Call to Order

1. Review of May 9, 2019 Minutes ................................................................. E. Benjamin Clyburn, MD

2. New Business ............................................................................................. Dr. Clyburn
   A. Medtrict (Affiliation Agreements).......Carol Courvoisie and Emily Marcovich
   B. “Selling” Call
   C. Resident & Faculty Surveys
   D. Request for New Program Director (Hem/Onc)
   E. 19-20 Resident Representatives

3. ACGME Correspondence ........................................................................... Dr. Clyburn
   A. Temporary Increase Approval (Vascular Neurology)
   B. Participating Site Approval (Neurosurgery)
   C. Initial Accreditation with citations and AFI's (Pediatric Anesthesiology)
   D. Continued Accreditation with citations and AFI's (Peds Hem/Onc)

4. Resident Representatives’ Report........................................................... Drs. Branch, Hewett, Patel and Walgrave

5. VA Update ............................................................................................... Terrill Huggins, MD

6. Quality Update ......................................................................................... Elizabeth Mack, MD

7. Outreach Update ...................................................................................... Chris Pelic, MD
   A. Introduction of new Tidelands PD (Mike Malone, MD)
   B. Job Board and Resources for Residents and Fellows

8. PC Update ................................................................................................ Tina Rapstine, C-TAGME

9. Program Information ................................................................................ Dr. Clyburn
   A. Annual Program Evaluations (APE).........Leonie Gordon, MD
      i. Epilepsy
      ii. Gastroenterology
      iii. Clinical Neurophysiology
      iv. Anesthesia
      v. Hospice and Palliative Medicine
      vi. Child and Adolescent Psychiatry
   B. Remediations: 9 residents in 7 programs
   C. Duty Hours

10. Old Business

ANNOUNCEMENTS

Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, July 9 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.

Next Chief Resident/Resident Representative meeting is June 19 at 6:00 a.m. in 419 CSB

Next GMEC Meeting – Thursday, July 11 at 4:00 p.m. in 628 CSB Location

Next PC Meeting – Tuesday, July 16 at 9:30 a.m. in 809 Storm Eye Institute
May 9, 2019 GMEC MINUTES (1.B.3.b)

(1.B.1) **MEMBERS PRESENT:** Armstrong, Milton MD [Plastic Surgery (At large member)]; Batalis, Nick MD [Pathology]; Branch, Laurel MD [Resident Representative]; Britten, Carolyn MD [Hem/Onc]; Bush, Jeff MD [Emergency Medicine]; Campbell, Ruth MD [Nephrology]; Cox, Lindsey MD [Urology]; Gordon, Leonie MD [Assoc. Dean for GME]; Huggins, Terrill MD [Y'AMC]; Judge, Dan MD [Cardiology]; Lewis, Madeleine MD [Radiology]; Marchell, Richard MD [Dermatology]; Marshall, David MD [Radiation Oncology (At large member)]; Mennito, Sarah MD [Med-Peds]; Meyer, Ted MD, PhD [Otolaryngology]; Nutaitsi, Matt MD [Ophthalmology]; Rapstine, Tina C-TAGME [Radiology (PC)]; Savage, Ashlyn MD [OB/GYN]; Southgate, Mike MD [Pediatrics]; Spiotta, Alex MD [Neurosurgery]; Walgrave, Mason MD [Resident Representative]; Willner, Ira MD [Gastroenterology]; Yamada, Ricardo MD [Interventional Radiology]

**MEMBERS ABSENT:** Barth, Kelly DO [Med-Psych]; Clyburn, Ben MD [Internal Medicine]; Guldan, George (GI) MD [Anesthesiology]; Hewett, Lara MD [Resident Representative]; Kantor, Ed MD [Psychiatry]; Leddy, Lee MD [Orthopaedics]; Lewis, Lee MD [Child and Adolescent Psychiatry]; Mack, Elizabeth MD [Quality]; Milano, Nick MD [Neurology]; Patel, Ekta MD [House Staff Council President]; Pelic, Chris MD [Assoc. Dean for GME]; Schnapp, Lynn MD [Pulmonary/Critical Care]; Steed, Martin DDS [Oral Surgery (At large member)]; Streck, Christian MD [Surgery]; Tavana, Lance MD [Plastic Surgery (At large member)]; Zylelewski, Sinai MD [Pediatric Cardiology (At large member)]

**GME OFFICE:** Rob Chisholm, Ann Ronayne, Hung Vo

**GUESTS:** Mel Pigott, C-TAGME, EM; Edward Kilb, MD, Pulmonary/CC

**TIME CALLED TO ORDER:** 4:30 p.m.  
**TIME ADJOURNED:** 5:05 p.m.  
**PRESIDING OFFICER:** Dr. Leonie Gordon  
**RECORER:** Ann Ronayne  
**LOCATION:** 628 CSB

<table>
<thead>
<tr>
<th>AGENDA</th>
<th>DISCUSSIONS/CONCLUSIONS</th>
<th>RECOMMENDATIONS/ ACTIONS/Institutional Requirements</th>
<th>WHO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call to Order</td>
<td></td>
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</tr>
<tr>
<td>STANDING BUSINESS</td>
<td></td>
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<tr>
<td>MINUTES</td>
<td>The committee reviewed the minutes from April 11.</td>
<td>The committee approved the minutes. (1.B.3.b)</td>
<td>Dr. Gordon</td>
</tr>
<tr>
<td>NEW BUSINESS</td>
<td></td>
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</tr>
<tr>
<td>A. Vascular Neurology</td>
<td>submitted a request for a temporary increase to accommodate a resident who is off-cycle.</td>
<td>The committee accepted the information presented.</td>
<td></td>
</tr>
<tr>
<td>B. Vascular Neurology also</td>
<td>asked for a new program director, Dr. Chirantana Banerjee, to replace Dr. Wayne Feng.</td>
<td>The committee approved Dr. Banerjee and Dr. Lewis as new Program Directors. (1.B.4.b.7)</td>
<td></td>
</tr>
<tr>
<td>C. Infectious Disease</td>
<td>is looking to replace its interim program director, Dr. Cassy Salgado, with Dr. Jessica Lewis. While she does not have the requisite 5 years of academic experience, the division director (who is also the current</td>
<td>The committee approved the</td>
<td></td>
</tr>
</tbody>
</table>

Page 1 of 3
**ACGME CORRESPONDENCE/ISSUES:**

| A. | Continued accreditation letters were distributed for the following programs: Forensic Psych, Addiction Psych, Geriatric Psych, Child Psych, Psych, Hematopathology, Neurology, Epilepsy, Vascular Neurology, Clinical Neurophysiology, and Child Neurology. |
| B. | Continued accreditation with citations were issued to OB/GYN and Internal Medicine. OB/GYN has some continued citations due to case numbers and IM has an issue with duty hours. |

The committee accepted the correspondence. (1.B.4.a.1) (1.B.4.b.3)

Dr. Gordon

**RESIDENT REPRESENTATIVES’ REPORT**

Welcome to our new resident members of GMEC.

