BIDMC
GMEC Meeting Minutes
September 8, 2025

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

ATTENDANCE
Voting Membership: C. Tibbles (DIO/GMEC Chair), C. Rosen (ADIO/GME), R. Colman (IM/PC), J. Cutts (Rad PD), A. Doodlesack (EM PD), S. Flier (GI PD), H. Grazioso (TY PD), P. Greenstein (Neuro PD), R. Haspel (Path VC of Ed), T. Kent (Surg PD), J. Naples (ENT PD), S. Neves (Anes PD), D. Rangachari (H/O PD), C. Sams (Psych PD), R. Schwartzstein (SVP Ed/GME), C. Smith (VCEd), W. Stead (ID PD), A. Vanka (IM PD), C. Wang (OBGYN PD), T. Brown (EM Wellness)
Residents/Fellows: B. Allar (Wellness), M. Lie (Wellness), S. Bellegarde (Advocacy& Inc), S. Carpenter
Non-Voting Members: L. Dubois (GME), A. Hinojosa-Alvarez (GME), O.Ezekwelu (GME), D. Parnther (GME)
Guests: Claudia Weitman, Andrey Rakalin, Jennifer Cluett

TOPIC	DISCUSSION	ACTION ITEMS
GMEC Minutes	June 23, 2025 minutes reviewed & approved.	Unanimously **approved.**
GMEC OVERSIGHT MATTERS		
ACGME Accreditation of Each ACGME-Accredited Program **[1.12.a]** **Quality of the GME Learning and Working Environment** **[1.12.b]**	APR Committee Update: - The June APR meeting was held immediately preceding the June 23 GMEC. A summary of the reviews was provided at the June GMEC minutes. The minutes from that meeting have been posted for detailed GMEC review. The next APR meeting is coming up on 9.29.25.	APR Committee minutes from 6.23 were reviewed and unanimously **approved.**
Duty Hours Monitoring **[3.2.e]**	A duty hour monitoring report was presented to GMEC for review and comment. The detailed report from daily logging in Anesthesia was posted prior to the meeting for detailed review. Dr. Sara Neves, highlighted that the 30 day daily logging report was very helpful in the level of detail that was provided. It also provided an opportunity for added clarity and education with the trainees around what the rules are and what counts as a violation. The data was helpful in understanding what was a true violation vs what was a misinterpretation of the rules. The daily logging violations (3) centered around the 1 in 7 days off rule. All occurred as intern violations and involved the averaging over a four- week period with a change in rotations across specialties. Dr. Neves expressed that the report highlighted an opportunity to have more cross talk across specialties when making the schedule. Ms. Dubois raised a question to the committee and Dr. Neves as to whether given the citation in Anesthesia the daily logging period would be	Duty Hour monitoring report reviewed by GMEC. Additional 30-60 days of continuous daily logging in Anesthesia was GMEC advised and accepted.

