

BIDMC

GMEC Meeting Minutes

June 23, 2025

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

ATTENDANCE

Voting Membership: C. Tibbles (DIO/GMEC Chair), L. Bilello (EM PD), R. Colman (IM/PC), A. Doodlesack (EM PD), H. Grazioso (TY PD), P. Greenstein (Neuro PD), C. Hayne (Path PD), R. Haspel (Path VC of Ed), T. Kent (Surg PD), J. Naples (ENT PD), S. Neves (Anes PD), A. Pannu (Ans PD), C. Sams (Psych PD), R. Schwartzstein (SVP Ed/GME), C. Smith (VCed), A. Vanka (IM PD), C. Wang (OBGYN PD), J. Weinstein (Rad PD)

Residents/Fellows: S. Yune (HSQIC), B. Allar (Wellness), M. Lie (Wellness), S. Carpenter

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

Guests: T. Byrne (OBGYN Wellness), T. Brown (EM Wellness)

TOPIC	DISCUSSION	ACTION ITEMS																						
GMEC Minutes	May 19, 2025 minutes reviewed & approved.	Unanimously approved.																						
GMEC OVERSIGHT MATTERS																								
ACGME Accreditation of Each ACGME-Accredited Program [I.B.4.a).(1)] Quality of the GME Learning and Working Environment [I.B.4.a).(2)] ACGME-Accredited Program(s)' Annual program Evaluation(s) [I.B.4.a).(4)]	<p>APR Committee Update: - The June APR meeting was held immediately preceding the June 23 GMEC. Detailed minutes will be available for review and approval at the next GMEC meeting. Dr. Tibbles provided a verbal summary of the 13 reviews that were conducted. Two special reviews (UroGynecology & Vascular Surgery) were recommended and approved by GMEC. As part of the APR meeting, a comprehensive review was conducted of all programs by two assigned reviewers per program and presented for discussion at the APR Committee meeting. All program APEs were reviewed in detail along with additional required materials according to the APR policy.</p> <table><tr><th>Program</th><th>Special Review Advised</th></tr><tr><td>Internal Medicine</td><td>N</td></tr><tr><td>Colon and Rectal</td><td>N</td></tr><tr><td>Gynecologic Oncology</td><td>N</td></tr><tr><td>Maternal Fetal Medicine & MFM/Genetics</td><td>N</td></tr><tr><td>Plastic Surgery & PS Integrated</td><td>N</td></tr><tr><td>Urogynecology & Pelvic Reconstruct Surg</td><td>Y</td></tr><tr><td>Reproductive Endocrinology & Infertility</td><td>N</td></tr><tr><td>Surgical Critical Care</td><td>N</td></tr><tr><td>Thoracic Surgery</td><td>N</td></tr><tr><td>Vascular Surgery & VS Integrated</td><td>Y</td></tr></table> <p>The special review for Vascular Surgery Integrated was recommended due to survey results trending downward in multiple domains and the issuance</p>	Program	Special Review Advised	Internal Medicine	N	Colon and Rectal	N	Gynecologic Oncology	N	Maternal Fetal Medicine & MFM/Genetics	N	Plastic Surgery & PS Integrated	N	Urogynecology & Pelvic Reconstruct Surg	Y	Reproductive Endocrinology & Infertility	N	Surgical Critical Care	N	Thoracic Surgery	N	Vascular Surgery & VS Integrated	Y	<p>APR Committee minutes and recommendations with respect to each of the listed programs were reviewed and unanimously approved.</p> <p>Special Review Recommendations for the Urogyn and Vascular Surgery Integrated programs were GMEC reviewed and unanimously approved.</p>
Program	Special Review Advised																							
Internal Medicine	N																							
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Maternal Fetal Medicine & MFM/Genetics	N																							
Plastic Surgery & PS Integrated	N																							
Urogynecology & Pelvic Reconstruct Surg	Y																							
Reproductive Endocrinology & Infertility	N																							
Surgical Critical Care	N																							
Thoracic Surgery	N																							
Vascular Surgery & VS Integrated	Y																							