(1.B.1.a.3)

Dr. Gordon

**VA UPDATE**

Dr. Huggins reiterated what Dr. Gordon said in new business regarding the logging in on VA computers or PIV stations at MUSC. The VA has two new accreditation coordinators and their health resource contract is about to be signed. This year there will be two VA Quality Chiefs – one in IM and the other in Surgery.

**HOSPITAL QUALITY REPORT**

There was no report

(1.B.4.a.6)

**PROGRAM COORDINATOR REPORT**

There was no PC report.
The new PC representative is Tina Rapstine, C-TAGME, from Radiology.

**PROGRAM INFORMATION**

<table>
<thead>
<tr>
<th>C. Annual Program Evaluations</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. Hem/Onc</td>
</tr>
<tr>
<td>ii. Diagnostic Radiology</td>
</tr>
<tr>
<td>iii. Neurosurgery</td>
</tr>
<tr>
<td>iv. Emergency Medicine</td>
</tr>
<tr>
<td>B. Remediations</td>
</tr>
<tr>
<td>C. Duty Hours</td>
</tr>
</tbody>
</table>

A. Hem/Onc has some issues they need to work on in the coming year. The resident survey indicated problems in all areas with the exception of patient safety/teamwork. The faculty survey indicated the same problems. These items should be reflected in their action plan. Diagnostic Radiology is in good shape, with an excellent board pass rate and a happy residency pool. Overall performance in many areas is indicative of a strong program. Neurosurgery had a rather high turnover of faculty last year, but have hired to fill all vacancies. In addition, the board pass rate of 80% is below the national average of 86%. The committee is interested to see what some stability in the program can bring. Emergency Medicine has also had some faculty attrition. This has not affected the program; the board pass rates and surveys remain strong. It is noted that the RRC recently approved a complement increase.

The GMEC approved the APE reports. (1.B.2; 1.B.4.a.2,3 and 4)

Dr. Gordon
B. There are nine residents in seven programs on remediation.
C. The duty hours report was attached. If your program isn’t at 100% compliance on the 80-hour duty hours question on the ACGME survey, you will likely get an administrative citation, much like the one Internal Medicine received on its’ most recent letter from the RRC. If you are building systems that push the 80-hour limit, you’ll likely go over 80 hours in a week. Try designing schedules for 72 hours, which will allow some play when residents need to go over for whatever reason.

<table>
<thead>
<tr>
<th>OLD BUSINESS</th>
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<tbody>
<tr>
<td>There was no old business.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ANNOUNCEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, May 14 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.</td>
</tr>
</tbody>
</table>

The Chief Resident/Resident Representative meeting is May 15 at 12 Noon in 112 Bioengineering Bldg.

Next GMEC Meeting – joint meeting with all program directors and program coordinators. Please RSVP to your PC for Wednesday, June 12 at 1130 a.m. in the Bioengineering Bldg. Lobby.

MUSC GME 19-20 Chief Resident Leadership Conference
Friday, May 24, 2019 -- All Day -- Charleston Area Convention Center

The GMEC accepted the information. (1.B.4.a.2)

Dr. Gordon

Approved at the TBD, 2019 GMEC meeting.
### Institution Means at a glance

**Clinical and Educational Work**

<table>
<thead>
<tr>
<th>Institution Means</th>
<th>National Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Compliant</td>
<td>4.8</td>
</tr>
<tr>
<td>Faculty</td>
<td>4.3</td>
</tr>
<tr>
<td>Evaluation</td>
<td>4.5</td>
</tr>
<tr>
<td>Educational Content</td>
<td>4.5</td>
</tr>
<tr>
<td>Resources</td>
<td>4.5</td>
</tr>
<tr>
<td>Patient Safety/Teamwork</td>
<td>4.5</td>
</tr>
</tbody>
</table>

**Residents’ overall evaluation of the program**

<table>
<thead>
<tr>
<th>Institution Mean</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very negative</td>
<td>1%</td>
</tr>
<tr>
<td>Negative</td>
<td>1%</td>
</tr>
<tr>
<td>Neutral</td>
<td>98%</td>
</tr>
<tr>
<td>Positive</td>
<td>0%</td>
</tr>
<tr>
<td>Very positive</td>
<td>0%</td>
</tr>
</tbody>
</table>

### Clinical and Educational Work

- **60 hours**
- **1 day free in 7**
- **In-house call every 3rd night**
- **14 hours free after 24 hours of in-house call**
- **6 hours between clinical exp and ed work hours**
- **Continuous hours scheduled**

### Faculty

- Sufficient supervision: 96%
- Appropriate level of supervision: 96%
- Sufficient instruction: 86%
- Faculty and staff interested in residency education: 86%
- Faculty and staff create environment of inquiry: 81%

### Evaluation

- Able to access evaluations: 100%
- Opportunity to evaluate faculty members: 99%
- Satisfied that evaluations of faculty are confidential: 84%
- Opportunity to evaluate program: 99%
- Satisfied that evaluations of program are confidential: 87%
- Satisfied that program uses evaluations to improve: 74%
- Satisfied with feedback after assignments: 75%

### Educational Content

- Provided goals and objectives for assignments: 99%
- Instructed how to manage fatigue: 88%
- Satisfied with opportunities for scholarly activities: 95%
- Appropriate balance between ed and other clinical demands: 96%
- Education not compromised by excessive reliance on non-physician obligations: 67%
- Supervisors delegate appropriately: 99%
- Provided data about practice habits: 66%
- See patients across variety of settings: 88%

### Resources

- Access to reference materials: 99%
- Use electronic medical records in hospital*: 100%
- Use electronic medical records in ambulatory setting*: 99%
- Electronic medical records integrated across settings*: 98%
- Electronic medical records effective: 98%
- Provided a way to transition care when fatigued: 82%
- Satisfied with process to deal with problems and concerns: 83%
- Education (not) compromised by other trainees: 91%
- Residents can raise concerns without fear: 84%

### Patient Safety/Teamwork

- Tell patients of respective roles of faculty and residents: 96%
- Culture reinforces patient safety responsibility: 99%
- Participated in quality improvement: 96%
- Information (not) lost during shift changes or patient transfers: 96%
- Work in interprofessional teams: 99%
- Effectively work in interprofessional teams: 99%

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*Response options are Yes or No. These responses aren’t included in the Program Means and aren’t considered non-compliant responses.