	continued. Some of the data collection was noted to be inconclusive due to missing logging entries from trainees. Dr. Neves expressed that another month or two of data would be helpful. Dr. Rosen and Tibbles both confirmed that the institutional surveys will continue to go out to programs as standard course. If a pattern of violations are noted then daily logging may be advised by GMEC. All PDs were reminded that we are currently in the internal survey data collection period for duty hours for all programs with a due date of 9/16 for all trainees to submit.	
LoA Aggregate Survey Review [1.12.e]	Aggregate LoA data was presented by Ms. Dubois. Data was also posted prior to GMEC for review. The 2024-2025 date reflected a slight increase from prior years in the total number of leaves taken. Approximately 7% of the total GME population utilized this benefit last academic year. GMEC members expressed interest in seeing additional detail in future reviews such as the split between leave times (parental, personal medical, care for family member). Also looking at the data in terms of total number of weeks may be helpful to review as well.	Aggregate data reviewed by GMEC.
Institutional and Program Vacation Policy Review [1.12.e]	Institutional and program vacation policies reviews indicated no changes for the current academic year. The institution is currently in the collective bargaining stage with the union, thus, lawfully we must maintain the status quo and cannot make changes to our current policies while bargaining is in progress.	Institutional and program vacation policies reviews indicated no changes for the current academic year.
Reviews and Approvals		
Permanent Complement Change Requests [1.13.e] **Temporary Complement Change Requests**	Temp: Dr. Kent reviewed the need for the temporary increase in Surgery. A temporary increase is needed for PGY5s and PGY2s (within total approved permanent complement range). Research break productivity can often create fluctuations in the timing of returns from research break years. In a large program this creates the need for slight adjustments in numbers at each PGY level. In the PGY 2 instance, 2 prelim trainees were offered the opportunity to become categorical trainees. Temp: Dr. Tibbles described the need due to the combined nature of the program. The HPM program needs to request a temporary complement increase in order to list all "combined" fellows during their three years of training. The number of fellows participating in HPM rotations each year is materially. Perm: Dr. Tibbles reviewed the request to increase from 32 to 40 total positions. This was preliminarily discussed at the June 23 GMEC. It was determined by GMEC at that time that additional review and discussion was needed prior to approval. In follow-up to the June GMEC meeting, numerous subsequent program and leadership meetings occurred for further explore the impacts of this request. Dr. Greenstein discussed that the educational merits are justifiable and reasonable. Dr. Vanka, as the IM PD discussed that they are happy to support this effort.	Temporary complement increase for the surgery was review by GMEC and unanimously **approved**. Temporary complement increase for the Hospice and Palliative Care Program (joint program with Heme Onc) was review by GMEC and unanimously **approved**. Complement increase for the Neurology program

	DIO advised that we should put this forward as a vote for ACGME review and approval of the educational merits of the program, but that the actual increase of complement for the match is contingent on the hospital's approval for the funding of the program as well as the request that I'm going to put forward for the APE that's going to support these positions. Both of those things would need to be in place before we actually add the additional resident. We can submit to the ACGME to allow them time to conduct their review and approval while we continue to pursue the financial component with the hospital. Dr. Schwartzstein raised a general discussion around whether the hospital volume and opps meetings are discussing educational impact as they are in planning discussions for the DFCI merger. Dr. Tibbles shared that there is a five year projection in place for what the volume impact might look like. The challenge we face is that we in education want to increase now to be prepared for the volume while the hospital wants to see the patient flow first before we increase. Dr. Schwartzstein highlighted surgery as an example where we need time to ramp up since recruitment of trainees takes time. Dr. Tibbles highlighted that there is a working group working on this and they have had an opportunity to present the education piece to hospital leadership team. We need to continue these conversations on the monthly/weekly basis that we have been doing. Dr. Smith, described a survey that's going out across the medicine programs to help the fellowship PDs think about the changes that are coming. Right now we are trying to make sense of all of the variables and anticipate how things will play out. There's also a question about how much will be engaged at Mt. Auburn and how much will we be needed to help with coverage and consultations there. There are a lot of things that are still up in the air and make this very difficult. It's possible this survey could be adapted and utilized in other context.	was reviewed by GMEC and **approved** for submission to ACGME while financial support from the hospital continues to be negotiated.
New Program Approvals **[1.13.d]**	Regional Anesthesia Application – Dr. Rakalin described the existing program (NST) which is converting to an accredited program. This is a one year clinical training program with about 10% focus on research. It is designed for former Anesthesiology trainees, gaining expertise in ultrasound guided regional anesthesia procedures (nerve blocks, epidurals, etc.), and acute pain management in Orthopeadics. This is a well-recognized subspecialty now that it's been recognized for 10 years. I have been the PD for the program since 2020. Converting to accredited program is the right next step. May help with faculty pipeline as current fellows consider staying. Dr. Sara Neves, PD for Anesthesia, expressed support for the program. Now seems like the right time to move to formal accreditation of the fellowship. This change will not impact current case distribution. Case numbers have been reviewed closely. We are comfortable that we have the resources to support the program. Dr. Rakalin is well versed in ACGME processes. Dr. Rakalin described how the case volume is likely to increase with the	The Regional Anesthesia application for formal ACGME accreditation was reviewed and unanimously **approved** by the GMEC. The Mutidisciplinary Hypertension NST program proposal was reviewed and unanimously **approved** by the GMEC.

