



Call to Order

1. Minutes of July 11, 2019 E. Benjamin Clyburn, MD
2. New Business Dr. Clyburn
 - A. International Rotations..... Kathleen Ellis
3. ACGME Correspondence..... Dr. Clyburn
 - A. Removal of Participating Site (Surgery)
 - B. Approval of Program Director (OB/GYN)
 - C. Approval of Temporary Increase (Psychiatry)
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. Outreach Update..... Chris Pelic, MD
9. Program Information
 - A. Annual Program Evaluations (APE).....Leonie Gordon, MD
 - i. Anesthesia Critical Care
 - ii. Ophthalmology
 - iii. Child Abuse Pediatrics
 - iv. Neonatal
 - B. Remediations: 8 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, 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, August 21 at 6 a.m. in 628 CSB.

Next GMEC Meeting – Thursday, September 12 at 4:00 p.m. in 628 CSB.

July 11, 2019 GMEC MINUTES (1.B.3.b)

(1.B.1) **MEMBERS PRESENT:** Batalis, Nick MD [*Pathology*]; Branch, Laurel MD [*Resident Representative*]; Britten, Carolyn MD [*Hem/Onc*]; Clyburn, Ben MD [*Internal Medicine*]; Goodier, Chris MD [*OB/GYN*] via proxy; Guldán, George (GJ) MD [*Anesthesiology*]; Huggins, Terrill MD [*VAMC*]; Judge, Dan MD [*Cardiology*]; Lewis, Lee MD [*Child and Adolescent Psychiatry*]; Lewis, Madelene MD [*Radiology*] via proxy; Marshall, David MD [*Radiation Oncology (At large member)*]; Mennito, Sarah MD [*Med-Peds*]; Milano, Nick MD [*Neurology*]; Mills, Dave MD [*Pediatrics*] via proxy; Nutaitis, Matt MD [*Ophthalmology*]; Patel, Ekta MD [*House Staff Council President*]; Pelic, Chris MD [*Assoc. Dean for GME*]; Rapstine, Tina C-TAGME [*Radiology (PC)*];

MEMBERS ABSENT: Armstrong, Milton MD [*Plastic Surgery (At large member)*]; Barth, Kelly DO [*Med-Psych*]; Bush, Jeff MD [*Emergency Medicine*]; Campbell, Ruth MD [*Nephrology*]; Cox, Lindsey MD [*Urology*]; Gordon, Leonie MD [*Assoc. Dean for GME*]; Hewett, Lara MD [*Resident Representative*]; Kantor, Ed MD [*Psychiatry*]; Leddy, Lee MD [*Orthopaedics*]; Mack, Elizabeth MD [*Quality*]; Marchell, Richard MD [*Dermatology*]; Meyer, Ted MD, PhD [*Otolaryngology*]; Schnapp, Lynn MD [*Pulmonary/Critical Care*]; Spiotta, Alex MD [*Neurosurgery*]; Streck, Christian MD [*Surgery*]; Tavana, Lance MD [*Plastic Surgery (At large member)*]; Walgrave, Mason MD [*Resident Representative*]; Willner, Ira MD [*Gastroenterology*]; Yamada, Ricardo MD [*Interventional Radiology*]; Zyblewski, Sinai MD [*Pediatric Cardiology (At large member)*]

GME OFFICE: Beth Adams, Rob Chisholm, Ann Ronayne, Hung Vo, Angela Ybarra

GUESTS: Nicolletta Sora, MD (Endocrinology); Cassandra Tucker, C-TAGME (Neurology); Stacey Livingston, C-TAGME (OB/GYN); Anna Lee Adams (Cardiology); Chris Fields, MD (Forensic Psych); Mindi Martin (Maternal Fetal Medicine); Misty Daniels (Physician recruiting)

TIME CALLED TO ORDER: 4:00 p.m.
TIME ADJOURNED: 5:00 p.m.
PRESIDING OFFICER: Dr. Ben Clyburn
RECORDER: Ann Ronayne
LOCATION: 628 CSB

AGENDA	DISCUSSIONS/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS/Institutional Requirements	WHO
Call to Order			
STANDING BUSINESS			
MINUTES	The committee reviewed the minutes from June 12.	The committee approved the minutes. (1.B.3.b)	Dr. Clyburn
NEW BUSINESS			
	<p>A. Dr. Guldán presented on Airway Simulation and the need for fitting in people who need the expertise. They are working on AS methodologically, getting in mannequin sensors. If you need or want more experience for your program, please let him know. They need many novice learners to validate the simulation. (Eventually they will have peds mannequins.)</p> <p>B. Dr. Kalivas talked about the progress that the GME Wellness Committee has</p>	<p>The committee accepted the information presented.</p> <p>(III.B.7)</p>	