**Total Percentage of Compliance by Category**

© 2019 Accreditation Council for Graduate Medical Education (ACGME)
In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements. At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients. These data will not be used in the accreditation process. Aggregate reports will be provided to the program and sponsoring institution.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>National Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>I find my work to be meaningful.</td>
<td>82.2%</td>
<td>17.8%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.6</td>
</tr>
<tr>
<td>I work in a supportive environment.</td>
<td>58.9%</td>
<td>36.8%</td>
<td>4.3%</td>
<td>0.0%</td>
<td>3.6</td>
</tr>
<tr>
<td>The amount of work I am expected to complete in a day is reasonable.</td>
<td>46.7%</td>
<td>42.7%</td>
<td>9.7%</td>
<td>0.9%</td>
<td>3.4</td>
</tr>
<tr>
<td>I participate in decisions that affect my work.</td>
<td>51.5%</td>
<td>39.5%</td>
<td>8.5%</td>
<td>0.5%</td>
<td>3.5</td>
</tr>
<tr>
<td>I have enough time to think and reflect.</td>
<td>44.0%</td>
<td>40.2%</td>
<td>14.8%</td>
<td>1.1%</td>
<td>3.4</td>
</tr>
<tr>
<td>I am treated with respect at work.</td>
<td>65.2%</td>
<td>31.5%</td>
<td>3.2%</td>
<td>0.0%</td>
<td>3.6</td>
</tr>
<tr>
<td>I often feel emotionally drained at work.</td>
<td>23.1%</td>
<td>47.2%</td>
<td>23.8%</td>
<td>5.9%</td>
<td>2.9</td>
</tr>
<tr>
<td>I feel more and more engaged in my work.</td>
<td>38.4%</td>
<td>45.9%</td>
<td>14.8%</td>
<td>0.9%</td>
<td>3.3</td>
</tr>
<tr>
<td>I find my work to be a positive challenge.</td>
<td>56.0%</td>
<td>40.7%</td>
<td>3.1%</td>
<td>0.2%</td>
<td>3.6</td>
</tr>
<tr>
<td>I find new and interesting aspects in my work.</td>
<td>56.2%</td>
<td>39.1%</td>
<td>4.5%</td>
<td>0.2%</td>
<td>3.6</td>
</tr>
<tr>
<td>After work, I need more time than in the past in order to relax.</td>
<td>15.3%</td>
<td>39.1%</td>
<td>33.7%</td>
<td>11.9%</td>
<td>2.7</td>
</tr>
<tr>
<td>I feel worn out and weary after work.</td>
<td>16.9%</td>
<td>43.6%</td>
<td>31.5%</td>
<td>7.9%</td>
<td>2.8</td>
</tr>
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In July 2017, the ACGME implemented the revised Section VI of the Common Program Requirements. At the heart of the new requirements is the philosophy that residency education must occur in a learning and working environment that fosters excellence in the safety and quality of care delivered to patients both today and in the future. An important corollary is that physician well-being is crucial to deliver the safest, best possible care to patients. These data will not be used in the accreditation process. Aggregate reports will be provided to the program and sponsoring institution.

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<th>National Mean</th>
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<td>0.0%</td>
<td>3.5</td>
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<tr>
<td>I work in a supportive environment.</td>
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</tr>
<tr>
<td>The amount of work I am expected to complete in a day is reasonable.</td>
<td>45.7%</td>
<td>50.0%</td>
<td>3.6%</td>
<td>0.7%</td>
<td>3.4</td>
</tr>
<tr>
<td>I participate in decisions that affect my work.</td>
<td>51.1%</td>
<td>43.8%</td>
<td>4.5%</td>
<td>0.6%</td>
<td>3.5</td>
</tr>
<tr>
<td>I have enough time to think and reflect.</td>
<td>36.8%</td>
<td>48.6%</td>
<td>13.4%</td>
<td>1.3%</td>
<td>3.3</td>
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<td>0.3%</td>
<td>3.5</td>
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<td>4.1%</td>
<td>0.7%</td>
<td>3.5</td>
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<td>42.0%</td>
<td>32.8%</td>
<td>14.5%</td>
<td>2.5</td>
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<tr>
<td>I feel worn out and weary after work.</td>
<td>10.4%</td>
<td>41.2%</td>
<td>38.1%</td>
<td>10.4%</td>
<td>2.5</td>
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May 6, 2019

TO: MUSC GMEC

RE: Appointment of New Program Director to Hematology Oncology Residency

I would like to nominate, Daniel Reuben, MD, for the position of Program Director for the Hematology Oncology training program. Dr. Reuben will have authority and accountability for the operation of all components of the residency or fellowship program. I recommend Dr. Reuben for this position as he has a strong commitment to graduate medical education as has provided excellent leadership to the fellowship program.

Dr. Reuben is currently a Clinical Associate Professor in the Department of Medicine. He has been board certified through the American Board of Internal Medicine for a total of 16 years. (Internal Medicine certified since 2003 and Medical Oncology and Hematology Certified since 2005) and holds a MUSC Medical staff appointment. His South Carolina Medical License Number is 37540. Enclosed is Dr. Reuben's curriculum vitae.

I am recommending Dr. Reuben for this appointment to begin on July 1, 2019. I acknowledge that Dr. Reuben will need to maintain board certification for the duration of his appointment as Program Director.

I have reviewed the Program Requirements for the Hematology Oncology training program which are posted on the ACGME website, and can assure the GMEC that Dr. Reuben can comply with all requirements beginning in July 2019.

The Department of Medicine will ensure that the Program Director has sufficient financial and administrative support and protected time for his educational and administrative responsibilities to the program. For this position, Dr. Reuben will be protected for at least 25% of his time and will receive 25% of salary for this position.

I have discussed all the above with Dr. Reuben. After approval by the GMEC, I understand the current program director needs to notify the ACGME electronically using their WebADS system.

