neuromuscular fellowships have been proposed, as well as a new shoulder/elbow fellowship. The ACGME is revising the common program requirements in Sections 1-5, and is holding their annual meeting in Florida in early March.	Dr. Angus will present the Annual Institutional Review at the March Education Council meeting.
GPC	The GPC is meeting next week, and is currently in the middle of student recruitment.	
MD/PhD	The MD/PhD program is finishing recruitment.	
Curriculum Reform Update	Curriculum Reform is holding follow-up meetings with the groups scheduled to meet with LCME.	
LCME Update	The LCME site visit is scheduled for March 5-7, 2018.	
Other Updates:	From Dr. Oliver: The Oversight Committee is discussing the undergraduate curriculum. Core courses are heavily clinically based with significant out-of-class preparation, and issues surrounding compensation and protected time interfere with getting clinicians away from the clinic to be able to teach. The Oversight Committee would like to identify clinician-teachers early and schedule	Talk with Drs. Manger and Sanders regarding Neurology for Core C (one clinician-teacher for the entire week vs different

Topics	Discussion	Outcome/Action Items
	their clinics accordingly.	teachers on individual days)
For the next/future meeting(s):	<ul style="list-style-type: none"> a) AOA Chapter Proposal (April), K. Dieckhaus and H. Makkar b) GME Annual Institutional Review (March), S. Angus c) Scholarship and Discovery Executive Summary (April), L. Puddington 	Meeting adjourned at 5:33pm

Next Regularly Scheduled Meeting: March 15th in Walker Conference Room (AG-070)

Member	Term Ends
Steven Angus	2018, not eligible for reelection
Michael Blechner	2020
Laurie Caines	2020
Linda Cauley	2019
Francis DiMario	2020
Alise Frallicciardi	2020
Kimberly Dodge-Kafka	2018, not eligible for reelection
David Henderson	<i>ex officio</i>
Marja Hurley	2019
Barbara Kream	<i>ex officio</i>
Sun-Kyeong Lee	2018, eligible for reelection
Thomas Nowicki	2018, eligible for reelection
Cynthia Price	2020
Helen Swede	2018, eligible for reelection
William Thramann	2019
Bruce White	2019

LCME Site Survey Feedback March 7, 2018

Standard 1: Mission, Planning, Organization, and Integrity

1.4 Affiliation Agreements

The affiliation agreements failed to include language related to the shared responsibility of the clinical affiliate and the medical school for creating and maintaining an appropriate learning environment.

Standard 2: Leadership and Administration

2.4 Sufficiency of Administrative Staff

The Independent Student Analysis raised concerns about a lack of communication and more recent survey data provided by the school shows improvement in these areas. However, with a restructuring of the dean's office and the decision to eliminate a recently departed senior associate dean position, the sustainability of these improvements in communication will need to be monitored.

Standard 3: Academic and Learning Environments

3.2 Community of Scholars/Research Opportunities

The scholarship course, which introduces students to the new research requirement, was rated as not valuable by 70% of first year students in the ISA. At the time of the visit, faculty were unable to describe substantive changes and unlike other student concerns, no follow-up data was provided to the team.

3.3 Diversity

The school was unable to provide a policy for diversity for medical students. Without a policy that identifies the mission appropriate diversity groups, the team was unable to judge the effectiveness of the recruitment and retention activities.

Standard 8: Curricular Management, Evaluation, and Enhancement

8.8 Monitoring Student Time

The first year of the new pre-clinical curriculum required students to spend excessive time preparing for required activities. The school made appropriate adjustments and provided evidence that these changes have had the desired effect. However, this will need to be monitored to ensure that these improvements are sustainable.

Match Results Class 2018 for EC

84 students eligible for graduation, including:

- 2 OMFS residents

82 students in the Match

- 2 in early match processes (Urology and Ophthalmology)
- 2 student in military match
- Total of 80 students in NRMP Match (incl. early Match for prelim. positions)
- 2 students were not successfully matched in the NRMP process

**Memorandum of Understanding
Between the University of Connecticut School of Medicine
and the Quinnipiac University
Frank H. Netter MD School of Medicine**

This Memorandum of Agreement is made by and between the University of Connecticut School of Medicine, (hereinafter "UConn SOM") and Quinnipiac University Frank H. Netter MD School of Medicine (hereinafter "QU SOM"). UConn SOM and QU SOM are hereinafter also referred to individually as a "Party" and collectively as the "Parties."

WHEREAS, UConn SOM wishes to collaborate with QU SOM to provide for the Medical Education Program at St. Francis Hospital and Medical Center;

WHEREAS, QU SOM and UConn-SOM believe that such collaboration will further the educational goals and priorities of each institution;

WHEREAS, QU SOM administrative officers will work with the UConn SOM officers to facilitate exchange of objectives and required clinical experiences of clerkships that involve both schools' students on the same rotations and other program details as needed.

NOW THEREFORE, the Parties hereto agree as follows:

1. Program Purpose:

1.1 Objectives:

1. Foster the creation of a shared clinical learning environment at St. Francis Hospital and Medical Center that meets the individual objectives and curricular requirements of each institution.
2. Foster the delivery of high quality clinical teaching at St. Francis Hospital and Medical Center that meets the needs of individual students from each institution within the context of course/clerkship goals and objectives, inclusive of evaluation and assessment.

1.2 Collaborative Commitments: The parties agree to the following collaborative commitments:

1. Hold periodic meetings (including representatives of St. Francis Hospital and Medical Center) to review compliance with institutional educational requirements, educational experiences of medical students and trainees in the graduate medical education programs, and attainment of expected educational outcomes

2. Resolve any concerns re non-compliance, suboptimal outcomes, or opportunities for improvement through communication and mutual cooperation

2. Term, Amendment and Termination of the Agreement

2.1 Term: This Agreement shall be automatically annually renewable unless written notice of termination is made by either party.

2.2 Amendment: This Agreement may be amended only in writing executed by both Parties.

2.3 Termination: Either Party may cancel this Agreement upon six (6) months' notice prior to the termination.

3. State of Connecticut Required Provisions

References in this Section 3 to "contract" shall mean this Agreement and references to "contractor" shall mean [insert name].

3.1 Statutory Authority: Connecticut General Statutes §§ 10a-104, 10a-108, 4a-52a, and 10a-151b provide UConn with authority to enter into contracts in the pursuit of its mission.

3.2 Applicable Law: All research, teaching and other activities conducted under this Agreement shall be conducted in accordance with all applicable laws, rules, and regulations.

1. Dispute: If any disputes arise out of this Agreement, the Parties agree to first seek non-litigious means to resolve them. The Presidents of the Parties or their designees shall attempt to resolve any dispute or misunderstanding through collaboration.

4. Entire Agreement

This Agreement is the entire agreement between Quinnipiac University Frank H. Netter MD SOM and UConn SOM and supersedes and rescinds all prior agreements relating to the subject matter hereof. The Parties acknowledge and agree that they have read and freely signed this Agreement and that their duly authorized representatives have signed this Agreement after having carefully read and understood the same. This Agreement is executed in duplicate, each of the duplicates being deemed original.

