Faculty Council  
December 17, 2019, MN 136  
Minutes

**Present**
- Hubert Ballard
- Lee Blonder
- Lon Hays
- Kristy Deep
- Isabel Mellon
- Wally Whiteheart
- Brett Spear
- Gaby Gabriel
- April Hatcher

**Not Present**
- Donna Wilcock
- Paul Kearny
- Julia Stevens

Invited Guests: Lisa Tannock, Davy Jones, Matthew Sanger

The meeting was called to order at 5:02 p.m.

1. The **College of Medicine Biomedical Education Committee** has approved the following new course proposal submitted by David Orren and it is now ready for Faculty Council review: Doctoral Degree Program Change for Toxicology & Biology. All documents pertaining to this new course proposal are attached. **Faculty Council unanimously approved.**

2. Katherine McKinney presented the Graduate Medical Education (GME) Annual Institutional Review for 2018-2019:
   a. The GME Annual Institutional Review was presented to the Board of Trustees last week; and
   b. Katherine McKinney will send the detailed report to Faculty Council and the slides she presented will be posted with the minutes

3. Davy Jones gave Faculty Council an update on the **Rules of the Faculty**:
   a. The Rules draft previously approved by the Faculty Council was sent to the College of Medicine Executive Committee (Council of Chairs) for input. Several edits were received;
   b. Faculty Council voted to approve those edits into a final version of the Rules to be proposed to the General Faculty;
   c. The next General Faculty meeting will be held in January. Faculty Council voted for the meeting to be held on January 23, 2020, at noon;
   d. The **Rules of the Faculty** will be sent to faculty a week before the General Faculty Meeting;
   e. Davy Jones will present a short summary of the changes to the **Rules of the Faculty** at the General Faculty Meeting on January 23, 2020; and
   f. An electronic vote on the Rules by the General Faculty will be conducted 10 days after the General Faculty meeting.
4. Lisa Tannock made a call for nominations for a junior Council of Faculty and Academic Societies (CFAS) committee member for AAMC – the nominations will be emailed to her.

5. Lisa Tannock presented an update on the College of Medicine Conflict of Interest Committee Directional Work Group.
   a. The Conflict of Interest Committee Directional Work Group’s name has been changed to the College of Medicine Faculty Form F/Overload Committee.
   b. There are three Conflict of Interest Committees:
      i. Research Conflict of Interest (University) – all full-time faculty in the College of Medicine who receive extramural research funding of any kind or serve as a sun-investigator on any human subjects research;
      ii. Conflict of Interest (UK HealthCare) – all full-time faculty, regardless of title series, in any of the six health care colleges; and
      iii. College of Medicine Faculty Form F/Overload Committee – all College of Medicine Faculty, regardless of title series.
   c. If in doubt, file a Form F – Faculty submits their Form F from their myUK. It is located under Enterprise Services – Workflow – Faculty Overload. Chair is the first point in approval or denial. If approved, the form is sent to Lisa Tannock, as the Dean’s delegate, and reviewed by the Form F/Overload Committee. Final approval is not obtained until the Provost has reviewed. Most requests are reviewed within two weeks.
   d. A quarterly report of department Form Fs are now sent to all chairs.
   e. Lisa Tannock tentatively plans to present this information at the January General Faculty meeting and is also going to department/division meetings to share with faculty.
   f. The slides will be sent out with the Faculty Council Minutes.

Meeting adjourned at 6:04 p.m.
College of Medicine Conflict of Interest Committee Name Change

The College of Medicine Faculty Form F/Overload Committee
Three Conflict of Interest Committees

- Based on University and/or Enterprise Policies and Procedures
  - Governing Regulations: GR X; XIV B. 9 & 10
  - Administrative Regulations: AR 3:14; 3:9, 7:2; 7:6; 7:9
  - UKHC Policy Numbers: A01-030; A01-105; A01-155; A01-160

Conflict of Interest Committee

**UK HealthCare**

**Who:** All full-time faculty, regardless of title series, in any of the six health care colleges

**When:** Annually (opens each March)

- Required Disclosures
  - All professional income from sources other than the University of Kentucky
  - Any travel paid for by an entity other than UK or KMSF
  - All outside employment and consulting agreements
  - Relationships with vendors, including research support, vendor boards, and advisory boards
  - Participation in vendor sponsored or supported educational or informational programs
  - All other relationships with vendors

