

Call to Order

1. Minutes of June 12, 2019 E. Benjamin Clyburn, MD
2. New Business Dr. Clyburn
 - A. Airways SimulationGJ Guldán, MD
 - B. GME Wellness CommitteeBen Kalivas, MD and Whitney Marvin, MD
 - C. Request for New Training Program (Peds OTO)
 - D. Request for International Rotations (Maternal/Fetal and OB/GYN)
 - E. Request for Complement Increase (Vascular Surgery)
3. ACGME Correspondence..... Dr. Clyburn
4. Resident Representatives' Report.....Drs. Branch, Hewett, Patel and Walgrave
5. VA Update..... Terrill Huggins, MD
6. PC Update..... Tina Rapstine, C-TAGME
7. Quality Update.....Elizabeth Mack, MD
8. Program Information
 - A. Annual Program Evaluations (APE)..... Dave Marshall, MD
 - i. Otolaryngology
 - ii. Neurotology
 - iii. Endocrinology
 - iv. Neurology
 - v. Cardiothoracic Surgery
 - vi. Forensic Psychiatry
 - B. Remediations: 8 residents in 6 programs
 - C. Duty Hours
9. Old Business

ANNOUNCEMENTS

Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, August 13 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.

The next Chief Resident/Resident Representative meeting is
 Wednesday, July17 at 12 Noon in 112 Bioengineering.

Next GMEC Meeting – Thursday, August 8 at 4:00 p.m. in 628 CSB

June 12, 2019 GMEC MINUTES

All program directors and program coordinators were invited to attend this meeting of the GMEC.

**TIME CALLED TO ORDER: 12:05 p.m.
 TIME ADJOURNED: 1:00 p.m.
 PRESIDING OFFICER: Dr. Ben Clyburn
 RECORDER: Ann Ronayne
 LOCATION: 110 Bioengineering**

AGENDA	DISCUSSIONS/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS/WHAT/WHEN	WHO
Call to Order	Dr. Clyburn thanked the group for their hard work over the last year.		
STANDING BUSINESS			
MINUTES	The minutes from May 9, 2019 were reviewed.	The committee approved the minutes.	Dr. Clyburn
NEW BUSINESS			
	<ul style="list-style-type: none"> A. Meditract for affiliation agreements is coming soon. B. The issue of selling call – having a resident pay someone to cover his or her call – has recently been brought to light. There is no current rule institutionally against this practice, but is it ethical? Should program directors have oversight of this practice? Call is educational, not service related, so are they getting the educational requirements necessary for completion if they utilize selling their call? What about residents who trade call? Is this the same? C. The ACGME Resident and Faculty Survey results are in. Dr. Clyburn has gone over each survey and has noted which areas fall less than a 4.0 in every survey. Institutionally, we are lacking in data about practice habits, service versus education and information not lost during shift changes. In addition, all programs should note if they have less than 90% compliance for duty hours – those that are 90% or less would get an administrative citation. D. Hem/Onc is requesting a new Program Director, Dr. Dan Reuben. He has been vetted by the GME Office and meets all requirements. E. The new resident representatives to various hospital committees have been elected. The listing is attached. 	<p>Dr. Clyburn will ask program directors to serve on a task force concerning this practice.</p> <p>These institutional deficiencies will be addressed in the 2018 Annual Institutional Review (AIR). The committee approved the request for a new Hem/Onc Program Director.</p>	
ACGME CORRESPONDENCE/ ISSUES:	<ul style="list-style-type: none"> A. Vascular Neurology received their temporary increase. B. The ACGME approved the Neurosurgery participating site at the University of Pennsylvania. C. Initial Accreditation was given to the Pediatric Anesthesia program. Two citations concerning qualifications of the faculty and scholarly activities are noted. In addition, there were AFIs concerning evaluations and procedural volume. 	The committee accepted the correspondence.	Dr. Clyburn

	D. Peds Hem/Onc received continued accreditation after their recent site visit. Five new citations were given to the program, along with three new AFIs. The program continues to be under special review by the DIO.		
RESIDENT REPRESENTATIVES' REPORT	Dr. Clyburn reported that the Chiefs' Leadership Conference held in May went well and was very well attended. The new Resident Representatives for GMEC were recognized. Dr. Hardy reported that at House Staff Council, residents were asking about other communication apps that may work better than SPOK. What are we doing to continuously monitor the batching issues? Dr. Clyburn suggested not getting pages in a timely manner is a PSI issue and reporting those through PSI channels may be effective.	GME will arrange to have someone from Communications address GMEC in the future. We will also ask for interested residents who are willing to work with communications on this issue.	Drs. Clyburn and Hardy
VA UPDATE	A reminder to all program that rotate at the VA – it is imperative that your residents log in at least once every 90 days to keep their VA PIV cards current. It takes approximately two weeks to get those codes reactivated if the residents fail to log in every 90 days.		Dr. Clyburn
HOSPITAL QUALITY REPORT	There was no report.		
OUTREACH REPORT	Dr. Pelic reported that he is developing job opportunities at our affiliate hospitals. Concentrating on Florence, is there program or track interest in starting a rotation there? Before you attempt this, please contact Dr. Pelic.		Dr. Pelic
PROGRAM COORDINATOR REPORT	Ms. Rapstine reported on Affiliation Agreements: New / updated form (combining 2 forms to 1) should be completed and returned to Angela Ybarra. Once received, she will review and if complete / accurate, forward the request to legal, which will create the affiliation agreement. In addition, reimbursement services has indicated all resident schedules must include any affiliated sites and the location. Once schedule is updated, upload to the programs EGME documents section in Evalue. Program Coordinators continue to work with the VA to insure all documentation is completed and submitted from incoming residents. Work with Kelly Miller on any issues. Please continue to remind current resident to log onto CPRS every 30 days to maintain their VA Systems access. Ms. Rapstine has created a powerpoint to help folks log into the VA system remotely. If you would like her to share this step-by-step tutorial, please contact her.		Ms. Rapstine
PROGRAM INFORMATION			
A. Annual Program Evaluations i. Epilepsy ii. Gastroenterology iii. Clinical Neurophysiology	A. Epilepsy is doing well. They've had 25% faculty attrition this past year, but seem to have bounced back from that. 100% of the core faculty need to be involved in faculty development. Gastro is a strong program, but could use some administrative help. The faculty survey did poorly in the resources and patient safety categories, and only minimal in the other categories. The resident survey was much better. Clinical Neurophys is in excellent shape.	The GMEC approved the APE reports.	Dr. Guldán

iv. Anesthesia v. Hospice and Palliative Medicine vi. Child and Adolescent Psychiatry B Remediations C Duty Hours	<p>It's good to see that it will have fellows in for the upcoming year. Anesthesia is another strong program. Helpful and thoughtful SWOT analysis, along with a good action plan. Hospice has a few administrative questions that need answered – and their action plan needs more well-defined goals. Child Psych is a good program with a long history of excellence. There are just a few tweaks to webads needed.</p> <p>B. There 12 residents in 8 programs currently on remediation. C. The duty hours report was attached to the GMEC agenda.</p>		
<p>OLD BUSINESS</p>	<p>There was no old business.</p>		<p>Dr. Clyburn</p>
<p>ANNOUNCEMENTS</p>	<p>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. <u>Any</u> resident/fellow is welcome to attend.</p> <p>Next Chief Resident/Resident Representative meeting is June 19 at 6:00 a.m. in 419 CSB</p> <p>Next GMEC Meeting – Thursday, July 11 at 4:00 p.m. in 628 CSB Location</p> <p>Next PC Meeting – Tuesday, July 16 at 9:30 a.m. in 809 Storm Eye Institute</p>		<p>Dr. Clyburn</p>

Approved at the TBD, 2019 GMEC meeting.

Request for New Training Program

Program Name: Pediatric Otolaryngology Fellowship

Length of Program in years: 1

of residents/fellows requested per year: 1

Program Director: Christopher Discolo

Program Coordinator: Tanya Byers

Department Chair: Paul Lambert

Specialty Program Director (if applicable):

Requested Effective Date: 7-1-2021

 05/24/2019

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

 5-28-19

Department Chair Signature/Date:

Requests to for a new training program need review and approval by:

- 1) MUSC GMEC
- 2) ACGME/RRC

No resident or fellow should be hired or promised a position until there has been approval by each group noted above.

Please address all the questions/requirements on the next page in your request (This information is in addition to the WEBADS application for new programs). Send completed requests to E. Benjamin Clyburn, MD (c/o GME Office, room 202 MUH, MSC 333) at least two weeks prior to the GMEC meeting date where you would like this item considered.

