

**Office of
Graduate Medical Education
Annual Report**

July 1, 2013 – June 30, 2014



Staffing

- E. Benjamin Clyburn, MD, was appointed the Associate Dean for Graduate Medical Education (GME) and the Accreditation Council for Graduate Medical Education's (ACGME) Designated Institutional Official.
- Leonie Gordon, MD, continued her role as an Associate Dean for GME.
- Lawrence Afrin, MD, continued his role as GME Director of Informatics.
- Angela Ybarra, MHA, continued her role as the GME Program Administrator.
- Beth Jones, MHA, continued her role as the GME Business Manager.
- Ann Ronayne, BS, C-TAGME continued her role as the GME Coordinator.
- Hung Vo, BS, continued his role as the GME Information Technology Manager.
- Robert Chisholm, BS, was hired as the GME Credentialing and Licensing Coordinator.

Resident Information

- Graduating residents for 2013 - 2014 = 205
- Matriculating residents = 471
- Incoming residents on July 1, 2014 = 202
- Total residents on July 1, 2014 = 673

- 9% of Resident staff are members of the AOA
- 6% of Resident staff are members of the Gold Humanism Honor Society

Scholarly Activity

- 94 Presentations
- 73 Publications
- 5 Book Chapters
- Numerous teaching awards

Program Information

(See Appendix I.)

- ACGME-accredited residency programs – 57
- ACGME combined (non-accredited programs) - 2
- American Dental Association (ADA)-accredited programs – 2
- 2014 National Residency Matching Program Main Match Results: 144 out of 145 positions were filled. 24 out of 25 residency programs fully matched their available positions.

Accreditation Information

Information on the Next Accreditation System (NAS) from the ACGME

Residency Review Committees no longer assign cycle lengths to programs. The ACGME will be using a continuous accreditation model with collection and review of annual data from each program.

For the seven specialties in Phase I of the NAS (diagnostic radiology, emergency medicine, internal medicine, neurological surgery, orthopaedic surgery, pediatrics, and urology) and their subspecialties, implementation of the NAS occurred on July 1, 2013. For all other specialties, the Transitional Year, and Institutional Review, implementation of the NAS occurred on July 1, 2014.

CLER Visits

MUSC had its Clinical Learning Environment Review (CLER) visit in April, 2014. CLER focused on six areas important to the safety and quality of care in teaching hospitals and the care residents will provide in a lifetime of practice after completion of education: (1) engagement of residents in patient safety; (2) engagement of residents in quality improvement (including opportunities for reducing health disparities); (3) enhancing practice for care transitions; (4) promoting appropriate resident supervision; (5) duty hour oversight and fatigue management; and (6) enhancing professionalism in the learning environment and in reporting to the ACGME.

During this first round of CLER visits, the reports will not result in citations or lead directly to programmatic institutional accreditation decisions. This round was designed to broadly inform the NAS.

The site visit began with a meeting of the senior leadership, followed by a meeting with peer-elected resident representatives, faculty members and program directors. During the site visit, approximately 20 clinical locations were visited by the CLER team.

Graduate Medical Education Committee (GMEC)

(See Appendix II.)

Internal Reviews/Annual Program Reviews

With the advent of the NAS, internal reviews transitioned to Annual Program Evaluations (APEs).

The program, through the Program Evaluation Committee, must document formal, systematic evaluation of the curriculum at least annually, and is responsible for rendering a written APE. The program must monitor and track each of the following areas: resident performance; faculty development; graduate performance, including performance of program graduates on the certification examination; and program quality. In addition, residents and faculty must evaluate the program in writing and the program must use those assessments (along with other evaluations) to improve the program.

MUSC began using the Annual Program Evaluation (APE) review in January, 2014. The Institutional APE Committee gathers information to make sure the programs are reviewing the information necessary and determines if those efforts to improve the program are satisfactory. The APE Committee issues a report card on all programs.

By June 30, 2014, approximately half of the programs had been through this evaluation process.