Sincerely,

[Signature]

Don C. Rockey, MD
Professor and Chairman
Department of Medicine

Cc: Dr. Dan. Reuben
Enclosure: CV

"An equal opportunity employer, promoting workplace diversity."
Daniel York Reuben, M.D.
Curriculum Vitae

SCHOOL ADDRESS

Division of Hematology/Oncology
Department of Medicine
College of Medicine
39 Sabin St. Walton Research Building, MSC 635 Charleston, SC 29425

Work Email: reubend@musc.edu

EDUCATION

<table>
<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Degree</th>
<th>Major</th>
</tr>
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<tbody>
<tr>
<td>1992</td>
<td>St. Lawrence University</td>
<td>B.S.</td>
<td>Biology</td>
</tr>
<tr>
<td>1994</td>
<td>Case Western Reserve University</td>
<td>M.S.</td>
<td>Molecular and Cellular Biology</td>
</tr>
<tr>
<td>1998</td>
<td>Case Western Reserve University</td>
<td>M.D.</td>
<td>Medicine</td>
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POSTDOCTORAL EDUCATION

<table>
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<tr>
<th>Year</th>
<th>Institution</th>
<th>Role</th>
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<tbody>
<tr>
<td>2001 - 2004</td>
<td>Yale Cancer Center, Yale University, New Haven, CT</td>
<td>Fellowship, Hematology/Oncology</td>
</tr>
<tr>
<td>1998 - 2001</td>
<td>Department of Internal Medicine, Boston University Medical Center, Boston, MA</td>
<td>Residency, Internal Medicine</td>
</tr>
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LICENSURE AND CERTIFICATION

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<tr>
<th>Year</th>
<th>Description</th>
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<tbody>
<tr>
<td>10/2000-03/2011</td>
<td>Licensure - Massachusetts License Registration</td>
</tr>
<tr>
<td>06/2001-02/2015</td>
<td>Licensure - Connecticut License Registration</td>
</tr>
<tr>
<td>01/2015-present</td>
<td>Licensure - South Carolina License Registration</td>
</tr>
<tr>
<td>2005-2025</td>
<td>Certification - American Board of Internal Medicine, Hematology</td>
</tr>
<tr>
<td>2005-2025</td>
<td>Certification - American Board of Internal Medicine, Oncology</td>
</tr>
<tr>
<td>2003-2024</td>
<td>Certification - American Board of Internal Medicine, Internal Medicine</td>
</tr>
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</table>

FACULTY APPOINTMENTS

<table>
<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 - Present</td>
<td>Medical University of South Carolina, Medicine, Division of Hematology/Oncology</td>
<td>Clinical Associate Professor</td>
</tr>
<tr>
<td>2012 - 2014</td>
<td>Yale University, School of Medicine</td>
<td>Clinical Instructor</td>
</tr>
</tbody>
</table>

https://fair.musc.edu/public/UNV_Vita_MUSC2.asp?opt=CV1&choice=3&userkey=797f6b... 5/8/2019
2009 - 2014  Yale University, School of Nursing, Division of Nursing  
Assistant Clinical Professor

2006 - 2014  University of Connecticut, School of Medicine, Division of Medicine  
Assistant Clinical Professor

### PROFESSIONAL EXPERIENCE

<table>
<thead>
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<th>Year</th>
<th>Title/Position</th>
<th>Institution/Organization</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 - Present</td>
<td>Director of Chemotherapy Infusion Suite</td>
<td>Hollings Cancer Center, Medical University of South Carolina</td>
<td></td>
</tr>
<tr>
<td>2012 - 2014</td>
<td>Attending Physician</td>
<td>Yale University School of Medicine, Smilow Cancer Care Center – Orange, CT</td>
<td></td>
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<tr>
<td>2007 - 2011</td>
<td>Attending Physician</td>
<td>Medical Oncology &amp; Hematology, P.C., Orange, CT.</td>
<td></td>
</tr>
<tr>
<td>2006 - 2007</td>
<td>Attending Physician</td>
<td>The Hope Clinic LLC, Bristol, CT</td>
<td></td>
</tr>
<tr>
<td>2004 - 2006</td>
<td>Attending Physician</td>
<td>Praxair Cancer Center, Danbury Internal Medicine Associates, P.C., Danbury, CT</td>
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</table>

### HOSPITAL PRIVILEGES

<table>
<thead>
<tr>
<th>Year</th>
<th>Title/Position</th>
<th>Institution/Organization</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009 - 2014</td>
<td>Courtesy Staff Physician</td>
<td>Milford Hospital, Milford, CT</td>
<td></td>
</tr>
<tr>
<td>2007 - 2014</td>
<td>Attending Physician</td>
<td>Yale-New Haven Hospital, New Haven CT</td>
<td></td>
</tr>
<tr>
<td>2007 - 2014</td>
<td>Courtesy Staff Physician</td>
<td>Griffin Hospital, Derby, CT</td>
<td></td>
</tr>
<tr>
<td>2007 - 2012</td>
<td>Attending Physician</td>
<td>Hospital of Saint Raphael, New Haven, CT</td>
<td></td>
</tr>
<tr>
<td>2007 - 2011</td>
<td>Courtesy Staff Physician</td>
<td>MidState Medical Center, Meriden, CT</td>
<td></td>
</tr>
<tr>
<td>2002 - 2004</td>
<td>Hospitalist Physician Team</td>
<td>Yale University School of Medicine, New Haven, CT</td>
<td></td>
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</table>

### PROFESSIONAL SOCIETIES/ASSOCIATIONS - INTERNATIONAL

<table>
<thead>
<tr>
<th>Year</th>
<th>Society/Association</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015 - Present</td>
<td>South Carolina Oncology Society</td>
<td>Member</td>
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<tr>
<td>2004 - Present</td>
<td>American Society of Clinical Oncology</td>
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</table>

### PROFESSIONAL SOCIETIES/ASSOCIATIONS - NATIONAL

<table>
<thead>
<tr>
<th>Year</th>
<th>Society/Association</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 - 2006</td>
<td>American College of Surgeons Oncology Group</td>
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### PROFESSIONAL SOCIETIES/ASSOCIATIONS - REGIONAL

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<tr>
<th>Year</th>
<th>Society/Association</th>
<th>Role</th>
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<tr>
<td>2004 - 2014</td>
<td>Connecticut State Medical Society</td>
<td>Member</td>
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<tr>
<td>2004 - 2006</td>
<td>Eastern Cooperative Oncology Group</td>
<td>Member</td>
</tr>
<tr>
<td>2000 - Present</td>
<td>Massachusetts Medical Society</td>
<td>Member</td>
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HONORS AND AWARDS

<table>
<thead>
<tr>
<th>Year</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>First Place (team award) N.Y. State PEW Foundation award in Physics for research and demonstration of “resonance” for classroom teaching, St. Lawrence University, 1991.</td>
</tr>
</tbody>
</table>

