MUSC
MEDICAL UNIVERSITY
of SOUTH CAROLINA

Graduate Medical Education Committee
September 12, 2019
Agenda

Call to Order

1. Minutes of August 8, 2019 ..... E. Benjamin Clyburn, MD

2. New Business ..... Dr. Clyburn
   - A. Request for International Rotations
     - i. Child Family Health International ..... Kathleen Ellis
     - ii. Internal Medicine
   - B. Request for Temporary Increase
     - i. Orthopaedics
     - ii. Pulmonary

3. ACGME Correspondence ..... Dr. Clyburn
   - A. Approval of Temporary Increase (Otolaryngology)
   - B. Removal of Site (Plastic Surgery)
   - C. Last year for Vascular and Interventional Radiology

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) ..... GJ Guldan, MD
     - i. CT Anesthesia
     - ii. Plastic Surgery
     - iii. Plastic Surgery – Integrated
     - iv. Nuclear Medicine
     - v. Vascular and Interventional Radiology
     - vi. Interventional Radiology – Integrated
     - vii. Adult Cardiovascular Disease
     - viii. Molecular Genetic Pathology
     - ix. Neuropathology
   - B. Remediations: 6 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, October 8 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.

The next Chief Resident/Resident Representative meeting is
Wednesday, September 18 at 12 Noon in the Storm Eye Auditorium, 8th floor.

Next GMEC Meeting – Thursday, October 10 at 4:00 p.m. in 628 CSB.

August 8, 2019 GMEC MINUTES (1.B.3.b)

(1.B.1) **MEMBERS PRESENT**: Armstrong, Milton MD [*Plastic Surgery (At large member)*]; Batalis, Nick MD [*Pathology*]; Branch, Laurel MD [*Resident Representative*]; Clyburn, Ben MD [*Internal Medicine*]; Gordon, Leonie MD [*Assoc. Dean for GME*]; Guldan, George (GJ) MD [*Anesthesiology*] via proxy; Hewett, Lara MD [*Resident Representative*]; Judge, Dan MD [*Cardiology*] via proxy; Leddy, Lee MD [*Orthopaedics*] via proxy; Lewis, Lee MD [*Child and Adolescent Psychiatry*]; Lewis, Madelene MD [*Radiology*] via proxy; Marchell, Richard MD [*Dermatology*]; Marshall, David MD [*Radiation Oncology (At large member)*]; Meyer, Ted MD, PhD [*Otolaryngology*]; Nutaitis, Matt MD [*Ophthalmology*]; Patel, Ekta MD [*House Staff Council President*]; Rapstine, Tina C-TAGME [*Radiology (PC)*]; Schnapp, Lynn MD [*Pulmonary/Critical Care*] via proxy; Tavana, Lance MD [*Plastic Surgery (At large member)];*

MEMBERS ABSENT: Barth, Kelly DO [*Med-Psych*]; Bush, Jeff MD [*Emergency Medicine*]; Campbell, Ruth MD [*Nephrology*]; Cox, Lindsey MD [*Urology*]; Goodier, Chris MD [*OB/GYN*]; Huggins, Terrill MD [*VAMC*]; Kantor, Ed MD [*Psychiatry*]; Mack, Elizabeth MD [*Quality*]; Mennito, Sarah MD [*Med-Peds*]; Milano, Nick MD [*Neurology*]; Mills, Dave MD [*Pediatrics*]; Pelic, Chris MD [*Assoc. Dean for GME*]; Reuben, Dan MD [*Hem/Onc*]; Spiotta, Alex MD [*Neurosurgery*]; Streck, Christian MD [*Surgery*]; 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: Laura Seeback (Anesthesia)

TIME CALLED TO ORDER: 4:00 p.m.
TIME ADJOURNED: 4:45 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 July 11, 2019...	The committee approved the minutes. (1.B.3.b)	Dr. Clyburn
NEW BUSINESS			
A, Waring Library	A. The Waring Library is hosting a book signing and lecture by historian Victoria Johnson. November 6 at 5:15 p.m. is when she will be at the Drug Discovery Building discussing her new book, American Eden. In addition, residents and fellows get a highly discounted rate to be a member of the Waring Library Society. Please encourage your residents to come to this lecture or join the society. In addition, the Student Medical History Club meets monthly and those meetings are open to residents and fellows.	The committee accepted the information presented. (III.B.7)	Dr. Adams
ACGME	A. Surgery has removed Trident Medical Center as a participating site.	(1.B.4.a.1) (1.B.4.a.2) (1.B.4.b.4)	

CORRESPONDENCE/ ISSUES:	The ACGME acknowledged the request. (As an FYI, Trident is actively starting its own GME programs with Mercer University. They plan to have IM, Surgery and EM.) Dr. Clyburn must be informed when adding or removing a participating site. B. The ACGME approved Chis Goodier as the program director for OB/GYN. C. Psychiatry received an approval for a temporary increase of one resident in case they take someone from Hahnemann.	(1.B.4.b.6) (1.B.4.b.7)	
RESIDENT REPRESENTATIVES' REPORT	There is some difficulty in getting scrubs at the VA. In addition, it is difficult to find people to give critical values. This goes hand in hand with the user friendliness of SPOK.		Drs. Patel, Hewett and Branch
VA UPDATE	There was no VA report.		
HOSPITAL QUALITY REPORT	Dr. Clyburn presented some slides in Dr. Mack's absence. TEAMSTEPPS is part of all RIP projects this year as MUSC Health & university have committed to training all employees. There is an option for chief (or designee) to be trained then train others. Dr. Mack will send information to all programs in the next week or so about options for chiefs or designee to sign up in MyQuest. Resident and fellow reporting remains strong – attending reporting has fallen off. There is one resident peer review case scheduled for September, 2019.	(1.B.4.a.6)	Dr. Cly burn
PROGRAM COORDINATOR REPORT	There was no report.		
PROGRAM INFORMATION			
Annual Program Evaluations i. Anesthesia Critical Care ii. Ophthalmology iii. Child Abuse Pediatrics iv. Neonatal-Perinatal B Remediations C Duty Hours	A. Anesthesia Critical Care has unmatched positions for this year and how a board pass rate below the national average. Their action plan, while good, has no recruitment strategies, despite having only ¼ of the slots filled and the SWOT analysis indicates a tough recruitment season from within the home program. Ophthalmology is in good standing, but needs to look at its' faculty survey. The WEBADS submitted was not complete and needs to be worked on for the next ACGME annual survey. The action plan needs more defined metrics. Child Abuse Pediatrics is another program that needs to focus on recruitment. The attrition rate is high, with 33% of the faculty leaving in the last year and no residents. The action plan is very simple; given the SWOT analysis, the plan could have more substance. Neonatal needs to focus on the resident survey. Many areas are below the national mean (duty hours, faculty, educational content, evaluation and resources). The APE committee recommends editing the action plan to include adding a plan for fatigue and	The GMEC approved the APE reports. (1.B.2; 1.B.4.a.2,3 and 4)	Dr. Marshall

	transitions of care as that was a 2.7 on the survey. The action plan should also include development of a handoff tool. B. There are eight residents in seven programs on remediation. C. Evalue is now sending Program Directors an email when the resident or fellow go over 80 hours, not waiting until they accumulate 320 hours. Could we be more proactive in getting those emails to come at 72 or 76 hours>	The GMEC accepted the information. Mr. Vo will work on getting the emails to come at an earlier stage in the duty hour reporting. (1.B.4.a.2)	
OLD BUSINESS	A. Mrs. Adams reported that all residents and fellows would be getting new badges in the next week. These badges will work in SJCH and the new SMP. The residents will be without meal cards for a day, maybe two, but all have been informed through email and their PCs as to what is happening. B. The contract with Evalue is ending next year and we are currently looking at other options to replace it. There have been three demos, two of which are viable. It is hopeful that UME will choose the same platform as GME. C. Orientation this year went relatively smoothly. Our criminal background checks seem to be more stringent and thorough than other sites. If your new resident has something show up on the background check, it could be a marker for problems ahead.	The GMEC accepted the information.	
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.		Dr. Clyburn

Approved at the TBD, 2019 GMEC meeting.