	DFCI merger. Dr. Greenstein inquired about whether there is any capacity for Neuro trainees to be utilized for procedures. Dr. Neves, talked about wanting to limit non-Anesthesia learners to protect the educational experience of anesthesia trainees. --- Multidisciplinary Hypertension NST program – Dr. Jennifer Cluett will be the new NST program PD. She described the program as a 1 yr Hypertension fellowship with a clinical focus. Trainees would be PGY4s looking for clinical expertise in Hypertension. Could also be applicable to current fellows in Nephrology, IM, Cardiology, or Endo. The fellowship would include multidisciplinary education across Nephrology, Cardiology, Endo and IM. Ideally there will be exposure to other specialties that touch Hypertension such as Neurology, Geriatrics, & MFM. VC of Education, Dr. Chris Smith indicated that there is a lot of demand for this clinic/program which will not interfere with training of any of our other fellows. It is anticipated that it will be an added benefit to current trainees. Dr. Greenstein expressed her support for the program and interest in integration with Neurology especially as it relates to stroke prevention. Vascular Neurology in particular would likely be thrilled by the addition of this new program. Jen Deerborn in particular might be someone good to connect with.	
International Rotation Request [1.12.c]	Request for Surgery elective rotation in South Africa. Specific rotation experience in international trauma for chief resident. This is a structured experience. Dr. Kent, described her review of the goals and objectives and that it appeared to be an excellent educational experience for the chief resident. Dr. Tibbles described that supervision and safety were not noted to be of concern. He will be supervised by a board certified trauma surgeon. The hospital was identified as Groote Schuur Hospital in Cape Town. Dr. Greenstein gave her support, having formerly lived in South Africa. She spoke specifically of Groote Schuur Hospital as a bastion of excellence.	International rotation experience for Surgery trainee was reviewed and unanimously **approved** by the GMEC.
Exceptional Candidate Review [1.13.o]	Dr. Cutts presented Santosh Dhungana as a proposed exceptional candidate for acceptance into the accredited MSK program as an internal transfer from Cross Sectional Imaging (NST).	Exceptional candidate proposal was reviewed and unanimously **approved** by the GMEC.
Participating Site Changes [1.13.g]	Additions: ○ Tweksbury State Hospital: Psychiatry – **off-cycle vote** to approve via email (see summary posted on GMEC page) ○ Brockton: Emergency Medicine – **off-cycle vote** to approve via email (see summary posted on GMEC page) ○ Atrius: Endo -- Fellows gain additional experience in outpatient	Tweksbury State Hospital and Brockton Hospital site additions for Psychiatry and EM were review and

