Call to Order

1. Minutes of July 12, 2018 .............................................................................. E. Benjamin Clyburn, MD
2. New Business .................................................................................................. Dr. Clyburn
3. ACGME Correspondence .................................................................................. Dr. Clyburn
   A. (None)
4. Resident Representatives’ Report ................................................................. Drs. Ghanim, Hardy, Horton and Sealy
5. Quality Update .................................................................................................... Elizabeth Mack, MD
6. VA Update ........................................................................................................... Terrill Huggins, MD
7. PC Update .......................................................................................................... Melanie Pigott, C-TAGME
8. Program Information
   A. Annual Program Evaluations (APE) ............................................................... Dave Marshall, MD
      i. Child Abuse Pediatrics
      ii. Urology
      iii. Neonatal
      iv. Ophthalmology
      v. Critical Care Anesthesia
      vi. Clinical Cardiac Electrophysiology
   B. Remediations: 2 residents in 2 programs
   C. Duty Hours
9. Old Business

ANNOUNCEMENTS

Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, August 14 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 15 at 6:00 a.m. in 419 CSB.

Next GMEC Meeting – Thursday, September 13 at 4:00 p.m. in 628 CSB
July 12, 2018 GMEC MINUTES

MEMBERS PRESENT: Batalis, Nick MD [Pathology]; Britten, Carolyn MD [Hem/Onc]; Bush, Jeff MD [Emergency Medicine] via proxy; Campbell, Ruth MD [Nephrology]; Clyburn, Ben MD [Internal Medicine]; Cox, Lindsey MD [Urology]; Ghanim, Majd MD [House Staff Council President]; Guldan, George (GI) MD [Anesthesiology]; Hardy, Tom MD [Pediatrics – Resident Rep]; Karon, Ed MD [Psychiatry] via proxy; Leddy, Lee MD [Orthopaedics]; Lewis, Lee MD [Child and Adolescent Psychiatry]; Lewis, Madeleine MD [Radiology]; Marchell, Richard MD [Dermatology]; Mennito, Sarah MD [Med-Peds]; Meyer, Ted MD, PhD [Otolaryngology]; Milano, Nick MD [Neurology]; Nusatti, Matt MD [Ophthalmology]; Pigott, Melanie [Emergency Medicine (PC)]; Savage, Ashlyn MD [OB/GYN]; Streng, Christian MD [Surgery]; Tavana, Lance MD [Plastic Surgery – (At large Member)];

MEMBERS ABSENT: Armstrong, Milton MD [Plastic Surgery (At large member)]; Barth, Kelly DO [Med-Psych]; Gordon, Leonie MD [Assoc. Dean for GME]; Horton, Josh MD [Otalaryngology – Resident Rep]; Huggins, Terrill MD [VAMC]; Judge, Dan MD [Cardiology]; Keith, Brad MD [Internal Medicine (At large member)]; Mack, Elizabeth MD [Quality]; Marshall, David MD [Radiation Oncology (At large member)]; Pastis, Nick MD [Pulmonary/Critical Care]; Sealy, Clark MD [Anesthesiology – Resident Rep]; Southgate, Mike MD [Pediatrics]; Spotted, Alex MD [Neurosurgery]; Steed, Martin DDS [Oral Surgery (At large member)]; Willner, Ira MD [Gastroenterology]; Yamada, Ricardo MD [Interventional Radiology]; Zyblewski, Sinai MD [Pediatric Cardiology]

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

GUESTS: Chris Fields, MD (Forensic Psych); Nicoletta Sora, MD (Endocrinology)

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

AGENDA
DISCUSSIONS/CONCLUSIONS
RECOMMENDATIONS/ ACTIONS/WHAT/WHEN
WHO

Call to Order

STANDING BUSINESS

MINUTES
The minutes from the June 13, 2018 meeting were reviewed.
The committee approved the minutes.
Dr. Clyburn

NEW BUSINESS

A. Sim Center Rates
A. In years past, the sim center rates were not transparent. Today, everything is equitable and transparent, with rates being published. In the past, in order to use the sim center, you would have to publish papers; today you do not have to.
The committee approved the requests.
Dr. Clyburn

ACGME CORRESPONDENCE/ ISSUES:

A. Continued Accreditation –
A. Hospice and Palliative Medicine received continued accreditation with one AFI. In addition, the ACGME summarized the program’s many strengths.
The committee acknowledged the correspondence.
Dr. Clyburn
### Hospice and Palliative Medicine

**B. Permanent Complement Increase Approval – EP Cardiology**

- EP received a permanent complement increase due to the program moving to a two year accredited program, up from a one-year program.
- Dr. Ricardo Yamada has been approved as the new program director for IR integrated.