Faculty Development

Extensive faculty development activities on campus have taken place including The Appletree Society. Additionally, the GME Office has been involved with faculty development at the regional and national level.

Conferences Held

Conducted the 2014 Chief Resident Leadership Conference. 55 upcoming Chief Residents were in attendance.

Topics included:

- Developing Your Leadership Style
- Handling the Job of Chief Resident
- Managing Conflicts and Building Teams
- Handling Difficult People and Stressful Interactions
- Patient Safety/Unsafe Environments
- Diversity and Inclusion
- Passing on Lessons from the Veterans (current Chief Residents)

Financial Information

- Negotiations continued with the Veterans Administration Medical Center (VAMC) to recoup additional reimbursement expenses.
- Received VA funding approval for five temporary positions (Pulmonary, Ob/Gyn, Psychiatry, and Quality and Patient Safety).
- Secured MUHA funding approval for five new ENT positions (one resident per year for five years)
- First year of GME funding cuts (5%) were implemented within the departments. All but two departments either cut positions or presented cost savings plans to meet the expected 5% reduction. Two departments paid the 5% fee to MUHA.
- Salary increases were approved for the 2014-2015 year. They are:
 - PGY-1 - \$48,022
 - PGY-2 - \$49,672
 - PGY-3 - \$51,288
 - PGY-4 - \$52,740
 - PGY-5 - \$54,527
 - PGY-6 - \$56,619
 - PGY-7 - \$59,377
 - PGY-8 - \$62,881

Utilization of E*Value

- Ongoing one-on-one E*Value training with each residency program coordinator.
- Advanced Informatics conducted program review to evaluate application usage.
- Evaluated systems and applications of electronic residency management systems.
- Completed Phase 1 of Milestones including training for Phase 1 groups.

- Uploaded missing photos to resident profiles.
- Imported the ERAS data into E*Value's new Data Import Tool.
- Participated in a beta test to review the NAS indicator/dashboard.
- Performed maintenance to eliminate duplicate and unnecessary social security numbers from individual profiles.
- Worked with E*Value to implement time stamp for duty hour logging process.

Policy and Practice Reviews and Form Revisions

- Lessons to the New Resident Orientation CATTs module
- Handbook Acknowledgment Form
- Handbook Verification Form
- Visiting Resident Policy and Form
- Remediation Plan Template and Instruction Form
- Moonlighting Policy and Approval Form
- Non-Required Elective with Compensation Form
- USMLE Step 3 Policy
- International Rotation Policy
- Off-Cycle Contact Listing
- Scopes of Practice
- Resident Agreement

Process Implementation

- Implemented the Prep 4 Step 3 Program in cooperation with the Center for Academic Excellence.
- Collaborated with the Office of Parking Management to implement a new onboarding process for new resident parking registration and identification badge creation.

Information Technology

- Implemented the new ERAS web-based process.
- Established the NAS Milestones and conducted applicable systems training for Phase 1 and Phase 2 groups.
- Created a dedicated diversity page on the GME website.

Resident Representatives to Hospital Committees

(See Appendix III.)

Strategic Planning

The MUSC GME Strategic Planning Sub-Committees continued their efforts to achieve the designated strategies for each objective:

- **Foster innovation and improvement in the learning environment**

Objective: Specific training and incentives for teaching and administration of training programs

Strategies:

- a. Determine what is important to program directors so they feel valued as academicians, what types of recognitions (awards, monetary, etc.) are motivating factors, and what are the role expectations of a program director. Determine how program directors view success.
- b. Create a general position description for residency and fellowship coordinators.
- c. Create a job satisfaction survey to be sent to all residency and fellowship coordinators.