FOR GME OFFICE USE ONLY:

Date Received: 6/24/19

Approved by the GMEC: _____

Review of funding by Beth Adams: AR for BA

PIF/Letter signed by the DIO: _____

Request for New Training Program Rationale, Impact and Financing for New Program

1. **Why are you asking for a new program? (Aligning with hospital strategic planning, changes in ACGME structure, etc...)**

We have offered a non-accredited pediatric otolaryngology fellowship program at MUSC since 2010. Approximately half of the pediatric otolaryngology programs nationwide are ACGME accredited, with more programs seeking accreditation as new pediatric otolaryngology board certification requirements are anticipated in the future. The American Board of Otolaryngology – Head and Neck Surgery is currently evaluating the process by which pediatric otolaryngologists are accredited and will likely implement a formal pediatric otolaryngology board certification which requires completion of an ACGME accredited fellowship.

Additionally, an accredited pediatric otolaryngology fellowship is in alignment with the MUSC Children's Health mission to provide the most advanced and evidence-based care to pediatric patients in the state through excellent patient care, education, and research.

2. **When is your anticipated start date?**

July 1, 2021

3. **What are the anticipated effects of your proposed program on other training programs at MUSC?**

A non-accredited pediatric otolaryngology fellowship is already in place. These non-accredited fellows have helped to enhance otolaryngology resident education and training in the past, and we do not anticipate any changes to the current experience for the residents or other training programs.

Fellows, residents, medical students, and other learners are a critically important part of the Department of Otolaryngology and the Pediatric Otolaryngology Division. Education, along with Patient Care and Research are the pillars on which the Department is based. Since 2010, we have trained eight pediatric otolaryngology fellows. We have established systems for division of labor and learning opportunities. Many of the pediatric otolaryngology fellow learning opportunities are different from those of the otolaryngology residents, residents from other specialties, other otolaryngology subspecialty fellows, and our advanced practice providers.

The Pediatric Otolaryngology Division very rarely has residents from other specialties on service (on Team B at MUSC). Residents on other services currently have little to no impact on the education of the pediatric otolaryngology fellow, and this will continue.

Pediatric otolaryngology attending clinics are very specialty-specific. Many of the clinics are covered by a combination of our advanced practice providers, an otolaryngology resident, and/or the pediatric otolaryngology fellow – with exceptions dependent upon other clinical obligations such as the operating room. The additional help in clinic allows for more directed attending teaching with a more general focus for the otolaryngology resident and with a more advanced focus for the pediatric otolaryngology fellow. It also allows for more interaction with teaching and learning opportunities between the attending, fellow, and resident, and advanced practice provider with extended discussion of the more complicated cases.

Request for New Training Program

In the operating room, the pediatric otolaryngology fellow's focus is on the more advanced portions of the pediatric otolaryngology procedures. Having an otolaryngology resident participate in these cases gives the fellow the opportunity to assist in teaching the resident. As the otolaryngology resident's expertise improves, the resident performs more of the case. Resident development and progression gives the fellow additional opportunity to assist in teaching more advanced parts of cases. This is critical to the development of a surgeon – being able to teach portions of the case. There are specific case responsibilities, determined by the attending staff, based on ability and PGY level of both the resident and fellow, to avoid conflict between the various levels of residents and the fellow, and to ensure adequate training of all residents and the fellow. The fellow acts as a resource to the otolaryngology residents in the operating room. The surgical care of all patients is coordinated with the attendings who participate in all clinical aspects of these cases. Therefore it is expected that the fellow does not interfere with training of the otolaryngology resident, and vice versa.

The other subspecialty fellows within the Department of Otolaryngology at MUSC (Neurotology, Rhinology, Facial Plastics, two in Head and Neck Surgery with Microvascular Reconstruction) – are very busy in their own clinical areas and do not directly overlap significantly in clinical matters and educational opportunities with the pediatric otolaryngology fellow. We have found that the fellows benefit as colleagues in preparing for board exams, discussion of interesting clinical issues, and in terms of discussing future plans.

Any concerns about learning opportunity infringement are to be discussed with the program director and addressed in a timely manner.

4. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet RRC and Board requirements?

Yes. We have reviewed the experiences of our fellows since 2010 and determined that the fellowship meets all requirements.

5. Is there an adequate number of faculty for supervision of clinical activities?

Yes, there are three fellowship-trained pediatric otolaryngologists at MUSC: Dr. Clarice Clemmens, Dr. Christopher Discolo, and Dr. David White, and we have hired another fellowship-trained pediatric otolaryngologist, Dr. Phayvanh Sjogren, scheduled to start in the fall of 2019. In addition, the fellow has the opportunity to work extensively with Dr. Krishna Patel, a facial plastics trained otolaryngologist who plays an active role in the Craniofacial Program at MUSC. The fellow will rotate through both clinic and operating rooms with all pediatric otolaryngology faculty members. Many of the other otolaryngology faculty members also often provide pediatric care, and the fellow will have the opportunity to be involved with these cases.

Current schedules are shifting with the opening of the new Children's Health facilities. The anticipated pediatric otolaryngology schedule is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
Clemmens	SMP clinic	SMP OR	SJCH OR	SMP clinic	Airway 1, HEC clinic 2/4

Request for New Training Program

White	SMP OR	SMP clinic	HEC clinic 2/4	HEC clinic	SJCH OR (2)
* SMP: Summey Medical Pavillion, SJCH: Shawn Jenkins Children's Hospital, HEC: Health East Cooper					

6. Assuming approval, what will the program look like for each year of training?

This fellowship program will be a one-year training program for one fellow. The fellow will have already completed a five-year otolaryngology residency and the fellowship year will be designed to expose the fellow to pediatric cases in the operating room and the clinic. The fellow will spend 3 days per week in the operating room participating in pediatric otolaryngology cases, and 1.5 days per week in the outpatient clinics. The fellow will also have protected non-clinical time of 0.5 days per week to allow for education and research.

7. How will the program maintain an adequate balance of service vs. education?

The primary goal of the pediatric otolaryngology fellowship is to provide excellent clinical training, while also providing adequate time for education and research. The fellow will be expected to participate in all otolaryngology lectures pertaining to pediatric otolaryngology, both as a learner and an educator. The fellow will also be provided protected time to develop and implement at least one research project throughout the year.

The pediatric otolaryngology division has two advance practice providers in addition to excellent administrative staff. These providers assist with the attending clinics by seeing patients, facilitating patient correspondence, and assisting with the EMR. These resources help to decrease the amount of service burden on our trainees.

8. How will the program meet the duty hours for each program year?

- The fellow will work less than 80 hours per week. An estimated schedule is as follows:
 - Monday: OR 7 am - 6 pm
 - Tuesday: Clinic 8:30 am - 12:00 pm / 1 pm - 5 pm research
 - Wednesday: OR 7 am - 6 pm
 - Thursday: Clinic 8:30 am - 5:00 pm
 - Friday: OR 7 am - 6 pm
 - Call: the fellow will not be required to take primary pediatric otolaryngology call
 - Rounding: The fellow is to round with the residents before clinical time begins and at the end of each day
 - The fellow will have at least one 24 hour period completely free from clinical duties each week as well as at least 8 hours between shifts

9. Are outside training sites needed to accommodate the educational needs of the trainees?

Yes. The fellow will be primarily involved in OR cases at the Children's Hospital, but will also be involved in patient care in the clinic and ambulatory surgery center at the Summey Medical Pavillion, and in clinic at the MUSC Health East Cooper office.

10. How will additional positions be financed?

The Department of Otolaryngology has provided funding for the program since 2010 and will continue to do so in the future.

11. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the program?

The Department of Otolaryngology offices are currently located on the 11th floor of Rutledge Tower and the residents and fellows also utilize space in the Rutledge Tower annex for administrative work. The fellow will have access to desk space and computers for educational and administrative duties. In addition, a conference room with suitable space for lectures is located on the 11th floor of Rutledge Tower within the Department of Otolaryngology.

A temporal bone dissection laboratory is also available to the program and located within the Rutledge Tower Annex. This laboratory provides opportunity for temporal bone dissection, as well as other anatomic dissection courses to enhance fellowship training.

12. Is there adequate administrative support for the program and program director? Please describe departmental support for the program director and the training program.

Our fellowship is currently supported by the Fellowship Program Director and a Residency-Fellowship Coordinator. The coordinator has been a recent addition to our program and has provided excellent administrative support for both our otolaryngology residency program and various otolaryngology fellowships.