COLLEGE COMMITTEES

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Committee</th>
<th>Role</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003 - 2004</td>
<td>Human Investigative Committee</td>
<td>Member</td>
<td>IRB of Yale University/Y-NHH</td>
</tr>
</tbody>
</table>

HOSPITAL COMMITTEES

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Committee</th>
<th>Role</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019 - Present</td>
<td>Program Evaluation Committee</td>
<td>Member</td>
<td>Medical University of South Carolina</td>
</tr>
<tr>
<td>2018</td>
<td>Present Clinical Competency Committee</td>
<td>Member</td>
<td>Medical University of South Carolina</td>
</tr>
<tr>
<td>2015</td>
<td>Present Pharmacy and Therapeutics Committee</td>
<td>Member</td>
<td>Medical University of South Carolina</td>
</tr>
<tr>
<td>2012 - 2013</td>
<td>EPIC Implementation Committee</td>
<td>Member</td>
<td>Yale Cancer Center, Yale-New Haven Hospital</td>
</tr>
<tr>
<td>2011 - 2012</td>
<td>Quality &amp; Safety Committee</td>
<td>Member</td>
<td>Hospital of St. Raphael</td>
</tr>
<tr>
<td>2004 - 2006</td>
<td>Intellidose Implementation Committee</td>
<td>Member</td>
<td>Praxair Cancer Center</td>
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</table>

DEPARTMENTAL COMMITTEES

<table>
<thead>
<tr>
<th>Year</th>
<th>Name of Committee</th>
<th>Role</th>
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</thead>
<tbody>
<tr>
<td>2007 - 2014</td>
<td>Melanoma Disease Team</td>
<td>member</td>
<td>Yale Cancer Center, Yale-New Haven Hospital</td>
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</tbody>
</table>

POSTER PRESENTATIONS


PEER-REVIEWED PUBLICATIONS

2. Selim M.A., Reuben D.Y. “Congenital mullerian aplasia with ipsilateral renal agenesis presenting as pelvi-

NON-PEER-REVIEWED PUBLICATIONS

Graduate Medical Education
The GMEC oversees all educational programs and implements the policies and procedures for residents and residency programs within MUSC ensuring high-quality education for its residents. The GMEC ensures programs are adhering to the policies and procedures of the ACGME while maintaining their educational commitment to the residents. (This committee will actually have four resident representatives. Three will be elected and the fourth position will be the President of the House Staff Council.)

- Laurel Branch, Internal Medicine
- Lara Hewett, Radiology
- Ekta Patel, Neonatology (House Staff Council President)
- Mason Walgrave, Med-Peds

Annual Program Evaluation
The APE Committee ensures all ACGME-accredited residency programs are in compliance with ACGME Institutional and Program Requirements. This committee will have two residents that will serve a full academic year (July – June).

- Dennis Delany, Pediatric Cardiology
- Jessica English, Internal Medicine

Medical Executive
The MEC is the professional policy board of the hospital and is responsible for supervision and enforcement of all professional policies, rules and regulations. Its purpose is to ensure high quality, patient-centered, cost effective care throughout MUSC’s clinical enterprise.

- Brielle Paolini, Radiology

MUSC Ethics
The Ethics Committee works to improve patient care within an ethical framework. Committee functions include clinical consultation, policy development and review, and ethics education.

- Madeleine Generaux, Pediatrics

Blood Utilization Review
The BUR committee monitors the use of blood and blood components at the MUSC Medical Center.

- Jake Emmanuel, Pathology

Hospital Infection Control
The ICC investigates and controls nosocomial infections and monitors the MUHA Infection Control program. It is a Medical Staff Committee responsible for the development and implementation of policies and practices to decrease Health care-associated infections in patients and staff.

- Marlee Croissy, Radiology
- Audrey Fenin, Neonatology

Health Information Management Committee
The HIM committee oversees the policies and procedures of the governance and functioning of all parts of the medical record.

- Jordan McCarthy, Emergency Medicine
Quality Executive Committee
The QEC reports and reviews all new and ongoing quality efforts in the clinical enterprise.
- Stephen Bracewell, Radiology

IMPROVE
The IMPROVE Committee gives guidance and recommendations on all quality projects that have been endorsed by
the senior leaders within the hospital and medical staff. The role is to ensure that the IMPROVE process is
followed and that there are relevant and sustained results. This committee makes the final recommendation on
whether projects are appropriate to close or not.
- Zach Coffman, Pediatric Cardiology

Patient Throughput
The Patient Throughput Committee monitors the flow of patients across the medical center by overseeing flow
dashboards and metrics as well as all policies and procedures associated with placement of patients on select
units.
- Isaac Jaben, Internal Medicine

College of Medicine Student Progress Committee & Professional Standards Subcommittee
The Student Progress Committee conducts meetings four times a year as well as on an as needed basis. During
these meetings the Progress Committee reviews the academic progress of all students with regard to established
progression standards. Students who do not meet required academic or professional standards are considered
individually by the Progress Committee. If there concern about a pattern of a student’s unprofessional behavior,
the student will appear before the professional standards subcommittee. These meetings are held as needed, but
historically there have been about 4 to 6 of these meetings a year. The meetings of both the Student Progress
Committee and the Professional Standards Subcommittee are usually from 4:30 to 6:30 p.m., 601 CSB.
- Cody Branch, Radiology
- Leah Broadhurst, Med Peds

Medication Decision Support Subcommittee
The Medication Decision Support Subcommittee is looking for medical representation to help review medication
alert build and determine customization of settings, where necessary. The subcommittee reports to the Decision
Support Oversight Committee (DSOC) and the Pharmacy and Therapeutics Committee. It is responsible for
management of medication-related decision support seen by users of the electronic health record (EHR). The
committee is chartered to review, amend, and monitor medication alerts and other decision support tools to
improve the overall usefulness and value to the clinicians throughout the organization. Examples of medication
decision support include but are not limited to the following: medication warnings (dose, drug interactions,
pregnancy, duplicates), incorporating lab values in the order composer; maximum dose warnings.
- Mason Walgrave, Med Peds

Medication Safety & Improvement
The MSIC strives for safety throughout the medication use process.
- Todd Gandy, Pulmonary Critical Care
Continuing Medical Education Advisory
Charge to the Committee: The Committee serves to advise and assist the Office of Continuing Medical Education in the planning, organization and conduct of continuing medical education offered by the College of Medicine. The Committee functions include the following: Apply criteria for CME accreditation developed by the Accreditation Council for Continuing Medical Education and policies established to govern sponsorship of CME activities; Provide liaison with Departments and Divisions of the College involved in CME activities; Participate in Annual Review of CME program in the College of Medicine; Participate in strategic planning process for the CME; Review and approve documents prepared or revised by the CME staff; Participate in discussions by individuals who provide important areas of collaboration with the CME program.