CFHI
child family health international

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

Global Health Council

BETTER VOLUNTEERING BETTER EARTH

NWSA

amsa

AMWA

global sl.org

FORUM ON EDUCATION ABROAD

Consortium of Universities for Global Health

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/Alabat
(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 Dehli
(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.

Child Family Health International

cfhi.org

students@cfhi.org

415-957-9000

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

Vo, Hung

To: Ybarra, Angela
Subject: RE: CFHI - August GMEC

From: Mysock, Krista L.
Sent: Wednesday, July 17, 2019 9:51 AM
To: Ybarra, Angela
Cc: Ronayne, Ann
Subject: RE: CFHI - August GMEC

Hi Angela,
Does this provide the information you are looking for? Our programs falls under the Peds RRC and our residents take both the Medicine and Pediatric Boards.

This is from the ABP regarding Global Health – age 62 -
https://www.abp.org/sites/abp/files/pdf/globalhealthinpediatriceducationimplementationguideforprogramdirectors.pdf

KEY POINTS

At present, individuals who take more than 6 months of clinical electives away from a training program (such as a GH elective) require review and approval by the ABP, unless they are enrolled in an ACGME-approved GH program.

GH tracks are usually developed within the confines of standard residency training, and individuals enrolled in tracks do not require ABP approval unless they impinge on the aforementioned 6-month rule.

Although the ACGME and ABP expect that almost all clinical training in the United States will be supervised by board-certified or board-eligible providers, this is not feasible nor required during GH electives. However, programs are expected to seek supervisors who routinely provide health care to infants and children.

And the Medicine RRC does not require approval for Global Health rotations less than 6 weeks in duration and the ABIM allows additional elective as approved by the PD.

Thanks,
Krista

Krista Mysock, LMSW
Residency Coordinator
Internal Medicine/Pediatrics and Pediatrics
165 Ashley Ave. MSC 917
Charleston, SC 29425
(843) 792-0435

From: Ybarra, Angela
Sent: Thursday, July 11, 2019 12:35 PM
To: Hasegawa, Rebecca <hasegawa@musc.edu>; Mysock, Krista L. <mysock@musc.edu>
Cc: Ellis, Kathleen Marie <ellisk@musc.edu>; Ronayne, Ann <ronayne@musc.edu>

MASTER AFFILIATION AGREEMENT
BETWEEN
Child Family Health International
AND
Medical University of South Carolina

This Master Agreement "Agreement" is made and entered into this the _____ day of _____ by and between Medical University of South Carolina ("MUSC"), a public institution of higher education located in Charleston, South Carolina, USA and Child Family Health International ("CFHI") a nonprofit public benefit corporation located in San Francisco, California. MUSC and CFHI may be described singularly as a "Party" or together as "Parties" throughout this Agreement.

RECITALS

MUSC College of Medicine offers educational programs for Residents and Fellows ("Trainees") that include clinical, research and/or observership experiences. In fulfilling its mission, MUSC is dedicated to the education of future healthcare professionals to help meet the rapidly changing scope and complexity of healthcare needs, both nationally and internationally.

MUSC desires to meet the increasing trainee demand for placements in global health education programs by partnering with CFHI, a leading nongovernmental organization, which operates in more than 30 sites in 10 countries and is embedded in existing health systems.

CFHI is the leading nongovernmental organization (NGO) placing graduate and professional trainees on global health education programs in ways that are socially responsible and financially just. CFHI models best global health education practices that demonstrate a priority commitment to community engagement and local integrity.

MUSC desires to affiliate with international health-care institutions, health-care organizations, community providers and professional schools at which MUSC Trainees can obtain clinical, research, and/or observership experience for which they will receive MUSC credit towards program completion.

MUSC wishes to advance the clinical and/or research skills of MUSC Trainees and CFHI wishes to provide clinical and research facilities which can be used to furnish such experience to MUSC Trainees and desires to have its facilities so used.

In consideration of the foregoing and the mutual covenants set forth below, the Parties agree as follows:

AGREEMENT

1. **Term of Master Agreement**. The term of this agreement shall be for a term of three (3) years, and shall commence on the __ day of ___ , 20__ and terminate on ____, 20__ unless earlier terminated as provided in Section 5.

2. **Clinical and Didactic Education and Experience**.

   a. MUSC Trainees shall receive clinical and didactic education and experience while on rotation with CFHI.

   b. The MUSC Residency Program Director shall have responsibility for the quality

of the resident's education experience and retains authority over the resident's educational activities while on rotation at the Facility.

c. **Goals and Objectives.** The specific goals and objectives of the rotation shall be agreed upon at the program level, including the identification of faculty, supervision, evaluation, educational content, length of assignment and policy and procedures required for each assignment.

d. **Compliance With Educational Standards.** MUSC will assume responsibility for assuring continuing compliance with the educational standards of the appropriate accreditation bodies.

e. **Access to Information.** Take necessary activities consistent with law, to ensure that ACGME has access to information necessary to perform its accreditation function, which information is in the control of the Sponsoring Institution, participating institutions, and clinical sites.

3. **MUSC Responsibilities.** Prior to the establishment of any rotation at a CFHI location, the following procedure will be followed:

a. **Appropriate Paperwork.** Prior to each rotation by the Trainee(s), MUSC will require Trainee(s) to complete the required CFHI paperwork and will work with CFHI to ensure paperwork is complete.

b. **Activities.** MUSC will require Trainee(s) to perform all activities under a designated CFHI supervisor. If engaging in clinical activities, MUSC acknowledges and understands that Trainee(s) will only be permitted to practice medicine under the supervision of an CFHI designee licensed to practice medicine in the respective country, in accordance with any licensing requirements in the respective country or region, and within the limits of MUSC's training program.

c. **Program Letter of Agreement.** A Program Letter of Agreement with goals and objectives will be sent to CFHI for approval.

d. **Identification.** MUSC will require Trainee(s) to provide appropriate identification to CFHI prior to the beginning of each rotation. MUSC will instruct Trainee(s) that while on CFHI's premises, Trainee(s) will follow applicable CFHI photo identification badge policies.

e. **Personal Expenses.** MUSC will advise Trainee(s) that they are solely responsible for all personal expenses, including but not limited to, transportation, lodging, meals, and incidentals.

f. **Dress.** MUSC will advise Trainee(s) that they will be required to dress in a business/professional manner, as appropriate to the CFHI setting and in accordance with CFHI policies.

g. **Salary.** MUSC is responsible for providing Trainee's salary and benefits.

h. **Discipline.** MUSC shall be responsible for the discipline of Trainee(s) in accordance with MUSC's policies and procedures. CFHI agrees to cooperate with MUSC in the investigation of facts which may serve as a basis for taking any disciplinary or academic action against any Trainee(s).

i. **Health Prevention.** MUSC shall be responsible for ensuring that each Trainee(s) has access to evacuation insurance and a personal protection kit for use in the event of needle-stick injury or exposure to blood or body fluids.

j. **Emergency Contingency Plan.** MUSC will maintain emergency contact information for both Parties and provide this information is available to each Trainee participating in the exchange. A copy of this information will be provided to the designated CFHI Site Director.

k. **Medical and Security Evacuation Insurance.** Trainees will be covered by MUSC for medical and security evacuation insurance through its university-wide policy with International SOS, which meets CFHI's required minimums.

l. **Health Insurance.** Trainees will be covered by MUSC for international accidental medical and sickness insurance through a university-wide policy which acts as the primary health insurance while abroad and is operated in concert with International SOS.