Preliminary working document. Confidential and proprietary.
Research Conflict of Interest Committee

University

Who: All full-time faculty in the College of Medicine that receive extramural research funding of any kind or serve as a sub-investigator on any human subjects research

When: Within 30 days of acquiring an interest or of travelling

• Required Disclosures:
  – Ownership in, positions held, and any income from, any publicly or non-publicly traded company
  – Income from intellectual property from sources other than UK
• Human subjects research participation
• Participation in research funded by a Public Health Service agency
• Travel sponsored or reimbursed by any non-UK entity
• Relationships (awards, positions, incentives, gifts, or money) with foreign universities, companies, governments, hospitals, or other foreign groups

The College of Medicine Faculty Form F/Overload Committee

Who: All College of Medicine Faculty, regardless of title series

When: Prior to the commencement of overload activity, as required by AR 3:9

• Required Disclosures*:
  – Any work outside the usual assignment, internal or external
  – Professional or educational outside activities
  – Services on boards, committees, or commissions
  – Speeches or lectures (paid/unpaid external or paid internal)

*Faculty Form F/Overload Committee excludes federal study section participation, i.e., NIH, DOD, NSF, and VA; however, study section reporting is required for annual Conflict of Interest Committee (UK HealthCare) disclosure.
The College of Medicine Faculty Form F/Overload Committee

- Oversight, supervision, or other participation with any entity or person involved with education, research, health, or medical care outside the Distribution of Effort (DOE)
  - Submission of the faculty form f/overload form serves as faculty member confirmation that scope of work is outside DOE
  - Department Chair approval indicates confirmation that scope of work is outside faculty member’s DOE

- Beginning this fiscal year (FY20) department chairs are receiving quarterly departmental faculty form f/overload submission reports

Note: The College of Medicine developed the Faculty Form F/Overload Committee to more quickly review overload submissions. Representation includes the Dean’s Designee, UK HealthCare Corporate Compliance, UK Legal, and Faculty Council nominated faculty.

Navigating Conflict of Interest Reporting

Conflict of Interest Committee (UK HealthCare)

Research Conflict of Interest Committee (University)

College of Medicine Faculty Form F/Overload Committee
Navigating Conflict of Interest Reporting

**Conflict of Interest Committee (UK HealthCare)**
- Annual Reporting Required – **open 365 days a year**
  - For Each Activity
  - Note: New reporting year begins March 1, annually, for previous 12 month period

**Research Conflict of Interest Committee (University)**
- 30 Day Reporting Required – **open 365 days a year**
  - For Each Activity
  - Note: New reporting year begins March 1, annually, for previous 12 month period

**College of Medicine Faculty Form F/Overload Committee**
- Prior Approval Required – **open 365 days a year**
  - For Each Activity

Benefits of Faculty Form F/Overload Submission

- Convenient guided form assists faculty members remain compliant with [AR 3:9 Faculty Consulting and Other Overload Employment](#) (requires prior approval of an overload commitment)
- Mechanism to approve scholarly activity as professional rather than vacation leave
- Approves faculty member to directly receive honoraria, in most cases
- Free legal review of contracts related to outside review
Faculty Form F/Overload Review Process

- Three levels of review always occur within workflow
  - Department Chair Review
  - Dean or Dean’s Designee Review
  - Provost’s Office Review
- Any level may deny the overload
  - System-generated email will notify faculty member and each down-level approver
- System-generated approval message will only be released after the Provost’s Office approval
  - No correlation between system-generated approval message and other Conflict of Interest Committees (or overload-related contract review)

<table>
<thead>
<tr>
<th>Process Time</th>
<th>Approved</th>
<th>Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2 Days</td>
<td>16</td>
<td>3</td>
</tr>
<tr>
<td>3 - Less Than 7 Days</td>
<td>85</td>
<td>3</td>
</tr>
<tr>
<td>1 - 2 Weeks</td>
<td>81</td>
<td>19</td>
</tr>
<tr>
<td>2 - 3 Weeks</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>3 - 4 Weeks</td>
<td>23</td>
<td>3</td>
</tr>
<tr>
<td>4 - 6 Weeks</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>6 - 8 Weeks</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>8 - 10 Days</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>10 - 16 Weeks</td>
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<td>2</td>
</tr>
<tr>
<td>16 - 24 Weeks</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>24 - 38 Weeks</td>
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</tr>
<tr>
<td>38 - 52 Weeks</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>More Than 1 Year</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Totals:</td>
<td>260</td>
<td>39</td>
</tr>
</tbody>
</table>