	<p>made. The goals of the committee are to obtain an understanding of the present state of wellness initiatives within residency programs at MUSC and survey residents for granular solutions. The results of the survey show that high achieving programs made an investment to offload the menial tasks, to provide a food pantry and protected time. Dr. Kalivas pointed out that wellness is subjective – that efforts to promote wellness boost perceptions of wellness. He left us with the question, “What can practically be done to improve the resident’s experience at MUSC?”</p> <p>C. Peds Otolaryngology would like to start a new ACGME fellowship. Funding will come from the department. The program seems well put together.</p> <p>D. Maternal Fetal Medicine and OBGYN both had requests for international rotations. Maternal Fetal would like to go to China to perform CVS testing and OB/GYN would like to go to Uganda.</p> <p>E. Vascular Surgery is asking to increase their complement from 5 to 10 residents, increasing by 1 per year until the full complement is achieved. Strategic Manpower agreed to fund the positions. They have increased the number of faculty and updated many of the educational offerings to the residents.</p>	<p>The committee approved the request to move forward to the ACGME for the new Peds Oto program. (I.B.4.b).(3)</p> <p>The committee approved the international rotations.</p> <p>The committee approved the motion to expand the Vascular Surgery program. (I.B.4.b).(4)</p>	
ACGME CORRESPONDENCE/ ISSUES:	A. There was no ACGME Correspondence this month	(1.B.4.a.1) (1.B.4.b.3)	
RESIDENT REPRESENTATIVES’ REPORT	One resident reported to House Staff Council that they had a hard time getting an EAP appointment. An appointment was made, then cancelled by EAP with few available openings to reschedule.	GME reminded the group that the GME Office has been able to get same day appointments for urgent matters. (1.B.1.a.3)	Drs. Patel and Branch
VA UPDATE	Dr., Huggins reported on a number of items. There is a 100K Infrastructure Resident Grant to improve current resident call rooms and resident call areas which will increase availability to provide lockers to keep personal items safe for all trainee work areas. He also addressed the importance of addressing timeliness of medical record documentation and addressing VA View Alerts. In addition, he stressed the importance of maintaining active NT (email accounts) and CPRS accounts. Residents must sign in with their PIV cards with card readers at MUSC or at VA every 90 days. Residents must sign into Outlook, CPRS, and Vista. Ideally, he would like them to do monthly so that they can address outstanding notes or View alerts. Completion one required TMS training module (Annual Refresher for Trainees). Please alert Education if other TMS modules have been assigned so that the modules can be removed. The VA is creating a Strategic Taskforce for proper On-boarding and Off-boarding with MUSC GME, VA Human Resources, PIV office VA CAG, VA Pharmacy, and Information and Technology	MUSC GME will send out a powerpoint to ll those programs that rotate at the VA. The powerpoint will cover how to manage view alerts.	Dr. Huggins

HOSPITAL QUALITY REPORT	There was no report.	(1.B.4.a.6)	
PROGRAM COORDINATOR REPORT	There was no report.		
OUTREACH REPORT	Ms. Daniels and Dr. Pelic are putting together resources for graduating residents to help facilitate getting jobs at MUSC or MUSC affiliated hospitals, including those in the regional health networks. A job opportunity board is on the GME website. In addition, they are willing to work with your program in talking about contract negotiations, job opportunities and career counseling. Please get in touch with Dr. Pelic if you are interested.		Dr. Pelic and Ms. Daniels
PROGRAM INFORMATION			
<p>Annual Program Evaluations</p> <ul style="list-style-type: none"> i. Otolaryngology ii. Neurotology iii. Endocrinology iv. Neurology v. CT Surgery vi. Forensic Psychiatry <p>B Remediations</p> <p>C Duty Hours</p>	<p>A. Otolaryngology and Neurotology are good programs, one well established and one just beginning, but both under the auspices of the same program director and coordinator. Both need to pay attention to the upcoming annual update and fix some clerical issues. The Action Plans are good, but safe. The committee urges the programs to look at things that need improvement, not just maintain the standards. Endocrinology has a resident survey that was not great this past year. It is noted that you have a new PC. More thorough items on the action plan to address the resident survey would be nice. Neurology is doing well – they just need to get their board pass rate up, The Committee is interested to see how the wellness and education block works out. CT Surgery has seen a nice bounce-back over the last few years. The Action Plan was very good. Forensic Psychiatry is a small, but strong, program. The program was cited for not completing any quality improvement projects, but the program director assures us this is an oversight and that forensics has an ongoing QI project with South Carolina Dept. of Corrections (SCDC) regarding looking at completed suicides in SC prisons and our fellow participated in this along with our faculty coding data related to the suicides. The statistical evaluation of the data is currently being completed in the next 1-2 months.</p> <p>B. There are eight residents in six programs on remediation.</p> <p>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.</p>	<p>The GMEC approved the APE reports. (1.B.2; 1.B.4.a.2,3 and 4)</p> <p>The GMEC accepted the information. (1.B.4.a.2)</p>	Dr. Marshall
OLD BUSINESS	There was no old business.		
ANNOUNCEMENTS	Please encourage any of your residents that may be interested in House Staff Council to		Dr.

