BIDMC GMEC Meeting Minutes March 31, 2025

Submitted to the GMEC by Carrie Tibbles, MD DIO & Chair of the GMEC

ATTENDANCE

Voting Membership: C. Tibbles (DIO/GMEC Chair), R. Schwartzstein (SVP of Ed), C. Sams (Psych PD), C. Hayne (Path PD), J. Cutts (DRad PD), H. Grazioso (TY PD), R. Haspel (Path VC of Ed), S. Neves (Anes PD), R. Parris (Wellness/Faculty), R.

Colman (IM/PC), T. Kent (Surg PD), C. Wang (OBGYN PD), W. Stead (ID PD), P. Greenstein (Neuro PD) **Residents/Fellows**: S. Yune (HSQIC), B. Allar (Wellness), S. Carpenter (Social Justice), M. Lie (Wellness)

Non-Voting Members: A. Alvarez-Hinojosa (GME), L. Dubois (GME), O.Ezekwelu (GME)

Guests: n/a

TOPIC	DISCUSSION	ACTION ITEMS			
GMEC Minutes	February 24, 2025 minutes reviewed & approved.	Unanimously			
		approved.			
GMEC OVERSIGHT MATTERS					
ACGME	APR Committee Update: - the APR committee met right before the	APR Committee			
Accreditation of	February GMEC meeting. The finalized minutes were posted in advance of	minutes and			
Each ACGME-	today's GMEC meeting for detailed review. 12 programs in total were	recommendations			
Accredited	reviewed at the 2/24/25 APR Committee meeting.	with respect to each			
Program		of the listed			
[I.B.4.a).(1)]	Anesthesiology	programs were			
	Cytopathology	reviewed and			
Quality of the GME	Hematopathology	unanimously			
Learning and	Neuropathology	approved.			
Working	Selective GI Path				
Environment	Critical Care Medicine	One program (ACT)			
[I.B.4.a).(2)]	Adult Cardio Thoracic	was recommended			
	Neurosurgery	for special review			
ACGME-Accredited	Obstetrics Anesthesiology	which was approved			
Program(s)' Annual	Pain Medicine	by GMEC at the			
program	General Surgery	February meeting.			
Evaluation(s)	Urology				
[I.B.4.a).(4)]					
	Three of the above programs (Anesthesia, neurosurgery and urology) are				
	already on a Special Review currently undergoing continued monitoring.				
	A PD monitoring report was provided for both Anesthesia and Urology at				
	the meeting with the update noted as pending for Neurosurgery.				
	A comprehensive review was conducted of all programs by two assigned				
	reviewers per program and presented for discussion at the APR Committee				
	meeting. All APEs were reviewed along with additional required materials				
	according to the APR policy. In review of all of the program listed above,				
	one special review was advised (Adult Cardio Thoracic). The ACT program				