FOR THE UNIVERSITY OF CONNECTICUT

By:

Bruce Liang
Bruce T. Liang, MD, FACC
Dean,
School of Medicine

Date:

3/5/18

FOR QUINNIPIAC UNIVERSITY

By:

B. m. Koeppen
Bruce Koeppen, MD, PhD
Dean,
Frank H. Netter MD School
of Medicine

Date:

3/5/18

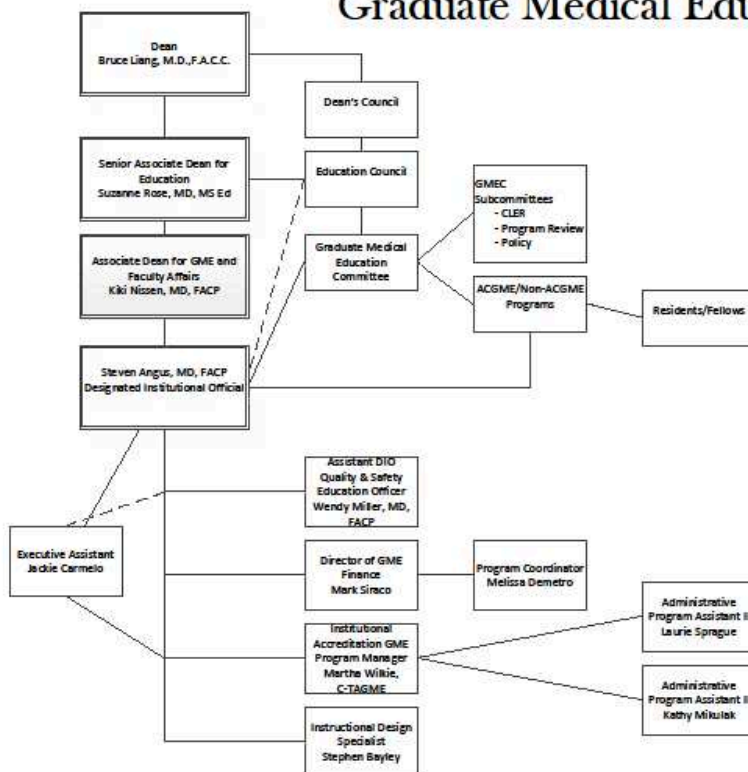
Graduate Medical Education Annual Institutional Review 2016 - 2017

Steven Angus, M.D., F.A.C.P.
Designated Institutional Official
January 18, 2018

Contents of Report

- **Organizational Chart for Graduate Medical Education**
- **The Capital Area Health Consortium**
- **Graduate Medical Education Committee, Resident Forum, and Resident Leadership Council**
- **University of Connecticut GME Workforce**
 - ❑ **GME Programs**
 - ❑ **Growth of GME**
 - ❑ **GME Enrollment**
 - ❑ **Diversity**
 - ❑ **Primary Care Trends**
- **Graduate Medical Education Evaluation**
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 - ❑ **Board Pass Rates**
 - ❑ **Scholarly Activity of Recent Graduates**
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 - ❑ **Resident Survey Composite**
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- **Global Outreach**
- **Simulation Training**
- **Graduation Data/Consortium Exit Survey**
- **GME Financial Data**
- **Future Initiatives**

Organizational Chart: School of Medicine / Graduate Medical Education



The Capital Area Health Consortium

- The Capital Area Health Consortium (CAHC or the Consortium) is the official employer of all residents/fellows
- CAHC works closely with our GME office to establish policies and procedures
- Governed by a Board of Directors that represent our 7 member institutions
- Reviews and supports educational initiatives
- Makes proposals on resident salary and fringe benefits
- Reviews the GME budget
- Celebrates residents, faculty and staff

Graduate Medical Education Committee, Resident Forum and Resident Leadership Council

- The GMEC and its subcommittees (CLER and Program Review) work together to provide the necessary oversight responsibilities for GME
- Resident Forum
- Resident Leadership Council

Graduate Medical Education Committee Responsibilities (GMEC)

Provides oversight of:

- ❑ The ACGME accreditation status of the Sponsoring Institution and each of its ACGME-accredited programs
- ❑ The quality of the GME learning and working environment within the Sponsoring Institution, each of its ACGME-accredited programs, and its participating sites
- ❑ The quality of educational experiences in each ACGME-accredited program that lead to measurable achievement of educational outcomes
- ❑ The ACGME-accredited program(s)' annual evaluation and improvement activities

GMEC Accomplishments

- Continued Institutional accreditation: 12 year accreditation cycle (next visit in 2025)
- Invited to apply for the ACGME and Gold Foundation DeWitt C. Baldwin Jr. Award (recognizes institutions that are exemplary in fostering a respectful, supportive environment for medical education which leads to the personal and professional development of learners)
- CLER visit: June 2016
- All programs submitted Milestones

GMEC Accomplishments

- New Program Director Approvals: 8
- New Programs Approved: 2
- Program Closures: 0
- Annual Reports completed: 50 total
- Faculty Development:
 - Office of Institutional Equity Updates
 - ACGME & CLER Update
 - How to plan for the ACGME Self-study
 - Error Reporting
 - Annual Institutional Review presentation
 - Common Program Requirement Changes

GMEC Accomplishments

- The GME Office sponsored 2 Resident Town Hall Meetings where we discussed:
 - ☐ Quality Improvement
 - ☐ Common Program Requirement Changes
 - ☐ Wellness
 - ☐ Employee Assistance
 - ☐ Library Services
 - ☐ Antibiotic Stewardship Program and Infection Control
 - ☐ Public Service Loan Forgiveness and Debt Consolidation

Resident Forum

- Focuses on employment issues, professional development, work and educational environment concerns
- Resident Wellness was the focus of Resident Forum this year. The group worked with the GME Office to plan after-work events open to all residents/fellows, promote the opening of both the Resident Lounge at John Dempsey Hospital and the new UConn Health Wellness Center that opened in the fall of 2017
- The chair of Resident Forum is a voting member of GMEC

Resident Leadership Council

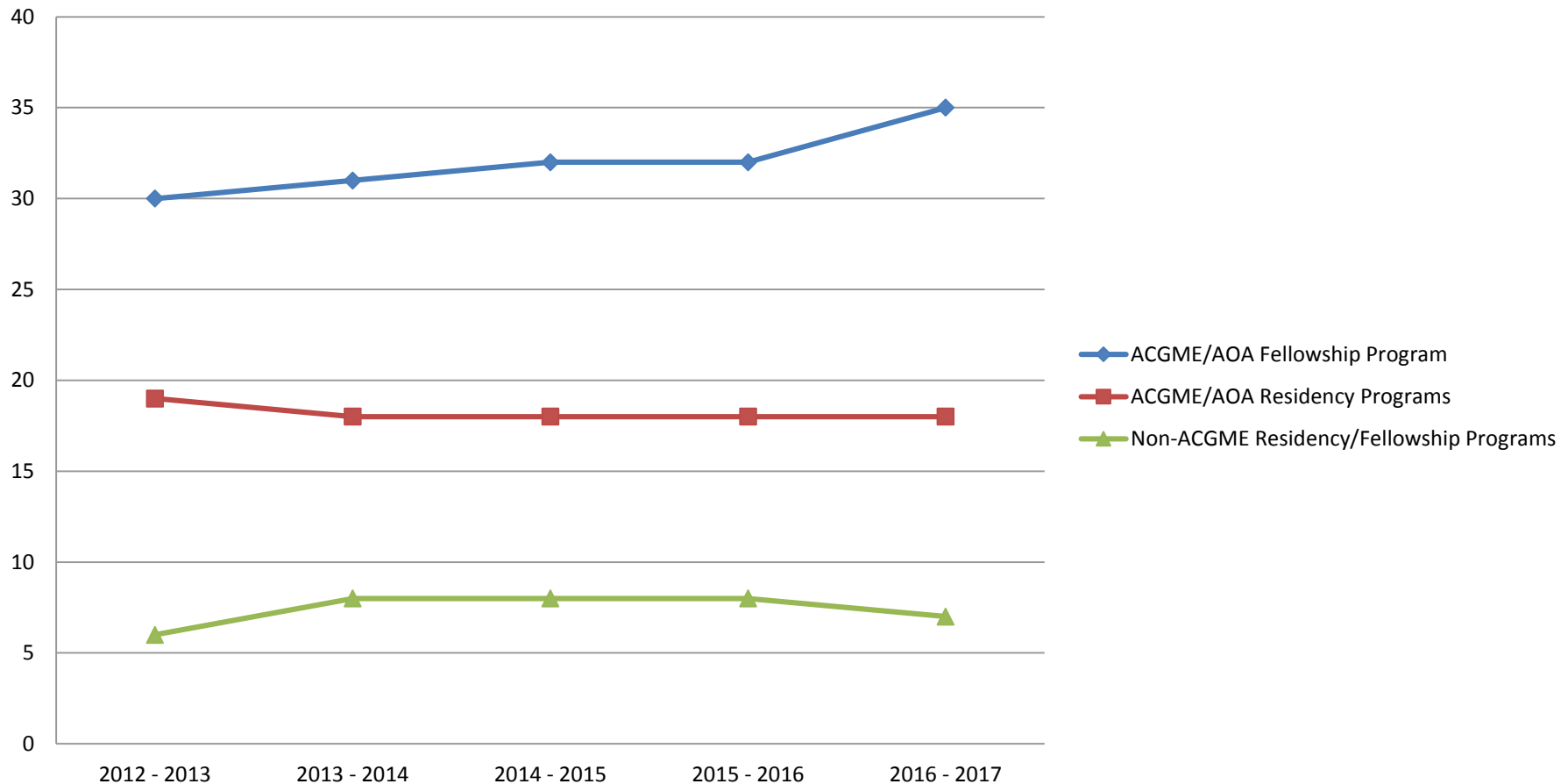
- Addresses quality improvement and patient safety across the consortium of hospitals
- This year's projects included:
 - ❑ Expanding the "Getting to Know Your Care Team" project to inpatient setting (medicine and surgical floors)
 - ❑ Providing the Consultation Communication lecture to all core programs as part of their didactic sessions