• Mason Walgrave, Med Peds
5/29/2019

Chirantan Banerjee, MD, MPH
Assistant Professor of Neurology
Medical University of South Carolina
96 Jonathan Lucas Street
Suite 309, MSC 606
Charleston, SC 29425

Dear Dr. Banerjee,

The Review Committee for Neurology, 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:

Vascular neurology

Medical University of South Carolina Program
Medical University of South Carolina College of Medicine
Charleston, SC

Program 1884513065

Temporary Increase approved for 1 resident(s) 07/01/2019 - 07/31/2019

OTHER COMMENTS

The Review Committee has approved your request for a temporary increase in resident complement from 2 to 3 effective 7/1/2019.

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.
5/8/2019

Alejandro M Spiotta, MD  
Residency Program Director  
Medical University of South Carolina  
96 Jonathan Lucas Street  
Suite 301 CSB, MSC 606  
Charleston, SC 29425

Dear Dr. Spiotta,

The Review Committee for Neurological Surgery, 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:

   Neurological surgery

   Medical University of South Carolina Program
       Medical University of South Carolina College of Medicine
       Charleston, SC

Program 1604511079

OTHER COMMENTS

The Committee reviewed the request to add University of Pennsylvania (41C097) as a participating site, to be used for a one-time elective rotation for current PGY5 resident Fraser Henderson Jr, MD from 7/12/2019 – 12/31/2019. The rotation will entail six months of clinical research and surgical observation related to neurosurgical oncology under the supervision of Steven Brem MD, Professor and Co-Director, Penn Brain Tumor Center, and secondarily Donald O’Rourke MD. No cases will be recorded in the Case Log System during this rotation. The rotation will take place during the scheduled PG6 elective/research year and therefore will not impact the education of other MUSC program residents. A negative impact on the education of University of Pennsylvania residents is also not anticipated. The Committee, therefore, approved the request. The program must remove the site from ADS within two weeks of the conclusion of the rotation.

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.
Amanda T Redding, MD
Pediatric Anesthesia Fellowship Program Director
167 Ashley Avenue
Suite 301
MSC 912
Charleston, SC 29425

Dear Dr. Redding,

The Review Committee for Anesthesiology, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the application for accreditation submitted by the following program:

Pediatric anesthesiology
Medical University of South Carolina Program
Medical University of South Carolina College of Medicine
Charleston, SC
Program 0424504001

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

Status: Initial Accreditation
Maximum Number of Residents: 4
Effective Date: 07/01/2018
Approximate Next Site Visit: 04/01/2020

AREAS NOT IN COMPLIANCE (Citations)
The Review Committee cited the following areas as not in substantial compliance with the ACGME’s Program Requirements and/or institutional Requirements:

NEW CITATIONS
Qualifications of Faculty | Since: 04/04/2019 | Status: New

Faculty Qualifications/Specialty Certification [CPR II.B.3.]
The physician faculty must have current certification in the subspecialty by the American Board of Anesthesiology, or possess qualifications judged acceptable to the Review Committee.

Rationale
The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. There are a number of faculty with no board certification, and several without pediatric anesthesiology fellowships, and post-residency experience is not clearly documented in the application. These faculty members include Drs. Heine, Moore, Perry, Romeo, Wester, and Wonjo.
Scholarly Activities | Since: 04/04/2019 | Status: New

Faculty Qualifications / Ongoing Academic Achievements [PR II.B.6]
The members of the physician faculty must demonstrate ongoing academic achievements appropriate to the subspecialty, including publications, the development of the educational program, or the conduct of research.

Rationale
The information provided to the Review Committee did not demonstrate substantial compliance with the requirement. While some faculty members are well-published, several have no peer-reviewed publications and minimal dissemination of their work, including Drs. Heine, Moore, Little, Romeo, Rovner, Wester, and Wojno.

AREAS FOR IMPROVEMENT / CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Evaluations
The Review Committee notes that the submitted evaluations are Milestones-based. The Milestone tables were not designed to be used as evaluation forms for specific rotations or experiences. Please refer to https://www.acgme.org/portals/0/milestonesFAQ.pdf for more information on using Milestone tables as assessment tools.

Procedural Volume
The Review Committee notes that there are a number of procedure areas in which the number of procedures is barely sufficient for fellows to achieve their minimums, including peripheral nerve blocks, pain consultations, and fiberoptic intubations. These procedures should be carefully monitored and distributed so that all fellows will meet the minimum procedure requirements.

Although no formal response is required for “Areas For Improvement” (AFIs), please note that the Review Committee monitors AFIs annually, and negative trends may result in future citations. You may communicate your program’s actions related to the AFIs under the “Major Changes” section in ADS.

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, 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 (ADS).
5/29/2019

Jennifer J Jarosck, MD  
Program Director  
Medical University of South Carolina  
MSC 561  
135 Rutledge Avenue, Room 489  
Charleston, SC 29425  

Dear Dr. Jarosck,  

The Review Committee for Pediatrics, 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:

Pediatric hematology/oncology  
Medical University of South Carolina Program  
Medical University of South Carolina College of Medicine  
Charleston, SC  
Program 3274521068  

Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:

Status: Continued Accreditation  
Maximum Number of Residents: 6  
Effective Date: 04/16/2019  

AREAS NOT IN COMPLIANCE (Citations)  
The Review Committee cited the following areas as not in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements:

NEW CITATIONS  
Responsibilities of Program Director | Since: 04/16/2019 | Status: New  
Maintain an 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. (Core)  

It was reported at the time of the site visit that there is poor communication between program leadership and the fellows. It was stated that "the fellows had not been given clear expectations about their clinical duties, number of calls per year, electives, procedures or research requirements. They didn’t know which patients they would be seeing in their clinics so that they were unable to read about them in advance."
Qualifications of Faculty | Since: 04/16/2019 | Status: New

Specialty Certification
Program Requirement II.B.2.
The physician faculty must have current certification in the specialty by the American Board of Pediatrics, or possess qualifications judged acceptable to the Review Committee. (Core)

It was not documented that all faculty who supervise fellows have current board certification or possess acceptable alternate qualifications in lieu of certification, specifically Dr. Sherron Jackson is not certified in pediatric hematology-oncology and alternate qualifications were not provided. Reference should be made to the Pediatrics FAQ related to alternate faculty qualifications.

