

**Accreditation Council for
Graduate Medical
Education**

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2/13/2017



Gladys P Velarde, MD
Associate Professor; Program Director, Cardiovascular Disease Fellowship;
Medical Director, Cardiovascular Women's Heart Program
Univ of Florida College of Medicine/Jacksonville
Dept of Cardiology, ACC 5th Fl
655 West Eighth Street, Box C35
Jacksonville, FL 32209

Dear Dr. Velarde,

The Residency Review Committee for Internal Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:

Cardiovascular disease

University of Florida College of Medicine Jacksonville Program
University of Florida College of Medicine Jacksonville
Jacksonville, FL

Program 1411121027

Based on the information available at its recent meeting, the Review Committee conferred the following adverse action:

Status: Probationary Accreditation
Maximum Number of Residents: 16
Effective Date: 01/13/2017

The Review Committee noted that the program will undergo a full site visit prior to its next annual review.

The decision to take an adverse accreditation action is based on the failure of the program to be in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements.

AREAS NOT IN COMPLIANCE (Citations)

The Committee cited the following areas as not in substantial compliance with the requirements as the basis for the adverse action.

NEW CITATIONS

Responsibilities of Program Director | Since: 01/13/2017 | Status: New

Program Director Responsibility for Educational Environment

Program Requirement II.A.4.

The program director must administer and maintain an educational environment conducive to

educating the fellows in each of the ACGME competency areas.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Given the citations below, it is not clear that the program director has the authority or resources necessary to maintain and administer the educational environment necessary for a fellowship program. The findings of the resident survey and site visit do not support the presence of such an environment; the failure to recruit the necessary faculty or to effect changes in response to feedback from the fellows are notably indicative of this.

(Site visit report pages 11, 19; Complaint Summary dated June 16, 2016)

Service to Education Imbalance | Since: 01/13/2017 | Status: New

Excessive Service

Program Requirement II.A.4.p.2

Situations that demand excessive service or that consistently produce undesirable stress on fellows must be evaluated and modified. (Detail)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. As indicated in the formal complaint and recent residency surveys, and confirmed by the site visitors, the heavy clinical volumes contribute to excessive service for the fellows. There are insufficient faculty to manage the clinical volume, especially on echocardiography and non-invasive services, as well as during night float and home call. Regarding home call specifically, the site visitors confirmed that fellows are expected to come to the hospital when called, and that fellows take an inordinate number of un-screened phone calls, including from the emergency room. Fellows are routinely called to evaluate generalized chest pain without prior screening, with many complaints having no cardiac etiology whatsoever.

(Site visit report, pages 12-13; Complaint Summary dated June 16, 2016)

Educational Program - Didactic Components | Since: 01/13/2017 | Status: New

Appropriate Blend of Supervised Patient Care and Other Educational Activities

Program Requirement VI.A.4.a.

The learning objectives of the program must be accomplished through an appropriate blend of supervised patient care responsibilities, clinical teaching, and didactic educational events.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. As indicated in the formal complaint and recent residency surveys, and confirmed by the site visitors, patient care duties of both fellows and faculty do not allow for meaningful balance in teaching and other educational events. The site visitors confirmed that the patient care responsibilities on the echocardiography and non-invasive services leave insufficient time for adequate teaching on those services. Attempts to hire additional faculty for echocardiography and non-invasive cardiology have been unsuccessful to date.

(Site visit report, pages 8, 13; Complaint Summary dated June 16, 2016)

Resources | Since: 01/13/2017 | Status: New

Fear of Intimidation and Retaliation

Institutional Requirement III.A.

The Sponsoring Institution and its ACGME-accredited programs must provide a learning and working environment in which residents/fellows have the opportunity to raise concerns and provide feedback without intimidation or retaliation and in a confidential manner as appropriate. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. As indicated in the formal complaint and recent residency surveys, and confirmed by the site visitors, there has been a breakdown of trust between the fellows and the program. A substantial majority of the fellows have no trust at all in the program's methods to raise concerns without intimidation or retaliation, or its ability to resolve problems when they are raised. Despite the fact that the Program Director has instituted meetings to raise concerns, these have been ineffective due to the polarization and lack of trust that exists among the fellows.

(Site visit report, page 20; Complaint Summary dated June 16, 2016)

Duty Hours and Working Environment | Since: 01/13/2017 | Status: New

Unprofessional Behavior by a Faculty Member

Program Requirement II.B.6.