UConn's GME Workforce

- Overall, The University of Connecticut School of Medicine sponsors 60 programs and 661 residents and fellows including:
 - ❑ 15 ACGME Core Specialties
 - ❑ 2 American Osteopathic Association (AOA) Core Specialties
 - ❑ 2 ACGME Preliminary Year programs
 - ❑ 32 ACGME Fellowships
 - ❑ 1 AOA Fellowship
 - ❑ 2 American Board of Obstetrics and Gynecology Fellowships
 - ❑ 6 Non-ACGME Fellowships

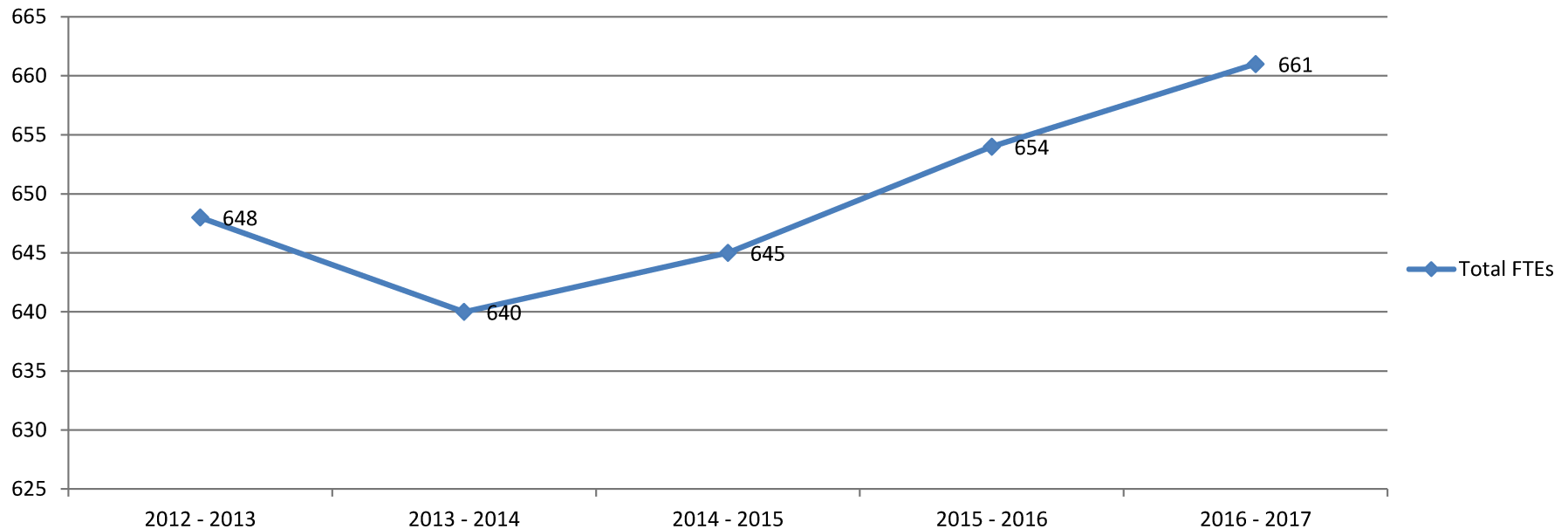
Growth in UConn's GME Workforce

Total Number of Programs - 5 Year Trend



Growth in UConn's GME Workforce

Total FTEs



FTE increase over 5 years

13

FTE increase over 5 years - Cores

1

FTE increase over 5 years - ACGME Fellowships

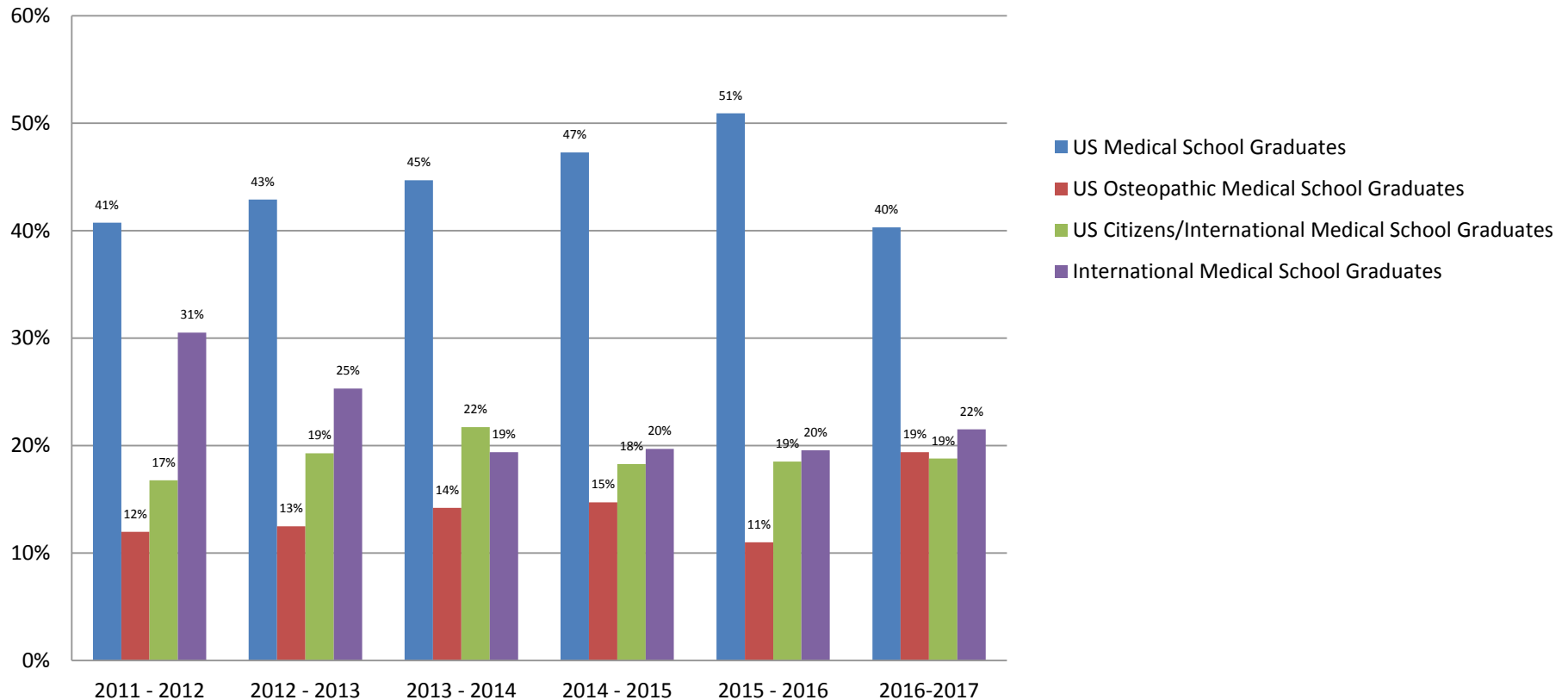
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FTE increase over 5 years - Non-ACGME Fellowships