13. How will the program meet the requirements for Scholarly Activity as defined by the ACGME?

- Please provide a summary of faculty research activities.
 - Clemmens: dysphagia database, post-tonsillectomy pain management trial
 - Discolo: feeding outcomes after mandibular distraction surgery, cleft lip and palate outcome research, role of alternative medicine in chronic otitis media
 - White: national database (NSQIP-P, KIDS) research, velopharyngeal insufficiency studies, quality improvement initiatives including strategies to limit opioid prescribing in pediatric otolaryngology patients
- Please describe how adequate research opportunities will be provided to trainees.

The Pediatric Otolaryngology Fellow is involved in a comprehensive research training program. Dedicated research time is allocated 0.5 days per week. The choice of project(s) and faculty mentor(s) is made by the fellow. Guidance in the selection and design of research project(s) is provided by the faculty and overseen by the Program Director.

Research methodology, epidemiology, statistical methods, experimental design, and manuscript preparation are addressed as part of the Otolaryngology Residency Program didactic curriculum. The fellow will attend the appropriate lectures with the residents over the course of the fellowship. Our lecture program is presented by Dr. Shaun Nguyen who directs our clinical trials program and provides statistical and experimental design support for the majority of the Department's clinical research projects. Additional statistical expertise is readily available on campus.

During the orientation of the PGY6 fellow in July, a tour of the research laboratories will be provided along with brief summaries of ongoing research projects in the labs and clinically. The fellow will identify a faculty sponsor (mentor) for each project. By agreeing to be a mentor, the faculty member assumes several responsibilities including a major commitment of time, willingness to provide adequate supervision, procuring required University approvals

(i.e., Institutional Review Board approval for use of human subjects or Institutional Animal Use and Care Committee for animals), and assuring the availability of facilities/equipment, hardware and funding. At the conclusion of each research project, a publishable manuscript should be prepared and submitted to a professional/scientific journal, and a presentation at a scientific/ professional meeting is also highly recommended.

14. How will the educational goals of the program be met?

1. To provide excellent training for pediatric otolaryngology fellows in an ACGME accredited pediatric otolaryngology fellowship
2. To develop clinical skills necessary for the independent management of complex pediatric otolaryngology patients.
3. To integrate research and education into the pediatric otolaryngology fellowship.

Conference	Leader	Topic
Pediatric Otolaryngology Lecture	Fellow	Embryology and Anatomy
Pediatric Otolaryngology Lecture	Dr. White, Pediatric Audiologist	Congenital Hearing Loss, Audiology
Pediatric Otolaryngology Lecture	Dr. White	Congenital and Acquired Airway Disorders
Pediatric Otolaryngology Lecture	Dr. Clemmens	Tonsillitis, OM, OE, Sinusitis: Medical and Surgical Management
Pediatric Otolaryngology Lecture.	Dr. Discolo	Congenital Nasal Masses, Epistaxis
Pediatric Otolaryngology Lecture	Dr. Clemmens	Sleep
Pediatric Otolaryngology Lecture	Dr. Clemmens	Tracheostomy Inservice
Pediatric Otolaryngology Lecture	Fellow	Syndromes
Pediatric Otolaryngology Lecture	Dr. Discolo	Craniofacial abnormalities, VPI
Pediatric Otolaryngology Lecture	Fellow	Child Development
Pediatric Otolaryngology Lecture	Dr. Clemmens	Neck Masses
Pediatric Otolaryngology Lecture	Dr. Discolo	Pediatric Head and Neck
Pediatric Otolaryngology Lecture	Dr. White	Vascular Malformations
Pediatric Otolaryngology Lecture	Fellow	Acute and Chronic OM + complications
Pediatric Otolaryngology Lecture	Dr. White	Congenital Ear Malformation
Pediatric Otolaryngology Lecture	Dr. Clemmens	Dayphagia, Foreign Body, Caustic Ingestion
Pediatric Otolaryngology Lecture	Dr. Discolo	Allergic Rhinitis and Sinusitis
Pediatric Otolaryngology Update Course	All Faculty	Updates in Pediatric Otolaryngology
UNC/MUSC Pediatric Airway Course	All Faculty	Airway management
Pediatric Otolaryngology Journal Club	All Faculty	TBD

13. Scope of Practice information

- See attached

Once GMEC has approved the program, you will be required to send a block diagram via electronic PDF to the GME Office. In addition, a brief education rationale for each affiliated site will be needed. This information will be used to initiate the application within WEBADS. If you have any questions, please contact Ann Ronayne in the GME Office (2-8681 or Ronayne@muscc.edu).



Pediatric Otolaryngology Fellowship Department of Otolaryngology

SCOPE OF PRACTICE PGY – 6

The Residency Review Commission in otolaryngology requires demonstrated progressive responsibility in cognitive and procedural patient management. A concrete list of procedures limiting the progression of gifted pediatric otolaryngology fellows could be contrary to the aims and intent of the RRC and therefore we define the general scope of practice for each year with the understanding that pediatric otolaryngology fellow duties may be accelerated or restrained according to the judgment of the faculty and specific attending. Twice per year the program director and faculty members meet to discuss pediatric otolaryngology fellowship evaluations. The program director then meets with the pediatric otolaryngology fellow to determine his/her status and to ensure the appropriateness of his/her performance for promotion to higher responsibility.

The Pediatric Otolaryngology program is organized into a single service at MUSC: Team B. The pediatric otolaryngology fellow works with the Pediatric Otolaryngology Division mostly at the MUSC main campus. On a weekly basis, at least one of the attendings also holds clinic at an off-campus location: MUSC Health East Cooper or the Summey Medical Pavilion. Pediatric Otolaryngology clinic coverage at these off-site locations is part of the MUSC Team B rotation. Additional exposure to the craniofacial team also involves Dr. Krishna Patel.

Team B - Drs. Clemmens, Discolo, White
MUSC Health East Cooper – Drs. Clemmens, White
Summey Medical Pavilion – Drs. Clemmens, Discolo, White

All pediatric otolaryngology clinics are subspecialty-related attending clinics. The pediatric otolaryngology fellow is involved in many of these clinics (exceptions include OR responsibilities, simultaneous clinics). During this one year fellowship, the fellow participates in activities that give them the opportunity to: a) develop the knowledge and skills needed to assess, plan, and initiate treatment of pediatric otolaryngology patients, and b) participate in the pre- and post-operative care of pediatric otolaryngology surgical patients in the inpatient and outpatient setting.

General Responsibilities of the Pediatric Otolaryngology Fellow

The pediatric otolaryngology fellow will assist with the supervision of the otolaryngology residents on service and check notes for timeliness and accuracy. Effective communication between

Pediatric Otolaryngology Fellowship Department of Otolaryngology

SCOPE OF PRACTICE PGY – 6

otolaryngology residents and the pediatric otolaryngology fellow and attendings is essential. The pediatric otolaryngology fellow must understand the clinical plan as dictated by the attending physician at all times, and the pediatric otolaryngology fellow will demonstrate a graduated role in the clinical decision making over the course of the fellowship.

Any untoward event (including complication, drug reaction, change in patient course, misunderstanding with attending, residents, nurses, ancillary personnel or staff) will be brought to the attention of the attending, program director, or Department Chair immediately. The pediatric otolaryngology fellow will show sensitivity to patients and family needs. Patient information is not to be discussed in public. The pediatric otolaryngology fellow will maintain cordial decorum with all clinic personnel, and resolution of differences of opinion will be carried out in a straightforward and reasonable fashion. If personal differences cannot be resolved between individuals, they will be brought to the program director or Department Chair. The pediatric otolaryngology fellow will be judged fairly on performance, and inherent in this concept is that judgment must be evaluated and treatment courses critiqued. This must be carried out in a positive fashion so maximum learning experience is achieved.

Basic Goals and Objectives

The basic philosophy and goals of the Department of Otolaryngology - Head & Neck Surgery remain unchanged and include:

- The welfare of the patient is the department's primary concern.
- To train pediatric otolaryngology fellows and otolaryngology residents to efficiently provide the highest quality care.
- To provide excellent otolaryngological education to residents and students.
- To promote activities pertinent to otolaryngology resident and pediatric otolaryngology fellow education.
- To consider all otolaryngological patients as part of the teaching system.
- To make the pediatric otolaryngology fellow education a priority in face of the economic pressures of the present health care system.

Pediatric Otolaryngology Fellowship

Department of Otolaryngology

SCOPE OF PRACTICE

PGY – 6

- To allow the pediatric otolaryngology fellow freedom to evaluate, formulate, and institute treatment plans for patients, under proper attending supervision.
- To assure personal attending supervision of the pediatric otolaryngology fellow in all levels of patient care.
- To advance the pediatric otolaryngology fellow's surgical level of involvement as rapidly as the attending feels is justified.

