

**Department of Veterans Affairs (VA)
Federal Advisory Committee
National Academic Affiliations Council (NAAC)
Meeting Minutes for November 29-30, 2016**

**VA Boston Healthcare System
West Roxbury Campus
1400 VFW Parkway
Boston, MA**

The National Academic Affiliations Council (NAAC) met face-to-face on November 29 - 30, 2016 at the VA Boston Healthcare System (West Roxbury Campus). A quorum was present, affording the Council the opportunity to conduct normal business.

Attendance: See Appendix A

Welcome and Introductions

Dr. Cox called the meeting to order at 9:00 AM EST and conducted the roll call of the NAAC members. All NAAC members and guests introduced themselves.

Dr. Cox asked that all Council members review the charter and the goals/objectives of the NAAC. Dr. Sanders announced that the NAAC meeting is a public meeting and that Mr. Stephen Trynosky, the Designated Federal Officer is present to observe the proceedings. She requested that members of the public hold all questions until the appointed time on the agenda.

Innovative Academic Relationships: Historical National Perspective

Dr. Karen Sanders provided a historical overview of VA's relationship with academic institutions and how they were established. One of VA's four statutory missions is health professions education.

Dr. Sanders reviewed the statute that authorizes VA's educational affiliations (Health-care Personnel Education and Training Programs (38 USC 7302)). Dr. Sanders also reviewed the "sole-source contract" statute: Sharing of Health-care Resources (38 USC 8153). This statute enables VA to award non-competitive contracts to educational affiliates.

VA published a Joint Venture handbook in 2007 that authorized partnerships with the Department of Defense and other non-VA entities. Most Joint Venture projects are large in scale and expense, and usually involve capital asset construction or acquisition. Joint Ventures generally require joint governance and special approval. In 2008, the Blue Ribbon Panel on VA-Medical School Affiliations recommended that VA explore Joint Ventures with academic affiliates.

In 2014, VISN 1 submitted a Joint Venture proposal with the University of Massachusetts for approval. Subsequent to this proposal, the VA Office of General Council provided an opinion that there was no statutory authority for Joint Ventures with academic affiliates. Because Joint Ventures commonly entail shared personnel, shared training programs and shared space, the OGC opinion determined that VA does not have authority to non-competitively acquire space from academic affiliates and that new legislative authority would be needed for sole-source leasing.

Innovative VISN 1 Academic Relationships Panel

Panel Members: Peter W. Bates, MD, Senior Vice President of Academic Affairs and Chief Academic Officer, Maine Medical Center; Ray Lash, MD, Associate Chief of Staff for Education, VA Maine Healthcare System; Terence R. Flotte, MD, Dean, School of Medicine, University of Massachusetts; John Collins, Medical Center Director, VA Central Western Massachusetts; Kristin Mattocks, MD, ACOS Research & Education, VA Central Western Massachusetts.

There are eight VA medical centers within VISN 1. Dr. Mayo-Smith provided an overview of the proposed Joint Ventures (JV) between VA medical centers and the academic institutions within his Network. To date, two Joint Venture proposals have been submitted to VA Central Office from VISN 1.

Joint Venture 1 - University of Massachusetts (UMMS) and VA Central Western Massachusetts:

The JV between UMMS and VA Central Western Massachusetts proposes the expansion of podiatry, audiology, optometry, ophthalmology, behavioral health and research services in the eastern portion of its catchment area. To facilitate this expansion of services, UMMS and VA Central Western Massachusetts proposed an expanded Worcester VA Community Based Outpatient Clinic (CBOC) on the UMMS campus.

Joint Venture 2 - Maine Medical Center MMC), Tufts University School of Medicine and VA Maine Healthcare System: This JV proposes a joint MMC/VA facility which will greatly improve the availability of specialty services in southern Maine. The presenters requested assistance from the Council in raising awareness of the great benefit that the proposed Maine Medical Center/VA Maine Healthcare System multi-specialty clinic could provide.

Council Discussion: The Council discussed both proposals and endorsed their value to Veterans. The limitation of current leasing statutes was identified as a major barrier to improving access to care for Veterans. The Council has sent forward several prior recommendations regarding legislative proposals to enable VA to have “sole-source” leasing authority to directly and quickly acquire clinical space from academic affiliates. The NAAC again strongly reiterates its support for this type of legislative authority. The NAAC has also recommended, and reiterates here, that VA explore joint ventures with other federal agencies, such as HRSA, IHS and DOD for the development and joint operation of family centered, primary care sites in underserved rural and urban communities.