5

UConn's GME Enrollment by Medical School Type

Medical School Graduate Enrollment

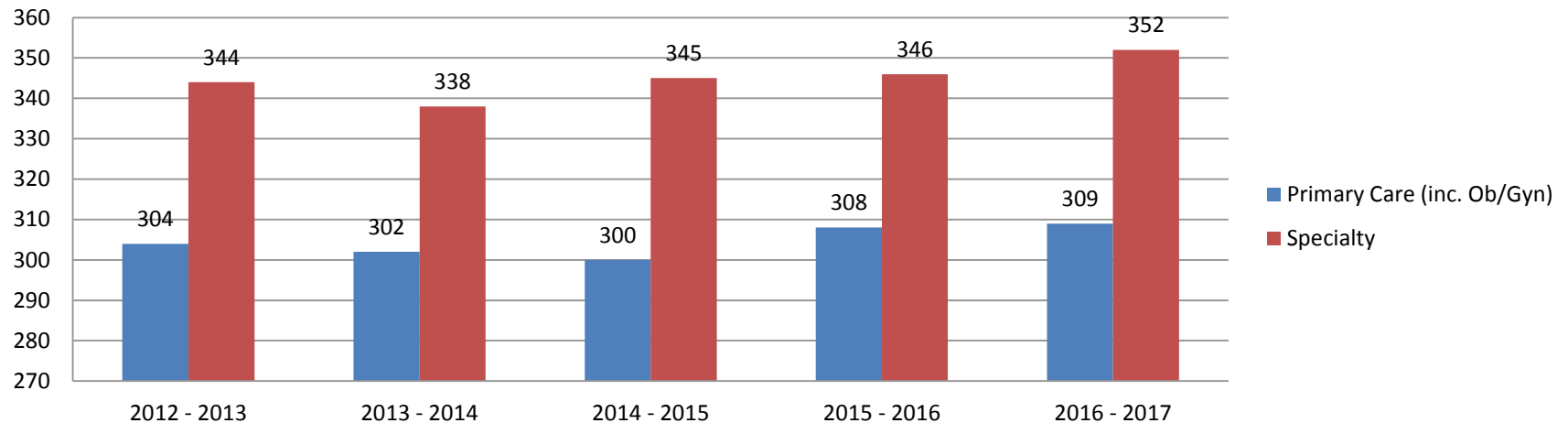


Diversity in UConn's GME Workforce

Race and Ethnicity	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
American Indian/Alaskan Native	1%	0%	0%	0%	0%	0%
Mixed URM	3%	4%	2%	2%	2%	3%
Black	5%	5%	6%	5%	6%	5%
Hispanic/Latino	3%	3%	4%	5%	6%	6%
Asian/Pacific Islander	35%	33%	31%	30%	32%	33%
White	53%	54%	57%	58%	54%	52%
Other						1%

Primary Care within UConn GME

Primary Care (inc. Ob/Gyn) vs. Specialty Enrollment



Program	2016-2017 FTE
Family Medicine	20
Internal Medicine	119
Osteopathic Internal Medicine Residency	16
Pediatrics	63
Primary Care	51
Ob/Gyn	40
Total Primary Care Enrollment	309
Total GME Enrollment	661

Program Accreditation

- 47 ACGME Sponsored Programs without Citations
- 3 programs with ACGME Citations:
 - Maternal Fetal Medicine: Patient Population
 - Pediatric Surgery: Duty Hour
 - Pediatric Hematology/Oncology: Evaluation of Faculty

Program Accreditation

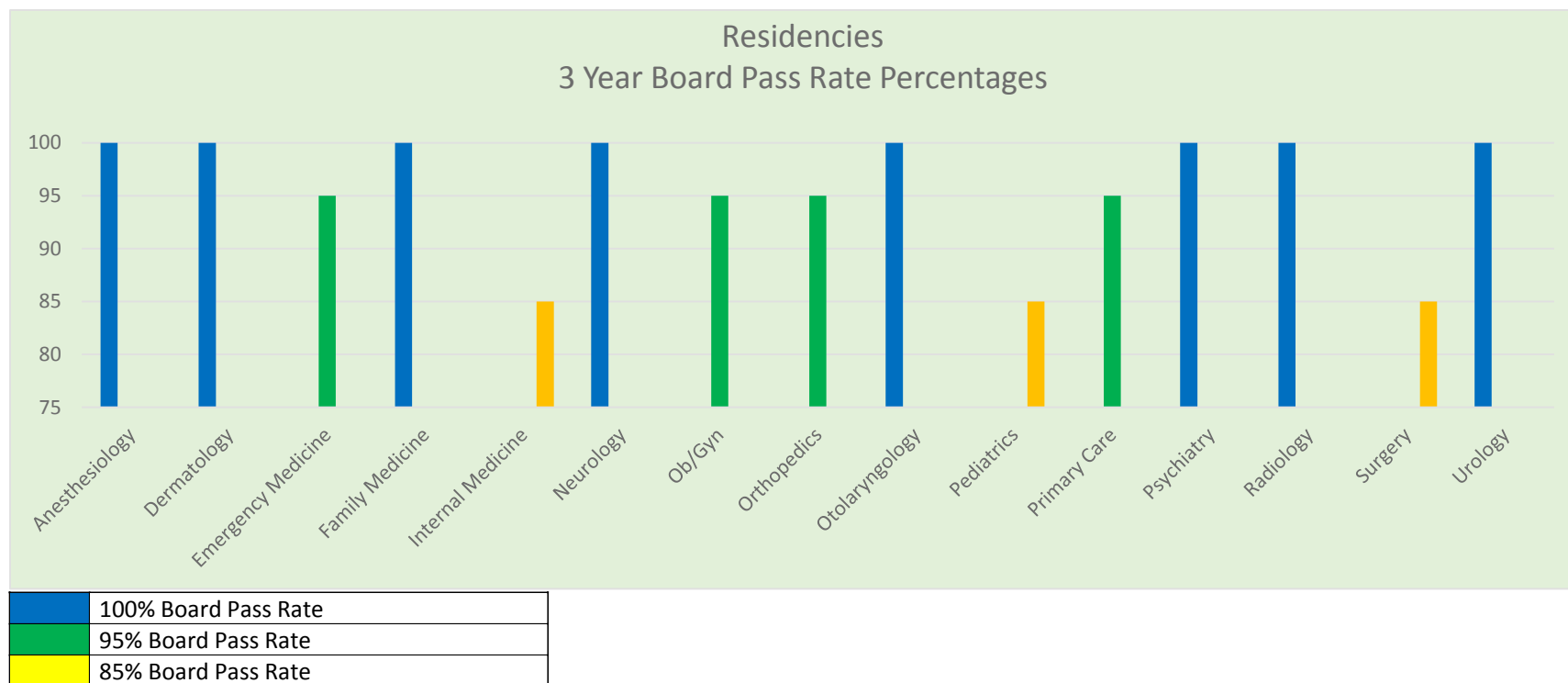
- 9 programs with ACGME Areas for Improvement
 - Emergency Medicine: Faculty Scholarly Activity
 - Primary Care: Duty Hours
 - Otolaryngology: Faculty Scholarly Activity
 - Maternal Fetal Medicine: Procedural Volume
 - Reproductive Endocrinology and Infertility: Block schedule
 - Hand Surgery: Case volume on wrist arthroscopy
 - Neonatal/Perinatal Medicine: Faculty Survey results
 - Pediatric Endocrinology: Fellow Survey and Faculty Survey results
 - Pediatric Hematology/Oncology: Application submission errors

Program Accreditation

- GMEC Special Reviews Performed for:
 - Family Medicine
 - Pediatrics
 - Psychiatry
 - Cardiology/Hartford Hospital
 - Hematology/Oncology
 - Neonatology