- **Strengthen the educational emphasis on quality and safety in patient care**

Objective 1: Increase resident education and productivity in Quality Improvement (QI) including scholarly activity

Strategies:

- a. Develop an online repository for all QI projects
- b. Engage residents in QI projects
- c. Survey all program directors for involvement in QI
- d. Explore and share a curriculum for Quality and Process Improvement

Objective 2: Understand, mitigate and prevent medical errors

Strategies:

- a. Increase reporting of safety events
- b. Evaluate and implement simulation for risky areas
- c. Improve resident Culture of Safety (COS)

Objective 3: Minimize non value-added work

Strategy – Thematic grouping in GME resident orientation

- **Advance the climate in which diversity is encouraged**

Objective: Improve recruitment of a diverse population of trainees at all levels of the institution

Strategies:

- a. Conduct a needs assessment of stakeholders to gather thoughts on recruitment and its process, to gauge interest in resources to help programs, to solicit comments/ideas, and to invite volunteers with an interest to participate with this effort
- b. Meet with Chairs of the MUHA Diversity Task Force
- c. Meet with the Director of MUSC's Training and Intercultural Education
- d. Meet with representatives within the Center for Health Disparity and Research
- e. Create a diversity page on the GME website for applicants and others
- f. MUSC Visibility at local and national events

g. Designate Departmental Diversity Mentors

- **Optimize communication and collaboration amongst stakeholders**

Objective 1: Advance innovation and use of technology for communication

Strategies:

- a. Identify current methods of communication amongst stakeholders
- b. Analyze data and effectiveness of current communication methods
- c. Explore and/or develop other communication methods and an implementation/distribution plan
- d. Measure outcomes of new methods compared to previous communication tools

Objective 2: Enhance collaboration amongst stakeholders

Strategy: Develop an online repository for all QI projects

APPENDIX I

Listing of Programs

ANESTHESIOLOGY

Cardiothoracic Anesthesia
Critical Care Anesthesia

DERMATOLOGY

Procedural Dermatology

EMERGENCY MEDICINE

INTERNAL MEDICINE

Cardiovascular Disease
Interventional Cardiology
Electrophysiology
Endocrinology, Diabetes, Metabolism
Gastroenterology
Hematology/Oncology
Infectious Disease
Nephrology
Pulmonary/Critical Care
Rheumatology

NEUROLOGY

Child Neurology
Clinical Neurophysiology
Vascular Neurology

NEUROSURGERY

NUCLEAR MEDICINE

OB/GYN

OPHTHALMOLOGY

ORTHOPAEDIC SURGERY

OTOLARYNGOLOGY

PATHOLOGY

Cytopathology
Dermatopathology
Forensic Pathology
Hematopathology

PEDIATRICS

Child Abuse Pediatrics
Developmental and Behavioral
Pediatrics
Neonatal-Perinatal
Pediatric Cardiology
Pediatric Emergency Medicine
Pediatric Hematology/ Oncology
Pediatric Rheumatology

PLASTIC SURGERY

PSYCHIATRY

Addiction Psychiatry
Child and Adolescent Psychiatry
Forensic Psychiatry
Geriatric Psychiatry

RADIATION ONCOLOGY

RADIOLOGY

Interventional Radiology

Neuroradiology

GENERAL SURGERY

Surgical Critical Care

Thoracic Surgery (3-year program)

**THORACIC SURGERY (integrated
program)**

VASCULAR SURGERY

UROLOGY

Combined Programs

MEDICINE/PEDIATRICS

Medicine/Psychiatry (Non-Accredited)

Psychiatry/Neurology (Non-Accredited)

Accredited by the ADA

ORAL SURGERY

PEDIATRIC DENTISTRY

APPENDIX II

Graduate Medical Education Committee (GMEC)

The GMEC scope of activities includes all issues referenced in the ACGME Essentials of Accredited Residencies in Graduate Medical Education: Institutional Requirements.

(http://www.acgme.org/acWebsite/irc/irc_IRCpr07012007.pdf). Voting Membership is open to MUSC Program Directors as listed, MUSC residents elected by their peers and members of MUSC administration as invited by the GMEC Chair.

All members are expected to have 75% attendance by themselves or by proxy.

The following are voting members of the MUSC Graduate Medical Education Committee.