The physician faculty must meet professional standards of ethical behavior. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Fellows reported to the site visitors that a particular faculty member is physically abusive, demeaning, and generally unpleasant, but that they are reluctant to report this information, and they fear reprisal. Confidential evaluation of teaching faculty and continued or revoked assignment to teaching duties is a critical responsibility of the program director and institutional leadership. This situation is an indicator of the lack of an effective process to raise concerns without fear, described in a different citation.

(Site visit report, Page 10)

Scholarly Activities | Since: 01/13/2017 | Status: New

Fellow Opportunities for Scholarly Activity

Program Requirement IV.B.2.

Fellows should participate in scholarly activity.

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. The formal complaint included an allegation regarding the active research component of the program. The site visitor confirmed that research opportunities are available, but that most are pharmaceutical-company-sponsored trials for which a faculty member is a principal or co-principal investigator, and the fellow's primary role is to recruit study participants. Some fellows reported to the site visitors that interests in pursuing other scholarly activity are not always supported.

(Site visit report, page 12; Complaint Summary dated June 16, 2016)

Responsibilities of Faculty | Since: 01/13/2017 | Status: New

Faculty Time and Interest

Program Requirement II.B.1.a.

The faculty must devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities and demonstrate a strong interest in the education of fellows. (Core)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. As indicated in the formal complaint and recent residency surveys, and confirmed by the site visitors, the program does not have enough faculty that can devote sufficient time to teaching and supervision or demonstrate a strong interest on fellow education—particularly on echocardiography and non-invasive services. This is due to a recent high rate of attrition among the faculty and the high clinical volumes on certain services. Further, the fellows reported that the faculty members in general seem to have lost their passion for teaching. The Committee notes that the program recognizes this deficiency, but has not been able to satisfactorily address it.

(Site visit report pages 11-12; Complaint Summary dated June 16, 2016)

Evaluation of Faculty | Since: 01/13/2017 | Status: New

Confidentiality of Evaluations of Faculty by Fellows

Program Requirement V.B.1.

At least annually, the program must evaluate faculty performance as it relates to the educational program. (Core)

Program Requirement V.B.3.

This evaluation must include at least annual written confidential evaluations by the fellows. (Detail)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Recent resident survey results indicate noncompliance with evaluations. The site visitors reported that the fellows confirm the ability to evaluate the faculty, but that there is no confidence at all that the process is confidential.

(Site Visit Report, page 19)

Evaluation of Program | Since: 01/13/2017 | Status: New

Confidentiality and Effectiveness of Evaluations of Program by Fellows

Program Requirement V.C.2.d.1.

Fellows and faculty must have the opportunity to evaluate the program confidentially and in writing at least annually. (Detail)

Program Requirement V.C.2.d.2.

The program must use the results of fellows' and faculty members' assessments of the program together with other program evaluation results to improve the program. (Detail)

The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. Recent resident survey results indicate noncompliance with evaluations. The site visitors reported that the fellows confirm the ability to evaluate the program, but that there is no confidence at all that the process is confidential or that the results are used to meaningfully improve the program.

(Site Visit Report, page 19)

All current residents and applicants (those invited for interviews) to the program must be advised in writing of the program's status, and a copy of the appropriate written notification must be submitted to this office within fifty (50) days of the date of this letter, whether or not the action is appealed.

For information concerning appeal of this action, please see the document entitled "Procedures for Appeal of Adverse Actions", which immediately follows this letter.

This office must be notified of any major changes in the organization of the program. When corresponding with this office, please identify the program by name and number as indicated above. Changes in participating sites and changes in leadership must be reported to the Review Committee using the ACGME Accreditation Data System.

Sincerely,

A handwritten signature in black ink, appearing to read 'W. Hart' or 'William Hart', with a stylized, cursive script.