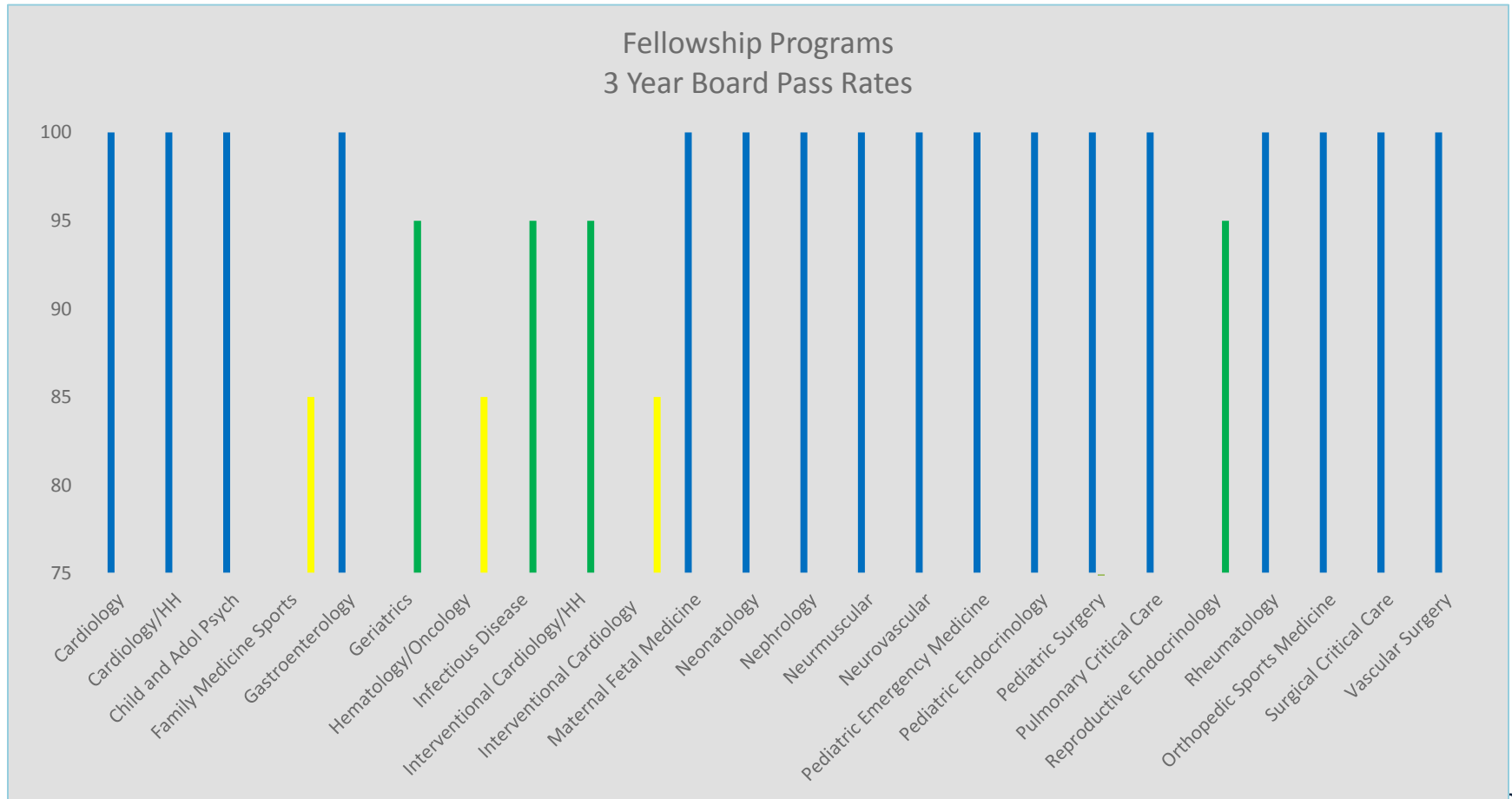
Residency Board Pass Rates

The chart below illustrates the 3 year rolling Board pass rate for the residency programs



Fellowship Board Pass Rates

The chart below illustrates the 3 year rolling Board pass rate for the residency programs



Scholarly Productivity of our Recent Graduates (n=201)

PubMed IDs	National, International, Regional Presentations (#)	Textbook Chapters (#)	Teaching Presentations within Program (#)
140	847	156	5,558

Graduate Medical Education Evaluation: Annual Program Report (APR)

The APR is a composite evaluation based on the following data:

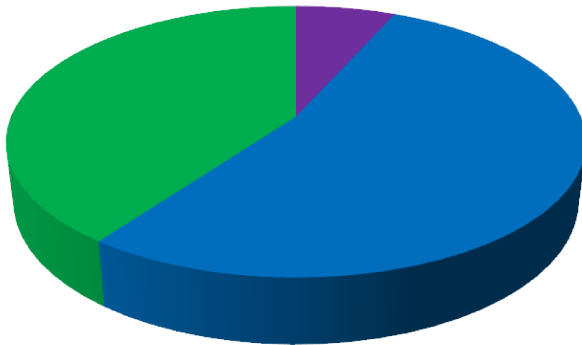
- Program Information, Personnel, Annual Data System (ADS) Update
- Resident Performance, In-training exams, Case Logs, Resident Scholarly Activity, Patient Safety and Quality Improvement
- Faculty Development and Faculty Scholarly Activity
- Graduate Performance, Board Pass Rates over three years
- Program Quality, Faculty Survey Results, Resident Survey Results, Evaluations of Program, Faculty, Residents, and Fellows
- Program Strengths, Weaknesses, Program Improvement Projects

Annual Program Reports

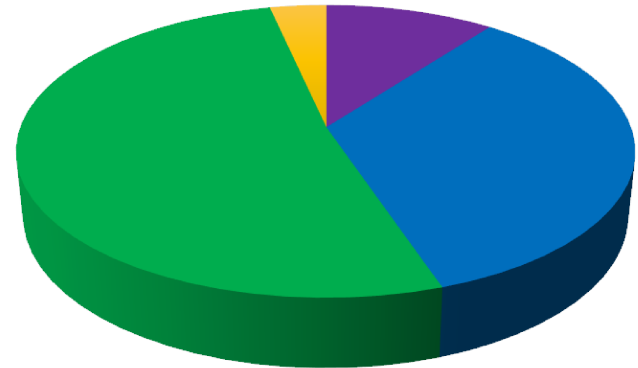
Overall Results

These charts show the overall results of programs' scores in the following areas: Program Information, Resident Performance, Faculty Development, Graduate Performance, Program Quality, and Program Strengths/Weaknesses/Program Improvement Projects

Residencies APR Summary



Fellowships APR Summary

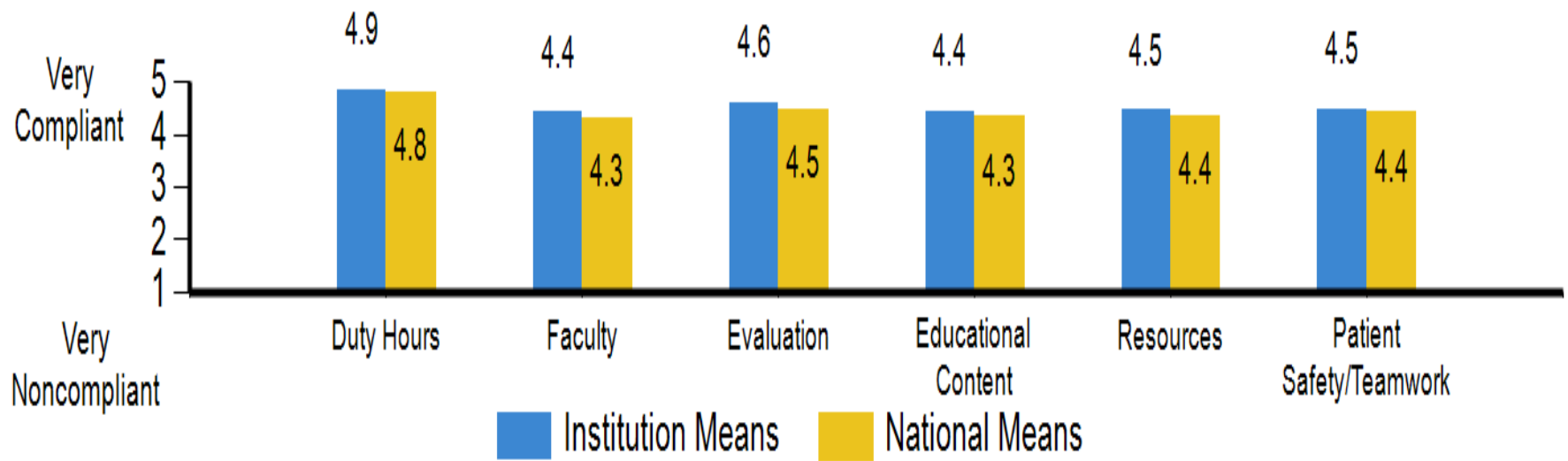


Superior in all categories
Outstanding in all categories
Good in all categories
Fair in some categories