PROGRAM DIRECTORS (determined by minimum number [10] of residents/fellows in program)

1. Anesthesiology..... George (GJ) Guldán, MD
2. Cardiovascular Disease Michael Craig, MD
3. Child and Adolescent Psychiatry..... Markus Kruesi, MD
4. Emergency Medicine Christina Bourne, MD
5. Gastroenterology Ira Willner, MD
6. Internal Medicine..... Ben Clyburn, MD
7. Medicine/Psychiatry Kelly Barth, DO
8. Nephrology Ruth Campbell, MD
9. Neurology Angela Hays, MD
10. OB/GYN..... Ashlyn Savage, MD
11. Ophthalmology Matt Nutaitis, MD
12. Orthopaedic Surgery..... John Glaser, MD
13. Otolaryngology Ted Meyer, MD, PhD
14. Pathology David Lewin, MD
15. Pediatrics Mike Southgate, MD
16. Psychiatry..... Ed Kantor, MD
17. Pulmonary/Critical Care..... Nick Pastis, MD
18. Radiology Leonie Gordon, MD
19. Surgery..... Megan Baker Ruppel, MD

- *MUSC Program Directors will remain on the GMEC until they are no longer directors or if the number of residents in their program falls below 10.*
- *MUSC Program Directors may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

ADMINISTRATIVE

20. Program Coordinator Rob Chisholm (Program Coordinator)
21. Quality and Safety..... Danielle Scheurer, MD

- *The administrative positions are a one- year term, ending June 30th of each year. They will be reappointed or reassigned each May.*
- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

RESIDENT REPRESENTATION

- 22. ResidentMark Henry, MD, Anesthesiology
- 23. Resident Nicole Horst, MD, Radiology
- 24. Resident Brent Jewett, MD, Surgery
- 25. Resident* Troy Kapral, MD, Psychiatry
 Alternate Page Bridges, MD, Emergency Medicine
 Alternate Challyn Malone, MD, Psychiatry

- **The fourth, designated resident position is held for the current president of the House Staff Council.*
- *The current resident representatives will stay on until elections are held in May, 2014.*
- *There are resident alternates that can sit in for an absent resident member (the resident member should contact the alternate). The alternate will have voting privileges.*

AT LARGE MEMBERSHIPS

- 26. At-Large memberBrad Keith, MD *Internal Medicine (term expires 6/2015)*
- 27. At-Large member Nick Batalis, MD *Pathology (term expires 6/2015)*
- 28. At-Large member David Marshall, MD *Radiation Oncology (term expires 6/2015)*
- 29. At-Large memberRaymond Turner, MD *Neurosurgery (term expires 6/2015)*
- 30. At-Large member Ross Pollack, MD *Dermatology (term expires 6/2014)*
- 32. At-Large memberMilton Armstrong, MD *Plastic Surgery (term expires 7/2014)*
- 33. At-Large memberEric Graham, MD *Pediatric Cardiology (term expires 7/2014)*
- 34. At-Large Member Rebecca Lehman, MD *Child Neurology (term expires 7/2015)*

Any MUSC Program Director or Associate Director can request to be placed on the GMEC as an At-Large member. At Large members serve for two-year terms that are renewable.

- *The appointee may designate a proxy for an occasional meeting – the proxy will have voting privileges.*

2013-2014 MEETING SCHEDULE

Meetings are held at 4:00 p.m. in 628 CSB the second Thursday of every month. The June and December meetings are the exception. All program coordinators and directors are invited to attend these two luncheon meetings, held from 11:30 a.m. – 1:00 p.m. on the 2nd Wednesday of June and December.

- July 11
- August 8
- September 12
- October 10
- November 14

- December 11 (*please note different date, time and location of this meeting. We meet at 1130 in Gazes Auditorium for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)
- January 9
- February 13
- March 13
- April 10
- May 8
- June 11 (*please note different date, time and location of this meeting. We meet at 1130 in Gazes Auditorium for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)
- May 9
- June 12 (*please note different date, time and location of this meeting. We meet at 1130 in Gazes Auditorium for a meeting where all the Program Directors and Coordinators are invited to join us over lunch.*)

APPENDIX III

Residents Elected to Hospital Committees

Graduate Medical Education Committee The GMEC oversees all educational programs and implements the policies and procedures for residents and residency programs within MUSC ensuring high-quality education for its residents. The GMEC ensures programs are adhering to the policies and procedures of the ACGME while maintaining their educational commitment to the residents.