4. **CFHI Responsibilities.**

a. **Site Director.** The Site Director shall act as liaison with MUSC and shall communicate with MUSC as necessary on all matters related to Trainee. The Site Director will work with MUSC to establish mutually agreed upon requirements of the rotation prior to Trainee's rotation, will make sure the Trainee meets these requirements and will advise the Trainee of the need to reviewed the clinical, research and/or observership goals for the rotation if applicable. CFHI will provide an appropriate experience for Trainee based on the communicated level of the Trainee's education, ability, and training. Supervision and teaching of Trainee will be in accordance with ACGME requirements and all applicable policies and regulations.

b. **Accreditation Requirements.** Where appropriate, CFHI will be in compliance with ACGME requirements, or their country's equivalent licensing standards.

c. **Application Fee.** CFHI will waive the $45 application fee for MUSC students, and provide a custom code that MUSC students will use when applying online.

d. **Staff and Facilities.** CFHI will maintain adequate staff and facilities at its site to meet the educational goals and objectives of each rotation. While in CFHI's facilities, Participants are not to replace CFHI's staff; and, are not to render unsupervised patient care and/or services. All services rendered by Participants must have educational value and meet the goals of the education program. CFHI and its staff will provide such supervision of the educational and clinical activities as is reasonable and appropriate to the circumstances and to the Participant's level of training.

e. CFHI shall remain responsible for the care of patients treated at CFHI and shall maintain standards for appropriate health care services provided to patients that are conducive to sound educational experiences for residents participating in the program.

f. CFHI shall, as far as practical, make the library facilities, appropriate records and equipment available to Trainee(s), as well as, provide suitable provisions to store personal belongings.

g. CFHI shall permit the University to coordinate all aspects of the educational program with the CFHI's clinical supervisors.

h. **Pre-departure.** CFHI will provide a comprehensive pre-departure program and in addition, will send participants program-specific materials with information on making travel arrangements, visa requirements, recommended immunizations, and information on safety, security and cultural norms.

i. **Orientation.** CFHI will provide a post-arrival orientation to Participants to provide guidance on the programs, policies and regulations of the host site and the laws and customs of the local country. CFHI will provide each student a pre-paid cell phone with emergency and other useful phone numbers pre-programmed and detailed safety guidelines and recommendations to follow while on the program.

j. **Deficits.** CFHI will advise MUSC of any serious deficits noted in the performance of the assigned resident(s) and offer assistance to the resident(s) to correct these deficiencies through continued education and training. CFHI shall immediately notify MUSC of any

incident(s) of unprofessional behavior(s) or action(s) displayed by a resident while training at CFHI.

k. **Evaluation of Trainee.** At the completion of the rotation, CFHI shall provide to MUSC, if requested, adequate information to allow for MUSC to properly evaluate each Trainee's performance during the rotation and determine if the rotation has fulfilled the requirements for the Trainee to receive credit towards program completion.

l. **Inspection of Facilities.** CFHI shall, upon reasonable request, permit MUSC as well as academic accreditation agencies to reasonably inspect such facilities and services that are provided to residents. Information relevant to the program, including resident records, shall also be made available.

m. **Rotation.** CFHI shall have the right, for good cause and after consultation with MUSC, to prohibit further attendance at CFHI of specified Trainee.

n. **First Aid and Emergency Treatment On-site. Neither party** shall be responsible for the cost of Trainees' health insurance or for any medical care costs incurred for the medical treatment of Trainee. Notwithstanding the foregoing, CFHI will provide Trainee first aid and other emergency treatment on-site, including, but not limited to, immediate evaluation for risk of infection and appropriate follow-up care of Trainee in the event of a needlestick injury to or other exposure of Trainee to blood or body fluids or airborne contaminants. In the case of suspected or confirmed exposure to the human immuno-deficiency virus (HIV) or hepatitis, such follow-up care shall be consistent with the current guidelines of the Centers for Disease Control ("CDC") standard of care. In the event of a work-related injury, CFHI will notify MUSC within 24 hours of the injury and coordinate follow-up care and transportation back to Charleston as needed.

o. **Emergency Procedures.** CFHI emergency procedures will be operational when Participants are on CFHI global health education programs. CFHI participation agreements and other required documents will be completed by each individual from MUSC participating in CFHI programs. In the case of an emergency, CFHI will immediately notify MUSC.

5. **TERM AND TERMINATION.**

a. This Agreement is valid for a period of five (5) years from the time of its execution, with termination at the end of such time. For its extension, both parties shall establish their willingness in a reliable manner with an advance written notice of at least six (6) months prior to the due date. Notwithstanding any other provision to the contrary, either Party to this agreement may terminate it at any time, with or without cause, by providing written notice to the other Party, provided that the Parties shall, in any event of termination under this section, cooperate to ensure that rotations then in place are terminated in a manner that is not likely to affect current Trainees. This cancelation or termination does not entitle either party to an indemnity or compensation of any kind.

6. **INSURANCE.**

a. **General Liability Insurance.** Each Party represents and warrants that it maintains comprehensive general liability insurance (or an equivalent self-insured program) in the amount of $1,000,000.00 per occurrence and any additional coverage required by law sufficient for the purpose of carrying out the duties and obligations arising under this agreement. Each Party will furnish to the other a certificate evidencing such insurance upon written request.

b. **Professional Liability Insurance.** MUSC represents and warrants that it maintains comprehensive professional liability insurance for Trainee and MUSC employees. CFHI

represents and warrants that it maintains comprehensive professional liability insurance for CFHI faculty including, but not limited to, supervising physicians. Each Party will furnish to the other a certificate evidencing such insurance upon written request.

7. **INDEMNIFICATION.**

a. **By MUSC.** MUSC shall as far as permitted by South Carolina law, assume liability for any and all liability, loss, expense (including reasonable attorneys' fees if so ordered by a court of competent jurisdiction in South Carolina), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of MUSC, its officers, employees, Trainee or agents.

b. **By CFHI.** CFHI shall assume liability for any and all liability, loss, expense (including reasonable attorneys' fees), or claims for injury or damages arising out of the performance of this agreement but only in proportion to and to the extent such liability, loss, expense, attorneys' fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of CFHI, its officers, employees, or agents.

c. **Notification of Claims.** Each Party shall promptly notify the other Party of any claim or potential claim which may exist against an officer, employee, Trainee or agent of the other party related to activities performed under this Agreement. The parties involved agree to cooperate and reasonably assist each other in the investigation, evaluation and/or resolution of the matter. Nothing in this paragraph is intended to require a party to disclose information that might otherwise be privileged or protected from discovery.

8. **LAWS, REGULATIONS AND POLICIES.**

a. **Compliance with Law.** Each Party agrees to conduct all its activities under this Agreement in compliance with all applicable laws and regulations including, without limitation, export control, nondiscrimination, anti-boycott, sanctioned parties or transactions, human subjects research, anti-terrorism, anti-bribery, corruption and immigration laws. In the event that compliance with any such laws conflicts with the terms of this Agreement or a Statement of Work, the Party so affected shall give written notice thereof to the other Party and the Parties shall consult with the goal of reconciling the applicability of such laws and the terms of this Agreement or any Statement of Work.

b. **Governing Law.** The Medical University of South Carolina is an agency of the Sovereign State of South Carolina and as such is governed by the laws of the State of South Carolina and their liability limited pursuant to the South Carolina Tort Claims Act.

c. **Force Majeure.** Neither Party shall be responsible for any failure or delay in its performance under this Agreement due to causes beyond its reasonable control, including but not limited to, labor disputes, strikes, lockouts, shortages of or inability to obtain labor, energy, raw materials or supplies, war, riot, acts of terrorism, civil unrest, an act of nature (including but not limited to fire, flood, earthquakes or other natural disasters) or governmental action (including but not limited to any law, regulation, Decree or denial of visas or residence permits). If a Party wishes to invoke force majeure, it shall send written notice of such event to the other Party within ten (10) calendar days after a force majeure event becomes known to the invoking Party. In the event that a force majeure event prevents either Party's performance for a period of thirty (30) days, either Party shall be entitled to terminate the Agreement upon written notice to the other Party.