Recommendation 1: The NAAC recommends that VA support a series of pilot projects similar to Joint Ventures with DOD. These pilots, in conjunction with academic and federal partners, should be designed to explore different kinds of clinical, educational and research partnerships that would benefit Veterans’ health.

OAA National Overview: VA Educational Portfolio Review

Karen Sanders, MD, Deputy Chief Academic Affiliations Officer provided an overview of the educational programs overseen by VHA’s Office of Academic Affiliations (OAA).

As one of its four statutory missions, the VA conducts education and training programs for health professions trainees for the benefit of VA and the Nation. Through VA’s partnerships with affiliated academic institutions, VA conducts the largest health professions education training effort in the Nation.

Dr. Sanders outlined the four clinical divisions in OAA: Advanced Fellowships, Associated Health Education, Medical and Dental Education, and Nursing Education. One program in each division will be highlighted during this or upcoming council meetings.

Centers of Excellence in Primary Care: National Perspective (Program Overseen by OAA Advanced Fellowships)

Kathryn Rugen, PhD, FNP-BC, FAAN, FAANP, National Nurse Practitioner Consultant, VA Centers of Excellence in Primary Care Education provided a national perspective of the Centers of Excellence in Primary Care Education (COE PCE).

The COE PCE project is designed to transform primary care trainee experiences by emphasizing team-based interprofessional care and learning. The seven COE PCE Sites are: Boise, ID; San Francisco, CA; West Haven, CT; Cleveland, OH; Seattle, WA, Houston, TX and Greater Los Angeles VA, LA. The curriculum includes formal instruction, workplace/clinical learning, and reflection. The curriculum is based on four core domains: interprofessional collaboration, sustained relationships, shared decision making and performance improvement.

The demonstrated outcomes of the PCE COEs are impressive. 95% of all trainees reported learning to communicate with other professions, 95% of all trainees reported valuing the unique roles of other professions, and 91% reported having acquired a good, very good, or excellent interprofessional approach to patient care. There is a 28% overall increase in current trainees seeking VA employment following these immersive clinical experiences.

Welcome & Introduction to VA New England (VISN 1) and VA Boston Healthcare System

Michael Mayo-Smith, MD, MPH, Network Director, VISN 1 and Vincent Ng, Medical Center Director, VA Boston Healthcare System welcomed the Council to the VA Boston Healthcare System and provided an overview of the facility and VISN.

VA Boston Healthcare System consists of three campuses (Jamaica Plain, West Roxbury, and Brockton) and five community outpatient clinics (Lowell, Causeway St., Quincy, Framingham, and Plymouth). The VA Boston Healthcare System has over 3,800 employees throughout the Boston area.

The three major missions of the VA Boston Healthcare System are clinical care, education and research. It uses these three complementary missions to recruit high quality clinicians and provide outstanding care to Veterans. Currently VA Boston Healthcare System has over 100 active academic affiliations with 3,300 trainees. In addition, they are the largest VA-funded research site in the US, with over \$58M invested in over 800 research studies.

VA Boston Healthcare System is included in the *Boston Globe's* "Best Places to Work" ratings and is currently ranked 12th within Massachusetts.

Patient Aligned Care Team (PACT): Primary Care Huddle Presentation

Panel Members: Michelle Morreale-Karl, MD, Acting Chief of Primary Care, VA Boston Healthcare System; Carolyn Foland, NP, VA Boston Healthcare System; Jean Serrecchia RN, VA Boston Healthcare System; and Lorelei Mcentee LPN, VA Boston Healthcare System.

The VA Boston Healthcare System Patient Aligned Care Team (PACT) simulated a primary care huddle for the Council's better understanding of the PACT model of care. The primary care (PC) team uses the lean six sigma model to manage patient flow through the PC clinics. The model has three components: preparing for a visit, the visit, and the time in-between visits. The team huddle allows staff to focus on patient priorities and engages the entire team in the patient flow process.

The PC staff use a "huddle board" to facilitate their meetings. A year ago only 10% of the team participated in the huddles, now 100% of the staff are engaged. The board includes performance data which allows for staff to visualize ways they can improve the process. For example, each board shows the clinic's clinical reminder completion rate data. The Boston PC team noted an overall improvement in patient flow, completion of clinical reminders, use of home tele-health, and customer satisfaction.