	<p>attend the next meeting on Tuesday, August 13 at 6:00 p.m. in 419 CSB. <u>Any</u> resident/fellow is welcome to attend.</p> <p>The next Chief Resident/Resident Representative meeting is Wednesday, July 17 at 12 Noon in 112 Bioengineering.</p> <p>Next GMEC Meeting – Thursday, August 8 at 4:00 p.m. in 628 CSB</p>		Clyburn
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Approved at the June 12, 2019 GMEC meeting.

Child Family Health International

400 29th St. #508
Oakland, CA 94609

Transformative
Global Health
Education and
Community
Empowerment

Since 1992

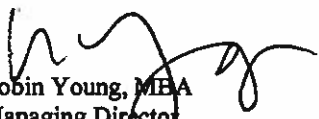
July 12th, 2019

To Whom It May Concern:

This is to certify that Medical Resident participants in global health education programs and electives offered by Child Family Health International (CFHI) do not provide direct patient care during programs and as such are not required by CFHI to obtain medical malpractice insurance. CFHI programs offer insight into determinants of health, public health, and health systems. Residents participating in CFHI programs and electives do so as engaged observers and do not diagnose or treat patients.

I am available and happy to answer any questions.

Sincerely,


Robin Young, MBA
Managing Director
Child Family Health International


Jessica Evert, MD
Executive Director
Child Family Health International

Jessica Evert MD
Executive Director

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CFHI is an NGO in Special Consultative Status with the Economic and Social Council of the United Nations.



ARGENTINA

Primary Care and Social Medicine

Cordoba
(Intermediate Spanish)

Hospital Medicine in Latin America

Cordoba
(Intermediate Spanish)

Global Perspectives in Nursing

Cordoba
(Intermediate Spanish)

MEXICO

Realities of Health Access and Inequities

Oaxaca
(Beginner Spanish)

Intensive Beginner Spanish and Healthcare

Oaxaca
(No Spanish Required)

Tropical Medicine & Community-Based Care

Puerto Escondido
(Beginner Spanish)

Women's Reproductive Health

Puerto Escondido
(Beginner Spanish)

TANZANIA

Healthcare Systems and Community-Based Development

Arusha
(English)

GHANA

Child Health & Social Determinants

Accra
(English)

Hospital Medicine in Coastal Ghana

Cape Coast
(English)

Social Work, Health, & Health Policy

Cape Coast
(English)

BOLIVIA

Doing More With Less

Tarija
(Intermediate Spanish)

Pediatric & Adolescent Medicine

La Paz
(Beginner Spanish)

PHILIPPINES

Remote Island Medicine

Manila/Aiabat
(English)

SOUTH AFRICA

Healthcare Challenges

Cape Town
(English)

HIV/AIDS & Healthcare

Durban
(English)

INDIA

Intro to Traditional Medicine

Rishikesh/Dehradun
(English)

Maternal and Child Health

Pune
(English)

End-of-Life & Palliative Care

Delhi and Southern India
(English)

Public Health Delivery Innovations & Community Medicine

New Delhi
(English)

Rural/Urban Himalayan Rotation

Rural Himalayas
(English)

Sight for All - Ophthalmology Rotation

New Dehli
(English)

Chronic Disease & Integrative Medicine

Mysore/Saragur Village
(English)

UGANDA

Maternal Child Health, HIV, and Realities of Health Access

Kabale
(English)

Nutrition, Food Security & Sustainable Agriculture

Kabale
(English)

Omni Med: Community Health Workers & Global Health

Mukono District
(English)

ECUADOR

Community Medicine: From Rainforest to Coast

Puyo/Guayaquil
(Intermediate Spanish)

Urban/Rural Andean Health

Quito
(Beginner Spanish)

Women's Reproductive Health & Sexuality as a Human Right

Quito
(Beginner Spanish)

Intensive Beginner Spanish & Healthcare

Quito
(No Spanish Required)

Public Health in Ecuador

Puyo/Guayaquil
(Intermediate Spanish)

UNITED STATES

Living "Pono": Community Wellness & Indigenous Hawaiian Healing

Hawaii
(English)

Experience the CFHI Difference

1 Long-Standing Community Engagement

Since 1992, CFHI has engaged with international communities through our Global Health Education Programs and Community Health Projects. We have over 200 partners worldwide who are respected leaders in their communities. These close relationships contribute to the high-quality of our programming.