9. **MISCELLANEOUS.**

a. Disclosure, Inventorship, and Ownership. CFHI and MUSC shall promptly disclose to each other, in the form of a written, confidential invention disclosure, any potentially patentable discoveries or inventions conceived and reduced to practice during and related to the rotation. Inventorship shall be determined according to the patent laws of the country in which a patent application is filed. Inventorship will be determined according to patent law and ownership will vest in the Party to whom the inventor has an obligation to assign intellectual property rights. Each Party shall own its undivided interest in joint inventions; each Party shall solely own its sole inventions.

b. Notices. Any notice given pursuant to this Agreement will be written and sent to the following office address or email address with a read receipt:

As to MUSC:	Kathleen Ellis Executive Director 45 Courtenay Drive, MSC 203 Charleston, SC 29425 Phone: (843) 792-5602 Fax: (843) 792-6105
As to MUSC College of Medicine:	Raymond N. DuBois, MD, PhD Dean, MUSC College of Medicine 171 Ashley Avenue Charleston, SC 29425 Phone: (843) 792-2842 Fax: (843) 792-2967
With a Copy to:	E. Benjamin Clyburn, MD ACGME DIO for GME Associate Dean for GME
As to Medical University Hospital Authority:	Patrick J. Cawley, MD, MBA CEO, MUSC Health VP for Health Affairs, University 169 Ashley Avenue Charleston, SC 29425 Phone: (843) 792-4000 Fax: (843) 792-6682

As to CFHI: (Insert name of person signing for facility as well as legal name/address/phone/fax of facility)

_____

_____

_____

Phone: _____

Fax: _____

c. **Use of Name.** Neither Party will use the name of the other or its employees, either expressly or by implication, in any publicity, solicitation, or advertisement without the express written approval of the other Party to this agreement.

d. **No Third-Party Beneficiaries.** This agreement is not intended and shall not be construed to create any rights for any third party.

e. **Relationship of Parties.** The parties are and shall remain independent contractors and nothing herein shall be construed to create a partnership, agency, joint venture, or teaming agreement between the two organizations.

f. **Amendments.** No amendment, changes to or waivers or termination of this agreement shall be effective unless made in writing and signed and delivered by authorized representatives of the two institutions.

g. **Execution: Counterparts and Authority.** This agreement may be executed in any number or counterparts, each of which shall be deemed an original, but all such counterparts together shall constitute but one and the same instrument. Each Party represents that it is free to enter into this agreement and to perform each of the terms and conditions of the agreement.

10. **ENTIRE AGREEMENT.** This agreement embodies the understanding and agreement between the two institutions with respect to the subject matter contained herein, and any prior or contemporaneous representations, either oral or written are hereby superseded. Notwithstanding the foregoing, it is not intended by the Parties that this agreement supersede any other written agreement entered into between MUSC and CFHI unless expressly stated herein.

IN WITNESS WHEREOF, the hands and seals of the parties are affixed hereto:

CFHI

By: _____
Name: _____
Title: _____

Date: _____

MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE

By: _____
Lisa Saladin, PhD, PT
Executive Vice President for Academic Affairs and Provost

Date: _____

MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF MEDICINE

By: _____
E. Benjamin Clyburn, MD
Associate Dean for GME
Designated Institutional Official for GME

Date: _____

MEDICAL UNIVERSITY OF SOUTH CAROLINA

By: _____

Raymond N. DuBois, MD, PhD
Dean
College of Medicine

Date: _____

MEDICAL UNIVERSITY HOSPITAL AUTHORITY

By: _____

Patrick J. Cawley, MD, MBA
CEO, MUSC Health
VP for Health Affairs, University

Date: _____

MUSC/MUHA GENERAL COUNSEL
APPROVED AS TO FORM
By
Date 9/9/19

For International Clinical Rotation

RELEASE, COVENANT NOT TO SUE, AND WAIVER

The Medical University of South Carolina understands that you have volunteered to further your educational experience by traveling to and spending time in a foreign country, specifically at the _____ in _____. Please read the following, and once you have thoroughly read and agreed to its contents, sign where indicated below.

I understand that there are inherent risks involved with study, research, and living abroad, and I acknowledge and voluntarily accept all of these risks. These risks include travel to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; local medical conditions; and local weather conditions. These risks also include the risk of violence and terrorist activity. 1 specifically acknowledge that I will abide by any warnings, travel alerts, and orders to evacuate that the U.S. Department of State has issued to all U.S. citizens.

In consideration for MUSC allowing me to participate in the Training Program at _____, I hereby release, covenant not to sue, and forever discharge [name of university] and its trustees, officers, agents, employees, students and volunteers, of any and all claims, demands, rights, and causes of action of whatever kind or nature, including but not limited to negligence, unforeseen bodily and personal injuries, damage to property, and the consequences thereof resulting from participation in this program and/or any travel incident thereto.

I expressly agree that the terms of this Agreement, including the terms of the "Release, Covenant Not to Sue and Waiver", shall be binding upon me and my heirs, executors and assigns, and all members of my family.

I expressly agree that this "Release, Covenant Not To Sue and Waiver" shall be governed by and interpreted in accordance with the laws of the State of South Carolina without regard to conflict of laws principles. In the event that any clause or provision of this Release is held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

In signing this "Release, Covenant Not To Sue, and Waiver," I hereby acknowledge that I have carefully read this entire document, that I understand and agree to comply with its terms, and that I have signed it knowingly and voluntarily.

Name: _____

Signature: _____

Date: _____

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 NAME HERE bears no responsibility for any health or safety risks presented by such electives.*

Ricky Lucking

Request for International Rotation

Program Name: Internal Medicine

Program Director: Ben Clyburn, MD

Program Coordinator: Meredith Stafford and Missy Atwater

Department Chair: Don Rockey, MD

Specialty Program Director (if applicable):

Requested Rotation Dates:

BC 8/23/19

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Don Rockey 8/28/19

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: _____

Approved by the DIO: _____

Form approved by GMEC: 11 2008

Intended Travel Location (including organization/clinic name): Pioneers TOGO Africa

Dates of Travel: October 18-27

Signature of Resident

8/28/19
Date

Maya Malaab

Request for International Rotation

Program Name: Internal Medicine

Program Director: Ben Clyburn, MD

Program Coordinator: Meredith Stafford and Missy ~~Atwater~~

Department Chair: Don Rockey, MD

Specialty Program Director (if applicable):

Requested Rotation Dates:

8/23/19

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

Rockey 8/28/19

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: _____

Approved by the DIO: _____

Form approved by GMEC: 11 2008

Intended Travel Location (including organization/clinic name): UGANDA with One World Health

Dates of Travel: March 6-16, 2020

Signature of Resident MAYA MALHAS *Date* 8/26/19

Form approved by GMEC: 11 2008

Global Health Elective
Medical University of South Carolina
General Internal Medicine

Elective Rotation Goals and Objectives 2019-2020

Rotation Description and Goals:

The Internal Medicine Global Health Elective is an opportunity for the Medicine Residents to obtain experience and knowledge about delivering health care to patients in resource poor countries. This is experience is obtained by the residents participating in a 2 week volunteer experience with a partner institution, which occurs during an assigned consultation month. As a part of this experience the resident will travel to an underserved hospital in Uganda along with the program and provide healthcare services as a part of a multidisciplinary team and under the guidance of local physicians as well as US Physicians with international health experience.