Graduate Medical Education Evaluation: Resident Survey

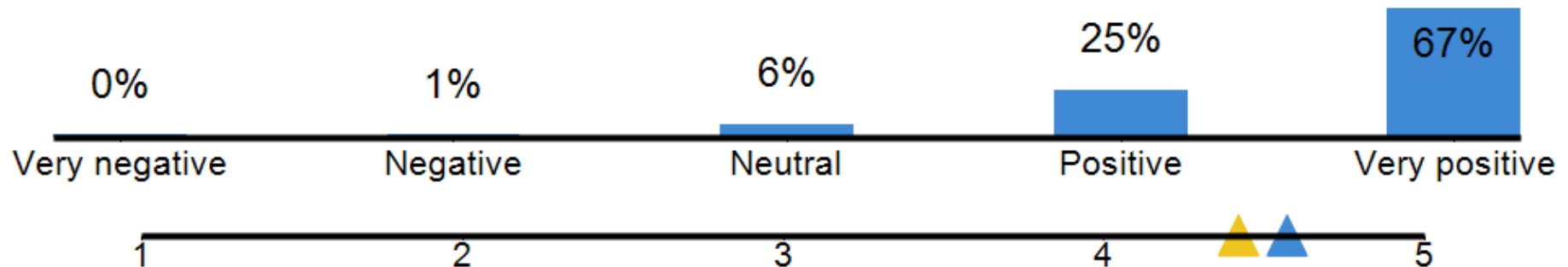
- The University of Connecticut School of Medicine sponsors 50 ACGME programs of which 42 programs were surveyed. Of 634 residents surveyed, 607 (96%) responded.
- The survey reflects six content areas:
 - ☐ Duty Hours
 - ☐ Faculty
 - ☐ Evaluation
 - ☐ Educational Content
 - ☐ Resources
 - ☐ Patient Safety/Teamwork
- We are above the national mean in all content areas

Graduate Medical Education Evaluation: Resident Survey



Graduate Medical Education Evaluation: Resident Survey

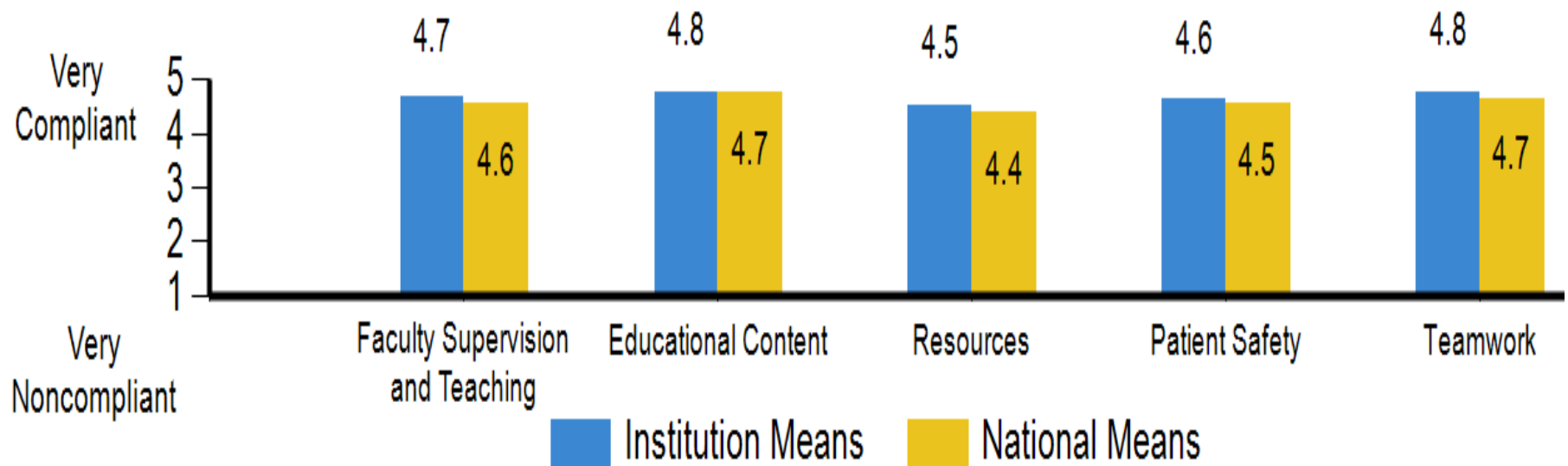
Residents' Overall evaluation of their programs



Graduate Medical Education Evaluation: Faculty Survey

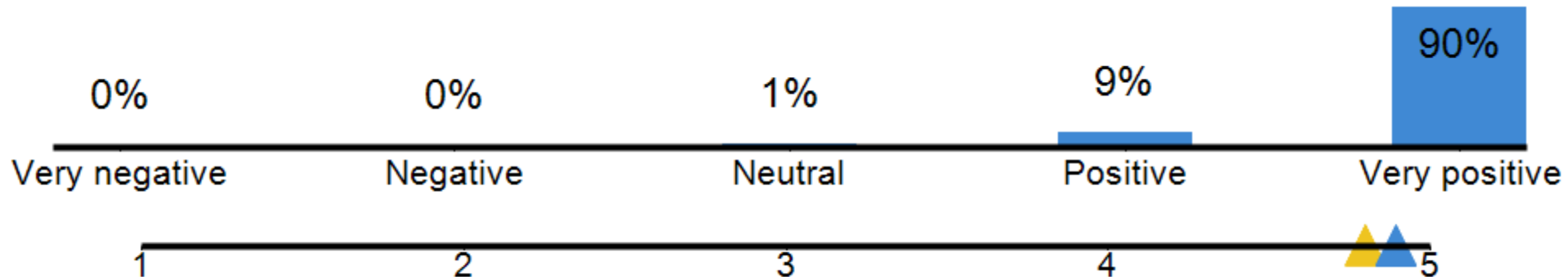
- The University of Connecticut School of Medicine sponsors 50 ACGME programs. Faculty from 42 programs were surveyed. Of 352 eligible faculty, 332 (94%) responded.
- The survey reflects five content areas:
 - ☐ Faculty Supervision and Teaching
 - ☐ Educational Content
 - ☐ Resources
 - ☐ Patient Safety
 - ☐ Teamwork
- We are above the mean in all five content areas

Graduate Medical Education Evaluation: Faculty Survey



Graduate Medical Education Evaluation: Faculty Survey

Faculty's overall evaluation of their program



Global Outreach Program

- Uganda: This project entailed 7 medical residents over three months.
- Dominican Republic: Four internal medicine residents participated in a week long brigade-style medical immersion trip.
- Johnson & Johnson Global Health Scholars Program: One internal medicine resident received a full scholarship to a one-month experience in South Africa for a mentored experience in international medicine.
- India: One resident did a one-month immersion in Jivraj Mehta Hospital in Ahmedabad, Gujarat, India.
- Haiti: One resident did a one-month immersion in Haiti with Dr. Susan Levine.