College of Medicine Faculty Form F/Overload Appeal Process

- Faculty may appeal a form f/overload denial
  - **Step 1:** If the faculty member chooses to appeal a denial; the faculty member discusses an appeal with the Department Chair
  - **Step 2:** If Department Chair supports the appeal, the Department Chair must write a letter of justification addressed to the College of Medicine Dean
  - **Step 3:** Provided sufficient detail is provided when filing an appeal, the College of Medicine Dean will make a decision and notify the faculty member and the department chair, usually within five (5) business days
- An appeal denied by the College of Medicine Dean, may be appealed at the Provost level
- Provost decision is final
College of Medicine Protocol Update

Vacation vs. Professional Leave

Previous protocol: All paid overload work required vacation time utilization during working hours

Protocol update: At the discretion of the Senior Associate Dean for Faculty Affairs and Development, in consultation with the Department Chair, a faculty member may utilize professional leave rather than vacation leave to fulfill paid overload work, occurring during regular working hours, if the overload can be classified as:

• An activity done in support of promotion and tenure effort
• Benefiting a department or the institution
• E.g., invited grand rounds presenter, professional organization/conference involvement, study section participation

Reminders

• When in doubt, disclose
• “Faculty employees engaged in consulting and other overload activities must not use the name of the University of Kentucky in such a manner as to suggest institutional endorsement or support of a non-University enterprise” (AR 3:9)
• Speaker’s Bureau participation is not permitted
Reminders

- Overload activities should not interrupt patient-care and teaching responsibilities, must follow University & UK HealthCare policies
- Any clinical work, outside the University of Kentucky, is included in the practice plan agreement that all billing providers sign
  - All clinical revenue must go through KMSF
- While employed by the University of Kentucky, a clinician’s non-compete clause is in effect regardless of distance from Lexington, Kentucky
- Internal (UK) moonlighting, as approved by the department, is exempt

Tools

- Governing Regulations
  - **GR X Regulations Affecting Employment**
  - **GR XIV B. 9 & 10 Conflicts of Commitment** and **Conflict of Interest**
- Administrative Regulations
  - **AR 3:14 Practice Plans for Health Sciences Colleges and University Health Services**
  - **AR 3:9 Faculty Consulting and Other Overload Employment**
  - **AR 7:2 Financial Conflict of Interest Involving Research**
  - **AR 7:6 Intellectual Properties Policy and Procedures**
  - **AR 7:9 Institutional Conflicts of Interest Involving Research**
Tools

- UK HealthCare Policy and Procedures
  - A01-030 Conflicts on Interest
  - A01-105 Industry Representatives
  - A01-155 Interaction with Industry Representatives
  - A01-160 Annual Disclosures of Conflict of Interest
- Upcoming Tools
  - Faculty User’s Guide
  - Department Chair User’s Guide
November 22, 2019

College of Medicine community,

Please find attached the University of Kentucky College of Medicine Graduate Medical Education 2018-19 Annual Institutional Review Executive Summary.

The UK College of Medicine is the sponsoring institution for all UK residency and fellowship programs accredited by the Accreditation Council for Graduate Medical Education (ACGME). The ACGME requires that the sponsoring institution’s Graduate Medical Education Committee conduct an institutional review at the close of each academic year.

On behalf of the UK Graduate Medical Education Committee and our residents and fellows, thank you for your partnership and support of our educational mission to prepare physicians for independent practice. As you will see in the attached report, our UK Graduate Medical Education programs continue to advance the delivery of high quality patient care by providing excellent education to the next generation of Kentucky physicians.