Medical Center Tour

Vincent Ng, Medical Center Director, VA Boston Healthcare System provided a walking tour for the NAAC Council members. Because this tour incorporated patient care areas it was closed to the public.

Primary Care Centers of Excellence Trainee Panel: VA Connecticut Healthcare System (VACHS)

Panel: Rebecca S. Brienza, MD, MPH, Director, Kenneth Morford, MD, Chief Medical Resident, and Leif Petterson, APRN Resident Trainee

Dr. Brienza moderated the VACHS COE PCE Panel. Trainees are required to apply for a rotation in the COE PCE and there is a very competitive pool of applicants. They reported viewing themselves as primary care providers on the COE team rather than as trainees. COE trainees recognize each other for what they provide patients rather than their formal titles.

To date over 100 trainees have participated in the VACHS PCE COE program. Thirty-five percent of the trainees became full time VA employees post-training. The overall Nurse Practitioner hiring counts are higher and the COE program has helped fill VA's NP pipeline. The number of primary care physician hires is less impressive because it is more difficult to get those providers to stay with VA. However, the hiring of PC providers has a higher yield in the PCE COE's than in other VA-based training programs. This success is attributed to trainees feeling part of a greater team of providers.

Council Discussion: The NAAC has strongly supported the COE PCE project from its inception and has recommended in the past that the program be sustained and expanded beyond its projected 2020 funding sunset.

Recommendation 2: If VA chooses to extend the COE PCE program, the NAAC recommends that special attention should be given to expanding the number of health professional disciplines involved and spreading the program to more VA Medical Centers with high functioning Primary Care Patient Aligned Care Teams and strong academic affiliates.

VA Nursing Academy: National Overview (Program Overseen by OAA Nursing Education)

Jemma Ayvazian, DNP, ANP-BC, AOCNP, National Nursing Education Evaluation Manager, Office of Academic Affiliations provided a national overview of the VA Nursing Academy.

Per the VHA Workforce Planning report, registered nurses are the second highest mission-critical occupation for VHA, with one of the largest staffing shortages. To address this issue, the Office of Academic Affiliations (OAA) established the VA Nursing Academy (VANA) in 2007. VANA was a five year pilot program aimed at addressing the VHA nursing shortage and preparing a highly-qualified nursing workforce. In 2014, the VA Nursing Academic Partnership (VANAP) successor program was established to build upon the success of VANA in strengthening VA's academic relationships with schools of nursing and in fostering innovative nursing

VANAP is divided into two sub-categories. VANAP-U focuses on undergraduate nursing student's achieving their Bachelors of Science in Nursing (BSN). There are currently nine active VANAP-U sites in VHA, and eight legacy (VANA) sites. Since its inception, VANAP-U has trained over 1,300 nursing students. The second sub-category is the VANAP-GE program, which focuses on the development and implementation of educational programs for Psychiatric Mental Health Nurse Practitioners (PMHNP), Acute-Care Nurse Practitioners (ACNP) and Adult-Gerontology Nurse Practitioners (AGNP). There are currently seven VANAP-GE sites in VHA, with over 330 trainees.

In addition, OAA manages the VA Post-Baccalaureate Resident (PBNR) program. There are fourteen PBNR sites with 6-10 residents per site. Ten of these sites are accredited by the American Association of Colleges of Nursing (CCNE), the four remaining sites are preparing for accreditation. National program evaluation shows that 95% of the PBNR trainees reported they would consider VA as a future employer. Between academic years 2012-2016, 92% of the PBNR trainees were hired within VHA. Of those hired, 93% retained employment one year after being hired.

Council Discussion: In recent years VA has significantly expanded the type and number of undergraduate and graduate educational programs in nursing. The NAAC is on record as strongly supporting the continued expansion of nursing partnerships in collaboration with the academic community.

Recommendation 3: The NAAC recommends that for VA-nursing academic partnerships, (a) special attention be given to primary care and mental health nurse practitioner training and graduate recruitment, which would serve to greatly enhance Veterans' access to health care; and (b) the Office of Academic Affiliations and the Office of Nursing Services should work to integrate and strengthen RN entry to practice programs such as the Post-Baccalaureate Nurse Residency (PBNR) and the Transition to Practice Program (TTP).