PGY-6 Pediatric Otolaryngology Fellow

First year Pediatric Otolaryngology Fellows spend 12 months at the Medical University. They spend time as needed at the off-campus sites. The pediatric otolaryngology fellow is involved in attending clinics and cases at these sites.

Specific Goals and Objectives: PGY-6

To gain a solid understanding of the breadth of the specialty of pediatric otolaryngology through the care of pediatric otolaryngology patients.

- To be able to perform complete head and neck examination on pediatric patients
- To be able to establish diagnoses and treatment plans under the supervision of the attending for outpatients.
- To demonstrate competent knowledge about pediatric growth and development
- To provide leadership and supervision to the senior and junior residents in the inpatient and outpatient setting for pediatric otolaryngology patients
- To supervise rotating medical students and interns on the service.
- To know when patients should be referred to another otolaryngologist or subspecialist for consultation. Inherent in this knowledge is a realistic understanding of one's surgical skills and ability to manage complicated medical issues.
- To acquire competency and confidence in managing pediatric otolaryngology patients. This involves the diagnosis, preoperative assessment, medical and surgical treatment, postoperative care, and appropriate use of consults.



**OTOLARYNGOLOGY
HEAD & NECK SURGERY**
Paul R. Lambert, M.D., *Department Chair*

Otology & Neurotology

Paul R. Lambert, M.D., Director
Theodore R. McRackan, M.D.
Ted A. Meyer, M.D., Ph.D.
Residency Program Director
Habib G. Rizk, M.D.
Mary Ann Howerton, PA-C

Head & Neck Oncology

Terry A. Day, M.D., Director
Wendy & Keith Wellin Endowed Chair, HN Surgery
Vice Chair, Clinical Affairs

Joshua D. Hornig, M.D., FRSC(C)
Eric J. Lentsch, M.D.
David M. Neskey, M.D.
Roy B. Sessions, M.D.
Mary Beth Chalk, MSN, NP-C
TK Gams, DNP, NP-C
Cheryl A. Jones, DNP, NP-C

Pediatric Otolaryngology

David R. White, M.D., Director
Clance S. Clemmens, M.D.
Chris M. Discolo, M.D., MSCR
Caissa C. Howe, CPNP

Rhinology & Sinus Surgery

Rodney J. Schlosser, M.D., Director
Zachary M. Soler, M.D., MSc
Mary Reames Rinehart, MSN, FNP-C

Laryngology

Lucinda A. Halstead, M.D.
Vice Chair, Education
Ashli K. O'Rourke, M.D.

Facial Plastic & Reconstructive Surgery

Krishna G. Patel, M.D., Ph.D., Director
Samuel L. Oyer, M.D.
Judith M. Skoner, M.D.

General Otolaryngology & Allergy

Mark J. Hoy, M.D., Director
Robert C. Waters, M.D.
Clare O'Bryan, ANP-C

Maxillofacial Prosthodontics

Betsy K. Davis, DMD, Medical Director
J. Rhett Tucker, D.M.D.

Audiology

Kimberly A. Orr, AuD, Director

Airway & Aspiration

Program for Children
David R. White, M.D., Director

Aural Atresia & Microtia Program

Paul R. Lambert, M.D., Director

Cochlear Implant Program

Ted A. Meyer, M.D., Ph.D., Director
Meredith Holcomb, AuD, Clinical Director

Craniofacial Anomalies and

Cleft Lip & Palate Program

Christopher M. Discolo, M.D., MSCR, Med Director

Evelyn Trammell Institute

for Voice & Swallowing
Lucinda A. Halstead, M.D., Medical Director

Skull Base Program

Theodore R. McRackan, M.D., Director

Vestibular Balance Program

Habib G. Rizk, M.D., Director

Clinical Research

Shaun A. Nguyen, M.D., FAPCR, Director

Head & Neck Oncologic Research

M. Rita Young, Ph.D.

Otologic Research

Judy R. Dubno, Ph.D., Director

Rhinology Research

Jennifer K. Muthigan, Ph.D.

July 1, 2019

E. Benjamin Clyburn, M.D.

ACGME DIO and Senior Associate Dean for GME
Medical University of South Carolina

Dear Dr. Clyburn: *Ben,*

I enthusiastically support the Pediatric Otolaryngology Division's application for accreditation of their Fellowship Program. This is an outstanding Division comprised of individuals with diverse Fellowship training and thus subspecialty interests. Most of the graduated Fellows to date are in academic positions.

In addition to infrastructural and other departmental support, this letter serves to confirm that salaries for those in Fellowship training will be covered based upon GME post-graduate year calculations. Support also includes a small stipend for academic endeavors. The department is aware no GME funds flow support will be provided by MUHA to support this program. The program will be supported by department funds. The resident salary and expenses, Program Director support, and Program Coordinator support will be provided, by the department, in accordance with the ACGME guidelines.

Please do not hesitate to contact me if any additional information is needed.

Sincerely yours,

Paul R. Lambert, M.D.

PRL/er

Request for International Rotation

Program Name: OB/GYN


Program Director: Christopher Goodier, MD

Program Coordinator: Stacey Livingston(Residency)/Mindi Martin (Fellowship)

Department Chair: Donna Johnson, MD

Specialty Program Director (if applicable): Eugene Chang, MD

Requested Rotation Dates: 9/1/2019-9/15/2019

Program Director Signature/Date:  6/25/19

Specialty Program Director Signature/Date:
(if applicable)  6/25/19

Department Chair Signature/Date:  6/25/19

International Rotations will not be considered until the DIO has given approval and all paperwork has been processed. No resident or fellow should be hired or promised a position for international rotations until approval has been given by the DIO.

Please address all the requirements on the next page in your request. Send completed requests to Dr. Benjamin Clyburn, DIO (c/o GME Office, room 202 MUH, MSC 333) at least six months prior to the desired rotation.

FOR GME OFFICE USE ONLY:

Date Received: 6/26/19

Approved by the DIO: _____

Request for International Rotation

Rationale, Impact and Financing for International Rotation

1. Complete a Non-MUSC Rotation Funding Approval Form and submit to the GME Office. If the department (or other resource) is covering all expenses (salary, fringe benefits, etc.) for your resident, a letter is needed from your Chair stating so.

2. Provide goals and Objectives for this international rotation.

3. You will need to provide documentation that either: a.) there is no need for malpractice coverage or b.) malpractice coverage will be covered by the host facility or some other entity - The name of the provider would need to be stated. Both documents would need to have the appropriate signatures. Per the Insurance Reserve Fund of the State Fiscal Accountability Authority, "Policy Territory" means (1) The United States of America, its territories or possessions, or (2) anywhere in the world with respect to "Injury" arising out of the activities of any "Insured" permanently domiciled in the United States of America, though temporarily outside the United States of America, its territories and possessions or Canada, provided the original suit for damages because of any such injury or damage is brought within the United States of America, its territories or possessions. In terms of worker's compensation, so long as the individual is receiving a paycheck from MUSC/MUHA then they are covered by Worker's Compensation insurance.

4. If your residents are planning to receive credit for this international rotation, we will also need documentation from your RRC and/or Board to verify this rotation is approved as part of your residency requirements.

Resident Guidelines for Resident International Electives and Experiences

Each year a number of residents participate in activities outside the United States through electives and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents for which they may not be prepared. These include unfamiliar cultures and languages, political instability, and infectious diseases and other health hazards that are uncommon in the United States.

To assist residents preparing for these eventualities, the GME Office requires that all residents enrolled in a credit-bearing elective with an international component perform the following prior to departure from the United States:

1. Gather information concerning any political problems or health hazards which may place them at risk by consulting the State Department (202/647-5225 or <http://travel.state.gov>) and the Centers for Disease Control (404/639-3311 or www.cdc.gov/travel) for current information.
2. At least four weeks prior to departure, obtain medical travel advice and immunizations appropriate for the country to which travel is planned. We encourage you to make an appointment with the MUSC travel clinic (792-4542) or a private travel clinic or health department, particularly if you are traveling to developing countries. Please note that the Charleston County Health Department no longer provides travel medicine services.
3. Register your travel itinerary and emergency contact information with International SOS before your departure date per the MUSC International Travel policy requirements. Registration provides information that will enable MUSC to activate intervention services on your behalf in the event of a health emergency, natural disaster, or a crisis of civil or political unrest in a foreign location that requires assistance or evacuation. Review benefits and services provided through the MUSC/International SOS partnership, which includes accidental medical and sickness insurance, emergency medical and security evacuation and international travel assistance. Obtain the membership card from CGH website or the International SOS portal.
4. Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency.
5. In addition, competency or training in the local language is strongly encouraged.
6. MUSC International Travel Policy: <https://globalhealth.musc.edu/musc-policy>

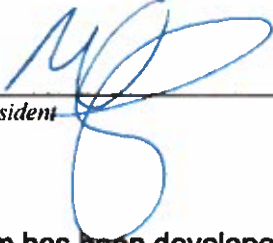
Completion of these steps is the responsibility of the individual residents and not the GME Office. The GME Office, which grants approval of credit-bearing international electives, is available to assist residents who are preparing for overseastravel.