Scholarly Activities | Since: 04/16/2019 | Status: New

Fellow Scholarly Activity/Oversight Committee
Program Requirement IV.B.2.b)
The program must provide a scholarship oversight committee for each fellow to oversee and evaluate his or her progress as related to scholarly activity. (Core)

According to the site visitor’s report, the fellows have been responsible for organizing their own scholarship oversight committee (SOC). The SOCs do not all meet on a regular basis and do not all provide significant oversight of the fellows’ research activities. The SOCs were said to be set up on paper, rather than being real, functioning committees.

Learning and Working Environment | Since: 04/16/2019 | Status: New

Impact of Work Intensity on Fellow Well-Being
Program Requirement VI.C.1.b)
This responsibility must include attention to scheduling, work intensity, and work compression that impacts fellow well-being. (Core)

According to the site visitor’s report, the fellows take at-home call on all rotations from 5 pm to 8 am in seven-day stretches. This was reported to be exhausting some weeks, especially during the fellows’ inpatient rotations. Typically the fellow is fielding phone calls and writing chemotherapy orders on the computer about five to six hours per night.

Institutional Support-Sponsoring Institution | Since: 04/16/2019 | Status: New

Intimidation
Institutional Requirement III.A.
The Sponsoring Institution and each of 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)

According to the site visitor’s report, fellows’ concerns and requests for greater clarity have often been met with defensiveness and minimal explanation, which has resulted in a fear of retaliation. An environment of passive aggression was described, where criticisms of them have been passed through other fellows, rather than directly to them. This environment has been ongoing for several years, but fellows were too intimidated by the program leadership to respond honestly on the 2015-2016 and 2016-2017 Fellow Surveys.
AREAS FOR IMPROVEMENT / CONCERNING TRENDS

The Review Committee identified the following areas for program improvement and/or concerning trends:

Board Passage Rate
The Review Committee is concerned by the low performance of the program’s graduates on the certifying examination of the American Board of Pediatrics. The pass rate for the last three years (2015-2017) is only 25%.

Evaluations
According to the site visitor’s report, the program director uses the completed form that she sends to ABP for the program graduates to be able to sit for the pediatric hematology-oncology board exam as the graduate’s summative evaluation. The final evaluation should verify that the fellow has demonstrated the knowledge, skills, and behaviors necessary to enter autonomous practice, and take into consideration recommendations from the Clinical Competency Committee.

Failure to Provide Accurate Information
The data provided during the program’s 2017-2018 ADS Annual Update was inaccurate and/or incomplete. The site visitor had to correct much of the information entered into ADS including, the program director’s license was not updated, the Block Diagram was incorrect and the program director indicated the maximum number of days of night float was seven when the fellows take no in-house call. In addition, the certification information provided in the Faculty Roster is inconsistent with what is listed on the American Board of Pediatrics’ (ABP) Certification Verification website; the Re-certified (R) designation is not applicable to pediatrics. Faculty participating in Maintenance of Certification should have a designation of "M." The program should ensure that it is using the correct categories of certification when completing the Faculty Roster and that all data entered into ADS is accurate and complete.

The ACGME must be notified of any major changes in the organization of the program. When corresponding with the ACGME, 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 (ADS).
Program Name: Epilepsy

### Overall Attrition

<table>
<thead>
<tr>
<th>PD Change</th>
<th>Faculty Attrition</th>
<th>Resident Attrition</th>
<th>Permanent Complement Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Resident Survey</th>
<th>Faculty Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% completed</td>
<td>100% completed</td>
</tr>
</tbody>
</table>

- Duty Hours
- Faculty
- Educational Content
- Evaluation
- Resources
- Patient Safety/Teamwork

### Data Omission

<table>
<thead>
<tr>
<th>Failure to complete WEBADS annual update (on time)</th>
<th>Failure to turn in APE materials</th>
</tr>
</thead>
</table>

- Number of subspecialties with 3 or more indicators flagged: N/A

### Involvement in QI/Pt Saf Projects

### GME Stewardship

### Scholarly Activity

- Faculty
- Resident
Board pass rate is strong, but take rate is low. Later it is explained that one graduate hasn’t taken the boards as they are only offered every other year but that should not alter this calculation unless they truly missed taking at an offered time.

Good involvement in health disparities and underserved population medicine.

Monthly M&M conferences are listed for faculty development. A fellow giving that conference would be a nice opportunity to expose them to an RCA.

100% of your core faculty need to be involved in faculty development.

Excellent job incorporating fellow and faculty feedback in measurable action plan items.

Citation regrading fellows evaluating faculty - how is that kept anonymous given there are only 1-2 fellows a year? This is a big issue with ACGME.

Faculty roster needs to be alpha.

The program must get the rate of faculty completing written evals of the fellows within two weeks following the rotation to at least 80%.

Action Plan has good items drawn for surveys and feedback. Would prefer to have the updated items to have specific metrics.

New items seem overall to have more specific metrics.
The APE committee appreciates a minimalist approach, but this APE needs help, especially with WEBADS. It appears that the Program Director is the one filling out WEBADS and the APE information - perhaps the program coordinator could be engaged to assist and help with documentation? As these comments are repeated year to year, the stewardship and Misc. indicator boxes must be red.

Good board take and pass rate
Impressive that half your fellows are participating in RCAs
Good description of the internal surveys, but items below a 4.0 on ACGME surveys are not described

All participating sites should have reasonable accommodations for residents with disabilities consistent with the Sponsoring Institution's policies
MUSC has lactation facilities
VAMC has sleeping facilities and showers. You must ask them if they have reasonable accommodations for disabilities and lactation facilities
Must go through WEBADS and update Dr. Willner’s CV, with particular attention to recertification dates that appear throughout
The faculty listing must be updated with recertification dates
Licensure for Dr. Willner is listed as expiring in 2013. Bibliography lists items that are 10 years old
Excellent scholarly activity by faculty and fellows
Must get faculty to return evaluations within two weeks of rotation.
Q22 does not address the priorities listed in Q21

On faculty survey, patient safety is trending down driven by information not lost during shift change and question on resident participation on projects. You report they are involved in QI projects, so this may require additional faculty education. Faculty also not satisfied with faculty development. You are below the national mean in every category
On resident survey, all areas except one were above at the national mean. You must address those areas below a 4.0 on your action plan and in the major changes section of ADS

In describing the internal survey residents commented about their concern of balance between service and education but there is no mention of this in the action plan
It is not clear what “feedback by faculty on practice performance” means or is addressing
## Program Name: Clinical Neurophysiology