### Resident Representatives' Report

Dr. Ghanim reports that HSC is trying to increase attendance by having departmental delegates. All residencies need to have a delegate – for instance, there were no surgical representatives at the last meeting and we know they have different needs than those in psych or internal medicine. The next meeting is August 14 at 6:00 p.m. Dinner will be available. Please make sure you have a delegate from your program attend.

### VA Update

The VA now has funding for a Chief of Quality in Surgery. Electronic Onboarding this year overwhelmed the system – PCs, please let us know what problems you encountered and please know that we are working on getting everyone’s IDs made.

The VA is switching to CERNA in a year to year and a half. We are in group testing right now.

In the last five years, the number of GME spots at the VAMC has risen from 87-107.5 FTE.

The VA Sim Center is an educational department with expansion happening in October or November. The Sim Center will be free to use.

### Hospital Quality Report

There was no report.

### Program Coordinator Report

There are some deadlines coming up – mostly centering around the ACGME Annual Update. Ann recently sent out videos for “Avoiding Common Errors in the ADS Annual Update” to your coordinator.

Coordinators were part of an across the board survey of administrative and program coordinators by the CoE HR. Some received raises to balance out responsibilities and salaries.

### Program Information

**A. Institutional Survey Results**

- The Institutional survey results are in. On the resident survey, we are below a 4.0 in the area of providing data about practice habits (3.7) as well as not losing information in handoffs (3.9). One other area, education compromised

**B. Annual Program**

The GMEC approved the APE reports.

Dr. Guldan
<table>
<thead>
<tr>
<th>Evaluations</th>
<th>by service obligations (3.9), was also below a 4.0. The Annual Institutional Review Committee will look closely at this survey in developing an action plan for the Institution. There were no areas below a 4.0 on the faculty survey.</th>
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<tr>
<td>iii. Cardiothoracic Surgery</td>
<td>B. Endocrinology has improved, with a new program director in place. The Action Plan could use a bit of massaging, with measurable outcomes and an additional item for conducting program surveys of the fellows and faculty. Forensic Psychiatry is a strong program, overall. It was difficult to find areas of improvement within their APE. Cardiothoracic Surgery is bouncing back—many of the citations have been resolved. The AFI's need to be addressed in the major changes section in WEBADS. Neurology is in good shape for a new program. Otolaryngology continues to be a strong program. There is a need for a program coordinator for both programs; we understand that one is being recruited. Neurology had an excellent section in major changes, explaining the results of previous surveys and special reviews.</td>
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<td>vii. Neurology</td>
<td>C. There is 1 resident in 1 program currently on remediation. Document interaction between you and residents that need extra help. This will help you in the long run if we need to go into a formal academic remediation and its' consequences.</td>
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<tr>
<td>B Remediations</td>
<td>D. A reminder that the 80-hour rule has no leeway. RRCs will not look kindly toward any instances of violations going over the 80-hour workweek, not just those beyond what is averaged over 28 days. Home call that is devoted to patient care is counted toward the 80 hours (but reading or studying is not).</td>
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<tr>
<th>OLD BUSINESS</th>
<th>We will be reviewing new database management software over the upcoming months.</th>
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<td>We should have a CLER report in about four weeks, which we will share with you. The visit went well. At the debrief at the end of the visit, the CLER visitors indicated they were very impressed with all six handoffs that they observed (5/6 were exemplary). Faculty burnout still seems to be a problem. Nurses still don’t seem to know how to look up procedure privileges in E*Value.</td>
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<td>Questions arose around students documenting in progress notes? Is there reticence among attendings to have them do this? The general consensus was that students are beginning to document.</td>
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<tr>
<th>ANNOUNCEMENTS</th>
<th>Chris Pelic is part of GME now—helping with telehealth as it relates to GME and outreach as MUSC continues to partner with other institutions for GME programs.</th>
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<td>Please encourage any of your residents that may be interested in House Staff Council to attend the next meeting on Tuesday, August 14 at 6:00 p.m. in 419 CSB. Any resident/fellow is welcome to attend.</td>
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<td>The next Chief Resident/Resident Representative meeting is Wednesday, July 18 at 12 Noon is 110 Bioengineering.</td>
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Dr. Clyburn
Next GMEC Meeting — Thursday, August 9 at 4:00 p.m. in 628 CSB