Rotation Learning Objectives by ACGME Milestones:

1. Gathers and synthesizes essential and accurate information to define each patient's clinical prob lem(s)
    a. Resident will learn to gather information from patients in low-resource areas who may have significant language barriers by using local resources and healthcare professionals
2. Develops and achieves comprehensive management plan for each patient.
    a. Resident will learn to develop appropriate plans utilizing limited resources
3. Manages patients with progressive responsibility and independence
    a. Resident will learn to utilize local healthcare physicians for aide and supervision to help guide treatment based on local practices
4. Skill in performing procedures
    a. Resident with gain comfort in basic bedside procedures performed by internists in low-income areas as appropriate
5. Requests and provides consultative care
    a. Not applicable to this rotation
6. Clinical knowledge
    a. Resident will expand their knowledge of delivering healthcare in low-income areas and learn more about the complexities of delivering global healthcare
7. Knowledge of diagnostic testing and procedures
    a. Resident will learn to utilize limited radiologic and laboratory information and rely on their physical exam to make complex medical decisions
8. Works effectively within an interprofessional team (e.g. peers, consultants, nursing, ancillary pro fessionals and other support personnel)
    a. Resident will learn to work effectively in an interprofessional volunteer group
    b. Resident will learn to work with local Physicians and other healthcare professionals in a professional and collegial manner
9. Recognizes system error and advocates for system improvement
    a. Resident will learn to recognize the pitfalls and deficiencies in care of underserved populations and use this information to help improve the care of these people
10. Identifies forces that impact the cost of health care, and advocates for, and practices cost-effective care

   a. Resident will utilize effective cost-conscious care in order to decrease utilization of expensive resources in an international setting
11. Transitions patients effectively within and across health delivery systems
   a. Resident will learn more about the outpatient healthcare opportunities in underserved international locations, and use this information to help improve transitions of care
12. Monitors practice with a goal for improvement
   a. Resident will use this experience as a means to improve their understanding of healthcare issues worldwide, and will use this information to help provide culturally appropriate care in their day to day practice
13. Learns and improves via performance audit
   a. Not applicable to this rotation
14. Learns and improves via feedback
   a. Resident will accept feedback to improve day to day practice while away
15. Learns and improves at the point of care
   a. Resident will learn to utilize local resources to increase medical knowledge
16. Has professional and respectful interactions with patients, caregivers and members of the interp rofessional team (e.g. peers, consultants, nursing, ancillary professionals and support personnel)
   a. Resident will demonstrate an ability to interact in a professional manner in an international health setting by integrating culturally appropriate therapy to patients.
   b. Resident will demonstrate respect when interacting with local healthcare workers
17. Accepts responsibility and follows through on tasks
   a. Resident will take ownership of patients and immerse themselves in this international experience
18. Responds to each patient's unique characteristics and needs
   a. Resident will learn about local culture and provide professional and culturally competent care
19. Exhibits integrity and ethical behavior in professional conduct
   a. Resident will learn the importance of going above and beyond to care for underserved patients by participating in this international experience
20. Communicates effectively with patients and caregivers
   a. Resident will learn to communicate effectively across language barriers
21. Communicates effectively in interprofessional teams (e.g. peers, consultants, nursing, ancillary p rofessionals and other support personnel)
   a. Resident will learn to communicate effectively if other healthcare professionals across language barriers
22. Appropriate utilization and completion of health records
   a. Resident will learn to utilize local healthcare records systems to perform patient care

Request for Change in Resident/Fellow Program Complement

X☐TEMPORARY ☐PERMANENT

Program Name: MUSC Dept. of Orthopaedic Surgery & Physical Medicine

Program Director: Dr. Lee Leddy

Program Coordinator: Ms. Joan Graesch

Department Chair: Dr. Lee Leddy

Specialty Program Director (if applicable):

# of positions requested: 1

FROM: 21 (# current complement) TO 22 (# requested complement):

Requested Effective Date: 11/1/19

Effective End Date (if temporary): 6/30/20

9/10/19

Program Director Signature/Date:

Specialty Program Director Signature/Date:
(if applicable)

9/10/19

Department Chair Signature/Date:

Requests to change a program's resident/fellow complement need review and approval by:

1) ***Strategic Manpower Committee (only if hospital is to provide funding)***
2) ***MUSC GMEC***
3) ***ACGME/RRC***

Requests to specific ACGME/RRC's must not be made until <u>after</u> approval by the MUSC GMEC. Requests should be made in the WebADS system no longer than six months following GMEC approval. 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. 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: 9/9/19

Approved by the GMEC: _____

Date approved in WEBADS: _____

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?
   - Please provide documentation. MUHA- per Beth Adams in GME
     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 Mapower Request Template and Pro Form form.

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

There is no net change in the number of graduates each year from the program. This is an innovative graduate medical education program that enrolls a qualified and selected fourth year student early into residency. The intent is to optimize undergraduate medical education to produce a graduate that is adequately prepared for transitioning into a residency program and then redeploy this time to the back end of the training period to produce a competent resident more assuredly capable of entering the unsupervised practice of orthopaedics upon completion of residency training. As such, there will be a portion of the year that the resident complement will be higher than ACGME. We will experience a temporal increase in our resident number during part of the academic year. This will not represent an increase in overall numbers of graduates of our program. The ABOS and NRMP have given an enthusiastic endorsement to this program and we enrolled our first learner in the program in November of 2017.

2. 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.

ACFOR resident will have an opportunity to pursue early specialization in place of a post-residency fellowship. We assert that such graduates would be less likely to pursue an additional year of fellowship training to rectify a perceived inadequacy of experience in particular areas or because of a desire to focus clinical practice in a specific subspecialty area. Therefore, benefits from ACFOR would accrue to several constituencies, from the public as well as within the medical community, by providing resident graduates competent to enter independent medical practice without need for an additional year of fellowship training.
Conversely, the ACFOR resident will be between residency classes, ahead of his graduation peers and slightly behind his year in training peers. As such, the program will need to guard against evaluation bias. There will be no net effect on exposures and educational opportunities amongst the other residents.

3. What are the anticipated effects of your proposed program changes on other training programs at MUSC? No negative effects of the resident's 8 month 'transitional internship' where resident would complete 4 months of Orthopaedic rotations and one month each of plastic surgery, SICU, anesthesiology, and rheumatology, followed by a standard 5 year Orthopaedic residency.

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

With 11 specialty rotations, the number of cases seen by the trainee will not be affectively in a negative way. Ideally, each resident will get exposure to each service two times. This addition has not affected those exposures thus far.

5. 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 do not have any deficiencies with meeting case minimums, adequate clinical exposure to educational opportunities. Our ABOS pass rate is exemplary.

6. Assuming approval, what will the program look like for each year of training?
   - What will be added, deleted or moved? added: an 8 month 'transitional internship- followed by a 5 year residency.

   - Include a Block diagram by PGY year, for a model resident/fellow.

7. Will there be additional or new training sites needed to accommodate the change in trainee complement? No
   If so:
   - List the additional site(s).
   - You will be required to provide completed Affiliation Agreement(s) before the start of the training.

8. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change? Please provide a summary of necessary resources.
   Yes, available administrative work space with adequate computer access along with charger access in the departmental resident work area, cell phone to be provided, manuals and training materials available, library, surgical skills lab available, resident will have access to all didactic lectures, Grand Rounds presentations and all training sessions etc, assistance with all licenses and certifications to be provided.