Simulation Training

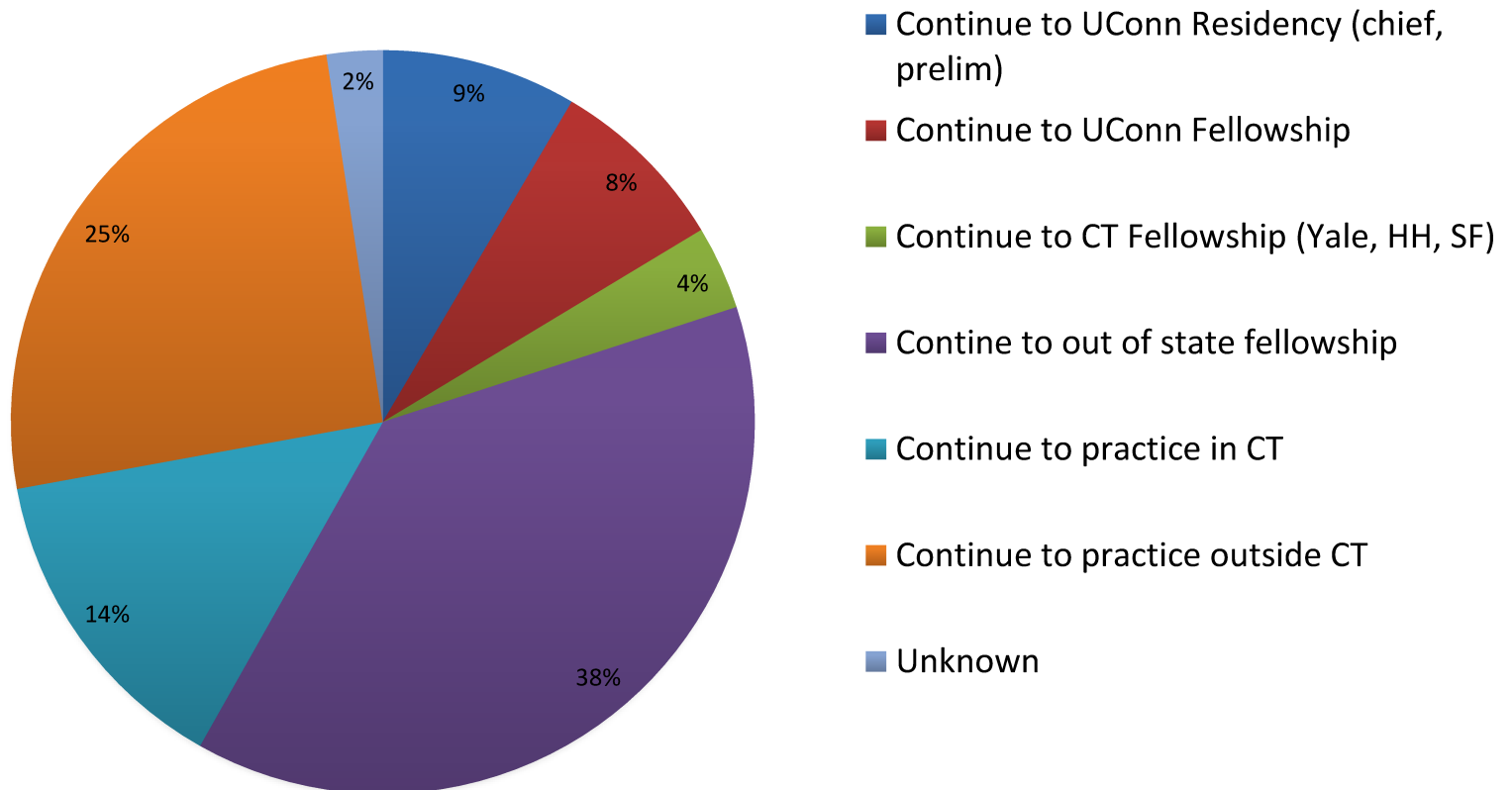
Simulation training in GME has continued to grow with the expansion of the simulation center at UConn School of Medicine in August of 2016.

Several programs that have increased their simulation training time at UConn include:

- ☐ Internal Medicine Residents: Monthly PGY-1 Scholarship session with cardiac arrests, arrhythmias
- ☐ Pediatric Residents: quarterly pediatric resuscitation sessions
- ☐ Pediatric Emergency Medicine fellows: quarterly case based and procedural training
- ☐ Surgical Critical Care fellows: quarterly ultrasound and procedural training
- ☐ Emergency Medicine Residents: quarterly airway and procedural training, case based resuscitation training

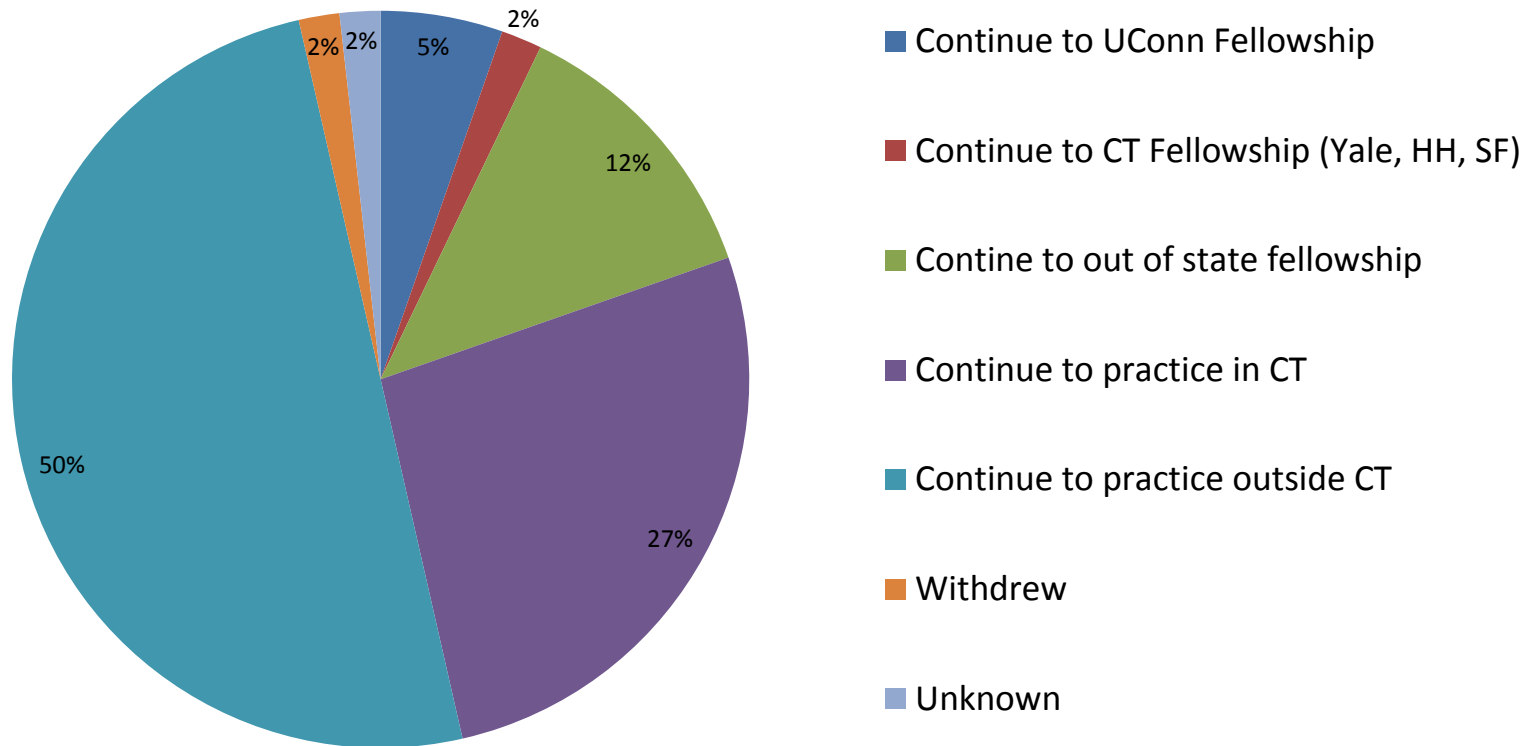
Graduation Data - Residencies 2016-2017

Total Graduating Residents = 165



Graduation Data - Fellowships 2016-2017

Total Graduating Fellows = 56



	2016 - 2017		2015 -2016	
Number of graduating residents	165	%	180	%
Continue to UConn residency (chief year, prelims)	13	8%	15	8%
Continue to UConn fellowship	6	8%	10	6%
Continue to non-UConn fellowship	69	42%	77	43%
Continue to practice in CT	23	14%	30	17%
Continue to practice outside CT	42	25%	45	25%
Unknown	4	2%	3	1%
Number of graduating fellows	56	%	52	%
Continue to UConn fellowship	3	5%	3	6%
Continue to non-UConn fellowship	8	15%	6	12%
Continue to practice in CT	15	27%	12	23%
Continue to practice outside CT	28	50%	29	56%
Unknown	2	4%	2	3%

Graduate Medical Education Evaluation: CAHC/GME Exit Survey

The survey reflects the overall quality of the work environment and educational experience, on a scale of 1 – 5, at each major affiliated hospital.