was proposed for special review by the APR committee based on their most recent survey results and their most recent letter of notification from ACGME outlined multiple areas for improvement. A special review was recommended and approved for this program by the APR committee at the February GMEC meeting.	
Ms. Alvarez Hinojosa shared that the most recent internal monitoring survey is being sent to trainees as of 4/1/25 for completion. There have been changes to the NST specific survey to simplify and focus on the questions that pertain specifically to the NST programs.	Monitoring in progress
Dr. Tibbles encourage core program PDs to reach out to their NST program PDs to encourage their program adherence and understanding of the monitoring process.	
SPECIAL REVIEWS	
Adult Cardiothoracic Anesthesia – review has formally begun. Initial meeting with leadership has occurred. Some of the concerns from the survey include formal teaching, the ability to raise concerns. Dr. Tibbles is meeting with the current fellows in the next week or two. Appears they have made a lot of changes to their didactics. Seems to be having a positive impact and should help. Dr. Tibbles is working with dept. to find a dedicated space for trainees to work. Case volume seems to be	Monitoring reports presented for ACT and Urology programs. GMEC notified RE warning status in most recent LON
Urology – the program is currently in a monitoring phase from their special review. Dr. Tibbles noted that the ACGME letter of notification came in indicating that the program was placed on warning. 3 citations were noted as well as 1 AFI. Concerns included satisfaction with feedback, feeling like trainees could raise issues without the fear of retaliation and the interference of other non-ACGME learners. It was noted that there was an issue with how the program coordinator support was reported. The error has since been corrected. The Minimally Invasive Surgery NST program has been paused in response to the concern regarding the impact of other learners. A question was raised by Dr. Haspel about whether the survey results were a trend or from a singular year to which Dr. Tibbles highlighted that it was based on trending results. Ms. Dubois also highlighted that the letter was based off of the Spring 2024 survey results and many changes have already been put in place by the program to improve, thus we are	from ACGME for Urology. Further updates to be provided once ACGME survey results are received.
	Complement change
which Dr. Tibbles reviewed with the IM VC of Education who is in support of the request. The volume has exploded in liver transplant. They also have increased specialty clinics and have a new donor care unit. Dept of Med has a commitment to fund this fellow. Dr. Kent, the PD for Surgery, highlighted that the increase in volume impacts the Surgery trainees as well. Additional supports (APPS, transplant pharmacist, etc.) are needed	for the Transplant Hep program was unanimously approved by the GMEC.
	recent survey results and their most recent letter of notification from ACGME outlined multiple areas for improvement. A special review was recommended and approved for this program by the APR committee at the February GMEC meeting. Ms. Alvarez Hinojosa shared that the most recent internal monitoring survey is being sent to trainees as of 4/1/25 for completion. There have been changes to the NST specific survey to simplify and focus on the questions that pertain specifically to the NST programs. Dr. Tibbles encourage core program PDs to reach out to their NST program PDs to encourage their program adherence and understanding of the monitoring process. SPECIAL REVIEWS Adult Cardiothoracic Anesthesia — review has formally begun. Initial meeting with leadership has occurred. Some of the concerns from the survey include formal teaching, the ability to raise concerns. Dr. Tibbles is meeting with the current fellows in the next week or two. Appears they have made a lot of changes to their didactics. Seems to be having a positive impact and should help. Dr. Tibbles is working with dept. to find a dedicated space for trainees to work. Case volume seems to be appropriate. Urology — the program is currently in a monitoring phase from their special review. Dr. Tibbles noted that the ACGME letter of notification came in indicating that the program was placed on warning. 3 citations were noted as well as 1 AFI. Concerns included satisfaction with feedback, feeling like trainees could raise issues without the fear of retaliation and the interference of other non-ACGME learners. It was noted that there was an issue with how the program coordinator support was reported. The error has since been corrected. The Minimally Invasive Surgery NST program has been paused in response to the concern regarding the impact of other learners. A question was raised by Dr. Haspel about whether the survey results were a trend or from a singular year to which Dr. Tibbles highlighted that it was based on trending results. Ms. Dubois also hi

New NST Program Approval [I.B.4.b).(4)] [I.B.4.b).(5)]	Neuroanesthesia new program proposal was presented by Dr. Tibbles. Dr. Samir Kendall is proposed as the PD for the program. The focus of the program will be on Neuro cases, neuro ICU and the pediatric ICU. Case volume seems appropriate. Dr. Tibbles reminded the program that they would need to conduct an initial milestone assessment of any trainees in the first 3 months. Core Anesthesia program PD, Dr. Neves discussed the history of this program in that it is a re-initiation of a fellowship that existed a few years back (pre-covid). The idea is similar to the idea of other NST fellowships in Anesthesia. It allows for dual coverage and complex cases. Will complement other training programs overall and enhance higher order decisions making. Plus it will supplement teaching opportunities. Dr. Greenstein (Neuro PD) inquired about exposure to inter-operative	New Neuroanesthesia NST Fellowship unanimously approved.
Appointment of New Program directors [I.B.4.b).(8)]	monitoring, to which Dr. Neves confirmed many of the case have. Dr. Greenstein will provide a contact person to Dr. Neves that may be helpful. Dr. Samantha Zullow is a specialist in IBD and is being proposed to take over for Dr. Flier. This is a planned transition the department has been gearing up for for a while. Dr. Zullow has previously served as an APD for the program. She has a fair amount of academic leadership and teaching experience. She was a BMC resident and chief resident, did her GI training at NYU and then was our IBD fellow from '21-'22.	New NST program PD unanimously approved.
Review of Exceptionally Qualified Candidate [I.B.4.b).(15)]	Five exceptional candidates were presented for review and approval. CVs were posted for prior review on the GMEC page. Neuroradiology (Omer Simitcioglu, Yara Jabbour, & Karin Adrai) MSK (Boris Sokolovski, Seyed Reza Saadat Mostafavi) Dr. Cutts highlighted that these candidates will most likely be embarking on the 4-year alternative pathway for board certification in Radiology. They're all really amazing people we are excited to have onboard. Dr. Tibbles noted that when we merge with DFCI they have a large program which is similar.	All five candidates presented were unanimously approved by the GMEC.
	2:1 /2 1	
ACCINE Conord	Other/General Current ACCME suprovenindow is onen through 4/4/25. All programs must	
ACGME General	Current ACGME survey window is open through 4/4/25. All programs must comply.	

Meeting concluded at 4:03 PM. Next GMEC meeting scheduled for May 19 at 3:30PM.