I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and that the MUSC GME Office or Department of OB/GYN no responsibility for any health or safety risks presented by such electives.

Intended Travel Location (including organization/clinic name): Guangxi Maternal and Childrens Hospital

Dates of Travel: 9/1/19 - 9/15/19

Signature of Resident



Date

6/20/19

Description:

This program has been developed as a collaborative project in order to help Maternal Fetal Medicine fellows gain experience in invasive prenatal diagnostic testing. Maternal Fetal Medicine fellows will be there for training in CVS, amniocentesis, and cordocentesis. While this is the main purpose of their rotation, they may be invited to give lectures in obstetrics-based topics as well. This is a two week rotation and the fellows will learn both transabdominal and transvaginal CVS at that time. They will do a minimum of 25 CVS. The fellows will, other than doing procedures, not be involved in direct patient care. The Guangxi Maternal and Children's charges \$1000 for this elective rotation which is covered by the Department of Ob/Gyn. The hospital provides housing and food. Travel expenses are provided by the fellow.

Goal: The purpose of this rotation is to train Maternal Fetal Medicine fellows in invasive diagnostic procedures in pregnancy.

Objectives: This program will allow fellows to do a high volume of amniocentesis, CVS, and cordocentesis. The training prenatal center performs 100 CVS/month, 300 amniocentesis/month, and 100 cordocentesis/month

Instructional methodologies and rotation activities

Dr. Sterrett has performed some of the procedures that she will performing on this rotation-namely amniocentesis and cordocentesis. She will also attend a simulation course for invasive prenatal diagnostic procedures in July. Finally, she will review the didactic materials provided by the preceptors of this rotation prior to her arrival. While there, she will directly observe and then will perform the above listed procedures. She will do a minimum of 25 CVS procedures (a combination of both transvaginal and transabdominal approaches). She will be evaluated by the preceptors of this rotation.

Patient Encounters

Maternal Fetal Medicine fellows will perform diagnostic procedures on patients presenting for prenatal diagnostic testing. They will be under the direct supervision of the attending physicians at Guangxi Maternal and Children's Hospital. They will not otherwise participate in direct patient care.

Evaluation /Feedback Methods

She will be evaluated by the preceptors of this rotation and will receive direct feedback from those observing/supervising her performance of the above diagnostic procedures. We will request that the preceptors complete a Clinical Performance Evaluation.

Non-MUSC Rotation Funding Approval Form/Affiliated Site Data Form
2019-2020

Is This a New Rotation? Yes No

Residency Program Name (Legal ACGME Name): Maternal-Fetal Medicine Fellowship

GME Program Director: Eugene Chang, MD

GME Program Director Address: 96 Jonathan Lucas St. Ste 635, MS 619, Charleston, SC 29425

(Include Street Address, Room Number/MSC Code, City, State, Zip Code, Phone and Fax Numbers)

GME Coordinator: Mindi Martin 2-2859

(Include Name and Phone Number)

Department Name and College Dean Name: Dept of Obstetrics & Gynecology/ College of Medicine Raymond DuBois, MD

Facility Name (Legal Business Name): Guangxi Maternal and Children's Hospital

Street Address: China, Guangxi, Nanning, Xixiangtang, 新阳路225号

(Include Building, Suite Number, Street Address, City, State, Zip Code)

Facility Phone Number: 011-86-18077166306

Facility Contact Person: Hongwei Wei, MD

Other sites used for training while under the supervision of this Facility are: None

Attending Supervisor(s) at Facility Site: Hongwei Wei, MD

Name of Rotation: Elective China CVS

1. Is this experience required to fulfill ACGME training in your discipline? Yes No

Note: If this rotation is for a Non-ACGME resident, check this box

2. Is this type of training available at MUSC? Yes No

3. Can this rotation be added to the Medicare Cost Report? Yes No

(Reimbursement Services can help you answer this question.)

4. Is GME funding requested to cover salary and fringe benefits? Yes No

- If no, state the PEAR Form contact name:

5. Provide a brief description and the length of the rotation:

A two week rotation where fellow will perform a minimum of 25 CVS procedures, which is a suggested minimum for competency. Currently, only two MFM faculty perform transcervical CVS, which limits the training opportunities at MUSC to reach proficiency. Training in CVS is an expected component of MFM fellowship. The only state to regulate minimum CVS procedure training prior to independent practice is California, which is the state where the fellow is actively pursuing employment at an academic center.

6. Is this an international rotation? Yes No

- If yes, please list how many rotations your program is requesting for 2019-2020 and the length of each rotation:

The MFM fellowship is requesting one rotation, lasting 2 weeks.

- Are you aware of all requirements per your RRC/specialty board and are you committed to having them in place by the start of the rotation? Yes No

- Has an international rotation form been completed and approved by the GMEC? If not, please refer to the Forms page on the GME website and see "Request for International Rotation." Yes No

E. Chang 6/25/19
Program Director / Date

ACGME Designated Institutional Official / Date

Mindi Martin 6/25/19
Program Coordinator / Date

广西壮族自治区 妇幼保健院 妇产医院

25 March 2019

To whom it may concern:

I am writing to confirm that trainees that come to our CVS training program at The Maternal & Child Health Hospital of Guangxi Zhuang Autonomous Region will have liability coverage through our institution. They will work with and be supervised by faculty in the prenatal center. This program has already received approval from the local government in Nanning.

Please contact me with any questions.

Sincerely,

Hongwei Wei, M.D.
Professor & Chair
Department of Obstetrics & Gynecology
The Maternal & Child Health Hospital of Guangxi Zhuang Autonomous Region
Nanning, Guangxi Zhuang Autonomous Region, China



US-China Chorionic Villi Sampling Training Program

Purpose: The purpose of this program is to train Maternal-Fetal Medicine fellows from the United States to perform chorionic villus sampling (CVS) procedure.

Institution: Guangxi Maternal and Children's Hospital, a regional tertiary referral center located in Nanning, Guangxi Zhuang Autonomous Region, China. Nanning, a city in southern China near the Vietnam border, is capital of the Guangxi region. With a warm tropical climate, it's known for green spaces such as People's Park, which includes expansive White Dragon Lake, a hilltop fort and a botanical garden.

The Hospital performs approximately 20,000 deliveries annually. The prenatal center performs approximately 1000 prenatal ultrasounds/day, 100 CVSs/month, 300 amniocenteses/month, 100 cordocenteses/month, and many other procedures. The institution clearly has clinical volume and skills to train Maternal-Fetal Medicine fellows interested in learning the CVS procedure. This training program already received approval from the local government.

Requirement: Maternal-Fetal Medicine fellows in the United States must currently be in a training program. Participants must be second or third year fellows or have had significant experience in ultrasound guided procedures. It is required that fellows presenting for CVS training have reviewed training materials prior to their arrival which will provide a background for their further experience. All interested fellows must respect the local as well as institutional culture.

Scope of the training: Fellows will commit to two weeks at Guangxi Maternal and Children's Hospital. They will be trained in both abdominal and transvaginal CVS techniques. A minimal of 25 CVS procedures will be performed during the two weeks of time. A certificate will be provided upon completion of the training.

Other activities: The fellow is there for CVS training only. However, the fellow may be asked to give lectures in obstetric related topics. Scholarly exchanges among physicians are at the discretion of the fellow, but direct patient care at the local hospital is not allowed.

Fee, Travel & Lodging: Guangxi Maternal and Children's Hospital charges \$1000/person. The fellow is responsible for all his/her travel expenses. The hospital will provide all the supplies for the CVS procedure. The hospital also provides free meals, a two bedroom apartment with air condition, WiFi, bathroom, and kitchen.

The fellow needs to go to a Chinese Embassy in the United States to get his/her visa. A 10-year visa is available. A travel agent, Anita, U HAPPY TRAVEL in New York, can help you for your visa application and booking your airline ticket. Her phone number is: 718-888-0425. Her email is: uhappytravel7@gmail.com.

International flights connect multiple airports in the US with major cities in China, including Beijing, Shanghai, Guangdong, and Hong Kong, then switching to domestic flight in China to Nanning. If the fellow prefers a hotel, a beautiful hotel across the street of the hospital at his/her own expense (~\$50/night). Local transportation will be provided by the Hospital. Traveling to other cities in China after training is at the fellow's own responsibility.