Approved at the TBD, 2018 GMEC meeting.
## Program Name: Child Abuse Pediatrics

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### 2018 APE Program Report Card

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<tr>
<th>Attrition</th>
<th>Scholarly Activity</th>
<th>Board Pass Rate</th>
<th>Resident Survey</th>
<th>Faculty Survey</th>
<th>Omission</th>
<th>Subspecialties</th>
<th>MISC Indicators</th>
<th>Action Plan</th>
<th>QI/Patient Safety</th>
<th>GME Stewardship</th>
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### Overall Attrition

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

### Resident Survey

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

### Faculty Survey

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

### Action Plan

### Board Pass Rate

### Data Omission

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

### Number of subspecialties with 3 or more indicators flagged

### Overall Negative Opinion

### Involvement in QI/Pt Saf Projects

### Scholarly Activity

- N/A
- Faculty
- Resident

### GME Stewardship
Program Name: Child Abuse Pediatrics

Faculty attrition is high at 33%. Must update in major changes if you have hired to replace them.
Also in major changes, a reason is needed as to why no one enrolled this year
Must update the faculty roster
Update Dr. Melville's CV - outdated bibliography/articles/activities
Did Dr. Busch take the PEM boards in 2017?
The answer to Q22 doesn't fully expand on the answers in Q21. How are you enhancing peer and social support? How are you encouraging a healthy lifestyle? Etc...
Action plan has measurable outcomes and reasonable items
**Program Name:** Urology

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<thead>
<tr>
<th>Attribute</th>
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<th>Permanent Complement Changes</th>
<th>Data Omission</th>
<th>Scholarly Activity</th>
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**Action Plan**

- Supervision & Teaching
- Educational Content
- Resources
- Patient Safety
- Teamwork

**Board Pass Rate**

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

**Involvement in QI/Pt Safety Projects**

- GME Stewardship

**Data Omission**

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

**Scholarly Activity**

- Faculty
- Resident
Program Name: Urology

Board take rate 100% but pass rate lower than national avg (96%) at 80% - which is the RRC minimum

Please include specific plan in action plan. Consider inservice training exams and tracking scores by years

Under “strengths of dept/program by trainees” it is noted: “lack of private practice rotation”, issues with transplant rotation coverage,

consider night float system to allow more research time and attendings need to respect educational coverage (included in action plan with introduction of

APP coverage in inpatient)

Under faculty evaluations:
-handoffs...discussed in action plan
-
Grand Rounds: residents need faculty mentorship...need to add to action plan

Responses below 4.0 on ACGME surveys are noted to be on action plan but need to be listed individually in APE, too

Residents involved in teaching and participate in research appropriately as they progress in PGY level

Above national mean in all areas of the ACGME resident survey; at or above national mean in faculty survey

Overall program looks good but specific complaints/issues need to be addressed more completely especially board pass rate

Residents are happy to report they were included in the APE process and that the concerns of last year have largely been addressed

Action plan is very focused with measurable outcomes. More items could be added as noted above
### Program Name: Neonatal

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<th>Overall Attrition</th>
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**Data Omission**

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

**Scholarly Activity**

- Faculty
- Resident

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2018 APE Program Report Card

Page 1 of 2
Program Name: Neonatal

Excellent 5 year board pass rate of 100%
Good utilization of PSI data at the departmental level
Effective teaching methods is also taught by computer modules for all fellows
A robust internal survey for both faculty and residents seems to exist

