

State University of New York at Buffalo

Graduate Medical/Dental Education Consortium of Buffalo (GMDECB)



Description:

The Consortium, established in 1983, is a collaborative organization of teaching hospitals accredited by the Accreditation Council for Graduate Medical Education (ACGME) and the American Dental Association (ADA) to sponsor 60 residency training programs, enrolling up to 821 residents and fellows. A Consortium diploma is issued to all residents upon satisfactory completion of training.

Member institutions include:

- University at Buffalo School of Medicine and Biomedical Sciences
- University at Buffalo School of Dental Medicine
- Buffalo General Hospital
- Children's Hospital of Buffalo
- Erie County Medical Center
- Mercy Hospital
- Millard Fillmore Hospitals
- Niagara Falls Memorial Medical Center
- Roswell Park Cancer Institute
- Sisters of Charity Hospital
- Veterans Administration Medical Center.

Mission Statement:

The Graduate Medical Dental Education Consortium of Buffalo is formed to develop, implement, manage and maintain an integrated system of undergraduate and graduate medical and dental education between the Schools of Dental Medicine and Medicine and Biomedical Sciences at the State University of New York at Buffalo and its affiliated institutions to promote quality and coordination in the educational programs of the medical and dental professions, and their relationship with the educational programs of the other health professions.

Office of Graduate Medical Education & Housestaff Affairs:

The office coordinates the Consortium's residency and fellowship training programs. Examples of GME office responsibilities include program evaluation, resident orientation, special programs to enhance resident education, maintaining the New York State required system for credentialing medical procedures, maintaining resident personnel files, processing payroll, and coordinating activities of the standing consortium committees. Policies governing resident education and employment are developed and administered in collaboration with residency program directors and member institutions.

Another fiction of the Office of Graduate Medical Education& Housestaff Affairs is the coordination of ***Incoming Resident's Week***. The Consortium conducts a week long orientation for entering residents before residency training commences to smooth the transition from medical student to resident. The program introduces skills needed to function effectively as residents and certifies participation in programs required by New York State for licensure. Required physical examinations and employment procedures are also conducted during this week. Pediatric Advanced Life Support, Basic Life Support, and Advanced Cardiac Life Support are offered to residents requiring this training. In addition, workshops addressing Physician-Patient Communication, Teaching and Evaluation, and Issues in Medicine are held.

Roseanne C. Berger, M.D., Associate Dean for GME
 Cheryl Kishbaugh, Director of Housestaff Affairs
 Peggy Brown, Senior Programmer Analyst
 Valerie Kennedy, Assistant to the Director for GME
 Linda Ciszak, Secretary
 Jane Cullinane, Secretary

GME Telephone: (716) 829-2012; Fax: (716) 829-3999

Committee:

As outlined in the By-Laws, the Consortium is governed by three standing committees. The **Program Director's** and **Administrative** committees monitor issues pertaining to GME and residency education. The **Residents Committee** is comprised of residents elected to represent each program. The Chair of this body represents the residents on the Program Directors and Administrative Committees. The committee is a forum for effective communication among residents, identifies and informs residents of matters important to them, assists residents with grievances, and communicates resident's concerns to appropriate consortium standing committees.

Professional Liability Coverage:

During your period of employment as a resident, you may be assigned to one or more of the teaching hospitals affiliated with the School of Medicine and Biomedical Sciences and School of Dental Medicine. Except as otherwise noted below, each of the affiliated teaching hospitals, at its expense maintains medical/dental malpractice liability insurance coverage on your behalf for professional resident services rendered at each institution. This coverage is specific to the hospital in which you are rotating. Separate coverage is purchased by the Consortium for approved rotations at non-consortium sites. You are NOT covered under any of the existing professional liability insurance arrangements for professional activities which are not part of the formal training program. The specifics of each institutions policy limitations are listed below:

Hospital	Coverage
Buffalo General Hospital	\$2,000,000/occurrence; \$6,000,000 aggregate
Children's Hospital	\$2,000,000/occurrence; \$4,000,000 aggregate
Erie County Medical Center	Unlimited/occurrence
Mercy Hospital	\$3,000,000/occurrence
Millard Fillmore Hospitals	\$1,000,000/occurrence; \$3,000,000 aggregate
Niagara Falls Memorial Institute	\$6,000,000/occurrence; \$8,000,000 aggregate
Roswell Park Memorial Institute	Unlimited/occurrence
Sister's of Charity Hospital	Unlimited/occurrence
Veterans Hospital	Unlimited/occurrence

Approved Non-Hospital Ambulatory Rotations Coverage

Graduate Medical Dental Education Consortium of Buffalo	\$1,000,000/occurrence; \$3,000,000 aggregate
---	---

List postgraduate professional experience (including internship, residencies, and research experience).

Type of Program	Hospital or Institution	Complete Address Including Country	Supervisor/ Program Director Dates (including telephone/area code)	Pgy Level

List other professional institutional/hospital appointments you have held (excluding graduate training):

Hospital	Location (Exact Address)	Department	Dates

LICENSURE

Flex Examination:
(Federal Licensure Exam) Yes No Date Taken _____ Score _____

NBME (National Board of Medical Exams)
(enclose transcript)

Part I Date _____ Score _____

Part II Date _____ Score _____

Part III Date _____ Score _____

USMLE (United States Medical Licensing Examination)

Part I Date _____ Score _____

Part II Date _____ Score _____

Part III Date _____ Score _____

NBDE (National Board of Dental Exams)
(enclose transcript)

Part I Date _____ Score _____

Part II Date _____ Score _____

New York State:

License: Yes No Date Taken _____ Number _____

Temporary Permit: Yes No Date Taken _____ Number _____

Other States:

License: Yes No Date Taken _____ Number _____

Temporary Permit: Yes No Date Taken _____ Number _____

State: _____

PROFESSIONAL LIABILITY

Please complete the following questions as part of the credentialing process:

- 1) Have you ever been dismissed from or the subject of disciplinary action at a hospital while you were in graduate medical training or had another type of affiliation?

Yes _____ No _____

If yes, please provide substantive information.

- 2) Have you ever been the subject of actions resulting from professional misconduct or are there any such cases pending?

Yes _____ No _____

If yes, please provide substantive information.

- 3) Have there been any settlements or judgments made against you in cases involving medical malpractice or are there any cases pending?

Yes _____ No _____

If yes, please provide substantive information.

REFERENCES: (under separate cover)

Please Forward:

- Dean's Letter (accompanied by official transcript with seal);
- Three professional references (including, if possible, Chief(s) of Service);
- Letter from head of clinical service on which you recently served.

- I hereby waive access to the above letters and will so inform the authors,
- I desire access to the above letters and will so inform the authors.

PERSONAL STATEMENT

Please provide a brief description of your interest in the medical specialty you are applying for as a career and include both your previous and current academic research or interests. In addition, you may desire to briefly note any aspects of your training, experience, or plans not requested in this application which you feel may be of concern to the Selection Committee. (Include honors, publications and research experience.) Please use reverse side.

I certify that the information submitted on these application materials is complete and correct to the best of my knowledge. I understand that false or missing information may disqualify me for this position and/or if hired will result in my dismissal from my residency position.

Signature of Applicant: _____ Date: _____
(must be original)

PERSONAL STATEMENT

In accordance with federal and state laws, no person in whatever relationship with the State University of New York at Buffalo shall be subject to discrimination on the basis of age, religion or creed, color, disability national origin, race, ethnicity sex, marital or veteran status. Additionally, Governor Cuomo's Executive Order 28 and the University Board of Trustees Policy prohibit discrimination on the basis of sexual orientation.