William Hart
Associate Executive Director
Residency Review Committee for Internal Medicine
312.755.5002
whart@acgme.org

CC:

Jeffrey G. House, DO
Linda R. Edwards, MD

Participating Site(s):

Mayo Clinic (Jacksonville)
North Florida/South Georgia Veterans Health System, Jacksonville Outpatient Clinic
Shands Jacksonville Medical Center (c)
University of Florida College of Medicine Jacksonville
Wolfson Children's Hospital

ACGME PROCEDURES FOR APPEAL OF ADVERSE ACTIONS EFFECTIVE DATE: JULY 1, 2013

1. If the Review Committee confers an adverse action, the program or institution may request a hearing before an Appeals Panel. If a written request for such a hearing is not received by the Chief Executive Officer of the ACGME within 30 days following receipt by the program or institution of the notice of adverse action, the action of the Review Committee shall be deemed final and not subject to further appeal.
2. If a hearing is requested, a panel shall be appointed according to the following procedures:
 - i. The ACGME shall maintain a list of qualified persons as potential appeals panel members to review programs.
 - ii. For a given hearing, the program or institution shall receive a copy of the list of potential appeals panel members and shall have an opportunity to delete a maximum of one-third of the names from the list. Within 15 days of receipt of the list, the program or institution shall submit its revised list to the Chief Executive Officer of the ACGME.
 - iii. A three-member Appeals Panel will be constituted by the ACGME from among the remaining names on the list.
3. When a hearing is requested, the following policies and procedures shall apply:
 - i. When a program or institution requests a hearing before an Appeals Panel, the program or institution holds the accreditation status determined by the Review Committee with the addition of the term "under appeal". This accreditation status shall remain in effect until the ACGME makes a final determination on the accreditation status of the program or institution following the appeal process.

Nonetheless, upon receipt of a notice of adverse action, residents and any applicants who have been invited to interview with the sponsoring institution must be informed in writing as to the adverse action conferred by the Review Committee.
 - ii. Hearings conducted in conformity with these procedures shall be held at a time and place to be determined by the ACGME. At least 25 days prior to the hearing, the program or institution shall be notified of the time and place of the hearing.
 - iii. The program or institution shall be given the documents comprising the program file and the record of the Review Committee's action.
 - iv. The documents comprising the program or institutional file and the record of the Review Committee's action, together with oral and written presentations to the Appeals Panel, shall be the basis for the recommendations of the appeals panel.
 - v. The Appeals Panel shall meet to review the written record and receive the presentations. The applicable Review Committee shall be notified of the hearing, and a representative of the Review Committee may attend the hearing in order to be available to the appeals panel to provide clarification of the record.
 - vi. Proceedings before an appeals panel are not of an adversary nature as typical in a court of law, but rather provide an administrative mechanism for peer review of an accreditation decision about an educational program. The appeals panel shall not be bound by technical rules of evidence usually employed in legal proceedings.
 - vii. The Appellant may be represented by no more than five individuals at the

- hearing.
- viii. The Appeals Panel shall not consider any changes in the program or institution or descriptions of the program or institution that were not in the record at the time when the Review Committee reviewed it and conferred the adverse action.
 - ix. Presentations shall be limited to clarifications of the record and to information which addresses compliance by the program or institution with the published standards for accreditation and the review of the program or institution according to the administrative procedures which govern accreditation of GME programs. Presentations may include written and oral elements. The appellant may make an oral presentation to the Appeals Panel, but the presentation shall be limited to two hours. Any information, including presentations and audio-visual and written materials must be provided to the ACGME two weeks prior to the hearing.
 - x. The appellant shall communicate with the appeals panel only at the hearing or in writing through the Chief Executive Officer of the ACGME.
 - xi. The appeals panel shall make recommendations to the ACGME Board as to whether substantial, credible, and relevant evidence exists to support the action taken by the Review Committee in the matter under appeal. The appeals panel, shall, in addition, make recommendations as to whether there has been substantial compliance with the administrative procedures which govern the process of accreditation of GME programs.
 - xii. The appeals panel may recommend either upholding the Review Committee's decision or restoring the program or sponsoring institution to its previous status.
 - xiii. The appeals panel shall submit its recommendation to the ACGME Board within 20 days of the hearing. The ACGME Board shall act on the appeal at its next regularly-scheduled meeting.
 - xiv. The decision of the ACGME Board in this matter shall be final. There is no provision for further appeal.
 - xv. The Chief Executive Officer of the ACGME shall, within 15 days of the final decision, notify the program/institution under appeal of the decision of the ACGME Board.
 - xvi. The appellant is fully responsible for the Appeal Fee as set yearly by the ACGME. Expenses of the appeals panel members and the associated administrative costs shall be shared equally by the appellant and the ACGME.