Mark Henry, Anesthesia, PGY 3

Nicole Horst, Radiology, PGY 4

Brent Jewett, Surgery, PGY 4

Alternates

Page Bridges, Emergency Medicine, PGY 1

Challyn Malone, Psychiatry, PGY 1

College of Medicine Progress Committee and Professionalism Subcommittee This subcommittee reviews reports of significant unprofessional behavior on the part of medical students. The student is brought before the subcommittee for a hearing and the subcommittee determines a plan of action. The resident members will also attend the meetings of the full progress committee which meets after the end of the fall semester and after the end of the spring semester. Appeals are heard one week after the regular meetings.

Emmanuel Chandler, Pediatrics, PGY 2

John Gentry, Psychiatry, PGY 2

Alternate

Patrick Gilbert, Radiology, PGY 3

Pharmacy and Therapeutics Committee This committee represents the official line of communication between the medical staff and the Department of Pharmacy services. Its purpose is to consider all matters related to the use of drugs within the Medical Center.

Chloe Salzman, Pediatrics, PGY 2

Hospital Infection Control Committee The ICC investigates and controls nosocomial infections and monitors the MUHA Infection Control program. This committee is responsible for the development and implementation of policies and practices to decrease healthcare-associated infections in patients and staff.

Sherry Okun, Pathology, PGY 2

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

Taylor Horst, Orthopaedic Surgery, PGY 5

E. Thomas Lewis, Psychiatry, PGY 1

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

Troy Kapral, Psychiatry, PGY 3

Charleston County Medical Society CCMS is a body that collectively acts as a patient advocate. It functions as a clearinghouse for information for its members and the community and provides a voice for legislatures to better understand the issues facing healthcare providers today.

Paul Anderson, Anesthesia, PGY 2

Alternate

Roland Hamilton, Neurology, PGY 3

Accreditation/Regulatory Committee The leadership of MUSC Medical Center has established a new Accreditation/Regulatory Committee with responsibility to ensure Joint Commission standards, CMS standards, and other regulatory standards are implemented and monitored across the entire organization. Membership of the committee will be comprised of key people from cross-functional areas who are recognized as formal or informal leaders in regulatory compliance, and have proven their abilities to effect change.

Robert Reynolds, Radiation Oncology, PGY 4

Hospital Blood Usage, Tissue and Autopsy Committee This committee monitors the use of blood and blood components, and tissue and autopsy issues at the MUSC Medical Center.

Mandy Hathaway, Internal Medicine, PGY 2

Operating Room Executive Committee This committee addresses issues in the operating rooms. (You must be an anesthesia or surgery resident to be elected to this committee.)

Brendan O'Connell, Otolaryngology, PGY 3

Alternate

Shawn Stevens, Otolaryngology, PGY 3

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

Genevieve Maass, Radiology, PGY 2

Medication Reconciliation Committee The Med Rec committee oversees all aspects of the structure and quality of the medication reconciliation process, on admission and discharge, including the transition to an electronic med rec system in late summer.

Tabitha Townsend, Internal Medicine, PGY 2

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

Brent Jewett, Surgery, PGY 3

Bed Flow and Readmissions Committee The BFRC monitors the flow of patients across the medical center by overseeing flow dashboards and metrics as well as all policies and procedures associated with placement of patients on select units and readmissions prevention.

Stephanie Bailey, Emergency Medicine, PGY 1

The Magnet Advisory Committee is a group of carefully selected interprofessionals who will serve as advocates for the Magnet process and help guide us towards achievement of Magnet designation. This Committee will meet quarterly.

Valerie Fritsch, Otolaryngology, PGY 1