	endocrinology practice primarily under Dr. Jeffrey Garbar who is a teaching faculty member of our institution. ○ MAH: Plastic Surgery – Residents work alongside academic and private-practice faculty, gaining broad, hands-on experience with board-certified plastic surgeons across reconstructive and aesthetic surgery. Exposure includes facial aesthetic procedures, post-mastectomy breast reconstruction, cosmetic breast surgery, body contouring, and nonsurgical rejuvenation. ○ BIDMC Milton; Plastic Surgery - We work with two Plastic Surgery trained Hand Physicians, who see patients in the clinic and in the operating room at BID-Milton campus. Our residents are assigned to a dedicated hand rotation lasting one month. While we have this rotation in place for our Independent residents, our Integrated residents are now at a point in their training in which they will ○ BIDMC Needham: Plastic Surgery - Cosmetic Surgery for Plastic Surgery has been moved off the Main BIDMC Campus, previously it was 1 Brookline Place with the closure of that site, the BIDMC Needham site is being utilized for cosmetic surgery. We now have several Integrated Plastic Surgery Residents at the point in surgery in which they will start working with our plastic surgeons to participate in care for patients who are scheduled at these sites. ○ Boston Center for Facial Rejuvenation: ENT -- Part of the Otolaryngology core competencies for graduation requires expertise in facial trauma, functional and cosmetic aspects of facial plastic surgery. The BIDMC experience offers experience in facial trauma during the PGY-3 year and reconstruction of H&N defects throughout training. Our program was interested in complementing this experience with a rotation at Boston Center for Facial Rejuvenation. The faculty at this location are fellowship trained, and committed to education. This experience would offer a 3-month, senior-level cosmetic facial plastic experience for our trainees that would prepare them for achieving competence in facial plastic surgery. ○ Boston Center for Plastic Surgery: ENT -- Part of the Otolaryngology core competencies for graduation requires expertise in facial trauma, functional and cosmetic aspects of facial plastic surgery. The BIDMC experience offers experience in facial trauma during the PGY-3 year and reconstruction of H&N defects throughout training. Our program was interested in complementing this experience with a rotation at Boston Center for Plastic Surgery. The faculty at Boston Center for Plastic Surgery is an experienced educator and has worked with Otolaryngology residents from BU for decades. His experience as an educator and comprehensive facial plastic surgery offers a nice adjunct to our trainee experience. This would be part of the 3-month, senior-level facial plastic rotation for our trainees. ○ BID Plymouth - Vascular Integrated – pending the discontinuation of site utilization for general surgery, has appropriate case volume to cover one integrated vascular resident for one rotation ○ Lahey: Hand Surgery -- entered in error	approved by electronic vote with the discussion and voting details captured and posted with the 9.8.25 GMEC meeting materials. All site additions and deletions noted in the minutes were reviewed and unanimously **approved** by the GMEC.

	Deletions: ○ Lahey: Hand Surgery - entered in error ○ BID Plymouth – Surgery - we will no longer be going there this year due to the limited amount of cases they currently have for every rotation ○ MAH: Gyn Onc - Our faculty presence at Mount Auburn Hospital has decreased and it is logistically challenging for our fellows to be there. There is more than enough volume at our primary site.	
Other/General		
GME Wellness Retreat **[2.2.c]** **[1.12.b]**	Dr. Tibbles shared that PD Wellness Retreat planning is underway for 10/20 (afternoon event 12-4). The retreat will cover topics such as learning environment, coaching, wellbeing, and giving feedback. Dr. Naples shared that a speaker has been secured for the event. Psychologist for the Olympics team will be presenting on performance psychology related topic.	Informational
Union	Dr. Tibbles shared that we are currently in active negotiation (have had three sessions so far). Have mainly reviewed non-economic proposals so far.	Informational
ADS Updates **[1.2.b.;1.12.a]**	Dr. Tibbles shared that the Window 1 reviews and submissions were all completed. Window 2 submissions are past due for DIO review. Feedback will be provided to programs by 9/12. Dr. Tibbles reminded all programs that the major changes section should not be left blank.	Informational
Resident Forum Update **[2.3]**	The first resident forum meeting of the year took place on 7.22.25. We are working to shift future meeting times to later in the day to better accommodate resident schedules. Created new chief resident distribution list. Planning to reach out to chiefs to recruit more resident forum members and re-establish leadership of the group for the year. Hoping to map out meetings for the remainder of the academic year to make it easier for trainees to plan around.	Informational
Resident Support Systems Survey Results	Dr. Sandy Carpenter presented Disability Accommodations survey results. Most common disability type was attention deficit disorder. 13% of respondents indicated that they had a disability. 40% of respondents with disabilities indicated that they did not have accommodations. 1/3 of disabled respondents indicated that they had experienced disability related mistreatment. Conducted focus group interviews. Opportunities for intervention include: early identification, up front information (i.e. during orientation) on the accommodations request process, streamline the request process with centralized information and points of contact, designation of a liaison who trainees can meet with and answer questions. Additionally, residents expressed a need for peer support networks and the inclusion of information in Wellness resources. Overall, PDs expressed strong support for this work. Dr. Greenstein inquired about any exploration of PD/APD, resident, fellow experiences in dealing with residents with disabilities.	Informational

Meeting concluded at 5:31 PM. Next GMEC meeting scheduled for October 20 at 3:30PM. Additional communication will be sent RE the potential of rescheduling this meeting due to PD retreat taking place on 10/20.