2017-2018 Block Diagram with Accelerated Curriculum in Focus Orthopaedic Residency

PGY1-ACFOR

Block	1	2	3	4	5	6	7	8	9
Site	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC
Rotation Name	Ortho Tumor	Plastic Surgery	Ortho Spine	Ortho Joints	Ortho Joints	Vascular Surgery	Ortho Trauma	Ortho Spine	Vascular Surgery
% Outpatients	40%	60%	20%	20%	20%	40%	40%	20%	40%
% Research	0	0	0	0	0	0	0	0	0

PGY1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC	MUSC
Rotation Name	Orthopaedic Skills	Ortho Spine	Ortho Tumor	Ortho Trauma	Ortho Joints	Ortho Trauma	Ortho Spine	SICU	Gen Surg Trauma	General Surgery	Peds Surgery	Vascular Surgery
% Outpatients	0%	20%	40%	20%	20%	40%	20%	20%	20%	20%	40%	40%
% Research	0	0	0	0	0	0	0	0	0	0	0	0

PGY2

Block	1	2	3	4
Site	MUSC	MUSC	MUSC	MUSC
Rotation Name	Trauma	Sports	Joints	Hand
% Outpatients	40%	60%	60%	60%
% Research	0	0	0	0

PGY3

Block	1	2	3	4	5
Site	MUSC	MUSC	VA	Roper/Research	MUSC
Rotation Name	Peds	Foot & Ankle	VA	Community	Elbow/Shoulder
% Outpatients	40%	40%	40%	20%	40%
% Research	0	0	0	50%	0

PGY4

Block	1	2	3	4	5
Site	MUSC	MUSC	MUSC	MUSC	MUSC
Rotation Name	Elbow/Shoulder	Trauma	Hand	Spine	Peds
% Outpatients	40%	40%	40%	40%	40%
% Research	0	0	0	0	0

PGY5

Block	1	2	3	4	5
Site	MUSC	VA	MUSC	MUSC	Roper
Rotation Name	Tumor	VA	Joints	Sports	Comm

2017-2018 Block Diagram with Accelerated Curriculum in Focus Orthopaedic Residency

% Outpatients	60%	40%	40%	40%	20%
% Research	0	0	0	0	50%

Request for Change in Resident/Fellow Program Complement

X TEMPORARY ❑PERMANENT

Program Name: Pulmonary and Critical Care Medicine

Program Director: Lynn Schnapp

Program Coordinator: Sophia Zimmermann

Department Chair: Don Rockey

Specialty Program Director (if applicable):

# of positions requested: 1

FROM: 15 (# current complement) TO 16 (# requested complement):

Requested Effective Date: 07/01/2020

Effective End Date (if temporary): 6/30/2023

_____ _____

Program Director Signature/Date:
Specialty Program Director Signature/Date:

_____

Department Chair Signature/Date:

Requests to change a program's resident/fellow complement need review and approval by:

1) *Strategic Manpower Committee (only if hospital is to provide funding)*
2) *MUSC GMEC*
3) *ACGME/RRC*

*Requests to specific ACGME/RRC's must not be made until **after** approval by the MUSC GMEC. Requests should be made in the WebADS system no longer than six months following GMEC approval. 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. 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: 9/10/19
Approved by the GMEC: _____
Date approved in WEBADS: _____

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?
 - Additional position will be financed through the Military as are seeking a complement increase is to accommodate a candidate from the US Military seeking a civilian program.

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

- This is a request to increase the Pulmonary and Critical Care complement by 1 spot for one three year fellowship period with the intention to return to our usual complement of 5 spots upon fellows completion of the program. We are seeking to accommodate a candidate through seeking specialty training funded by the US military

2. 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.

- Currently, the Pulmonary and Critical Care fellowship carries a high burden of critical care service, night and weekend call responsibilities. With the recent addition of the Critical Care Medicine fellowship, this was to help alleviate some of these clinical burdens. We have been approved for two spots, however are only funded for one spot. An additional PCCM fellow with an alternate source of funding will provide a more evenly distributed critical care, call and night burden for all trainees in out program.
- As we are a combined fellowship, we have ample opportunities to fulfill critical care obligations for training as above, with the additional increase in complement, pulmonary medicine clinical exposure will be mostly unchanged and all fellows will be able to meet all requirements of pulmonary medicine service time and ambulatory clinic time.
- We have ample scholarly work and mentors to accommodate an additional trainee.
- I don't see any significant negative effects of an additional PCCM fellow at this time.

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

- As part of our program requirements for critical care are to rotate through non-medical ICUs, we will request more rotational experience through NSICU, CVICU, STICU and anesthesia rotations.

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

- There will be no significant change to the number of cases seen by trainees in the program. Service time will be affected, but there are abundant number of patient and procedural cases to meet all requirements.

5. 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, as outlined above

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

- What will be added, deleted or moved? No rotational experiences will need to be added or removed.
- Include a Block diagram by PGY year, for a model resident/fellow. (Please see attached Word Document for block schedule)

7. Will there be additional or new training sites needed to accommodate the change in trainee complement?

- Additional Training sites will not be needed. Current Affiliation Agreements will apply.

8. Is there adequate space and resources (offices, desks, computers, labs, etc...) to accommodate the change? Please provide a summary of necessary resources.

- The current pulmonary fellows office has adequate space to accommodate one additional fellow to the 15 PCCM fellows.

Pulmonary and Critical Care Model Schedule

	July	August	September	October	November	December	January	February	March	April	May	June
PGY-1	VA-ICU	Consults	Procedures	MICU	VA-PULM	MSICU	VA-ICU	NSICU	Consults	Radiology	MICU	STICU
PGY-2	Research	Research	Research	VA-PULM	Transplant	Sleep	Research	Research	Research	MSICU	Consults	MICU
PGY-3	Consults	Research	Research	Research	MICU	Consults	MSICU B	Research	Research	Research	NSICU	Transplant

Critical Care
Pulmonary
Scholarly

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

8/28/2019

ACGME

Ted A Meyer, MD, PhD
Program Director - Associate Professor
Medical University of South Carolina
MSC 550
135 Rutledge Avenue, Suite 1117
Charleston, SC 29425

Dear Dr. Meyer,

The Review Committee for Otolaryngology-Head and Neck 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:

Otolaryngology - Head and Neck Surgery

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

Program 2804521100

Temporary Increase approved for 1 resident(s) 07/01/2019 - 06/30/2020

OTHER COMMENTS

On review of the temporary complement increase request, the Committee noted that a resident required an additional year of training, which has been successfully completed. However, in order to continue to recruit four PGY1 residents per year, a one-year increase in complement is needed. A thoughtful proposed block schedule incorporating the additional PGY5 resident was provided. The Committee approved a temporary increase of one resident effective 7/1/2019 – 6/30/2020. The program is advised to submit such requests prior to the match deadline in future years should the need arise.

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.

Sincerely,

Pamela L. Austine

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

8/14/2019

ACGME

Milton B Armstrong, MD
Program Director
Medical University of South Carolina
Division of Plastic Surgery
96 Jonathan Lucas, POBox 250613
Charleston, SC 29425

Dear Dr. Armstrong,

The Review Committee for Plastic 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:

Plastic surgery

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

Program 3604522093

OTHER COMMENTS

Please allow this letter to acknowledge the request, dated August 14, 2019, to remove Prisma Health Richland Hospital (450366) 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 Graduate Medical Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org

8/12/2019

ACGME

Christopher Hannegan, MD
Associate Professor
Medical University of South Carolina
25 Courtenay Drive
Room 3304, MSC 226
Charleston, SC 29425

Dear Dr. Hannegan,

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

Vascular and interventional radiology

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

Program 4274521056

OTHER COMMENTS

This letter serves as a reminder to the radiology community that 2019-2020 will be the last academic year for all existing vascular and interventional radiology fellowship programs. All currently accredited one-year vascular and interventional radiology (VIR) fellowship programs will sunset on June 30, 2020, and the two-year IR-Independent programs will begin accreditation on July 1, 2020.

Withdrawal of Accreditation
You may submit a request to voluntarily withdraw accreditation of your VIR program effective on or before June 30, 2020, or the ACGME will administratively withdraw the accreditation of your program on that date. If you have any current fellows who are off-cycle, and will not complete training by June 30, 2020, please contact the Radiology Review Committee staff as soon as possible.