Scheduling/contact: Once approved from your fellowship program, Professor Hongwei Wei is the contact person who oversees the training program at Guangxi Maternal & Children's Hospital. Tel: 011-86-18077166306. Email: 591795605@qq.com.

All fellows who are interested the training program, please contact Guoyang Luo, MD, Ph.D, Professor & Chair, Obstetrics & Gynecology. Howard University, College of Medicine
2041 Georgia Avenue NW, Suite 3C34, Washington, DC 20060. guoyang.luo@howard.edu

Request for International Rotation

Program Name: OBGYN

Program Director: Chris Goodier, MD

Program Coordinator: Stacey Livingston

Department Chair: Donna Johnson, MD

Specialty Program Director (if applicable):

Requested Rotation Dates: Aug 9 to Aug 19, 2019



6/10/19

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)



6/10/19

Department Chair Signature/Date:

International Rotations will not be considered until the DIO has given approval and all paperwork has been processed. No resident or fellow should be hired or promised a position for international rotations until approval has been given by the DIO.

Please address all the requirements on the next page in your request. Send completed requests to Dr. Benjamin Clyburn, DIO (c/o GME Office, room 202 MUH, MSC 333) at least six months prior to the desired rotation.

FOR GME OFFICE USE ONLY:

Date Received: 6/25/19

Approved by the DIO: _____

Request for International Rotation

Rationale, Impact and Financing for International Rotation

1. Complete a Non-MUSC Rotation Funding Approval Form/Affiliated Site Data Form and submit to the GME Office. If the department (or other resource) is covering all expenses (salary, fringe benefits, etc.) for your resident, a letter is needed from your Chair stating so.

2. Provide goals and Objectives for this international rotation.

3. You will need to provide documentation that either: a.) there is no need for malpractice coverage or b.) malpractice coverage will be covered by the host facility or some other entity - The name of the provider would need to be stated. Both documents would need to have the appropriate signatures. Per the Insurance Reserve Fund of the State Fiscal Accountability Authority, "Policy Territory" means (1) The United States of America, its territories or possessions, or (2) anywhere in the world with respect to "Injury" arising out of the activities of any "Insured" permanently domiciled in the United States of America, though temporarily outside the United States of America, its territories and possessions or Canada, provided the original suit for damages because of any such injury or damage is brought within the United States of America, its territories or possessions. In terms of worker's compensation, so long as the individual is receiving a paycheck from MUSC/MUHA then they are covered by Worker's Compensation insurance.

4. If your residents are planning to receive credit for this international rotation, we will also need documentation from your RRC and/or Board to verify this rotation is approved as part of your residency requirements.

Resident Guidelines for Resident International Electives and Experiences

Each year a number of residents participate in activities outside the United States through electives and independently arranged experiences. In many cases, the countries where these activities take place present a variety of challenges and risks to residents for which they may not be prepared. These include unfamiliar cultures and languages, political instability, and infectious diseases and other health hazards that are uncommon in the United States.

To assist residents preparing for these eventualities, the GME Office requires that all residents enrolled in a credit-bearing elective with an international component perform the following prior to departure from the United States:

1. Gather information concerning any political problems or health hazards which may place them at risk by consulting the State Department (202/647-5225 or <http://travel.state.gov>) and the Centers for Disease Control (404/639-3311 or www.cdc.gov/travel) for current information.
2. At least four weeks prior to departure, obtain medical travel advice and immunizations appropriate for the country to which travel is planned. We encourage you to make an appointment with the MUSC travel clinic (792-4542) or a private travel clinic or health department, particularly if you are traveling to developing countries. Please note that the Charleston County Health Department no longer provides travel medicine services.
3. Register your travel itinerary and emergency contact information with [International SOS](#) before your departure date per the MUSC International Travel policy requirements. Registration provides information that will enable MUSC to activate intervention services on your behalf in the event of a health emergency, natural disaster, or a crisis of civil or political unrest in a foreign location that requires assistance or evacuation. Review benefits and services provided through the MUSC/International SOS partnership, which includes accidental medical and sickness insurance, emergency medical and security evacuation and international travel assistance. Obtain the membership card from [CGH website](#) or the [International SOS portal](#).
4. Designate persons both in the foreign country and in the United States who may be contacted in the event of an emergency.
5. In addition, competency or training in the local language is strongly encouraged.
6. MUSC International Travel Policy: <https://globalhealth.musc.edu/musc-policy>

Completion of these steps is the responsibility of the individual residents and not the GME Office. The GME Office, which grants approval of credit-bearing international electives, is available to assist residents who are preparing for overseastravel.

*I have read and understand the above guidelines. I further understand that the decision whether to undertake study abroad is mine alone, and that the MUSC GME Office or **Department of OBGYN bears** no responsibility for any health or safety risks presented by such electives.*

Intended Travel Location (including organization/clinic name): Masindi-Kitara Medical Center

Dates of Travel: Aug 9 to Aug 19, 2019



Signature of Resident

6/10/19
Date

DESCRIPTION:

The rotation consists of clinical shifts at the Masindi-Kitara Medical Center (MKMC) in Masindi, Uganda. During each shift, the resident will interact with patients and focus on ordering appropriate diagnostic tests and formulate a differential diagnosis while focusing on the many limitations of medical care in the developing world. The resident will work closely with the attending on duty and learn how to treat and manage many various illnesses and injuries including tropical diseases that affect female patients in an under-served area. The MKMC Medical Center in Uganda operates 24 hours a day, 7 days a week and sees over 2,500 patients a month on average, with over 70% female. The resident will have the opportunity to work in Emergency and Urgent care, inpatient care, outpatient clinical care, OB/GYN care, and surgical care with a particular focus for OB/GYN residents in prenatal/antenatal and surgical care of female patients. The OB/GYN resident will also participate in Womens Health Public Health outreaches, laboratory diagnostics as well as ultrasound performance and interpretation. If the rotation falls during one of four OWH short-term mission teams to Uganda, the resident will have the opportunity to join the team in remote mobile clinic locations where office-based OB/GYN care will be provided. The OB/GYN resident will have full Uganda malpractice coverage and work under the supervision of an attending MD at all times who is physically present.

LEARNING GOALS & OBJECTIVES: At the completion of this clinical rotation residents should be able to do the following:

1. Conduct an initial assessment of a patient in the developing world and perform stabilization techniques.
2. Establish a differential diagnosis including potential tropical diseases, zoonotic diseases, and diseases related to inadequate public health and order/interpret appropriate diagnostic tests (including imaging/lab studies) related to the differential diagnosis of female patients.
3. Manage acutely ill and/or injured OB/GYN patients as well as inpatients.
4. Perform procedural skills if desired (i.e., I.V. access, blood drawing, sutures, I&Ds, wound care, GYN surgeries, Deliveries, C-Sections, etc). All within the Residents current scope of practice.
5. Participation/reading blood smears, lab interpretation, ultrasound interpretation, and patient case discussions.
6. Develop an understanding of the differences in the healthcare systems in Uganda and the U.S.
7. Participate in OB/GYN research if desired. (Current projects in GBS screening, vaccination programs, and prenatal health education).

INSTRUCTIONAL METHODOLOGIES AND ROTATION ACTIVITIES:

Residents on this rotation will be expected to learn and achieve the educational goals and objectives through the following methodologies and activities:

1. Lectures, rounds, and discussion including two pre-trip lectures of 1 hour each and one post-trip lecture of 1-2 hours including a post-rotation debriefing session with Attending.
2. Patient contact and patient load and surgical cases.

3. Quality improvement suggestions/implementation.

PATIENT ENCOUNTERS:

OB/GYN Residents will be expected to work-up patients with conditions from all organ systems, including: 1. Malaria, Typhoid and other Tropical or Infectious Diseases common to the area. They will focus on clinical care in their scope of practice, especially in the evaluation, diagnosis, and treatment of the female patient.

2. Examples of care include treating female patients with: abdominal pain, diabetes, hypertension, cellulitis, trauma, non-infectious diseases, infectious or tropical diseases, surgical issues, labor issues, post-labor complications, and gynecologic procedures.

EVALUATION / FEEDBACK METHODS:

Residents will be evaluated using the following methods.

1. Clinical Performance Evaluation.
2. Direct observation of clinical and patient care skills evaluated by the attending physician.
3. Active participation in group discussion as evaluated by the attending physicians or MKMC staff.
4. Participation in daily rounding and didactic sessions evaluated by the attending physician.
5. The resident will be required to present a case report or original paper of their choosing during one didactic session – duration of no more than five minutes – and will be evaluated by their peers, residents, and faculty present.

The resident will also be required to critique the attendings, residents, and/or MKMC staff with whom s/he worked. These evaluations need to be completed no later than two weeks after the completion of the rotation.