Sincerely,

[Signature]

Katherine McKinney, MD, MS
Senior Associate Dean, Graduate Medical Education
ACGME Designated Institutional Official
University of Kentucky College of Medicine
Graduate Medical Education Programs

In 2018-19, the total number of Accreditation Council for Graduate Medical Education (ACGME) residency and fellowship programs sponsored by the University of Kentucky (UK) College of Medicine increased to 70 programs in addition to two American Board of Psychiatry and Neurology (ABPN) accredited programs also recognized by the ACGME. Programs added include four new programs in Lexington and four additional programs in Bowling Green, Kentucky (Figure 1). The number of residents and fellows training at UK has also steadily grown, with 731 trainees enrolled in ACGME-accredited programs since July 1, 2019.

**Figure 1: 2018-19 Newly Accredited Graduate Medical Education Programs**

| Bowling Green, KY: General Surgery Residency, Interventional Cardiology Fellowship, Obstetrics and Gynecology Residency, Pulmonary Disease Fellowship |

*Program accreditation by ABPN

Institutional Accreditation Compliance

Institutional accreditation status is determined annually by the ACGME. The UK College of Medicine remains in ACGME **Continued Accreditation with Substantial Compliance.**

Program Accreditation Compliance

UK College of Medicine Graduate Medical Education (GME) has excellent program accreditation outcomes for 2018-19, with all programs achieving desirable accreditation decisions (Figure 2).
Accreditation decisions for 2018-19 resulted in 47 programs attaining substantial compliance, nine programs with new or extended citations, and 18 programs with areas for improvement (AFI) (see appendix for detailed results). The number of citations and AFI’s has increased as compared to 2017-18, however, the net volume is low considering the growth and complexity of our residency and fellowship programs. The ACGME reviews each program annually, providing opportunity for citations and AFI’s to be resolved.

**ACGME Accreditation Indicators**

**Resident and Faculty Survey Results**

The ACGME requires residents and faculty to complete an annual survey assessing each training program, with survey results being a critical factor determining each program’s accreditation status in the next academic year. UK’s institutional aggregate resident survey results have consistently remained above the national average in 2018-19 and during prior academic years. Faculty survey results for the 2018-19 academic year remain slightly below the national average but overall continue to be substantially compliant with regard to ACGME requirements (see appendix for detailed results).

**Procedural Case Volume**

Seventeen ACGME programs are required to continuously record and track resident/fellow procedural case volumes with outcomes affecting each program’s accreditation status. Each program’s graduate case volume attainment is monitored closely by the College of Medicine Graduate Medical Education Committee (GMEC) and compared to ACGME benchmarks and peer programs. 2018-19 ACGME graduate case volume revealed 16 of the 17 programs met
or exceeded ACGME benchmarks in all categories. One program had two graduates who did not meet the benchmark in one of the 16 procedural categories tracked in this specialty, in part due to recent increase in the minimum number of procedures required.

Faculty and Trainee Scholarly Activity

Faculty and resident/fellow scholarly productivity is reported annually to the ACGME. In 2018-19, 82 percent of faculty and 95 percent of trainees reported one or more scholarly work products.

Quality Improvement and Patient Safety

In September 2017, the UK College of Medicine was selected to participate in the ACGME Patient Safety Leaders Collaborative through a competitive application process. Continued involvement in this 18-month initiative during the 2018-19 academic year allowed UK to contribute to future changes in graduate medical education accreditation standards related to training physicians in patient safety. As part of this project, SWARM training, the UK method of root cause analysis, was implemented starting in 2017-18 with required participation of all first-year residents and continues during the current academic year. In 2018-19, first-year residents also completed a Unit Level SWARM. Continuation of this project in 2019-20 allows even more resident/fellow participation in SWARMS. In addition to involvement in patient safety analysis, many GME residents and fellows presented outcomes from quality improvement projects in the UK Healthcare Enterprise Quality and Patient Safety Poster Forum held in May 2019.

Faculty Development and Wellness Activities

The UK College of Medicine Classroom Teaching and Clinical Teaching Workshops continued during the 2018-19 academic year. New faculty members also had opportunities to participate in UK College of Medicine new faculty orientation. A central GME wellness resources webpage continues to serve as a hub for institutional and program trainee wellness resources. An internal SharePoint resource page was also developed and houses curricular materials for development of program and department level wellness initiatives.