	<p>of formal ACGME citations.</p> <p>The Urogyn program was recently transferred from Mt. Auburn hospital as the sponsoring institution to BIDMC has the sponsoring institution. The program had one existing citation prior to this transition. This special review will be a targeted review as recommended by the DIO and APR committee in order to understand more regarding the impacts of this change and ensure the program is overall in a good place.</p> <p>Dr. Kent, the core surgery program PD commented on the VS integrated program that there was an issue with core faculty listing in ADS. There was an error in the ADS reporting. A meeting with trainees to better understand what the overall concerns are would be valuable.</p> <p>Dr. Wang, the core OBGYN PD, commented in regards to the Urogyn program that the fellows seem very positive. The fellows are a very strong group. There is overlap with OR cases and the residents love working with fellows which seems to be a mutually beneficial experience. The fellows feel a sense of being valued at BI. They have more educational support. Dr. Wang expressed that a special review makes sense as a more formal way to gauge how the program is doing. Would be happy to contribute to the review committee.</p>	
ACGME Communication [I.B.4.a).(1)]	<p>ACGME letter of warning for Anesthesia was posted in advance of the meeting for full GMEC review. Dr. Tibbles discussed that the special review process will continue with focus around the action plan.</p> <p>Dr. Neves expressed that she welcomes the collective experience of the GMEC in working to support the program. Many improvements have been implemented. The program needs to continue building on that momentum.</p> <p>Dr. Tibbles shared that Dr. Neves and team really amped up the didactic experience and overall their survey showed significant improvement. Though there is still work to be done, they are headed in a positive direction.</p>	<p>GMEC reviewed with continued special review status approved.</p>
GMEC Subcommittee Updates [I.B.4.b).(2)] [I.B.4.a).(4)]	<p>Dr. Tibbles introduced new GME Leadership Members of the Wellness Committee. Dr. Naples spoke of his interest in Performance in Medicine and his experience in the last couple of years working with a performance psychologist and thinking about how this can be applied to medicine and surgery. Dr. Naples will be leading a faculty development course this fall which will focus on this effort. RFA coming soon RE new faculty Development course in mentoring and coaching.</p> <p>Tracy Byrne (OBGYN faculty), has been involved in Med Student clerkship development as well as residency program in OB as a rotation director. Dr. Byrne is working on a coaching program as well as wellness in terms of burnout, anxiety, stress and what we can do to better address these issues across GME.</p> <p>Taylor Brown (EM faculty) has served on APR committee and is an EM Med Ed fellow. Dr. Brown will be taking on the other broader aspects of</p>	<p>Changes in Committee faculty leadership were reviewed and GMEC approved.</p> <p>RFA coming soon RE new faculty Development course in mentoring and coaching</p>

	Wellness Director role for GME. She has an extensive background in trauma informed care which she has been applying to medical learning environments and working to create supportive learning environments.	
Reviews and Approvals		
Permanent Complement Change Requests (I.B.4.b).(5)] Temporary Complement Change Requests	<p>Dr. Greenstein presented the Neurology request for a permanent complement increase by 2 residents per year. The full written proposal was provided for GMEC review prior to the meeting. The program highlighted the education value of adding more trainees as well as noting the rising clinical demands with the Dana-Farber merger. The program is well positioned to support this increase and thrive on it without losing the close-knit feeling of the current sizing. It is expected that this increase will allow for additional capacity to increase the R25 research candidates and make our program more competitive.</p> <p>Dr. Vanka asked for clarity on the timeline, to which Dr. Greenstein expressed that they were hoping to start this fall. Dr. Vanka also spoke to the close relationship with the IM program and the need to ensure alignment.</p> <p>Dr. Smith expressed a need for further discussion around how it would impact the IM program collaboration.</p> <p>Ms. Dubois raised a question in regards to the ACGME minimum FTE requirements for administrative support and whether these changes would have an impact and if so what the plan for that was.</p> <p>Dr. Smith highlighted that the impact on the IM program needs to be considered when reviewing the overall impact on faculty and administrative time.</p>	<p>Complement increase for the Neurology program was reviewed by GMEC with a determination that further discussion was needed. The topic should be brought back to Sept GMEC meeting for additional review.</p>
New NST Program Approval (I.B.4.b).(4)] (I.B.4.b).(5)]	<p>A new NST fellowship program was proposed by Dr. Ameeka Pannu in Advanced Clinical training in Critical Care and Ultrasound.</p> <p>The fellowship is intended for fellows that do not meet criteria for board certification through the ABIM pathway. It is hosted by Pulm Crit and Anesthesia jointly. The program does not have overlap with accredited program trainees in Anesthesia. The fellow spends time in both the surgical and medical ICUs over the course of the two year program. The program is designed for those who are interested in clinical care. We have a candidate offer pending for next year. There is a heavy focus on ultrasound and research. Dr. Pannu described the plan in place for completing the 3-month milestone based assessment of trainees as well as conducting semi-annual reviews. It is disclosed up front that the fellowship does not result in board eligibility. PD is highly transparent in this regard.</p> <p>IM PD, Dr. Vanka inquired about how often there is a fellow from this program in the units and whether or not the supervise IM residents.</p> <p>Dr. Pannu informed that they are scheduled to Finard and MICU so they do work with IM residents there.</p>	<p>The Advanced Clinical training in Critical Care Ultrasound program was reviewed and unanimously approved by the GMEC (with one person, Dr. Pannu abstaining).</p>