Our volunteers are covered under the liability insurance that covers all of our national medical providers. Both Uganda and Nicaragua do not require specific liability coverage for short-term providers. Because our volunteers will work directly with our Medical Officer at MKMC temporary providers are covered under our liability agreements through our facilities.

Request for Change in Resident/Fellow Program Complement

TEMPORARY PERMANENT

Program Name: Vascular Surgery Integrated

Program Director: Ravi Veeraswamy, MD

Program Coordinator: Diana Heyward

Department Chair: Prabhaker Baliga, MD

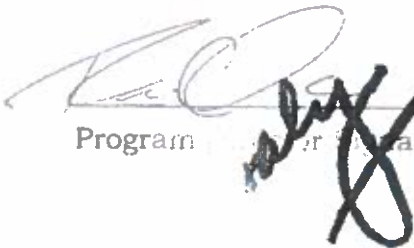
Specialty Program Director (if applicable):

of positions requested: 1 per year, gradual increase

FROM: 5 (# current complement) TO 10 (# requested complement):

Requested Effective Date: July 1, 2020

Effective End Date (if temporary):

 July 4, 2019
Program Director Signature/Date:

 7/3/19
Specialty Program Director Signature/Date:
(if applicable)

Department Chair Signature/Date:

Requests for change in program's resident/fellow complement need review and approval by:

- 1) Strategic Management Committee (only if hospital is to provide funding)
- 2) ...
- 3) ...

*Requests for change in ME/RRC's must not be made until **after** approval by the MUSC GMEC. Requests should be entered into the WebADS system no longer than six months following GMEC approval. No resident or fellow should be promised a position until there has been approval by each group noted above.*

Please address any questions/requirements on the next page in your request. Send completed requests to E. Benjamin, Director, GME (c/o GME Office, room 202 MUH, MSC 333) at least two weeks prior to the GMEC meeting. We would like this item considered.

FOR GME OFFICE USE ONLY:
Date Received: <u>7/8</u>
Approved by the GMEC: _____
Date approved in WEBADS: _____

Funding approved by Smp 4/4/2019
BlkAdams



Phillip D. Warr, M.D.
Interim Chief Medical Officer and Executive Medical Director
warr@musc.edu

Medical Center Administration
169 Ashley Avenue
MSC 332
Charleston, SC 29425-3320

April 4, 2019

Tel 843.792.2383
Fax 843.792.0762

Ravikumar Veeraswamy, M.D.
Division Director, Vascular Surgery

MUSChealth.org

RE: GME Strategic Manpower Request: Vascular Surgery Residency Increase

Dear Dr. Veeraswamy,

The GME Strategic Manpower Committee met Tuesday, April 2, 2019, to review your request. The following decision was made by the Committee:

- The Committee approved the request for the increase in the Vascular Surgery Residency program, with the understanding that one spot will be added each year for 5 years, bringing the total compliment of residents from 5 to 10 over that span.
- The additional residents are expected to expand Vascular Surgery's volume and contribution margin, as shown in the proforma and data that was presented to the committee.
- The committee also approves the requested increase support for the Program Director, as well as support for the Program Coordinator, beginning in year 2 of the increased residencies.
- The committee is requiring an APP consult to be scheduled with Paula Brooks and Megan Fulton within the next 3 months. Please reach out to them to schedule this.
- The committee wants the department to look at the viability of performing elective procedures on Saturdays and report their findings back to the committee within the next 3 months.

Please let do not hesitate to contact us with any questions or concerns.

Sincerely,

Phillip D. Warr, M.D.
Interim Chief Medical Officer and Executive Medical Director

CC: Mike Dacus
Matt Wain
Lisa Goodlett

Beth Adams
Leonie Gordon, MD
Adam Greene

Patrick Cawley, MD
Benjamin Clyburn, MD
June Cameron

Request for Change in Resident/Fellow Program Complement Rationale, Impact and Financing for Complement Change

Please answer the following questions.

1. How will additional positions be financed? SMP approval
 - Please provide documentation.
 - a. If the department will be funding the position(s), please submit a letter from the Chair indicating willingness to fully fund the position(s).
 - b. If MUHA support is being requested, please complete the appropriate documentation to be submitted to and reviewed by the GME Strategic Manpower Committee
<https://education.musc.edu/colleges/medicine/education/gme/residents-and-fellows/gme-handbook/forms> under Program Request Forms GME Manpower Request Template and Pro Form form.

2. Reason(s) for request to change the number of trainees in program:

Educational reasons for the resident complement change

- a. The MUSC Vascular Integrated Residency intends to produce trainees experienced in all aspects of Vascular Surgery thereby leading to the development of thoughtful, ethical, and highly competent independent practitioners of the specialty. Major goals include providing incremental and progressive multi-disciplinary training in Vascular Surgery, General Surgery, and relevant critical care issues. These skills are attained through direct attending supervision in the outpatient clinics, inpatient settings, angiography suites, and the operating room.
- b. Thus far, graduates from the MUSC Vascular Integrated Residency have obtained desirable private practice positions and achieved Board Certified Status on the first attempt.
- c. Moving forward, we wish to expand our educational opportunities to two trainees per year, thereby increasing our contribution to the national Vascular Surgery workforce to treat the growing number of patients with vascular disease.
- d. Advances within the Division of Vascular Surgery, the Department of Surgery, and MUSC as an institution have created the educational opportunity for training two vascular residents per year. These advances include
 - i. Growth of patient volume has led to more procedures in which trainees may participate. This growth is related to:
 1. Hiring of new faculty
 2. Increased OR time
 3. Increased angiography suite time
 4. Acquisition by MUSC of 4 additional hospitals in South Carolina will increase patient referrals for wide variety of vascular conditions
 - ii. Hiring of two dedicated nurse practitioners has decreased the non-educational workload for the residents and allowed more time for education and training.
 - iii. Through the Aortic Center, residents are trained to utilize cutting-edge endograft technology which enables treating the most complex aneurysm pathology.
 - iv. Through the Limb Rescue Clinic, residents are trained to utilize advanced endovascular technology for limb salvage, including the new Corindus robot.

- v. Through the acquisition of partnerships with Tideland and Beaufort Memorial, the Division of Vascular Surgery has established outreach clinics in which residents can participate to expand their understanding of community care, outpatient management of vascular patients and pre-operative assessment.
- vi. Establishing an NIH-funded basic science laboratory has created opportunities for residents to explore training in problem solving and critical thinking which will support their career goals.

Major changes for the past year

- e. Addition of faculty
- f. Expanded resident education meeting by adding Tuesday events
 - i. Research updates
 - ii. Journal Club
 - iii. VQI updates and process improvement
- g. Engagement in national initiative to develop Fundamental of Vascular Surgery (FVS) which will enhance the recently revised simulation curriculum
- h. Formal mentorship
- i. Rounding checklist
- j. Outreach clinics
- k. Nurse practitioners

3. What will be the impact of the change on the educational program? Please include both the positive and negative effects on the educational program in comparison to the current program size.

See above

4. What are the anticipated effects of your proposed program changes on other training programs at MUSC?

This was discussed with our internal PD group which includes, general, CT and Plastics and there were no adverse effects identified.

5. How will the change affect the number of cases seen by the trainee?

The national average for total major cases performed during residency for the 2017-2018 academic year is 1200. The MUSC average for total major cases performed during residency 1600 cases over the same time period. 750 cases are required for graduation so we currently exceed the minimum case volume by 900 cases per resident and 400 cases higher than the national average

6. If your RRC or American Board have requirements for a certain number of rotations, clinical experience, number of producers, cases, etc., will there be adequate experiences to meet RRC and Board requirements?

Yes

7. Assuming approval, what will the program look like for each year of training?
 - What will be added, deleted or moved?
 - Include a Block diagram by PGY year, for a model resident/fellow.

See Attached

8. Will there be additional or new training sites needed to accommodate the change in trainee complement? If so:
 - Tidelands and Beaufort
 - You will be required to provide completed Affiliation Agreement(s) before the start of the training.
9. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change? Please provide a summary of necessary resources.

Currently our residents share office space with APP's. We may need to look for additional space once we reach full complement.