Workforce Diversity Activities

During the 2018-19 academic year, the UK College of Medicine provided college-wide programs targeted for women in medicine and other underrepresented minority groups. Faculty and residents/fellows participated in unconscious bias training and diversity and inclusion web-based training offerings. GME residencies and fellowships also developed and implemented strategies to reduce bias during resident and fellow recruitment.
Graduate Outcomes

Aggregate residency and fellowship specialty board certification rates continue to exceed ACGME benchmarks. Out of the 56 programs with board certification data available, 46 programs’ multi-year certification rates remain greater than 80 percent, the ACGME benchmark. In addition, 30 of these 46 programs’ multi-year graduate board certification rates remain at 100 percent.

In 2019, 40 percent of residents and fellows graduating and going into practice stayed in Kentucky (Figure 3).

![Figure 3: 2019 GME Graduate Practice Location](image-url)

*Graduates continuing in GME training outside of UK excluded

Continuous Quality Improvement

As part of the annual institutional review process, the ACGME requires the GMEC to develop yearly action plans and monitoring procedures. UK’s GME 2018-19 action plan focuses on areas of opportunity related to enhancing shared curricular resources for training programs, providing more career preparation resources to senior trainees, and career preparation resources, implementing a more robust oversight process for monitoring new training programs, and developing program specific dashboards and additional faculty development materials (see appendix for more details).
## ACGME Program Citations and Areas for Improvement

### Table 1: 2018-19 ACGME Program Citations

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Citation</th>
<th>2018-19 Status</th>
</tr>
</thead>
</table>
| Addiction Medicine Fellowship                   | Evaluation of Faculty  
Program Requirement: V.B.1 and V.B.3.  
Program must at least annually evaluate faculty performance in the program and allow fellows the opportunity to confidentially provide faculty feedback.  

**Specific issue:** sample form submitted with application suggested a fellow’s name may be included                                                                 | New citation |
| Bowling Green Obstetrics and Gynecology Residency | Institutional Support-Program Director  
Program Requirement: I.A.1.  
Program director must devote no less than 20 hours per week of his or her effort to administrative and educational activities of the program and receive institutional support for this time.  

**Specific issue:** incorrect entry of program director hours devoted to program in program application                                                                 | New citation |
| Bowling Green Obstetrics and Gynecology Residency | Responsibilities of Faculty  
Program Requirement II.B.5.  
Faculty must establish and maintain an environment of inquiry and scholarship with an active research component  

**Specific issue:** program core faculty do not have scholarship outside of local presentations and activities nor project a plan for faculty scholarship                                                                 | New citation |
| Bowling Green Obstetrics and Gynecology Residency | Qualifications of Faculty  
Program Requirement II.B.8.a)  
Subspecialty Faculty Educators should be certified in the subspecialty or possess qualifications acceptable to the Review Committee  

**Specific issue:** faculty member identified as female pelvic medicine and reconstructive surgery (FPMRS) subspecialty educator is not certified in FPMRS                                                                 | New citation |
<table>
<thead>
<tr>
<th>Program</th>
<th>Specific Issue</th>
</tr>
</thead>
</table>
| **Bowling Green Obstetrics and Gynecology Residency** | Evaluation of Resident Program Requirement: V.A.3.-V.A.3.b. Specialty-specific Milestones must be used as part of the summative evaluation which must become part of the resident’s permanent record, be in accordance with institutional policy document final period of training and verify that the resident can enter practice without supervision.  
**Specific issue:** summative evaluation provided in the initial program application did not contain required elements |
| **Bowling Green Obstetrics and Gynecology Residency** | Educational Program-Procedural Experience Program Requirement IV.A.6.d), (1) Program must provide training or access to training in the provision of abortions and this must be part of the planned curriculum  
**Specific issue:** program has not established access to opt-out abortion training as part of the planned curriculum |
| **Bowling Green Psychiatry Residency** | Formative Evaluation Program Requirement: V.A.2.b). (1) The program must provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones.  
**Specific issue:** submission of additional evaluation forms required by ACGME |
| **Bowling Green Psychiatry Residency** | Number of Residents Program Requirement: III.B.2 Programs should have at least three residents at each level of education.  
**Specific issue:** only two residents in the second year of the program due to learner attrition |