Excellent descriptions of major changes
Scholarly activity not entered - but program indicated in APE form that it has met requirements

At or above the national mean in all ACGME survey categories
Program is cognizant of dips in specific areas and this has fed into the action plan
Thorough action plan with clear goals

Overall, a strong program
Program Name: Ophthalmology
Program Name: Ophthalmology

Board pass rate above the national average and well above the RRC requirement
Effective teaching methods is also taught by computer modules for all residents
HOW does you program monitor the PSI reports? Even though this was the RIP for 2018, no answer was given as to how they are monitored
"How many of your trainees were involved in a RCA" is not a yes or no question - if no, the number should be zero

Interest research of burnout in ophthalmology and presenting at the Kiawah conference. We would like more information on that

Faculty listing should be alpha by site
Dr. Nutaitis' CV needs to be updated - out of date licensure and bibliography/participation
Adequate scholarly activity by both faculty and residents
We are concerned that residents may not always get required hours free from clinical experience. The question was answered very often and not always

The burnout survey from the ACGME is telling. About 40% of your residents feel like they do too much work in a day
ACGME resident survey results are at or above the national means in all categories but one (Clinical Experience and Education)
ACGME faculty survey results are at or slightly below national means in all categories

Action plan has identified issues in the program and has quantifiable outcomes

Residents feel like improvements have been made from last year to current year with non-physician tasks or obligations
## Program Name: Anesthesia Critical Care

### 2018 APE Program Report Card

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### Action Plan

#### Board Pass Rate

#### Involvement in QI/Pt Saf Projects

#### GME Stewardship

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Page 1 of 2
In the APE form, we ask about the faculty evaluation of the program - not the ACGME survey. You are required to allow faculty to complete a written survey of the program on an annual basis. Local board pass rate is below the national pass rate. This should be addressed in your action plan.

Faculty listing must be alpha by site
Whitener’s CV has many outdated bibliography/articles
WEBADS is mainly empty - we think this is because of the rollover to the new year with the new annual update. When this is filled out, please send a copy to the GME Office for review (attn: Ann Ronayne)
Q 20-22 not answered

Aggregate information from the resident survey should be available

Action plan does not adequately address last year’s item ("showed s ignificant improvement" does not tell us whether the program met the 10% increase in scores for didactic organization). Likewise, the item for this year is not clearly defined. Please submit an updated action plan by September 30.
**Program Name:** Clinical Cardiac Electrophysiology

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<td>Failure to complete WEBADS annual update (on time)</td>
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<td>Failure to turn in APE materials</td>
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**Overall Negative Opinion**

Number of subspecialties with 3 or more indicators flagged

N/A
Program Name: Clinical Cardiac Electrophysiology

Effective teaching methods are also available via computer modules
Excellent board pass rate
Faculty scholarly activity not met - it is addressed in action plan. Busy service, exacerbated by the loss of one faculty member

PD CV includes articles/chapters/presentations as far back as 2000 and outdated licensure. This must be updated
WEBADS is mainly empty - we think this is because of the rollover to the new year with the new annual update. When this is filled out, please send a copy to the GME Office for review (attn: Ann Ronayne)
Q 20-22 not answered

The ACGME resident survey is aggregate - areas below a 4.0 are identified in the action plan and in major changes
The faculty survey shows a drop in safety compliance due to concern that information is lost during shift change. This is addressed in action plan

Good progress on last year's action plan, with the exception of faculty scholarly activity

The program keep referring to a busy clinical commitment. Time still needs to be devoted to the educational program

The APE committee appreciates a minimalist approach, but this APE needs help, especially with WEBADS.
It appears that the Program Director is the one filling out WEBADS and the APE information - perhaps the program coordinator could be engaged to assist and help with documentation? As many of these comments are repeated year to year, the Misc. indicator boxes must be red.
Medical University of South Carolina - 8-2-18  
Duty Hours Violations report (80 Hours Per Week - Averaged Over A Four-Week Period)  
Reporting Period: 07/01/2018 through 06/30/2019 (365 days)  

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

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