HEALTH SCIENCES FACULTY COUNCIL
Minutes
April 7, 2015

Present: D Bazzo, D Brenner, B Carter, B Cosman, J Dixon, D Granet, L Hill, S Huang, H Kimmons, C Miller, J Resnik, A Ries, C Saenz, M Savoia, D Sears

Unable to attend: R Clark, V Hook, L Martin, J McKerrow, T Moore, J Resnik, W Wachsman, G Yung

Absent: R Smith

Guests & Speakers: John Einck

Recorder: C Caisip

| Call to Order and Approval of Minutes | • Chair Cosman called the meeting to order at 5:05 p.m.  
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<th>• Minutes for the March 3, 2015 meeting were submitted for approval.</th>
<th>• The minutes were approved.</th>
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**Dr. David Brenner, Vice Chancellor/Dean - Announcements**
• Dr. Brenner announced Mark Harrison as the new Chief Financial Officer for Health Sciences, and also mentioned the creation of a new position for a Chief Information Officer/Chief Medical Information Officer.
• Dr. Brenner reported that there are three finalists for the Chair of the Department of Radiology and he is hopeful the recruitment will be completed in one month’s time.
• Dr. Brenner discussed the current recruitment for the AVC Health Sciences Advancement, and suggested that the HSFC could provide input for this search by submitting a letter to the Chancellor.

**Dr. John Einck, MD – Chair, Graduate Medical Education Committee**
• Dr. Einck provided an update of the Graduate Education Medical Committee.
• Dr. Einck stated that there a total of 898 program directors/house officers and the numbers are steadily increasing. The program directors are responsible for imparting the program and institutional requirements. There has been a 31% increase in the number of

Click here to see the presentation:
[Click here to see the presentation: GME report to HSFC.pptx]
Trainees since 2004/2005, and 5 new programs were added this year.

- Dr. Einck summarized GMEC's activity for 2013/2014 and this includes 7 program director changes, 5 programs with permanent complement increases, and a new program in anesthesia critical care.
- Dr. Einck discussed the New Accreditation System (NAS) which is a continuous accreditation model with annual reporting by programs and the institution, and site visits being replaced by a 10-year "self-study" visit.
- Dr. Einck reviewed the requirements for the programs which include a Clinical Competency Committee and a Program Evaluation Committee. The Clinical Competency Committee meets at least twice a year and emphasizes the amount of faculty time spent on each resident. The Program Evaluation Committee sets certain criteria by which the programs are evaluated.
- Performance indicators include program attrition, board pass rate, resident survey, faculty survey for core faculty, clinical experience, milestones, scholarly activity, program characteristics, and CLER visits.
- CLER visits focus on the following areas: patient safety, duty hours/fatigue management, healthcare quality and disparities, supervision, transitions of care, and professionalism. The visit to UCSD took place on October 7-9, 2014 and it consisted of group interviews, walking tours of clinical areas, and interaction with residents, faculty, nurses, and other healthcare team members. The visit also included meeting with the C-suite (administration).
- Dr. Einck then presented the preliminary aggregate data that was presented at the

Q: How does this work on a small scale?
A: If the program is accredited, every program has its various ways.

Q: What special attention is GMEC giving?
A: An example is that when an accreditation with warning letter is received, GMEC immediately meets with program leadership and addresses issues. This could be resident survey issues, case numbers for procedures, or other issues. There is a program oversight committee that analyzes the situation, and issues that are brought forth are looked at and analyzed for ways to meet criteria.

Q: Are their programs that are not accredited because of no accreditation body or accreditation is not available?
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ACGME annual meeting in March 2015. Data was presented on patient safety, healthcare quality, supervision, fatigue management, and professionalism.
- Positive feedback included good resident to resident patient care transition, nurses engaging with residents in transitioning patient care, and institutions demonstrating intolerance of disrespectful behavior. There is also active and interested engagement of the CEO with the DIO, reports of the C-suite taking direct interest in resident/fellow and faculty development, and inter-professional quality projects.
- Upcoming GME challenges include the next round of CLER visits which will begin this fall, and the first of the "new" site visits will occur in 2016 in urology, radiology, and ob/gyn departments. GMEC is currently working with faculty to design quality and safety curriculum.
- Dr. Einck stated that there is an institutional commitment to GME and creating a bucket of non-negotiables in regards to funding. This includes items such as FTE slots. Negotiable items might be fellowship funding or ancillary support.

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<th>New Business</th>
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<td>- Discussion of HS All-Faculty Spring Reception in June.</td>
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<th>Old Business</th>
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<td>- NO OLD BUSINESS WAS DISCUSSED</td>
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<th>Adjournment</th>
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<td>- The meeting was adjourned at 6:10 p.m.</td>
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<th>Next Meeting</th>
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| - **Tuesday, June 2, 2015 but the Spring Reception may possibly be held in place of the meeting.**

- A: Endovascular neurosurgery is looking for accreditation, but it does not carry UCSD in the title of their program.