*New citation*

*Citation not reviewed during the 2018-19 accreditation cycle due to transition from initial to continued accreditation; will receive updated status in 2019-20*
<table>
<thead>
<tr>
<th>Program</th>
<th>Responsibilities of Faculty</th>
<th>New citation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling Green General Surgery Residency</td>
<td>Clinical and/or basic science research must be ongoing in the residency program, based at the primary teaching institution and performed by faculty with direct resident involvement.</td>
<td>New citation</td>
</tr>
<tr>
<td></td>
<td><strong>Specific issue:</strong> lack of clinical and/or basic science research among faculty without evident plan to increase endeavors</td>
<td></td>
</tr>
<tr>
<td>Bowling Green General Surgery Residency</td>
<td><strong>Resources</strong> Program Requirement: II.D.3. Institutional volume and variety of operative experience must ensure a specific number and distribution of complex cases</td>
<td>New citation</td>
</tr>
<tr>
<td></td>
<td><strong>Specific issue:</strong> low case volume reported in several categories</td>
<td></td>
</tr>
<tr>
<td>Epilepsy Fellowship</td>
<td><strong>Program Director/Responsibilities/Accurate and Complete Information</strong> Program Requirement: II.A.3.a) The program director must prepare and submit all information required and requested by the ACGME. (Core)</td>
<td>Citation not reviewed during the 2018-19 accreditation cycle due to transition from initial to continued accreditation; will receive updated status in 2019-20</td>
</tr>
<tr>
<td></td>
<td><strong>Specific issue:</strong> the CVs of many faculty members have incomplete or incorrect information; items listed as still “in press” or “in preparation” when published several years ago</td>
<td></td>
</tr>
<tr>
<td>Lexington General Surgery Residency</td>
<td>Learning and Working Environment Program Requirement VI.F.1 Clinical and educational work hours must not exceed 80 hours per week when averaged over a four-week period, inclusive of all in-house clinical and educational hours, clinical work done from home and all moonlighting</td>
<td>New citation</td>
</tr>
<tr>
<td></td>
<td><strong>Specific issue:</strong> 2018 ACGME program resident survey showed dissatisfaction with maximum work hours per week</td>
<td></td>
</tr>
<tr>
<td>Morehead Family Medicine Residency</td>
<td>Learning and Working Environment Program Requirement VI.F.1 Clinical and educational work hours must not exceed 80 hours per week when averaged over a four-week period, inclusive of all in-house clinical and educational hours, clinical work done from home and all moonlighting</td>
<td>New Citation</td>
</tr>
<tr>
<td></td>
<td><strong>Specific issue:</strong> 2018 ACGME program resident survey showed down-trending data regarding this requirement</td>
<td></td>
</tr>
<tr>
<td>Program</td>
<td>Evaluation Details</td>
<td>Specific issue</td>
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<tr>
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<tr>
<td>Morehead Family Medicine Residency Osteopathic Recognition</td>
<td><strong>Summative Evaluation</strong> &lt;br&gt; Program Requirement V.A.3.b), V.A.3.c), V.A.3.c),(1) - V.A.3.c).(3) &lt;br&gt; Summative evaluation form submitted did not document the resident’s performance related to OPP and the resident’s ability to practice OPP without supervision.</td>
<td><strong>Specific issue:</strong> program did not address osteopathic principles and practices evaluation on summative evaluation form</td>
</tr>
<tr>
<td>Morehead Family Medicine Residency Osteopathic Recognition</td>
<td><strong>Program Evaluation</strong> &lt;br&gt; Program Requirement: V.C and V.C.1 &lt;br&gt; Designated osteopathic residents and osteopathic faculty members must have the opportunity to evaluate the osteopathic components of the program confidentially and in writing at least annually.</td>
<td><strong>Specific issue:</strong> program did not submit a form that would allow faculty an opportunity to evaluate program</td>
</tr>
<tr>
<td>Neurological Surgery Residency</td>
<td><strong>Performance on Board Exams</strong> &lt;br&gt; Program Requirement V.C.6 &lt;br&gt; At least 80 percent of a program’s graduate taking the ABNS certifying oral examination for the first time during the past five years must pass</td>
<td><strong>Specific issue:</strong> five-year first-time pass rate was 66% as of Fall 2018</td>
</tr>
<tr>
<td>Thoracic Surgery Integrated Residency</td>
<td><strong>Evaluation of Residents</strong> &lt;br&gt; Program Requirement: V.A.2.b); V.A.2.b),(1) &lt;br&gt; The program must provide objective assessments of competence in patient care and procedural skills, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice based on the specialty-specific Milestones. (Core)</td>
<td><strong>Specific issue:</strong> resident evaluation process needs improvement</td>
</tr>
</tbody>
</table>
Evaluation of Faculty
Program Requirement: V.B.3.
This evaluation must include at least annual written confidential evaluations by the residents (Detail). Specific issue: residents reported that they are not certain their evaluations of faculty are confidential given the size of the program