	<p>Dr. Schwartzstein inquired about the long-term plan for the program and if it is sustainable. Advertising for this program tends to be mainly word of mouth. Currently being funded by the Dept of Anesthesia.</p> <p>Dr. Tibbles spoke to the NST program applications as an important piece in the review process to ensure there is an educational need outlined for the program.</p>	
Appointment of New Program directors [I.B.4.b).(8)]	<p>Dr. Doodlesack is the proposed candidate for PD role in Emergency Medicine. She is a graduate of the program here where she also completed a Med Ed fellowship. She has conducted a significant amount of Med Ed research exploring grading in core clerkships and how that influences EM applications, as well as how female PDs influence women choosing program. She also developed a successful intern mentorship program in EM.</p> <p>Dr. Doodlesack started as assistant PD, and was then quickly promoted to an APD role. She has great leadership experience. The outgoing PD, Dr. Bilello is moving into an industry role. She is highly supportive of the transition to Dr. Doodlesack as new PD. Spoke highly of her experience in working with Dr. Doodlesack as an APD.</p>	<p>New Program Director for Emergency Medicine unanimously approved with a 7/1/25 effective date.</p>
Formal Program Name change	<p>Program Name change for "Podiatric Medical and Surgical"</p> <ul style="list-style-type: none"> ○ New Name = Podiatric Medicine and Surgery Residency with Reconstructive Rearfoot/Ankle Surgery (PMSR/RRA) <p>This change is a recommend change by the Podiatry board.</p>	<p>Name change unanimously approved by GMEC.</p>
Other/General		
Alumni Networking	<p>The Trustee Education Committee recently discussed funding gap analysis. A question was raised regarding whether we have a GME alumni network and if we solicit funds. We are looking to further understand which departments and/or program have this type of effort and what types of activities you engage in.</p> <p>Dr. Smith spoke to the robust alumni network in IM. Working to create a clear engagement with alumni in alumni events. They have an existing newsletter. It takes an investment to hold successful events.</p> <p>Dr. Kent expressed that we need funding and staff to organize events. It cannot be our existing administrators. Having dedicated staff to manage is key.</p> <p>Dr. Tibbles expressed her agreement with needing an infrastructure in place to support program efforts.</p>	<p>Survey to be disseminated to gather additional detailed information regarding program level efforts.</p>
Orientation/Onboarding Update	<p>Ms. Dubois provided an update related to GME onboarding and orientation. June orientation went well. IT issues were a hinderance, but worked through with a plan to avoid further issues for the next cohort.</p> <p>An update was provided specific to onboarding of individuals with visas. 6 individuals were hired in June with visa sponsorship needs who were all able to start on time. For the July cohort there are 39 incoming trainees with visa sponsorships. It is anticipated that the majority will start on time</p>	<p>Informational</p>

	<p>with a couple of known exceptions due to individual circumstances.</p> <p>There will be a welcome reception for July & August hires on 7/31 from 5-7 in Klarman. Participating is voluntary but strongly encouraged.</p> <p>Information was also provided regarding the virtual benefits orientation sessions being offer to trainees by the HR benefits team.</p> <p>A question was raised by Dr. Greenstein regarding global health rotations and if it's still ok for the trainees to travel. Upcoming rotations to Zambia are being planned for November, March and May. The trainees planning to participate are US citizens.</p>	
Union	<p>First negotiation meeting will be on 7/21. CIR representatives were present at GME Orientations.</p> <p>Dr. Pannu inquired about how they will know who is on the bargaining committee. Dr. Tibbles indicated that she would share that information if/when a list becomes available. Dr. Pannu expressed that she was interested in knowing broadly if there were any Anesthesia residents included vs. specific names of individuals.</p> <p>Dr. Smith inquired about any program obligation to clear clinical duties for the negotiations to which Dr. Tibbles explained that adjusted rotations was not expected.</p> <p>Dr. Tibbles shared that the meeting cadence is expected to be monthly.</p>	Informational

Meeting concluded at 5:03 PM. Next GMEC meeting scheduled for Sept 8 at 4PM.