2 Global Health Ethics Leader

CFHI utilizes a socially responsible framework to create positive global health experiences for our global health scholars and host communities. Your experience is customized based on your education level and skill set, and embedded in local capacity-building projects to ensure long-term impact.



3 Asset-Based Community Development Model

CFHI connects with our partner communities through an asset-based approach. We identify local professionals as the 'experts' and set you up to value and learn from the 'developing' world. Where many see lack of resources, we see resourcefulness, richness of culture, a wealth of passion, and an abundance of transformative synergies.



4 Fair Trade Learning

CFHI takes pride in upholding FTL standards through a community-centered approach to international education and engagement. The goals we aspire to are economic equality, equal partnership, mutual learning, cooperative and positive social change, transparency, and sustainability.



5 Build Leadership & Connections in Global Health

CFHI's programs place you in the trenches of global health alongside local health care workers, patients, and community leaders. You gain intimate exposure to global health realities in hospitals, clinics and NGOs. In addition, you build leadership experience in global health and lasting connections with international communities.



**Accreditation Council for
Graduate Medical
Education**

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

7/25/2019

**Christian J Streck, MD
Program Director, Professor of Surgery
Medical University of South Carolina
96 Jonathan Lucas, POBox 250613
Charleston, SC 29425**



Dear Dr. Streck,

The Review Committee for 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:

Surgery

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

Program 4404521315

OTHER COMMENTS

Please allow this letter to acknowledge the request, dated July 02, 2019 to remove Trident Medical Center (458009) as a participating site.

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.

Accreditation Council for
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7/9/2019

Christopher G Goodier, MD
Assistant Professor
Medical University of South Carolina
96 Jonathan Lucas St
Suite 634, PO Box 250619
Charleston, SC 29425



Dear Dr. Goodier,

The Review Committee for Obstetrics and Gynecology, 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:

Obstetrics and gynecology

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

Program 2204521270

OTHER COMMENTS

The Review Committee for Obstetrics and Gynecology reviewed and approved the appointment of Christopher G. Goodier, MD as program director of the residency program at Medical University of South Carolina. The Committee recommends that as a new program director you consider attending the next ACGME Annual Educational Conference.

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.

Accreditation Council for
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7/8/2019

Edward M Kantor, MD
Program Director, Associate Professor
Medical University of South Carolina
Institute of Psychiatry
67 President Street, MSC 861
Charleston, SC 29425



Dear Dr. Kantor,

The Review Committee for Psychiatry, 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:

Psychiatry

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

Program 4004521204

Temporary Increase approved for 1 resident(s) 07/01/2019 - 06/30/2023

OTHER COMMENTS

The Review Committee has approved your request for an increase in resident complement from 60 to 61 positions effective July 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.

Program Name: Anesthesia Critical Care

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

Overall Attrition	
PD Change	
Faculty Attrition	13%
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: Anesthesia Critical Care

Three unmatched positions for this year

Board pass rate is 86% - national pass rate is 94%

The WEBADS Summary that was provided is old. Please make sure that you go through and answer all the new questions for the 2019 annual update. The

GME Office is happy to review WEBADS before it is submitted

Dr. Whitener's licensure date has expired

Thoughtful SWOT analysis

The action plan doesn't address recruitment, even though you only had 1/4 slots filled and the threats to the program indicate tough recruiting from within the home program. Might want to add some specific recruitment strategies

Program Name: Ophthalmology

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

Overall Attrition	
PD Change	
Faculty Attrition	
Resident Attrition	
Permanent Complement Changes	

Resident Survey	100 % completed
Clinical and Educational Work	
Faculty	
Educational Content	
Evaluation	
Resources	
Patient Safety/ Teamwork	
Overall Negative Opinion	

Faculty Survey	92 % 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	TBD
Faculty	
Resident	

GME Stewardship

Program Name: Ophthalmology

It is noted that a new PC has joined the program

The program pass rate of 92% is just above the national pass rate of 88%, with only a 92% take rate. Well above the required pass rate of 60%