Northeast Region VA Nursing Alliance (NERVANA) and VA Nursing Academy (VANA) Presentations and Panel

Panel: Cecilia McVey, BSN, MHA, CNA, Associate Director for Nursing & Patient Care Services, VA Boston Healthcare System; Mary Anderson, RN, MSN, Associate Director Patient Care/Nursing, Edith Nourse Rogers Memorial VA Hospital; Chris King, RN, MSN, Deputy Nurse Executive, Patient Care/Nursing Services, Edith Nourse Rogers Memorial VA Hospital; Tammy DeSousa, NP for Residency Nursing Program at the Providence VA Medical Center; and Judy Beal, DNSc, RN, FNAP, FAAN, Dean & Professor, School of Nursing and Health Sciences,

Simmons College.

In 2007, the VA Boston Healthcare System partnered with their nursing affiliates to respond to the VANA request for proposals (RFP) from OAA. The goal of the proposal was to expand nursing teaching faculty, enhance the recruitment and retention of nurses, and develop academic teaching opportunities. While the proposal was not successful, the partnership established by the RFP application process flourished and VISN 1 nursing staff established the Northeast Region VA Nursing Alliance (NERVANA), to include six schools of nursing/medicine and several VA facilities within the Network.

With local medical center funding, NERVANA established an RN residency program. The goal of this residency program was to transition novice nurses into professional nurses. The nursing trainees learn how to provide safe, high quality patient care for Veterans, demonstrate critical thinking skills, gain basic knowledge of evidence based practice, and exhibit clinical leadership skills. 92% of the RN residency program's graduates are now employed with VA.

Adjourn: The meeting was adjourned for the day at 5:30pm.

Day 2: Wednesday, November 30, 2016

Welcome

Dr. Cox called the meeting to order at 9:00 AM EST and conducted the roll call of NAAC members.

VA Graduate Medical Education Expansion/VACAA (Program Overseen by OAA Medical and Dental Education)

Kathleen Klink, MD, Director, Health Professions Education, Office of Academic Affiliations provided an update on the VA Graduate Medical Education expansion.

Dr. Klink provided an overview of the statutory language in PL 113-146 that authorizes expansion of graduate medical education by 1,500 positions over a five year period. She reviewed the priorities for this expansion effort: primary care and mental health; training locations with high Veteran concentrations; locations without existing GME programs; and Health Professions Shortage Areas (HPSAs) as defined by HRSA (including rural areas). Focused targets for increased GME include osteopathic programs, rural settings, and family medicine programs. The expansion funding is unique from CMS GME funding because of its scope and represents an increase of about 15% over VA's current GME supported positions. Three rounds of new positions have been awarded to date for a total of 547 positions. Of these, 43% are in primary care, 25% are in mental health (psychiatry), and 32% are in other critical specialties as approved by the VA Under Secretary for Health.

Faculty Development Requirements for Small and Rural VA Educational Sites

Andrew Budson, MD, Associate Chief of Staff in Education, VA Boston Healthcare System; and David Topor, PhD, MS-HPed, Associate Director of Healthcare Professional Education, VA Boston Healthcare System provided an overview of the their current national long distance

faculty development program and future plans for roll-out to small and rural educational sites within VHA.

There is a need for increased access to high quality clinical care for Veterans residing in rural settings. The GME expansion authorized by PL 113-146 and VA's Rural Health Training Initiative (RHTI) are dedicated to increasing the number of training programs and trainees in rural settings. There is also a need for infrastructure development to support these new training programs. The Boston VA Healthcare System's Linking Education Across Rural Networks (LEARN) program was proposed to meet this need. LEARN's goal is to increase faculty knowledge, skills and ability to teach and supervise rural trainees. Drs. Budson and Topor host a VA First Friday Faculty Development presentation available virtually across VA to share knowledge, build capacity, and diffuse best practices.

Council Discussion: The NAAC discussed the complexity of providing faculty development in remote areas. Smaller VA Medical Centers and Community Based Outpatient Clinics (CBOCs) continue to have significant needs in this area.

Recommendation 4: The NAAC recommends that VA assess the national need and plan for a national faculty development program to support VA sites expanding trainee programs.