Hospital	Work Experience	Educational Experience
John Dempsey	3.67	3.71
Hartford Hospital	3.82	4.10
St. Francis Hospital	4.08	4.12
Hospital of Central Connecticut	4.36	4.39
Connecticut Children's Medical Center	4.00	4.08
VA Hospital	4.13	3.94

GME Financial Data

- Based on FY15 Medicare cost reports, federal funding to the consortium Hospitals was approximately \$110 million to support residency/fellowship training
- The GME Office billed out \$87.1 million dollars of total expense for the academic year ending 6/30/2017
- Affordable Care Act:
 - ❑ constant threat of cuts in both DGME/IME reimbursement rates
 - ❑ legislation to increase FTE training slots to various regions of the country

GME Financial Data

Site	FTE	Resident Salary Expense	Resident Fringe Benefits (26.7%)	Program Expenses	Central Admin Allocation	IDC 15%	Total Bill
CCMC	98.74	6,019,039	1,607,083	1,641,025	297,441	1,434,688	10,999,275
Hartford Hospital	200.83	12,272,566	3,276,775	7,680,251	605,289	3,575,232	27,410,113
Hospital of Central CT	53.84	3,217,983	859,201	1,424,610	162,327	849,618	6,513,739
John Dempsey	158.92	9,535,750	2,546,045	7,185,682	477,525	2,961,751	22,706,754
Saint Francis	138.85	8,334,763	2,225,382	4,518,835	412,096	2,323,661	17,814,736
Other Sites/Payers	18.77	1,142,400	305,021	222,674	17,530	0	1,687,625
Grand Total*	669.95	40,522,501	10,819,508	22,673,076	1,972,208	11,144,950	87,132,244²⁹

GME Financial Data

- Salary target is the AAMC 50th percentile for northeast
- Fringe benefit rate is based on actual costs to CAHC (24.9%)

Resident Salaries	PGY1	PGY2	PGY3	PGY4	PGY5	PGY6	PGY7
Year Ending 06/30/2017	55,700	58,200	60,900	63,400	66,400	68,900	70,200

Future Initiatives

- Transfer Resident Leadership Council into Patient Safety/Quality Committee
- Monitor resident wellness and burnout
- Continue to provide oversight, guidance, and resources to all programs
- Continue faculty development
- Continue to promote diversity in our workforce
- Collaborate with our affiliated hospital quality officers to reduce health care disparities
- Enhance the IT infrastructure in the Greater Hartford region so that residents can get feedback on their practice habits and support improvement in quality patient care
- Leverage IT strategies to gain efficiencies in reporting process
- Work closely with sponsoring institution to prepare for CLER visit
- Prepare for updated ACGME Institutional Requirements

Future Initiatives

- Enhance the IT infrastructure in the Greater Hartford region so that residents can get feedback on their practice habits and support improvement in quality patient care.
- Develop a more robust mentoring program for new program directors and coordinators
- Investing in supporting our faculty and residents in the pursuit of scholarly activity and disseminate our innovations to a larger national audience
- Review our policies to be sure they are current and comply with national labor laws and ACGME requirements

GME Annual Institutional Review

- Thank you!
- Any questions??

Time: 4:30 p.m.

Location: Walker, AG070

Attendees: Abu-Hasaballah, K.; Allen, S.; Antic, S.; Bellas, N.; Bernstein, E.; Bhuiyan, R.; Blechner, M.; Fuller, G.; Fuller, R.; Haberli, N.; Harrison, J.; Held, M.; Henderson, D.; Henry, D.; Lazzarini, Z.; Ledford, M.; Mains, R.; McRee, B.; Nestler, E.; Nukavarapu, S.; Pacik, D.; Robin, D.; Sanders, M.; Thatcher, C.

Excused: Finkelstein, J.; Geaney, L.; Hepworth, J.; Lepowsky, S.; Marsden, G.; Pietraszkiewicz, A.; Ricketts, B.; Solinsky, B.; Torre, K.; Venkatesh, P.

Guest: Puddington, L.

MINUTES

Topic	Discussion	Action/Responsible Party
Review and Approve Minutes from January 2018	The committee reviewed the minutes from January 2017.	Vote: Approved – Unanimous.
Academic Calendar (Thatcher)	Dr. Thatcher presented the Academic Calendar. Timing of the spring break was discussed. A motion was made to accept the Academic Calendar as proposed (with tentative spring break).	Vote: Approved One Abstention.
Governance Approval for Students in the Legacy Curriculum Entering MDelta in Stage 2 (Thatcher)	Dr. Thatcher apprised the group of the need for a consensus of student placement when re-entering the curriculum after a leave. A motion was made to acknowledge the procedure for handling this situation. Students after April 30, 2018 will proceed with the MDelta curriculum. Any students entering before April 30, 2018 will be handled on a case by case basis, whether they will be entering the Legacy or MDelta curriculum, while balancing logistical limitations.	Vote: Approved – Unanimous.
Stage 2 Objectives (Nestler)	Dr. Nestler presented the approved Stage 2 and 3 overview. Some notable changes include the Kickoff that was built out, the new longitudinal radiology course and the coaching program where clinical coaches will take 10 students to continue to stage 2. Another new requirement is the Transition to Residency (TTR) course. The group was asked to vote on accept the guidelines in terms of objectives and assessment.	Vote: Approved – Unanimous.

Topic	Discussion	Action/Responsible Party
Vitals Stage 2 (Lazzarini)	<p>Proposal presented reflected the difficulty extracting students from clerkship experiences while retaining the overall course goals and objectives.</p> <p>Identified solutions are discreet assessments for homework and clerkships. The goal is to practice and when something new happens how do you assess and change practice? Journal clubs to talk about vitals. This course is under development.</p>	Informational.
Scholarship and Discovery (Puddington)	<p>Changes to the grading policy for Scholarship were reviewed. The Scholarship course has been separated from Vitals to create a separate course and grade. The Scholarship course will have a single grade assessed at the end of Stage 1. The course has been restructured to have more face-to-face time during stage 1. The goal is to get students set up for their project proposals, with student revisions and feedback. The capstone proposal represents 70% of the stage 1 Scholarship grade. The online biostatistics module counts for 20% and out of class work (various assignments) make up the remaining 10%.</p> <p>A motion was made to accept grading policy as separate course.</p>	Vote: Approved – Unanimous.
Review of A/D (Thatcher)	Material included in packet, members should review at their leisure. Data of students surveyed shows improvement.	Informational.
Timeliness of Evaluations (Thatcher)	Timeliness of evaluations is the same - doing well.	Informational.
CAC (Sanders)	Dr. Sanders reported that the membership has been filled out. The committee is examining content for gaps (currently following several areas) and evaluating Block A across disciplines.	Informational.
CEC (McRee)	November 30, 2017 minutes included in material. Please review.	Informational.
CUME	Dr. Blechner once again mentioned that if members have issues for discussion, please send in to him, Dr. Thatcher or S. Fostervold.	Informational.
Meeting Adjourned: 5:30 p.m.		