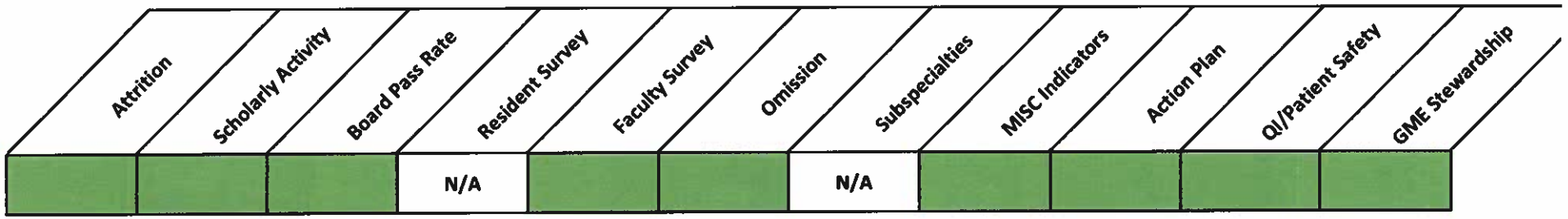
ADS Annual Update
All VIR programs are required to complete the ADS annual update as scheduled for the 2019-2020 academic year.

If you have any questions about this timeline or the withdrawal of accreditation, please contact Associate Executive Director Jenny Campbell (jcampbell@acgme.org /312.755.5044) or me for further information.

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.

2019 APE Program Report Card

Program Name: CT Anesthesia



Overall Attrition	
PD Change	
Faculty Attrition	10%
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	

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

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

Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: CT Anesthesia

Board pass rate is excellent at 93%, but just below the national average of 96%

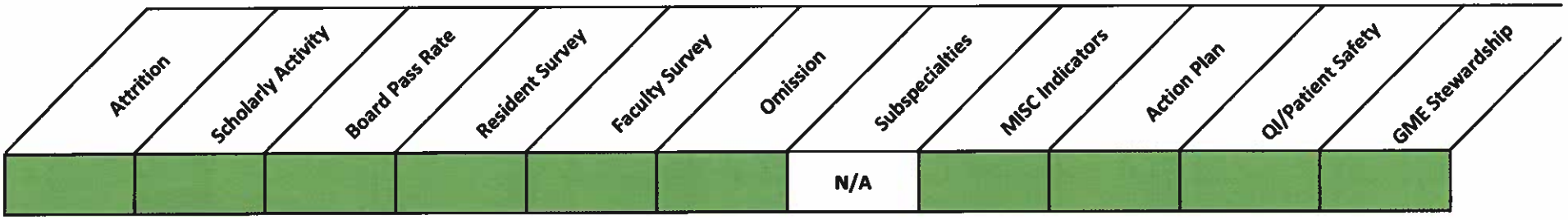
Faculty roster needs updating - i.e., Dr. Guldan is listed as an O in Anesthesiology for 2008 - he should have recertified in 2018
Dr. Whitener's SC licensure is out of date
Choose bullets or numbers for Dr. Whitener's CV
You may want to expand your answer to moonlighting by indicating permission is needed from the department and the GME Office
Difficult to assess WEBADS since much was not completed

The ACGME faculty survey is good - well above the national mean in all areas

The Action Plan is good; addresses issues noted on the surveys and has measurable goals

2019 APE Program Report Card

Program Name: Plastic Surgery



Overall Attrition	
PD Change	
Faculty Attrition	
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	

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

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

Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Plastic Surgery

Excellent Board pass rate

MUSC and the VA have Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy
Also have Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care
Roper probably has those, too. You should check the other sites to see if you need to check those off
The faculty roster needs recertification years for Dr. Delaney's surgery certification
Dr. Armstrong's licensure is out of date
Strong scholarly activity
Should June Cameron be listed as a non-physician faculty member?

Faculty satisfied with personal performance feedback comes in at 3.8 compared to the national mean of 4.4 - included on action plan
Just slightly below the national mean in areas of teamwork and supervision/teaching for the faculty
Resident survey is excellent. Above the national mean in all areas

Action plan is very thoughtful with excellent metrics

2019 APE Program Report Card

Program Name: Plastic Surgery Integrated

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	

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

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

Scholarly Activity	
Faculty	
Resident	

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

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

Action Plan

Board Pass Rate
N/A

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Plastic Surgery Integrated

You may want to consider putting residents on your patient safety committee
The response to the citation could be fleshed out. Details would be welcome. You must enter those into WEBADS. The answers to the AFIs are sufficient. These must go into Major Changes in WEBADS

MUSC and the VA have Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy
Also have Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care
Roper probably has those, too. You should check the other sites to see if you need to check those off
the VA has all of the amenities listed
Isn't Dr. Lechelop an MD? Why is he listed on the non-physician faculty? Should June Cameron be listed as non-physician faculty?
Dr. Tavana's licensure is out of date
Strong faculty scholarly activity

Faculty survey is just below the national mean in educational content and teamwork
Otherwise it looks good
No access to resident answers

Action plan addresses resident concerns and issues well
Take those action plan items that were a citation or an AFI and put that language into the WEBADS form

2019 APE Program Report Card

Program Name: Nuclear Medicine

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	

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

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

Scholarly Activity	
Faculty	
Resident	N/A

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

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

Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Nuclear Medicine

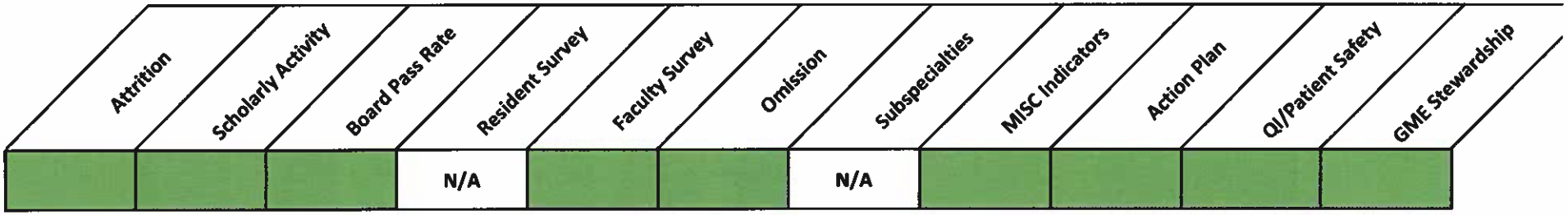
There were no residents in the 18-19 year

Major changes could include information about the difficulty in recruiting a full class for the 19-20 year
Dr. Gordon's SC Licensure is out of date and there are some out of date presentations listed in her CV
Excellent scholarly activity by the faculty
The listing of your PEC committee should indicate you intend to have a resident on the committee as soon as one is available

How will you address a weakness identified in your SWOT analysis -- not enough faculty to cover clinical case load and teach?

2019 APE Program Report Card

Program Name: Vascular and Interventional Radiology



Overall Attrition	
PD Change	
Faculty Attrition	28%
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	

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

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

Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Vascular and Interventional Radiology

Excellent pass rate and okay take rate (explained)
Large percentage of faculty have left in past year (28%)

Didn't really answer the diversity question in WEBADS. How will you achieve diversity in your program?