Scholarly Activities
Program Requirement: IV.B.3.
Sponsoring institution and program should allocate adequate educational resources to facilitate resident involvement in scholarly activities. Specific issue: concern regarding adequate resources to support resident scholarly activity

Table 2: 2018-19 ACGME Program Areas for Improvement

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Area for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowling Green General Surgery Residency</td>
<td>Faculty Certification</td>
</tr>
<tr>
<td>Specific concern: program director does not possess certification in the primary specialty</td>
<td></td>
</tr>
<tr>
<td>Bowling Green Obstetrics and Gynecology Residency</td>
<td>Failure to Provide Required Information</td>
</tr>
<tr>
<td>Specific concern: incorrect answer provided for question on new program application</td>
<td></td>
</tr>
<tr>
<td>Bowling Green Obstetrics and Gynecology Residency</td>
<td>Procedural Volume</td>
</tr>
<tr>
<td>Specific concern: potential for inadequate operative vaginal delivery volume</td>
<td></td>
</tr>
<tr>
<td>Bowling Green Obstetrics and Gynecology Residency</td>
<td>Resident/Fellow Scholarly Activity</td>
</tr>
<tr>
<td>Specific concern: ability for residents to participate in meaningful scholarly activity</td>
<td></td>
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<tr>
<td>Child Neurology Residency</td>
<td>Board Passage Rate</td>
</tr>
<tr>
<td>Specific concern: five year rolling board pass rate was 60 percent as of Fall 2018</td>
<td></td>
</tr>
<tr>
<td>Critical Care Medicine Fellowship</td>
<td>Faculty Scholarly Activity</td>
</tr>
<tr>
<td>Specific concern: no scholarly activity reported for 7 of 19 faculty members</td>
<td></td>
</tr>
<tr>
<td>Diagnostic Radiology Residency</td>
<td>Board Passage Rate</td>
</tr>
<tr>
<td>Specific concern: current 5-year board passage rate is below 90% for board exam occurring during training</td>
<td></td>
</tr>
<tr>
<td>Hazard Family Medicine Residency</td>
<td>Clinical Experience</td>
</tr>
<tr>
<td>Specific concern: pediatric clinic experiences and faculty scholarship</td>
<td></td>
</tr>
<tr>
<td>Interventional Radiology – Independent Residency</td>
<td>Clinical Experience</td>
</tr>
<tr>
<td>Specific concern: reported low number of new patient outpatient clinic visits</td>
<td></td>
</tr>
</tbody>
</table>