<table>
<thead>
<tr>
<th>Attrition</th>
<th>Scholarship Activity</th>
<th>Board Pass Rate</th>
<th>Resident Survey</th>
<th>Faculty Survey</th>
<th>Omission</th>
<th>Subspecialties</th>
<th>MISC Indicators</th>
<th>Action Plan</th>
<th>QI/Patient Safety</th>
<th>GME Stewardship</th>
</tr>
</thead>
<tbody>
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<td>N/A</td>
<td>N/A</td>
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<td>N/A</td>
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<td>N/A</td>
</tr>
</tbody>
</table>

### Overall Attrition
- PD Change
- Faculty Attrition
- Resident Attrition
- Permanent Complement Changes

### Resident Survey
- 100% completed
  - Duty Hours
  - Faculty
  - Educational Content
  - Evaluation
  - Resources
  - Patient Safety/Teamwork

### Faculty Survey
- 100% completed
  - Supervision & Teaching
  - Educational Content
  - Resources
  - Patient Safety
  - Teamwork

### Data Omission
- Overall Negative Opinion
- Number of subspecialties with 3 or more indicators flagged

### Involvement in QI/Pt Saf Projects
- N/A

### Scholarly Activity
- Faculty
- Resident

### Action Plan

### Board Pass Rate

### GME Stewardship
Excellent action plan with measurable outcomes

Faculty AccME survey is excellent - all areas above national means

An appendix is not necessary for assignments and duties

Excellent Faculty Scholarly activity

You say your program is involved with Health care disparities projects or conferences but do not name them

Excellent board take and pass rates

Fellows coming in for the '19-20 year

0 of 2 positions filled. Is this a specialty wide issue or just at MUSC? Recruitment was an action plan item last year but you did not fill that year.

PD % FTE needs to be filled in

Program Name: Clinical Neurophysiology
# 2019 APE Program Report Card

## Program Name: Anesthesia

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<tr>
<th>Attributes</th>
<th>Resident Survey</th>
<th>Faculty Survey</th>
<th>Omission</th>
<th>Subspecialties</th>
<th>MISC Indicators</th>
<th>Action Plan</th>
<th>QI/Patient Safety</th>
<th>GME Stewardship</th>
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### Resident Survey
- 100% completed
- Duty Hours
- Faculty
- Educational Content
- Evaluation
- Resources
- Patient Safety
- Teamwork

### Faculty Survey
- 100% completed
- Supervision & Teaching
- Educational Content
- Resources
- Patient Safety
- Teamwork

### Omission
- Number of subspecialties with 3 or more indicators flagged
- TBD

### Scholarly Activity
- Faculty
- Resident

### Data Omission
- Failure to complete WEBADS annual update (on time)
- Failure to turn in APE materials

### Action Plan

### Board Pass Rate

### QI/Patient Safety

### GME Stewardship
Excellent board pass and take rate (both at 100%) 
Applause for the fact that all residents participate in RCAs through M&M 
Changes to the didactic curriculum noted, as well as the explanation for the low score. This will need to be followed on the action plan

All participating sites should have reasonable accommodations for resident with disabilities consistent with the Sponsoring Institution’s policy 
MUSC has lactation facilities 

There are a lot of faculty listed who should have expired certifications - this needs to be updated 
Since your faculty is so robust it is okay to edit people so you have fewer listed in the scholarly activity table 
Are there faculty with no scholarly activity or did they just not report? 

Dr. Borckardt has some outdated entries in bibliography 

The committee wishes the progression of the resident's by PGY year demonstrated a consistent increase in participation in research and teaching presentations. You could consider curricular changes to require some conference presentations in upper levels. Per the APE, all residents participate in some scholarly work so would be nice to translate that into research 

Q22 does not address all the priorities answered in Q21

At or above all national means on faculty survey 
At or slightly below all national means on resident survey. Please note the downward trends over the last three years in faculty and educational content

Faculty wish for dedicated time for scholarly activity (and we presume time to supervise residents in SA based on the ACGME survey). Action Plan for 16-17 notes an increase in admin-dedicated time for faculty; would recommend adding that to current action plan. If improved, this could significantly help other issues on current ACGME surveys and comments above on SA

Helpful and thoughtful SWOT 
Excellent opportunities to expand residents' experience in pediatric and obstetrical anesthesia

Thoughtful action plan with measurable outcomes. May want to add items to it as referenced above
Program Name: Hospice and Palliative Medicine

We need the FTE% for the program director
Best practice for wellness - meeting with EAP counselor monthly to talk about difficult cases.
All participating sites should have reasonable accommodations for residents with disabilities in correlation to our Sponsoring Institutional policies
MUSC site has lactation facilities and parking accessible to site
Only list current professional activities for the PD
Did Elizabeth Higgins and Robert Lake recertify their specialties in 2017
Low level of scholarly activity for faculty
Must answer questions regarding Medical Information Access in WEBADS
Q22 does not adequately address the top priorities in Q21
Your SWOT analysis seems to disagree with your answer to Program Resources in WEBADS. That states, "The establishment of this program is a major priority for MUSC...." while the SWOT analysis lists as a threat staffing funding.
Action Plan needs work. Needs a more well-defined endpoint for goal. How can you measure objectively "An enriched hospital experience...?" Also, the AP needs to address AFI for the Learning and Working Environment and Supervision Policy
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<th>Program Name: Child &amp; Adolescent Psychiatry</th>
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Page 1 of 2
Program Name: Child & Adolescent Psychiatry

Overall, a good program with a long history of excellence

Excellent Board take and pass rate
100% of your core faculty must be involved in professional development opportunities
All participating sites should have reasonable accommodations for residents with disabilities in correlation to our Sponsoring Institutional policies
All participating sites should have an area that residents can secure their belongings
Faculty listing should be alpha by site
Some faculty recertification information is not current
Dr. Orengo-Aguayo should have a specialty listed

The committee is surprised at the lack of publications from both faculty and residents, considering the group has major grant money. Scholarly activity is adequate, but we'd like to see more publications
What circumstances do you allow moonlighting? We know it has to be approved, but what do you look at to approve the request? Progress in the program, good standing in the program, etc...

Excellent SWOT
Good ACGME surveys
Medical University of South Carolina - *GME Office
Duty Hours Violations report

Medical University of South Carolina - 6-5-19
Duty Hours Violations report: 80 Hours Per Week - Averaged Over A Four-Week Period
Reporting Period: 07/01/2018 through 06/30/2019 (365 days)

Maximum hours: 320 hours in 28 days (4 week)

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