VA Chief Residents in Quality and Safety Program (CRQS) (Program Overseen by OAA Medical and Dental Education)

CRQS is a unique program of a specialized curriculum made available to dozens of specially selected chief physician residents across VA. The program is run by OAA in conjunction with the National Center for Patient Safety (NCPS). The programmatic goals include faculty development in quality improvement (QI) and patient safety (PS), increased educational experience for residents in QI/PS, improved systems-based practice competencies and—long term, improved institutional performance through culture change. The program is growing: Last year (2016-17), 84 positions were supported and this year over 90 will be supported at 57 facilities.

Chief Residents in Quality and Patient Safety (CRQS) Panel

Panel: Linda Godleski, MD, VISN 1 National Academic Affiliations Officer, ACOS/E, VA Connecticut Healthcare System (VACHS); Louis Trevisan, MD, VACHS, CRQS Mentor, VISN 1, Acting Mental Health Lead; David T. Moore, MD, PhD, VACHS CRQS Trainee, Psychiatry; Christopher Worsham, MD, CRQS Trainee, VA Boston Healthcare System.

The primary purpose of a CRQS year is to work interstitially between the residency programs and the enterprise quality and patient safety systems to be able to find and tackle quality problems. Each CRQS develops specific quality improvement projects with the goal of advancing one project that can be presented at a national conference or published paper. The CRQS residents on the panel described their robust educational activities and experiences.

Council Discussion: The consensus of the Council is that the presentations at future meetings should be shorter and provide more time for discussion. Members however noted the value of

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holding meetings at VA field facilities and requested that future meetings incorporate more opportunities to observe direct patient care. Council members agreed that a future meeting should review the NAAC's previous recommendations and provide an update on their status.

Public Comment

There were no public comments. Dr. Malcolm Cox adjourned the meeting at 12pm.

Appendix A: Attendance Records

Council members present: Malcolm Cox, MD, (Chair), Retired Federal Executive, Department of Veterans Affairs; Doreen Harper, PhD, RN, Dean, School of Nursing, University of Alabama at Birmingham; Eileen Breslin PhD, RN, FAAN, President, American Association of Colleges of Nursing (AACN); Lucinda Maine, PhD, RPh, Executive Vice President and Chief Executive Officer, American Association of Colleges of Pharmacy (AACP); Edgar Colon Negron, MD, FACR, Dean, School of Medicine, University of Puerto Rico; Robert L. Jesse, MD, PhD, (Ex-Officio) Chief Academic Affiliations Officer, Department of Veterans Affairs [in attendance November 30th only]; Michael F. Mayo-Smith, MD, MPH, (Ex-Officio), Network Director, New England Healthcare System (VISN 1), Department of Veterans Affairs; Candice Chen, MD, MPH, (Ex-Officio), Director, Division of Medicine and Dentistry, HHS Bureau of Health Workforce, Health Resources and Services Administration (HRSA); Thomas A. Cavalieri, DO, FACOI, FACP, AGSF, Dean, Rowan University School of Osteopathic Medicine; John Duval, MBA, Vice President for Clinical Services and Chief Executive Officer, Virginia Commonwealth University Health System [in attendance November 29th only]; John Prescott, Chief Academic Officer, Association of American Medical Colleges; Paul Cunningham, MD, Dean Emeritus, East Carolina University School of Medicine; Jeanette E. South-Paul, MD, Chair, Department of Family Medicine, University of Pittsburgh; and Richard W. Valachovic, DMD, MPH, President and Chief Executive Officer, American Dental Education Association.

Council members unable to attend: Arthur Kellermann, MD, MPH (Ex-Officio), Dean, F. Edward Hebert School of Medicine, Uniformed Services University of the Health Sciences (USUHS); and Jacqueline Maffucci, PhD, Research Director, Iraq and Afghanistan Veterans of America.

VHA Office of Academic Affiliations staff attending: Karen M. Sanders, MD, Deputy Chief Academic Affiliations Officer; Kenneth Jones PhD, Director, Associated Health Education; Tiana Brown, MHA, Management Analyst; Kathleen Klink, MD, FAAFP, Director, Health Professions Education; Jemma Ayzajian, DNP, ANP-BC, AOCNP, National Nursing Education Evaluation Manager; Kathryn Rugen, PhD; Christy Clary, MSW, (Alternate Designated Federal Officer for the NAAC) Medical & Dental Education; and Stephen K. Trynosky, JD, MPH, MMAS, Staff Assistant (Designated Federal Officer for the NAAC).