Program Name: Otolaryngology

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	QI/Patient Safety	GME Stewardship

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	
Overall Negative Opinion	

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

Action Plan

Board Pass Rate

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

Number of subspecialties with 3 or more indicators flagged	
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: Otolaryngology

Excellent board pass and take rate

For the annual update, you will have to go through your sites and check off reasonable accommodation and lactation facilities for those sites that provide

All the faculty listing needs updated certification years

Dr. Meyer's state licensure has expired and needs updated certification years

Excellent scholarly activity for the faculty and the residents. Clearly the culture of investigation is strong

Dr. Davis has outdated entries on her CV, as do most of the other non-physician faculty

Resident surveys have issues with concern for confidential assessments/evaluations, feedback and ability to raise concerns without fear not addressed in the action plan. Although the actual means are not below a 4.0 the percentages are lower and could be addressed

In general action plan are items like above that are not as strong as others. The PD has chosen to include several items that are already being done well and strives to maintain this standard. Although that is good, most programs address issues that need to be improved upon, not maintained. The last page of the 19-20 action plan are good choices of areas to improve

Program Name: Neurology

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	QI/Patient Safety	GME Stewardship
		N/A	N/A	N/A		N/A				

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	
Overall Negative Opinion	

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

Action Plan
Board Pass Rate
N/A

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

Number of subspecialties with 3 or more indicators flagged	N/A
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: Neurotology

For your annual update, you will have to go through your sites and check off reasonable accommodations and lactation facilities for those sites that provide
Dr. Meyer's state licensure has expired, as has Dr. Lambert's and Dr. McRacken's
Outdated entries on the CVs of Dr. Meyer, Dr. Lambert and Dr. McRacken
Excellent faculty and resident scholarly activity

Looks like a strong program, even though it is newly accredited

Program Name: Endocrinology

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	QI/Patient Safety	GME Stewardship
					N/A					

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	
Overall Negative Opinion	

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

Action Plan

Board Pass Rate

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

Number of subspecialties with 3 or more indicators flagged	N/A
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: Endocrinology

Noted that you have a new PC
100% of core faculty need to be involved with faculty development
Excellent Board take and pass rate

There are faculty on the listing who need their certifications updated
Dr. Sora's licensure is out of date
nothing needs to be on her CV older than 5 years
Excellent faculty scholarly activity
Q22 doesn't fully explain the areas marked on Q21. Need to flesh out that answer

Resident survey is down in all areas over the last three years, and below the national mean for this year. While some of the Action Plan addresses this, a more thorough description of improvement for the program would be useful

The first and last action items need more definitive expected outcomes. For the first, maybe something to the effect of "100% of fellows and faculty will complete a program evaluation form in February 2020" and for the last "Additional APP will be hired and APP will take DMS pages until 4:00 p.m."

Program Name: Neurology

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MSC Indicators	Action Plan	QI/Patient Safety	GME Stewardship
					TBD					

Overall Attrition	
PD Change	
Faculty Attrition	7%
Resident Attrition	
Permanent Complement Changes	

Resident Survey	100 % completed
Duty Hours	
Faculty	
Educational Content	
Evaluation	
Resources	
Patient Safety/ Teamwork	
Overall Negative Opinion	

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

Action Plan

Board Pass Rate

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

Number of subspecialties with 3 or more indicators flagged	TBD
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: Neurology

Noted that you have a new PC

Board pass rate just above the requirement, and below the national average

You need something formal to assess trainees' handoffs

Interesting twist to wellness in having a Wellness and Education block. We'll be interested to see how that progresses

For the annual update, you will have to go through your sites and check off reasonable accommodations and lactation facilities for those sites that provide

All the faculty listing needs to be alpha by site and needs updated certification years

Did Dr. Wildman pass his boards

Dr. Milano's state licensure has expired and there are outdated entries on his CV

Dr. Wagner has outdated entries on his CV

2 residents have been dismissed by the program in the past seven years

Education not compromised by excessive reliance on non-physician obligations is below a 4.0 (3.9) and should be addressed in action plan

Action Plan for this year is very good with good metrics. Good progress on the plan from last year

Program Name: CT Surgery

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	QI/Patient Safety	GME Stewardship
					N/A					

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	
Overall Negative Opinion	

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

Action Plan

Board Pass Rate

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

Number of subspecialties with 3 or more indicators flagged	N/A
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: CT Surgery

Excellent Board take and pass rates
Good description of internal surveys

ACGME resident survey just below national mean in duty hours and educational content. Nice bounce back from a couple of years ago, though

MUSC has lactation facilities

You will need to check with other sites regarding lactation facilities and reasonable accommodations for those with disabilities

Check recertification years for some of the faculty (2007/8?)

Dr. Denlinger's CV has UVA listed three times when it should be listed once and his licensure is out of date

Excellent faculty and resident scholarly activity

Excellent approach to physician wellness

Good description of last year's outcomes and this year's action plan addresses survey weaknesses

Program Name: Forensic Psychiatry

Attrition	Scholarly Activity	Board Pass Rate	Resident Survey	Faculty Survey	Omission	Subspecialties	MISC Indicators	Action Plan	QI/Patient Safety	GME Stewardship
		N/A	N/A		N/A					

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	
Overall Negative Opinion	

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

Action Plan

Board Pass Rate

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

Number of subspecialties with 3 or more indicators flagged	N/A
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Involvement in QI/Pt Saf Projects

Scholarly Activity	
Faculty	
Resident	

GME Stewardship

Program Name: Forensic Psychiatry

No explanation for why only one fellow this year

Excellent board pass rate

Overall very positive internal resident/faculty surveys. Residents in particular enjoy the collaboration with the psychology fellows

The subspecialty requirements changed as of July 1, 2019. You may want to look those over

For the annual update, you will have to go through your sites and check off reasonable accommodations and lactations facilities for those sites that provide

The SC Dept of Corrections is in Columbia, not Charleston

In the faculty roster, you have two faculty listed who provide less than 10 hours per week

Dr. Fields' licensure is expired and he has outdated entries in his CV

Well detailed action plan with clear expected results

No involvement in the Resident Incentive Project and looks like not much involvement in Patient Safety/Quality Improvement. Maybe we're missing something

Medical University of South Carolina - *GME Office

Duty Hours Violations report

Medical University of South Carolina - 7-3-2019

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)

Hematology and Medical Oncology

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	9/23/2018	10/20/2018	325	320

Obstetrics and Gynecology

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2018	8/25/2018	325.5	320
[Name Suppressed]	7/1/2018	7/28/2018	333	320
[Name Suppressed]	11/18/2018	12/15/2018	325	320
[Name Suppressed]	8/26/2018	9/22/2018	324.25	320
[Name Suppressed]	11/18/2018	12/15/2018	321.75	320

Surgery

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/1/2018	7/28/2018	324.5	320
[Name Suppressed]	5/5/2019	6/1/2019	329	320
[Name Suppressed]	7/1/2018	7/28/2018	333.5	320
[Name Suppressed]	2/10/2019	3/9/2019	325.5	320
[Name Suppressed]	10/21/2018	11/17/2018	320.75	320
[Name Suppressed]	7/1/2018	7/28/2018	328	320
[Name Suppressed]	2/10/2019	3/9/2019	324.5	320
[Name Suppressed]	9/23/2018	10/20/2018	332	320
[Name Suppressed]	11/18/2018	12/15/2018	324.75	320
[Name Suppressed]	6/2/2019	6/30/2019	323	320
[Name Suppressed]	7/29/2018	8/25/2018	321.75	320
[Name Suppressed]	10/21/2018	11/17/2018	324.25	320
[Name Suppressed]	6/2/2019	6/30/2019	332.75	320
[Name Suppressed]	8/26/2018	9/22/2018	327.25	320
[Name Suppressed]	10/21/2018	11/17/2018	329	320
[Name Suppressed]	3/10/2019	4/6/2019	344	320

Medical University of South Carolina - 7-3-2019**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)

Internal Medicine**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/1/2018	7/28/2018	323.75	320
[Name Suppressed]	9/23/2018	10/20/2018	320.75	320
[Name Suppressed]	8/26/2018	9/22/2018	328.5	320
[Name Suppressed]	10/21/2018	11/17/2018	335.25	320
[Name Suppressed]	9/23/2018	10/20/2018	334	320
[Name Suppressed]	7/1/2018	7/28/2018	338.5	320
[Name Suppressed]	10/21/2018	11/17/2018	326	320

Orthopaedic Surgery**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2018	8/25/2018	325	320

Anesthesiology**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/1/2018	7/28/2018	332.75	320
[Name Suppressed]	3/10/2019	4/6/2019	324	320
[Name Suppressed]	12/16/2018	1/12/2019	322.5	320

Neurological Surgery**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	10/21/2018	11/17/2018	323	320
	1/13/2019	2/9/2019	327.25	320

Thoracic Surgery - Integrated**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	9/23/2018	10/20/2018	321.5	320

Vascular Surgery - Integrated**Hours Per Week**

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2018	8/25/2018	369.5	320
	9/23/2018	10/20/2018	339	320
	4/7/2019	5/4/2019	321.5	320