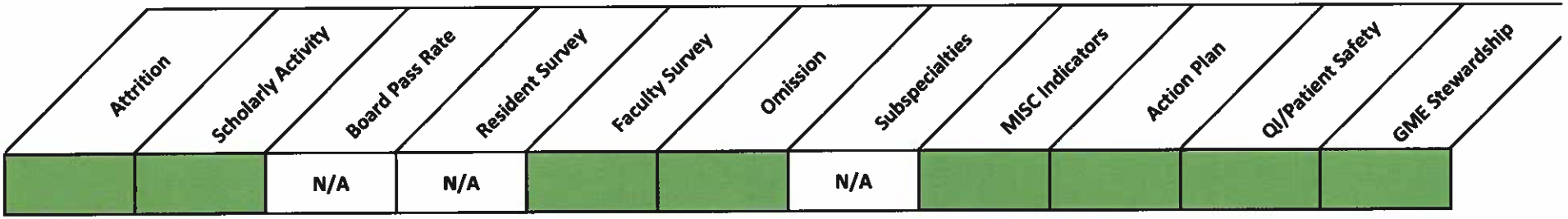
Excellent internal surveys and ACGME faculty survey with no areas under 4.0
Good reversal of negative trends from 2015 until now

Excellent Action Plan with good metrics

Overall, very strong program with no particular deficits

2019 APE Program Report Card

Program Name: IR Integrated



Overall Attrition	
PD Change	
Faculty Attrition	
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	

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

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

Action Plan

Board Pass Rate
N/A (new program)

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: IR Integrated

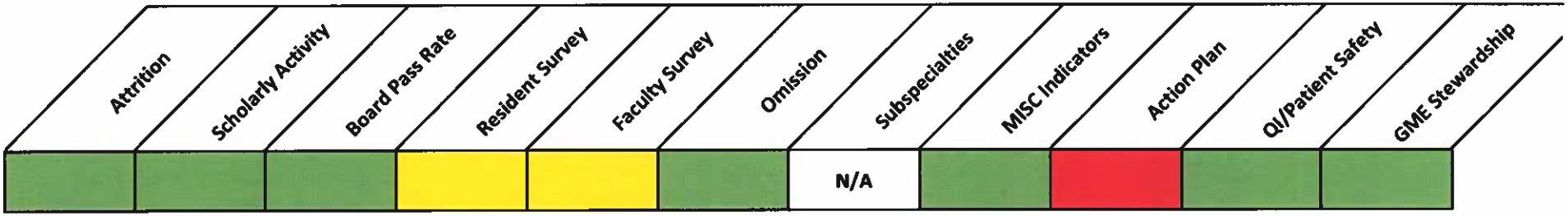
The major changes section should outline your approach to the AFI noted in the accreditation letter regarding adding faculty
Dr. Yamada's SC licensure is out of date and some of his bibliographies are more than 5 years old
Excellent scholarly activity for the faculty
Dr. Tipnis' CV needs to be updated to reflect only the last 5 years of publications, conferences, etc...
MUSC and the VA both have Reasonable accommodations for residents/fellows with disabilities consistent with the Sponsoring Institution's policy and Clean and private facilities for lactation that have refrigeration capabilities, with proximity appropriate for safe patient care
The expiration years are needed in the faculty roster
The answer to Does the program have policies and procedures in place to ensure coverage of patient care when the residents/fellows are unable to attend work needs to be a yes. Develop these policies and procedures

The action plan should address the weaknesses identified in your SWOT analysis (decreasing number of procedures)

Otherwise, a strong beginning to a new program

2019 APE Program Report Card

Program Name: Adult Cardiovascular Disease



Overall Attrition	
PD Change	
Faculty Attrition	3%
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	

Faculty Survey	96% completed
Supervision & Teaching	
Educational Content	
Resources	
Patient Safety	
Teamwork	

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

Action Plan

Board Pass Rate

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Adult Cardiovascular Disease

Summaries of the six month evals are required to be put in the resident files. They must include signatures from both the PD and the resident
Excellent Board pass and take rates
The program may want to consider adding a resident to the Quality and Safety committee
The program must have a formal criteria in place to assess skills in change of duty handoffs
The program indicated it had done a trainee evaluation of the program, but when asked for details, gave details on faculty evaluations
The program must allow residents to complete an anonymous survey of the program as a whole
The program also indicates it is difficult to have anonymous evaluations due to the small number of fellows on any given rotation. With 19 fellows total, the information can be released semi-annually so that fellows feel that data is valid and secure

Large faculty listing -- some don't have specialty boards in cardiology (Gregg, Morris), some may have let their specialty certification lapse and Edwards is mentioned later as faculty, but not included in the roster. Michael Craig is listed as associate PD, but is not acknowledged on the APE form?
Dr. Judge's SC licensure is outdated
Excellent scholarly activity by the faculty
Evalue has the ability to send out goals and objectives for a rotation at the beginning of each rotation, rather than have them buried in a fellowship manual
The near misses question doesn't deal with how these are communicated to patients and families. The PSI project is mentioned, but with no details
What are the results of the project this past year and what changes have you made as a result?
Money for taxi and sleeping rooms available post call should be check for fatigued residents

SWOT analysis is good and realistic

ACGME Surveys
The resident survey has many questions below 4.0 that should be addressed in the Action Plan. Education content as a whole (3.6) is below the national mean (4.4)
The faculty survey is just below the national mean in many areas, but no areas below a 4.0. One question that needs to be addressed is the excessive reliance on residents to fulfill non-physician obligations

Good progress on the action plan from last year. This year the two items are large and may be hard to get realistic data from them. More detailed outcomes need to be presented i.e., a rise in average scores from 3.5 to 4.0 Many more items need to be included in the action plan, all identified from the ACGME survey. An updated action plan should be sent to the GME Office no later than October 31

2019 APE Program Report Card

Program Name: Molecular Genetic Pathology

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	
Resident Attrition	
Permanent Complement Changes	

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

Resident Survey	0% completed
Duty Hours	
Faculty	
Educational Content	
Evaluation	
Resources	
Patient Safety/ Teamwork	
Overall Negative Opinion	

Scholarly Activity	TBD
Faculty	
Resident	N/A

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

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

Action Plan

Board Pass Rate
N/A

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Molecular Genetic Pathology

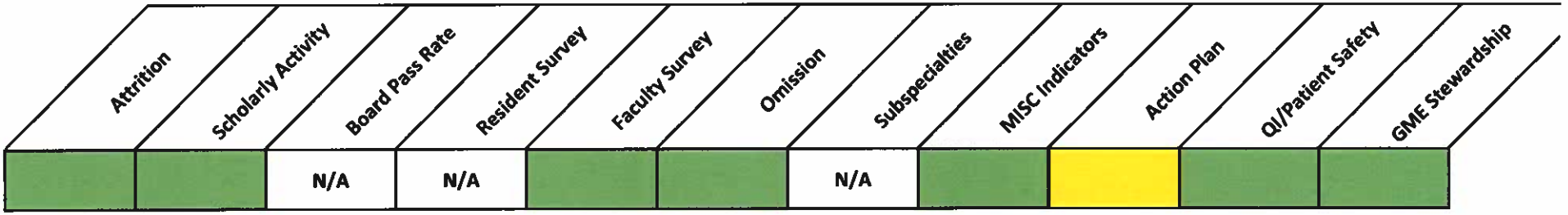
Is there a RRC required pass rate for the national boards?

Thoughtful SWOT - issues addressed on Action Plan

The last item in the Action Plan has no easily measurable goal - we would suggest something like "hired another Clinical Geneticist" with outcome being either yes or no

2019 APE Program Report Card

Program Name: Neuropathology



Overall Attrition	
PD Change	
Faculty Attrition	
Resident Attrition	
Permanent Complement Changes	

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

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

Scholarly Activity	
Faculty	
Resident	N/A

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

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

Action Plan

Board Pass Rate
N/A

Involvement in QI/Pt Saf Projects

GME Stewardship

Program Name: Neuropathology

For what the core faculty is doing in faculty development - we would like a listing of what they are doing, not just scholarly activity listings

For the Major changes section, you could address the issue of not having a resident last year and having one this year. The program should also address all of the AFIs in the major changes section. It's hard to judge the improvement without a resident last year

Action Plan could be more detailed. It is indicated that you'll have a curriculum in place for the first fellow - when will that be in place? What will you do in the future to ensure that you'll have fellows recruited for subsequent years?

Medical University of South Carolina - *GME Office
Duty Hours Violations report

Medical University of South Carolina - 9-9-2019
Duty Hours Violations report: 80 Hours Per Week - Averaged Over A Four-Week Period
Reporting Period: 07/01/2019 through 06/30/2020 (365 days)

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

Surgery

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2019	8/25/2019	325.25	320

Pediatrics

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2019	8/25/2019	321	320

Neurological Surgery

Hours Per Week

Trainee	Rotation Start	Rotation End	Hours Worked	Max Hours
[Name Suppressed]	7/29/2019	8/25/2019	322.5	320