5
<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Specific Concern</th>
<th>Evaluation or Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonatal-Perinatal Medicine Fellowship</td>
<td>Board Passage Rate - noted 50% board pass rate in 2016 and 2018</td>
<td></td>
</tr>
<tr>
<td>Orthopaedic Sports Medicine Fellowship</td>
<td>Procedural Volume - low patient volume in hip arthroscopy and meniscus</td>
<td></td>
</tr>
<tr>
<td>Plastic Surgery - Integrated Residency</td>
<td>Learning and Working Environment - 2018 ACGME resident survey demonstrated dissatisfaction with maximum work hours per week and other work hours related requirements</td>
<td></td>
</tr>
<tr>
<td>Rheumatology Fellowship</td>
<td>Faculty Scholarly Activity - lack of scholarly activity reported for 3 of 5 faculty members</td>
<td></td>
</tr>
<tr>
<td>Rheumatology Fellowship</td>
<td>Learning and Working Environment - ACGME survey issues were not addressed in annual ACGME data update</td>
<td></td>
</tr>
<tr>
<td>Surgical Critical Care Fellowship</td>
<td>Procedural Volume - two case log minimum categories were reported as zero for the previous academic year</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Summative evaluation did not attest to fellow’s ability to practice independently and without direct supervision</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Learning and Working Environment - review of aggregate 3-year ACGME residency survey demonstrated dissatisfaction with maximum work hours and continuous hours scheduled</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Procedural Volume - lack of oversight of procedural logs during semiannual and summative evaluation time</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Program Director Responsibilities - at the time of the site visit, supervision policy demonstrated no supervision classifications</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Resident/Fellow Scholarly Activity - review of 2016-2017 scholarly activity report demonstrated very little scholarly work in the program</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery Fellowship</td>
<td>Resources - fellows perceived lack of electronic health record integration across multiple sites</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery - Integrated Residency</td>
<td>Evaluations - summative evaluation provided does not attest to the resident’s ability to practice independently and without direct supervision</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery - Integrated Residency</td>
<td>Faculty Development - at the time of the site visit, faculty reported concern that faculty development efforts are insufficient for teaching/supervision of residents</td>
<td></td>
</tr>
<tr>
<td>Thoracic Surgery - Integrated Residency</td>
<td>Faculty Supervision and Teaching - Review of the faculty roster showed inconsistencies with faculty assigned to several of the participating sites</td>
<td></td>
</tr>
</tbody>
</table>
ACGME Resident and Faculty Survey Results

Figure 1: 2018-19 ACGME Institutional Aggregate Resident Survey Results

Table 3: 2018-19 ACGME Institutional Aggregate Resident Survey Results: Areas < 80% Compliant or Below National

<table>
<thead>
<tr>
<th>ACGME Resident Survey Domain</th>
<th>% UK Compliant</th>
<th>% National Compliant</th>
<th>UK Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electronic medical records integrated across settings</td>
<td>72% (down 2% from LY)</td>
<td>87% (same as LY)</td>
<td>3.9 (down 0.1 from LY)</td>
<td>4.5 (same as LY)</td>
</tr>
<tr>
<td>Electronic medical records effective</td>
<td>87% (down 3% from LY)</td>
<td>95% (same as LY)</td>
<td>3.6 (down 0.1 from LY)</td>
<td>4.2 (same as LY)</td>
</tr>
</tbody>
</table>

* LY=Last Academic Year
Figure 2: 2018-19 ACGME Institutional Aggregate Faculty Survey Results

Table 4: 2018-19 ACGME Institutional Aggregate Faculty Survey Results: Areas < 80% Compliant or Below National

<table>
<thead>
<tr>
<th>ACGME Resident Survey Domain</th>
<th>% UK Compliant</th>
<th>% National Compliant</th>
<th>UK Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worked on scholarly project with residents/fellows</td>
<td>76% (up 2% from LY)</td>
<td>76% (same as LY)</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

*LY=Last Academic Year
Table 5: Annual Institutional Review Actions and Monitoring Procedures
Action items noted below will be monitored through quarterly reporting on progress to the Graduate Medical Education Committee (GMEC) until completion.

<table>
<thead>
<tr>
<th>Action</th>
<th>Target Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop/implement process for GMEC monitoring of programs in Initial Accreditation to prepare for Continued Accreditation site visit.</td>
<td>1/1/2020</td>
</tr>
<tr>
<td>Improve GMEC oversight/tracking of program progress towards addressing AFIs and citations.</td>
<td>2/1/2020</td>
</tr>
<tr>
<td>Revise GME Final Summative Evaluation form</td>
<td>3/1/2020</td>
</tr>
<tr>
<td>Develop a shared resource repository for resident/fellow wellness, including curriculum resources, speakers list and activity ideas.</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Provide a physician leadership series for residents, including residents as teachers topics.</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Provide a career and financial planning series of workshops and educational resources for trainees who are close to graduating (e.g., contract negotiations, disability/life insurance, retirement savings, etc.).</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Develop comprehensive GME program dashboard incorporating key accreditation indicators (as relevant-case volume, clinical experience volume, scholarly activity, resident/faculty survey data, faculty development activities, etc.)</td>
<td>6/30/2020</td>
</tr>
<tr>
<td>Develop a shared resources repository for faculty development materials (e.g. wellness, quality improvement, patient safety, diversity and inclusion, teaching)</td>
<td>6/30/2020</td>
</tr>
</tbody>
</table>