While faculty development is described it is not clear how this applies to educational faculty development (eg teaching abilities, professionalism, milestones)

While this is a new WEBADS format, there are many questions that are not answered. The program must go through and answer all of the questions for the WEBADS annual update. The GME Office is happy to review that update before it is submitted

Expiration dates need to be entered in the faculty roster along with how many years each have taught in GME

Fix Dr. Nutaitis' CV to reflect accurate GME training (not work experience). In addition, his licensures are out of date

ACGME Surveys

Just below the national mean in Clinical and Education Work and Educational Content for the resident survey

Just below the national mean in Supervision and Teaching, Educational Content, Resources and Teamwork for the faculty survey

25% for education not compromised by excessive non physician obligations is appropriately addressed in action plan. You may want to consider ACGME survey metrics as a measurable outcome for this

Practice Data Habits are also low - and not mentioned in the action plan

Action Plan

Metrics need to be more defined -- a decrease in messages from what to what? A 50% increase in teaching wet lab hours will go from what to what?

Program Name: Child Abuse Pediatrics

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

Overall Attrition	
PD Change	
Faculty Attrition	33%
Resident Attrition	
Permanent Complement Changes	

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

Resident Survey	N/A
Duty Hours	
Faculty	
Educational Content	
Evaluation	
Resources	
Patient Safety/ Teamwork	
Overall Negative Opinion	

Scholarly Activity	
Faculty	TBD
Resident	N/A

Faculty Survey	N/A
Supervision & Teaching	
Educational Content	
Resources	
Patient Safety	
Teamwork	

Number of subspecialties with 3 or more indicators flagged	N/A
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Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects
N/A

GME Stewardship

Program Name: Child Abuse Pediatrics

Once again, the program has no fellows. While this is not attrition, it does speak to the ability to recruit
While it's early on in the program, it's good that one resident has passed the boards for a 100% board pass rate - but aren't there two graduates? What about the other graduate?

Must have a formal criteria to address change of duty handoffs

The question on diversity may not reflect the community at large, since there are no URM faculty

0% of faculty involved in faculty development is unacceptable - must be 100% of the core faculty

Assessing program curricula should include board pass rate

Wellness activities are good for the program - maybe your fellows could join the pediatric wellness committee if interested

AIMS were not included - you must develop AIMS for your program

Dorchester Children's Center must have a site director

Dr. Melville's CV indicates he recertified in Pediatrics - what year? His licensure data is also lapsed and outdated bibliography information included

Drs. Abel and Schuh don't have time limited certifications - they must have time-unlimited (N) certifications?

Why do you have 2 faculty members who are not certified in child abuse pediatrics?

Must fill in the years teaching in GME on the faculty rosters

While this is a new WEBADS format, very few of the questions have been answered. The program must go through and answer all of the questions for their annual update in August. The GME Office is happy to review that update before it is submitted

Honest SWOT analysis

The Action plan is very simple -- Given the weaknesses and threats in the SWOT analysis, there could be more substance

No ACGME surveys

Was there an internal faculty survey done?

Program Name: Neonatal-Perinatal Medicine

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

Overall Attrition	
PD Change	
Faculty Attrition	7%
Resident Attrition	14%
Permanent Complement Changes	

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

Faculty Survey	92% 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: Neonatal-Perinatal Medicine

Excellent Board Pass Rates for the past 7 years at 100%

The program does not have handoff training or formal criteria - this should be implemented

If you factor in last year and this year - the faculty attrition is at 15%. It's fine for this year, at just 7%

Excellent approach to the major changes section in WEBADS. Good to address those issues that have arisen in the ACGME Surveys

The years teaching in the specialty and the years teaching in GME need to be filled out in the faculty roster (physician and non-physician)

Dr. Annibale's current licensure information is out of date in his CV

Scholarly activity needs to be entered into WEBADS

New questions have been asked in WEBADS - those need to be answered

Transferred resident needs to be entered into WEBADS

The "other" explanation for sleep and fatigue (Q5) does not match the question being asked. Looks like you got that and the answer to Q15 mixed up.

ACGME Resident Survey is just below the national average in all areas except for patient safety and teamwork

ACGME Faculty Survey is just below the national average in resources

Challenges: Turnover of key faculty, PC and a resident transfer, all while preparing to transfer to a new hospital

The committee would advise adding a plan for fatigue and transitions of care when fatigued as it is a 2.7 score on the survey

Definitely need to focus on transitions of care as it has been a persistent concern for both faculty and fellows for 3 years

We also recommend creating a handoff tool with formal training