VA and VHA staff attending: Patty Sarni, Health Systems Specialist to the Network Director, VISN 1; Patty Roberts, Executive Assistant to the Medical Center Director, VA Boston Healthcare System; Vincent Ng, Medical Center Director, VA Boston Healthcare System; Chris King, Deputy Nurse Executive, Edith Nourse Rogers Memorial VA Hospital; Mary Anderson, Associate Deputy Patient Nursing Service; Todd Stapley, Acting Associate Chief of Staff for Research, VA Maine Healthcare System; Maryann Zitoli, Medical Technologist, VA Boston Healthcare System; Jeffrey Moragne, Director, VA Advisory Committee Management Office; Nellie Konnikov, Chief of Dermatology, VA Boston Healthcare System; Tamara DeSousa, PBNRTTR Coordinator, VA Boston Healthcare System; Judith Wendt, PBNRTTP Program Director, Boston VA Medical Center; Slavko Miling, Relationship Manager, Office of Veteran Experience; Sandra Souza, Acting Deputy Director, VA Boston Healthcare System; Cecilia McVey, Associate Director Nursing/Patient Care, VA Boston Healthcare System; Kate O'Toole, Clinical Coordinator, Surgery, VA Boston Healthcare System; Kirsten Wilkins, Staff Psychiatrist, VA Connecticut Healthcare System; Naren Gupta, VASC Surgery, VISN 1; and William Boden, MD, VISN 1 Research Lead.

Guest Presenters: Peter W. Bates, MD, Senior Vice President of Academic Affairs and Chief Academic Officer, Maine Medical Center; Ray Lash, MD, Associate Chief of Staff for Education, VA Maine Healthcare System; Terence R. Flotte, MD, Dean, School of Medicine, University of Massachusetts; John Collins, Medical Center Director, VA Central Western Massachusetts; Kristin Mattocks, MD, ACOS Research & Education, VA Central Western Massachusetts; Michelle Morreale-Karl, MD, Acting Chief of Primary Care, VA Boston Healthcare System; Carolyn Foland NP, VA Boston Healthcare System; Jean Serrecchia RN, VA Boston Healthcare System; Lorelei McEntee LPN, VA Boston Healthcare System; Rebecca S. Brienza, MD, MPH, Director, VACHS Center of Excellence in Primary Care Education; Faith Harrington DNP, APRN, FNP-BC, Co-Director/NP Residency Director, VACHS Connecticut Healthcare System (VACHS) Center of Excellence in Primary Care Education, VACHS; Kenneth Morford, MD, Chief Medical Resident, VACHS Center of Excellence in Primary Care Education, VACHS; Leif Petterson, APRN Resident Trainee, VACHS Center of Excellence in Primary Care Education, VACHS; Cecilia McVey, BSN, MHA, CNA, Associate Director for Nursing & Patient Care Services, VA Boston Healthcare System; Mary Anderson, RN, MSN, Associate Director Patient Care/Nursing, Edith Nourse Rogers Memorial VA Hospital; Judy Wendt, RN, MSN, Post Baccalaureate Nurse Residency Program Director and Transition to Practice Program Director, VA Boston Healthcare System; Tammy DeSousa, RN, MSN, Post Baccalaureate Nurse Residency Program Director, Providence VAMC; Judy Beal, DNSc, RN, FNAP, FAAN, Dean & Professor, School of Nursing and Health Sciences, Simmons College; Louis Trevisan, Mental Health Lead, VA Connecticut Healthcare System; David Moore, MD, Resident, VA Boston Healthcare System; Michael Charness, Chief of Staff, VA Boston Healthcare System; Linda Godleski, Associate Chief of Education, West Haven VA Medical Center; Andrew Budson, MD, Associate Chief of Staff for Education, VA Boston Healthcare System; David Topor, PhD, Associate Director of Healthcare Professional Education, VA Boston Healthcare System; Damon Gray, Spinal Cord Injury Fellow, VA Boston Medical Center; Jason Heath, Medical Resident (PGY-2), VA Boston Healthcare System; and Christa Wertz, Nursing Management, VA Boston Healthcare System.

Members of the public attending: None

Court Reporter: O'Connor Legal (Victoria O'Connor)